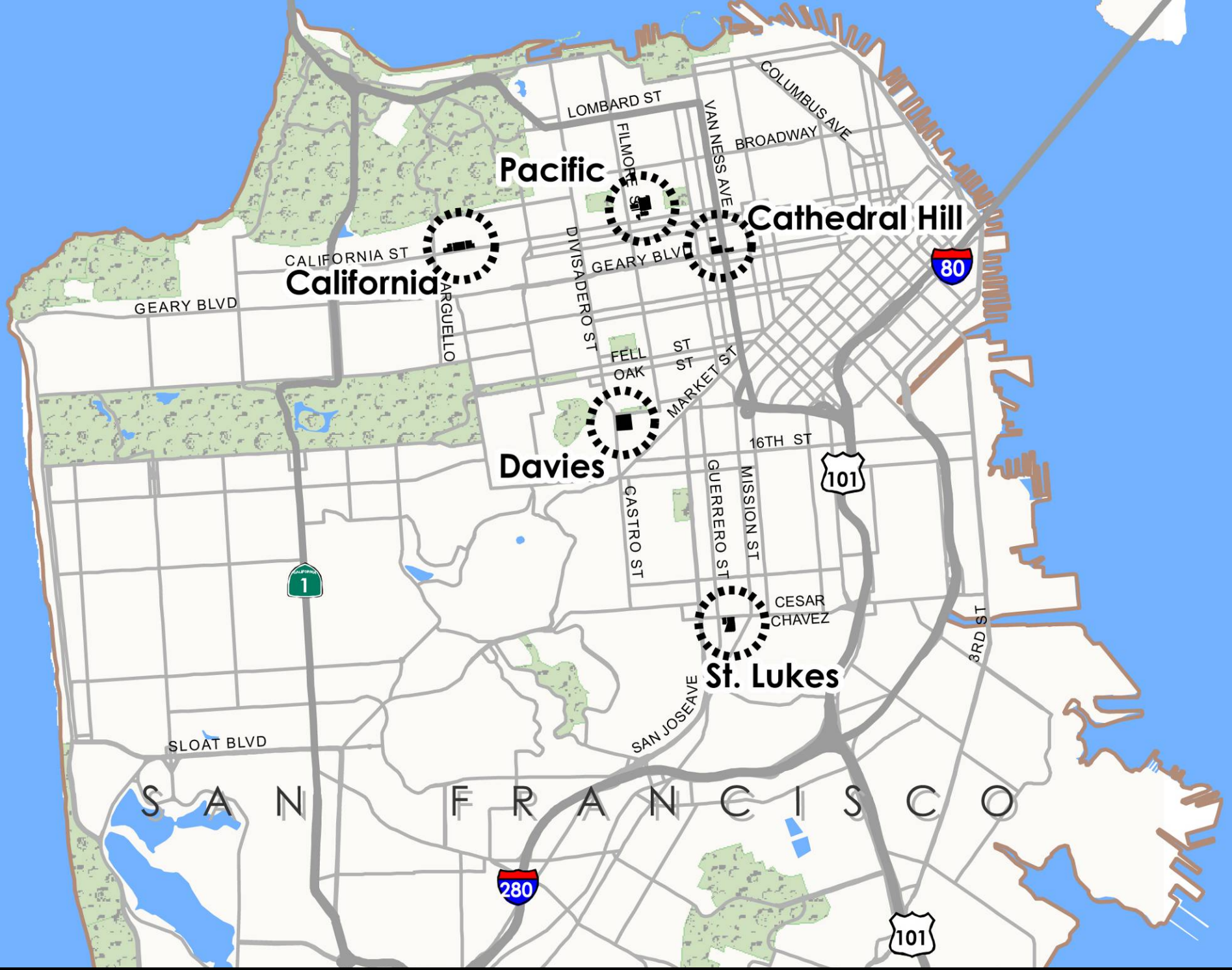

COMMENTS AND RESPONSES | VOLUME 1: CHAPTERS 1-5

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 1: CHAPTERS 1-5

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E

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SAN FRANCISCO
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ACRONYMS AND ABBREVIATIONS

ABAG	Association of Bay Area Governments
ACC	Ambulatory Care Center
ADA	Americans with Disabilities Act
ADC	Average Daily Census
AIA	American Institute of Architects
ANSI	American National Standards Institute
ARB	Air Resources Board
ARDTPs	archaeological research design and treatment plans
ASFs	age sensitivity factors
AST	aboveground storage tank
ASTM	American Society for Testing and Materials
BAAQMD	Bay Area Air Quality Management District
BACT	best available control technology
Battalion 2	Station 3
Bernal	Bernal Heights Neighborhood Center
BIPVs	building-integrated photovoltaic panels
BMPs	best management practices
BNP	Better Neighborhood Plan
BRT	Bus Rapid Transit
BSP	Better Streets Plan
bulk	broad expanse
BVNA	Buena Vista Neighborhood Association
C&R	Comments and Responses
Cal/EPA	California Environmental Protection Agency
Cal/OSHA	California Division of Occupational Safety and Health
Caltrans	California Department of Transportation
CAN	California Nurses Association
CARB	California Air Resources Board
CBC	California Building Code
CBOs	community-based organizations
CCDC	Chinatown Community Development Center
CDBG	Community Development Block Grant
CDHS	California Department of Health Care Services
CEQA	California Environmental Quality Act

CHC	Cathedral Hill Campus
CHNA	Cathedral Hill Neighbors Association
CHP	California Highway Patrol
CHW	Catholic Health Care West
cis-1,2-DCE	cis-1,2-dichloroethene
City	City of San Francisco
CMP	Congestion Management Plan
CNA	California Nurses Association/National Nurses United
CO	carbon monoxide
$CO_{2\text{-eq}}$	CO_s-equivalent
CON	Certificate of Need
CPA	Chinese Progressive Association
CPMC	California Pacific Medical Center
CRHR	California Register of Historical Resources
CU	conditional use
CWTP	Construction Worker Transportation Program
DAAS	Department of Aging and Adult Services
Day Rooms	recuperation areas
dBA	A-weighted decibels
DBC	Daniel Burnham Court Master Owners Association
DBI	Department of Building Inspection
DDRPs	Demolition Debris Recovery Plans
DEIR	Draft Environmental Impact Report
Department	California Department of Transportation
DFG	California Department of Fish and Game
District	Golden Gate Bridge, Highway and Transportation District
DOF	Department of Finance
DOT	U.S. Department of Transportation
DPFs	diesel particulate filters
DPH	Department of Public Health
DPM	diesel particulate matter
DPW	Department of Public Works
Draft EIR	Draft Environmental Impact Report
DTSC	California Department of Toxic Substances Control
ECP	Environmental Contingency Plan

ECPs	environmental contingency plans
ED	Emergency Department
EIR	Environmental Impact Report
EMS	Emergency Medical Services
EPA	U.S. Environmental Protection Agency
EPS	Economic and Planning Systems
ESAs	environmental site assessments
FAA	Federal Aviation Administration
FAR	Floor Area Ratio
FEIR	Final Environmental Impact Report
FHWA	Federal Highway Administration
FTA	Federal Transit Administration
FTC	Federal Trade Commission
FTE	full time equivalent
General Plan	San Francisco General Plan
GGT	Golden Gate Transit
GHG	greenhouse gas
gpf	gallons per flush
gpm	gallons per minute
gsf	gross square feet
HCA	Health Care Academy
HCD	Housing and Community Development
HCSMP	Health Care Services Master Plan
HIA	Highway Improvement Agreement
HMUPA	Hazardous Materials Unified Program Agency
HRA	health risk assessment
HRER	Historic Resource Evaluation Report
HRC	SF Human Rights Commission
HSF	Healthy San Francisco
HUD	U.S. Department of Housing and Urban Development
HVAC	heating, ventilation, and air conditioning
IARC	International Agency for Research on Cancer
ICU	Intensive Care Unit
IPA	Independent Physician Association
IHSS	In-Home Supportive Services
IMP	Institutional Master Plan

ISCOTT	Interdepartmental Staff Committee on Traffic and Transportation
ITE	Institute of Transportation Engineers
Japantown Survey	Japantown Historic Resource Survey
lb/day	pounds per day
L_{dn}	compatibility noise metric
LED	light-emitting diode
LEED®	Leadership in Energy and Environmental Design
LEED-HC	LEED for Healthcare
LEED-NC	LEED for New Construction
LEHD	Longitudinal Employment Household Dynamics
L_{eq}	Equivalent noise level
LHTC	Low-income housing tax credits
LID	Low Impact Design
Little Saigon Report	Tenderloin–-Little Saigon Neighborhood Transportation Plan Final Report
L_{max}	maximum noise level
LOS	Level of Service
LPN	Lower Polk Neighbors
LRDP	Long Range Development Plan
LTS	less than significant
LTSM	less than significant with mitigation
MEA	Major Environmental Analysis Division
MEIR	maximally exposed individual receptor The off-site location where the highest incremental cancer risk is calculated resulting from project construction or operational emissions. Incremental means the potential additional cancer risk posed by the proposed activities above the background cancer risk already present (e.g., breathing existing air pollutants).
MLP	maximum load point
MMRP	Mitigation Monitoring and Reporting Program
MOB	Medical Office Building
MOEWD	San Francisco Mayor's Office of Economic and Workforce Development
MOH	SF Mayors Office of Housing
mph	miles per hour
MRI	magnetic resonance imaging
MTC	Metropolitan Transportation Commission
$MTCO_2e$	metric tons of carbon dioxide equivalents
Muni	San Francisco Municipal Railway
NEMS	North East Medical Services

NI	no impact
NICU	Neo-natal Intensive Care Unit
NO_2	nitrogen dioxide
NOA	notice of availability
NOC	Notice of Completion
NOP	Notice of Preparation
NO_X	oxides of nitrogen
NPC	nonstructural performance category
OA	Operation Access
OPR	Office of Planning and Research
OLA	Office of the Legislative Analyst
OSHA	Occupational Health and Safety Administration
OSHPD	Office of Statewide Health Planning and Development
PCBs	polychlorinated biphenyls
PCE	tetrachloroethene
PG&E	Pacific Gas and Electric Company
PICC	peripherally inserted central catheters
PICU	Pediatric Intensive Care Unit
Planning Code	San Francisco Planning Code
plastic	polyethylene
PM	particulate mailer
PM_{10}	particulate matter greater than 10 micrometers in aerodynamic diameter
$PM_{2.5}$	particulate matter smaller than or equal to 2.5 micrometers
ppm	parts per million
PPV	peak particle velocity
PRA	Public Records Act
Project	CPMC Long Range Development Plan
PS	potentially significant
PSU	potentially significant and unavoidable
PSU/M	potentially significant and unavoidable after mitigation
PV	photovoltaic
RECs	recognized environmental conditions
RHB	Radiologic Health Branch
RHNA	Regional Housing Needs Assessment
ROG	Reactive organic gases
RWQCB	San Francisco Bay Regional Water Quality Control Board

S	significant
SANDAG	San Diego Association of Governments
SB	Senate Bill
SC	shading coefficient
SCP	Stormwater Control Plan
SCS	Sustainable Communities Strategy
SDG	Stormwater Design Guidelines
SEL	Sound Exposure Level
SEPA	Washington State Environmental Policy Act
SF	significant impact
SF Environment	San Francisco Department of the Environment
SF Guidelines	Transportation Impact Analysis Guidelines for Environmental Review
SFBAAB	San Francisco Bay Area Air Basin
SFBC	San Francisco Building Code
SFCTA	San Francisco County Transportation Authority
SFDPH	San Francisco Department of Public Health
SFFD	San Francisco Fire Department
SFMH	St. Francis Memorial Hospital
SFMTA	San Francisco Municipal Transit Agency
SFNO	San Francisco Noise Ordinance
SFPD	San Francisco Police Departments
SFPUC	San Francisco Public Utilities Commission
SFRA	San Francisco Redevelopment Agency
SI	significant impact
SM&W	Shen Milsom and Wilke
SMP	site mitigation plan
SNF	Skilled Nursing Facilities
SO_2	sulfur dioxide
SoMa	South of Market
SOV	Single Occupant Vehicle
SPC	structural performance category
SPC-2	Structural Performance Category 2
sq. ft.	square feet
SRO	Single room occupancy
SU	significant and unavoidable impact
SU/M	significant and unavoidable impact after mitigation

SUD	Special Use District
SUNY	State University of New York
Sutter	Sutter Health
SWPPP	Storm Water Pollution Prevention Plan
TAC	toxic air contaminant
TAZs	Travel Analysis Zones
TCE	trichloroethene
TDM	Transportation Demand Management
TEP	Transit Effectiveness Project
TIS	Transportation Impact Study
TMP	transportation management plan
toilets	Water Closets
ton/year	tons per year
TPY	tons per year
TWPSV	Two-way Post Street Variant
U.S. 101	U.S. Highway 101
UCSF	University of California, San Francisco
USGBC	U.S. Green Building Council
USPS	U.S. Postal Service
UST	underground storage tank
UWMP	Urban Watershed Management Programs
VDECs	verified diesel emission controls
VMT	vehicle miles travelled
VNAP	Van Ness Avenue Area Plan
VNMUSD	Van Ness Medical Use Subdistrict
VNSUD	Van Ness Special Use District
VOCs	volatile organic compounds
WCC	Women's and Children's Center
µg/L	micrograms per liter

1. INTRODUCTION

1.1 PURPOSE OF THE COMMENTS AND RESPONSES DOCUMENT

The purpose of the Comments and Responses (C&R) document is to respond in writing to the substantive comments received on the Draft Environmental Impact Report (Draft EIR) for the proposed California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) EIR. Pursuant to Section 15088 of the California Environmental Quality Act (CEQA) Guidelines, the San Francisco Planning Department (Planning Department) has considered both written and oral comments on environmental issues received from agencies, organizations, and persons who reviewed the Draft EIR and prepared written responses to those comments. Written comments were received during the 90-day public comment period from July 21 to October 19, 2010, and oral testimony was received before the Planning Commission at the public hearing on the Draft EIR held on September 23, 2010. All written comments are included herein in their entirety, as well as a complete transcript of proceedings from the public hearing on the Draft EIR, including all oral testimonies (see Appendices A and B, respectively). A complete list of those contributing comments is provided in C&R Chapter 2.

The Draft EIR, together with this C&R document, will be considered by the Planning Commission at a noticed public hearing and will be certified as a Final Environmental Impact Report (FEIR) if deemed adequate with respect to accuracy, objectiveness, and completeness. The FEIR will consist of the Draft EIR, the comments received during the public review period, responses to the comments, and any revisions to the Draft EIR that result from public agency and public comments as well as staff-initiated text changes.

1.2 ENVIRONMENTAL REVIEW PROCESS

The EIR process provides an opportunity for the public, decision-makers, and agencies to review and comment upon the project's potential environmental effects and is intended to further inform the environmental analysis. As a first step in complying with the procedural requirements of CEQA, the Planning Department published and circulated a Notice of Preparation (NOP) of an Environmental Impact Report (EIR) on July 1, 2006 that solicited comments regarding the scope of the EIR for the proposed project. The NOP and its 30-day public review comment period were advertised in the San Francisco Examiner and mailed to public agencies, organizations, nearby property owners, and other individuals likely to be interested in the potential impacts of the proposed project. A public scoping meeting during the NOP public review period was held at the Cathedral Hill Hotel on July 18, 2006. However, as planning for the CPMC LRDP continued, additional components were added to the LRDP that resulted in a reissuance of a revised NOP for a 30-day public review period on May 27, 2009. An additional public scoping meeting was also held on June 9, 2009 to accept oral comments on the revised and refined proposed LRDP. In addition, the City, during public review of the NOP, extended the comment period an

additional 30 days, ending on July 26, 2009. A total of 96 comment letters regarding the NOP were received by July 26, 2009, in addition to the verbal comments made by individuals at the June 9, 2009 public scoping meeting.

The Draft EIR was subsequently prepared and circulated to the public, other interested parties, agencies, nearby property owners, individuals likely to be interested in the potential impacts of the proposed project, people who submitted comments during the NOP public review comment period, and to those who requested a copy of the Draft EIR. Copies of the Draft EIR were available for public review during normal business hours at the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, California 94103. The Draft EIR was also posted for public review at http://www.sfplanning.org.

The Draft EIR was circulated for public review and comment starting on July 21, 2010, for an initial 60-day public review period that was then extended to 90 days. During the public review period, the City accepted comments related to the adequacy, accuracy, or completeness of the Draft EIR from agencies, decision-makers, and interested members of the public. The public review and comment period on the Draft EIR to solicit public comment on the adequacy and accuracy of information presented in the Draft EIR concluded at 5:00 p.m. on October 19, 2010. Comments received beyond the close of the public comment and review period were also considered and responded to during the preparation of this C&R document. The comments received during the public comment and review period are the subject of this C&R document, which addresses all substantive written and oral comments on the Draft EIR.

The City has revised the EIR as appropriate and will present it to the Planning Commission for certification. The Planning Commission will certify the EIR as final, if it is deemed adequate with respect to accuracy, objectiveness, and completeness. The City decision-makers will consider the certified FEIR, along with other information and the public process, to determine whether to approve, modify, or disapprove the proposed project and to specify any applicable environmental conditions as part of project approvals.

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

1.3 DOCUMENT ORGANIZATION

The C&R document is organized into the following sections that make up **Volume 1**:

Chapter 1: Introduction—This chapter describes the purpose of the C&R document, provides a summary of the environmental review process through certification of the EIR, and describes the organization of the C&R document.

Chapter 2: List of Persons Commenting—This chapter presents a list of the agencies, organizations, and individuals who submitted written comments during the public review period or spoke at the public hearing on the Draft EIR. The names of persons who spoke at the public hearing are presented in the order of the speakers at the hearing. Written comments are organized chronologically and numbered according to the date on which each letter was received by the Planning Department. **C&R Table 2-1, Commenters on the Draft EIR (Numeric by Letter Number)**, page C&R 2-1, shows the letter number, commenter, and date of the comment letter. **C&R Table 2-2, Commenters on the Draft EIR (By Commenter Type)**, page C&R 2-5, groups and presents a list of the commenters according to commenter type, beginning with state or local agencies, then boards and commissions, organizations, and individuals. A cross-referenced table, Appendix I. Cross Reference Matrix Of Draft EIR Comments, provides a guide to show where each bracketed comment per letter or transcript has been addressed and the code for each topic raised.

Chapter 3: Comments and Responses—This chapter has been organized by topic, and topics are addressed in the same order as they are addressed in the Draft EIR. Each environmental issue area is addressed in the same order as in the Draft EIR (i.e., beginning with Land Use and ending with Other CEQA Issues), and Chapter 3 contains responses to all comments raised with respect to the contents of the Draft EIR. An additional section, entitled "Other Issues," is included as part of Chapter 3 to address comments regarding health care and other miscellaneous social, economic, or other non-environmental issues that were received during the public comment and review period for the Draft EIR.

Each comment letter has been assigned a number, and comments in each letter are bracketed and 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. Each oral comment from the September 23, 2010 Planning Commission hearing transcript is denoted by “PC” and is identified with a number denoting its sequence within comments received at the public hearing (e.g., PC-45).

Within each issue area section of Chapter 3, the bracketed comment or groups of bracketed comments are presented first, followed by the response to that comment or group of comments. 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 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

The commenter's name and comment code are also included at the beginning of each comment. To avoid redundancy and in the cases where the Planning Department received duplicate letters, all responses are provided for the first occurrence (according to comment letter number) of such a comment letter or email. If a duplicate comment exists for a particular comment, the duplicate comment number is also listed at the beginning of the comment for reference. The comment letters are presented in their entirety in Appendix A. Comment Letters of the C&R document. The transcript of the Planning Commission hearing is presented in Appendix B. Planning Commission Transcript of the C&R document.

The responses in many cases provide clarification of the EIR text but some revisions to the Draft EIR text have been made in response to comments received. Single-underlined text is used to represent language added or modified in the Draft EIR; ~~strikethrough~~ is used to represent language deleted from the Draft EIR. The subject matter of one topic may overlap with that of other topics, so the reader must occasionally refer to more than one group of comments and responses to review all the information on a given subject. Cross-references are provided where necessary.

Chapter 4: Draft EIR Revisions—This chapter presents text changes to the EIR that reflect both text changes made as a result of a response to a comment as well as staff-initiated text changes identified by the San Francisco Planning Department staff to update, correct, or clarify the EIR text. The changes have not resulted in significant new information with respect to the proposed project, including any new significant environmental impacts that cannot be mitigated to a less-than-significant level, or new mitigation measures that the project sponsor has declined to adopt.

This C&R document, together with the Draft EIR, will constitute the Final EIR. As such, the changes to the Draft EIR's text set forth in Chapter 4, "Draft EIR Revisions," will be incorporated into the Final EIR.

Chapter 5: References—This chapter includes the references for the Comments and Responses document.

Appendices – The Appendices are included in **Volume 2** and consists of the following.

Appendix A. Comment Letters
Appendix B. Planning Commission Transcript
Appendix C. Amended Construction Emissions
Appendix D. GHG Checklist
Appendix E. Cathedral Hill Supplemental Sensitivity Analyses
Appendix F. Transportation Demand Management
Appendix G. Cathedral Hill Medical Office Building Design Modifications
Appendix H. Modern Context Statement Memo
Appendix I. Cross Reference Matrix Of Draft EIR Comments

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2. LIST OF PERSONS COMMENTING

C&R Table 2-1 lists the agencies, boards or commissions, organizations, or persons commenting on the CPMC LRDP Draft EIR, in writing during the public comment period from July 21, 2010 through October 19, 2010. This table presents the letters or e-mails, for the most part, in the order that they were received by the City, and each item is presented with consecutive numbering (e.g., Letter 1, Letter 2, Letter 3, etc.). Duplicate letters received are indicated with an asterisk. A scanned copy of the letters and emails are included in Volume 2: Appendix A. Comment Letters.

C&R Table 2-1
Commenters on the Draft EIR (Numerical by Letter Number)

Letter No.	Commenter	Date of Comment
1	Marvis Phillips, Alliance for a Better District 6	5/19/10
2	Charles McClure	7/21/10
3	Alex Bernstein	8/4/10
4	Marvis Phillips, Member, Alliance for a Better District 6	8/6/10
5	Sandy Hesnard, Caltrans – Department of Aeronautics	9/8/10
6	Caltrans (Regional)	9/9/10
7	Caltrans (Regional)*	9/9/10
8	Scott Morgan, Office of Planning and Research – California State Clearinghouse	9/9/10
9	Scott Morgan, Office of Planning and Research – California State Clearinghouse	9/10/10
10	Evy Pearce	9/13/10
11	Ron Downing, Golden Gate Bridge Highway & Transportation District	9/14/10
12	Marie Clyde*	9/15/10
13	Bernard Choden	9/20/10
14	Jennifer Clary, San Francisco Tomorrow*	9/20/10
15	Marlayne Morgan, Cathedral Hill Neighbors Association	9/21/10
16	Don Mariacher*	9/21/10
17	Ken Kortkamp, SFPUC Urban Watershed Management Program	9/22/10
18	Rose Hillson, Member, Jordan Park Improvement Association	9/23/10
19	Jack Scott	9/23/10
20	Bobbi Lopez, La Voz Latina	9/23/10
21	Benjamin Aune, Operation Access	9/23/10
22	Chris Retajczyk	9/23/10
23	Joe Kim	9/23/10
24	Fung Lam	9/23/10
25	Jimmy Nguyen, Chinese Progressive Association	9/23/10

C&R Table 2-1
Commenters on the Draft EIR (Numerical by Letter Number)

Letter No.	Commenter	Date of Comment
26	Alan Wofsy, Emeric-Goodman Associates	9/23/10
27	Jonica Brooks	9/23/10
28	Michael Lyon, SF Gray Panthers	9/23/10
29	Philip L. Pillsbury, Jr., St. Luke's Hospital	9/23/10
30	Rose Hillson, Member, Jordan Park Improvement Association*	9/23/10
31	Sandra Manning	9/23/10
32	George Mayer	9/23/10
33	SEIU UWH Bargaining Committee	9/23/10
34	Anonymous	9/23/10
35	Tanya Castanian	9/23/10
36	Barbara Ann Berwick	9/23/10
37	Rose Hillson, Member, Jordan Park Improvement Association	9/23/10
38	Jennifer Clary, San Francisco Tomorrow*	9/23/10
39	Marlayne Morgan, Cathedral Hill Neighbors Association*	9/23/10
40	Jack Scott*	9/23/10
41	Tina Shauf, Filipino Community Center	9/23/10
42	Flavio Casoy, San Francisco General Hospital Physician Organizing Committee	9/23/10
43	Nick Mironov, Gayner Engineers	9/27/10
44	Unitarian Universalist CPMC Task Force	10/5/10
45	Madlyn Stein, Seniors of Cathedral Hill	10/7/10
46	Marianne Liepman*	10/7/10
47	Bob Hamaguchi, Japantown BNP Organizing Committee	10/8/10
48	Jane Seleznow	10/8/10
49	Diane and Richard Wiersba	10/11/10
50	Richard Matsuno*	10/12/10
51	Howard Strassner, Sierra Club	10/12/10
52	Ted Weber	10/12/10
53	Calvin Welch, Council of Community Housing Organizations	10/13/10
54	Nancy Evans	10/14/10
55	Galen Workman	10/14/10
56	Alan Wofsy, Emeric-Goodman Associates	08/07/10
57	Ryan Bresnick	08/01/10
58	Rose Hillson, Member, Jordan Park Improvement Association	10/14/10
59	Rev. Fred Rabidoux, First Unitarian Universalist Church	10/14/10
60	Trudy Lionel	10/15/10

C&R Table 2-1
Commenters on the Draft EIR (Numerical by Letter Number)

Letter No.	Commenter	Date of Comment
61	David Mardis	10/17/10
62	Carol and Michael Stack	10/17/10
63	Rev. Alyson Jacks, First Unitarian Universalist Church	10/17/10
64	Patricia Rosenberg, Concordia Argonaut	10/18/10
65	Ben Bear	10/18/10
66	Merle Easton	10/18/10
67	Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents	10/18/10
68	Malcolm Yeung, Chinatown Community Development Center	10/18/10
69	Ian Berke	10/18/10
70	Caryl Ito, Japantown Task Force	10/18/10
71	Helene Dellanini, DBC Master Owner's Association	10/18/10
72	Helene Dellanini, DBC Master Owner's Association*	10/18/10
73	Merle Easton*	10/18/10
74	Donald Scherl	10/18/10
75	Nihonmachi Terrace	10/18/10
76	Linda Chapman	10/19/10
77	Quivner Zabeles	10/19/10
78	Arthur and Jacqueline Cimento	10/19/10
79	Charles Freas	10/19/10
80	Beth Pewthur	10/19/10
81	Quivner Zabeles	10/19/10
82	Hossein Sepas	10/19/10
83	Patrick Carney	10/19/10
84	Alex Tom, Chinese Progressive Association	10/19/10
85	Malcolm Yeung, Chinatown Community Development Center*	10/19/10
86	Wallace Cleland	10/19/10
87	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center	10/19/10
88	Sheila Mahoney and James Frame	10/19/10
89	Sue Hestor	10/19/10
90	Gloria Smith, California Nurses Association	10/19/10
91	Gloria Smith, California Nurses Association	10/19/10
92	Gloria Smith, California Nurses Association	10/19/10
93	Gloria Smith, California Nurses Association	10/19/10
94	Gloria Smith, California Nurses Association	10/19/10
95	Gloria Smith, California Nurses Association	10/19/10

C&R Table 2-1
Commenters on the Draft EIR (Numerical by Letter Number)

Letter No.	Commenter	Date of Comment
96	Gloria Smith, California Nurses Association	10/20/10
97	Margaret Kettunen Zegart	10/20/10
98	Rose Hillson, Member, Jordan Park Improvement Association*	10/14/10
99	Arthur and Jacqueline Cimento*	10/19/10
100	Charles Freas*	10/19/10
101	Rachel Sater, Lost Block and Save Our Streets	10/19/10
102	Carolynn Abst and Ron Case, Case + Abst Architects LLP	10/19/10
103	Lower Polk Neighbors	10/19/10
104	Stephanie Barton, et al., Hastings Civil Justice Clinic for the Good Neighbor Coalition	10/19/10
105	Chris Schulman	10/19/10
106	Paulett Taggart, Paulett Taggart Architects	10/19/10
107	Nick Wilson, The Hamilton Association	10/19/10
108	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center*	10/20/10
109	Jean Roggenkamp, Bay Area Air Quality Management District	10/20/10
110	Gloria Smith, California Nurses Association*	10/20/10
111	Linda Chapman*	10/20/10
112	Jean Roggenkamp, Bay Area Air Quality Management District*	10/16/10
113	Lower Polk Neighbors*	10/19/10
114	Ron Case, Case + Abst Architects LLP*	10/19/10
115	Iris Biblowitz	10/26/10
116	Hisashi Sugaya, Planning Commission	10/15/10
117	Frances Taylor	10/29/10
118	Kent Woo, NICOS Chinese Health Coalition	11/2/10
119	Matt Hagemann, California Nurses Association	11/24/10
120	SFPUC Water Conservation Section	9/23/10
121	Tom Brohard, California Nurses Association	3/11/11
122	Terrell Watt, California Nurses Association	3/8/11

C&R Table 2-2 groups the commenters by agencies, boards or commissions, organizations, or individuals. This includes comments received in writing during the public comment period from July 21, 2010 through October 19, 2010. Duplicate letters received are indicated with an asterisk. A scanned copy of the letters and emails are included in Volume 2: Appendix A. Comment Letters.

C&R Table 2-2
Commenters on the Draft EIR (by Commenter Type)

Letter No.	Commenter	Date of Comment
State Agencies		
5	Sandy Hesnard, Caltrans – Department of Aeronautics	9/8/10
6	Caltrans (Regional)	9/9/10
7	Caltrans (Regional)*	9/9/10
8	Scott Morgan, Office of Planning and Research – California State Clearinghouse	9/9/10
9	Scott Morgan, Office of Planning and Research – California State Clearinghouse	9/10/10
11	Ron Downing, Golden Gate Bridge Highway & Transportation District	9/14/10
17	Ken Kortkamp, SFPUC Urban Watershed Management Program	9/22/10
109	Jean Roggenkamp, Bay Area Air Quality Management District	10/20/10
112	Jean Roggenkamp, Bay Area Air Quality Management District*	10/16/10
120	SFPUC Water Conservation Section	9/23/10
Boards and Commissions		
116	Hisashi Sugaya, Planning Commission	10/15/10
Organizations		
1	Marvis Phillips, Alliance for a Better District 6	5/19/10
4	Marvis Phillips, Alliance for a Better District 6	8/6/10
14	Jennifer Clary, San Francisco Tomorrow*	9/20/10
15	Marlayne Morgan, Cathedral Hill Neighbors Association	9/21/10
20	Bobbi Lopez, La Voz Latina	9/23/10
21	Benjamin Aune, Operation Access	9/23/10
25	Jimmy Nguyen, Chinese Progressive Association	9/23/10
26	Alan Wofsy, Emeric-Goodman Associates	9/23/10
28	Michael Lyon, SF Gray Panthers	9/23/10
29	Philip L. Pillsbury, Jr., St. Luke's Hospital	9/23/10
30	Rose Hillson, Member, Jordan Park Improvement Association*	9/23/10
33	SEIU UWH Bargaining Committee	9/23/10
38	Jennifer Clary, San Francisco Tomorrow*	9/23/10
39	Marlayne Morgan, Cathedral Hill Neighbors Association*	9/23/10
41	Tina Shauf, Filipino Community Center	9/23/10
42	Flavio Casoy, San Francisco General Hospital Physician Organizing Committee	9/23/10
43	Nick Mironov, Gayner Engineers	9/27/10
44	Unitarian Universalist CPMC Task Force	10/5/10
45	Madlyn Stein, Seniors of Cathedral Hill	10/7/10
47	Bob Hamaguchi, Japantown BNP Organizing Committee	10/8/10
51	Howard Strassner, Sierra Club	10/12/10

C&R Table 2-2
Commenters on the Draft EIR (by Commenter Type)

Letter No.	Commenter	Date of Comment
53	Calvin Welch, Council of Community Housing Organization	10/13/10
56	Alan Wofsy, Emeric-Goodman Associates	08/07/10
59	Rev. Fred Rabidoux, First Unitarian Universalist Church	10/14/10
63	Rev. Alyson Jacks, First Unitarian Universalist Church	10/17/10
64	Patricia Rosenberg, Concordia Argonaut	10/18/10
67	Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents	10/18/10
68	Malcolm Yeung, Chinatown Community Development Center	10/18/10
70	Caryl Ito, Japantown Task Force	10/18/10
71	Helene Dellanini, DBC Master Owner's Association	10/18/10
72	Helene Dellanini, DBC Master Owner's Association*	10/18/10
75	Nihonmachi Terrace	10/18/10
84	Alex Tom, Chinese Progressive Association	10/19/10
85	Malcolm Yeung, Chinatown Community Development Center*	10/19/10
87	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center	10/19/10
90	Gloria Smith, California Nurses Association	10/19/10
91	Gloria Smith, California Nurses Association	10/19/10
92	Gloria Smith, California Nurses Association	10/19/10
93	Gloria Smith, California Nurses Association	10/19/10
94	Gloria Smith, California Nurses Association	10/19/10
95	Gloria Smith, California Nurses Association	10/19/10
96	Gloria Smith, California Nurses Association	10/20/10
101	Rachel Sater, Lost Block and Save Our Streets	10/19/10
102	Carolynn Abst and Ron Case, Case + Abst Architects LLP	10/19/10
103	Lower Polk Neighbors	10/19/10
104	Stephanie Barton, et. Al, Hastings Civil Justice Clinic for the Good Neighbor Coalition	10/19/10
106	Paulett Taggart, Paulett Taggart Architects	10/19/10
107	Nick Wilson, The Hamilton Association	10/19/10
108	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center*	10/20/10
110	Gloria Smith, California Nurses Association*	10/20/10
113	Lower Polk Neighbors*	10/19/10
114	Ron Case, Case + Abst Architects LLP*	10/19/10
118	Kent Woo, NICOS Chinese Health Coalition	11/2/10
119	Matt Hagemann, California Nurses Association	11/24/10
121	Tom Brohard, California Nurses Association	3/11/11
122	Terrell Watt, California Nurses Association	3/8/11

C&R Table 2-2
Commenters on the Draft EIR (by Commenter Type)

Letter No.	Commenter	Date of Comment
Individuals		
2	Charles McClure	7/21/10
3	Alex Bernstein	8/4/10
10	Evy Pearce	9/13/10
12	Marie Clyde*	9/15/10
13	Bernard Choden	9/20/10
16	Don Mariacher*	9/21/10
18	Rose Hillson, Member, Jordan Park Improvement Association	9/23/10
19	Jack Scott	9/23/10
22	Chris Retajczyk	9/23/10
23	Joe Kim	9/23/10
24	Fung Lam	9/23/10
27	Jonica Brooks	9/23/10
31	Sandra Manning	9/23/10
32	George Mayer	9/23/10
34	Anonymous	9/23/10
35	Tanya Castanian	9/23/10
36	Barbara Ann Berwick	9/23/10
37	Rose Hillson, Member, Jordan Park Improvement Association	9/23/10
40	Jack Scott*	9/23/10
46	Marianne Liepman*	10/7/10
48	Jane Seleznow	10/8/10
49	Diane and Richard Wiersba	10/11/10
50	Richard Matsuno*	10/12/10
52	Ted Weber	10/12/10
54	Nancy Evans	10/14/10
55	Galen Workman	10/14/10
57	Ryan Bresnick	08/01/10
58	Rose Hillson, Member, Jordan Park Improvement Association	10/14/10
60	Trudy Lionel	10/15/10
61	David Mardis	10/17/10
62	Carol and Michael Stack	10/17/10
65	Ben Bear	10/18/10
66	Merle Easton	10/18/10
69	Ian Berke	10/18/10

C&R Table 2-2
Commenters on the Draft EIR (by Commenter Type)

Letter No.	Commenter	Date of Comment
73	Merle Easton*	10/18/10
74	Donald Scherl	10/18/10
76	Linda Chapman	10/19/10
77	Quivner Zabeles	10/19/10
78	Arthur and Jacqueline Cimento	10/19/10
79	Charles Freas	10/19/10
80	Beth Pewthur	10/19/10
81	Quivner Zabeles	10/19/10
82	Hossein Sepas	10/19/10
83	Patrick Carney	10/19/10
86	Wallace Cleland	10/19/10
88	Sheila Mahoney and James Frame	10/19/10
89	Sue Hestor	10/19/10
97	Margaret Kettunen Zegart	10/20/10
98	Rose Hillson, Member, Jordan Park Improvement Association*	10/14/10
99	Arthur and Jacqueline Cimento*	10/19/10
100	Charles Freas*	10/19/10
105	Chris Schulman	10/19/10
111	Linda Chapman*	10/20/10
115	Iris Biblowitz	10/26/10
117	Frances Taylor	10/29/10

Additional comments were provided as oral testimony during a public hearing on the Draft EIR before the Planning Commission, held on September 23, 2010. C&R Table 2-3 lists the persons who provided verbal comments on the CPMC LRDP Draft EIR at the public hearing. A copy of the transcripts from the public hearing on the Draft EIR are included in Volume 2: Appendix B. Planning Commission Transcript.

C&R Table 2-3
Commenters Providing Oral Testimony at the Public Hearing on the Draft EIR (in Chronological Order)

Commenter	Affiliation
Dick Shrum	
Tanya Castanian	
Jack Scott	
Bernard Sherman ("Bernard Choden")[1]	San Francisco Tomorrow
Bertie Campbell	Cathedral Hill Neighborhood Association
Sui Kwong	Tenderloin Neighborhood DC
Marianna Ferris	Lost Block Association, Tiffany Neighbors, San Jose Guerrero Coalition to Save Our Streets
Lois Scott	
Sister Elaine Jones	
Carol (no surname given)	
Felicidad Afenir	Tenderloin Filipino American Community Association
(Unidentified Speaker)	
Rosa Marquez	
Helen Dellanini	Daniel Burnham Court
Jessica Weimer	
Margarita Lopez Perez	
Mary Sirakaryan	
Dina Hilliard	
Marc Anthony	Good Neighbor Coalition, Community Housing Partnership
Steve Woo	Good Neighbor Coalition
Jeff Buckley	Central City SRO Collaborative, Good Neighbor Coalition
Erin Chin	Good Neighbor Coalition
Betty Huey	Chinese Progressive Association
James Tracy	Community Housing Partnership, Good Neighbor Coalition
Clifton Smith	Good Neighbor Coalition
George Mayer	
Raven Allen	San Francisco Lighthouse Church
Randy Shaw	Tenderloin Housing Clinic
Peggy Linrod	
Paul Lentz	Central City SRO Collaborative
Yolanda Jones	YCATC, Yolanda's Construction Administration
Retilah Patel	
Sam Patel	Independent Hotel Owners and Operators Association
Margarita Mena	
Maria (no surname given)	

[1] Bernard Choden is the correct name for this commenter. The Planning Commission transcript incorrectly typed "Bernard Sherman" rather than the correct name of "Bernard Choden."

Sandra Manning	
Lorenzo Listana	Tenderloin Filipino American Community Association
Nella Manuel	
Mike Williams	
Denise Rowe	
Gaudioso Galicia	
Lidia Pantig	
Michael Theriault	San Francisco Building and Construction Trades Council
Rose Hillson	Member, Jordan Park Improvement Association
Robert Barham	
Catalina Dean	
Hiroshi Fukuda	Konko(phon) Church in San Francisco Japantown
Magdalena Marcias (phon)	
Jose Morales	
Patricia Ruiz	
Natalie Logan	
Reiko Furuya	
Paul Dziadij	
Taffy Dollard	
Rigo Rodriguez	Herrera Bolt General Contractor
Maria Ragairdo	St. Luke's Hospital
Florence Kong	Kwan Wo Ironworks, Asian American Contractors Association
Chris Poland	
Reverend Arnold Townsend	San Francisco NAACP
Benjamin Aune	Operation Access
Mark Schroer	
Maria Ascension Servillion (phon)	
Kevin McCormick for Chris Retajczyk	CPMC
David Meckel	
Guillermo Rodriguez	Cityville (Mayor's office of Economic & Workforce Development
Joe Kim	
Joel Koppell	San Francisco Electrical Construction Industry
Ed Vitsitch (phon)	
Kamani Hamid (phon)	
Ramon Hernandez	Local 261 Labor in San Francisco
Brian Webster	
Fung Lam	
Lori Martins	
Ted Lee	
Lance Toma	

Joseph Snooke	Bernal Heights Neighborhood Center, Coalition for Health Planning in SF
Jane Martin	California Nurses Association, Coalition for Healthcare Planning
Paul Wermer	Pacific Heights Residents Association, CPMC Neighbors Coalition
Eileen Prendiville	
Barbara (no surname given)	
Jane Sandoval	
Tony Gazetta	Local 38, the Plumbers and Pipefitters Union
Yanica Brooks	
(Unidentified Speaker)	Local 377 Ironworkers Business
Linda Chapman	
Bruce Hicks	
Linda Carter	
Alan Wofsey	Emeric Goodman Associates
Kevin Kitchingham	Bernal Heights Neighborhood Center, Coalition for Health Planning in SF
Tina Shaff for Terence Valen	Filipino Community Center, Babae of San Francisco
Diane Smith	Project Management Advisors for Daniel Burnham Court
Fran Taylor	
Nato Green	California Nurses Association, Coalition for Healthcare Planning
Suzanne Girardo	First 5 Children & Families Commission Child Development Center of CPMC
Mary Lanier	
Paul Grech	
Barbara Berwick	
Barbara Savitz	
Mary Michellcci	
Jason Fried	Coalition for Health Planning
Manny Flores	
Michael Lyon	Grey Panthers
Commissioner Antonini	San Francisco Planning Commission
Commissioner Sugaya	San Francisco Planning Commission
Commissioner Moore	San Francisco Planning Commission
Commissioner Olague	San Francisco Planning Commission
Commissioner Miguel	San Francisco Planning Commission

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3. COMMENTS AND RESPONSES

3.1 INTRODUCTION

In this chapter, comments on the Draft EIR, including written comments received by the Planning Department and oral testimony transcript comments from the hearing on the Draft EIR, are bracketed, numbered, and grouped by topic, similar to the organization of topics in the Draft EIR, under their respective headings. Each comment or group of comments is followed by a response.

Several comments were received during the public comment and review period for the Draft EIR that addressed issues related to the organization of the Draft EIR, CEQA procedures, and next steps in the EIR process. As the Introduction chapter of the Draft EIR identifies the general organization of the document, general steps of the CEQA process, and noticing requirements, it is considered appropriate to address these as comments regarding the Introduction chapter of the Draft EIR, itself.

3.1.1 APPENDIX G OF THE STATE CEQA GUIDELINES

Comment

(Rose Hillson—Jordan Park Improvement Association, September 23, 2010) [18-33 INTRO, duplicate comment was provided in 30-33 INTRO]

"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/AppendixG.html on one page without having it scattered in the Impacts and Mitigation Measures Table S-2."

Response INTRO-1

As noted in the comment, Appendix G of the State CEQA Guidelines can be viewed at the following California Natural Resources Agency website: http://ceres.ca.gov/ceqa/guidelines/Appendix_G.html. Also, as noted on page 4-1 of the Draft EIR, the significance criteria used in the EIR are based on the guidance of the San Francisco Planning Department's Environmental Planning Division (formerly Major Environmental Analysis or MEA). The criteria are based on the broad questions that are contained in the environmental checklist in Appendix G of the State CEQA Guidelines, but these have been made more specific to the environment and conditions in the City and County of San Francisco. This is appropriate under CEQA. As is stated in State CEQA Guidelines section 16064.5(b):

> The determination of whether a project may have a significant effect on the environment calls for careful judgment on the part of the public agency involved, based to the extent possible on scientific and factual data. An ironclad definition of significant effect is not always possible because the significance of an activity may vary with the setting.

In each environmental resource section of the Draft EIR, under the Significance Criteria subheading, thresholds of significance specific to that environmental issue are described. For example, Section 4.13.4 of the Draft EIR, page 4.13-16, identifies the thresholds that were used to determine whether implementing the proposed CPMC LRDP would result in a significant impact on biological resources.

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-9 INTRO, duplicate comment was provided in 108-9 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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-58 INTRO, duplicate comment was provided in 108-58 INTRO]

"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."

Response INTRO-2

These comments state that the CPMC LRDP Draft EIR improperly limits the consideration of significant impacts of the proposed LRDP, which could permit significant impacts to occur. The comment further states that the Draft EIR improperly omits potentially significant impacts or confines its evaluation of potential environmental impacts to City-defined "criteria of significance," which are based on Appendix G of the State CEQA Guidelines, when Appendix G states that the "sample questions do not necessarily represent thresholds of significance."

In each environmental resource section of the CPMC LRDP Draft EIR, the significance criteria or relevant standards of significance are presented, under the "Significance Criteria" subheading. These standards are used in the Draft EIR to establish the magnitude of environmental impact of a project that is considered "significant." In many cases, the definition of significance varies from community to community, based on the unique environmental characteristics of that community's location. Appendix G of the State CEQA Guidelines presents sample questions that lead agencies are encouraged to use to evaluate whether a proposed project may have a significant effect on the environment, but are not presumptive standards of significance. The Draft EIR and other environmental documents prepared by the Lead Agency, San Francisco Planning Department, include several questions and thresholds in addition to those presented in Appendix G (e.g., Section 4.9, "Wind and Shadow," of the Draft EIR). These specified thresholds were specifically adopted by the City, and incorporated into its Administrative Code (Chapter 13 of the Code), to provide specific guidance on consideration of environmental impacts particularly pertinent to City and County of San Francisco. As such, in each resource section, after presenting the relevant checklist questions that are based on the guidance of the San Francisco Planning Department's Environmental Planning Division (formerly MEA), which is generally based on State CEQA Guidelines Appendix G, the Draft EIR presents a discussion of the specific standards of significance that are used for that environmental resource area.

Under CEQA, the establishment of standards of significance unique to a particular setting is encouraged. Section 15064(b) of the State CEQA Guidelines addresses this issue by stating that:

> [T]he determination of whether a project may have a significant effect on the environment calls for careful judgment on the part of the public agency involved, based to the extent possible on scientific and factual data. An ironclad definition of significant effect is not always possible

> because the significance of an activity may vary with the setting. For example, an activity which may not be significant in an urban area may be significant in a rural area.

In this case, the City and County of San Francisco has established standards of significance that are used in EIR documents for projects in the City that reflect the unique setting, goals, and values of the community. As noted in the Draft EIR, page 4-1, the significance criteria included were based on the guidance of the San Francisco Planning Department's Environmental Planning Division (formerly MEA) and Chapter 31 of the San Francisco Administrative Code and generally based on the environmental checklist in Appendix G of the State CEQA Guidelines. The standards were objectively applied to specific near-term and long-term projects under the proposed LRDP and the level of significance of impacts was determined.

For example, Section 4.5.3 of the Draft EIR, page 4.5-53, identifies the thresholds that were used to determine whether implementing the proposed CPMC LRDP would result in a significant impact on transportation and circulation. Please also see Response OTH-88 (page C&R 3.23-301) for further discussion of what is required to be evaluated in an EIR under CEQA.

Because the Draft EIR evaluated potential impacts in compliance with guidance provided by the San Francisco Planning Department and Appendix G of the State CEQA Guidelines, in compliance with Section 15064 of the State CEQA Guidelines, the analysis contained in the Draft EIR is considered to adequately evaluate and disclose all of the potential physical environmental impacts of the proposed CPMC LRDP.

3.1.2 GLOSSARY

Comment

(Rose Hillson—Jordan Park Improvement Association, September 23, 2010) [18-86 INTRO, duplicate comment was provided in 30-86 INTRO]

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

Response INTRO-3

The comment requests that the definition of "MEIR" be included in the glossary of the Draft EIR. The term "maximally exposed individual receptor" (MEIR), found in the Draft EIR on pages 4.7-35 and 4.7-67, is defined as the off-site location where the highest incremental cancer risk due to project construction or operational emissions is calculated. Incremental means the potential additional cancer risk posed by the proposed activities above the background cancer risk already present (e.g., breathing existing air pollutants).

In response to this comment, the following text has been added to the Glossary contained within the Table of Contents in the Draft EIR, page xxiii, as follows:

Term	Definition
maximally exposed individual receptor (MEIR)	The off-site location where the highest incremental cancer risk is calculated resulting from project construction or operational emissions. Incremental means the potential additional cancer risk posed by the proposed activities above the background cancer risk already present (e.g., breathing existing air pollutants).

3.1.3 NEAR-TERM VERSUS LONG-TERM

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-12 INTRO, duplicate comments were provided in 67-14 INTRO, 67-17 INTRO, 67-30 INTRO, 67-33 INTRO, 67-35 INTRO, and 67-46 INTRO]

"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."

Response INTRO-4

This comment requests that the CPMC LRDP Final EIR specifically state that the proposed site plans at the Pacific Campus are substantially undeveloped, and also state that this issue would be addressed in the future project-level CEQA assessment of CPMC's Pacific Campus. As stated in Section 1.3, "CEQA Analysis of CPMC Long Range Development Plan: Near-Term Versus Long-Term Project Components" of the Draft EIR on pages 1-12 and 1-13, long-term projects are analyzed at the program level, pursuant to State CEQA Guidelines Section 15168. The proposed long-term projects at the Pacific Campus would require additional or supplemental project-level environmental review, as necessary. At such time, specific project-level site plans would be provided in the additional/supplemental environmental review documents for Pacific Campus. Also at that time, the environmental issues associated with the long-term development at the Pacific Campus including those requested in the comment—will be considered at a project level and impacts will be evaluated, as necessary and required under CEQA.

3.1.4 NOTICING REQUIREMENTS UNDER CEQA

Comment

(Bobbi Lopez—La Voz Latina, September 23, 2010) [20-1 INTRO]

"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 [sic] along Geary and O'Farrell are highly populated by families and Latino families at that.

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."

Response INTRO-5

The above excerpted comment is the introductory paragraph in the comment letter from the La Voz Latina organization and refers to supporting attachments to the comment letter, which include background information regarding the distribution of Latino families within the Tenderloin and surveys of families in the area regarding their current level of healthcare, health concerns, and level of knowledge of the proposed CPMC LRDP and are shown as part of Comment Letter 20 in Appendix A of this C&R document. The comment also appears to question the noticing procedures followed by the Planning Department for informing neighbors, neighborhood groups and interested members of the public of the preparation and availability of the CPMC LRDP Draft EIR for public review, the public scoping meetings and hearings held for the Draft EIR, as well as information disseminated to these same groups regarding the CPMC LRDP project in general that was performed with respect to the Draft EIR and the proposed LRDP in general.

The Planning Department published a Notice of Preparation (NOP) of an EIR for the proposed CPMC LRDP on July 1, 2006. The NOP, which was published in local newspapers and posted at various locations near the project sites, solicited comments regarding the scope of the EIR and was circulated for a period of 30 days. Consistent with the City's public-noticing procedures, the San Francisco Planning Department sent a copy of the public notice to property owners and residents within a 300-foot radius of each existing / proposed CPMC campus, posted public notices within affected neighborhoods, advertised the public notice in the local newspaper, and posted the NOP on the City's website. A public scoping meeting, notice of which was given along with the NOP, was held at the Cathedral Hill Hotel on July 18, 2006 to solicit oral comments from members of the public. However, as planning of the CPMC LRDP continued, additional components were added to the plan that necessitated reissuance of the NOP. As stated on page 1-5 of the Draft EIR, an updated NOP was issued by the Planning Department for the revised and refined proposed CPMC LRDP on May 29, 2009, and a scoping meeting, notice of which was given along with the updated NOP, was held at the Cathedral Hill Hotel on June 9, 2009.

The Planning Department considered the comments received during the review period following issuance of the NOP and the public scoping meeting, and subsequently prepared the Draft EIR for the proposed CPMC LRDP in accordance with the State CEQA Guidelines (California Code of Regulations, Title 14, Division 6, Chapter 3, Sections 15000–15387) and Chapter 31 of the San Francisco Administrative Code (CEQA Procedures and Fees). The Draft EIR was made available to the public; agencies, individuals, and organizations that submitted comments during the NOP public comment review period; and, those individuals and organizations who requested a copy of the Draft EIR. The Draft EIR was circulated for public review and comment starting on July 21, 2010, for an initial 60-day public review period that was subsequently extended to 90 days. The public review and comment period for the Draft EIR concluded at 5:00 p.m. on October 19, 2010.

Pursuant to State CEQA Guidelines Section 15087(a), as lead agency, the City of San Francisco Planning Department was required to provide notice of availability (NOA) of the Draft EIR to the last known address of individuals and organizations who previously requested such notice in writing, and by a least one of the following three methods:

(1) Publication at least one time by the public agency in a newspaper of general circulation in the area affected by the proposed project. If more than one area is affected, the notice shall be published in the newspaper of largest circulation from among the newspapers of general circulation in those areas.

(2) Posting of notice by the public agency on and off the site in the area where the project is to be located.

(3) Direct mailing to the owners and occupants of property contiguous to the parcel or parcels on which the project is located. Owners of such property shall be identified as shown on the latest equalized assessment roll.

The Planning Department complied with State CEQA Guidelines Section 15087(a) by using all three methods of noticing.

As required by State CEQA Guidelines Section 15087, a Notice of Completion (NOC) was filed with the State Clearinghouse, and NOA of the Draft EIR was published in the San Francisco Examiner on July 21, 2010. That same day, the Draft EIR was posted on the Planning Department Web site (http://www.sfplanning.org), was sent to interested and nearby property owners, and was posted at the proposed project sites and their vicinities. Consistent with the requirements of State CEQA Guidelines Section 15087(a)(1), both the NOP and NOA were sent via direct mail to occupants and property owners within a 300-foot mailing radius of the proposed project sites. Notices were mailed to approximately 90 federal, state, and local agencies, 193 local organizations and neighborhood groups, approximately 3,300 individuals. Mailing lists were determined based on historic public involvement (i.e. groups and individuals that have indicated interest in the CPMC LRDP project since its inception), historic interest expressed in the proposed CPMC LRDP, and mailing lists based upon Radius Services 300-foot mailing radius around the LRDP project sites[1]. It should also be noted that the NOA of the Draft EIR was mailed to the Tenderloin Housing Clinic, with which La Voz Latina is affiliated, to the attention of Randy Shaw. Copies of the Draft EIR were also available for public review during normal business hours at the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, California 94103.

Since January 2008, the project sponsor, CPMC, has conducted community outreach efforts about the proposed LRDP development project at Van Ness Avenue and Geary Boulevard/Street (Cathedral Hill Campus development) in the nearby Tenderloin neighborhood, including going door-to-door to merchants and business owners, engaging in conversations with residents of affordable housing buildings and single-room occupancy (SRO) hotels, given presentations at public neighborhood group meetings, and conducted project outreach during a number of public community events in the Tenderloin neighborhood.

On October 23, 2008, CPMC facilitated a community forum to educate and engage the public about the proposed development project and Van Ness Avenue and Geary Boulevard/Street. Prior to the event, CPMC mailed 3,000 postcards to the residences and businesses within a four-block radius around the proposed Cathedral Hill Campus site to invite any interested parties to the event. Spanish and Chinese advertisements regarding the event were placed in local publications, including El Mensajero and SingTao, respectively. Additional advertisements were also placed in neighborhood publications including Bay Area Reporter, New Bernal Journal, New Fillmore News, Noe Valley Voice, and Sun Reporter. During the October 23rd, 2008 event, Spanish, Tagalog, and Chinese translators were available and utilized to answer questions about the LRDP project.

CPMC has participated in community outreach during public events in the Tenderloin and Civic Center neighborhoods hosted by third-parties including:

- Asian Heritage Festival (May 15, 2010)
- Juneteenth Celebration (June 19, 2010)
- Sunday Streets – Civic Center (October 24, 2010)

During these events, CPMC displayed renderings and images of the proposed LRDP development project and provided literature and information about the development project in English, Spanish, and Chinese.

[1] Radius Services

Spanish and Chinese speakers were available at all of these events to answer questions or clarify any information about the project.

On September 12, 2010, CPMC facilitated an open house event at the development site of the proposed Cathedral Hill Campus for neighbors, merchants, and community members in the surrounding area to explain the LRDP project and ask any questions about the project. Leading up to the open house, CPMC went door-to-door to residences and businesses surrounding the proposed Cathedral Hill Campus with literature and information about the event in English, Spanish, Chinese, and Vietnamese. On behalf of the project sponsor, CPMC, Spanish and Chinese speakers participated in these door-to-door communications and were available to answer any questions about the event in those respective languages. If no one was home, literature about the open house was left under the property's gate or at the door. The project sponsor, CPMC, also requested permission from all businesses to post a flyer about the event in visible areas of their property, which many businesses allowed. CPMC also placed print advertisements about the open house in community publications, including Central City Extra, New Fillmore, SingTao, World Journal, Philippine News, and Castro Courier at least two weeks prior to the event. The following media outlets received a media advisory regarding the event:

- San Francisco Chronicle
- San Francisco Examiner
- Bay Citizen
- Bay Area Reporter
- KGO
- KCBS
- Central City Extra
- World Journal
- SingTao

During the September 12, 2010 event, Spanish, Tagalog, and Chinese translators were available and utilized to answer questions about the development project.

To date, CPMC has made initial contact with and provided education materials to residents of about 20 housing buildings in the Tenderloin area. During each of these contacts, representatives of the project sponsor, CPMC, explained to the Tenderloin housing building representatives about resources that would be provided as part of the LRDP project for nearby Tenderloin area building residents and tenants, including accessibility for low income populations, acceptance of Medi-Cal, Medi-Care, Healthy Families, and Healthy San Francisco by CPMC. A number of building managers noted that their building's residents hold regular meetings and events that could be potential opportunities for CPMC to provide information about the proposed LRDP project.

The project sponsor, CPMC, conducted door-to-door and ground outreach regarding the proposed LRDP project in the Tenderloin neighborhood on the following dates: August 20, 2010, August 23, 2010, August 24, 2010, August 26, 2010, August 27, 2010, September 1, 2010, January 6, 2011, January 13, 2011, January 14, 2011.

A comprehensive list of public meetings, gatherings, forums, and events that CPMC has attended or participated in has been provided below. (The level of participation is noted specifically after each listing.)

- Middle Polk Neighborhood Association January 21, 2008 – CPMC presentation
- Lower Polk Neighbors February 5, 2008 – CPMC presentation
- Lower Polk Neighbors April 1, 2008 – CPMC presentation
- Lower Polk Neighbors August 5, 2008 – CPMC presentation
- Polk Corridor Business Association September 9, 2008 – CPMC presentation CPMC presentation
- Community Forum at Cathedral Hill Hotel October 23, 2008 – presentation hosted by CPMC
- Lower Polk Neighbors May 5, 2009 – CPMC presentation
- Tenderloin Futures Collaborative September 9, 2009 – CPMC presentation

- Alliance for a Better District 6 presentation September 9, 2009 – CPMC presentation
- Good Neighbor Coalition meeting December 2009 – meeting
- Good Neighbor Coalition meeting January 2010 – meeting
- Lower Polk Neighbors January 5, 2010 – attended
- Alliance for a Better District 6 January 12, 2010 – attended
- Tenderloin Futures Collaborative April 21, 2010 – attended
- Informational session with Van Ness/Geary site neighbors April 2010 – meeting
- Asian Heritage Festival outreach, Civic Center/Little Saigon May 15, 2010 – information table
- Lower Polk Neighbors June 1, 2010 – CPMC presentation
- Good Neighbor Coalition meeting June 2010 – meeting
- Juneteenth Celebration outreach – Civic Center June 19, 2010 – information table
- Middle Polk Neighborhood Association – June 21, 2010 – attended
- Tenderloin Futures Collaborative July 21, 2010 – CPMC presentation
- Van Ness/Geary Open House September 12, 2010 – Facilitation and door-to-door outreach leading up to event.
- Lower Polk Neighbors September 21, 2010 – CPMC presentation
- Tenderloin Futures Collaborative October 20, 2010 – attended
- Sunday Streets Civic Center outreach October 24, 2010 – information table
- Lower Polk Neighbors October 5, 2010 – attended
- Lower Polk Neighbors November 9, 2010 – attended
- Lower Polk Neighbors January 11, 2011 – attended
- Middle Polk Neighbors January 17, 2011 – attended
- Alliance for a Better District 6 January 19, 2011 – attended
- Middle Polk Neighbors February 9, 2011 – attended
- Tenderloin Futures Collaborative February 16, 2011 – attended
- Middle Polk Neighbors March 9, 2011 – attended
- Project Homeless Connect March 16, 2011 – participated

3.1.5 PROCEDURES FOR REVIEW OF C&R AND QUESTIONS REGARDING PROCESS FOR RECIRCULATION OF THE DRAFT EIR

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-2 INTRO, duplicate comment was provided in 108-2 INTRO]

"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 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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-10 INTRO, duplicate comment was provided in 108-10 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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-65 INTRO, duplicate comment was provided in 108-65 INTRO]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-17 INTRO]

"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 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.

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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-90 INTRO]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-4 INTRO]

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.

(Gloria Smith—California Nurses Association, October 19, 2010) [93-24 INTRO]

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.

(Stephanie Barton, et al—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-75 INTRO]

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

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.

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.

[196] CEQA Guidelines § 15002(a)(I).
[197] CEQA Guidelines § 15002(a)(4)."

(Stephanie Barton, et al—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-80 INTRO]

"**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.

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."

Commissioner Sugaya, September 23, 2010) [PC-388 INTRO]

"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 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.

MS. JAIN: No, I think – sorry, Devyani Jain, Planning Department staff. I think the question that Commissioner Sugaya was asking, that if they wish to suspend the period of comment, and come to some sort of understanding of re-circulation, would they have to take the decision right now? I don't think they were asking what was the basis of –

COMMISSIONER SUGAYA: Yeah. I'm just saying, if, for example, I'm not saying that the Commission is going to do this, or even is thinking about it, but the comment by Commissioner Olague triggered something in my mind, which is, so we have the comment period which ends on October 19th, everything comes in, obviously at that point we have all the comments and from public testimony and written comments, and then staff and the EIR consultants will go ahead and prepare the responses, and then there will be a Comments and Responses document that will circulate back to us, combined with the Draft will be the Final EIR, at which time we – I understand at that point we can say that we feel that both documents are inadequate and here is why, and it needs to be re-circulated, but that's going to be months away.

MR. RAHAIM: If I could add, I mean, the ERO could also make a determination somewhere before the end of that process that, if there was the decision that there was enough new information required, he could make the decision that the EIR would have to be re-circulated. And that would happen after the comment period, but before the final document. By as to whether you could do it right now, I'm sorry, I just don't know.

COMMISSIONER SUGAYA: Maybe I was asking the wrong question, or positing the wrong situation. But does that come back to us as a staff recommendation, then, through MEA and the Department?

MR. RAHAIM: I believe and, again, we'll check to be certain, I believe it is the call of the ERO."

MS. JAIN: The ERO.

COMMISSIONER SUGAYA: All right, thank you"

Response INTRO-6

The above comments state that the Draft EIR is deficient, fundamentally flawed, inadequate and conclusory. The comments also stated the Draft EIR fails to comply with CEQA Statute and the CEQA Guidelines, and that the EIR must be redrafted, revised and recirculated. These comments appear to misunderstand the procedures for responding to comments on the Draft EIR under CEQA and the specific requirements under Section 15088.5 of the State CEQA Guidelines that dictate the circumstances under which the content included in the Comments and Responses (C&R) document require additional public noticing and circulation, as well as potential recirculation of the EIR.

<u>CEQA Requirement for Recirculation</u>

There are very specific criteria outlining when information included in an EIR, after circulation of the Draft EIR must be recirculated for public review, and these criteria are clearly articulated in Section 15088.5 of the State CEQA Guidelines. This section of the State CEQA Guidelines declares that when "significant new information" is added to an EIR after the Draft EIR public review period, but before

certification of the Final EIR, that information must be noticed and circulated for public review in the same way as the Draft EIR noticing and circulation is implemented. Such additional noticing and circulation, or "recirculation," is only required when the new information added to an EIR is considered "significant." Under Section 15088.5(a), significant new information constitutes:

> "New information added to an EIR…that deprives the public of a meaningful opportunity to comment upon a substantial adverse environmental effect of the project or a feasible way to mitigate or avoid such an effect (including a feasible project alternative) that the project's proponents have declined to implement."

Section 15088.5(a) of the Guidelines provides further clarification of the types of information and changes to a Draft EIR that may fall into the definition of "significant new information," including

> "(1) A new significant environmental impact would result from the proposed project or from a new mitigation measure proposed to be implemented;
>
> (2) A substantial increase in the severity of an environmental impact would result unless mitigation measures are adopted that reduce the impact to a level of insignificance;
>
> (3) A feasible project alternative or mitigation measure considerably different from others previously analyzed would clearly lessen the significant environmental impacts of the project, but the project's proponents decline to adopt it; or
>
> (4) The draft EIR was so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comment were precluded."

Additionally, Section 15088.5(b) of the CEQA Guidelines states that recirculation of the EIR is not warranted "where the new information added to the EIR merely clarifies or amplifies or makes insignificant modifications in an adequate EIR."

In light of these specific parameters for recirculation of a previously circulated Draft EIR, it is clear that the CPMC LRDP Draft EIR does not require recirculation. Although revisions have been made to the CPMC LRDP Draft EIR since publication of the document, those revisions do not rise to the level of "significant new information." More specifically, no new significant impacts have been identified. An unmitigated substantial increase in the severity of one or more environmental impacts has not been determined to occur. None of the comments on the CPMC LRDP Draft EIR have led to the identification of new feasible mitigation measures that would clearly lessen any of the significant environmental impacts of the project and which have not already been incorporated into the LRDP project, nor have any new feasible alternatives been identified that would achieve most of the objectives of the project sponsor while lessening the environmental effects of the proposed project. Finally, while this Comments and Responses document provides meaningful responses to all comments raised on the Draft EIR, and in doing so provides additional information about issues raised by the public, the provision of that additional information is not indicative that the CPMC LRDP Draft EIR was fundamentally inadequate or conclusory.

The above comments state that the Draft EIR should be amended and then re-circulated on the basis that new information should be added to the Draft EIR. In particular, the comment states that the Draft EIR "sidesteps" housing and affordable housing impacts, traffic impacts in the Tenderloin neighborhood, air quality and greenhouse gas emissions impacts, impacts to soil and groundwater contaminants, fails to address the first source hiring program, and impacts on healthcare accessibility and distribution. In addition, the above comments state that the Draft EIR dismisses alternatives (including the

environmentally superior alternative) without examining the merits of the centralization of services at the Cathedral Hill Campus.

For a discussion regarding housing and affordable housing impacts, please see Response PH-10 (page C&R 3.5-39). For a discussion regarding pedestrian safety in the Tenderloin neighborhood, please see Response TR-64 (page C&R 3.7-119). Please also see Response TR-83 (page C&R 3.7-152) for a discussion of parking related impacts in the Tenderloin, and Response TR-124 (page C&R 3.7-207) for traffic related impacts in the Tenderloin neighborhood. Please also see Response AQ-20 (page C&R 3.9-48) for a discussion of significant and unavoidable air quality impacts and Response GH-1 (page C&R 3.10-3) for a discussion of significant and unavoidable greenhouse gas emissions impacts. Please also see Response PH-26 (page C&R 3.5-90) for a discussion regarding CPMC's participation with the City's "First Source Hiring Program." For further discussion regarding impacts on healthcare accessibility and distribution, please see Major Response HC-8 (page C&R 3.23-32). Please also see Major Response HC-2 (page C&R 3.23-8) for a discussion regarding centralization of services at the Cathedral Hill Campus. Please also see Response HZ-5 (page C&R 3.18-7) regarding a discussion of the Draft EIR's analyses of soil and groundwater contaminants.

The information provided in this Comments and Responses document serves as clarification, explanation, and, in some cases, further refinement of environmental information provided in the Draft EIR, clarification of feasible mitigation measures that the project sponsor has already agreed to adopt, and information regarding social and economic issues which are not physical environmental issues that are required to be included in an EIR. Thus, the information contained in this Comments and Responses does not involve disclosure of new or substantially more severe significant environmental effects. None of the criteria for recirculation as articulated in Section 15088.5(a) of the State CEQA Guidelines have been met; therefore, recirculation of all or any portion of the CPMC LRDP Draft EIR is not warranted.

General Adequacy of the Draft EIR

The EIR process is intended to facilitate the objective evaluation of potentially significant direct, indirect, and cumulative physical environmental impacts of a proposed project, and to identify feasible mitigation measures and alternatives that would reduce or avoid the project's significant impacts. In addition, CEQA specifically requires that an EIR identify those adverse impacts determined to be significant after implementation of all feasible mitigation measures. The analysis in the Draft EIR identifies the significant impacts and provides feasible mitigation in Chapter 4.0, "Environmental Setting, Impacts, and Mitigation," and discusses alternatives that would reduce or avoid significant impacts in Chapter 6.0, "Alternatives."

In response to the statement in Comment 87-2 above that the project alternatives fail to mitigate potential impacts on health care services for underserved communities and thus additional alternatives need to be developed and therefore the EIR should be recirculated, CEQA is concerned solely with whether or not a project may have adverse physical environmental effects; it is not concerned with socio-economic effects, unless they result in indirect or secondary adverse physical impacts. See Response INTRO-7 (page C&R 3.1-17) regarding requirements under CEQA to evaluate social and economic impacts of a project, including those related to health care services. As noted in Response INTRO-7 (page C&R 3.1-17), the State CEQA Guidelines provide that "[e]conomic and social changes resulting from a project shall not be treated as significant effects on the environment."[2] Accordingly, under CEQA, the analysis of a project's social and economic impacts, including the distribution of health care services, is not required.

[2] *See* Guidelines Section 15064(e). *See also id.* at Section 15382. An economic or social change by itself is not considered a significant effect on the environment. *Goleta Union Sch. Dist. v. Regents*, 37 Cal. App. 4th 1025, 1031 (1995) (school overcrowding without link to a physical environmental change is not a significant effect on the environment); *Citizen*

As stated in the Draft EIR, page 6-1, and explained in further detail in Response ALT-1 (page C&R 3.22-11), "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." The analysis of the alternatives in Chapter 6 of the Draft EIR is consistent with CEQA's "rule of reason" which requires that the EIR set forth only those alternatives necessary to permit a reasoned choice, as stated in the State CEQA Guidelines Section 15126.6(f). The environmental impacts of the proposed CPMC LRDP and a reasonable range of project alternatives have been analyzed in the Draft EIR and these are adequate for CEQA purposes. The social and economic concerns raised by commenters regarding the provision of health care services may be considered by decision-makers in determining whether or not to approve a project as proposed or approve a modified version of the project, but they do not require further analysis as a separate EIR topic or require an additional project alternative in the EIR under CEQA. The environmental impacts of the CPMC LRDP and a reasonable range of project alternatives have been analyzed in the Draft EIR, Chapter 6. See Major Response HC-8, C&R page 3.23-32, for a discussion of the effects of the proposed project on access to health care in general, and information on the charity care provided by CPMC.

As stated on page 6-403 of the Draft EIR, other than the No Project Alternative (Alternative 1A or 1B), Alternative 3A would be the environmentally superior alternative. A discussion of Alternative 3A and how it would or would not meet the project objectives is included on pages 6-399 and 6-400 of the Draft EIR. As concluded in the Draft EIR (on page 6-403) "the overall development program at the CPMC campuses under this alternative [3A] would be less than under the proposed LRDP and would result in fewer significant and unavoidable impacts." The Draft EIR does not reject Alternative 3A; rather it includes an analysis of the comparative environmental effects of that alternative compared to the proposed LRDP, and presents an assessment of the relationship of the alternative to the objectives of the project sponsor. If the decision-makers certify the Final EIR as adequate and complete under CEQA, they may then consider the merits of the proposed project, including all requested entitlements. They may also choose to approve an alternative instead of the proposed project. See also Response ALT-1 regarding Alternative 3A (page C&R 3.22-11).

After certification, the decision-makers, as part of their deliberations on the proposed project, may approve, modify, or disapprove the project as proposed, or may select one of the project alternatives presented in the document, if determined feasible. If the decision-makers decide to approve the proposed project or an alternative, they would be required to make written findings that document the reasoning behind their decision, including findings pertaining to any significant impacts of the project or alternative to be approved, findings that provided the basis for rejection of any feasible mitigation measures, and findings explaining and documenting the rejection of any environmentally superior alternatives. In particular, Section 15091(a)(3) of the State CEQA Guidelines states that the findings must identify "[s]pecific economic, legal, social, technological, or other considerations, including provision of employment opportunities for highly trained workers, make infeasible the mitigation measures or project alternatives identified in the final EIR." The findings must be supported by substantial evidence in the record. The EIR may serve as a source of evidence, but is not necessarily the embodiment of all evidence pertaining to the project, especially evidence related to non-environmental issues. Thus, under CEQA, is it not the role of the EIR to document the acceptance or rejection of any alternative, including the environmentally superior alternative. Appropriately, the Draft EIR for the proposed CPMC LRDP provides information pertaining to the significant environmental impacts of the proposed project and alternatives, but the approval or rejection of any one of those alternatives is a determination made by the decision-makers and documented in the findings, and supported by evidence in the record.

Action to Service All Students v. Thornley, 222 Cal. App. 3d 748, 757 (1990) (social effect of school closure on disadvantaged students was not a significant effect on the environment).

Further comments above state that the Draft EIR fails to provide city officials with all the information they need to make an informed decision and to explain the reasons for their decisions. The comment further states that the government agency responsible for approving the project must disclose reasons to the public why the project was approved with significant environmental effects.The Draft EIR was prepared in accordance with CEQA Guidelines Sections 15000 et seq. with respect to process, content, and level of analysis. More specifically, the organizational structure of the Draft EIR was prepared in accordance with CEQA Guidelines Article 9, Sections 15120 through 15132, which stipulate specific requirements for the content and organization of each section of an EIR. The Draft EIR also followed regulations set forth in Chapter 31 of the City's Administrative Code, which are based upon the CEQA Guidelines. The standards by which the CPMC LRDP's environmental impacts were assessed were consistent with the environmental topics checklist included in Appendix G of the State CEQA Guidelines that has been modified and supplemented with additional checklist questions, where appropriate, to reflect potential areas of analysis specific to San Francisco, consistent with Section 15125(c) of the CEQA Guidelines. Section 15063(f) of the CEQA Guidelines state that sample forms, such as Appendix G of the CEQA Guidelines, are only suggested, and public agencies are free to devise their own format. Furthermore, Section 15120(a) of the CEQA Guidelines states that EIRs shall contain the information outlined in the Guidelines regarding contents of EIRs, but the format of the document may be varied at the lead agency's discretion to allow for incorporation of local characteristics and considerations. CEQA Guidelines Section 15121 states that an EIR is an informational document which will inform public agency decision makers and the public generally of the significant environmental effect of a project, identify possible ways to minimize the significant effects, and describe reasonable alternatives to the project. The public agency shall consider the information in the EIR along with other information which may be presented to the agency. While the information in the EIR does not control the agency's ultimate discretion on the project, the agency must respond to each significant effect identified in the EIR by making findings under Section 15091 and if necessary by making a statement of overriding consideration under Section 15093, which specifically states:

> (a) CEQA requires the decision-making agency to balance, as applicable, the economic, legal, social, technological, or other benefits, including region-wide or statewide environmental benefits, of a proposed project against its unavoidable environmental risks when determining whether to approve the project. If the specific economic, legal, social, technological, or other benefits, including region-wide or statewide environmental benefits, of a proposed project outweigh the unavoidable adverse environmental effects, the adverse environmental effects may be considered "acceptable."
>
> (b) When the lead agency approves a project which will result in the occurrence of significant effects which are identified in the final EIR but are not avoided or substantially lessened, the agency shall state in writing the specific reasons to support its action based on the final EIR and/or other information in the record. The statement of overriding considerations shall be supported by substantial evidence in the record.
>
> c) If an agency makes a statement of overriding considerations, the statement should be included in the record of the project approval and should be mentioned in the notice of determination. This statement does not substitute for, and shall be in addition to, findings required pursuant to Section 15091.

Please also see Reponse HC-7 (page C&R 3.23- 74) regarding the need to develop alternatives related to the project's potential impacts to health care services. With respect to the baseline/existing conditions used in the Draft EIR, refer to Response TR-9 (page C&R 3.7- 11). Also, refer to Response INTRO-10 (page C&R 3.1- 21), which addresses the commenters' concerns regarding the provision of adequate and enforceable mitigation for the CPMC LRDP project as part of the Draft EIR, and Response PH-26 (page C&R 3.5-90) for a discussion of CPMC's hiring plan/practices. Also, refer to Major Response HC-8

(page C&R 3.23-32) for a discussion regarding access to CPMC healthcare services. Please also see Response HZ-5 (page C&R 3.18-7) regarding a discussion of the Draft EIR's analyses of soil and groundwater contaminants. Please also see Response LU-1 (page C&R 3.3-1) regarding land use compatibility.

3.1.6 SOCIAL AND ECONOMIC ISSUES

Comments

(Gloria Smith—California Nurses Association, October 18, 2010) [96-23 INTRO, duplicate comment was provided in 110-23 INTRO]

"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.*

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 all people, the overcrowding would be* regarded *as a significant effect.*"

(Gloria Smith—California Nurses Association, October 18, 2010) [96-24 INTRO, duplicate comment was provided in 110-23 INTRO]

"The Court in Bakersfield for Local Control v. City of Bakersfield (5 Dist. 2004), Cal. App. 4 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."

(Dr. Ted Lee, September 23, 2010) [PC-244 INTRO]
"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."

Response INTRO-7

The comments above state that project-related changes in access to health care would have adverse physical environmental effects because they would result in changes in commute patterns with resultant indirect/secondary effects on air quality and greenhouse gas emissions. The comments further state that these changes fall within the range of social and economic effects, which could be a result of physical changes to the environment under development of the proposed project, that should be considered under CEQA.

The significant environmental impacts of the proposed LRDP, including those related to transportation, air quality, greenhouse gas emissions, and public services, have been fully evaluated and presented in the CPMC LRDP Draft EIR. The analyses compare the future conditions after proposed LRDP implementation with baseline conditions before the proposed LRDP, and consider the environmental effects of all patients, visitors, and employees who would be treated at, work at, or travel to and from the proposed LRDP campuses. Appropriately, the Draft EIR evaluates the effects of all people associated with the proposed LRDP campuses and does not differentiate between the environmental impacts of patients, visitors, or employees of different income levels. Such issues are of a social and economic nature and are only relevant in an EIR insofar as they connect the proposed project to a substantial adverse physical environmental effect or represent a measure of the magnitude of such an impact.

The State CEQA Guidelines (14 California Code of Regulations Section 15000 et. seq.) establishes the scope of analysis of social and economic impacts of a project and their indirect effects that is required under CEQA. These provisions, which are described below, provide a framework for considering many of the comments received on social and economic effects of the project, including issues such as health care, job opportunities, property values, and other socio-economic impacts. In some instances, the comments suggested that these socio-economic impacts of the CPMC LRDP would, in turn, result in indirect physical environmental impacts.

CEQA is concerned solely with whether a project may have adverse physical environmental effects. Accordingly, the State CEQA Guidelines provide that "[e]conomic 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."[3] Although social and economic effects are not physical environmental effects, they can be used to connect a proposed project to a physical environmental effect. Section 15131 of the State CEQA Guidelines states that "economic and social effects of a project shall not be treated as significant effects

[3] *See* Guidelines Section 15064(e). *See also id.* at Section 15382. An economic or social change by itself is not considered a significant effect on the environment. *Goleta Union Sch. Dist. v. Regents*, 37 Cal. App. 4th 1025, 1031 (1995) (school overcrowding without link to a physical environmental change is not a significant effect on the environment); *Citizen Action to Service All Students v. Thornley*, 222 Cal. App. 3d 748, 757 (1990) (social effect of school closure on disadvantaged students was not a significant effect on the environment).

on the environment, [a]n EIR may trace a chain of cause and effect from a proposed decision on a project through anticipated economic or social changes resulting from a project to physical changes caused in turn by the economic or social changes."

In evaluating the environmental impacts of a project, an EIR must evaluate indirect physical effects, in addition to the direct effects of a project.[4] Direct effects are effects that are caused by a project and occur in the same time and place.[5] An indirect environmental effect is a change in the physical environment that is not immediately related to a project, but that is caused indirectly by a project.[6]

CEQA does not require the analysis of generalized social and economic effects related to a range of health care and other issues, such as job opportunities and property values, as suggested by many of the comments.[7] A lead agency is also not required to analyze conclusory statements regarding social and economic impacts that are not supported by substantial evidence in the record.[8]

Some comments suggest the possibility of future secondary significant effects on the environment arising from implementation of the proposed CPMC LRDP and associated changes in the local health care system, related to potential transfers of patients and changes in health care services, business displacement, changes in tax revenues, affordable housing, or urban decay. Responses to specific health care comments are addressed in responses to individual health care comments and in Health Care Major Responses 1 through 9 (pages C&R 3.23-1 through 3.23-38). In particular, the Health Care Major Responses address the following issues raised with respect to the CPMC LRDP:

- Major Response HC-1: Acute-Care Beds;
- Major Response HC-2: Location, Size, and Scope of Services at Cathedral Hill, St. Luke's, and Davies;
- Major Response HC-3: Impacts on Other Hospitals;
- Major Response HC-4: Psychiatric Beds;
- Major Response HC-5: Effect on Emergency Services;
- Major Response HC-6: Skilled Nursing Facilities (SNF);
- Major Response HC-7: Access to Single-Occupancy Rooms;
- Major Response HC-8: Access to Health Services; and
- Major Response HC-9: Health Care Master Plan.

A number of other social and economic issues raised by commenters in relation to the CPMC LRDP are addressed in Section 3.5, "Population, Employment and Housing." More specifically, Section 3.5 on page 3.5-1 contains responses to the following key social and economic issues:

- Response PH-1: Population and Housing Scope of Analysis;
- Response PH-9: Housing Affordability;
- Responses PH-14 to PH-16: Displacement of Residential Uses;
- Responses PH-17 to PH-19: Housing Mitigation;
- Response PH-25: Indirect and Induced Economic Impacts; and
- Responses PH-26 and PH-27: Hiring Plan/Practices.

[4] *See* Guidelines Section 15126.6(a).
[5] *See* Guidelines Section 15358(a)(2).
[6] *See* Guidelines Section 15064(d)(2).
[7] Indirect effects may occur later in time or further removed in distance, but must still be considered and analyzed, if they are a reasonably foreseeable impact which may be caused by the project. *See* 14 Guidelines Section 15358(a)(2), (3).
[8] See Citizen Action to Service All Students, 222 Cal.App.3d at 758.

3.1.7 ORGANIZATION

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-12 INTRO]

"**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.
- 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.

[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."

Response INTRO-8

The comment suggests that the CPMC LRDP Draft EIR does not allow the reader to make an informed decision regarding the potential environmental impacts of the proposed CPMC LRDP. The Draft EIR was prepared in accordance with CEQA Guidelines Sections 15000 et seq. with respect to process, content, and level of analysis. More specifically, the organizational structure of the Draft EIR was prepared in accordance with CEQA Guidelines Article 9, Sections 15120 through 15132, which stipulate specific requirements for the content and organization of each section of an EIR. The Draft EIR also followed regulations set forth in Chapter 31 of the City's Administrative Code, which are based upon the CEQA Guidelines. Pursuant to State CEQA Guidelines Section 15122, a table of contents is included in each volume of the Draft EIR "to assist the readers in finding analysis of different subjects and issues." In addition, a list of acronyms and abbreviations is included after the table of contents in each volume of the Draft EIR to assist readers in reading the Draft EIR. Each environmental topic analysis section of the Draft EIR is structured consistently with subheadings for Introduction, Environmental Setting, Regulatory Framework, Cumulative Conditions discussion, Significance Criteria, Impact Evaluations, and Cumulative Impacts. The standards by which the CPMC LRDP's environmental impacts were assessed were consistent with the environmental topics checklist included in Appendix G of the State CEQA Guidelines that has been modified and supplemented with additional checklist questions, where

appropriate, to reflect potential areas of analysis specific to San Francisco, consistent with Section 15125(c) of the CEQA Guidelines. Section 15063(f) of the CEQA Guidelines state that sample forms, such as Appendix G of the CEQA Guidelines, are only suggested, and public agencies are free to devise their own format. Furthermore, Section 15120(a) of the CEQA Guidelines states that EIRs shall contain the information outlined in the Guidelines regarding contents of EIRs, but the format of the document may be varied at the lead agency's discretion to allow for incorporation of local characteristics and considerations.

The Draft EIR was written and edited to present technical analyses and information in language, consistent with Section 15140 of the State CEQA Guidelines. The use of acronyms is considered a standard convention to improve readability of an analysis that repeatedly refers to proper names (agencies, regulations, or otherwise) and the list of acronyms was included to provide a comprehensive legend to which a reader could refer when reviewing the Draft EIR. Furthermore, in accordance with Section 15140 of the State CEQA Guidelines, the Draft EIR includes numerous tables and figures to increase the readability of the analysis.

Due to the relative complexity of the proposed LRDP, which includes project-level and programmatic components at five CPMC campuses, it was necessary to include several terms to differentiate not only between the relative significance of the impact but also the likelihood of occurrence of the impact. The commenter's criticism of the use of the term "potentially significant and unavoidable" is noted. Although in some cases slightly different wording was used, the terms used to describe level of impact were substantially similar to what is used in other DEIRs.

Comment

(Gloria Smith, California Nurses Association, October 19, 2010) [91-11 INTRO]

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

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

Response INTRO-9

The comment suggests that the organization of Chapter 4.0, "Environmental Setting, Impacts, and Mitigation" of the Draft EIR does not allow for ease of readability. Environmental review under CEQA is administered for all departments and agencies of the City and County of San Francisco by the Environmental Planning Division of the Planning Department. The order of the potential environmental impacts in Sections 4.1 through 4.18 of the Draft EIR follow the order used in the Initial Study Checklist provided by the Environmental Planning Division, an approach generally used in EIRs for projects located in and under the jurisdiction of the City and County of San Francisco.[9] Furthermore, as noted above in Response INTRO-8, p. C&R-3.1-19, Section 15120(a) of the CEQA Guidelines states that EIRs shall contain the information outlined in the Guidelines regarding contents of EIRs, but the format of the document may be varied at the lead agency's discretion to allow for incorporation of local characteristics

[9] http://www.sf-planning.org/index.aspx?page=1570.

and considerations. As such, the Draft EIR is considered to be prepared and organized in accordance with Environmental Planning Division's guidelines and CEQA Guidelines. A table of contents was also provided in each volume of the Draft EIR to assist readers in following the organization of the document.

3.1.8 ENVIRONMENTAL IMPACTS AND MITIGATION

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-8 INTRO, duplicate comment was provided in 108-8 INTRO]

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

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-29 INTRO, duplicate comment was provided in 108-29 INTRO]

"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."

Response INTRO-10

The comments state that the CPMC LRDP Draft EIR often does not actually mitigate LRDP impacts. These comments do not, however, raise specific issues regarding the LRDP Draft EIR's mitigation measures or how they do not actually mitigate the LRDP's significant impacts identified in the Draft EIR. No evidence or information to support the questions and concerns raised regarding mitigation is presented by the commenter or where they believe this occurs in the Draft EIR.

All feasible and enforceable mitigation measures that would avoid or reduce the magnitude of significant impacts of the LRDP are presented and discussed in Sections 4.1 through 4.18 of the Draft EIR (see Table S-2 on pages S-37 through S-80 for a summary of mitigation measures). Notwithstanding these measures, the Draft EIR concludes that the proposed LRDP would result in significant unavoidable impacts to transportation and circulation, noise, air quality, and greenhouse gases, which are summarized in Table 5-1 on pages 5-2 to 5-7 in Chapter 5, "Other CEQA Considerations," of the Draft EIR. To approve the project, the decision-makers would be required to adopt a statement of overriding considerations, supported by substantial evidence in the record, documenting that the perceived benefits of the project would outweigh the project's identified significant and unavoidable environmental impacts. The MMRP would ensure enforcement of adopted mitigation measures included in the certified Final EIR.

Comment

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-54 INTRO, duplicate comment was provided in 108-54 INTRO]

"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: (I) 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-71 INTRO]

"**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.

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.

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)."

Response INTRO-11

The comments state that the CPMC LRDP Draft EIR improperly defers mitigation of numerous impacts by not committing to future mitigation, by not providing performance standards that must be met, and by not providing alternative approaches to mitigation. The comment also states that several of the CPMC LRDP Draft EIR's proposed mitigation measures do not meet the standards for fully enforceable mitigation and/or rely on planning documents that are not enforceable.

Pursuant to State CEQA Guidelines Section 15126.4, feasible mitigation measures are required to reduce a project's significant environmental impacts; however, mitigation measures are not required for impacts which are found to be less than significant or have no impact at all. Mitigation measures in the CPMC LRDP Draft EIR are not deferred, although in some cases where impacts of the proposed CPMC LRDP are programmatic in nature, the mitigation measures are also programmatic in nature with performance standards established to ensure that future actions are protective of the environment. (For example, Mitigation Measure M-CP-N2 requires the preparation of site-specific testing programs to determine the potential presence of archaeological resources. Based on the findings, additional recommendations may be made to ensure that any potentially affected archaeological deposit would be identified, evaluated, and as appropriate, subject to data recovery by a qualified archaeologist, thereby causing a less-than-significant impact on archaeological resources.) Section 15126.4(a)(1)(b) of the State CEQA Guidelines recognizes that mitigation measures may not be able to be articulated in full detail at the time of an early stage or plan level EIR but also states:

> Formulation of mitigation measures should not be deferred until some future time. However, measures may specify performance standards which would mitigate the significant effect of the project and which may be accomplished in more than one specified way.

The mitigation measures identified in the Draft EIR meet the standards established in the State CEQA Guidelines, because they reduce the potentially significant impacts of the project to less-than-significant levels, where feasible, and create mitigation obligations that are enforceable by the San Francisco Planning Department and other responsible agencies, consistent with the requirements of Section 15126.4(a)(2) of the State CEQA Guidelines. For example, Mitigation Measure M-NO-N1 commits CPMC to achieving the noise standards established in the San Francisco Noise Control Ordinance through implementation of various measures, such as temporary noise barriers, maintenance of equipment, and other equipment-specific noise attenuating features, which satisfies the three criteria presented in this comment. As such, the CPMC LRDP Draft EIR is considered to meet the standards for mitigation of potentially significant impacts under CEQA. Additional measures are not necessary with respect to site contamination, affordable housing, traffic congestion and public transit, and toxic air emissions to reduce the potential impacts of the proposed CPMC LRDP to the extent feasible.

Comment

(Sheila Mahoney and James Frame, October 19, 2010) [88-10 INTRO]

"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."

Response INTRO-12

The comment expresses opposition to the proposed LRDP, states that the Draft EIR needs more work, and suggests that a more inclusive analysis of LRDP impacts on adjoining residential streets in the vicinity of the St. Luke's Campus should be included in the EIR. The commenters identified themselves as residing across the street from the St. Luke's Monteagle Medical Center. The Draft EIR evaluated the potential impacts of LRDP development on the physical environment in the vicinity of the proposed LRDP development at the St. Luke's Campus, including adjoining residential and other streets in the vicinity of the St. Luke's Campus. The CPMC LRDP Draft EIR evaluated environmental impacts from the proposed St. Luke's Campus development at the neighborhood level by focusing on construction and operations impacts related to land use, aesthetics, transportation, noise, and air quality, because these types of impacts evaluate the local scale. While other environmental resource areas also evaluate local residential impacts related to the proposed St. Luke's Campus development, during construction and operation, impacts related to aesthetics, transportation, noise, and air quality would be most notable on a daily basis for residential uses. The Draft EIR evaluates the proposed LRDP's impact on neighborhood character and land use around the St. Luke's Campus on pages 4.1-59 through 4.1-63 and concludes that the LRDP project would have less-than-significant impacts related to these topics. Please also see discussion of this issue in Response LU-30, page C&R 3.3-146. The aesthetic impacts associated with the proposed St. Luke's Campus, including perimeter changes, were analyzed in Draft EIR Impact AE-3, pages 4.2-172 through 4.2-187. Specifically, on page 4.2-184, the Draft EIR discusses the aesthetic impact of the proposed St. Luke's replacement hospital building from the perspective of adjacent residences, stating that a new six-story-tall building would replace the open expanse of the existing on-campus surface parking lot and its trees and close in the view from the side and rear of the residential buildings. As noted in the Draft EIR (page 4.2-184), the adjacent residences would not face or front toward the proposed St. Luke's replacement hospital building. In addition, while the replacement hospital building would be noticeable among existing surrounding development, the visual contrast would not be substantial or adverse, since the site is currently developed with a large hospital. As such, no potentially significant impact on the environment related to changes to the visual character of adjacent residential uses because of LRDP development was identified in the Draft EIR. Impacts related to transportation and circulation at the St. Luke's Campus are discussed in Section 4.5 of the Draft EIR, beginning on page 4.5-197. As shown in Impacts TR-84 (Draft EIR page 4.5-200) and TR-85 (Draft EIR page 4.5-201), 15 intersections in the vicinity of the St. Luke's Campus were evaluated as part of the Draft EIR, and the impacts of the proposed CPMC LRDP on the flow of traffic in the neighborhood, including residential

streets, were determined to be less than significant. Section 4.6 in the Draft EIR includes discussions of the St. Luke's Campus and associated Impacts NO-1 through NO-5. Please see a discussion of noise-related impacts on the surrounding residential streets of St. Luke's Campus in Response NO-68, page C&R 3.8-74. During construction, residences along Duncan Street between Guerrero and Valencia Streets would experience construction noise levels equivalent to 69 dB, which would be less than the 80 dB maximum noise level/threshold established in the San Francisco Noise Control Ordinance, and impacts were determined to be less than significant. Section 4.7 in the Draft EIR includes discussions of the St. Luke's Campus and associated Impacts AQ-1 through AQ-10, which includes impacts to the adjacent residential neighborhood.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-2 INTRO]

"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."

Response INTRO-13

The comment states that the California Nurses Association/National Nurses United (CNA) pointed out the need for the San Francisco Planning Department to properly address project alternatives, cumulative impacts, and traffic congestion in the CPMC LRDP Draft EIR. The comment further states that the CPMC LRDP EIR is overly complicated, given that it is both a project-level EIR and program-level EIR.

As noted in the Draft EIR, page 6-1, pursuant to State CEQA Guidelines Section 15126.6, the Draft EIR examines a range of reasonable alternatives that "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 comparative merits of the alternatives." The Draft EIR provides a thorough analysis and comparison of the LRDP alternatives (Alternative 1A, Alternative 1B, Alternative 2, Alternative 3A, and Alternative 3B), such that the advantages and disadvantages of each alternative, compared with the proposed LRDP, can be weighed and analyzed.

As noted in the CPMC LRDP Draft EIR, page 4-3, cumulative impacts are analyzed in Chapter 4, "Environmental Setting, Impacts, and Mitigation," pursuant to State CEQA Guidelines Section 15130, under each environmental resource area discussed in Sections 4.1 through 4.18.

The analysis in Section 4.5, "Transportation and Circulation," of the CPMC LRDP Draft EIR was prepared in accordance with the San Francisco Planning Department's standards for all environmental documents which addresses traffic congestion. The individual transportation impact studies for each campus were prepared under the guidance of San Francisco Planning Department staff and reviewed by the San Francisco Planning Department staff, and they were used as the basis for environmental review of Section 4.5.

Please see Response INTRO-4 (page C&R 3.1-4) for a discussion of programmatic impacts in the Draft EIR and pages 1-13 and 1-14 of Chapter 1, "Introduction and Background," of the Draft EIR for a discussion of program- and project-level CMPC LRDP developments analyzed in the EIR. Please see Response INTRO-8 (page C&R 3.1-19) for a discussion on the organization of the document and how it conforms to the State CEQA Guidelines with respect to the presentation of an analysis in and the organizational structure of an EIR. As noted in Response INTRO-8, the Draft EIR was prepared in

accordance with the State CEQA Guidelines and includes numerous measures to increase the readability and reduce the perceived complexity of the analysis.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-3 INTRO]

"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.

[1] Public Resources Code §§ 21000 et seq."

Response INTRO-14

The comment states that the CPMC LRDP Draft EIR did not reflect the substantial number of Draft EIR Notice of Preparation of an EIR (NOP) comments received from the public. As noted in the Draft EIR, page 1-5, written and oral comments received during the CPMC LRDP NOP comment period were accepted from May 27 to June 26, 2009. Comment letters in the NOP and a transcript of all oral testimony received at the public scoping meeting are on file and available for public review at the Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103. A summary of comments received on the NOP that were considered during the evaluation of the Draft EIR are provided on page 1-5 of the Draft EIR.

Environmental issues raised during the CPMC LRDP's EIR public scoping/NOP process were considered during the preparation of the CPMC LRDP Draft EIR and are addressed in Chapter 4, "Environmental Setting, Impacts, and Mitigation," in the Draft EIR. A summary of other comments received in the public scoping/NOP process of the proposed CPMC LRDP that were not relevant to the project's environmental analysis and were beyond the scope of a CEQA document is included in Section 5.7, "Unresolved Issues and Areas of Controversy," in the CPMC LRDP Draft EIR, beginning on page 5-22 in Chapter 5, "Other CEQA Considerations." The Draft EIR provides a detailed analysis of all potential environmental impacts. The comment does not present justification to support suggestions that the Draft EIR needs to be recirculated. Please also see Response INTRO-6 (page C&R 3.1-11) for a discussion of the conditions under which recirculation of all or a portion of a Draft EIR is required.

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3.2 PROJECT DESCRIPTION

3.2.1 LRDP

3.2.1.1 GENERAL

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-5 PD]

"**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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-6 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 comer of the intersection of Van Ness Avenue and Geary Boulevard and a medical office building ('MOB') at the northeast comer 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-7 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-8 PD]

"**C. Davies Campus**

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

(Gloria Smith—California Nurses Association, October 19, 2010) [90-9 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-10 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-11 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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-2 PD]

"**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.

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 comer 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.

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 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.

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

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

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

[2] Draft EIR, pp. 1-1 – 1-3 and pp. 2-1 – 2-3."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-2 PD, duplicate comment was provided in 110-2 PD]

"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 CPMCs 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."

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-3 PD-CH]

"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:

- Pacific Campus at Sacramento and Buchanan Streets;
- California Campus at Maple and California Streets;
- Davis 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 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."

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-4 PD-DV]

"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."

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-5 PD-SL]

"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."

Response PD-1

The comments above summarize development that would be part of the proposed CPMC LRDP. The comments are noted. The comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. Additional details about development projects that are part of the proposed CPMC LRDP can be found in the "Project Description" chapter of the Draft EIR, beginning on page 2-1.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [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 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 onsite 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."

Response PD-2

The comment is paraphrasing and summarizing development projects that would be part of the proposed CPMC LRDP. The comment is correct in noting that the California Campus would not change in the near term and would close after 2020, when most CPMC-related uses would cease; however, the campus may still be used. As stated in the Draft EIR beginning on page 2-131, "A small amount of CPMC-operated space (approximately 2,400 square feet [sq. ft.]) at the 3838 California Street MOB (primarily outpatient imaging and blood drawing) would be leased from the buyer of the California Campus property

indefinitely. Thus, it is expected that by about 2020 almost all CPMC-related use of the California Campus would cease. Future uses by subsequent purchasers are speculative in nature. It is assumed that a prospective purchaser would ultimately seek to renovate and/or redevelop the California Campus; however, the nature, timing, and extent of development are unknown at this time and are therefore beyond the scope of this EIR." Additional details about the proposed CPMC LRDP can be found in the "Project Description" chapter of the Draft EIR, beginning on page 2-1.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [93-31 PD]

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."

Response PD-3

The comment is noted. This comment, which requests information regarding a financing plan for the LRDP, involves social and economic considerations. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please also see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Although the comment suggests that the description of a financing plan "would necessarily result in disclosure of related environmental impacts and alternatives," the comment provides no supporting evidence to suggest that the financing plan for the proposed LRDP could result in direct or indirect physical environmental impacts or to explain why the financing plan would result in disclosure of such impacts, and the comment gives no indication as to the types of environmental impacts and alternatives that potentially would be disclosed as the result of the inclusion of a discussion of a financing plan in the EIR.

Please note that the Project Description in the Draft EIR discloses on page 2-131 that "CPMC plans to sell the California Campus as early as possible after the relocation of inpatient functions."

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-10 PD, duplicate comment was provided in 30-10 PD]

"4. Speaking of helicopters, will you be running a hospital transport service with helicopters?"

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-61 PD, *duplicate comment was provided in 108-61 PD*]

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

Response PD-4

The comments ask whether the CPMC LRDP proposes a helipad at any of the hospitals in the CPMC LRDP, includes the use of helicopters for hospital transport service, or whether helicopters would be used during project construction and operations. The comments request additional details as part of the Draft EIR regarding the use of helicopters as a hospital transport service. The CPMC LRDP does not propose to use helicopters for hospital transport service or to construct helipads on any of the proposed hospital

buildings. Therefore, no such additional details are necessary. Please refer to Response PD-19, page C&R 3.2-19, for information regarding use of helicopters during LRDP construction and operations.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [92-28 PD]

"Construction of the proposed Cathedral Hill tunnel under Van Ness Avenue, a State Highway, requires Caltrans approval and a permit."

Response PD-5

The comment is correct in stating that the California Department of Transportation (Caltrans) would need to review and approve construction of the CPMC LRDP proposed tunnel under Van Ness Avenue, because Van Ness Avenue is part of U.S. Highway 101. As stated in the Draft EIR, page 4.5-156, "Construction activities across and beneath Van Ness Avenue would be subject to both City and Caltrans review and approval." As stated in the Draft EIR in Table 2-3, page 2-15, the Van Ness Avenue Pedestrian Tunnel would require "encroachment permits (construction) and long-term lease or other agreement (long-term occupancy) for subsurface right-of-way for Van Ness Avenue Pedestrian Tunnel."

Comment

(David Meckel, September 19, 2010) [PC-209 PD]

"The CPMC planning work is smart, sustainable, and urbanistically 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."

Response PD-6

The comment expresses general support for the proposed CPMC LRDP and states that this project includes appropriate distribution of medical services within the urban context of CPMC campus neighborhoods. The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.2.1.2 ADEQUACY OF PROJECT DESCRIPTION/OBJECTIVES

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-3 PD, duplicate comment was provided in 108-3 PD]

"1. The Draft EIR 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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-11 PD, duplicate comment was provided in 108-11 PD]

"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:

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

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

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

(Gloria Smith—California Nurses Association, October 19, 2010) [90-30 PD]

"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.

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.

[17] DEIR at page 6-6, 7."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-2 PD]

"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 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.

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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-16 PD]

"**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 view of the entire DEIR to inform the comments in this letter.

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 benefiting the overall health care services system for the San Francisco community."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-71 PD]

"**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.

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 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 an 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.

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]

[179] CEQA Guidelines §15124(b).

[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 lnyo* 157 Cal. App. 4th 1437, 1460 (2007)."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-78 PD]

"**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.**

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 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."

Response PD-7

The comments express concern regarding the level of specificity of CPMC's LRDP objectives and question whether they preclude the ability to develop a reasonable range of alternatives. As explained in Response ALT-1 (page C&R 3.22-11), the Draft EIR complies with the CEQA requirement to consider a reasonable range of potentially feasible alternatives. As stated in the Draft EIR, page 6-1, "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, which would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." The analysis of the alternatives is consistent with CEQA's "rule of reason," which requires that the EIR set forth only those alternatives necessary to permit a reasoned choice (State CEQA Guidelines, Section 15126.6[f]). The environmental effects of the proposed LRDP and a reasonable range of alternatives have been analyzed in the Draft EIR at a level adequate for CEQA purposes. The project objectives thus did not limit the choice of alternatives considered in the Draft EIR.

Additionally, as explained in Response ALT-1 (page C&R 3.22-11), with the exception of those alternatives initially rejected as infeasible during the scoping process (as discussed on Draft EIR page 6-8 in Section 6.3, "Alternatives Considered But Rejected"), the Draft EIR did not eliminate from consideration any of the project alternatives on the basis of infeasibility or because the alternatives did not meet a certain project objective. These above-mentioned alternatives were rejected as infeasible because they would cause disruption to medical services, have lengthy (multiple-phase) construction timelines, and because potential alternative sites would not serve community needs. The determination as to whether the alternatives to the project analyzed in the Draft EIR are feasible or infeasible will be made by City decision-makers at the time they consider the merits of the project and decide whether or not to approve, modify, or carry out the LRDP as proposed. The decision-makers could choose to approve one of the project alternatives and not the CPMC LRDP.

Some of the comments suggest that while the overarching objectives of the project are not narrow, several of the core medical services objectives are so drawn and geared towards consolidation of medical services as to exclude any option other than the proposed project. Please see Major Response HC-2 (page C&R 3.23-8) regarding the consolidation of medical services as part of the proposed CPMC LRDP. The State CEQA Guidelines provide that "[t]he range of potential alternatives to the proposed project shall include those that could feasibly accomplish *most* of the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects" (State CEQA Guidelines, Section 15126.6[c]). The State CEQA Guidelines provide that "the discussion of alternatives shall focus on alternatives to the project or its location which are capable of avoiding or substantially lessening any significant effects of the project, *even if these alternatives would impede to some degree the attainment of the project objectives,* or would be more costly" (State CEQA Guidelines, Section 15126.6[b], emphasis added). Therefore, there is no legal requirement that the project alternatives selected meet *every* objective, or even every core objective of the project.[1] It is sufficient for the EIR to analyze alternatives that meet most of the core project objectives.[2]

The project alternatives studied in the Draft EIR would meet many, but not all of the project objectives. For example, the Draft EIR explained, beginning on page 6-31, that both Alternative 3A and Alternative 3B would meet the overarching objective to "construct modern, seismically safe hospital facilities that would remain operational in the event of a major disaster, both to serve CPMC's patients and to play an

[1] *Cal. Native Plant Soc'y v. City of Santa Cruz*, 177 Cal. App. 4th 957, 991–992 (2009) (rejecting claims that project objectives were too narrow because "the alternatives discussed in an EIR need not *fully* accomplish all of the project objectives").
[2] *Ibid.* at 991 (citing *Mira Mar Mobile Cmty. v. City of Oceanside*, 119 Cal. App. 4th 477, 489 [2004]).

important role in San Francisco's disaster response and preparedness system, through the development of a new CPMC campus and the redevelopment of existing campuses in a manner that is fully compliant with the Alfred E. Alquist Hospital Seismic Safety Act and SB 1953, as mandated by the State of California."

Unique constraints and planning considerations that apply to hospital/medical institution projects in general, and the LRDP in particular (i.e., continuum of emergency/community medical services, program needs, and space allocation for hospital/medical institutions), resulted in a more specific set of project objectives for the LRDP than might be applicable to a typical housing, office, or commercial development project. The CPMC LRDP is driven largely by the need for CPMC's hospital projects to comply with state-mandated deadlines for meeting seismic safety standards under SB 1953 as modified by subsequent legislation, while at the same time, CPMC needs its hospitals to remain operational during the implementation and construction of the proposed CPMC LRDP, providing uninterrupted acute care and other services to meet patient demand. The project objectives were also shaped by the desire to create a long-term plan for the St. Luke's Campus, consistent with the recommendations of the Blue Ribbon Panel, the San Francisco Health Commission, and the Health Commission Task Force, to continue serving existing patient populations at this campus. Lastly, the objectives were shaped in part by the need to plan facilities in a manner that would (1) enable CPMC to provide health care that would meet existing and future patient demands, (2) optimize patient safety and clinical outcomes, and (3) be cost effective and operationally efficient.[3]

A project like the CPMC LRDP that is subject to a very specific project scope and development requirements (i.e., seismic safety requirements of SB 1953, continuum of emergency/community medical services, program needs, and space allocation for hospital/medical institutions) would have some parallel constraints on the range of potentially feasible alternatives that would accomplish most of the project's basic objectives.[4]

In addition, CEQA requires that an EIR's project description contain a statement of the objectives sought by the project sponsor to assist the lead agency in developing a reasonable range of alternatives to evaluate in the EIR.[5] The statement of project objectives should include the underlying purpose of the project.[6] Thus, the project objectives included in the Draft EIR are those of the LRDP, and not citywide health care services-related policy objectives.

Relevant citywide policy objectives were discussed elsewhere in the Draft EIR (see Draft EIR page 3-1 in Chapter 3, "Plans and Policies"), but they would not have been appropriate to discuss as an element of the sponsor's project objectives and the project description. The project description contained in the Draft EIR states the project objectives of the LRDP in accordance with CEQA requirements. As stated in CEQA Guidelines Section 15124, the description of the project shall contain a clearly written statement of objectives that will help the lead agency develop a reasonable range of alternatives to evaluate in the EIR and will aid the decision-makers in preparing findings or a statement of overriding considerations, if necessary. The statement of objectives should include the underlying purpose of the project, but should not supply extensive detail beyond that needed for evaluation and review of the environmental impact.

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[3] Comments by Dr. Mitch Katz, DPH, at November 19, 2009 IMP Hearing for California Pacific Medical Center's 2008 Institutional Master Plan.

[4] *Save S.F. Bay Ass'n v. S.F. Bay Conservation & Dev. Comm'n*, 10 Cal. App. 4th 908, 922 (1992) (upholding an EIR where requirements for an aquarium project were very specific and limited in scope [waterfront access, proven attendance base, transportation, and parking], which in turn severely limited the feasible alternatives). See also *Jones v. Regents*, 183 Cal. App. 4th 818, 827 (2010) (upholding the alternatives analysis in the EIR for Lawrence Berkeley National Laboratory's long-range development plan, where the plan's size and scope limited the number of alternatives that were both feasible and would accomplish most of the project objectives, which included clustering facilities in a manner that encouraged cross-disciplinary research).

[5] See State CEQA Guidelines, Section 15124(b).

[6] *Ibid*.

Therefore, the project description is not required to include broader objectives that are not specific to the LRDP, as suggested by the comments.

CEQA does not require that an EIR substitute citywide health care policy objectives for those of the project sponsor. Similarly, CEQA does not require that an EIR consider alternatives focusing on citywide health care policy objectives, rather than on the project objectives of the proposed project.

Comment

(Sue Hestor, October 19, 2010) [89-11 PD]

"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."

Response PD-8

The comment reiterates one of the main objectives of the proposed LRDP, which is stated in the Draft EIR on page 2-7. The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-20 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 thorough an accurate view of the Project may affected outsiders and public decision-making balance the proposal's benefit against its environmental cost, consider mitigation measures, assess the advantage of terminating the proposal and weigh other alternatively 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 EIR's project description is closely linked to the 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]

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 settings, 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.

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."

Response PD-9

The comment refers to court decisions, the CEQA Guidelines, and other documents regarding the importance of an accurate, stable, and finite project description in the EIR, and includes a statement that "[t]he 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."

As the comment accurately points out, Section 15125 of the CEQA Guidelines state that "[a]n EIR must include a description of the physical environmental conditions in the vicinity of the project…from both a local and regional perspective." The CEQA Guidelines go on to state that "[t]he description of the environmental setting shall be no longer than is necessary to an understanding of the significant effects of the proposed project and its alternatives."

The context of the environmental setting is not the same for all environmental resource areas, thus it is most effective to describe the environmental setting in the context of each environmental resource area that is addressed in the EIR. The San Francisco Planning Department's *Consultant Guidelines for the Preparation of Environmental Review Documents* suggest that the environmental setting be discussed within each topic addressed in the EIR.[7] It is noted that the CEQA Guidelines do not suggest that the description of the environmental setting be part of the project description (just part of the EIR).

For some resources areas, the regional setting is critical to the assessment of environmental impacts. For example, as indicated on Draft EIR page 4.7-1, the environmental setting and the assessment of air quality impacts considers the entire San Francisco Bay Area Air Basin, which encompasses all of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo and Santa Clara Counties, the southern portion of Sonoma County, and the southwest portion of Solano County. For other topics such as aesthetics, wind and shadow, or recreation, the regional perspective is less relevant than the local perspective. Accordingly, the LRDP Draft EIR includes details regarding environmental setting in each environmental resource area that is appropriate for analysis of the project's impacts in that topic area.

Please see Response INTRO-7 (page C&R 3.1-17) for a response to comments regarding CEQA requirements for social and economic impacts. Please also see Major Response HC-8 (page C&R 3.23-32) for a response to comments regarding access to health care services and Major Response HC-1 (page C&R 3.23-1) regarding regional health facilities.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [93-35 PD]

"•Justification (proposed findings) for the proposed variances"

Response PD-10

This comment is part of a bulleted list of items regarding the adequacy of the Draft EIR project description. The comment appears to suggest that information regarding justification for the variances requested for the CPMC LRDP is missing from the project description contained in the Draft EIR. The exact text leading up to the bulleted list contained in the letter is as follows: "Other information missing from the DEIR's Project Description includes, but is not limited to the following:"

[7] City and County of San Francisco, *Consultant Guidelines for the Preparation of Environmental Review Documents*, Public Review Draft, September 11, 2008, page 6-14.

The required project approvals for the proposed CPMC LRDP are shown in Table 2-3 of the Draft EIR (pages 2-13 to 2-15), and are described further in Draft EIR Section 2.2.4, "Required Project Approvals for the Cathedral Hill Campus" (pages 2-43 to 2-48). These approvals are part of the proposed LRDP. The comment refers to "variances." It should be noted that the term "variances" is used for a particular type of exception from otherwise applicable zoning requirements, and "variances" are not among the entitlements being sought for the proposed project. Furthermore, if the decision-makers decide to approve the proposed LRDP or a project alternative, they must adopt findings for the various entitlements, but CEQA does not require that such findings be included as part of the Draft EIR project description. Such findings are not part of the project proposed by the sponsor; rather, the findings document the reasoning of the decision-makers at the time that they consider the project's merits and decide whether or not to approve the proposed project.

Comment

(Gloria Smith—California Nurses Association) [93-37 PD]

"• 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."

Response PD-11

The comment suggests that an events schedule and information regarding visitors is missing from the Draft EIR project description. As stated in Section 15124 of the State CEQA Guidelines:

> "The description of the project shall contain the following information but should not supply extensive detail beyond that needed for evaluation and review of the environmental impact.
>
> (a) The precise location and boundaries of the proposed project shall be shown on a detailed map, preferably topographic. The location of the project shall also appear on a regional map.
>
> (b) A statement of objectives sought by the proposed project. A clearly written statement of objectives will help the lead agency develop a reasonable range of alternatives to evaluate in the EIR and will aid the decision makers in preparing findings or a statement of overriding considerations, if necessary. The statement of objectives should include the underlying purpose of the project.
>
> (c) A general description of the project's technical, economic, and environmental characteristics, considering the principal engineering proposals if any and supporting public service facilities.
>
> (d) A statement briefly describing the intended uses of the EIR.
>
> (1) This statement shall include, to the extent that the information is known to the Lead Agency,
>
> (A) A list of the agencies that are expected to use the EIR in their decision making, and
>
> (B) A list of permits and other approvals required to implement the project.
>
> (C) A list of related environmental review and consultation requirements required by federal, state, or local laws, regulations, or policies. To the fullest extent possible, the lead agency should integrate CEQA review with these related environmental review and consultation requirements. "

All of the above-mentioned details have been provided in the CPMC LRDP project description to the extent necessary to evaluate traffic and other impacts. Projections of visitor trips took into account the types of activities identified in the comment because the travel surveys that were used to estimate trip generation accounted for attendees of these types of events.

3.2.1.3 SCOPE OF MEDICAL SERVICES/CAMPUS SIZE

Comment

(Jane Sandoval, September 19, 2010) [PC-275 PD]

"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."

Response PD-12

The comment expresses a general opinion about the location, size, and scale of projects, particularly at the St. Luke's Campus, proposed under the CPMC LRDP. These comments have been noted. Please also see Major Responses HC-1 and HC-2 (pages C&R 3.23-1 and 3.23-8) for further information about the number of licensed acute-care beds and the scope of medical services that would be offered at the CPMC campuses, including the St. Luke's Campus, under the proposed CPMC LRDP.

This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Eileen Prendiville, September 19, 2010) [PC-265 PD]

"One of our concerns is the size of this proposed hospital [Cathedral Hill], where all tertiary care would be consolidated in one building. A huge hospital on 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 health care needs of San Franciscans are met effectively, as hospitals prepare to comply with the State's Hospital Seismic law."

(Barbara Berwick, September 19, 2010) [PC-332 PD]

"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."

Response PD-13

The comments raise issues about the size of the proposed Cathedral Hill Hospital, the consolidation of tertiary care to one facility, and access to emergency care during/after a major earthquake or other disaster.

The proposed Cathedral Hill Campus would be more centrally located with respect to the existing California and Pacific Campuses and would consolidate and relocate acute care, emergency, and other

services from the California and Pacific Campuses to the proposed new Cathedral Hill Campus. Consolidation of tertiary and other services at one location would provide operational efficiencies and improved coordination and treatment as explained below and in the Draft EIR on page 2-7. Under the proposed CPMC LRDP, emergency departments would continue to operate at the Davies and St. Luke's Campuses, and the Emergency Department at the St. Luke's Campus would be 50 percent larger than the existing facility (expanded).

Under the proposed LRDP, development of the proposed Cathedral Hill and St. Luke's Campuses would not result in significant emergency vehicle access impacts. See Impacts TR-52 and TR-92 on Draft EIR pages 4.5-145 and 4.5-206, respectively, and Response TR-100 (page C&R 3.7-170) regarding whether emergency vehicle access would be compromised under the LRDP.

As explained in Response TR-100 (page C&R 3.7-170), the likely routes to the proposed Cathedral Hill Hospital would be multi-lane arterial roadways that would allow emergency vehicles to travel at higher speeds and permit other traffic to maneuver out of their path. During times when congestion is most severe, emergency vehicles would likely choose to use less congested, parallel routes, and emergency vehicles would also be permitted to travel opposite the flow of traffic or contraflow in a one-way route to bypass congestion or any physical barrier that could result from an earthquake or other disaster. With the grid street layout surrounding the proposed Cathedral Hill Campus, emergency vehicles would have multiple routes to choose to access the hospital, while avoiding the most congested routes.

Please also see Major Responses HC-2 and HC-5 (pages C&R 3.23-8 and 3.23-20) for further information about the scope of medical services to be offered, along with information about emergency services under the proposed LRDP. Please also see Response HC-25 (page C&R 3.23-131) regarding physical access to the Cathedral Hill Campus following an earthquake or other major disaster.

Please see also Response HC-68 (page C&R 3.23-224) for further information regarding seismic safety compliance.

3.2.2 CATHEDRAL HILL CAMPUS

3.2.2.1 GENERAL

Comment

(Charles McClure, July 21, 2010) [Comment 2-2 PD]

"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."

Response PD-14

The comment indicates a preference for the Two-Way Post Street Variant and suggests that the conversion of Post Street from a one-way street to a two-way street could be implemented now. Consideration of the Two-Way Post Street Variant is a component of the CPMC LRDP and will be considered by decision-makers with the entitlements for the CPMC LRDP. The immediate implementation of a two-way Post Street between Van Ness Avenue and Gough Street in advance of the proposed CPMC LRDP schedule is beyond the scope of this EIR, and would be up to the San Francisco Municipal Transportation Agency. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-146 PD, duplicate comment was provided in 30-146 PD]

"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?"

Response PD-15

The comment inquires about changes to the existing lighting along Van Ness Avenue. As stated in the Draft EIR, page 2-37, implementation of the proposed LRDP would not include changes to the existing light standards along Van Ness Avenue. However, it is anticipated that new standard light fixtures would be installed along Van Ness Avenue as part of the City's proposed Van Ness Avenue Bus Rapid Transit (BRT) design process. The new light fixtures would be consistent with the City's proposed Van Ness Avenue BRT design, and would be installed in addition to the existing City-standard and historic streetlights, which would remain as they are, along Van Ness Avenue. The Van Ness Avenue BRT is a project that is separate from the proposed CPMC LRDP, and the determinations to proceed with the projects are independent of one another. Regardless of the decisions about and timing of the Van Ness Avenue BRT project, the existing lights along the perimeter of the proposed Cathedral Hill Campus, if temporarily removed during construction, would be reinstalled after construction is completed. The streetlights along Geary Boulevard/Geary Street, and Post and Franklin Streets would be temporarily removed to accommodate construction of the Cathedral Hill Hospital and Cathedral Hill MOB. These streetlights would be reinstalled after construction is complete at the proposed Cathedral Hill Campus.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-163 PD, duplicate comment was provided in 30-163 PD]

"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?"

Response PD-16

The comment states that there would be significant issues with water runoff at the proposed Cathedral Hill Hospital and that the mitigation is to use green roofs, cisterns, etc. to remedy the excess runoff. The comment further inquires about the type of landscaping materials that would be provided at the proposed Cathedral Hill Campus. As stated in the Draft EIR, page 2-36, "A new landscape plan is proposed for the Cathedral Hill Hospital and Cathedral Hill MOB, featuring distinctive groupings and compositions of plant materials set in sidewalk garden areas intended to be compatible with the solar, wind, and wet/dry-cycle conditions around the various street frontages. Strategies and design features for the landscape plan being contemplated by CPMC include the use of rainwater gardens (to filter and absorb stormwater from sidewalks and building faces) and seasonal gardens (to create changing seasonal landscapes and a buffer from traffic on Van Ness Avenue)."

The overall paving concept for the proposed Cathedral Hill Campus consists of a basic paving design that would be replicable with paving pattern overlays that would correspond to the specific sidewalk use areas around the campus. This overall paving concept would create permeable surface areas, which would mitigate excess stormwater runoff. Distinctive paving-pattern overlays are being considered for entry

plazas, kiosks, garden areas, *portes cochères*, passenger drop-off zones, multiuse areas along Cedar Street, and transit stops (Figure 2-37, "Cathedral Hill Campus—Proposed Streetscape Plan," page 2-101)." In addition, as stated in the Draft EIR, page 4.15-30:

City regulations require that Low Impact Design (LID) design elements and best management practices (BMPs), such as bioretention basins, cisterns, permeable pavement, or green roofs, be implemented to reduce the volume of stormwater runoff. The impervious surface area at the Cathedral Hill, Pacific, Davies, and St. Luke's Campuses exceed the 50 percent impervious surface coverage criteria. Therefore, as required by the San Francisco Stormwater Management Ordinance, CPMC would be required to achieve a 25 percent reduction in stormwater runoff for the 2-year, 24-hour storm. In implementing projects proposed under the LRDP, CPMC would comply with all policies and regulations related to stormwater runoff reduction adopted by the City or the San Francisco Bay RWQCB; therefore, stormwater discharges would be less than under existing conditions, resulting in a reduction in on- and off- site flooding with project implementation.

Per the above comment regarding mitigation for water runoff, Mitigation Measure M-HY-N2, on Draft EIR page 4.15-32, states that CPMC would be required to prepare and implement a stormwater control plan for each of the near-term projects under the LRDP, focusing on LID strategies and BMPs. The comment above correctly states that Mitigation Measure M-HY-N2 would use green roofs, cisterns, etc. among other measures described on Draft EIR pages 4.15-31 and 4.15-32. Implementation of Mitigation Measure M-HY-N2 would achieve the above-mentioned 25 percent reduction in stormwater runoff for the 2-year, 24-hour storm. When implementing the proposed LRDP, CPMC would be required to comply with all policies and regulations adopted by the City, including the San Francisco Public Utilities Commission's (SFPUC's) *Stormwater Design Guidelines*.

Comment

(David Meckel, September 19, 2010) [PC-210 PD]

"That location [Cathedral Hill Campus] also uses an innovative midblock drive-through and drop-off to remove traffic and killing from the surrounding streets, which to my knowledge is the first time an urban hospital in California has fully integrated this functionality into the building footprint."

Response PD-17

The comment notes that a midblock drive-through and drop-off is proposed for the Cathedral Hill Hospital, as shown in the Draft EIR, Figure 2-4, "Cathedral Hill Campus—Proposed Site Plan" (page 2-53). This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

Commissioner Moore, September 23, 2010) [PC-370 PD]

"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."

Response PD-18

The comment inquires as to the stage of planning of the proposed Van Ness Avenue Pedestrian Tunnel, which is included as part of the project-level analysis of the proposed Cathedral Hill Campus. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. As of

January 2011, CPMC and Caltrans have entered into a formal Highway Improvement Agreement (HIA), laying out terms of Caltrans' review, oversight, and compensation for said review and oversight of the proposed Van Ness Avenue Pedestrian Tunnel. CPMC has retained an engineering firm to prepare a Project Report/Project Study Report (PR/PSR) consistent with Caltrans requirements which would contain all of the rationale and engineering for the proposed tunnel project. Subsequent to the HIA, Caltrans provided a status letter on May 19th, 2011, which outlines the progress being made on the PR/PSR application initially submitted in December 2010 (a revised submittal was provided to Caltrans in March 2011).[8] The project sponsor, CPMC, cannot receive approvals for the Van Ness Avenue Pedestrian Tunnel from Caltrans ahead of formal action by the San Francisco Planning Commission and Board of Supervisors on the Final EIR for the CPMC LRDP.

3.2.2.2 CONSTRUCTION ACTIVITIES

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-3 PD, duplicate comment was provided in 30-3 PD]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-4 PD, duplicate comment was provided in 30-4 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-8 PD, duplicate comment was provided in 30-8]

"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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-72 PD, duplicate comment was provided in 30-72 PD]

"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."

Response PD-19

The comments inquire about the manner in which rooftop equipment would be installed on proposed new buildings, as well as possible use of a helicopter during construction activities. Rooftop heating, ventilation, and air conditioning (HVAC) equipment would be installed using cranes. Helicopters would not be used as part of CPMC LRDP construction. As discussed in the Draft EIR, page 2-41, "Two tower cranes would be located on the north side of the hospital site near Post Street between Van Ness Avenue and Franklin Street. Mobile cranes would also be used occasionally to hoist materials within the boundary

[8] Letter from Dan McElhinney, P.E., Chief Deputy District Director, California Department of Transportation, to Geoffrey Nelson, Director, Enterprise Development Department, California Pacific Medical Center (May 19, 2011).

of the work area." The comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. These comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

The proposed operation of the cranes to install rooftop equipment would not result in impacts on traffic lanes and closure of parking lanes. In relation to construction-related noise from the tower cranes, as stated in the Draft EIR on page 4.6-46, implementing Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c at the proposed Cathedral Hill Campus would reduce Impact NO-1 to a less-than-significant level.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-58 PD duplicate comment was provided in 30-58 PD]

"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?"

Response PD-20

The comment suggest that there is a discrepancy in the number of construction workers at the proposed Cathedral Hill Campus based upon the discussions in the Draft EIR and background reports that are part of the CPMC LRDP Draft EIR Administrative Record. The number of anticipated construction workers has not changed since the publication of the Draft EIR, which states the correct number. Biology Section, #7, CPMC Cathedral Hill Campus EIR – Construction Data, which is part of the Draft EIR's administrative record was an earlier document that contained older construction data and had not yet been updated at the time of publication of the Draft EIR. The administrative record has since been updated. CPMC has also recently provided revised information about the number of construction worker shifts that would be used for construction of the proposed Cathedral Hill campus.[9] Please see Response NO-8 (page C&R 3.8-6) regarding changes to the proposed construction hours and shifts.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-60 PD, duplicate comment was provided in 30-60 PD]

"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?"

Response PD-21

The comment states that information was not provided in the Administrative Record for the project description regarding the number of construction workers for construction of the proposed Van Ness

[9] Environmental Impact Report Construction Data, CPMC Cathedral Hill Hospital and Medical Office Building, Herrero Boldt/Pankow, Version 2.x—February 4, 2011.

Avenue Pedestrian Tunnel at the Cathedral Hill Campus. However, as noted by the comment, this information can be found on page 2-40 of the Draft EIR. According to the construction plan for the Van Ness Avenue Pedestrian Tunnel,[10] only the first and fourth stages of tunnel construction would include aboveground work. Above-surface excavation (first stage of construction) would occur 7 days per week for 16 weeks and surface restoration (fourth stage of construction) would occur Monday through Friday for 4 weeks. Both the above-surface excavation and surface restoration stages would occur between the hours of 7 p.m. and 5 a.m. A maximum of 18 workers per shift would be present during the above-surface excavation stage; up to 35 workers per shift would be present during surface restoration stage.

Construction of the Van Ness Avenue Pedestrian Tunnel that would take place during the 7 a.m. to 5 p.m. shift (7 days per week) would include mainly below-surface excavation, structural work, and interior work (Second, third, and fifth stages of construction, respectively). On average, a maximum of 21 workers per shift would be present during below-surface excavation. Up to 35 workers per shift would be present during structural work, with a maximum of 25 workers per shift present during interior work.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-64 PD, duplicate comment was provided in 30-64]

"How many more trucks for the tunnel excavation portion of the Cathedral Hill Project?"

Response PD-22

According to the construction plans for the proposed Cathedral Hill Hospital, Cathedral Hill MOB, and underground Van Ness Avenue Pedestrian Tunnel,[11] an average of 135 trucks per shift would be used during the excavation stage at the site of the proposed Cathedral Hill Hospital. An average of 50 trucks per shift would be used during excavation at the Cathedral Hill MOB site. In addition to construction of the Cathedral Hill Hospital and MOB, construction of the underground Van Ness Avenue Pedestrian Tunnel would require an additional ten trucks per day during above-surface excavation, seven trucks per day during below-surface excavation, eight trucks per day during structural work, four trucks per day during surface restoration, and five trucks per day during interior work.

Comment

(Sue Hestor, October 19, 2010) [89-5 PD]

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

Response PD-23

The comment expresses concern regarding construction activities related to the proposed Cathedral Hill Campus. The comment is correct in stating that CPMC proposes a tunnel under Van Ness Avenue, connecting the proposed Cathedral Hill Hospital and MOB. A description of the proposed Van Ness Avenue Pedestrian Tunnel is in the Draft EIR, page 2-32.

Comment

(Lower Polk Neighbors, October 19, 2010) [103-21 PD, duplicate comment was provided in 113-21 PD]

"Provide 24 hour / 7 days a week security around the entire blocks of the hospital and MOB."

[10] Environmental Impact Report Construction Data, Van Ness Avenue Pedestrian Tunnel, Herrero Boldt, Version 2.x—February 4, 2011.
[11] Construction Management Plan, Van Ness Avenue Pedestrian Tunnel, Herrero Boldt, Version 2.x—February 4, 2011.

Response PD-24

The comment requests 24-hours per day, 7-days per week on-site security. CPMC plans to have a security officer patrol the entire Cathedral Hill Campus 24 hours per day, including every 2 hours between 8 p.m. and 7 a.m.

Comment

(Alan Wofsey, September 23 2010) [PC-299 PD]

"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."

Response PD-25

The comment expresses concern regarding the time (hours of construction in a 24-hour period) and duration of proposed construction activities at the Cathedral Hill Campus. Construction hours at the proposed Cathedral Hill Campus have been updated since publication of the Draft EIR. The hours of construction for the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be from 7 a.m. to 7 p.m. on typical work days (Monday through Friday, excluding holidays). The text in the Draft EIR on page 2-40 in the last two paragraphs has been revised as follows to show the updated construction hours at the proposed Cathedral Hill Hospital, MOB, and Van Ness Avenue Pedestrian Tunnel:

> The hours of construction for the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be from 7 a.m. to ~~midnight~~ 7 p.m. on typical work days (Monday through Friday, excluding holidays). Saturday shifts would be from 7 a.m. to 5 p.m.; work is not expected to be done on Sundays. Work extending past 7 p.m. will be limited to activities such as: concrete finishing, steel detailing and general production preparation. Work extending past 7 p.m. would be communicated with the neighbors on a weekly basis. Second shift work (Work occurring between 4 p.m. and midnight) is anticipated on the project only during the interior build out phase.
>
> Construction of the Van Ness Avenue pedestrian tunnel generally would occur from 7 a.m. to 7 p.m. on typical working days (Monday through Friday, excluding holidays), ~~and not on Saturday and Sunday~~. Weekend shifts would be from 7 a.m. to 5 p.m. ~~However,~~ Nighttime construction of the tunnel would occur in the evenings (including weekends) ~~and on Saturdays~~ from 7 p.m. to 5 a.m., if permitted by Caltrans and the San Francisco Municipal Transit Agency (SFMTA). ~~During aboveground improvements and surface restoration phases, work would take place from 7 p.m. to 5 a.m.~~ to allow excavation of one lane of Van Ness Avenue at a time while traffic volumes are low. Two traffic lanes in one direction at a time would be closed periodically during evening hours to complete the pedestrian tunnel.

3.2.3 PACIFIC CAMPUS

Comment

(Arthur and Jacqueline Cimento, October 19, 2010) [78-11 PD, duplicate comment was provided in 99-11 PD]

"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.

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."

Response PD-26

The Draft EIR is a program- and project-level EIR and addresses direct and indirect effects, as well as cumulative development of the CPMC LRDP in Chapter 4 of the Draft EIR, "Environmental Setting, Impacts, and Mitigation," Sections 4.1 through 4.18.

No entitlements for Pacific Campus development are requested as part of the near-term phase under the CPMC LRDP. For the long-term projects under the CPMC LRDP, Conditional Use (CU) authorization would be needed, and CPMC would not receive applicable future entitlements for Pacific Campus development until after applications for these are filed with the Planning Department and additional project-level CEQA review of Pacific Campus development is completed. Because the proposed changes at the Pacific Campus under the CPMC LRDP are program-level, any additional conflicts with land use plans, policies, and environmental regulations arising from more specific, project-level design issues related to long-term project components at the Pacific Campus would be addressed in the future, during detailed project-level planning. If there is a need to reduce any significant impacts to a less-than-significant level, appropriate feasible mitigation measures available would be identified during the project-level CEQA review undertaken at such time project-level entitlement applications are submitted for the long-term development at the Pacific Campus.

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents Association, October 18, 2010) [67-45 PD]

"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."

Response PD-27

As discussed in the Draft EIR beginning on page 2-118, construction activities at the Pacific Campus would begin in 2015 and are anticipated to be complete by 2020. Should the CPMC LRDP approval process be delayed, the construction start date at the Pacific Campus could also be delayed. Proposed development at the Pacific Campus could not begin until after completion of the proposed Cathedral Hill Hospital, to allow existing Pacific Campus programs to be relocated to the Cathedral Hill Campus. Although the construction start date may shift, the anticipated duration of construction would remain the same (Draft EIR, Appendix B: CPMC LRDP Construction Schedule). Therefore, schedule delays would not lead to greater impacts than are disclosed in the Draft EIR. Thus, the impact conclusions for construction activities at the Pacific Campus would not change.

The comment stating that "an additional year of noise, disrupted parking and traffic, and dust" would occur is not correct. Although the timing of the construction activities may change, the duration of construction activities at the Pacific Campus would not increase as a result of a delay in the start date. While the construction duration would remain the same as under the LRDP, if the project were to be delayed, depending on the approval date, the CPMC LRDP could overlap with other currently unknown

future projects within the vicinity of the Pacific Campus. In addition, if a currently unknown project is proposed in the future in the vicinity of the Pacific Campus, the CEQA document for that project would need to consider the cumulative effects of construction activities within the vicinity of the project, including at the Pacific Campus.

A more detailed construction schedule for proposed long-term projects at the Pacific Campus would be determined when each construction project at the Pacific Campus is developed and designed. The long-term project components at the Pacific Campus would be subject to separate project-specific environmental review under CEQA, which would include analysis of cumulative impacts related to any other projects in the vicinity that are known or reasonably foreseeable at the time such project-level review is undertaken.

3.2.4 CALIFORNIA CAMPUS

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-2 PD-CA]

"The existing 4.9 acre California Campus should retain its range of services and renovate all its structures."

Response PD-28

The comment states that CPMC should retain its range of services and renovate all structures at the California Campus. The Draft EIR identifies project alternatives that involve retention of services at the California Campus, and includes a discussion of alternatives for the California Campus that were considered but rejected. See Alternative 2 and Alternative 3B in the Draft EIR, beginning on pages 6-162 and 6-264, respectively, for analysis of alternatives that would retain services at the California Campus. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.2.5 DAVIES CAMPUS

Comment

(Richard Margary, September 19, 2010) [PC-215 PD-DV]

"President Miguel and Commissioners, good afternoon. Thanks for listening to all the comments 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 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."

Response PD-29

The comment expresses a statement regarding the relationship between the Buena Vista Neighborhood Association (BVNA) and the CPMC Davies Campus. The comment also notes that CPMC was responsive to concerns raised by the BVNA regarding proposed changes at the Davies Campus over the last several years and worked closely with this neighborhood group. The comment is noted. The comment

does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.2.6 ST. LUKE'S CAMPUS

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-3 PD-SL]

"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, onsite open space and vegetation."

Response PD-30

The comment states that lack of detail regarding Leadership in Energy and Environmental Design (LEED®) in the Draft EIR project description could have affected the conclusions of less-than-significant impacts. Building permits for acute-care facilities, such as the Cathedral Hill Hospital and St. Luke's Replacement Hospital proposed under the LRDP, are issued by the Office of Statewide Health Planning and Development (OSHPD); therefore, such facilities are not subject to San Francisco's Green Building Ordinance. Because the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital are exempt from Chapter 13C of the City's Building Code (Green Building Ordinance), CPMC is not required under the Green Building Ordinance to attain LEED® certification at these structures.

CPMC has confirmed that the proposed hospitals at the Cathedral Hill and St. Luke's Campuses, which do not fall under the San Francisco Green Building Ordinance, would be constructed to a LEED® Certified level, at the minimum. Thus, these hospital buildings would meet the LEED® Energy and Atmosphere prerequisites related to fundamental commissioning of the buildings' energy systems, minimum energy performance, and fundamental refrigerant management. Please also see Response GH-1 (page C&R 3.10-3), which includes the CPMC LRDP GHG Compliance Checklist and shows which CPMC buildings are subject to the San Francisco Green Building Ordinance and/or would be constructed to meet which specific LEED® certification levels with respect to energy efficiency.

The text in the Draft EIR, page 2-27 (last paragraph) to page 2-28 (first paragraph), has been revised as follows to show that CPMC would attain LEED® certification for the proposed Cathedral Hill Hospital:

> CPMC ~~intends to~~ would attain at a minimum, a LEED® ~~certification~~ Certified level for the proposed hospital building, which is exempt from Chapter 13C of the City's Building Code (San Francisco Green Building Requirements).

The text in the Draft EIR, page 2-181 (first paragraph), has been revised as follows to show that CPMC would attain LEED® certification for the proposed St. Luke's Replacement Hospital:

> Additionally, CPMC ~~is considering implementing~~ would implement measures that ~~would~~ enable the St. Luke's Replacement Hospital to achieve, at a minimum, a LEED® ~~certified~~Certified level.

The purpose of LEED® certification with respect to energy is not only to limit energy use and associated emissions of greenhouse gases (GHGs) and criteria pollutants from buildings to the extent feasible, but also to reduce the amount of energy required and increase use of more benign forms of energy. If the proponent for a project like the proposed CPMC LRDP commits to construct buildings to attain LEED® certification, then with project implementation, the buildings can be assumed to meet the minimum requirements to achieve LEED® certification (i.e., LEED Certified status). Achieving these minimum requirements can affect the level of significance identified by a CEQA document in terms of energy, GHG emissions, criteria pollutant emissions, transportation, water, and solid waste.

As identified on page 4.8-22 of the Draft EIR, CPMC buildings that fall under the San Francisco Green Building Ordinance, such as the proposed medical office buildings at the Cathedral Hill and St. Luke's Campuses, would be built to meet the requirements for LEED® Silver certification. Thus, these buildings would meet the LEED® Energy and Atmosphere prerequisites related to fundamental commissioning of the buildings' energy systems, minimum energy performance, and fundamental refrigerant management. These buildings would also meet LEED® Energy and Atmosphere Credit 3 related to enhanced commissioning.

Comments

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-4 PD]

"Figure 2-59 St. Luke's Campus-Proposed Site Plan, Figure 2-60 St. Luke's Campus Variant I-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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-6 PD]

"The figures are also inconsistent with respect to the setback and configuration of the west side of the replacement hospital."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-23 PD]

"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 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."

Response PD-31

The comments are correct in noting that Figure 4.5-26 was a different site plan than shown in the above-stated project description figures. The incorrect Figure 4.5-26 was mistakenly inserted into the Draft EIR

during print production. The impact analyses for the "Transportation and Circulation," "Noise," and "Air Quality" sections of the Draft EIR (Sections 4.5, 4.6, and 4.7, respectively) were based on the most recent, updated site plan, as shown in Chapter 2, "Project Description." The site plan shown in the Draft EIR, Figure 4.5-26, was integrated into the Draft EIR after the impact analysis was completed; therefore, the impact conclusions have not changed.

Figure 4.5-26 in the Draft EIR, page 4.5-207, has been revised for clarification to show the correct locations of the proposed passenger zones at the St. Luke's Campus under the LRDP. Refer to Chapter 4 of this C&R, page C&R 4-79, for revised Figure 4.5-26.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-8 PD]

"Figures 2-63 through 2-65 (elevations): The St. Luke's Replacement Hospital elevations must be revised to show the adjacent residential building 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."

Response PD-32

The comment about adding the adjacent residential buildings to Draft EIR Figures 2-63 through 2-65 (Figure 2-63, "St. Luke's Replacement Hospital and MOB/Expansion Building—Proposed North Elevation," Figure 2-64, "St. Luke's Replacement Hospital and MOB/Expansion Building—Proposed South Elevation," and Figure 2-65, "St. Luke's Replacement Hospital—Proposed East-West Elevation"), is noted. The proposed elevation figures included in the Draft EIR, and specifically Figures 2-63 through 2-65 for the St. Luke's Campus, are intended to provide information about and to describe the heights and façades of the buildings proposed at the St. Luke's Campus. The west side of the proposed St. Luke's Replacement Hospital would be set back 2 feet from the property line at the building's northwest corner (near Cesar Chavez Street); this 2-foot building setback would continue south for approximately 78.5 feet. From there, the building setback along the west property line would increase to 15.5 feet all the way to 27th Street, a distance of approximately 145.5 feet.

The elevation of the St. Luke's Replacement Hospital and the replacement hospital's relationship to the existing adjacent residential buildings to the west are shown in Figure 4.2-27 (Draft EIR page 4.2-83) of the Draft EIR. The following additional analysis of this viewpoint is provided in the Draft EIR on page 4.2-181:

> This viewpoint (Figure 4.2-27, page 4.2-83) is looking east along Cesar Chavez Street from the northwest corner of the Guerrero Street/Cesar Chavez Street intersection. As seen in the simulated proposed view, the substantial bulk of the combined proposed St. Luke's Replacement Hospital and MOB/Expansion Building would become the dominant visual feature and would replace the dominate existing hospital building. The expansive western and northern façades of the proposed 100-foot-tall replacement hospital, with a visually prominent row of square windows in the upper floors, would fill in the view to the right depicted from this viewpoint. The roofline of the replacement hospital would rise substantially above that of the adjacent three-story residences fronting Cesar Chavez Street and the larger three-story, multi-unit residential building located closer to and on the right in the view. The broad expanse (bulk) of the western façade of the St. Luke's Replacement Hospital building would be taller in scale compared to those residential buildings.

Further analysis regarding land use character, visual character, light and glare, noise, and wind and shadow for proposed development at the St. Luke's Campus can be found in the following respective

locations in the Draft EIR: Section 4.1, "Land Use and Planning," beginning on page 4.1-1; Section 4.2, "Aesthetics," beginning on page 4.2-1; Section 4.6, "Noise," beginning on page 4.6-1; and Section 4.9, "Wind and Shadow," beginning on page 4.9-1. Adding the adjacent residential buildings to Draft EIR Figures 2-63 through 2-65 is not necessary because the relationship of the proposed new buildings to the existing adjacent residential buildings to the west was properly considered in the Draft EIR, as noted above, and is shown in other graphics contained in the Draft EIR, such as Figure 4.2-27.

3.2.6.1 CAMPUS SIZE/DEVELOPMENT AGREEMENT

Comment

(Commissioner Miguel, September 19, 2010) [PC-382 PD]

"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."

Response PD-33

The comment raises the issue of a development agreement with the City for a project of this complexity, and acknowledges that such an agreement is not necessarily part of an EIR. The project sponsor, CPMC, is negotiating a development agreement with the City and County of San Francisco. A summary of the proposed terms of a development agreement as of the time of publication of this C&R document is included on page C&R 3.23-43 of this document. The comment does not raise a specific issue regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Response TR-74 (page C&R 3.7-143) for information regarding parking at the St. Luke's Campus. Please see Major Response HC-2 (page C&R 3.23-8), Response LU-31 (page C&R 3.3-147), and Response AE-17 (page C&R 3.4-28) regarding location, size, bulk, and scope of services at the St. Luke's Campus.

3.3 LAND USE AND PLANNING

3.3.1 LRDP

3.3.1.1 CONSISTENCY WITH PLANS AND POLICIES AND LAND USE COMPATIBILITY

Comments [Overall Plan and CEQA Consistency]

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-1 LU, duplicate comment was provided in 30-1 LU]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-1 LU]

"1. CEQA violations
2. City's General Plan violations
3. Better Streets Plan (soon to be adopted) violation"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [PC-151 LU]

"Other issues involve CEQA violations, City General Plan violations, Better Streets Plans soon to be adopted violation."

Response LU-1

These comments correctly state that the Draft EIR is both a program-level EIR for the overall CPMC LRDP as well as a project-level EIR for near-term projects at the proposed Cathedral Hill, Davies, and St. Luke's Campuses.

The comments also state that the proposed LRDP is in violation of CEQA, the City's General Plan, and the adopted San Francisco Better Streets Plan. Each of these points are addressed below under the subheadings "CEQA," General Plan," and "Better Streets Plan."

CEQA

The comments do not specify the way in which the commenter believes that the proposed CPMC LRDP violates CEQA. As stated on page 1-1 of the Draft EIR, near-term and long-term projects under the proposed LRDP are evaluated in the Draft EIR at the program- and project-level, pursuant to Section 15168 of the State CEQA Guidelines. The comments do not appear to say that the project itself violates

CEQA, but rather that there are CEQA violations related to the contents of the CPMC LRDP Draft EIR. The comments, therefore, are logically understood as comments related to the CEQA document prepared for the LRDP. The project, the LRDP, is a proposal by CPMC, the project sponsor, a private entity. The project sponsor is not responsible for the environmental review or approval of the project. Satisfactory completion of the CEQA process is a responsibility of the Lead Agency, the San Francisco Planning Department under Chapter 31 of the San Francisco Administrative Code for CEQA. The Planning Department is the public agency that has the primary responsibility for carrying out or approving the CEQA document. As stated in section 15020 of the State CEQA Guidelines:

> "Each public agency is responsible for complying with CEQA and these Guidelines. A public agency must meet its own responsibilities under CEQA and shall not rely on comments from other public agencies or private citizens as a substitute for work CEQA requires the Lead Agency to accomplish. For example, a Lead Agency is responsible for the adequacy of its environmental documents. The Lead Agency shall not knowingly release a deficient document hoping that public comments will correct defects in the document."

The CPMC LRDP Draft EIR has been prepared in accordance with the State CEQA Guidelines, and therefore has not violated any requirements of CEQA.

General Plan

In response to the comment that states that the Draft EIR results in General Plan violations, Section 2.1.6, Required Project Approvals," beginning on page 2-11 of the Draft EIR describes the amendments to the General Plan and the Planning Code, Conditional Use (CU) authorizations, and other approvals that would be required before the proposed LRDP could be implemented. The requested approvals for all five CPMC campuses are summarized in Table 2-3 on pages 2-13 through 2-17 of the Draft EIR. All proposed near-term, project-level actions requiring City approval are described in detail in the "Required Project Approvals" of the Draft EIR section for each campus in Chapter 2, "Project Description."

Since the publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the proposed LRDP based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development at the Cathedral Hill Campus. Therefore, the required project approvals listed in the Draft EIR on pages 2-13 through 2-17, Table 2-3, "Required Project Approvals," have been updated as part of the text revisions to the Draft EIR included in Chapter 4, "Draft EIR Text Changes," on pages C&R 4-37 and C&R 4-38 of this document. Additional text revisions to Draft EIR pages 2-44 through 2-47, 2-191, 2-192, 3-9, 3-10, 3-19, 4-47, 4-48, 4-50, 6-130, and 6-300, reflecting the updated list of requested entitlements have also been included as text revisions to the Draft EIR on pages C&R 4-37 through C&R 4-58.

The Draft EIR addresses the consistency of the proposed CPMC LRDP with the San Francisco General Plan in Section 3.2.1, on page 3-2. The General Plan contains many policies and objectives. Some of these policies and objectives conflict with each other; achieving complete consistency with the General Plan is not always possible for a proposed project. Consistency with the General Plan, typically, is based upon whether, on balance, the proposed project would be consistent with General Plan policies. CEQA does not require an analysis of the proposed project in relation to all General Plan policies, but rather it asks whether a proposed project would conflict with any plan or policies adopted to protect the environment. As stated in the Draft EIR on page 3-1, "conflicts of the CPMC LRDP with policies do not, in and of themselves, constitute significant environmental impacts; they are considered environmental impacts only when they would result in direct physical effects…the consistency of the proposed development with applicable plans and policies that do not directly relate to physical environmental issues will be considered by decision-makers when they determine whether to approve or disapprove the project."

The Draft EIR also addressed potential conflicts between the proposed project and local applicable plans in Impact LU-2, and concluded that the project impacts would be less than significant (see Draft EIR pages 4.1-46 through 4.1-54). For the Cathedral Hill Campus, the Draft EIR acknowledged that the project sponsor has requested a number of amendments to the *General Plan's* VNAP and amendments to the Planning Code text and zoning and height and bulk district maps; PUD and CU authorizations; and other approvals. The Draft EIR further recognized that if "the proposed amendments are approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies, and would therefore not conflict with any applicable land use plan, policy, or regulation." At the Davies Campus, the Draft EIR concluded that "the proposed near-term project at the Davies Campus would not conflict with any applicable land use plan, policy, or regulation." At the St. Luke's Campus, the Draft EIR stated that the proposed project included *General Plan* amendments and Planning Code text and map amendments, PUD and CU authorizations, and other approvals. The Draft EIR concluded that "if these amendments and authorizations are approved, the LRDP would be consistent with the relevant amended plans and policies, and implementing the LRDP at the St. Luke's Campus would not conflict with any applicable land use plan, policy, or regulation."

The proposed CPMC LRDP and the project approvals are subject to review and approval by the Planning Commission and the Board of Supervisors. Before issuing a permit for any project; before issuing a permit for any demolition, conversion, or change of use; and before taking any action that requires a finding of consistency with the General Plan, the City will evaluate the proposed project's consistency with the General Plan and the City's Priority Policies. In evaluating the proposed project's consistency with the General Plan, the Planning Commission and/or Board of Supervisors will make the necessary findings of consistency. This determination would not be part of the CEQA environmental review process, but would be part of the decision to approve, modify, or disapprove the project as proposed.

These comments will be transmitted to, and may be considered by, the decision-makers as part of their deliberations on the project. These comments do not require further discussion under CEQA.

Better Streets Plan

The San Francisco Better Streets Plan creates a unified set of standards, guidelines, and implementation strategies to govern how the City designs, builds, and maintains its pedestrian environment. It seeks to balance the needs of all street users, and reflects the understanding that streets serve a multitude of social, recreational, and ecological needs. The Draft EIR addresses the consistency of the proposed CPMC LRDP with the Better Streets Plan in Section 3.2.13, on page 3-24.

The Board of Supervisors approved the Better Streets Plan on December 7, 2010. At the time the Draft EIR was prepared and published July 21, 2010, the Better Streets Plan had not yet been adopted. As noted in Draft EIR Chapter 2, "Project Description," the proposed LRDP streetscape designs include features that are intended to improve the pedestrian environment surrounding the proposed Cathedral Hill, Davies, and St. Luke's Campuses. These features are summarized below. Because construction at the Pacific Campus is expected to occur in the long term, detailed streetscape and landscape plans for the Pacific Campus are not currently available, but would be prepared in the future, when and if such development projects for the Pacific Campus are proposed. The Draft EIR acknowledges that compliance with the Better Streets Plan would be required as part of the streetscape plan for each CPMC campus (Draft EIR, pages 2-48, 2-146, and 2-185). If the proposed CPMC LRDP is approved, compliance with the Better Streets Plan would be confirmed by Planning Department staff during the final design review process for the various CPMC campuses under the LRDP. The Draft EIR states on page 3-25 that, "the proposed CPMC LRDP would be generally consistent with the proposed Better Streets Plan."

Cathedral Hill Campus. As stated on page 2-34 of the Draft EIR, "CPMC proposes to upgrade the pedestrian environment by improving the street frontages of the Cathedral Hill area." To achieve this objective, walkway widths would be expanded and substantial landscaped areas would be added to

provide a buffer between pedestrians and traffic lanes. This is consistent with the main concept of the Better Streets Plan to incorporate pedestrian-oriented streetscape design. The proposed streetscape design is shown in Figure 2-37, "Cathedral Hill Campus—Proposed Streetscape Plan" (Draft EIR, page 2-101). As explained on page 2-36 of the Draft EIR, a new landscape plan is proposed for the Cathedral Hill Hospital and Cathedral Hill MOB, featuring distinctive groupings and compositions of plant materials set in sidewalk landscaped areas intended to be compatible with climatic, wind, and wet/dry-cycle conditions around the various street frontages of the proposed Cathedral Hill Campus.

Davies Campus. As presented on pages 2-146 and 2-147 of the Draft EIR and as updated per text revisions to page 2-146 included on page 4-41, landscape improvements on the eastern edge of the Davies Campus along Noe Street would include an approximately 560-foot-long improved sidewalk surface and landscaping. A portion of the northern end of the Davies Campus, nearest to Noe Street, would also include streetscape improvements such as improved sidewalk paving and landscaping (see Figure 2-56, "Davies Campus Streetscape Plan," on page 2-138 of the Draft EIR; please also see Figure 2-56 Revised on page C&R 4-59 which includes a version of the Davies Campus Streetscape Plan that has been updated since publication of the Draft EIR). A landscaped open space would also be located just north of the proposed Neuroscience Institute.

The existing Noe Street sidewalk adjacent to the Davies Campus is 15 feet 6 inches wide. CPMC has committed to funding improvements that include widening the sidewalk approximately 7 additional feet into the Davies Campus property, resulting in a 22-foot-wide sidewalk along the proposed Neuroscience Institute building frontage. A new publicly accessible entry plaza (see Figure 2-45, "Davies Campus—Proposed Site Plan," on page 2-138 of the Draft EIR) would be constructed immediately south of the proposed Neuroscience Institute. The plaza would incorporate varying pavement surfaces, plantings, and trees (see Draft EIR Section 4.13, "Biological Resources," for more information). East of the campus along Noe Street, the widened sidewalk would also have improved surfaces, plantings, and new trees. As stated in the Draft EIR on page 2-146, "compliance with the City's Better Streets Plan, which provides policies and guidelines for the pedestrian realm, would be required as part of the proposed streetscape design." These near-term landscape and streetscape improvements would be consistent with the main concept of the Better Streets Plan to incorporate pedestrian-oriented streetscape design.

St. Luke's Campus. As presented in the Draft EIR on page 2-185, near-term streetscape and landscape plans for the St. Luke's Campus are being developed as part of CPMC's community and neighborhood outreach program, and in conjunction with the City's proposed Cesar Chavez Street Design Improvement Plan (see Figure 2-77, "St. Luke's Streetscape Plan," on page 2-174 of the Draft EIR). The St. Luke's Campus streetscape would be designed to complement the improvements being made by the City on Valencia Street. As stated in the Draft EIR on page 2-185, "compliance with the City's Better Streets Plan, which provides policies and guidelines for the pedestrian realm, would be required as part of the streetscape at the St. Luke's Campus.

Long Term Projects. Impact LU-2 in the Draft EIR (on page 4.1-46) analyzes the potential impacts to applicable land use plans, policies, or regulations. As stated in the Draft EIR on page 4.1-52, "long-term projects described in this EIR would be subject to additional project-specific environmental review under CEQA, after more detailed design information is available; this subsequent environmental review would take into account any changes in the environmental setting that could affect the significance determination." Thus, the long-term projects proposed at Davies and Pacific Campuses would be evaluated for consistency with the *Better Streets Plan* at the time those projects are proposed.

The proposed CPMC LRDP would be generally consistent with the Better Street Plan. The Planning Commission and/or Board of Supervisors will make the necessary findings of consistency. This determination would not be part of the CEQA environmental review process, but would be part of the decision to approve, modify, or disapprove the project as proposed.

Comment [Recreation and Open Space Element]

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-147 LU, duplicate comment was provided in 30-147 LU]

"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.'"

Response LU-2

The comment states that the reference in the Draft EIR regarding the Recreation and Open Space Element, made to Map 4 of the Recreation and Open Space Element, should be Map 2 of the General Plan Recreation and Open Space Element. The reference to Map 4 of the Recreation and Open Space Element of the General Plan, on page 3-6 of the Draft EIR, is correct. Map 4 shows existing open space and proposed public open space, including areas that would be desirable to acquire for or convert to public open space. Map 2 of the Recreation and Open Space Element shows existing public open space and open space service areas (areas within acceptable walking distance of public open space).

For clarification purposes, as part of the text revisions to the Draft EIR in Chapter 4, "Draft EIR Text Changes," on page C&R 4-3, a new sentence and reference to Map 2 has been added on Draft EIR page 3-6:

> Map 4 of the Recreation and Open Space Element identifies existing public open space, and areas that would be desirable to acquire for or convert to public open space. Map 2 of the Recreation and Open Space Element identifies existing public open space and open space service areas.

Comments [Consistency with the Housing Element]

(Calvin Welch—Council of Community Housing Organizations, October 13, 2010) [53-4 LU]

"**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.

Taken as a whole these policies layout 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).

The DEIR must completely discuss these polices and how the proposed project either meets or fails to meet them. It is impossible to accurately assess the impacts of the proposed project absent this crucial discussion."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-3 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.'"

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-5 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-30 LU]

"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."

(Gloria Smith—California Nurses Association, March 8, 2011) [122-4 LU]

"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.

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."

(Commissioner Olague, September 23, 2010) [PC-378 LU]

"…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."

Response LU-3

The comments are regarding the consistency of the proposed CPMC LRDP with the San Francisco General Plan's Housing Element, and request that the evidence that the proposed LRDP is in compliance with General Plan Housing Element Objective 1, and with Policies 1.3, 1.6, 1.9, 2.1, 2.4, 2.5, 7.3, and 11.4, be provided in the Draft EIR. Objective 1 and the referenced policies are discussed below. One of the comments is also regarding whether the Housing Element is applicable to the proposed CPMC LRDP.

The Draft EIR considers the consistency of the proposed LRDP with the policies of the 2004 Housing Element, which was the approved Housing Element during the preparation of the Draft EIR and this C&R document. The Draft EIR and this C&R document also discuss the 2009 Housing Element, which was under development during the time that the EIR was prepared. The Planning Commission approved the 2009 Housing Element, and certified the EIR for the 2004 and 2009 Housing Elements, on March 24, 2011. The Board of Supervisors upheld the EIR for the 2004 and 2009 Housing Elements on May 10, 2011. The Board of Supervisors adopted the 2009 Housing Element on June 21, 2011.

"Objective 1: 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 By Employment Demand."

Objective 1 states a broad goal of the Housing Element to implement two of the General Plan's priority policies:

- "That the City's supply of affordable housing be preserved and enhanced.
- That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods."[1]

This objective is implemented through nine policies, three of which are discussed further below. Although the proposed CPMC LRDP is not a housing project, it would not conflict with Objective 1. The proposed LRDP development project sites for the Cathedral Hill Hospital and the 1375 Sutter MOB were not assumed or planned for housing development in the Van Ness Avenue Plan or the Housing Element because these sites were part of the Western Addition A-2 Redevelopment Plan Area at the time of adoption of the VNAP. The proposed Cathedral Hill MOB site was not within the Western Addition A-2 Redevelopment Plan Area and was considered a "soft site," i.e., a site with an existing building area less than 60 percent of the allowable FAR and which would accommodate low-intensity commercial activities.

The assessment of housing capacity in the Draft EIR is not based on the assumptions of the VNAP or the VNAP EIR, but rather, it is based upon the assumptions of capacity in the Housing Element. Under the 2009 Housing Element, none of the proposed CPMC LRDP development sites in the proposed Cathedral Hill Campus were assumed for residential development. The 2009 Housing Element used a more restrictive assumption about sites that would redevelop in the City, considering "soft sites" to be those with existing building area that was less than 30 percent of allowable development.[2] As a matter of clarification, the 2009 Housing Element states that "[f]or the purpose of determining remaining development potential capacity, the Planning Department does not consider any parcel developed to more than 30 percent of its capacity as a "soft site," or a candidate for additional square footage or

[1] City of San Francisco, *Housing Element, Part II: Objectives, Policies, and Implementation Programs, Introduction,* accessed March 28, 2011 via http://www.sf-planning.org/ftp/General_Plan/I1_Housing.htm.

[2] City of San Francisco, *Housing Element, Part I: Data and Needs Analysis,* page D.2. "For the purpose of determining remaining development potential capacity, the Planning Department does not consider any parcel developed to more than 30% of its capacity as a "soft site," or a candidate for additional square footage or intensification." Accessed May 25, 2001 http://housingelement2009.sfplanning.org/docs/Housing_Element_Part_I_Data_Needs_Assmt_CPC_Adopted.pdf.

intensification." None of the proposed Cathedral Hill Campus development sites would meet these criteria. Thus, the remaining potential residential development capacity in the City of San Francisco as identified in the Housing Element, which formed the basis for the Draft EIR analysis of the proposed LRDP's impacts related to housing, would not change as a result of implementation of the proposed CPMC LRDP.

In addition, the City's Jobs-Housing Linkage Program (JHLP) specifically excludes institutional uses (such as medical and hospital uses) from the requirements to create housing either directly or through the payment of an in-lieu fee. Furthermore, as described in Response PH-17 (page C&R 3.5-64), CPMC has proposed to make a contribution to the Mayor's Office of Housing of at least the equivalent of the JHLP fee for the CPMC LRDP as defined in Section 413 of the Planning Code, for the purpose of satisfying any unmet housing demand created by development of the proposed Cathedral Hill Campus. It is anticipated that the contribution to the Mayor's Office of Housing will be incorporated into the conditions of approval for the proposed project, if the project is approved, and would be memorialized in the Development Agreement for the proposed LRDP.

Because the proposed CPMC LRDP comprises development of non-residential projects on primarily non-residential sites (or, in the case of the Cathedral Hill MOB, a mixed-use site with a relatively small [25 units] amount of existing on-site residential development) that were not identified for residential development in the Van Ness Area Plan or the Housing Element, the proposed LRDP would not conflict with the ability to comply with Objective 1 of the Housing Element. Furthermore, the voluntary contribution of funds by CPMC to the Mayor's Office of Housing at a level that would be at least equivalent to the JHLP fee would facilitate the construction of housing in the City. Please see the discussion on page C&R 3.23-41, regarding CPMC's commitments in the proposed Development Agreement (Section 3.23.1.2) for the contribution to the Mayor's Office of Housing, including compensation for the loss of 25 units and subsidizing additional affordable housing. Thus, the proposed CPMC LRDP would not conflict with, but would be in compliance with, the implementation of Housing Element Objective 1.

A more detailed discussion of specifically identified policies from the Housing Element is presented below.

Policy 1.3: *"Identify opportunities for housing and mixed-use districts near downtown and former industrial portions of the City."*

Under this Housing Element policy, the City seeks to identify opportunities for housing and mixed-use districts near downtown and former industrial areas and encourage their development; it does not impose any development restrictions that would apply to the proposed LRDP, as explained below.

The proposed facilities at the Pacific, St. Luke's, and Davies Campuses would all be located within the existing campus boundaries, and thus, they would not be located on sites that provide opportunities for housing and mixed-use development.

As stated on page 4.1-3 of the Draft EIR, the proposed Cathedral Hill Campus would be a new campus located in an area that is composed primarily of high-density residential and commercial uses, with moderate-scale commercial uses located northwest of the proposed campus. The proposed Cathedral Hill Hospital would be located on the site of the 10-story, 402-room Cathedral Hill Hotel, which closed in 2009. The proposed Cathedral Hill MOB would be located on a site that contains existing retail uses, nightclubs, a restaurant, residential hotel units, and residential units. The site of the proposed Cathedral Hill Hospital (currently occupied by the former Cathedral Hill Hotel) and proposed MOB site could be used as a site for housing and mixed use development.

The sites are zoned RC-4 (Residential-Commercial, High Density), which encourages a mix of high-density residential uses with supporting commercial uses (Figure 4.1-2, "Cathedral Hill Campus Vicinity—Existing Zoning," on page 4.1-4 of the Draft EIR). The RC-4 district allows medical institutions, including hospitals and affiliated medical office buildings with CU authorizations, and allows non-institutional medical office use as a principal use on the ground floor and with CU authorization on the upper floors of buildings (Draft EIR, page 4.1-3).

The San Francisco Planning Code establishes three types of uses in any zoning district: Principal Uses, Conditional Uses, and Accessory Uses, as described below.

- Principal Uses are uses that are permitted as of right in each established district;
- Conditional Uses are uses that are reviewed on a case-by-case basis and are permitted in each established district when authorized by the City Planning Commission under Section 303 of the Planning Code; and
- Accessory Uses or related minor or subordinate uses for such permitted Principal and Conditional Uses.

The project sponsor, CPMC, has requested a CU authorization for development of the proposed Cathedral Hill Hospital and MOB on the Cathedral Hill Campus. Under the San Francisco Planning Code, amendments to the Planning Code itself and authorization of Conditional Uses are expressly allowed. More specifically, under section 302(c) of the Planning Code, the Planning Commission shall approve proposed amendments if, after a public hearing and based on evidence in the record, the Commission determines the amendments to be necessary to achieve "public necessity, convenience, and general welfare." Further, under Planning Code section 303(c), the Planning Commission shall approve the proposed Conditional Uses if evidence in the record establishes that the Conditional Use "will provide a development that is necessary or desirable for, and compatible with, the neighborhood or the community...and that such use or feature as proposed will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity…," and that the proposed use will comply with other applicable provisions of the Planning Code and General Plan. Thus, the Planning Code allows for amendments to General Plan elements and to specific policies or sections of the Planning Code provided that the City decision-makers determine that the overall objectives of the General Plan are being satisfied. If the Planning Commission ultimately decides to approve the proposed CPMC LRDP, they would need to determine that the project is necessary and/or desirable and in furtherance of the general welfare, and that on balance the project would not conflict with or adversely affect the General Plan, which consists of a variety of elements, including, but not limited to, the Housing Element.

If approved by city decision-makers, the proposed Cathedral Hill Hospital and MOB could be developed with a CU authorization; it would thus not conflict with Planning Code regulations. Amendments to the General Plan, Van Ness Avenue Area Plan (VNAP) and Planning Code regulations, and other approvals are requested for Cathedral Hill Campus development as part of the LRDP. If they are approved by the decision-makers, the Cathedral Hill Campus development would be consistent with applicable City plans and policies. Although the proposed CPMC LRDP would involve construction of a hospital and affiliated medical-use development on a site that could otherwise be used for housing and mixed-use development, medical uses are allowed as a CU authorization at these sites under existing Planning Code regulations. The proposed Cathedral Hill Campus development would not conflict with General Plan Housing Element Policy 1.3, which primarily seeks to identify opportunities overall for housing and mixed-use development in the city and does not restrict other uses. In addition, the Cathedral Hill Hotel site was not

specifically identified in the VNAP EIR as a housing opportunity site.[3] Please see Response LU-9 for further discussion of the proposed LRDP's consistency with the General Plan.

The CPMC LRDP proposes demolition of five dwelling units and 20 residential hotel units that are on the site of the proposed Cathedral Hill MOB. This would result in the loss of housing, and construction of a medical office building. Planning Code Section 317 requires Conditional Use (CU) authorization for the demolition of three or more dwelling units. It does not require one-for-one residential unit replacement. However, CPMC has agreed to pay an in-lieu fee to compensate for demolition of the five residential dwelling units and consulted with the Mayor's Office of Housing (MOH) to identify the appropriate in-lieu fee methodology. MOH determined that (i) the in-lieu fee amount will be established based on the citywide inclusionary housing fee schedule effective as of July 15, 2008; and (ii) as applied to the residential units, the total fee is One Million Four Hundred Fifty Three Thousand Eight Hundred and Twenty Dollars ($1,453,820.00) ("Residential Unit Replacement Fee") based on the following unit type and calculation: three one bedroom units ($248,210.00 x 3), one two bedroom unit ($334,478.00) and one three bedroom unit ($374,712.00). A condition to DBI's issuance of a demolition permit for the residential units would be payment of the Residential Unit Replacement Fee. The requirement to pay this fee would also be memorialized in the proposed Development Agreement for the LRDP. Please see the discussion on page C&R 3.23-41, regarding CPMC's commitments in the proposed Development Agreement for the contribution to the MOH, including compensation for the loss of 25 units and subsidizing the affordability of additional housing.

The Cathedral Hill Campus project site falls under the Van Ness Special Use District (VNSUD), which requires the development of 3 sq. ft. of residential uses for every 1 sq. ft. of net new nonresidential development. However, the project sponsor has requested an amendment to the Planning Code Section 243 text provisions for the VNSUD or CU authorization to modify the residential requirements. Please refer to Response LU-21 (page C&R 3.3-95) regarding the modification of the 3:1 residential to non-residential uses requirements allowed under Section 243 of the Planning Code.

The proposed 1375 Sutter MOB site currently includes medical and general office uses, as well as retail space and a parking garage. The site is zoned NC-3 (Neighborhood Commercial, Moderate-Scale), which is intended by the Planning Code to serve areas beyond the immediate neighborhood (Figure 4.1-2, on page 4.1-4 of the Draft EIR). The NC-3 zoning district allows a range of uses such as retail businesses, personal services, and offices, including medical office use, and therefore, the proposed MOB would not conflict with Planning Code regulations. As with the proposed Cathedral Hill Hospital and MOB, the proposed 1375 Sutter MOB would not conflict with General Plan Housing Element Policy 1.3, which primarily seeks to identify opportunities for housing and mixed development and does not restrict other uses.

Policy 1.6: *"Create incentives for the inclusion of housing, particularly permanently affordable housing, in new commercial development projects."*

Policy 1.9: *"Require new commercial developments and higher educational institutions to meet the housing demand they generate, particularly the need for affordable housing for lower income workers and students."*

Policies 1.6 and 1.9 of the Housing Element encourage the inclusion of affordable housing in new commercial and higher educational development projects. These policies do not apply to the proposed LRDP as it is neither a commercial nor higher education development. Policy 1.9 is tied to the Jobs-Housing Linkage Program requirement; however this requirement is not applicable to Institutional Uses, including Medical Centers.

[3] City and County of San Francisco, Van Ness Avenue Area Plan Environmental Impact Report, 1987.

The 2009 Housing Element Update analyzes San Francisco's population and employment trends; existing household characteristics; overall housing needs; and the capacity for new housing development based on land supply and site opportunities. On the basis of the 2009 Housing Element Update's analysis, any additional demand for affordable housing generated by the proposed CPMC LRDP can be accommodated by existing and planned residential growth, as outlined in the 2009 Housing Element. An initial review of data released by the 2010 U.S. Census suggests that the number of vacant residential units in San Francisco is at least as high as reported in the 2009 Housing Element, and perhaps materially higher.[4] Please also see Response PH-3, including C&R Table 3.5-1 (page C&R 3.5-7).

As stated above, the CPMC LRDP proposes demolition of five dwelling units and 20 residential hotel units that are on the site of the proposed Cathedral Hill MOB. A CU authorization would be required to allow development of the medical office building use and demolition of the five dwelling units as discussed in the Draft EIR on pages 2-45 through 2-47. In addition, CPMC would request a permit under the City's Residential Hotel Conversion and Demolition Ordinance (San Francisco Administrative Code, Chapter 41) to demolish the existing 20 residential hotel units.

As stated on page 4.3-33 of the Draft EIR, CPMC would provide for relocation assistance in excess of that required by law for all affected tenants of these residential dwelling units and residential hotel units who need assistance. Chapter 41, Section 41.13 of the San Francisco Administrative Code requires that all demolished residential hotel units be replaced at a 1 to 1 ratio and provides various mechanisms for compliance by the project sponsor. As is described above, CPMC has agreed to pay an in-lieu fee to address demolition of the five residential dwelling units and consulted with the MOH to identify the appropriate in-lieu fee methodology. Please also see the discussion on page C&R 3.23-41 regarding CPMC's commitments in the proposed Development Agreement for the contribution to the Mayor's Office of Housing, including compensation for the loss of these 20 residential hotel units and five residential dwelling units.

With respect to the five residential dwelling units, the Planning Code requires the Planning Commission to consider the replacement structure that would be constructed in the location of the demolished units, in order to avoid vacant lots. No permit to demolish a residential building generally may be issued until a building permit for a replacement structure has been approved.

The tenants displaced by the removal of the five dwelling units and 20 residential hotel units for the proposed Cathedral Hill Campus would be compensated, and residents would be offered relocation assistance. As described in Response PH-16 (page C&R 3.5-60), CPMC has committed to fully meet the requirements of Section 41.13 of the San Francisco Administrative Code and Section 317 of the San Francisco Planning Code, and, therefore, the loss of the housing and residential hotel units would be a less-than-significant impact.

In mid-2009, CPMC began formal communication with the residential tenants about relocation. Several non-profits were contacted and Chinatown Community Development Center (CCDC) agreed to participate in the discussions. Over the past year, CPMC has met with the tenants and offered relocation services to help with the process and identify other appropriate publicly-available supportive services, and translation assistance. CPMC has worked with the tenants to develop a relocation financial assistance package that establishes a market rate differential for the existing units as compared to a comparable replacement unit, and multiplies that differential by 78 months. It also includes standard moving and relocation costs, including credit check fees, security deposit, etc. Consideration also has been given for elderly tenants.

[4] U.S. Census Bureau, 2010 Census, *Civilian Population Counts and Occupancy Status.* The 2010 U.S. Census Redistricting Data (Public Law 94-171) Summary File.

As of September 2011, CPMC has reached agreement with all 10 of the residential households. CPMC has assisted several households with apartment searches, landlord negotiations, and moving, all within San Francisco. Eight of the ten residential households have relocated and the remaining two have agreed to move out in early 2012.[5]

The loss of five residential dwelling units and 20 residential hotel units would not affect the larger objective of the VNAP which is to revitalize the area by encouraging new retail and housing to facilitate the transformation of Van Ness Avenue into a mixed use boulevard. Please see Response LU-21 (page C&R 3.3-95) for further discussion.

Policy 7.3: "Develop greater investments in and support for affordable housing programs by corporations, churches, unions, foundations, and financial institutions."

This policy encourages collaboration between the City and corporations, churches, unions, foundations, and financial institutions such that they participate in affordable housing programs. Options would include providing funding to the Mayor's Office of Housing and/or one or more nonprofit organization(s) to construct replacement units, the details of which are still under discussion.

As discussed in Response PH-11, San Francisco's Jobs-Housing Linkage Program (JHLP) does not apply to Institutional uses, and thus would not be formally imposed upon the short-term projects. However, in support of efforts to meet the housing demand of new development, CPMC has proposed to make a contribution to the Mayor's Office of Housing equivalent to the JHLP fee as defined in Section 413 of the Planning Code. The project's contribution to the Mayor's Office of Housing would support the production of units, including affordable units that would meet some or all of the demand for new housing in the City generated by the project over time. Therefore, CPMC would provide funding for affordable housing, which is one of a number of ways that institutions, non-profits, and businesses can collaborate to achieve the intent of and be consistent with General Plan Housing Element Policy 7.3. Please see the discussion on page C&R 3.23-41, regarding CPMC's commitments in the proposed Development Agreement for the contribution to the Mayor's Office of Housing, including subsidizing the affordability of additional housing Please also see Responses PH-14, PH-17, and PH-18 (pages C&R 3.5-53, 3.5-64, and 3.5-67, respectively) for a thorough discussion of the approach to and status of mitigation for housing displacement and demolition.

Policy 11.4: "Avoid or minimize disruption caused by expansion of institutions, large-scale uses and auto-oriented development into residential areas."

The Draft EIR addresses impacts of the proposed LRDP development related to potential disruptions to nearby residential areas for various environmental topic areas. These disruptions include the following:

Section 4.1, Land Use and Land Use Planning

Impact LU-1 addresses the potential for the project to physically divide the existing community (Draft EIR, pages 4.1-37 to 4.1-46). The Draft EIR concludes that the proposed CPMC LRDP would not physically divide or disrupt an established community at the Cathedral Hill, Davies, St. Luke's and Pacific Campuses. This LRDP impact related to development at all CPMC campuses would be less than significant. Impact LU-2 evaluated the potential for conflicts between the proposed LRDP and local and regional plans. The Draft EIR concluded that with adoption of the amendments and conditional use authorizations proposed as part of the project, the LRDP would not conflict with local plans and the impact would be less than significant. Impact LU-3 addressed the proposed LRDP's impacts on existing character (Draft EIR, pages 4.1-55 to 4.1-

[5] Memorandum from Geoffrey Nelson, AICP, California Pacific Medical Center, to Cameron Mueller & David Reel (AECOM), re: Relocation of tenants in 1034-1036 Geary Street (September 22, 2011).

65), and concluded that the proposed LRDP would have a less-than-significant impact on the existing character of the vicinity surrounding the Cathedral Hill, Davies, St. Luke's and Pacific Campuses. The analyses of all three of these land use impacts concluded that the land use impacts of the proposed LRDP would be less-than-significant at all CPMC campuses. Therefore, the proposed LRDP would be consistent with Policy 11.4, because it would not result in significant operational impacts related to the disruption of existing residential areas.

Section 4.2, Aesthetics

Impact AE-1 addresses the proposed LRDP's impacts on scenic highways or scenic vistas, and concludes that there would be a less-than-significant impact on the 49-Mile Scenic Drive or on other scenic vistas around San Francisco (Draft EIR, pages 4.2-95 to 4.2-107). Impact AE-2 concludes that the proposed LRDP would have a less-than-significant impact on scenic resources (Draft EIR, pages 4.2-107 to 4.2-116). Impact AE-3 evaluates the potential of the proposed LRDP to degrade the existing visual character or quality of the affected sites and surroundings; the conclusion is that the impacts would be either less than significant or non-existent (Draft EIR, pages 4.2-117 to 4.2-187). Impact AE-4 addresses the potential for the creation of problematic light and glare that would adversely affect day or night views, or would affect adjacent properties. The Draft EIR concludes that these impacts would be less than significant (Draft EIR, pages 4.2-187 to 4.2-192).

Section 4.3, Population, Employment, and Housing

Impact PH-1 addresses the proposed LRDP's potential to induce population growth, and concludes that the impact of the LRDP would be less than significant because the overall growth attributable to the proposed project would be within the bounds of the growth already planned for by local and regional agencies (Draft EIR, pages 4.3-18 to 4.3-31). Impact PH-2 evaluates the potential for the proposed LRDP to displace housing and create demand for additional housing. The Draft EIR concludes that the impacts of the proposed LRDP would be less than significant because CPMC has agreed to pay an in-lieu fee to address demolition of the five residential dwelling units, consulted with the MOH to identify the appropriate in-lieu fee methodology, and the overall demand for housing in the City can be readily accommodated within the City's existing housing capacity (Draft EIR, pages 4.3-32 to 4.3-43). Impact 4.3-3 examines the potential for the proposed LRDP to displace people that would necessitate the need for replacement housing elsewhere, and concludes that the impacts of the project would be less than significant, because the project would implement a relocation program consistent with City statute (Draft EIR, pages 4.3-43 through 4.3-47).

Section 4.4, Cultural and Paleontological Resources

The effects of the proposed LRDP on cultural and paleontological resources are described in Section 4.4 of the Draft EIR, in Impacts CP-1 through CP-3, are all less than significant with incorporation of mitigation that involves monitoring and recovery of resources that may be discovered during site clearing and excavation (see Draft EIR, pages 4.4-29 through 4.4-48). These impacts address effects of the project on resources, and do not concern issues of neighborhood disruption.

Section 4.5, Transportation and Circulation

Section 4.5 presents an extensive discussion of transportation and circulation impacts that would result at each CPMC campus, including impacts on traffic, transit, bicycles, pedestrians, loading, emergency vehicle access, and construction.

Cathedral Hill Campus

Impacts TR-1 through TR-58 address the proposed LRDP's impacts resulting from development of the proposed Cathedral Hill Campus (Draft EIR, pages 4.5-93 through 4.5-161). The development of the Cathedral Hill Campus would avoid or minimize disruption in nearby residential neighborhoods. Although several significant and unavoidable transportation impacts are attributable to the development of the Cathedral Hill Campus under the LRDP, these impacts are limited to major transportation corridors through heavily travelled mixed use corridors. Impacts TR-1, TR-2, TR-6, TR-7, TR-8, TR-12, TR-13, TR-17, TR-19, TR-20, TR-22 through TR-26, TR-29 through TR-36, and TR-42 all relate to the LRDP's impacts on vehicular and transit flow on major travel corridors such as Van Ness Avenue, Polk Street, Geary Street, Franklin Street, and Gough Street in mixed use areas. Impacts TR-55 through TR-58 would be construction-generated effects in and around the Cathedral Hill Campus. While these impacts are temporary in nature, Impact TR-55 was determined to be significant and unavoidable in the Draft EIR. Consistent with Policy 11.4, these effects would be minimized through implementation of mitigation measures (see MM TR-55, Draft EIR, page 4.5-159). Thus, the Cathedral Hill Campus would avoid or minimize disruptive transportation effects on nearby residential neighborhoods.

Pacific Campus

Impacts TR-59 through TR-66 address the proposed LRDP's impacts at the Pacific Campus (Draft EIR, pages 4.5-168 through 4.5-176). All of the transportation impacts associated with the Pacific Campus were deemed to be less than significant in the Draft EIR. Thus, the proposed development at the Pacific Campus would not result in significant disruptive transportation impacts on nearby residential neighborhoods.

California Campus

Impacts TR-67 through TR-73 address the project's impacts at the California Campus (Draft EIR, pages 4.5-179 through 4.5-182). All transportation impacts associated with the California Campus were deemed to be less than significant in the Draft EIR. Thus, activities at the California Campus under the proposed LRDP would not result in significant disruptive transportation impacts on nearby residential neighborhoods.

Davies Campus

Impacts TR-74 through TR-83 address the proposed LRDP's impacts at the Davies Campus (Draft EIR, pages 4.5-184 through 4.5-195). With the exception of Impact TR-75, all of the transportation impacts associated with the California Campus were deemed to be less than significant in the Draft EIR. Impact TR-75 concerns the operations of the intersection of Market/Church/14th Streets, which would operate at LOS F in the p.m. peak hour in the future. Although residences are in the vicinity, the intersection is on a major commercial corridor, and is not located in the heart of a residential neighborhood. Thus, the proposed development at the Davies Campus would not result in significant disruptive transportation impacts on nearby residential neighborhoods.

St. Luke's Campus

Impacts TR-84 through TR-94 address the proposed LRDP's impacts at the St. Luke's Campus (Draft EIR, pages 4.5-200 through 4.5-209). All of the transportation impacts associated with the St. Luke's Campus were deemed to be less than significant in the Draft EIR. Thus, the proposed

development at the St. Luke's Campus under the LRDP would not result in significant disruptive transportation impacts on nearby residential neighborhoods.

Combined LRDP Campuses

Impacts TR-95 through TR-98 address the combined impacts associated with multiple campuses (Draft EIR, pages 4.5-211 through 4.5-215). All of the transportation impacts associated with the Combined LRDP Campuses were deemed to be less than significant in the Draft EIR. Thus, the proposed development at the combined CPMC campuses under the LRDP would not result in significant disruptive transportation impacts on nearby residential neighborhoods.

Section 4.6, Noise

Impacts NO-1 through NO-5 address the proposed LRDP's noise impacts during construction, potential to increase traffic noise during construction and operation, effects from operation of stationary noise sources, and vibration effects during construction (Draft EIR, pages 4.6-41 through 4.6-95). Construction and operational noise effects of the proposed LRDP would be less than significant with the implementation of Mitigation Measures M-NO-N1, M-NO-N3, and M-NO-N4. Vibration effects are noted to be potentially significant and unavoidable even with mitigation, but would be minimized to the extent feasible through Mitigation Measure M-NO-N5. Thus, the LRDP would avoid or minimize disruptive noise and vibration impacts (to the extent feasible) on nearby residential neighborhoods.

Section 4.7, Air Quality

Impacts AQ-1 through AQ-14 address the proposed LRDP's impacts on air quality, including increases in fugitive dust during construction, increased exposure of sensitive receptors to toxic air contaminants, increased criteria pollutant emissions, and increased exposure to odors (Draft EIR, pages 4.7-29 through 4.7-85). For the most part, air quality impacts are regional in nature and are not localized to nearby neighborhoods. Impacts related to construction emissions of criteria pollutants which could be localized would be mitigated to a less-than-significant impact through implementation of Mitigation Measure M-AQ-N1(a,b). Impacts related to construction emissions of toxic air contaminants would be significant and unavoidable at the Cathedral Hill Campus even with mitigation, but would be minimized to the extent feasible through the implementation of Mitigation Measure M-AQ-N2. Thus, the LRDP would avoid or minimize air emission impacts (to the extent feasible) in nearby residential neighborhoods.

Section 4.8, Greenhouse Gases

Impacts GH-1 through GH-3 address the proposed LRDP's impacts on greenhouse gases (Draft EIR, pages 4.8-21 through 4.8-32). Greenhouse gas emissions only have adverse impacts in the atmosphere in a cumulative context, with the effects felt on a global basis. There are no impacts of greenhouse gas emissions related to LRDP development that involve neighborhood disruption as it is referred to in Policy 11.4.

Section 4.9, Wind and Shadow

Impacts WS-1 and WS-2 address the proposed LRDP's impacts on wind and shadow (Draft EIR, pages 4.9-22 through 4.9-59). Impacts WS-1, related to wind impacts on public areas, and WS-2, related to impacts due to creation of new shadows on parks and open space, were both determined to be less than significant in the Draft EIR. Thus, the LRDP development would avoid or minimize wind and shadow impacts in nearby residential neighborhoods.

Section 4.10, Recreation

Impacts RE-1 through RE-3 address the proposed LRDP's impacts on recreation facilities or the use of those facilities (Draft EIR, pages 4.10-34 through 4.10-52). These impacts consider the effects of the proposed LRDP on potential increases in use of neighborhood and regional parks, as well as on recreational facilities and opportunities, and these impacts were identified as less than significant in the Draft EIR. Thus, the LRDP would avoid or have minimal recreation impacts in nearby residential neighborhoods.

Section 4.11, Public Services

Impacts PS-1 through PS-4 address the proposed LRDP's impacts on public services, including police, fire, and emergency services; schools, and libraries (Draft EIR, pages 4.11-17 through 4.11-35). LRDP impacts on these services are considered significant if the expansion of service would result in physical impacts on the environment through the construction or operation of expanded police or fire facilities, schools or libraries. In all cases, the impacts of the proposed LRDP would be less than significant. Thus, the LRDP would avoid or minimize public services impacts in nearby residential neighborhoods.

Section 4.12, Utilities and Service Systems

Impacts UT-1 through UT-7 address the proposed LRDP's impacts on utilities and service systems, including water and wastewater treatment facilities; water supplies, stormwater drainage facilities, and solid waste facilities (Draft EIR, pages 4.12-24 through 4.12-44). Impacts on utilities and service systems are considered significant if the expansion of infrastructure or service would result in physical impacts on the environment through the construction or operation of equipment or facilities. In all cases, the impacts of the proposed LRDP would be less than significant. Thus, the LRDP would avoid or have minimal public services impacts in nearby residential neighborhoods.

Section 4.13, Biological Services

Impacts BI-1 and BI-2 address the proposed LRDP's impacts on biological resources, including effects on existing vegetation, nesting birds, and protected trees (Draft EIR, pages 4.13-17 through 4.13-29). Impact BI-1 describes those impacts associated with the removal of on-site trees and landscape vegetation, and determines that the impacts would be less than significant with implementation of Mitigation Measure M-BI-N1. Thus, the LRDP would avoid or have minimal biological resources impacts in nearby residential neighborhoods.

Section 4.14, Geology and Soils

Impacts GE-1 through GE-9 address the proposed LRDP's impacts on geology and soils, including exposure of people and structures to injury or damage during an earthquake, increased soil erosion, and placing structures on unstable soils (Draft EIR, pages 4.14-42 through 4.14-70). Impacts associated with geology and soils are, for the most part, determined to be less than significant, with the exception of the potential for erosion at all campuses (Impact M-GE-N4), the potential for seismic damage at the Pacific and Davies Campuses (Impact M-GE-N5), and the potential for subsidence because of groundwater extraction at the St. Luke's Campus (Impact M-GE-N6). Both of these impacts would be mitigated to less-than-significant levels through the implementation of Mitigation Measures M-GE-N4, M-GE-N5, and M-GE-N6. Thus, the LRDP would avoid or have minimal geology and soils impacts in nearby residential neighborhoods.

Section 4.15, Hydrology and Water Quality

Impacts HY-1 through HY-6 address the proposed LRDP's impacts on hazards and hazardous materials (Draft EIR, pages 4.15-27 through 4.15-43). The Draft EIR identifies that impacts associated with the quantity and quality of storm runoff could be significant impacts that could cause localized flooding or surface water quality degradation. Mitigation Measures M-HY-N2 and M-HY-N3 would reduce these impacts to less-than-significant levels through the development and implementation of Low Impact Development strategies, Best Management Practices, and stormwater pollution prevention plans, Thus, the LRDP would avoid or have minimal hydrology and water quality impacts in nearby residential neighborhoods.

Section 4.16, Hazards and Hazardous Materials

Impacts HZ-1 through HZ-7 address the proposed LRDP's impacts on hazards and hazardous materials (Draft EIR, pages 4.16-40 through 4.16-78). Impacts associated with the transport, use, or disposal of hazardous materials are identified as potentially significant at all LRDP campuses. These impacts would be reduced to less-than-significant levels through the implementation of site mitigation and contingency plans called for in Mitigation Measure M-HZ-N1. Thus, the LRDP would avoid or have minimal hazards and hazardous materials impacts in nearby residential neighborhoods.

Housing Element. The Housing Element is one of a number of elements of the City's General Plan. As explained in Response LU-1 (page C&R 3.3-1), before issuing a permit for any demolition, conversion, or change of use, and before taking any action that requires a finding of consistency with the General Plan, the City must determine that the proposed project is consistent with the General Plan and priority policies. During consideration of the project application, the decision-makers are responsible for considering all of the objectives and goals of the various General Plan elements and deciding whether, on the whole, the project is consistent with the General Plan. If the decision-makers ultimately determine that development of the Cathedral Hill Campus site or any other aspect of the proposed LRDP would prevent the City from meeting its housing needs or other General Plan objectives, they could find the project inconsistent with the General Plan. At this point, however, the EIR analysis has not led the Planning Department staff to reach that conclusion.

Planning Code. Zoning maps and Planning Code regulations implement the General Plan and provide for the City's various housing, commercial, industrial, institutional, recreational, and infrastructure needs. The City aims to create sufficient capacity for these uses through zoning, but typically does not rely upon specific development of any one lot or site to achieve these needs. Private land owners' decisions, development opportunities, economics, and other factors also contribute to how and which privately owned parcels ultimately develop. Please also see the discussion regarding the Development Agreement (Section 3.23.1.2) on page C&R 3.23-41, regarding CPMC's commitments in the proposed Development Agreement.

Comments [Consistency with Commerce and Industry Element]

(Alex Tom—Chinese Progressive Association, October 19, 2010) [84-2 LU]

"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."

(Emily Lee, September 23, 2010) [PC-292 LU]

"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 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."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-64 LU]

"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.

[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. Healt

h & Safety § I 27340(a) (West 2008)."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-65 LU]

"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.

[165] *Id.*
[166] San Francisco General Plan, Commerce and Industry Element: Objective 7
[167] Id."

(Commissioner Olague, September 23, 2010) [PC-375 LU]

"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 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."

Response LU-4

The comments state that the Draft EIR does not adequately address the General Plan's Commerce and Industry Element provisions related to health services. The Commerce and Industry Element includes one objective (Objective 7) and two policies (Policies 7.2 and 7.3) related to health care:

> *Objective 7* *Enhance San Francisco's position as a national and regional center for governmental, health, and educational services.*
>
> *Policy 7.2* *Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas.*

The General Plan's discussion of Policy 7.2 states that "[t]he continued, controlled expansion of . . . medical institutions is important to the city in the provision of valuable and needed services to residents and employment opportunities. Medical care and hospitals are important in neighborhoods which would otherwise be relatively isolated from treatment facilities. . . . These institutions also provide extensive employment opportunities and training opportunities."

The General Plan's discussion of Policy 7.2 further states that "[t]o minimize the disruption caused by institutional expansion, the city should continue its policy of reviewing expansion plans. This review examines the needs of adjacent resident areas for housing, on-street parking and safe, quiet streets as well as the need for the institution. Educational and medical institutions are required to submit master plans to the city prior to any specific expansion request. Such master plans define long-term and short-range development plans of the institution. The early review of institutional development plans will permit exploration of alternate ways to address the needs of the institution in order to minimize potential conflicts with the residential area."

> *Policy 7.3* *Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city.*

The General Plan's discussion of Policy 7.3 states that "San Francisco has a well developed public health care delivery system with well staffed and equipped public and private hospitals. Unfortunately, the clustering of many of these major facilities in relatively few areas creates problems in the adjacent residential neighborhoods. This clustering also serves to limit 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. Vacated school sites and facilities should be examined as a potential expansion resource. There also exist areas of underused land in the city in which the physical impact of institutional development would be acceptable and might even provide the necessary impetus for desired new community development."

Framework for Reviewing General Plan Consistency

An analysis of the consistency of the project with the Commerce and Industry Element objective and policies related to health care (or with any other General Plan goals, objectives, or policies) must be conducted within the framework established by the principle that a given project need not be in perfect conformity with each and every general plan policy.[6] The "policies in a general plan reflect a range of

[6] See Sequoyah Hills Homeowners Ass'n v. City of Oakland, 23 Cal. App. 4th 704, 719-20 (1993).

competing interests" and, therefore, a city "must be allowed to weigh and balance the plan's policies when applying them, and it has broad discretion to construe its policies in light of the plan's purpose."[7]

For this reason, an assessment of the proposed LRDP's consistency with the General Plan should not view any particular General Plan policy in isolation. The relevant context for an analysis of the proposed LRDP's consistency with the General Plan's Commerce and Industry Element includes not only Policy 7.3, which is the focus of several of the comments regarding the Commerce and Industry Element, but also Objective 7 and Policy 7.2.

Thus, when applied to a particular project such as the proposed LRDP, the concerns expressed that relate to Policy 7.3 regarding the provision of adequate health and education to all geographical districts and cultural groups in the City must be weighed and balanced with the objective of enhancing San Francisco's position as a national and regional center for health services, and Policy 7.2, encouraging the extension of needed health services (and its underlying rationale, which includes the creation of job opportunities), among other countervailing or potentially competing General Plan policy concerns.

Analysis of Commerce and Industry Element, Objective 7, Policy 7.2

The (only) mechanism for advancing the aims of Policy 7.2, identified in the General Plan's discussion of that policy (i.e., encouraging the extension of needed health services and managing expansion to avoid or minimize disruption of adjacent residential areas), is the institutional master plan (IMP) review process. Planning Code Section 304.5 establishes the requirements for the contents and review of the IMP, with the recent addition of health planner review by the Department of Public Health. This review process has been complied with by CPMC, as described in Major Response HC-1 (page C&R 3.23-1) regarding supply of licensed acute-care beds, Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the proposed Cathedral Hill, St. Luke's, and Davies Campuses, and Major Response HC-9 (page C&R 3.23-40) regarding a health care master plan.

According to the project sponsor, they have worked to address citywide health care needs through the development of their 2008 IMP and through the proposed LRDP, which implements the 10-year planning provisions of the IMP. Both the Health Commission (on July 21, 2009, with further findings on March 16, 2010), and the Planning Commission (on November 19, 2009) accepted the IMP. In its Resolution 10-09 concerning the IMP, adopted after several public hearings on the IMP, the San Francisco Health Commission accepted the IMP, subject to recommendations on the size and scope of facilities and services to be provided. The Health Commission made these recommendations to ensure that the IMP "results in the best possible health plan for the City and County of San Francisco."

A year later, the Health Commission's Task Force on CPMC's IMP published its Updates and Accomplishments concerning the recommendations in Resolution 10-09, and the Health Commission adopted Resolution 02-10, memorializing these accomplishments. As set out in these documents and Major Responses HC-2, HC-6, and HC-8 (pages C&R 3.23-8, C&R 3.23-25, and C&R 3.23-32 respectively), progress toward implementing the Health Commission recommendations has been made with respect to the LRDP.

Because of the extensive review of the IMP by the San Francisco Planning Department and Department of Public Health, embodied in implementing the Blue Ribbon Panel recommendations, and the Health Commission's recommendations and the Task Force's Updates of Accomplishments, the record contains sufficient information, demonstrating CPMC's compliance with and support of the IMP review process, consistent with the General Plan's intent for implementing Policy 7.2.

[7] Friends of Lagoon Valley v. City of Vacaville, 154 Cal. App. 4th 807, 816 (2007).

The General Plan's discussion of Policy 7.2 also explicitly recognizes the role of large institutions as major job providers. CPMC, under the proposed LRDP, would continue to be one of the largest employers in the City.

Analysis of Commerce and Industry Element, Objective 7, Policy 7.3

Some of the comments stated that services under the proposed LRDP would not be decentralized and that the LRDP would reduce services at the St. Luke's Campus, resulting in a reduction of medical services in an underserved area of the City.

This response first addresses the proposed LRDP's consistency with the General Plan's Policy 7.3 regarding encouraging decentralization, and then clarifies that adequate medical services would continue to be provided at the St. Luke's Campus under the proposed LRDP. This response also addresses alternative sites for a new CPMC campus that were considered but rejected, including vacated school sites and areas of underused land within the City.

It is important to note that Policy 7.3 is not a mandatory provision in the sense that it does not specifically require that every project involving health care facilities be decentralized or provide services to areas that presently are without adequate services. Rather, it provides that the City "should actively encourage" such decentralization. This is consistent with the principle discussed above, that a given project need not be in perfect conformity with each and every general plan policy.[8]

Nothing in the language of Policy 7.3 or the discussion in the General Plan following Policy 7.3 states that "decentralization" means that equivalently sized health care facilities must be distributed throughout the City. Rather, the concern underlying Policy 7.3 is the provision of *adequate services* to all geographical districts and cultural groups in the City.

Although certain medical services at the California and Pacific Campuses would be replaced and consolidated at the proposed Cathedral Hill Campus under the proposed LRDP, with the exception of the California Campus, all of the existing CPMC campuses would continue to provide medical care. CPMC would continue to serve communities surrounding the Mission District (St. Luke's Campus), Duboce Triangle (Davies Campus), and Pacific Heights (Pacific Campus) neighborhoods. As discussed in Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of services at the proposed Cathedral Hill, St. Luke's, and Davies Campuses, the St. Luke's and Davies Campuses would generally serve as community hospitals with certain specialized services (e.g., senior care, outpatient pediatrics, and low risk obstetrics services at the St. Luke's Campus; neuroscience, AIDS/HIV, and acute rehabilitation services at the Davies Campus). These community hospitals would provide primary and secondary care (and similarly the Pacific Campus would provide a wide variety of outpatient services), serving as a point of access, with patients needing more specialized care (e.g., tertiary or quaternary services) referred to the centralized "hub" at the California Campus (or to the appropriate specialized facilities at the St. Luke's, Davies, or Pacific Campuses).

Thus, although the proposed LRDP would involve the development of a large, centralized hospital at the proposed Cathedral Hill Campus, serving as a "hub" for the CPMC San Francisco network, it would not result in the type of consolidation and centralization that is the concern underlying Policy 7.3. As described in Major Response HC-1 (page C&R 3.23-1) regarding supply of acute-care beds, Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of services at the proposed Cathedral Hill, St. Luke's, and Davies Campuses, Major Response HC-4 (page C&R 3.23-19) regarding psychiatric beds, Major Response HC-5 (page C&R 3.23-20) regarding effect on emergency services, Major Response HC-6 (page C&R 3.23-25) regarding skilled nursing facilities, and Major Response HC-8 (page C&R 3.23-32) regarding access to health services, the proposed LRDP would provide adequate health

[8] See Sequoyah Hills Homeowners Ass'n v. City of Oakland, 23 Cal. App. 4th 704, 719-20 (1993).

care services to meet patient demand within the service areas of all campuses within the CPMC system. As further explained in Major Response HC-9 (page C&R 3.23-38) regarding a health care master plan, in its Resolution 10-09 concerning CPMC's 2008 IMP, the San Francisco Health Commission accepted the IMP, subject to recommendations on the size and scope of facilities and services to be provided. The Health Commission made these recommendations to ensure that the IMP "results in the best possible health plan for the City and County of San Francisco."

In addition, one of the concerns underlying Policy 7.3, as described in the General Plan, is the availability of health care facilities to areas of San Francisco "presently without adequate services." The proposed Cathedral Hill Campus would provide medical services to a currently underserved area of the City that includes the proposed Cathedral Hill Campus and Tenderloin neighborhoods, an area with a high population density of low-income households, seniors (the most frequent users of hospital care), children and youth.[9] Because the proposed LRDP would continue to provide medical services in various neighborhoods across the City, including the southeast portion of the City served by the St. Luke's Campus, and the proposed Cathedral Hill Campus would bring medical services to underserved neighborhoods (see Major Response HC-1 [C&R 3.23-1] regarding supply of acute-care beds, Major Response HC-2 [C&R 3.23-8] regarding location, size, and scope of services at the proposed Cathedral Hill and St. Luke's Campuses, and Major Response HC-8 [C&R 3.23-32] regarding access to health services), the proposed LRDP would be consistent with Objective 7, Policy 7.3 of the Commerce and Industry Element of the General Plan.

Medical Services that would be provided at the St. Luke's Campus

The comment states that services will be reduced at the St. Luke's Campus, which would result in a reduction of medical services in nearby underserved neighborhoods.

As explained above and discussed in Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the St. Luke's Campus and Major Response HC-9 (page C&R 3.23-38) regarding a health care master plan, the project sponsor has tried to address citywide health care needs through the development of its 2008 IMP and the proposed LRDP, which would implement the 10-year planning provisions of the IMP.[10] Both the Health Commission (on July 21, 2009, with further findings on March 16, 2010) and the Planning Commission (on November 19, 2009) accepted CPMC's 2008 IMP. In its Resolution 10-09 concerning the IMP, adopted after several public hearings on the IMP, the San Francisco Health Commission accepted the IMP subject to recommendations on the size and scope of facilities and services to be provided. The Health Commission made these recommendations to ensure that the IMP "results in the best possible health plan for the City and County of San Francisco."

Before that, the City had also convened and accepted consensus recommendations from the Blue Ribbon Panel on the St. Luke's Campus, which the Health Commission incorporated into Resolution 10-09. In addition, The Camden Group and the San Francisco Health Commission Task Force determined that the St. Luke's Campus has been sized and programmed with services to adequately accommodate existing and projected future patient demand for the south of Market service area.

Thus, the development under the proposed LRDP for the St. Luke's Campus would not decrease the available health care services for southeast area residents. Under the proposed LRDP, and as more specifically described in Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the St. Luke's Campus, the St. Luke's Campus would accommodate growth in patient census, increase the capacity of its Emergency Department, and expand primary care programs in clinical areas of demonstrated need in the community, such as senior care, outpatient pediatrics, and low-risk

[9] San Francisco Planning Department, 2009 (May), *Draft San Francisco General Plan Recreational and Open Space Element*, Figure 2, "High Needs Analysis," page 19.

[10] Draft EIR, page 2-1.

obstetrics. Therefore, the proposed LRDP would not add to health care delivery problems in the southeast area of the City.

Analysis of Alternative Sites for a New CPMC Campus

As explained above, the General Plan Commerce and Industry Element's discussion of Policy 7.3 states that "vacated school sites and facilities should be examined as a potential expansion resource. There also exist areas of underused land in the city in which the physical impact of institutional development would be acceptable and might even provide the necessary impetus for desired new community development."

CPMC's search for an appropriate and available site for a new medical center campus and the related planning process are described in Section 6.3, "Alternatives Considered but Rejected," beginning on page 6-8 of the Draft EIR. As discussed, that search process included consideration of several vacated school sites and otherwise underutilized sites (e.g., the U.S. Public Health Service Hospital site in the southwestern quadrant of the Presidio, discussed in the Draft EIR on pages 6-14 through 6-16 and page 6-19, the Mervyn's Shopping Center site at Geary Boulevard and Masonic Avenue on page 6-17, an aggregation of sites on the east side of Masonic Avenue which included parcels owned by the Catholic Church and the San Francisco Unified School District on pages 6-17 and 6-18, an aggregation of sites on the south side of Geary Avenue that included the Gateway High School site on pages 6-18 and 6-19, and the Letterman and Fort Scott District sites in the Presidio on page 6-19). As described in the Draft EIR, each of these sites was deemed either unavailable or inappropriate for a new CPMC medical center campus. Ultimately, the search and planning process resulted in the purchase of the proposed Cathedral Hill Campus site.

Therefore, although none of the alternative sites described above were deemed feasible for a new CPMC medical center, CPMC's selection of the proposed Cathedral Hill Campus site followed a process that included the consideration of vacated school sites and facilities, and other areas of underused land, consistent with Policy 7.3.

Comment 104-64 refers to the proposed citywide health care services master plan, and states that it is "now pending before the San Francisco Board of Supervisors." Please see Major Response HC-9 (page C&R 3.23-38) regarding the relationship of the proposed LRDP to the proposed health care services master plan called for in Ordinance 300-10. As explained in Major Response HC-9, Ordinance No. 300-10, effective January 2, 2011 (the Ordinance), directs the preparation of a citywide health care services master plan (Health Care Plan), which has not yet even been drafted and is anticipated to be completed by 2013 at the earliest. The recently adopted Ordinance sets out a lengthy and detailed series of requirements and processes, preceding adoption of a Health Care Plan. The Ordinance would not apply until the Health Care Plan was adopted. Furthermore, the Health Care Plan would be subject to its own review under CEQA, before adoption. The Ordinance would apply to applicable changes in medical uses after either January 2, 2013, or formal adoption of the Health Care Plan, whichever occurs later. Therefore, the Ordinance could not apply to proposed changes under the LRDP that are approved before January 2, 2013. The statement in Comment 104-64 regarding California Health and Safety Code Section 127380(a) is noted.

Please also see Major Response HC-1 (page C&R 3.23-1) regarding reduction of licensed acute-care beds, Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the proposed Cathedral Hill, St. Luke's, and Davies Campuses, and Major Response HC-8 (page C&R 3.23-32) regarding access to health services.

Please see Response HC-56 (page C&R 3.23-206) regarding the relationship of the proposed LRDP to the Sustainability Plan of San Francisco.

Comments [Consistency with General Plan and Other Relevant Local Plans (other than the Housing Element)]

(Ben Bear, October 18, 2010) [65-3 LU]

"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."

(Linda Chapman, October 19, 2010) [76-1 LU, duplicate comment was provided in 111-1 LU]

"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."

(Linda Chapman, October 19, 2010) [76-4 LU, duplicate comment was provided in 111-4 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."

(Linda Chapman, October 19, 2010) [76-6 LU, duplicate comment was provided in 111-6 LU]

"The EIR notes that exceeding the 130-foot height limit would exacerbate environmental impacts (which include traffic and transportation, housing and economic impacts). Additionally, it must be acknowledged that the 130-foot limit for this section of the Van Ness Corridor implements these VNAP policies: Allows building envelopes intended to meet a city-wide need for large numbers of housing units; Aims to prevent overdevelopment of housing where high rises could exacerbate traffic problems; 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)."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-6 LU, duplicate comment was provided in 108-6 LU]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-20 LU, duplicate comment was provided in 108-20 LU]

"E. <u>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.</u>

The proposed CPMC Long Range Plan is entirely inconsistent with current planning and zoning provisions applicable to the proposed 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.

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 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.

[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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-45 LU]

"• 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;"

(Gloria Smith—California Nurses Association, October 19, 2010) [90-52 LU]

"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

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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-20 LU]

"• 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-34 LU]

"• Actual disclosure of the wording (proposed text) of all required plan, policy and regulation amendments."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-36 LU]

"• Justification (proposed findings) for all other exceptions/amendments including but not limited to parking, housing, Proposition M, etc."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-39 LU]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-85 LU]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-87 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
- Mission District Streetscape Plan
- Measure M"

(Gloria Smith—California Nurses Association, October 19, 2010) [93-88 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 proposed housing on the CPMC sites (e.g. Cathedral Hill), requirements for adequate housing for the workforce and requirements for replacement housing.	The proposed Project has numerous 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.

(Gloria Smith—California Nurses Association, October 19, 2010) [93-90 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-91 LU]

"The DEIR contains evidence that the Project is inconsistent with a number of adopted policies. DEIR Table S-1; See also Project Description chapters for each campus site. Since the project description sections fail to describe

the proposed text of the necessary general plan amendments and the proposed text of other required exceptions and amendments, the significance of these impacts cannot be analyzed. Unless and until the Project is shown to be consistent with all applicable plans and policies, either through appropriate amendments that do not render plans internally inconsistent or through changes to the project, it cannot be approved."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-28 LU, duplicate comment was provided in 110-28 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:

- 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
- Japantown Better Neighborhood Plan
- Mission District Streetscape Plan
- Measure M."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-2 LU]

"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.

[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"

(Hisashi Sugaya—Planning Commission, Oct. 15, 2010) [116-2 LU]

"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?"

(Gloria Smith—California Nurses Association, March 8, 2011) [122-3 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.

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."

(Steve Woo, September 23, 2010) [PC-59 LU]

"There is no mention of the Van Ness Avenue Area Plan. It is almost a forgotten afterthought. And we want to see it addressed."

(Steve Woo, September 23, 2010) [PC-61 LU]

"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."

(Commissioner Moore, September 23, 2010) [PC-365 LU]

"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 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."

(Commissioner Sugaya, September 23, 2010) [PC-387 LU]

"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 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."

Response LU-5

The comments state that the EIR should include a policy-by-policy evaluation of consistency of the proposed LRDP against a range of different local plans and policies, and suggests that failure to provide such an analysis leads to a failure to disclose significant land use impacts. The comments further state that it is necessary to include the plan amendments text in the Draft EIR and that it is necessary to include evidence in the Draft EIR to support findings for the proposed amendments.

Several comments suggest that the Draft EIR is inadequate because it assumes that the project would obtain all of the requested amendments and approvals that would be required for the development of the proposed Cathedral Hill Campus (presented in Section 2.2.4, "Required Project Approvals for the Cathedral Hill Campus," on pages 2-43 through 2-48 of the Draft EIR, and revised on pages C&R 4-37 through C&R 4-39 in this document), and consequently, the Draft EIR does not address potential conflicts of the proposed development of the Cathedral Hill Campus with the existing General Plan and the Van Ness Area Plan, as well as with Planning Code, zoning, and height and bulk regulations. The comments suggest that based on these assumptions, the Draft EIR fails to identify significant impacts.

Several comments state that the proposed Cathedral Hill Campus facilities would be out of scale with surrounding buildings along the Van Ness Avenue corridor, and they question the compatibility of the proposed facilities with the surrounding neighborhood. Several comments raised concerns that approval of the proposed Cathedral Hill Campus would set a precedent for other future out-of-scale development within the Van Ness Special Use District (VNSUD).

Finally, several comments requested that the full analysis and justification for granting of plan and code amendments and CU authorizations be included in the Draft EIR. As explained below, under CEQA, the scope of the analysis of plan and policy consistency in an EIR is focused on those plans and policies that have been adopted to protect or mitigate impacts to the environment. For the City, the analysis and findings related to approval of a CU authorization or an amendment to the City's plans or codes may be informed by the EIR analysis related to environmental issues. However, the findings that would be made by decision-makers as to whether granting the requested entitlements for the proposed CPMC LRDP are justified involve consideration of a much broader range of issues which may be addressed in plans and policies, including not only environmental issues, but also public necessity, general welfare, economics, fiscal conditions, social equity, legal considerations, and other issues. The consideration in the EIR of many of these issues would be inappropriate under CEQA. They will be fully evaluated and discussed during the decision-makers' hearings on the requested entitlements for the project, and in staff reports related to the proposed actions.

Consistency of the Project with the General Plan

The primary discussion of the project's consistency as it relates to CEQA impacts with the General Plan and Planning Code is provided on pages 4.1-46 through 4.1.54 of the Draft EIR. With respect to the proposed development at the Cathedral Hill Campus, the analysis concluded on page 4.1-48 of the Draft EIR:

> "The amendments to the General Plan's VNAP and amendments to the Planning Code text and zoning and height and bulk district maps; the PUD and CU authorizations; and other approvals, as discussed above, are part of the proposed LRDP. Therefore, if they are approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies. The proposed LRDP at the Cathedral Hill Campus with the requested amendments and approvals

would therefore not conflict with any applicable land use plan, policy, or regulation. This impact would be less than significant."

Section 340(b) of the Planning Code states "the General Plan shall be periodically amended in response to changing physical, social, economic environmental or legislative conditions." Amendments to the General Plan are subject to approval by the Planning Commission and the Board of Supervisors. The Planning Commission shall adopt the proposed amendment if it finds that the public necessity, convenience and general welfare require the amendment. The Board of Supervisors may approve or reject the amendment by majority vote.

As noted above, some of the comments described the Draft EIR as inadequate due to the conclusion that the project would not conflict with any applicable plans and policies after the requested entitlements are approved by the decision-makers. CEQA Guidelines Section 15125(d) requires that an EIR "discuss any inconsistencies between the proposed project" and applicable General Plans, specific plans, or regional plans. The Draft EIR identified the proposed changes to the General Plan that are being sought by CPMC in conjunction with the proposed LRDP.

The required project approvals for the proposed Cathedral Hill Campus are shown in Table 2-3 on pages 2-13 through 2-15 of the Draft EIR (and revised on pages C&R 4-37 and C&R 4-42 of this document), and are further described in Section 2.2.4, "Required Project Approvals for the proposed Cathedral Hill Campus," on pages 2-43 through 2-48 of the Draft EIR (and revised on pages C&R 4-43 and C&R 4-46 of this document). These approvals are part of the proposed LRDP and the proposed amendments to existing plans are being sought because they were determined necessary in order to eliminate inconsistencies between the project and the existing plans. Therefore, the EIR has acknowledged and disclosed inconsistencies between the proposed LRDP and applicable plans, as required under CEQA Guidelines Section 15125(d). If the requested amendments and CU authorizations are not approved, then the project could not proceed as proposed.

CEQA Guidelines Section 15125(d) does not require that an EIR must conclude that an environmental impact (including but not limited to an impact related to land use) would occur whenever there is an inconsistency with an existing plan that would require an amendment to the plan in order for the project to proceed. Within the CEQA context, impacts associated with consistency of a project with applicable land use regulations adopted for the purposes of avoiding or mitigating environmental impacts are evaluated within an explicit framework, as set forth under significance criterion "b" of the Land Use and Planning section of the CEQA checklist (Appendix G to the State CEQA Guidelines). The criterion asks whether a project would "conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project adopted for the purpose of avoiding or mitigating an environmental effect" (note that this criterion was revised on page C&R 4-4 to accurately reflect the wording in Appendix G of the State CEQA Guidelines). A conflict with existing regulations is not, in itself, deemed a significant impact unless that impact results in an adverse physical impact relative to baseline conditions. Hence, impacts analyzed under CEQA must be related to a physical change, according to Section 15358[b] of the State CEQA Guidelines.

Each of the required project approvals for the proposed Cathedral Hill Campus, including General Plan and Planning Code amendments, CU authorizations, and other approvals, are discussed below. Since the publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the proposed CPMC LRDP based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development of the Cathedral Hill Campus. Therefore, the required project approvals listed in the Draft EIR on pages 2-13 through 2-17, Table 2-3, "Required Project Approvals," have been updated as part of the text revisions to the Draft EIR included in Chapter 4, "Draft EIR Text Changes," on pages C&R 4-37 and C&R 4-42 of this document. Additional text revisions to Draft EIR pages 2-44 through 2-47, 2-191,

2-192, 3-9, 3-10, 3-19, 4-47, 4-48, 4-50, 6-130, and 6-300, reflecting the updated list of requested entitlements have also been included as text revisions to the Draft EIR on pages C&R 4-37 through C&R 4-58. The discussion below is based upon the updated list of required project approvals.

General Plan Urban Design Element

As stated on page 2-44 of the Draft EIR, Map 4 of the Urban Design Element of the General Plan allows building heights of 161 to 240 feet. As part of the proposed LRDP, CPMC would request an amendment to Map 4 of the Urban Design Element to allow development under the proposed LRDP of a building up to 265 feet tall on the block bounded by Post Street, Van Ness Avenue, Geary Boulevard, and Franklin Street, the site of the proposed Cathedral Hill Hospital.

Map 4 of the Urban Design Element was adopted to "promote harmony in the visual relationships and transitions between new and older buildings" (Urban Design Element Policy 3.1). The CPMC LRDP's impacts on the existing visual character of the proposed Cathedral Hill Campus vicinity were addressed in the Draft EIR on pages 4.2-117 through 4.2-140, with a finding of less than significant impact.

As stated on page 2-44 of the Draft EIR, as revised in Chapter 4, "Draft EIR Text Changes" (page C&R 4-44), Map 5 of the Urban Design Element of the General Plan permits building bulk at the Cathedral Hill Hospital site up to a maximum plan dimension and maximum diagonal plan dimension of 110 and 140 feet, respectively, and at the Cathedral Hill MOB site up to a maximum plan dimension and maximum diagonal plan dimension of 110 and 125 feet, respectively. As part of the proposed LRDP, CPMC would request an amendment to Map 5 of the Urban Design Element to allow for development of the proposed Cathedral Hill Hospital up to a maximum plan dimension and maximum diagonal plan dimension of 385 and 466 feet, respectively, and development of the proposed Cathedral Hill MOB up to a maximum plan dimension and maximum diagonal plan dimension of 265 and 290 feet, respectively.

Map 5 of the Urban Design Element was adopted to "promote building forms that will respect and improve the integrity of open spaces and other public areas," (Urban Design Element Policy 3.4), and "relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in new construction" (Urban Design Element Policy 3.6). The CPMC LRDP project's impacts on existing open spaces and other public areas in the Cathedral Hill Campus were addressed in the Draft EIR in Sections 4.9, "Wind and Shadow", and 4.10, "Recreation," which concluded that such impacts would be less than significant. As noted above, the CPMC LRDP project's impacts on the existing visual character of the proposed Cathedral Hill Campus vicinity were addressed in Draft EIR Section 4.2, "Aesthetics," and were also determined to be less than significant.

The proposed CPMC LRDP's impacts on historical resources in the vicinity of the proposed Cathedral Hill Campus were addressed in the Draft EIR on pages 4.4-30 through 4.4-32. The Draft EIR presented evidence that none of the buildings or structures located within the proposed Cathedral Hill Campus were considered historical resources (individually or as part of a district) for the purposes of CEQA, and the proposed CPMC LRDP. Therefore the proposed project is not anticipated to have a significant impact on any individual historic resources in the vicinity. The San Francisco Planning Department concurred with this finding.[11, 12] Therefore, near-term implementation of the LRDP at the proposed Cathedral Hill Campus would not cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the State CEQA Guidelines, and the LRDP's impacts to historic resources were determined to be less than significant.

[11] California Pacific Medical Center. 2010 (February). *Historic Evaluation Report for Cathedral Hill Campus: California Pacific Medical Center*. San Francisco, CA. Prepared by Knapp Architects, San Francisco, CA. page 2.

[12] San Francisco Planning Department. 2010 (February) *Historic Resource Evaluation Response: Cathedral Hill Campus, California Pacific Medical Center*. Case 2005.0555E. Major Environmental Analysis Division. San Francisco, CA. pages 2–3.

General Plan Amendment for the VNAP

General Plan VNAP, Map 1 (Generalized Land Use and Density Plan)

As stated on page 2-44 of the Draft EIR, as revised on pages C&R 4-43 of this document, the CPMC LRDP sponsor has requested that Map 1 of the VNAP be revised to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict," and increase the maximum allowable floor area ratio (FAR) from 7:1 to 9:1 for the Cathedral Hill Hospital site, and from 7:1 to 7.5:1 for the Cathedral Hill MOB site.

The LRDP's impacts on the existing character of the proposed Cathedral Hill Campus vicinity are addressed in the Draft EIR on pages 4.1-55 through 4.1-58. The analysis acknowledges that the proposed Cathedral Hill Hospital and Cathedral Hill MOB would substantially increase the intensity of uses on their respective sites. However, the evaluation recognizes that the new, more intense uses would be similar in character to other large-scale uses in the Van Ness Avenue corridor. Thus, the impacts of the proposed project on the character of land uses around the Cathedral Hill Campus were determined to be less than significant.

The project's impacts on the existing visual character of the proposed Cathedral Hill Campus vicinity were addressed in the Draft EIR on pages 4.2-117 to 4.2-140. As described in the Draft EIR, the site of the proposed Cathedral Hill Campus would have the appearance of a dense urban development under the LRDP, with buildings that would have greater massing bulk and height than the currently existing buildings on the site of the proposed campus. The scale and height of the LRDP buildings on the Cathedral Hill Campus would be generally large but compatible with the surrounding buildings. The proposed 265-foot-tall 15-story hospital building would be located adjacent to and in the vicinity of other high-rise buildings along Van Ness Avenue. The proposed 130-foot-tall 9-story Cathedral Hill MOB would be set back down toward its eastern side to match the height of the shorter buildings which are present in that area. The proposed Cathedral Hill Hospital and Cathedral Hill MOB would be compatible in general design, having similar form elements, modern architectural design, and similar façade materials. The result would be an integrated, visually harmonious composition for the campus as a whole. The proposed campus would appear consistent in scale with development in the surrounding areas and along the Van Ness Avenue corridor. Street trees would line all the streets surrounding the campus on each side and would be landscaped in a unified manner that does not exist at present. The landscaping plan would be consistent with the City's plan for streetscapes, and for the Van Ness Avenue corridor in particular. For these reasons, the impacts of the proposed Cathedral Hill Campus on the visual character of the Van Ness Avenue corridor were determined to be less than significant.

General Plan VNAP, Map 2 (Height and Bulk Districts)

As stated on page 2-44 of the Draft EIR, Map 2 of the VNAP, as currently adopted, allows a maximum building height of 130 feet, maximum building length of 110 feet, and maximum diagonal dimension of 140 feet at the proposed site of the Cathedral Hill Campus. The proposed Cathedral Hill Hospital would exceed these height and bulk limits. The current height and bulk designation of 130-V under Map 2 of the VNAP for the block proposed for the Cathedral Hill Hospital would be modified to a 265-V Height and Bulk District, which would allow a building measuring up to 265 feet tall. The map amendment would not modify the basic bulk limit designation, but modification of the bulk limits for the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be sought under the CU application, as described below.

The CPMC LRDP's impacts on the existing visual character of the proposed Cathedral Hill Campus vicinity were addressed in the Draft EIR on pages 4.2-117 through 4.2-140, with a finding of less than significant. The analysis of LRDP impacts on visual resources assessed the same factors and drew the same conclusions as described above under Map 1. For these reasons, the effects of the development of the proposed Cathedral Hill Campus under the LRDP would not represent a significant adverse impact on the visual character of the project area.

Consistency with Local Plans

The comments request discussion of the proposed LRDP's consistency with a range of City plans and policies. All policies addressed in the comments were previously discussed in the Draft EIR, as described in greater detail below. Further, it is important to note that the case report and approval motions for the project, if the decision makers determine to approve it, would contain the Planning Department's comprehensive project analysis and findings regarding consistency of the LRDP with all relevant plans and policies. The focus of the consideration of plans and policies in an EIR involves consideration of plans and policies that were adopted for the purposes of protecting environmental resources or mitigating environmental impacts. This is a more limited perspective that the decision-makers' consideration of consistency with plans and policies in the context of a possible approval of the project, a consideration that is inherently broader than the environmental focus in an EIR. As stated on page 3-1 of the Draft EIR:

> "Conflicts of the CPMC LRDP with policies do not, in and of themselves, constitute significant environmental impacts; they are considered environmental impacts only when they would result in direct physical environmental effects. Any conflicts between implementation of the proposed LRDP and policies relating to physical environmental issues are discussed in the relevant environmental topic sections of Chapter 4, "Environmental Setting, Impacts, and Mitigation," of this EIR. The consistency of the proposed development with applicable plans and policies that do not directly relate to physical environmental issues will be considered by decision-makers when they determine whether to approve or disapprove the project."

Significance Criteria

The focus of the analysis in the EIR is reflected in the Significance Criteria established for examining policy and plan consistency. The discussion on page 4.1-36 of the Draft EIR presents the significance criteria for Land Use and Planning, stating that:

> "[t]he thresholds for determining the significance of impacts in this analysis are consistent with the environmental checklist in Appendix G of the State CEQA Guidelines, which has been adopted and modified by the San Francisco Planning Department."

The Draft EIR then proceeds to identify three significance criteria derived from the Appendix G questions. The second of those criteria (Criteria 4[b]) states that a significant impact would occur if the proposed project would:

> "conflict 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)."

The last portion of significance criterion 4(b) was cut off. This criterion is regularly used by the Environmental Planning Division in EIRs throughout the City (pursuant to Chapter 31 of the San Francisco Administrative Code) and is reflective of one of the questions presented in the State CEQA Guidelines, Appendix G. Correctly stated, significance criteria 4(b) should have said:

> "Conflict 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) *adopted for the purpose of avoiding or mitigating an environmental effect*." [emphasis added]

Although this may appear to be a minor change, it is important to re-emphasize that under CEQA the focus of the analysis in an EIR is on physical adverse environmental changes to the environment. The issue of consistency or conflict with an adopted plan is mainly relevant insofar as any inconsistency could

have environmental consequences. The environmental consequences of the project as proposed, include any proposed amendments of, changes to, or inconsistencies with adopted plans, policies and regulations, relevant to environmental resource sections of the Draft EIR.

Not all plan policies relate to physical environmental effects. As an example, a project may or may not be consistent with parking policies in a plan; parking supply and demand is not considered an environmental issue under CEQA and Chapter 3 of the San Francisco Administrative Code. Similarly, many policies found in local plans relate to economic or fiscal issues, or are procedural in nature; these policies do not necessarily have environmental consequences and may not have been intended to mitigate or avoid environmental impacts. The focus of CEQA on physical environmental changes is reiterated in the State CEQA Guidelines. Under CEQA a significant effect is defined as:

> "Significant effect on the environment" means 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." (State CEQA Guidelines Section 15382).

The emphasis on changes to physical conditions is further reiterated in State CEQA Guidelines Section 15064(d) as it describes the determination of significance of environmental effects:

> "In evaluating the significance of the environmental effect of a project, the Lead Agency shall consider direct physical changes in the environment which may be caused by the project and reasonably foreseeable indirect physical changes in the environment which may be caused by the project."

The State CEQA Guidelines do not refer to an inconsistency with a plan goal, objective, or policy as a significant effect in and of itself, separate from the connection of the inconsistency to a physical change in the environment.

CEQA requires an EIR to include a broad discussion of the relationship of the proposed project to local plans and policies, but it overtly places that requirement in the context of the environmental setting, not the impact analysis. The content of the environmental setting is outlined in Section 15125 of the State CEQA Guidelines, which states, in part:

> "The EIR shall discuss any inconsistencies between the proposed project and applicable general plans, specific plans, and regional plans. Such regional plans include, but are not limited to, the applicable air quality attainment or maintenance plan or State Implementation Plan, area-wide waste treatment and water quality control plans, regional transportation plans, regional housing allocation plans, regional blueprint plans, plans for the reduction of greenhouse gas emissions, habitat conservation plans, natural community conservation plans and regional land use plans for the protection of the Coastal Zone, Lake Tahoe Basin, San Francisco Bay, and Santa Monica Mountains."

This is then balanced by the discussion of the focus of the impact analysis contained in Section 15126.2(a) of the State CEQA Guidelines, which states that "[a]n EIR shall identify and focus on the significant environmental effects of the proposed project." That particular guideline goes on to further explain the focus on physical changes to the environment. Importantly, there is no mention of issues of consistency or inconsistency with plans and policies.

In light of the above discussion, the following text changes are made to the Draft EIR.

On page 4.1-37, the second bullet is revised to read:

> 4b—conflict 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) adopted for the purpose of avoiding or mitigating an environmental effect; or

On page 4.1-46, Impact 4.1-2 is revised to read:

> **IMPACT LU-2** The project would not conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project adopted for the purpose of avoiding or mitigating an environmental effect. (Significance Criterion 4b)

On page 4.1-48, the third full paragraph is revised to read:

> The amendments to the *General Plan's* VNAP and amendments to the Planning Code text and zoning and height and bulk district maps; the PUD and CU authorizations; and other approvals, as discussed above, are part of the proposed LRDP. ~~Therefore, i~~If they are approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies. ~~The proposed LRDP at the Cathedral Hill Campus with the requested amendments and approvals would therefore not conflict with any applicable land use plan, policy, or regulation.~~ **This impact would be less than significant.**

On page 4.1-50, the second complete sentence is revised to read:

Therefore, the proposed near-term project at the Davies Campus would not conflict with any applicable land use plan, policy, or regulation adopted for the purpose of avoiding or mitigating an environmental effect.

On page 4.1-51, the last partial paragraph (and the first partial paragraph on page 4.1-52) is revised to read:

> The *General Plan* amendments and Planning Code text and map amendments, the PUD and CU authorizations, and other approvals described above are proposed as part of development at the St. Luke's Campus under the proposed LRDP. ~~Therefore, i~~If these amendments and authorizations are approved, the LRDP would be consistent with the relevant amended plans and policies~~,~~. The proposed arrangement and design of land uses would not implicate any environmental protection objectives of the current land use designations in the applicable land use plans; thus, the inconsistencies do not give rise to a significant impact on the environment. ~~and implementing the LRDP at the St. Luke's Campus would not conflict with any applicable land use plan, policy, or regulation.~~ **This impact would be less than significant.**

On page 4.1-54, the following is added after the third sentence:

> The proposed arrangement and design of land uses would not implicate any environmental protection objectives of the current land use designations in the applicable land use plans; thus, the text amendments and CU authorization do not give rise to a significant impact on the environment.

General Plan

The Draft EIR, pages 3-2 through 3-10, contained an eight-page discussion of consistency of the proposed LRDP with the objectives and policies of the City of San Francisco General Plan, including each of the

Elements that may include policies that pertain to environmental issues: Air Quality, Commerce and Industry, Community Safety, Environmental Protection, Housing, Recreation and Open Space, Transportation, and Urban Design. Although the Draft EIR acknowledges that the detailed Planning Department evaluation of project consistency with the General Plan would be included in the draft LRDP approval documents in the event that the decision-makers decide to approve the LRDP as proposed or an alternative, the Draft EIR contained a summary evaluation of consistency with a focus on issues relevant to environmental effects, as described below.

Air Quality Element: The Draft EIR (page 3-2) identified that the proposed LRDP would be generally consistent with the Air Quality Element. Evidence that was cited included the requirements of the project to comply with federal, state, and local air quality regulations, the availability of transit service at the CPMC campuses under the LRDP, the proposed expansion of CPMC's TDM program, as well as the commitment of the project sponsor to achieve LEED® certification for the proposed Cathedral Hill Hospital, Cathedral Hill MOB, St. Luke's Replacement Hospital, and the St. Luke's MOB/Expansion Building.

Commerce and Industry Element: The Draft EIR (page 3-3) identified that the proposed LRDP would be generally consistent with the Commerce and Industry Element which focuses on managing economic growth, maintaining a sound economic base and fiscal structure, and providing expanded employment opportunities for City residents. Evidence cited include the estimates of expanded employment opportunities from the proposed LRDP, as presented in Section 4.3, "Population, Employment, and Housing," of the Draft EIR. The employment expansion that would result from the proposed project (1,800 new employees by 2015 and 4,170 new employees by 2030) is presented in Table 4.3-10 on page 4.3-16 of the Draft EIR.

Community Safety Element: The Draft EIR (pages 3-3 and 3-4) identified that the proposed LRDP would be generally consistent with the Community Safety Element which establishes objectives and policies to reduce future loss of life, injuries, property loss, environmental damage, and social and economic disruption from natural or technological disasters. Evidence cited for this conclusion regarding consistency included the identified intent of the LRDP to bring the CPMC hospitals into conformance with the requirements of SB 1953 and successor legislation, which inherently improves seismic safety in San Francisco.

Environmental Protection Element: The Draft EIR (pages 3-4 and 3-5) describes the proposed LRDP as generally consistent with the applicable policies of the Environmental Protection Element. This element establishes policies to minimize adverse effects of urbanization on the natural environment of San Francisco and surrounding environs. Evidence of this consistency that is cited in the Draft EIR discussion includes that (1) the proposed Cathedral Hill MOB and the St. Luke's MOB/Expansion Building would be built to LEED® Silver requirements and would comply with the City's Green Building Ordinance, (2) the proposed Cathedral Hill Hospital and the St. Luke's Replacement Hospital would be built to LEED® Certified standards, (3) new landscaping under the LRDP would comply with the City's Urban Forestry Ordinance, and (4) the operation of the CPMC campuses under the LRDP would conform to the City's biological resources protection policies, the BAAQMD standards, the City's noise ordinance, and the regional greenhouse gas reduction plan.

Housing Element: The Draft EIR (pages 3-5 and 3-6) describes the 2004 Housing Element, which was in place during the preparation of the CPMC LRDP Draft EIR, and the 2009 Housing Element, which was under review at the time. The Planning Commission approved the 2009 Housing Element, and certified the EIR for the 2004 and 2009 Housing Elements, on March 24, 2011. The Board of Supervisors upheld the EIR for the 2004 and 2009 Housing Elements, on May 10, 2011. The Board of Supervisors adopted the 2009 Housing Element on June 21, 2011.

Response LU-3 describes the updated Housing Element and discusses the relationship of the proposed LRDP to the relevant policies of the City's Housing Element. The discussion in the Draft EIR recognizes that most of the objectives and policies of the Housing Element, including the 2009 Housing Element, are not applicable to the proposed LRDP, because the LRDP does not include a residential development component. The proposed Cathedral Hill Hospital and Cathedral Hill MOB sites are not considered as sites with available housing capacity in the assumptions utilized in the 2009 Housing Element. However, because the project as proposed would result in the demolition of five residential dwelling units and 20 residential hotel units, would involve the need to relocate existing residents of those units, and would create a demand for new housing because of expanded employment opportunities, certain policies of the Housing Element would apply.

As described in Response PH-14 (page C&R 3.5-53), Planning Code Section 317 requires conditional use authorization for the demolition of three or more dwelling units. It does not require one-for-one residential unit replacement. However, CPMC has agreed to pay an in-lieu fee to address demolition of the five residential units and consulted with the Mayor's Office of Housing ("MOH") to identify the appropriate in-lieu fee methodology. MOH determined that (i) the in-lieu fee amount will be established based on the Citywide inclusionary housing fee schedule effective as of July 15, 2008; and (ii) as applied to the residential units, the total fee is One Million Four Hundred Fifty Three Thousand Eight Hundred and Twenty Dollars ($1,453,820.00) ("Residential Unit Replacement Fee") based on the following unit type and calculation: three one bedroom units ($248,210.00 x 3), one two bedroom unit ($334,478.00) and one three bedroom unit ($374,712.00). A condition to DBI's issuance of a demolition permit for the residential units would be payment of the Residential Unit Replacement Fee. Over the past year, CPMC met with tenants and offered relocation services and relocation financial assistance. These relocation services included a private social worker and a leasing specialist, to help with the process and identify other appropriate publicly-available supportive services as well as translation assistance. CPMC worked with tenants to develop a relocation financial assistance package that establishes a market rate differential for the existing unit as compared to a comparable replacement unit, and multiplies that differential by 78 months. The relocation financial assistance package also includes standard moving and relocation costs, such as credit check fees and security deposit. Several households have used the available resources for apartment searches, landlord negotiations, and moves to new places of residence, all within San Francisco. As of September 2011, CPMC has reached agreement with all ten of the residential households. CPMC has assisted several households with apartment searches, landlord negotiations, and moving, all within San Francisco. Eight of the ten residential households have relocated and the remaining two have agreed to move out in early 2012.[13]

The process that CPMC has undertaken to date is as follows. As properties were purchased by CPMC for site assembly, during the years 2003 to 2009, all tenants were advised of CPMC's intentions to demolish the buildings. In mid-2009, approximately 1 year before CPMC's earliest anticipation of approval hearings, CPMC began formal communication with residential tenants about relocation and invited the non-profit tenant advocacy organization, Chinatown Community Development Center (CCDC), into these communications.

In addition, as discussed in Response PH-17, page C&R 3.5-64, under Impact PH-2 the Draft EIR concluded that the impact of the LRDP on the creation of significant new housing demand that would require the construction of new housing to be less than significant for individual CPMC campuses and for the LRDP as a whole. The primary factor in making this determination was the ability of the incremental increase in housing demand created by the LRDP to be accommodated within the existing vacant capacity of rental housing in the City, as well as the capacity for additional housing to be created in the City over the life of the LRDP (see Impact PH-2 on pages 4.3-32 to 4.3.43 of the Draft EIR). Because this impact is identified as less than significant, no mitigation is required under CEQA.

[13] Memorandum from Geoffrey Nelson, AICP, California Pacific Medical Center, to Cameron Mueller & David Reel (AECOM), re: Relocation of tenants in 1034-1036 Geary Street (September 22, 2011).

Nevertheless, CPMC has proposed to make a contribution to the Mayor's Office of Housing at least equivalent to the Jobs-Housing Linkage Program (JHLP) fee as defined in Section 413 of the Planning Code, for the purpose of satisfying any unmet housing demand created by the proposed Cathedral Hill Campus. It is anticipated that the contribution to the Mayor's Office of Housing will be incorporated into the conditions of approval for the proposed project, or a development agreement, if the project is approved.

Through the implementation of actions described above, the proposed LRDP would be generally consistent with the objectives and policies of the Housing Element. Please also see Response LU-3, C&R 3.3-7, for further discussion of the Housing Element.

Recreation and Open Space Element: The Draft EIR (pages 3-6 and 3-7) describes the proposed project as generally consistent with the Recreation and Open Space Element, which establishes policies related to the preservation, access, use, and development of open space and recreational opportunities in the City, including the protection of solar access in public open spaces. As noted in Sections 4.10, "Recreation," and 4.09, "Wind and Shadow," the impacts of the proposed LRDP related to recreation and open space, and wind and shadow impacts on the surrounding area, would be less than significant, and thus the proposed project would not conflict with the goals of the Recreation and Open Space Element.

Transportation Element: The Draft EIR (pages 3-7 through 3-9) explains that the proposed project would be generally consistent with both the Transportation Element of the General Plan as well as the City's Transit First Policy. As it pertains to the Transportation Element, the Draft EIR notes that the LRDP would include a comprehensive and expanded Transportation Demand Management (TDM) program, including a shuttle service, and inclusion of bicycle facilities on all campuses meeting or exceeding Planning Code requirements. The Draft EIR discussion also notes that the proposed project is generally consistent with the City's Transit-First policy because a TDM program would be implemented to encourage alternatives to single-occupant vehicles as a primary mode of transportation—for example, by providing free shuttle service to and from each campus and subsidies to employees who carpool or vanpool. In addition, each campus is accessible by public transit. Please see Section 4.5, "Transportation," on page 4.5-61 of the Draft EIR for a discussion of public transit options; page 4.5-98 of the Draft EIR, and Response AQ-12 (page C&R 3.9-36), as well as Draft EIR pages 4.5-74 to 4.5-75, and 5-13 to 5-14, as well as Responses TR-23 (page C&R 3.7-45) and TR-29 (page C&R 3.7-51) for more details about CPMC's TDM program; and pages 4.5-117, 4.5-168, 4.5-180, 4.5-187, and 4.5-201 of the Draft EIR for analyses of the LRDP's transit impacts on each CPMC campus.

Urban Design Element: The Draft EIR (pages 3-9 and 3-10) indicates that the proposed LRDP would be generally consistent with the objectives and policies of the Urban Design Element. Those policies require proposed development projects under the LRDP to take into account the surrounding urban context through building design and placement, strive to integrate proposed LRDP buildings with existing buildings by designing building height and bulk that respects adjacent buildings, establish and protect visual relationships and transitions, and respect older or historic structures. Policies also emphasize visual amenities, including landscaping and pedestrian areas that are human scale. Notwithstanding the requested amendments to height limitations for the proposed Cathedral Hill Hospital and the St. Luke's Replacement Hospital and MOB/Expansion Building, which, if they are approved, would ensure that the proposed LRDP is in conformance with the Urban Design Element, the design of the proposed CPMC structures under the LRDP would reflect the City's design policies.

The visual character of the proposed LRDP development and potential visual and aesthetic impacts at each of the campuses are analyzed in Draft EIR Section 4.2, "Aesthetics." Historic resources are analyzed in Draft EIR Section 4.4, "Cultural and Paleontological Resources." The consistency of the proposed LRDP with the Planning Code is summarized in Section 3.2.5, "San Francisco Planning Code (Zoning

Ordinance)," on page 3-12 of the Draft EIR, and described further in Section 4.1, "Land Use and Planning."

Van Ness Avenue Area Plan (VNAP)

The VNAP is described and addressed on pages 3-10 and 3-11 of the Draft EIR. The issue of consistency of the proposed Cathedral Hill Campus is discussed on these pages, and then further discussed and clarified in Responses LU-21 (which includes a discussion of the 3 to 1 residential to net new non-residential ratio requirement), LU-22 (which includes a discussion of the residential goals of the VNAP), and LU-23 (which includes a discussion of general consistency with the VNAP) on pages C&R 3.3-95 to 3.3-135. The focus of the discussion in the Draft EIR and Responses LU-21 through LU-23 concludes that the LRDP, as proposed, would be generally consistent with the objectives and policies of the VNAP, and would not conflict with the goal of the VNAP to transform Van Ness Avenue into a vibrant corridor with a strong mix of residential and non-residential uses.

Size of Cathedral Hill Campus Facilities and Consistency with Van Ness Area Plan

Several comments raised concerns related to the size of the proposed buildings on the Cathedral Hill Campus and the LRDP's consistency with the Van Ness Area Plan.

As described in Section 2.2.4, "Required Project Approvals for the Cathedral Hill Campus" (beginning on page 2-43 of the Draft EIR), as well as on pages 4.1-47 and 4.1-48 of the Draft EIR, as these pages have been updated as text revisions to the Draft EIR on pages C&R 4-66 to 4-67, a General Plan amendment to the VNAP and other actions by the City would be required for construction of the proposed Cathedral Hill Campus. An amendment to General Plan Urban Design Element Map 4 would allow CPMC to develop a building up to 265 feet tall on the block of the proposed hospital. Map 1, "Generalized Land Use and Density Plan," of the VNAP would be revised to designate the area comprising the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use District," and to increase the maximum floor area ratio (FAR) of 7:1 for the proposed sites of the Cathedral Hill Hospital and Cathedral Hill MOB to 9:1 and 7.5:1, respectively. Please see the updated version of Draft EIR Appendix C "Van Ness Area Plan, Map 1," included in the text revisions on page C&R 4-142 for a map of the proposed FAR boundaries, which would only encompass the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites and would not extend further along the Van Ness Avenue corridor.

The height and bulk district map (Map 2) of the VNAP would also be amended to modify the existing 130-V Height and Bulk District designation for the block proposed for the Cathedral Hill Hospital to a 265-V Height and Bulk District, which would allow a building of up to 265 feet tall (see Draft EIR, Appendix C "Van Ness Area Plan Map 2"). The map amendment would not modify the basic bulk limit designation of V, but modification of the bulk limits for the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be sought under the CU application, as described below.

Required project approvals shown in Table 2-3 on pages 2-13 through 2-15 of the Draft EIR, as updated as text revisions to the Draft EIR on pages C&R 4-37 to 4-42, including project approvals related to height, are part of the proposed LRDP. If they are approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies.

Several comments raised concerns regarding the size of the proposed Cathedral Hill Hospital. Hospitals are larger today than they were in the 1970s, when most of San Francisco's hospitals were built. For example, modern operating rooms are 20 percent to 30 percent larger to accommodate the plethora of equipment and large multi-disciplinary care teams needed for modern intensive surgeries. As little as a decade ago, operating rooms were typically 400 square feet. The organization and workflow required to deploy surgical technology while maintaining the sterile field has changed over the years. Creating a

workflow in the operating rooms that supports maximum efficiency as well as maintains all of the appropriate infection prevention criteria has resulted in a significant demand for more area in each room.

To meet current California Building Code requirements, any newly constructed operating rooms must have a minimum of 400 square feet of clear floor area which excludes any area occupied by fixed equipment or casework (per Section 1224.15.1.1 of the 2010-CBC). Currently, a majority of CPMC's current inventory of operating rooms fall below the minimum range. At CPMC's Pacific Campus, the current operating rooms range from 394 to 512 square feet. At the St. Luke's Campus, the operating rooms are all between 350 and 360 square feet. At the Davies Campus, the non-renovated operating rooms (in the Davies Hospital North Tower) range from 369-526, averaging 394 sf. While current state-of-the-art operating rooms design has yielded operating rooms ranging in the size from 500 to 1,200 square feet, experts in the field have determined that between 600-650 square feet is the optimal size for operating rooms. This size ensures maximum utilization of the room now and into the future since it can accommodate the majority of technologies and provides the required space for staff circulation and multi-disciplinary work.[14] At the Cathedral Hill Hospital, 610 sf is the proposed size for the general operating rooms. At the St. Luke's Replacement Hospital, the proposed operating room size ranges from 545 to 635 sf.

Specialty operating rooms, such as cardiovascular and orthopedic suites, require even larger footprints due to the growth in quantity and size of surgical technology and equipment commonly used today. The advanced equipment such as robotics, C-arms, video carts, microscopes, and other specialized surgical equipment require far more space. With the growth of clinical collaborations between interventional and diagnostic specialties, e.g., cardiac catheterization and interventional radiology, the need to create a seamlessly integrated environment within the operating room has become essential. The Advisory Board Company[15] recommends operating rooms sizes of 600–750, 800, 600–700, and 800 for cardiovascular, Neuro, Orthopedic, and Hybrid operating rooms, respectively.[16] At the proposed Cathedral Hill Hospital, the specialty operating rooms would range in size from 700 to 720 sf for Cardiac and Orthopedic operating rooms and approximately 920 sf for Hybrid operating rooms. At the Davies Campus, the new specialty operating rooms in the Davies Hospital North Tower are approximately 663 sf.

The Americans with Disabilities Act (ADA) and other patient care considerations have increased space requirements for everything from hallways to bathrooms. For example, the Davies Hospital public toilet room sizes increased 40 percent per occupant as the result of ADA requirements applicable to the recently completed renovations. Additional elevators, corridors, and rooms are required to maintain separation between public, patient, and service spaces. Also, private patient rooms—with sufficient room for equipment, staff, and family—are now the standard of care for hospitals.[17] A modern single-patient room requires approximately 2.15 times the square footage per bed as older, non-private patient rooms, such as the existing inpatient rooms at CPMC's Pacific Campus. The Davies Hospital North Tower renovations increased patient room area by 40 percent per patient, independent of the toilet room. This is due

[14] "Slightly smaller ORs, in the 500 to 550 SF range, may be sufficient for current needs but offer little flexibility for future equipment additions or rearrangement. Underutilization is a chief concern with operating rooms under 400 square feet, which are suitable for only a handful of simple outpatient procedures. At the other end of the spectrum, any operating rooms over 800 square feet—apart from just a few [specialized] exceptions—greatly exceeds most hospitals' needs and invites equipment overstock." The Advisory Board Company, *Facility Innovation Brief – Hospital of the Future: Lessons for Inpatient Facility Planning and Strategy*, p. 31 (2007).,

[15] The Advisory Board Company "is the leading provider of comprehensive performance improvement services to the health care and education sectors—including operational best practices and insights, business intelligence and analytic tools, management training, unbiased technology evaluation, and consulting support." The Advisory Board Company, *Who We Are* http://www.advisoryboardcompany.com/content/firm/default.asp (last accessed Mar. 25, 2011)

[16] The Advisory Board Company, *Facility Innovation Brief – Hospital of the Future: Lessons for Inpatient Facility Planning and Strategy*, p. 63 (2007).

[17] For example, the 2006 American Institute of Architects' Guidelines for Design and Construction of Health Care Facilities cites on page xx of the Preface that, for medical/surgical (including postpartum) units, "the single-bed room is the minimum standard for new construction." Also, on page 40, Section 3.1.1.1, "Capacity," the Guidelines state, "In new construction, the maximum number of beds per room shall be one unless the functional program demonstrates the necessity of a two-bed arrangement."

primarily to the conversion from shared rooms to single-patient rooms. Patient toilet room sizes increased by almost 50 percent; however, eliminating the two-person capacity associated with the shared rooms resulted in an increase in size of almost 200 percent per patient. Typical patient rooms proposed at the Cathedral Hill Hospital are 35 percent larger in size, than at the existing Pacific Campus 2333 Buchanan Street Hospital. The patient toilet rooms at the proposed Cathedral Hill Hospital would be 85 percent larger than those at the 2333 Buchanan Street Hospital; however, due to the conversion to single-patient occupancy, both room and toilet area per patient would increase by about 185 percent at the proposed Cathedral Hill Hospital. Overall, the net square footage per bed devoted to patient rooms, toilets and nursing support for a typical 60-bed patient floor at the proposed Cathedral Hill Hospital would be twice as large as a typical 72-bed patient floor at 2333 Buchanan. This reinforces the fact that patient floors for the proposed Cathedral Hill Hospital would be appropriately sized to accommodate modern standards for single-patient rooms.

Modern hospital technology also requires that hospitals have higher floor-to-floor heights than most other buildings. This is because higher spaces between the floors are necessary for the vast array of air distribution, gas, water, and electrical infrastructure specifically required for hospital services. For example, Kaiser Permanente hospital floor-to-floor standards are 17'-0" to 18'-0"' for diagnostic and treatment floors and 14'-6" to 15'-0" for patient floors.[18] UCSF is building 20'-0" high diagnostic and treatment floors and 15'-0" high patient floors at the UCSF Benioff Children's Hospital at Mission Bay per UCSF Campus Planning, and Stanford is proposing heights of 18'-0"–20'-0" for diagnostic and treatment floors, and 15'-0" for patient floors.[19] San Francisco General Hospital is building all floors at a height of 16'-0", except admitting/emergency, which will be 15'-0".[20] The proposed Cathedral Hill Hospital would provide 17'-0" heights for diagnostic and treatment floors and 14'-0" heights for typical bed floors. The proposed St. Luke's Replacement Hospital would provide 17'-0" floor heights for all but the top floor which would provide a floor to floor height of 15'-0".

Additionally, it should be noted that according to the U.S. News and World Report national rankings, the four top-ranked tertiary hospitals, Johns Hopkins, the Mayo Clinic, UCLA, and the Cleveland Clinic have 920, 1,302, 595, and 1,000 licensed beds, respectively.[21] Locally, the UCSF Parnassus hospital has 526 licensed beds.[22] The proposed Cathedral Hill Hospital would be within the low end of the range in terms of the number of licensed beds, in comparison to these other tertiary hospitals.

Please also see Major Response HC-2: Location, Size, and Scope of Services at Cathedral Hill, St. Luke's, and Davies, page C&R 3.23-8, for an explanation of the basis for the size and scope of the proposed Cathedral Hill Hospital.

One comment suggested that the size of the proposed Cathedral Hill Hospital is contrary to "smart growth" and should be considered a "LULU" or "Locally Unacceptable Land Use." While the terms "smart growth" and "LULU" are subject to individual interpretation, there are some generally accepted definitions, as discussed below.

According to The Smart Growth Network, "smart growth" principles include: (1) mix land uses, (2) take advantage of compact building design, (3) create a range of housing opportunities and choices, (4) create walkable neighborhoods, (5) foster distinctive, attractive communities with a strong sense of place, (6) preserve open space, farmland, natural beauty, and critical environmental areas, (7) strengthen and direct development towards existing communities, (8) provide a variety of transportation choices, (9) make development decisions predictable, fair, and cost effective, and (10) encourage community and

[18] Kaiser Permante National Facilities Services, *Site Planning & Building Planning Standards* p. 12 (Jan. 9, 2009).
[19] http://stanfordpackard.org/faqs (accessed Mar. 24, 2011).
[20] San Francisco General Hospital Seismic Compliance, Hospital Replacement Program Final EIR, pp. 13-14 (June 4, 2008).
[21] CPMC, Presentation for CPMC IMP Hearing, San Francisco Planning Commission (November 19, 2009), at p. 10.
[22] Ibid.

stakeholder collaboration in development decisions.[23] The proposed CPMC LRPD's goal at the Cathedral Hill Campus is to apply those smart growth principles that encourage infill development in existing communities rather than greenfield development, including: (7) Strengthen and direct development towards existing communities, (8) provide a variety of transportation choices. In addition, CPMC has made commitments to make contributions to support the creation of affordable housing, which would be consistent with the principle of "create a range of housing opportunities." As buildings that are designed specifically for medical uses, the proposed LRDP would not directly address the principles of mixing land uses or compact building design. As infill sites, the preservation of open space and critical environmental areas would be maintained, and because the proposed CPMC Campus would become a key feature in the neighborhood would contribute to the sense of place. These principles of smart growth are broad and can be applied to a wide variety of development types and locations, but ultimately the determination of whether the proposed LRDP represents smart growth is an individual decision.

"LULU," is a term that is applied to those land uses that are unwanted by a nearby neighborhood or community. Like NIMBY (an acronym standing for Not In My Back Yard), LULU is an acronym that emerged from local land use debates over the last couple of decades. Initially the acronym was used for certain uses such as landfills, that produce certain noxious odors, loud noises, and safety hazards that would make them unwanted in any neighborhood.. However, the appropriateness of applying the term LULU to the proposed LRDP is an individual decision.

No discussion of the proposed LRDP's consistency with the existing CU authorization is provided in the Draft EIR, because no amendment to the existing CU would be necessary to allow the existing facilities to continue to operate without acute care inpatient uses. This is because, as amended as part of Planning Department-initiated code clean-up legislation enacted earlier this year, Planning Code section 209.3(a) conditionally permits medical institutions without inpatient medical services in the RM-1 and RM-2 Districts. The Pacific Campus is located within these districts; however, no new construction or significant alterations to existing structures or changes to the medical institutional uses of the existing buildings on Campus that would require a change to the existing CU authorization is proposed as part of the near-term projects under the proposed LRDP. The comment requests an explanation of the conclusion in the Draft EIR that there would be less-than-significant impacts related to changes to the existing character in the vicinity of the LRDP sites (see Draft EIR Impact LU-3, page 4.1-55), This is because, according to the comment, the proposed LRDP at the Pacific Campus would result in a denser and more intense development than found in existing conditions in the Pacific Heights neighborhood.

Market & Octavia Neighborhood Plan

As discussed on page 3-11 of the Draft EIR, the *Market & Octavia Neighborhood Plan* (MONP) area borders the Davies Campus to the north and east, along Duboce Avenue and Noe Street. The objectives and policies of the MONP do not apply to the Davies Campus, which lies outside the boundaries of the area subject to the MONP.

Mission Area Plan

As described on page 3-12 of the Draft EIR, the St. Luke's Campus is immediately south, across Cesar Chavez Street, from the geographic area subject to the *Mission Area Plan*, which extends from Cesar Chavez Street north to Division Street and from Potrero Avenue west to Guerrero Street.[24] The policies and provisions of the Mission Area Plan do not apply to the St. Luke's Campus.

[23] The Smart Growth Network, *This is Smart Growth*, p. 1. Available at http://www.epa.gov/dced/pdf/2009_11_tisg.pdf
[24] San Francisco Planning Department. 2008. *San Francisco General Plan*, Eastern Neighborhoods Plan Areas Map. San Francisco, CA.

Japantown Better Neighborhood Plan

The proposed *Japantown Better Neighborhood Plan* area is located one block west of the proposed Cathedral Hill Campus and south of the existing Pacific Campus, across California Street. Because neither the Cathedral Hill nor the Pacific Campuses would be located within the planning area, the recommendations of the *Japantown Better Neighborhood Plan* would not apply to either campus. The *Japantown Better Neighborhood Plan* is discussed on page 3-24 of the Draft EIR.

Mission District Streetscape Plan

The Draft *Mission District Streetscape Plan* is described on pages 3-25 and 3-26 of the Draft EIR. The assessment of consistency contained in the Draft EIR was based on the version of the Plan evaluated in the April 28, 2010 preliminary draft mitigated negative declaration (Planning Department Case No. 2008.1075E). Since that time, a Public Draft *Mission District Streetscape Plan* was published in October 2010. That version of the Plan calls for the widening of sidewalks and the development of a streetside pocket park on the west side of Valencia Street, between Cesar Chavez Street and Duncan Street, adjacent to St. Luke's Hospital. No aspects of the proposed LRDP would conflict with the proposed Valencia Street improvements called for in the Streetscape Plan. To account for the changes in the *Mission District Streetscape Plan* since the publication of the Draft EIR, the following revisions are made to the language of the Draft EIR.

On page 4.1-51, the second full paragraph is revised to read:

> "The ~~proposed~~ draft *Mission District Streetscape Plan*, ~~currently in the planning stages~~published for public review in October 2010, encompasses an area that includes the St. Luke's Campus.[25] The design framework of the proposed *Mission District Streetscape Plan* ~~does not~~ proposes ~~any improvements within~~ widened sidewalks and a new pocket park on the west side of Valencia Street between Cesar Chavez Street and Duncan Street, adjacent to the St. Luke's Campus.~~;~~ ~~however,~~ The *Streetscape Plan* also calls for a new pedestrian ~~it identifies a potential new public space and gateway~~ plaza at the intersection of Valencia and Mission Streets, one block southeast of the campus. All construction and demolition under the proposed LRDP would occur within the existing St. Luke's Campus. Implementing the LRDP would not alter the Valencia Street frontage and the southeastern corner of the St. Luke's Campus, which is closest to the new public space and gateway plaza proposed under the ~~*Mission District*~~ *Streetscape Plan*. No aspect of the proposed LRDP would conflict with the *Streetscape Plan's* provisions for improvements around the St. Luke's Campus. Furthermore, the proposed LRDP would create a "campus plaza," open space that would serve as an entrance between the St. Luke's Replacement Hospital and MOB/Expansion Building, creating a connection to the *Mission District Streetscape Plan's* streetscape improvements. CPMC is also working with the City to ensure consistency of the LRDP at the St. Luke's Campus with the open space and streetscape improvements underway on Valencia Street. Therefore, the proposed LRDP would not conflict with the ~~proposed~~ October 2010 Draft *Mission District Streetscape Plan's* ~~draft~~ policies encouraging the creation of improved streetscapes and public realm areas. Please refer to Section 4.5, "Transportation and Circulation," for a discussion of the proposed LRDP's street improvements and a discussion of pedestrian and bicycle access."

[25] San Francisco Planning Department. October 2010 ~~2009. Preliminary Mitigated Negative Declaration for the *Mission District Streetscape Plan*~~. San Francisco, CA. Available: http://www.sf-planning.org/ftp/CDG/CDG_mission_streetscape.htm ~~files/MEA/Final_042810_PMDSP_2PM.pdf.~~ Accessed ~~June 15~~, March 29, 2010.

Proposition M (Accountable Planning Initiative)

The Draft EIR describes the Accountable Planning Initiative on page 3-19, noting that it added Section 101.1(b) to the Planning Code, requiring all projects subject to a CEQA initial study to be found to be consistent with eight priority policies, noted below:

- preservation and enhancement of neighborhood-serving retail uses,
- protection of neighborhood character,
- preservation and enhancement of affordable housing,
- discouragement of commuter automobiles,
- protection of industrial and service land uses from commercial office development and enhancement of resident employment and business ownership,
- maximization of earthquake preparedness,
- preservation of landmark and historic buildings, and
- protection of open space.

The discussion on page 3-19 of the Draft EIR explains that the case report and approval motions for the LRDP would contain the Planning Department's comprehensive project analysis and findings regarding consistency of the LRDP with the priority policies. The discussion also notes that the environmental issues of the LRDP associated with the priority policies are addressed further in the Draft EIR, in Section 4.1, "Land Use and Planning"; Section 4.2, "Aesthetics"; Section 4.3, "Population, Employment, and Housing"; Section 4.4, "Cultural and Paleontological Resources"; Section 4.5, "Transportation and Circulation"; Section 4.10, "Recreation"; Section 4.14, "Geology and Soils"; and Section 4.16, "Hazards and Hazardous Materials."

To provide additional clarification, the following discussion addresses information contained in the Draft EIR related to the priority policies of the Accountable Planning Initiative.

Preservation and Enhancement of Neighborhood-Serving Retail Uses

The proposed LRDP would be expected to increase retail spending in neighborhoods around the LRDP campuses. As explained in Response PH-22, C&R 3.5-76, according to the California Board of Equalization, in 2009 the average California resident spent approximately $8,100 on retail goods and food services.[26] Converting from per capita retail expenditures to per household expenditures by applying the average household size in San Francisco results in average per household expenditures of approximately $18,200, and applying the 1.37 workers per household factor means that retail expenditures were approximately $13,200 per worker in a household (not adjusting for income).

Generally, people spend more near their places of residence than at their places of work. The International Council of Shopping Centers (ICSC 2004) performed a survey of workers to understand their spending behavior near their work. Workers averaged from $2,950 to $3,290 per year near the workplace, depending on the retail offerings available at their place of work.[27] Adjusting for inflation, workers would spend roughly from $3,450 to $3,850 per year. Thus, if roughly $3,900 a year of a worker's spending potential occurs near its place of work, then the remaining $9,300 is spent in other locations. The vast majority of the remaining purchasing power is spent in the proximity of their residence.

[26] California State Board of Equalization, Research and Statistics Section, *Taxable Sales In California (Sales & Use Tax) During 2009*, Forty-Ninth Annual Report, *Table 1. Statewide Taxable Sales, By Type Of Business, 2009*, California, 2009.

[27] International Council of Shopping Centers (ICSC), *Office Worker Retail Spending Patterns*, New York, 2004, p. 104–106.

According to Table 4.3-10 on page 4.3-16 of the Draft EIR, the proposed LRDP would increase employment on the proposed Cathedral Hill Campus from approximately 760 workers today to approximately 4,790 workers in 2015 and approximately 5,380 workers in 2030. Assuming approximately $3,900 per worker, this would translate into total worker retail spending in nearby neighborhoods of approximately $2,964,000 under existing conditions, rising to approximately $18,681,000 in 2015 and $20,982,000 in 2030. This future level of local area retail spending is the equivalent of approximately 2,000 residential units in 2015 and approximately 2,250 in 2030. Under the current land use designations, the three sites in the proposed Cathedral Hill Campus have the capacity to accommodate up to 753 units, which would generate local area spending of $7,002,900 per year.[28] This level of local area spending would be approximately $12,000,000 to $14,000,000 per year less than under the proposed LRDP uses.

Concerns about the creation of a "medical monoculture" in surrounding businesses that would adversely affect existing retail and other businesses are not supported by evidence in the record. As explained in Response PH-21, C&R 3.5-73, recent surveys indicate that a plethora of retail and service businesses operate in the vicinity of all CPMC medical campuses. For most retail or service categories, the vast majority of the businesses were local, independent entities; a very limited number of chain businesses were found in the commercial corridors near these major hospitals. The only retail category that seemed to be dominated by chains was coffee shops, where more than half of all such businesses around the CPMC campuses were chains. Thus, no evidence is provided to support the statement that the proposed LRDP would lead to an expansion of chain businesses near campus locations; the evidence shows that independent businesses thrive in the business climate near major health care campuses in San Francisco.

Protection of Neighborhood Character

As described in the discussion of Impact LU-3 on pages 4.1-55 through 4.1-58 of the Draft EIR, construction and operation of the proposed Cathedral Hill Hospital would considerably intensify the use of the site by replacing the existing hotel, office building, and associated parking garage with a new, large-scale medical use. However, the proposed hospital would be compatible with the diverse mix of uses in the project area, which currently includes some medical uses. Although there would be additional new medical uses at the site of the proposed Cathedral Hill Campus, medical uses currently exist on portions of the site and in the project vicinity. The proposed LRDP would not introduce an entirely new land use to the existing neighborhood, which is already diverse, and the proposed campus would not be out of character with existing land uses in the vicinity.

In addition, the proposed CPMC campus would include features that would improve the pedestrian environment and facilitate connections between the proposed campus and the surrounding neighborhood. Widened sidewalks along Van Ness Avenue, Geary Boulevard and Post Street would improve pedestrian circulation in the area surrounding the proposed hospital. Substantial landscaped areas would also be added to offer visual relief to pedestrians and provide a buffer between pedestrians and traffic lanes. The proposed streetscape design is shown in Figure 2-37, "Cathedral Hill Campus—Proposed Streetscape Plan" (see Draft EIR, page 2-101). The proposed entry plaza for the new hospital would also improve the pedestrian environment by providing easy pedestrian access to the proposed hospital from Van Ness

[28] Under the existing SF Planning Code, the Cathedral Hill Hospital and MOB sites are designated RC-4, for which the Code allows "[d]welling at a density ratio not exceeding one dwelling unit for each 200 square feet of lot area; provided, that for purposes of this calculation a dwelling unit in these districts containing no more than 500 square feet of net floor area and consisting of not more than one habitable room in addition to a kitchen and a bathroom may be counted as equal to ¾ of a dwelling unit." Based on this density limitation, the maximum units allowable on the 105,733 square foot Cathedral Hill Hospital site would be 529, and the maximum units allowable on the 36,180 square foot Cathedral Hill MOB site would be 181. The 1375 Sutter MOB is designated N-4 with a maximum allowable density of "[o]ne dwelling unit for each 600 sq. ft. of lot area." Based on this limitation, the 25,800-sq. ft. site could accommodate 43 units. In all cases, these are theoretical maximums that would be limited by site-specific constraints, the need to provide parking, etc. and, thus, these estimates represent conservative assessments of the residential development capacity of the Cathedral Hill Campus site.

Avenue, unlike the existing Cathedral Hill Hotel building, which has no direct pedestrian access from surrounding streets.

Ambulances entering and exiting the proposed Cathedral Hill Hospital may increase the amount of noise at nearby residences. However, as a typical practice, ambulances would turn off sirens within a few blocks of the proposed hospital to minimize the noise disturbance effects on residential uses in the vicinity.

The proposed Cathedral Hill Hospital would be 15 stories and 265 feet tall and would replace the existing 10-story, 120-foot-tall hotel and 11-story, 180-foot-tall office building. As discussed in the Draft EIR in Section 4.1.1, "Environmental Setting," buildings of this size and scale are not uncommon in the vicinity, and thus, the scale of the proposed hospital building would not be out of character with other buildings in the vicinity. Therefore, impacts on the existing character of the vicinity would be less than significant.

Section 4.2, "Aesthetics" of the Draft EIR analyzes aesthetic impacts in comparison to existing conditions. The aesthetic impact analysis of the proposed Cathedral Hill Hospital is presented on pages 4.2-118 through 4.2-125 of the Draft EIR for the north, east, south, and west elevations. The discussion concludes on page 4.2-138 of the Draft EIR that the overall visual change, although considerable, is not unexpected in a dense urban environment such as the Cathedral Hill area, and remains in context. Existing structures within the vicinity of the proposed Cathedral Hill Hospital and Cathedral Hill MOB range from an approximate height of 135 to 299 feet tall. As shown in C&R Figure 3.4-1 (page C&R 3.4-5), existing structures similar in height with the proposed Cathedral Hill Hospital include the Cathedral Hill Towers (1200 Gough Street [approximately 252 feet tall]) and the Sequoias Apartments (1400 Geary Boulevard [approximately 299 feet tall]). Existing structures comparable in height with the proposed Cathedral Hill MOB include St. Mary's Cathedral (1111 Gough Street [approximately 225 feet tall]) and the Daniel Burnham Court complex (1 Daniel Burnham Court [approximately 221 feet tall]).

The existing Cathedral Hill Hotel and 1255 Post Street office building have a simple, nondescript architectural style and are set back into the block. The proposed buildings would provide more visual interest and would be positioned along the street, which is more common throughout the Van Ness Avenue area. As stated on page 4.2-138 of the Draft EIR, "the proposed Cathedral Hill Hospital would not substantially degrade the existing visual character or quality of the area because the new building would not result in a substantial visual contrast with the area's existing buildings. Therefore, this impact would be less than significant."

Preservation and Enhancement of Affordable Housing

Section 41.13 of the San Francisco Administrative Code requires that any demolished residential hotel units be replaced on a 1:1 basis and provides various mechanisms for compliance by the project sponsor, including constructing or causing construction of comparable units, payment of an in-lieu fee to the City, or providing a contribution to a public entity or non-profit who will use the funds to construct comparable units. The proposed Cathedral Hill MOB site contains twenty units that are designated as residential hotel units under Chapter 41 of the San Francisco Administrative Code, the Residential Hotel Unit Conversion and Demolition Ordinance. Section 41.12 requires a project sponsor to obtain a Permit to Convert from the City of San Francisco Department of Building Inspection (DBI) prior to demolishing a residential hotel unit. Prior to issuing a Permit to Convert, DBI must confirm that the project sponsor has complied with the one-for-one residential hotel unit replacement requirements of Section 41.13. Section 41.13(a)(4) allows a project sponsor to comply with the one-for-one replacement requirements through payment to the City of a fee equal to 80 percent of the cost of construction of an equal number of comparable units plus site acquisition cost, as determined by the City and County of San Francisco Real Estate Division based on two independent appraisals. City and County of San Francisco Real Estate Division obtained the required appraisals and, by letter dated September 7, 2010, established the total fee for the residential hotel units as Two Million Six Hundred Eighty Four Thousand Eight Hundred Dollars ($2,684,800.00)

("Residential Hotel Unit Replacement Fee"). Therefore, a condition to DBI's issuance of the Permit to Convert, would be of satisfaction of the one-for-one replacement requirement of Section 41.13 by payment to the City of the Residential Hotel Unit Replacement Fee in accordance with the terms, timing and procedures set forth in Administrative Code Chapter 41.

CPMC also would follow Section 317, "Loss of Dwelling Units through Merger, Conversion, and Demolition," in the San Francisco Planning Code, which prescribes required Planning Commission review for granting permits for demolition of residential units.

Although not required under the City's Jobs-Housing Linkage Program (JHLP), CPMC has proposed to make a contribution to the Mayor's Office of Housing at least equivalent to the JHLP fee as defined in Section 413 of the Planning Code. The funds contributed by CPMC could be used by the City to facilitate the creation of affordable housing in and around any of the LRDP campuses, including Cathedral Hill.

Discouragement of Commuter Automobiles

CPMC currently implements a TDM program that discourages use of single occupant vehicles, and this program would be expanded with implementation of the proposed LRDP. The current and proposed future efforts to reduce single-occupant vehicle trip making associated with CPMC facilities would be incorporated in the proposed CPMC TDM Plan. The TDM program has established the following overall goals:[29]

- To reduce Single Occupant Vehicle (SOV) trips from the current baseline mode split;
- To promote the City of San Francisco's Transit First policy;
- To reduce long-term parking demand from the LRDP;
- To reduce vehicular-generated emission of criteria pollutants; and
- To reduce vehicular-generated greenhouse gas emissions.

CPMC's existing TDM Plan includes employee parking pricing, visitor/patient parking, commuter checks, a carpool program, bicycle parking, an emergency ride home program, a courtesy ride home, carsharing, a transit subsidy, onsite transit sales, and a shuttle service.

As noted in several locations in the Draft EIR, beginning on page 4.5-98, on pages 5-13 to 5-14, and in Response AQ-11, page C&R 3.9-27, CPMC has indicated that it is planning on expanding its current TDM Plan to discourage use of private automobiles. CPMC's proposed TDM program for the LRDP would expand components that would be incrementally be added over the coming years as new facilities come on line at CPMC campuses.[30] The expanded offerings in the proposed TDM program are presented in terms of Near Term (0 to 2 years), Middle Term (2 to 5 years), and Long Term (5+ years), as described below.

In the near term (0 to 2 years), CPMC's TDM program would include TDM outreach, marketing, and information; parking pricing; retention of a TDM coordinator; monitoring and increasing carpool and vanpool parking as necessary; monitoring and increasing bicycle parking, as necessary; provision of onsite transit pass sales; reinstatement of CPMC's Vanpool Program including a $2,500 subsidy per year; promotion of the 511.org rideshare service; increasing the boundaries of the Free Ride Home Program; conduct of transportation surveys; and provision of wayfinding and signage to 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.

[29] Nelson/Nygaard Consulting Associates. CPMC TDM Plan. February 15, 2011. p. 2.
[30] Nelson/Nygaard Consulting Associates. CPMC TDM Plan. February 15, 2011. p 6–10.

In the middle term (2 to 5 years), the TDM program would be further expanded to include: showers and changing facilities in all new buildings and facilities for employees who bike or walk to work; continuation of the TDM and outreach program; installation of real-time transit information signs in the lobbies of its existing; installation of bicycle lockers in both proposed and existing parking garages; allocation of additional parking spaces to carsharing services in both proposed and existing buildings based on demand; creation of an internal rideshare program (e.g., RideSpring or a 511.org interface); continuation of the provision of reserved carpool and vanpool parking at all proposed parking facilities based on demand; expansion of 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; and continued annual employee transportation surveys which would be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs.

In the long term (5 years and beyond), the TDM program would be further expanded to include: continued installation of real-time transit information signs in the lobbies of all proposed facilities and would provide links to real time transit information on the intranet as well as the public website; creation of a corporate carshare account that would enable employees to use carsharing services at reduced rates; continued monitoring of parking demand and adjustment of the monthly employee permit fee and patient/visitor hourly parking fees to balance supply and demand; continuation and improvement of the TDM and outreach program; and continued annual employee transportation surveys which would be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs.

The Construction Transportation Management Plan discussed in Mitigation Measure MM-TR-55 would, among other steps, require CPMC to identify ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands (Draft EIR, pages 4.5-159 and 4.5-160).

The proposed CPMC TDM Plan has been compared to TDM plans for other major medical and other large employers in the central Bay Area. The components of the CPMC TDM plan are based upon the upper end of measures taken by these employers, both in terms of the level of investment and the end-state level of non-SOV mode use that could be expected. Further SOV trip reduction would be infeasible in light of the extremely high level of alternative mode use already inherent in trip making characteristics of commuters in San Francisco and the fact that CPMC's proposed expanded TDM Plan includes measures that would be comparable to the upper end of TDM commitments that have been made by other similar medical institutions and large Bay Area employers.

Protection of Industrial and Service Land Uses from Commercial Office Development and Enhancement of Resident Employment and Business Ownership

The proposed CPMC LRDP development project sites are not currently located in industrial or service use areas. Further, as CPMC is an institution and the LRDP represents the implementation of CPMC’s Institutional Master Plan, the proposed LRDP does not include commercial office development. It would, however, provide additional employment opportunities through the expansion of the institutional uses on the LRDP campuses.

Over the long term it is expected that the proposed LRDP would increase employment at CPMC campuses by a net of 4,170 FTE. Based on current commute patterns, it is expected that approximately 49 percent of those employees will live in San Francisco, although all employment positions would be available to San Francisco residents.

Maximization of Earthquake Preparedness

The primary intent of the proposed LRDP is to upgrade the seismic stability of CPMC's hospitals in San Francisco, consistent with the requirements of SB 1953. These standards are designed for the express purpose to ensure that hospitals and medical facilities are able to operate and provide health care services in the event of a major earthquake.

Preservation of Landmark and Historic Buildings

The Draft EIR concluded that none of the buildings or structures located within the proposed Cathedral Hill Campus site are considered historical resources (individually or as part of a district) for the purposes of CEQA, nor would the proposed LRDP development have a significant impact on any individual historical resources in the project vicinity. The San Francisco Planning Department concurred with this finding.[31, 32] Therefore, near-term implementation of the LRDP at the proposed Cathedral Hill Campus would not cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the State CEQA Guidelines.

Protection of Open Space

The proposed LRDP would not convert or intrude upon any existing open spaces. As described in Section 4.9, "Wind and Shadow," on pages 4.9-22 through 4.9-64 of the Draft EIR, the proposed LRPD would not create winds or net new shadows in a manner that would substantially affect the use of any park or open space under the jurisdiction of the San Francisco Recreation and Park Department, publicly accessible open space, outdoor recreation facility, or other public area or change the climate in either the community or the region.

Office Space Allocation

In addition to Section 101.1(b), Proposition M amended Sections 320 through 322 of the Planning Code. These sections regulate the approval of office space in the City, setting an annual limit on the amount of qualifying office space that can be approved in buildings of 25,000 sf or greater. The Cathedral Hill MOB and the St. Luke's MOB/Expansion Building each would contain greater than 25,000 sq. ft. of office space,[33] and therefore both MOBs would be subject to Sections 321 and 322 (see description of approval requirements for the Cathedral Hill MOB on page 2-47 of the Draft EIR, and for the St. Luke's MOB/Expansion Building page 2-193 of the Draft EIR). Because the office space in the two medical office buildings would not be approved without the City's determination that the LRDP meets the requirements of Planning Code Sections 320 through 322, the proposed LRDP, if implemented, would be consistent with these elements of the Accountable Planning Initiative.

On page 3-19, Section 3.2.6, the following is added after the first full paragraph:

> "Proposition M also amended sections 320 and 321 of the Planning Code. These provisions regulate the approval of office space in the City, setting an annual limit on the amount of qualifying office space that can be approved in buildings of 25,000 sf or greater."

[31] California Pacific Medical Center. 2010 (February). *Historic Evaluation Report for Cathedral Hill Campus: California Pacific Medical Center*. San Francisco, CA. Prepared by Knapp Architects, San Francisco, CA. page 2.

[32] San Francisco Planning Department. 2010 (February) *Historic Resource Evaluation Response: Cathedral Hill Campus, California Pacific Medical Center*. Case 2005.0555E. Major Environmental Analysis Division. San Francisco, CA. pages 2–3.

[33] Square footage totals may be slightly different when Planning Code calculation methodology is applied for purposes of Prop M office allocation requirements.

On page 3-19, Section 3.2.6, the following is added to the end of the second paragraph:

> "The office space in the Cathedral Hill MOB and in the St. Luke's MOB/Expansion Building would need to be approved pursuant to the process established in Sections 320 and 321 of the Planning Code. Because the office space in the two medical office buildings would not be approved without the City's determination that the LRDP meets the requirements of those provisions, the proposed LRDP, if implemented, would be consistent with these elements of the Accountable Planning Initiative."

Other Local Plans

In addition to the local plans discussed above, which were specifically addressed in the comments, Chapter 3 of the Draft EIR addressed the project's consistency with the City of San Francisco's Transit Effectiveness Project, the San Francisco Bicycle Plan, the Climate Action Plan for San Francisco, the Sustainability Plan for the City of San Francisco, the San Francisco Green Building Ordinance, the Draft San Francisco Better Streets Plan, and the Draft Cesar Chavez Streetscape Plan (see pages 3-20 through 3-26 of the Draft EIR).

Regional Plans and Policies (e.g., Bay Area Air Quality Management District plans and regulations)

The relationship of the proposed LRDP to various regional plans and policies that address environmental concerns is addressed in a number of sections of the Draft EIR. In particular, in Chapter 3, the Draft EIR addressed the general consistency of the proposed LRDP with a number of plans of the BAAQMD, including the 2001 Ozone Attainment Plan and the 2000 Clean Air Plan. The discussion on page 3-28 of the Draft EIR notes that "the proposed CPMC LRDP would generally be consistent with the regional air quality plans" as well as with the BAAQMD climate protection program. It further notes that the more detailed discussion of consistency with these plans is included in Draft EIR Section 4.7, Air Quality, and Section 4.8, Greenhouse Gas Emissions. Please also see Response GH-1, page C&R 3.10-3, which describes the consistency of the proposed LRDP with the City and County of San Francisco's qualified regional greenhouse gas reduction plan.

The consistency of the proposed project with other regional plans for the protection of the environment, including water quality, biological resources, and other sensitive resources are addressed in the relevant sections of the Draft EIR and this C&R document.

Consistency with Planning Code and Other Regulations

For a discussion of the relationship of the proposed LRDP to the San Francisco Planning Code, please see Response LU-9, C&R 3.3-64.

Significance of Policy Consistency Impacts

Several comments disagreed with some of the conclusions in the Draft EIR related to aspects of the proposed project that would require amendments to local plans or codes. More specifically, they state that the EIR should present the precise proposed wording of proposed plan amendments, and that the adoption of a plan amendment should not be the basis of determining that a project would be consistent with the plan. The comments imply that a project that proposes an amendment to an existing plan is, by definition, inconsistent with the plan. These comments are part of a longer discussion stating that the project description should include additional detail.

Chapter 2, "Project Description" in the Draft EIR includes a description of plans, policies, and regulations applicable to the CPMC LRDP and all required plan, policy, or code amendments that are being requested by the project sponsor. Since the publication of the Draft EIR on July 21, 2010, the project sponsor has

made some modifications to the requested entitlements for the proposed CPMC LRDP based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development at the Cathedral Hill Campus. Therefore, the required project approvals listed in the Draft EIR on pages 2-13 through 2-17, Table 2-3, "Required Project Approvals," have been updated as part of the text revisions to the Draft EIR included in Chapter 4, "Draft EIR Text Changes," on pages C&R 4-37 and C&R 4-38 of this document. Additional text revisions to Draft EIR pages 2-44 through 2-47, 2-192, 3-9, 3-10, 3-19, 4-47, 4-48, 4-50, 6-130, and 6-300, reflecting the updated list of requested entitlements have also been included as text revisions to the Draft EIR on pages C&R 4-43 through C&R 4-58.

The information provided in the Draft EIR (and as updated in the text revisions included in Chapter 4 of this C&R document) is an appropriate level of detail for the EIR and is consistent with the requirements outlined in the State CEQA Guidelines. Section 15124(c) of the State CEQA Guidelines states that the project description should include "[a] general description of the project's technical, economic, and environmental characteristics…" Nevertheless, the proposed amendments to General Plan maps and policies, based on the updated list of required project approvals included in the text revisions to the Draft EIR on pages C&R 4-43 to C&R 4-46, are presented below.

Cathedral Hill Campus

The amendments to existing plans and policies that have been requested by the project sponsor for the proposed Cathedral Hill Campus are described in Section 2.2 of the Draft EIR, on pages 2-43 through 2-48, as updated in the Draft EIR text revisions on pages C&R 4-43 to C&R 4-46 of this document. More specifically, the following amendments have been requested by the project sponsor (additions are shown in underline; deletions are shown with overstrike):

Urban Design Element

The sponsor has requested an amendment to Map 4, Urban Design Guidelines for Height of Buildings, to increase the maximum height of 240 feet for the block bounded by Van Ness Avenue, Geary Boulevard, Franklin and Post Streets (i.e., the Cathedral Hill Hospital site), to 265 feet. The sponsor has also requested an amendment to Map 5, Urban Design Guidelines for Bulk of Buildings, to increase the allowable bulk to a maximum plan dimension and maximum diagonal plan dimension of 385 and 466 feet, respectively, for the Cathedral Hill Hospital site, and to a maximum plan dimension and maximum diagonal plan dimension of 265 and 290 feet, respectively, for the Cathedral Hill MOB site.

Van Ness Avenue Area Plan

The sponsor has requested amendments to the Van Ness Avenue Area Plan in order to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict" and make other amendments to certain Objectives and Policies otherwise applicable to development within the Area Plan. This request is reflected in a proposed amendment to Map 1, Generalized Land Use and Density Plan in the Van Ness Avenue Area Plan to (1) designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict," and (2) increase the current maximum floor area ratio (FAR) of 7:1 for the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites to 9:1 on the block bounded by Van Ness Avenue, Geary Boulevard, Franklin and Post Streets (i.e., the proposed Cathedral Hill Hospital site) and an FAR of 7.5:1 on the site of the proposed Cathedral Hill MOB. Included in these requests is a proposed amendment to Map 2, Height and Bulk Districts in the Van Ness Avenue Area Plan, to increase the building height limit applicable to the block bounded by Van Ness Avenue, Geary Boulevard, Post and Franklin Streets, from 130 feet

to 265 feet. The specific requested revisions to the text of the Van Ness Avenue Area Plan are presented below, as shown in underlined text, and requested amendments to Van Ness Avenue Area Plan maps are shown on page C&R 4-142, in Chapter 4, Section 4.2.16, Appendices.

"SUBAREA 1: Redwood to Broadway."

OBJECTIVE 1
Continue existing commercial use of the Avenue and add a significant increment of new housing.

Although there are 18 buildings containing 980 dwelling units in this subarea most of the buildings are in non-residential use.

This section of Van Ness Avenue is one of the few areas in the city where new housing can be accommodated with minimal impacts on existing residential neighborhoods and public services.

Some of the features that make the area attractive for medium density mixed use development with high density housing are as follows:

- This 16 block strip along Van Ness Avenue maintains a "central place" location and identity. The area is close to the city's major employment center, is well-served by transit, has well developed infrastructure (roadway, water, sewer and other public services), wide roadway (93+ feet) and sidewalks (16+ feet), has continuous commercial frontage and numerous attractive, architecturally outstanding buildings.
- There are a number of large parcels which are substantially under-developed.
- A height limitation of between 80 and 130 ft. would allow sufficient development to make feasible over time the construction of housing on under used parcels.
- The minor streets which bisect most of the blocks within this subarea facilitate access to and from new developments with minimal affects on major east-west thoroughfares or on Van Ness Avenue.

Development of a number of medium density, mixed use projects with continued non-residential use of non-residential buildings and would facilitate the transformation of Van Ness Avenue into an attractive mixed use boulevard.

A high-density medical center at the transit nexus of Van Ness and Geary would support Van Ness Avenue's redevelopment as a mixed use boulevard as set forth in Policy 1.6 below.

POLICY 1.1
Encourage development of high density housing above a podium of commercial uses in new construction or substantial expansion of existing buildings.

Construction of new mixed use buildings along the Avenue on those relatively few sites on which new buildings are likely to be built in the foreseeable future would both accommodate the need for housing and respect the commercial heritage of the Avenue. Subarea 1 (Redwood Alley to Broadway) should feature high density residential development with commercial space to occupy the base of the building. This commercial space should serve as a buffer between the busy street and the residential levels above.

To induce the construction of housing, the amount of non-residential space allowed should be linked to the amount of residential space provided. The provision of the required residential space could occur on site or on a separate site located within the Van Ness Plan area.

POLICY 1.2
Allow existing structures to remain in non-residential use.

In order to continue the active commercial use of the avenue, existing non-residential buildings should be permitted to contain any use — residential or non-residential — allowed in the district. These buildings should also be allowed to be expanded somewhat without triggering the housing requirement.

Non-residential development of narrow lots that do not also abut a side street should also be allowed because of the difficulty in providing residential parking on those properties.

POLICY 1.3
Allow residential densities to be established by building volume rather than lot size.

The number of units provided within individual projects would depend on the height and bulk of the building, the amount of commercial space provided under the minimum housing-to-commercial ratio, the amount of on-site parking provided and the size of the units. Minimum unit size would be established as part of the Conditional Use review process.

POLICY 1.4
Maximize the number of housing units.

An overall mix of unit sizes on Van Ness Avenue is desirable to encourage a diverse and mixed range of occupants. However, the emphasis should be on a larger number of medium sized units (1 and 2 bedroom) rather than a smaller number of large size units because Van Ness Avenue is not anticipated to be a preferred area for family housing. It is therefore more desirable to achieve greater affordability for the smaller units by building at a high density. Construction of rental housing is encouraged.

POLICY 1.5
Employ various techniques to provide more affordable housing.

The Plan allows broad design flexibility as to unit size, allowing the creation of small, compact units as a means of lowering unit cost if there is a market demand for such units. A number of design measures and marketing strategies such as "street-facing" or "no view" units and units with quality building materials yet lower cost appliances and carpeting can reduce unit costs and prices.

<u>POLICY 1.6</u>

<u>Allow a medical center at the intersection of Van Ness Avenue and Geary Boulevard.</u>

<u>A medical center at this location would support redevelopment of Van Ness Avenue as a mixed use boulevard by diversifying the mix of nonresidential uses, maximizing utilization of the major Bus Rapid Transit/transit node, locating medical care and essential emergency services in close proximity of the City’s dense urban core and at a central location for both day and nighttime population groups within the City, and by creating opportunities for streetscape and pedestrian amenities at a key transit node that are consistent with the Better Streets Plan.</u>

"**OBJECTIVE 5**
ENCOURAGE DEVELOPMENT WHICH REINFORCES TOPOGRAPHY AND URBAN PATTERN, AND DEFINES AND GIVES VARIETY TO THE AVENUE.

Topography and Street Pattern

Van Ness Avenue is the central north-south spine and one of the widest streets in the City. Bounded by Civic Center and the Bay and characterized by excellent views, the Avenue defines and links many adjacent neighborhoods, including through its substantial transit resources. In connecting Market Street to the Bay, Van Ness forms the western edge of the inner city and separates the Nob and Russian Hill neighborhoods from Pacific Heights. The Avenue also provides access between a number of focal points, including landmark buildings, cultural centers, important view corridors and the Bay. The juxtaposition on the Avenue of large monumental structures with fine-grain urban fabric to the east creates an exciting contrast within the cityscape.

"POLICY ~~5.1~~ 5.1
Establish height controls to emphasize topography, adequately frame the great width of the Avenue, and support the redevelopment of the Avenue as a diverse, mixed use boulevard and transit corridor.

"Existing height limits on the Avenue generally range from 40 feet at the northern end to 130 feet in the central portion. This height differentiation responds to topographic conditions as well as land use patterns, maintaining distinctions between areas of different character. For example, height districts are gradually tapered from 130 feet around the hilltop at Washington Street to 80 feet at Pacific Avenue and further to 65 and 40 feet towards the Bay shoreline. Although the majority of existing height controls are adequate to define both the overall topography as well as the great width of the Avenue, the height limit between California and Pacific Streets should be lowered from the existing 130/105-foot level to 80 feet in order to facilitate the transition between the greater building heights along the southern part of the Avenue and the mostly low-rise residential development north of Broadway. Development to maximum height should be closely monitored to minimize blocking views between the high slopes on both sides of the Avenue. Good proportion between the size of the street and that of its buildings is important for streets to be interesting and pleasant places. The proposed height limits, combined with the Van Ness Plan's proposed bulk controls, encourage definition of the 93-foot wide Avenue."

The height limit for the block bounded by Geary Boulevard, Franklin Street, Post Street, and Van Ness Avenue, is established at 265 feet as indicated on Map 2 to accommodate development of a medical center that will maximize the use of the major transit node at this location and give variety to the avenue by diversifying the mix of non-residential uses and enhancing the streetscape.

POLICY 5.2

Encourage a regular street wall and harmonious building forms along the Avenue. New development should create a coherent street wall along the Avenue through property line development at approximately the same height. Since block face widths are constant, a regularized street wall encourages buildings of similar scale and massing. Nevertheless, some variety of height is inevitable and desirable due to the need to highlight buildings of historical and architectural significance and meet other Objectives of the Plan.

The following controls are proposed for the various bulk districts as shown on the accompanying map:

MAP 2 - Height and Bulk Districts"

"OBJECTIVE 8
CREATE AN ATTRACTIVE STREET AND SIDEWALK SPACE WHICH CONTRIBUTES TO THE TRANSFORMATION OF VAN NESS AVENUE INTO A RESIDENTIAL BOULEVARD.

Projects located at the transit node of Van Ness and Geary will be deemed to promote and be consistent with Objective 8 and each of Policies 8.1 through 8.10 if they (i) include an integrated streetscape plan that incorporates, among other elements, plantings, sidewalk treatment, street lighting and street furniture, and that is generally consistent with the streetscape guidelines regarding such elements in Chapter 6 of the Better Streets Plan; and (ii) locate and design any sidewalk vaults or sub sidewalk spaces so that they are compatible with such streetscape plan.

Plantings

POLICY 8.1 …. "

POLICY 11.3 Encourage the retention and appropriate alteration of contributory buildings.

There is another group of buildings, listed in Appendix B, which are not of sufficient importance to justify their designation as landmarks. Nevertheless these buildings, referred to as contributory buildings, possess architectural qualities which are in harmony with the prevailing characteristics of the more significant landmark quality buildings. These buildings contribute to the character of the street and should be retained if possible.

Notwithstanding the forgoing, contributory buildings may be demolished to accommodate a medical center at the transit nexus of Van Ness Avenue and Geary Street, provided that any replacement structure or structures must be designed to contribute to the character of the street and be in harmony with the more significant landmark quality buildings in the vicinity as appropriate."

If these proposed site-specific and project-specific plan amendments were approved, the development allowed by such amendments on balance would still be consistent with the overall VNAP objective to redevelop the Avenue as a diverse mixed-use boulevard.

St. Luke's Campus

The amendments to existing plans and policies that have been requested by the project sponsor for the St. Luke's Campus are described in Section 2.6 of the Draft EIR, on pages 2-192 and 2-193, as updated in the Draft EIR text revisions on pages C&R 4-57 to C&R 4-58 of this document. More specifically, the sponsor has requested an amendment to the Urban Design Element, Map 4, Urban Design Guidelines for Height of Buildings, to increase the maximum height of 88 feet to 105 feet The requested amendment would apply to the block bounded by Cesar Chavez Street, Valencia Street, Duncan Street, and San Jose Avenue, and the eastern half of the block that is bounded by San Jose Avenue, Cesar Chavez Street, Guerrero Street, and 27th Street (see map on following page). The sponsor has also requested an amendment to the Urban Design Element, Map 5, Urban Design Guidelines for Bulk of Buildings, to increase the allowable bulk to a maximum plan dimension and maximum diagonal plan dimension of 227 and 270 feet, respectively, for the St. Luke's Replacement Hospital site, and to a maximum plan dimension and maximum diagonal plan dimension of 204 and 228 feet, respectively, for the MOB/Expansion Building site.

Effects of Proposed Amendments and Plan Consistency

The requested amendments to the Urban Design Element of the General Plan and the Van Ness Avenue Area Plan would allow for the proposed LRDP to be constructed as described in the Project Description of the CPMC LRDP Draft EIR. As stated in Section 15143 of the State CEQA Guidelines, "[t]he EIR shall focus on the significant effects on the environment." The State CEQA Guidelines define a "significant effect on the environment" as "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" (State CEQA Guidelines Section 15382). The Draft EIR has evaluated the physical effects of the LRDP as proposed, which inherently includes the physical effects of the proposed amendments to local plans and policies. If the decision-makers determine to approve the LRDP, the procedural step of actually making the amendments to the plans would create no greater or different environmental impacts than those described in the Draft EIR. Thus, the Draft EIR conclusion that by virtue of approving the LRDP and, in doing so, acting to make amendments to local plans, the proposed LRDP would not be inconsistent with the General Plan, Van Ness Avenue Plan, or other local plans is accurate and does not in any way understate the physical environmental effects of the proposed project.

Specific concern is raised that exceeding the allowable 130-foot height limit to construct the proposed Cathedral Hill Hospital would exacerbate traffic and transportation, housing, and economic impacts. In addition, Comment 76-6 in this document states that the 130-foot limit implements the VNAP policies which would prevent out of scale buildings, and that the visual and wind and shadow impacts of the proposed Cathedral Hill Hospital should be compared to the impacts of the Holiday Inn.

Impacts TR-1 through TR-58 in Section 4.5, "Transportation and Circulation," address traffic impacts that would result from development of the proposed Cathedral Hill Campus (Draft EIR, pages 4.5-93 through 4.5-161). As discussed on page 4.5-90 of the Draft EIR, the proposed Cathedral Hill Campus would generate new vehicle trips and increase the number of vehicles. Please refer to Response LU-17 (page C&R 3.3-85), which summarizes the significant and unavoidable transportation and circulation impacts at the Cathedral Hill Campus.

Impacts PH-1 to PH-3 in Section 4.3, "Population, Employment and Housing," address the proposed LRDP's housing and economic impacts (Draft EIR, pages 4.3-18 through 4.3-47). Please see Response PH-9 (page C&R 3.5-31) for a discussion of the 2009 Housing Element Update, which analyzes San Francisco's population and employment trends, existing household characteristics, overall housing needs, and the capacity for new housing based on land supply and site opportunities. The Draft EIR concluded that the Cathedral Hill Campus would not induce substantial population growth in an area, either directly or indirectly. It was determined that "with the availability of vacant housing and the additional inventory of sites for residential development that could accommodate future estimated demand for housing, the effect of the projected increase in housing demand related to development under the LRDP on San Francisco's population and housing would not be substantial" (Draft EIR, page 4.3-33).

Please see Response LU-9 (page C&R 3.3-64) for discussion of relationship of the proposed LRDP to the height and bulk requirements of the Planning Code, and previously in this response for a discussion of its consistency with the VNAP and its potential to promote out-of-scale development along the Van Ness corridor. As stated in Response LU-9, future rezoning and other projects in the area that are not part of the proposed LRDP would be subject to discretionary review and separate environmental procedures.

Section 4.2, "Aesthetics," on pages 4.2-118 through 4.2-125 of the Draft EIR analyzes aesthetic impacts of the proposed Cathedral Hill Hospital in comparison to existing conditions, in accordance with the State CEQA Guidelines. The Draft EIR concludes on page 4.2-138 that the overall visual change, while

considerable, is not unexpected in a dense urban environment such as the area around Cathedral Hill, and remains in context.

Section 4.9, "Wind and Shadow," on pages 4.9-23 through 4.9-29 and 4.9-33 through 4.9-43 of the Draft EIR, analyzes wind and shadow impacts of the proposed Cathedral Hill Campus. The Draft EIR concludes on page 4.9-28 that wind effects at the proposed Cathedral Hill Campus would not be substantial compared to existing conditions. The discussion on pages 4.9-42 and 4.9-43 of the Draft EIR concludes that the net increase in shadows near the proposed Cathedral Hill Campus in the near term (through 2015) caused by development under the LRDP would be minor in comparison to the amount of existing shadows in the proposed Cathedral Hill Campus vicinity, as shown in Figures 4.9-2 through 4.9-5 (Draft EIR, pages 4.9-35 through 4.9-38), and the LRDP would not have the potential to alter the climate in the community or the region.

Although the Draft EIR does not compare the proposed Cathedral Hill Campus development to the Holiday Inn, aesthetic and wind and shadow impacts of the proposed Cathedral Hill Campus development under the LRDP were fully analyzed in accordance with the State CEQA Guidelines. Under Section 15125 of the State CEQA Guidelines, an EIR must include a description of the physical environmental conditions in the vicinity of the LRDP. Generally this includes a description of the existing conditions at the proposed project site and the area immediately adjacent to it. The Holiday Inn is located six blocks to the north of the proposed Cathedral Hill Campus and is not within its immediate vicinity. CEQA does not require the comparison of a proposed project's impacts with another development or project.

Creation of a Precedent for Future Out-of-Scale Development

Several comments raised concerns that approval of the proposed Cathedral Hill Campus would set a precedent for other future out-of-scale development within the VNSUD that would exceed height and bulk limits. Height increases resulting from other potential rezoning and future cumulative projects are not part of the proposed LRDP. Future rezoning and other projects in the area that are not part of the proposed LRDP would be subject to their own review and hearing processes, including separate environmental procedures through the San Francisco Planning Department. These projects would be subject to applicable City plans and policies related to aesthetics and urban design, and would go through the City's entitlement process as appropriate.

As stated on page 4.2-192 of the Draft EIR, "Cumulative developments in the vicinity of the proposed Cathedral Hill Campus include a 30-story residential tower at 1333 Gough Street; a 13-story mixed use building at 1285 Sutter Street; a 28-unit condominium building at 1521 Sutter Street; two residential buildings (14 and six stories tall) at 1545 Pine Street; a 14-story mixed use building at 1634 Pine Street; a 13-story, residential mixed use building at 1581 Bush Street; a six- to eight-story, residential mixed use building at 1401 California Street." The heights of these proposed developments would be comparable to, or taller in height than, the proposed Cathedral Hill Campus. As shown in C&R Figure 3.4-1 (page C&R 3.4-5), the above-mentioned cumulative development would generally increase the height of development in the vicinity of the proposed Cathedral Hill Campus site. Additionally, most of the buildings included in these cumulative developments would be taller than the existing buildings they would replace. In general, the cumulative developments would occur in a highly urbanized area of San Francisco, with a prevalence of high-rise residential and commercial buildings, and the new buildings would not result in a substantial visual contrast with existing development in the area.

Relationship to the Proposed Van Ness and Geary BRT Lines

Section 5.1 on pages 167–177 of the *Cathedral Hill Transportation Impact Study* (Fehr & Peers 2010) evaluates the effects that the Van Ness and Geary BRT projects would have on the area around the

proposed Cathedral Hill Campus.[34] Implementation of the Geary Street/Boulevard BRT project would have less of an impact on traffic operations, because there is an existing dedicated bus lane within the study area. Implementation of the Van Ness BRT project would have a more substantial effect on traffic operations, because it would reduce the number of lanes on Van Ness Avenue, which in turn would increase delays for vehicles using the remaining lanes.

Planning for the Van Ness Avenue BRT project is progressing; however, the final design has not been selected. Some details about the project are known, and thus the transit analysis included an assessment of traffic conditions at the study intersections with implementation of both BRT projects based on available information. Under conditions with the proposed Cathedral Hill Campus project and Van Ness Avenue BRT and Geary Corridor BRT operations, average vehicle delays at intersections would increase, and the proposed Cathedral Hill Campus project was determined to contribute to significant traffic impacts at three study intersections. The financial compensation provided to SFMTA by CPMC could, in part, be used to fund implementation of the BRT projects. SFMTA would retain discretion for how to best accommodate the additional ridership and delay created by the project.

Each of these BRT projects will be subject to its own planning, analysis, environmental review, and approval process. Because of the City's Transit First Policy and the resources invested to date in the BRT projects, it is unlikely that these projects would not be completed due to the construction of the proposed CPMC LRDP. Instead, the City could view the BRT projects as even higher priority to effectively serve a new institution. Please also see Responses TR-24, page C&R 3.7-46 and TR-58, page C&R 3.7-99.

Concern also is expressed regarding the cumulative effects that could occur if CPMC and both the Van Ness and Geary BRT projects were under construction concurrently. Neither BRT projects have been approved, nor have their construction plans been identified. In the event that these projects overlap, all project sponsors, including CPMC, would be required to coordinate with SFMTA, the Planning Department, and the SFCTA to ensure that elements of each project's Construction Transportation Management Plan (TMP) would be effective and to determine what coordination would be required to ensure that construction impacts, including construction worker parking impacts on surrounding areas would be minimized, to the extent feasible. Please also see Response TR-48 (page C&R 3.7-72).

Need for a Revised or Recirculated EIR

Several comments stated that a revised EIR should be prepared, and seemingly suggested that the Draft EIR required revisions that would, in turn, require recirculation as per Section 15088.5 of the State CEQA Guidelines. The information provided in this C&R document constitutes response to comments as well as clarification and updates of information originally presented in the Draft EIR, and does not rise to the level of "significant new information" that would require recirculation. Please also see Response INTRO-6 for additional response to comments, suggesting the need for a revised or recirculated EIR.

Variances

Several of the comments state that CPMC is requesting "variances" for the proposed LRDP. Please note that no variances have been requested for the proposed LRDP. However, as explained in detail above, the project sponsor has requested General Plan amendments and changes to the text and maps of the San Francisco Planning Code that would be required to approve the associated CPMC LRDP as proposed (Table 2-3, on pages 2-14 through 2-17 of the Draft EIR, as updated in Chapter 4, "Draft EIR Text Changes," page C&R 4-37), as well as conditional use authorizations that would, consistent with the procedures in the Planning Code, exempt the project from certain otherwise applicable Planning Code requirements.

[34] Cathedral Hill Campus Transportation Impact Study, Fehr & Peers, 2010, pp. 167-177.

Comment [Consistency with City Charter]

(Ben Bear, October 18, 2010) [65-7 LU]

"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."

Response LU-6

The comment states that implementation of the proposed LRDP would undermine the Planning Department's mission for orderly and harmonious use of land and improved quality of life. San Francisco has a General Plan as required by State law, which is monitored and updated by the San Francisco Planning Department. The Planning Department has procedures in place to review the proposed LRDP (and any other discretionary project), which includes environmental review process. The proposed LRDP is subject to environmental review under CEQA, which the Major Environmental Analysis (MEA) division of the Planning Department is responsible for administering as the lead agency. The Draft EIR includes analysis of the proposed LRDP's potential impacts related to land use compatibility and other physical environmental impacts that could affect quality of life (e.g., air quality, noise, transportation and circulation) occur, if it were implemented.

Before the proposed LRDP is considered for approval, disapproval, or modification by the decision-makers, and before any permits (i.e., demolition, conversion, change of use) are issued, the City will evaluate the proposed project's consistency with the General Plan, which is separate from the environmental review process.

In response to the comment stating that if the LRDP is approved, it would undermine the General Plan, the Draft EIR addresses the consistency of the proposed LRDP with the City's plans and policies in Section 3.2 (Draft EIR, page 3-2), which includes the General Plan. Please also refer to Response LU-3 (page C&R 3.3-7) which provides further discussion regarding General Plan Housing Element consistency and Response LU-5 (page C&R 3.3-30) regarding consistency of the project with the General Plan and other applicable plans and policies.

The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-43 LU]

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

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

Response LU-7

The comment states that the proposed LRDP would have potentially significant impacts on land use, and that these impacts were not adequately analyzed in the Draft EIR. The examples provided in subsequent comments included impacts on: affordable housing; inconsistency with local plans, policies and codes; cumulative impacts related to housing, public services, and air quality; and changes in the patterns of health care and associated environmental effects. This comment reflects a larger discussion listing what were perceived as significant impacts not disclosed in the Draft EIR. Please refer to Response PH-10 (page C&R 3.5-39) regarding jobs-housing balance and jobs-housing fit as it relates to the proposed LRDP. As explained in Response PH-10, the population, employment, and housing data use to develop the population and housing analysis in the Draft EIR was the best official data available at the time of the analysis. The Draft EIR analysis uses a conservative approach towards assigning population, employment, and housing to the proposed LRDP, resulting in a conservative projection and its corresponding effects to the environment. Even under this conservative approach, Section 4.3 of the Draft EIR concludes that the LRDP impacts to population, employment, and housing would be less than significant.

Response LU-5 (page C&R 3.3-30) includes a discussion regarding consistency of the proposed LRDP with the General Plan and other applicable plans and policies. The issue of consistency or conflict with an adopted plan and policies is mainly relevant for purposes of CEQA review insofar as any inconsistency could have environmental consequences. The environmental consequences of the project as proposed, including any proposed amendments of, changes to, or inconsistencies with adopted plans, policies and regulations, are presented in the relevant environmental resource sections of the Draft EIR such as Section 4.1, "Land Use and Planning."

Please refer to Response GRO-1 (page C&R 3.21-1) for a discussion regarding growth inducement impacts. Response GRO-1 also explains that because of the location of the proposed Cathedral Hill Campus within a dense urban environment, it would not cause the City to expand into new, previously unplanned areas and thus would not induce substantial growth beyond what is planned.

Refer to Response PH-13 (page C&R 3.5-50) regarding the cumulative analysis and approach. Response PH-13 explains that the cumulative analysis methodologies use projections of growth generated by ABAG and other regional agencies to address cumulative impacts. This approach is used for housing demand, public services, employment, and air quality and consistent with CEQA.

Major Response HC-9 (page C&R 3.23-38) discusses the citywide distribution of health care services. As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause a physical effect on the environment, and no such evidence has been provided by the comment.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [93-86 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."

(Lois Scott, September 23, 2010) [PC-22 LU]

"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."

Response LU-8

The comments state that a comprehensive, long-term general plan must be developed by every California city and county to protect California's land resources. The comments also ask what the basis is for land use regulation and environmental review.

As stated in the California Planning and Zoning Law (Government Code Section 65030-65036.1), the intent of the planning and zoning law is to protect California's land resource, to ensure its preservation and use in ways which are economically and socially desirable to improve the quality of life in California. Although the planning and zoning law does not specifically refer to health, welfare, and safety, its intent is "to improve the quality of life in California."

San Francisco has a General Plan, as required by State law, which requires the following seven issues to be addressed: land use, circulation, housing, conservation, open space, noise and safety. According to the California State General Plan Guidelines,

> "California state law requires each city and county to adopt a general plan "for the physical development of the county or city, and any land outside its boundaries which bears relation to its planning" (§65300). The California Supreme Court has called the general plan the 'constitution for future development.' The general plan expresses the community's development goals and embodies public policy relative to the distribution of future land uses, both public and private."[35]

The intent of CEQA is stated in the California Public Resources Code Division 13, Chapter 1, Section 21000, which describes the main intent of CEQA to protect the environment, maintain a high-quality ecological system and general welfare of the people of the state.

Please refer to Response INTRO-6 (page C&R 3.1-11) regarding the EIR process and its purpose.

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments [Consistency with Planning Code]

(Jane Seleznow, October 8, 2010) [48-3 LU]

"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."

(Nancy Evans, October 14, 2010) [54-1 LU]

"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 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."

[35] State of California, Governor's Office of Planning and Research, *State of California General Plan Guidelines*, 2003, p. 10.

(Nancy Evans, October 14, 2010) [54-3 LU]

"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.

Thank you for your vigilant review, and for protecting the interests of San Francisco."

(Ben Bear, October 18, 2010) [65-1 LU]

"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.

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."

(Wallace Cleland, October 17, 2010) [86-2 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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-47 LU, duplicate comment was provided in 108-47 LU]

"However, the proposed Long Range Plan would double the building height limit and substantially increase the bulk limits adopted to meet these goals."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-49 LU]

"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:"

(Gloria Smith—California Nurses Association, October 19, 2010) [90-50 LU]

"Height and bulk limits: for example, an amendment is required to the Height and Bulk District map to reclassify the block for the Cathedral Hill hospital from the 130-V Height and Bulk District to a 265-V Height and Bulk District, allowing a maximum height of 265 feet.

Height limit for Cathedral Hill campus: Conditional Use authorization is required for the Cathedral Hill Hospital and Cathedral Hill MOB in an RC-4 zoning district to allow buildings taller than 40 feet within the VNSUD."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-89 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-92 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."

(Dina Hilliard, September 23, 2010) [PC-54 LU]

"Additionally, the Good Neighbor Coalition was surprised to find CPMC is 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."

Response LU-9

The comments address the consistency of the proposed LRDP with existing plans, policies, and regulations. In particular, the comments focus on the proposed Cathedral Hill Campus, which would require a number of approvals, including amendments to the Planning Code as well as the Urban Design Element of the General Plan and the Van Ness Avenue Area Plan. Several of the comments express disagreement with the Draft EIR's conclusion that the LRDP, if adopted with the proposed Planning Code and plan amendments, would then be consistent with those codes and amendments. The comments state that the EIR analysis represents an inappropriate comparison to future conditions and that the LRDP should be compared to the existing provisions of the Planning Code and other applicable plans.

Consideration of Proposed Planning Code Amendments

The proposed LRDP includes several requests for amendments to the Planning Code as well as various other planning and development documents, as described in the Draft EIR and in this C&R document. Since the publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the proposed LRDP based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development at the Cathedral Hill Campus. Therefore, the required project approvals listed in the Draft EIR on pages 2-13 through 2-17, Table 2-3, "Required Project Approvals," have been updated as part of the text revisions to the Draft EIR included in Chapter 4, "Draft EIR Text Changes," on pages C&R 4-37 and C&R 4-38 of this document. Additional text revisions to Draft EIR pages 2-44 through 2-47, 2-191, 2-192, 3-9, 3-10, 3-19, 4-47, 4-48, 4-50, 6-130, and 6-300, reflecting the updated list of requested entitlements have also been included as text revisions to the Draft EIR on pages C&R 4-43 through C&R 4-58. The discussion below is based upon the updated list of required project approvals.

Proposed amendments or reclassifications (plus CU authorizations that would result in exceptions to otherwise applicable Planning Code requirements) include:

Cathedral Hill Campus

- Change the Planning Code Height and Bulk Map designation for the Cathedral Hill Hospital site from a 130-V to a 265-V Height and Bulk District, in order to increase the maximum height on the site from 130 ft. to 265 ft.;

- Amend the Planning Code Land Use Map to show the boundaries of the Van Ness Medical Use Subdistrict (VNMUSD), encompassing the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites and the area where the Van Ness Avenue pedestrian tunnel would be located;

- Amending Planning Code Section 243 (Van Ness Special Use District) to create a new Van Ness Medical Use Subdistrict (VNMUSD). Specific Planning Code text amendments proposed for the new VNMUSD include provisions that would, among other things:
  - Allow modification through CU authorization of otherwise applicable bulk limits under Planning Code Sections 270 and 271 to allow for the unique massing requirements of medical facilities.
  - Increase the allowable maximum FAR on the proposed Cathedral Hill Hospital site from 7:1 to 9:1, and on the proposed Cathedral Hill MOB site from 7:1 to 7.5:1;
  - Allow modification of otherwise applicable loading standards for medical centers per Planning Code Section 154(b), to allow for the provision of adequate loading facilities unique to medical facilities;
  - Allow modification through CU authorization of otherwise applicable parking standards for medical centers per Planning Code Sections 151 and 204.5, provided that the amount of parking shall not exceed 150 percent of the number of spaces otherwise required by the Planning Code;
  - Allow modification of otherwise applicable standards for building projections per Planning Code Section 136.1 to allow for coverage of drop-off and entry areas required by medical facilities;
  - Allow modification of otherwise applicable standards for obstructions over streets or alleys per Planning Code Section 136(c)(1)(B) for vertical dimension and horizontal projections to allow architectural features to achieve appropriate articulation of building facades and to reduce pedestrian level wind currents; and
  - Allow modification through CU authorization of otherwise applicable street frontage requirements under Planning Code Section 145.1, as necessary for large-plate medical facilities on sloping sites with multiple frontages.

- Planning Code Section 243(c)(8) generally requires development projects within the Van Ness SUD to include residential uses at a 3:1 ratio to net new nonresidential uses. The project sponsor has requested a CU authorization to modify these requirements for medical center uses within the VNMUSD (alternatively, such a modification could be approved via an amendment to Planning Code Section 243's text provisions for the VNSUD); and

- A CU authorization in order to allow an exception for ground level wind currents to exceed pedestrian wind current comfort level criteria of 11 miles per hour applicable within the Van Ness SUD.

Davies Campus

- CU authorization to modify the existing CU and amend the existing PUD (under Planning Code Section 304) to allow exceptions to the rear-yard requirement.

St. Luke's Campus

- A modification of the Planning Code's height and bulk map to place the entire St. Luke's Campus, currently partially within a 105-E height and bulk district and partially within a 65-A height and bulk district, within a 105-E height and bulk district;

- Authorization for buildings higher than 40 feet in the RH-2 district;

- An exception to the otherwise applicable "E" bulk limits of 110 feet and 140 feet at 65 feet in height to allow the proposed St. Luke's Replacement Hospital to have a maximum building length of 227 feet and diagonal dimension of 259 feet;

- An amendment to the Planning Code Special Use District Map SU07 and Article 2 of the Planning Code to establish a new Cesar Chavez/Valencia Streets Medical Use Special Use District (Cesar Chavez/Valencia Streets SUD) on Assessor's Block 6576, Lot 21, Block 6575, Lots 1 and 2 and on a portion of San Jose Avenue between Cesar Chavez Street and 27th Street (i.e., the St. Luke's Campus). A basic floor area ratio (FAR) of 1.8:1 is permitted by the Planning Code for the St. Luke's Campus. The existing buildings result in an FAR of 2.25:1 at the St. Luke's Campus, a ratio that was approved under the previous PUD for the Campus. Pursuant to proposed amendments to Article 2 and a conforming amendment that would add a new subsection (k) to Planning Code Section 124, the proposed Cesar Chavez/Valencia Streets SUD would increase the allowable maximum FAR on the St. Luke's Campus site to 2.5:1;

- An exemption under the amended PUD from the otherwise required hospital parking under Planning Code Section 150 for the interim development period between completion of the St. Luke's Replacement Hospital and the MOB/Expansion Building, as well as after the construction of the MOB/Expansion Building. The exemption would allow an interim deficit of approximately 124 spaces for the interim development period (i.e., during and after construction of the St. Luke's Replacement Hospital, and before completion of the MOB) as measured against Code-required parking. The proposed MOB/Expansion Building would reduce the parking deficit to approximately 109 spaces after completion of the MOB/Expansion Building; and

- An exemption under the amended PUD from the otherwise applicable restrictions on projections into streets and alleys under Planning Code Section 136 in order to permit awnings at the St. Luke's Replacement Hospital, and to allow the awnings to project beyond the property line.

These amendments and authorizations constitute the changes to existing Planning Code regulations and CU authorizations that would be necessary to allow the proposed CPMC LRDP to be approved and implemented, as proposed and as evaluated in the Draft EIR (and as updated in the text revisions to the Draft EIR on pages C&R 4-43 to C&R 4-58). There are no physical environmental consequences to the proposed amendments beyond the environmental effects of the proposed LRDP as described in the Draft EIR. To the extent that the Draft EIR evaluated the environmental effects of the construction and operation of the proposed CPMC buildings under the LRDP, spaces and uses thereof, then the Draft EIR also evaluated the environmental effects that would be anticipated by adoption of the proposed regulatory amendments listed above.

Exceptions and amendments to the General Plan and the Planning Code are allowed in the Planning Code regulations. As stated in Section 302(a) of the Planning Code, "whenever the public necessity, convenience and general welfare require, the Board of Supervisors may, by ordinance, amend any part of this Code. Such amendments may include reclassifications of property (changes in the Zoning Map), changes in the text of the Code, or establishment, abolition or modification of a setback line."

Section 303 of the Planning Code allows the Planning Commission to authorize a CU for a medical institution if the proposed use will provide a development that is necessary or desirable for, and compatible with, the neighborhood or the community; if the proposed use will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity; and if the proposed use will comply with the applicable provisions of the Planning Code and will not adversely affect the applicable Institutional Master Plan (Section 303[c]). The Planning Commission may prescribe such additional conditions, beyond those specified in the Planning Code, as are in its opinion necessary to secure the objectives of the Planning Code (Section 303[d]). Section 304.5 of the Planning Code allows for a CU for medical institutions under certain conditions, subject to CU authorization by the Planning Commission.

A number of comments raised questions about the Planning Code amendments and other approvals that have been requested to allow for the development of the proposed Cathedral Hill Campus. The following discussion addresses in greater detail the specific amendments to the San Francisco Planning Code that have been requested by the project sponsor related to the proposed Cathedral Hill Campus.

Planning Code Text/Map Changes

Planning Code Section 243: Van Ness Special Use District (SUD)

As stated on page 2-45 of the Draft EIR, the CPMC LRDP sponsor has requested that the Van Ness SUD be amended to include a new Van Ness Medical Use Subdistrict (VNMUSD) (see "Van Ness Special Use District Zoning Map SU02" in Appendix C in the Draft EIR). This subdistrict would:

- increase the maximum FAR for the proposed Cathedral Hill Hospital site from 7:1 to 9:1 and for the proposed Cathedral Hill MOB site from 7:1 to 7.5:1; and

- modify otherwise applicable loading, off-street parking, building projection, bulk, and street frontage standards.

The Planning Code Land Use Map would be amended to show the boundaries of the VNMUSD encompassing the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB, and the area where the Van Ness Avenue pedestrian tunnel would be located.

The Van Ness SUD was adopted to implement the objectives and policies of the VNAP—a part of the General Plan—by creating a mix of residential and commercial uses on Van Ness Avenue; preserving and enhancing the pedestrian environment; encouraging the retention and appropriate alteration of architecturally and historically significant and contributory buildings; conserving the existing housing stock; and enhancing the visual and urban design quality of the street (Planning Code Section 243[b]).

The LRDP's impacts on the existing visual character of the proposed Cathedral Hill Campus vicinity were addressed in the Draft EIR on pages 4.2-118 through 4.2-140, and were determined to be less than significant. As described in the Draft EIR, the site of the proposed Cathedral Hill Campus would have the appearance of a dense urban development, with buildings that would have greater massing and height than the existing buildings on the campus and would have visually strong character. The scale and height of the buildings would be generally large but compatible with the surrounding buildings. The proposed 265-foot-tall 15-story hospital building would be located adjacent to and in the vicinity of other high-rise buildings along Van Ness Avenue. The proposed 130-foot-tall, 9-story Cathedral Hill MOB would be set back down toward its eastern side to match the height of the shorter buildings which are present in that area. The proposed Cathedral Hill Hospital and Cathedral Hill MOB would be compatible in general design, having similar form elements, modern architectural design and similar façade materials. The result would be an integrated, visually harmonious composition for the campus as a whole. The proposed campus would appear consistent in scale with development in the surrounding areas and along the Van Ness Avenue corridor. Street trees would line all the streets surrounding the campus on each side and

would be landscaped in a unified manner that does not exist at present. The landscaping plan would be consistent with the City's plan for streetscapes, and for the Van Ness Avenue corridor in particular. For these reasons, the effects of the Cathedral Hill Campus would not represent a significant adverse effect on the visual character of the project area, and would not be inconsistent with the intent of the Van Ness SUD.

The LRDP's impacts on historical resources in the vicinity of the proposed Cathedral Hill Campus were addressed in the Draft EIR on pages 4.4-30 through 4.4-32, and it was determined that the proposed LRDP would have less-than-significant impacts. More specifically, the Draft EIR presented evidence that none of the buildings or structures located within the proposed Cathedral Hill Campus are considered historical resources (individually or as part of a district) for the purposes of CEQA, nor would the proposed LRDP have a significant impact on any individual resources in the project vicinity. The San Francisco Planning Department concurred with this finding.[36, 37] Therefore, implementation of the LRDP at the proposed Cathedral Hill Campus would not cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the State CEQA Guidelines. Thus, the amendment to Planning Code 243, proposed as part of the CPMC LRDP, would have a less-than-significant impact on historical resources, and would be consistent with the intent of the Van Ness SUD.

Planning Code Section 302: Height and Bulk Map

As stated on page 2-45 of the Draft EIR, pursuant to Section 302 of the Planning Code, the project sponsor has requested that the Planning Code Height and Bulk Map for the city block that is the proposed site of the Cathedral Hill Hospital (i.e., the block bounded by Post Street, Van Ness Avenue, Geary Boulevard, and Franklin Street) be reclassified from a 130-V height and bulk district to a 265-V height and bulk district (see Planning Code Proposed Height/Bulk Map" in Appendix C of the Draft EIR).

Section 302(a) of the Planning Code allows the Board of Supervisors to amend any part of this Code (including reclassification of a particular property) "whenever the public necessity, convenience and general welfare require."

The LRDP's impacts on the existing visual character of the proposed Cathedral Hill Campus vicinity were addressed in the Draft EIR on pages 4.2-118 through 4.2-140. As discussed above, the analysis of effects on visual resources described the ways in which the height and bulk of the proposed Cathedral Hill Hospital would be greater and more visually noticeable than the existing structures. The analysis also noted that the proposed Cathedral Hill Hospital would be compatible in general design, having form elements, architectural design and façade materials that would be compatible with the neighboring structures. The Draft EIR evaluation stated that the while the proposed Cathedral Hill Hospital would be larger and bulkier than some individual surrounding structures, it would appear consistent in scale with type of development in the surrounding areas and along the Van Ness Avenue corridor, and, thus, the impacts of the proposed change in height and bulk with development of the proposed Cathedral Hill Campus was determined to be less than significant.

Planning Code Authorizations

Section 303: Conditional Use Authorization

As stated on page 2-45 of the Draft EIR, a CU authorization would be sought for the proposed Cathedral Hill Hospital and Cathedral Hill MOB (and Van Ness Avenue pedestrian tunnel) as conditionally permitted uses in the proposed new VNMUSD, described above, and the RC-4 Zoning District. CU authorization would be sought for building height and modification of the existing bulk limits for length

[36] California Pacific Medical Center. 2010 (February). *Historic Evaluation Report for Cathedral Hill Campus: California Pacific Medical Center*. San Francisco, CA. Prepared by Knapp Architects, San Francisco, CA. Page 2.

[37] San Francisco Planning Department. 2010 (February) *Historic Resource Evaluation Response: Cathedral Hill Campus, California Pacific Medical Center*. Case 2005.0555E. Major Environmental Analysis Division. San Francisco, CA. Pages 2–3.

and diagonal dimensions applicable to the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites. CU authorization would also be sought for the proposed Cathedral Hill Hospital and Cathedral Hill MOB to exceed 50 feet in height in an RC-4 District, exceptions to otherwise applicable street frontage requirements, demolition of five residential dwelling units, modification of the 3:1 ratio of residential to non-residential development restriction in the Van Ness SUD, and an exception to allow wind comfort level exceedances, as discussed below.

Medical Center Use. The project sponsor is requesting authorization of the proposed Cathedral Hill Hospital and Cathedral Hill MOB as a conditional use medical center pursuant to the provisions for the RC-4 zoning district in Planning Code Sections 209.3 and 209.8 and the provisions for the Van Ness SUD in Planning Code Section 243, as proposed to be amended, as described above.

Height. Planning Code Section 253 requires CU authorization for any building with a height over 50 feet in an RC-4 District, and Planning Code Section 253.2 requires CU authorization for any building with a height over 50 feet in the Van Ness SUD. Therefore, the projects sponsor is requesting CU authorization to allow the heights of the proposed Cathedral Hill Hospital (265 feet) and the Cathedral Hill MOB (130 feet).

Street Frontage. The CU authorization would allow modification of standards for active ground floor uses and width of curb cuts otherwise applicable under Planning Code Section 145.1, providing that, on balance, active uses and curb cuts around the perimeter of a site with multiple frontages meets the intent of Section 145.1.

Demolition of Residential Dwelling Units. As stated on page 2-47 of the Draft EIR, the CU authorization would allow demolition of five residential dwelling units that currently occupy portions of the proposed site of the Cathedral Hill MOB.[38] Planning Code Section 317 requires conditional use authorization for the demolition of three or more dwelling units. Section 317 does not require one-for-one residential unit replacement. However, CPMC has agreed to pay an in-lieu fee to address demolition of the five residential dwelling units and has consulted with the Mayor's Office of Housing ("MOH") to identify the appropriate in-lieu fee methodology. MOH determined that (i) the in-lieu fee amount would be established based on the Citywide inclusionary housing fee schedule effective as of July 15, 2008; and (ii) as applied to the residential units, the total fee would be One Million Four Hundred Fifty Three Thousand Eight Hundred and Twenty Dollars ($1,453,820.00) ("Residential Unit Replacement Fee") based on the following unit type and calculation: three one bedroom units ($248,210.00 x 3), one two bedroom unit ($334,478.00) and one three bedroom unit ($374,712.00). A condition to DBI's issuance of a demolition permit for the residential units would be payment of the Residential Unit Replacement Fee.

The project's impacts related to displacement of housing at the proposed Cathedral Hill Campus site are addressed in the Draft EIR on pages 4.3-32 through 4.3-34, and were determined to be less than significant because CPMC would provide for the relocation of all affected tenants who need assistance, in excess of the assistance required by law, and would meet the requirements of Section 317 of the Planning Code.

Modification of Residential Restrictions. As stated in Response LU-21 (page C&R 3.3-95), Planning Code Section 243(c)(8)(B)(iv) allows, through CU authorization, modification of the 3:1 residential/new new non-residential ratio requirement under the Van Ness SUD if the Planning Commission makes certain findings. These findings include, among others, (i) taking into consideration projects constructed since the effective date of the VNSUD and the housing development potential remaining in the VNSUD, a finding that the overall objective of adding a substantial increment of new housing on Van Ness Avenue will not be significantly compromised; (ii) the project provides space for an institutional, medical, cultural, or social service use meeting an important public need which cannot reasonably be met elsewhere in the area, and (iii) housing cannot reasonably be included in the project. CPMC is requesting

[38] City of San Francisco, *Planning Code*, Section 317.

modification of the 3:1 requirement pursuant to Section 243 (c)(8)(B)(iv) to allow no residential housing to be built at the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites, provided fees, balanced against the community benefit of the project, are paid.

Because the proposed Cathedral Hill Hospital and Cathedral Hill MOB could be approved pursuant to such a CU authorization, these buildings would not "conflict" with existing zoning. If the CU application is not approved, then the project would not be permitted to proceed as proposed. Therefore, the Draft EIR properly concludes that the proposed LRDP development at the Cathedral Hill Campus does not conflict with a land use regulation.

The 3:1 residential/new new non-residential ratio requirement was not adopted to avoid or mitigate an environmental effect, but instead, to implement the VNAP—an element of the General Plan—by encouraging "creation of a mix of residential and commercial uses" (Planning Code Section 243[b]). Where, as here, a regulation is adopted for a purpose other than avoiding or mitigating an environmental effect, then the question of whether a particular project is consistent with zoning, or can and should be permitted for CU, variance, exemption, or amendments to the existing zoning, is considered by the decision-makers outside of the CEQA analysis, as part of their decision whether to approve or disapprove a project.

Exception for Wind Comfort Level Exceedances. The CU authorization would allow an exception for ground-level wind currents to exceed the current pedestrian wind speed comfort level criteria of 11 miles per hour (mph), applicable within the Van Ness SUD.

Planning Code Section 243(c)(9)(B) allows exceedance of the 11 mph wind speed comfort level if "the project sponsor demonstrates that the building or addition cannot be shaped or wind baffling measures cannot be adopted without unduly restricting the development potential of the building site in question. (i) The exception may permit the building or addition to increase the time that the comfort level is exceeded, but only to the extent necessary to avoid undue restriction of the development potential of the site." Because wind exceedances, that would occur due to development of the proposed Cathedral Hill Campus facilities under the LRDP, could be approved under Section 243(c)(9)(B) by a CU, they would not conflict with existing zoning.

Wind impacts at the proposed Cathedral Hill Campus are addressed on pages 4.9-22 through 4.9-29 of the Draft EIR. The analysis included wind tunnel modeling and determined that implementing the LRDP at the Cathedral Hill Campus by 2015 would not increase the total number of locations that would exceed the pedestrian-comfort criterion (11 mph), and it would not result in an exceedance of the wind-hazard criterion (26 mph). Thus, the impacts were determined to be less than significant.

Bulk Limits. The CU authorization would allow modification of the existing bulk limits under Planning Code Section 270, for length and diagonal dimensions of 110 and 140 feet, respectively, applicable to the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites. This would allow length and diagonal dimensions of 385 and 466 feet, respectively, for the proposed Cathedral Hill Hospital and length and diagonal dimensions of 265 and 290 feet, respectively, for the proposed Cathedral Hill MOB.

Planning Code Sections 321/322 (Proposition M – Office Allocation)

As stated on page 2-47 of the Draft EIR, CPMC would seek to comply with the procedures of Planning Code Section 322, including Proposition M office allocation findings pursuant to Section 321. Sections 321 and 322 of the Planning Code establish a special review process for new buildings with 25,000 sq. ft. or

more of office space. The proposed Cathedral Hill MOB and the St. Luke's MOB/Expansion Building would contain over 25,000 sq. ft. of office space and would therefore be subject to Sections 321 and 322.[39]

Proposition M office allocation findings are intended to limit the amount of office development each year; Proposition M was not adopted to avoid or mitigate an environmental impact. Where, as here, a regulation is adopted for a purpose other than avoiding or mitigating an environmental effect, the question of whether a particular project is consistent with the regulation is considered by decision-makers outside of the CEQA analysis, as part of their decision whether to approve or disapprove the project.

Lot Mergers

The proposed site of the Cathedral Hill Hospital encompasses two lots in Assessor's Block 0695 and the site of the proposed Cathedral Hill MOB encompasses seven lots in Assessor's Block 0694. Because of applicable Building Code restrictions, to construct the two proposed buildings, the lots must be merged into one lot on each site, in compliance with the Subdivision Map Act and the San Francisco Subdivision Code.

Lot mergers are not intended to avoid or mitigate an environmental impact. Where, as here, a regulation is adopted for a purpose other than avoiding or mitigating an environmental effect, the question of whether a particular project is consistent with the regulation is considered by decision-makers outside of the CEQA analysis, as part of their decision whether to approve or disapprove the project.

San Francisco Administrative Code

CPMC would request a permit to convert under the City's Residential Hotel Conversion and Demolition Ordinance (San Francisco Administrative Code Chapter 41) to demolish 20 residential hotel units in buildings that currently occupy portions of the site of the proposed Cathedral Hill MOB.

The Residential Hotel Conversion and Demolition Ordinance was adopted to protect affordable housing for tenants that include the elderly, disabled, and low-income residents. The demolition of residential hotel units is regulated to avoid or mitigate impacts on housing, particularly affordable housing (significance criterion "b" under Population, Employment, and Housing). The proposed LRDP's impacts related to displacement of hotel residents at the proposed site of the Cathedral Hill Campus are addressed in the Draft EIR on pages 4.3-43 and 4.3-44. CPMC would provide for the relocation of tenants needing assistance, in excess of that required by law. CPMC has implemented a relocation assistance program that has successfully reached agreement with all of the tenants and will pay a fee for replacement of residential hotel units. Section 41.12 requires a project sponsor to obtain a Permit to Convert from the City of San Francisco Department of Building Inspection (DBI) prior to demolishing a residential hotel unit. Prior to issuing a Permit to Convert, DBI must confirm that the project sponsor has complied with the one-for-one residential hotel unit replacement requirements of Section 41.13. Section 41.13(a)(4) allows a project sponsor to comply with the one-for-one replacement requirements through payment to the City of a fee equal to 80 percent of the cost of construction of an equal number of comparable units plus site acquisition cost, as determined by the California Department of Real Estate (DRE) based on two independent appraisals. DRE obtained the required appraisals and, by letter dated September 7, 2010, established the total fee for the residential hotel units as Two Million Six Hundred Eighty Four Thousand Eight Hundred Dollars ($2,684,800.00) ("Residential Hotel Unit Replacement Fee"). Therefore, a condition to DBI's issuance of the Permit to Convert would satisfy the one-for-one replacement requirement of Section 41.13 by payment to the City of the Residential Hotel Unit Replacement Fee in accordance with the terms, timing and procedures set forth in Administrative Code Chapter 41.

[39] Square footage totals may be slightly different when Planning Code calculation methodology is applied for purposes of Prop M office allocation requirements.

For these reasons, the demolition of residential hotel units was determined to be less than significant. Please also see Response PH-14, C&R 3.5-53, for a discussion of the status of the project sponsor's relocation assistance program.

Permits Required for Streetscape Improvements

Numerous permits from San Francisco Department of Public Works (DPW), San Francisco Municipal Transportation Authority (SFMTA), and the California Department of Transportation (Caltrans) would be required for streetscape improvements. Permits required would include street tree planting and removal permits (see Planning Code Section 143), a sidewalk landscaping permit, a street improvement permit, major- and minor-encroachment permits, including encroachment permits for underground fuel storage tanks and the pedestrian tunnel, and other miscellaneous permits related to construction and operation in the public rights-of-way. Compliance with the City's Better Streets Plan, which provides policies and guidelines for the pedestrian realm, would be required as part of the streetscape plan at the proposed Cathedral Hill Campus. The City would also need to approve the change in operation of Cedar Street to two-way, west of the proposed Cathedral Hill MOB driveway.

Permits for streetscape improvements are intended to ensure that proposed streetscape alterations improve and enhance the existing visual character, among other purposes. Therefore, they are intended to avoid or mitigate impacts on the existing visual character or quality of the site and its surroundings (significance criterion "c" of the Aesthetics section). The LRDP's impacts on the existing visual character of the proposed Cathedral Hill Campus vicinity were addressed in the Draft EIR on pages 4.2-117 through 4.2-140, with particular attention to the visual effects of streetscape and landscaping on page 4.2-130. The evaluation noted that because, under the LRDP, a more continuous and integrated street-tree landscaping plan than exists at present would be implemented, particularly for the Cathedral Hill MOB site, impacts of streetscape changes related to the visual resources would be less than significant.

The Better Streets Plan seeks to balance the needs of all street users, and reflects the understanding that streets serve a multitude of social, recreational, and ecological needs. It is intended to improve traffic safety and enhance the appearance of streets in San Francisco. Therefore, it is intended to avoid or mitigate impacts related to traffic safety and the existing visual character or quality of the site and its surroundings (significance criterion "d" and "f" of the Transportation and Traffic section, and significance criterion "c" of the Aesthetics section).

The proposed LRDP's impacts related to traffic safety in the vicinity of the proposed Cathedral Hill Campus were addressed in the Draft EIR on pages 4.5-110 through 4.5-145. The Draft EIR determined that most of these impacts would be less than significant or less than significant with mitigation; however, Impact TR-42 was determined to be significant and unavoidable. This impact states that implementation of the proposed Cathedral Hill Campus project MOB Access Variant under the LRDP would result in a pedestrian hazard impact at the proposed MOB's driveway on Geary Street.

Encroachment permits are not intended to avoid or mitigate an environmental impact, but rather to require developers to obtain permission to conduct work within street rights-of-way and sidewalks to ensure that such work is done safely and in coordination with other activities. Where, as here, a regulation is adopted for a purpose other than avoiding or mitigating an environmental effect, the question of whether a particular project is consistent with the regulation is considered by decision-makers outside of the CEQA analysis, as part of their decision whether to approve or disapprove the project.

Variances

Several of the comments state that CPMC is requesting "variances" for the proposed LRDP. Please note that no variances have been requested for the proposed LRDP. However, as explained in detail above, the project sponsor has requested General Plan amendments and changes to the text and maps of the San

Francisco Planning Code that would be required to approve the associated CPMC LRDP as proposed (Table 2-3, on pages 2-14 through 2-17 of the Draft EIR, as updated in Chapter 4, "Draft EIR Text Changes", page C&R 4-37), as well as CU authorizations that would, consistent with the procedures in the Planning Code, exempt the project from certain otherwise applicable Planning Code requirements.

Code Complying Alternative

One comment requested that the EIR include an alternative to the CPMC LRDP that complies with the existing codes and would not require the requested amendments, described above. As described in Section 15126.6 of the State CEQA Guidelines, an EIR must evaluate a reasonable range of alternatives that would meet most of the basic objectives of the proposed project and which would avoid or substantially lessen one or more of the significant impacts of the project as proposed. In Chapter 6, the Draft EIR described and comparatively evaluated a reasonable range of alternatives to the proposed LRDP. In developing the reasonable range of alternatives, the Draft EIR considered but rejected a Code-Complying Alternative to the proposed LRDP. A discussion of how the Code-Complying Alternative would differ from the proposed LRDP is presented on pages 6-26 through 6-28 of the Draft EIR. As stated on pages 6-28 through 6-30 of the Draft EIR, the Code-Complying Alternative was determined to be infeasible for the following reasons described below.

Cathedral Hill Campus: Developing the proposed Cathedral Hill Hospital with a single tower under the Code-Complying Alternative would mean that the hospital could provide only approximately 90 beds (465 fewer than under the proposed LRDP). The 90-bed hospital would not be able to accommodate the majority of the acute-care uses currently provided at the Pacific and California Campuses that would be relocated to the proposed Cathedral Hill Campus under the LRDP, yet these services would cease at the Pacific and California Campuses because of noncompliance with the seismic safety requirements of SB 1953. Therefore, the Code-Complying Alternative would fail to meet the proposed LRDP's core medical services objectives—ensuring ongoing medical services and an uninterrupted continuum of care at CPMC, meeting the existing and projected acute-care and outpatient needs of CPMC's patients, and efficiently consolidating CPMC's campuses.

A potential Planning Code-compliant redesign of the proposed Cathedral Hill Hospital, to include six towers—as described on pages 6-28 and 6-29 of the Draft EIR—would also fail to meet the basic objectives of the project. Thus, it would be infeasible, primarily, because the constrained square footage within each tower floor would be insufficient to provide the required clinical support for nursing (e.g., clean utility rooms, charting areas, family space). Additionally, the discontinuity of the bed towers and the resulting size of nursing units allowable within each tower would pose significant operational issues and inefficiencies, and would increase staffing and the cost of care. Traffic and site circulation would also be severely compromised, because the tower cores would not accommodate a drive-through at the proposed Cathedral Hill Hospital for access to the patient drop-off and parking areas, and the loading dock would likely require relocation. The hospital's structural grid and required mechanical runs also would be much less efficient than those proposed under the LRDP. Therefore, even with the six-tower redesign of the proposed Cathedral Hill Hospital, the Code-Complying Alternative would fail to meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health care system in the most cost-effective and operationally efficient manner.

As described above, the floor plan for bed towers within the proposed Cathedral Hill Hospital would be constrained by the existing bulk limits such that only minimal space would be available for a nurse core, circulation space, mechanical space, or restrooms. Thus, with either a single-tower or six-tower redesign of the proposed Cathedral Hill Hospital, the Code-Complying Alternative would not meet the proposed LRDP's core medical services objective of providing a modern, efficient, and clinically safe patient care environment in facilities based on contemporary best practices in hospital design and national hospital space and facility guidelines, including individual bathrooms, adequate common spaces for families and

staff, floor plans that allow staff to work efficiently and safely with patients, and the ability to accommodate current-day medical technologies.

As explained on page 6-27 of the Draft EIR, redesigning the proposed Cathedral Hill MOB to comply with the existing Planning Code bulk requirements would reduce usable space by approximately 75,000 square feet (sq. ft.) and result in 90 fewer physician offices than under the proposed LRDP. The proposed LRDP already includes a smaller ratio of MOB/outpatient space (in gross sq. ft.) to acute-care bed/inpatient space at the proposed Cathedral Hill Hospital than is the average for MOBs and hospitals across the CPMC system. Therefore, further reducing the size of the proposed Cathedral Hill MOB (and ratio of MOB/outpatient space to acute-care/inpatient space) would make the overall proposed Cathedral Hill Campus less viable. The proposed hospital transplant clinic, transplant foundation clinic, and women's diagnostic clinic would each require more than 17,000 sq. ft., and would not fit on any upper floor of the MOB under the Code-Complying Alternative. Therefore, the Code-Complying Alternative would not meet the project objectives of optimizing the use of CPMC's resources to provide an integrated health care system affording the highest quality of patient care in the most cost-effective and operationally efficient manner, or of ensuring that hospital facilities have the capacity to be supported with medical office space, parking facilities, and other supportive functions.

Pacific Campus: As with the six-tower redesign of the proposed Cathedral Hill Hospital under the Code-Complying Alternative, described above, operational inefficiencies would occur at the Pacific Campus under this alternative. Specifically, the proposed Ambulatory Care Center (ACC) would either be reduced in size considerably or divided into several towers to comply with the existing bulk limits. Therefore, the Code-Complying Alternative would fail to meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health care system in the most cost-effective and operationally efficient manner.

St. Luke's Campus: Compliance with the 65-foot height limit and existing bulk limits at the proposed St. Luke's Replacement Hospital site would limit the St. Luke's Replacement Hospital to a total of approximately 34 beds and would also reduce its support services. Therefore, the Code-Complying Alternative would not meet the project objective of rebuilding and revitalizing the St. Luke's Campus as a community hospital to the same extent as under the proposed LRDP.

As stated in Response LU-5 (page C&R 3.3-30), the text of all proposed plan, policy and regulation amendments for near-term LRDP projects are available for review at the San Francisco Planning Department. The text of all required plan, policy and regulation amendments for long-term projects will be made available to the public after applications for additional project-level entitlements for those projects are submitted to the City in the future.

3.3.2 CATHEDRAL HILL CAMPUS

3.3.2.1 CONSISTENCY WITH PLANS AND POLICIES AND LAND USE COMPATIBILITY

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-148 LU, duplicate comment was provided in 30-148 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 Draft EIR 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."

(Sheila Mohoney and James Frame, October 19, 2010) [88-6 LU]

Urban Decay

This potential effect (p. 5-7) 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.*

Response LU-10

The comment states that the proposed CPMC LRDP would have a cumulative effect on the Japantown area, and states that the proposed LRDP would result in traffic congestion along Japantown streets. The comment also notes that the retention of the historic and cultural character of the area is critical to the Japantown. As indicated in Response TR-129 (page C&R 3.7-227), the Draft EIR includes an assessment of construction and operation impacts of the proposed LRDP. The conclusion of that response is that "[t]he combined impacts of overlapping construction activities and project travel demand on traffic and transit conditions [in Japantown] were determined to be less than significant."

In response to the comment stating the CPMC project would have a business impact, CEQA does not require the analysis of generalized economic impacts. Please see Response PH-20 on C&R 3.5-71 for a response to comments regarding the potential for commercial business displacement and urban decay effects in Japantown. Regarding the retention of the historic and cultural character of the Japantown area, the comment is noted. The LRDP does not propose and would not foreseeably result in any physical changes to cultural or historic resources in the Japantown plan area.

Comment

(Madlyn Stein—Seniors of Cathedral Hill, October 7, 2010) [45-1 LU]

"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."

Response LU-11

The comment raises concerns about size, bulk, lack of open space, traffic patterns, and noise with the proposed uses at the Cathedral Hill Campus. The Draft EIR for the CPMC LRDP was prepared in conformance with the provisions of CEQA and the State CEQA Guidelines. As explained in Response INTRO-1 (page C&R 3.1-1), the significance criteria used in the Draft EIR are based on Appendix G of the State CEQA Guidelines and the guidance of the San Francisco Planning Department's Major Environmental Analysis (MEA) Division. In each environmental resource section of the Draft EIR, under the Significance Criteria (or Significance Thresholds) subheading, thresholds of significance specific to that environmental issue are described.

The Draft EIR analyzes the potential impacts of the proposed Cathedral Hill Hospital that the comment expresses concerns about in Section 4.2, "Aesthetics" (for size and bulk); Section 4.10, "Recreation" (for

open space); Section 4.5, "Transportation and Circulation" (for traffic patterns); and Section 4.6, "Noise." The discussion on page 4.2-138 of the Draft EIR concludes that aesthetic impacts would be less than significant because "overall, the visual change, while considerable, is not unexpected in a dense urban environment such as this, and remains in context…the proposed Cathedral Hill Hospital would not substantially degrade the existing visual character or quality of the area because the new building would not result in a substantial adverse visual contrast with the area's existing buildings."

Potential impacts to recreational facilities and open space from the Cathedral Hill Hospital were discussed in Section 4.10 of the Draft EIR. As stated on page 4.10-2, "the CPMC LRDP would not require the construction of new recreational facilities or the expansion of existing facilities in San Francisco." The proposed Cathedral Hill Campus would provide on-campus open space amenities, which would help absorb some of the campus-related daily population demand on nearby parks and recreational facilities. Therefore, the LRDP would not result in the need to expand existing recreational facilities and potential impacts would be less than significant.

The Draft EIR provides a summary overview of the traffic impacts at the proposed Cathedral Hill Campus on page 4.5-90. The proposed LRDP at the Cathedral Hill Campus would generate new vehicle trips and increase the number of vehicles and average delay per vehicle at the 26 study intersections during both a.m. and p.m. peak hours. Significant and unavoidable impacts would occur at Van Ness/Market and Polk/Geary (Impact TR-1, Draft EIR, page 4.5-93), and six of the intersections would operate poorly under 2015 Modified Baseline No Project and 2015 Modified Baseline plus Project Conditions (Impact TR-3, Draft EIR, page 4.5-99). The Draft EIR also concluded a significant and unavoidable transportation impact related to construction vehicle traffic and construction activities at the Cathedral Hill Campus (Impact TR-55, Draft EIR, page 4.5-147).

The Draft EIR concluded that impacts related to a short-term project-related increase in traffic noise levels would be less than significant or less than significant with mitigation (Impact NO-2, Draft EIR, page 4.6-57). The same conclusion was made for impacts related to operation of stationary noise sources (Impact NO-3, Draft EIR, page 4.6-64), and traffic-related interior noise levels (Impact NO-4, Draft EIR, page 4.6-84). The project would result in a significant and unavoidable impact related to groundborne noise and vibration (Impact NO-5, Draft EIR, page 4.6-89).

Comment

(Madlyn Stein—Seniors of Cathedral Hill, October 7, 2010) [45-2 LU]

"We request that consideration be given to a new plan that would adhere to the following:

-reduction in bulk and height of the hospital and its tower

-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"

Response LU-12

The comment suggests that consideration should be given to a revised plan for the LRDP, related to the height and bulk of the proposed Cathedral Hill Hospital. In response to the compatibility of the proposed 265-foot-tall Cathedral Hill Hospital with surrounding uses in the neighborhood, Section 4.2, "Aesthetics," of the Draft EIR analyzes aesthetic impacts of the proposed Cathedral Hill Hospital development height and bulk in comparison to existing conditions. The aesthetic impact analysis of the proposed Cathedral Hill Hospital is presented on Draft EIR pages 4.2-118 through 4.2-125 for viewpoints from the surrounding area with the proposed hospital development.

In response to the comment requesting that a new plan consider a reduction in bulk and height of the hospital tower and lowering the height to consistency with City guidelines, a reduced development alternative was considered and analyzed in Chapter 6 of the Draft EIR. Alternative 3 assumed a reduced development of the proposed Cathedral Hill Campus, which would comply with the basic height requirement for the 130-V Height and Bulk District, but not the bulk requirement or floor area ratio. Please refer to Response ALT-1 (page C&R 3.22-11) regarding a reasonable range of alternatives. A reduction in height and bulk of the hospital building was considered in the planning phase of developing the alternatives. However, to provide adequate space for the short- and long-term planning, the proposed LRDP represents the most practical approach for developing the proposed Cathedral Hill Hospital site; lowering the height further would make the proposed Cathedral Hill Hospital development under the LRDP infeasible. The bulk has been carefully considered and stepped down in the design to shorter building components along Van Ness Avenue and Post Street. The setback would also be present along Post and Franklin Streets, and open space would be placed on top of the podium that would be central to the block. Further reduction in the size of the development would not accommodate the required functions and would make the project infeasible to develop.

The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments [Scale of Development]

(Bob Hamaguchi—Japantown BNP Organizing Committee, October 8, 2010) [47-11 LU, duplicate comment was provided in 50-11 LU]

"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.

We look forward to seeing a detailed analysis of these issues when the response to public comments is available."

(Diane and Richard Wiersba, October 11, 2010) [49-7 LU]

"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."

(Donald Scherl, October 18, 2010) [74-34 LU]

"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."

(Wallace Cleland, October 17, 2010) [86-4 LU]

"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."

(Wallace Cleland, October 17, 2010) [86-5 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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-42 LU, duplicate comment was provided in 108-42 LU]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-46 LU, duplicate comment was provided in 108-46 LU]

"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)."

Linda Chapman, September 23, 2010) [PC-281 LU]

"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."

Response LU-13

The comments generally state that the proposed Cathedral Hill Hospital would be out of scale with other development in the Van Ness Avenue corridor, Japantown, and the vicinity. The comments state that the Sequoias building is out of scale and not representative of the preferred land use and built forms in Japantown. The comments also state that if the proposed Cathedral Hill plan is approved it should not set a precedent for other buildings regarding exceedance of height within the Van Ness Avenue corridor. One comment further states that the discussion in the Draft EIR addresses only building stories and not height, and that the conclusion reached in the Draft EIR regarding the proposed LRDP's less-than-significant impact on community character is not supported by substantial evidence.

Scale of Development

The Draft EIR analyzed the compatibility of the proposed Cathedral Hill Campus with surrounding areas, and concluded on page 4.2-138 that "the Cathedral Hill Campus would generally be consistent in terms of height and bulk with existing development located north of the site along Van Ness Avenue, and it would not result in a substantial contrast with the existing visual character with respect to height, massing, and bulk along this segment of Van Ness Avenue."

Existing structures within the vicinity of the proposed Cathedral Hill Hospital and Cathedral Hill MOB range from an approximate height of 135 to 299 feet tall. As shown in C&R Figure 3.4-1 (page C&R 3.4-5), which shows the heights of nearby buildings compared to the proposed Cathedral Hill Hospital, existing structures comparable in height with the proposed Cathedral Hill Hospital include the Cathedral Hill Towers (1200 Gough Street [approximately 252 feet tall]) and the Sequoias Apartments (1400 Geary Boulevard [approximately 299 feet tall]). Existing structures consistent in height with the proposed Cathedral Hill MOB include St. Mary's Cathedral (1111 Gough Street [approximately 190 feet tall]) and the Daniel Burnham Court complex (1 Daniel Burnham Court [approximately 221 feet tall]). The Draft EIR concludes on pages 4.2-136 through 4.2-138 that the Cathedral Hill Hospital would be taller and bulkier than the existing hotel and office building at the site, and would result in greater contrast in visual character with the existing surrounding area. However, overall the height and massing of the proposed Cathedral Hill Hospital would not be out of context with the visual character of the surrounding area. The Draft EIR concludes on page 4.2-138 that the overall visual change, although considerable, is not unexpected in a dense urban environment such as the Cathedral Hill area, and remains in context. The Draft EIR concludes on pages 4.2-238 and 4.2-239 that a visual contrast would exist between the proposed MOB and surrounding area primarily because of the difference in height and bulk. The resulting change would not be substantial and the proposed building would be consistent with the visual character of other commercial and civic buildings in the vicinity (Draft EIR, page 4.2-139).

The existing Cathedral Hill Hotel and 1255 Post Street office building have a simple, nondescript architectural style and are set back into the block. Under the LRDP, the proposed Cathedral Hill Campus buildings would provide more visual interest and would be positioned along the street, which is more common throughout the area. As stated in Impact AE-3 on page 4.2-138 of the Draft EIR, "The proposed Cathedral Hill Hospital would not substantially degrade the existing visual character or quality of the area because the new building would not result in a substantial visual contrast with the area's existing buildings. Therefore, this impact would be less than significant."

As stated on page 3-9 of the Draft EIR, the proposed CPMC LRDP would be generally consistent with the applicable General Plan Urban Design policies. The General Plan Urban Design Height Map allows for heights of up to 240 feet at the proposed site of the Cathedral Hill Hospital, and the requested General Plan amendment to the Urban Design Element Height Map, if approved, would allow the height of the proposed Cathedral Hill Hospital to extend up to 265 feet. As noted in Table 2-3 on page 2-13 of the Draft EIR, the proposed Cathedral Hill Campus would also require a General Plan amendment for the Van Ness Area Plan (VNAP), Planning Code Section 243 text and zoning map amendments, and CU authorizations. Since publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the proposed LRDP based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development of the Cathedral Hill Campus. Therefore, the required project approvals listed in the Draft EIR in Table 2-3, "Required Project Approvals," on pages 2-13 through 2-17 of the Draft EIR have been updated as part of the text revisions to the Draft EIR included on pages C&R 4-37 to C&R 4-42 of this document. Please refer to Responses LU-5 and LU-9 (page C&R 3.3-30 and C&R 3.3-64) for an explanation regarding project approvals and consistency with local plans and policies.

In response to the comment stating that approval of the Cathedral Hill Campus should not set a precedent for other proposed buildings, cumulative land use and aesthetic impacts were analyzed in the Draft EIR. As stated in the Draft EIR on page 4.1-67, "cumulative foreseeable future development would result in an intensification of land uses in the area surrounding the proposed Cathedral Hill Campus because it would include high-density developments ranging from six to 30 stories in height…the proposed LRDP, along with other foreseeable future developments in the area surrounding the proposed Cathedral Hill Campus, would not result in any cumulatively considerable land use impacts." Cumulative impacts related to aesthetics were also concluded to be less than significant. As stated in the Draft EIR on page 4.2-192, "cumulative developments would generally increase the height of development in the vicinity of the

Cathedral Hill Campus site…in general, the cumulative developments would occur in a highly urbanized area of San Francisco…as a result, the cumulative developments would not have a substantial adverse effect on a scenic vista." Please also see the discussion of the potential for creation of a precedent for future out-of-scale development that is presented in Response LU-5, page C&R 3.3-30. It should further be noted that in the future the decision-makers would have the discretion to approve, modify, or reject any future proposed project(s) based on the merits of those individual projects, and would not be bound by any precedent established by their decision on the proposed CPMC LRDP.

The comments express general concern for "quality-of-life" issues and states that the height of the proposed Cathedral Hill Hospital should be reduced. One comment also states that the Sequoias building is out of character and not appropriate for comparison with the proposed hospital. Please see Response LU-9 on C&R 3.3-64 for a discussion of the height and bulk of the proposed Cathedral Hill Campus facilities and their impacts on the existing character of the neighborhood, and Response LU-5 (page C&R 3.3-30) for a discussion of their potential to set a precedent for out-of-scale development within the Van Ness corridor. As discussed in the Draft EIR in Section 4.1.1, "Environmental Setting," buildings of this size and scale are not uncommon in the vicinity. The discussion on pages 4.1-7 through 4.1-11 discusses a wide array of building types in neighborhoods surrounding the proposed Cathedral Hill Campus. The only mention of the Sequoias Building is in Chapter 4.2, Aesthetics, page 4.2-137 of the Draft EIR, wherein it is mentioned that the 26-story Sequoias Building is visible in one of the photographs presented in the Draft EIR. No other comparison is made between the proposed Cathedral Hill Campus and the Sequoias Building. Thus, the scale of the proposed Cathedral Hill Hospital building would not be out of character with other buildings in the area.

The proposed Cathedral Hill Campus would require exceptions and amendments to otherwise applicable requirements of the San Francisco Planning Code, which are described in Section 2.2.4 on pages 2-43 through 2-48 of the Draft EIR, as these pages have been updated as text revisions to the Draft EIR on pages C&R 4-43 to 4-46 of this document. In response to the suitability of the site for the Cathedral Hill Campus, Section 4.1, Land Use and Planning analyzes the compatibility of the proposed project in its surrounding context. Impact LU-3 on page 4.1-55 of the Draft EIR concludes that although the construction and operation of the Cathedral Hill Campus would intensify the use of the site, because it is already a densely developed and active area, land use impacts would be less than significant. Please see Responses LU-5 and LU-9 on C&R 3.3-30 and C&R 3.3-64 for a detailed discussion of the proposed amendments and exceptions to the Planning Code and the environmental issues associated with such changes.

Comment 49-7 reflects a larger discussion regarding impacts related to parking, traffic, air quality, and noise. Please see Response TR-70 (page C&R 3.7-135) regarding parking supply and accommodation of demand at the proposed Cathedral Hill Campus, Responses TR-52 (page C&R 3.7-76) regarding traffic conditions in the Cathedral Hill Campus area, NO-51, and AQ-10 on C&R 3.8-57 and 3.9-26, respectively, for discussions of "quality of life" issues, including traffic, noise, and air quality impacts.

In response to the comment that the proposed LRDP at the Cathedral Hill Campus would eviscerate the plan for the Van Ness corridor, please refer to Response LU-5 (page C&R 3.3-30) for a discussion of the Cathedral Hill Campus and consistency with the Van Ness Area Plan.

The Draft EIR concludes on page 4.2-138 that the proposed Cathedral Hill Hospital would not be incompatible with the diverse mix of uses in the project area. As discussed on page 2-25 of the Draft EIR, current uses includes the existing medical office uses at 1375 Sutter Street, which occupy approximately half of the space in the building.

Please see Response LU-3 (page C&R 3.3-7) which explains how the proposed LRDP is consistent with General Plan housing policies, and Response LU-5 (page C&R 3.3-30) for a discussion regarding the

consistency of the proposed project with the General Plan, and Response LU-9 for a discussion of the relationship of the proposed LRDP to the Planning Code and explanation of the planning code authorizations in order to allow development proposed under the LRDP.

Stories and Heights

One comment states that the analysis of impacts on neighborhood character is not supported because the information on building height is provided only in the number of stories. Both building stories and heights are addressed in the Draft EIR. The discussion on those pages presents an array of data and analysis of the proposed Cathedral Hill Campus, including on square footage of uses, stories, height, as well as a discussion of changes of uses, streetscapes, pedestrian environment, and noise environment. For example, the following statements are presented in the Draft EIR:

- "Campus buildings would intensify uses on the existing area designated for Cathedral Hill Campus development, with a net increase of approximately 905,000 sq. ft. of new space" (Draft EIR, page 4.1-55)

- "Although the hospital would change the character of the site, it would include features that would improve the pedestrian environment and facilitate connections between the proposed campus and the surrounding neighborhood" (Draft EIR, page 4.1-56)

- "The proposed Cathedral Hill Hospital would be 15 stories and 265 feet tall and would replace the existing 10-story, 120-foot-tall hotel and 11-story, 180-foot-tall office building" (Draft EIR, page 4.1-57)

- "Ambulances would access the hospital from this location which may increase the amount of noise from ambulances at nearby residences. Thus, may change the character of the area and potentially result in adverse land-use noise compatibility effects" (Draft EIR, page 4.1-57).

Please also refer to C&R Figure 3.4-1 (C&R 3.4-5) which shows the heights of the proposed Cathedral Hill Campus buildings in context with the heights of the surrounding buildings.

Substantial Evidence

The same comment states that the analysis of neighborhood character, in particular building height, is not supported by substantial evidence because the discussion addresses the numbers of stories of buildings rather than the measured height of those buildings in feet. As is stated above, building height in feet is provided in several parts of the analysis in the Draft EIR. This information, along with the additional details about building stories constitutes substantial evidence. According to Section 15384 of the State CEQA Guidelines, substantial evidence is "enough relevant information and reasonable inferences from this information that a fair argument can be made to support a conclusion, even though other conclusions might also be reached." More specifically, substantial evidence includes "facts, reasonable assumptions predicated upon facts, and expert opinion supported by facts," and expressly does not include "Argument, speculation, unsubstantiated opinion or narrative, evidence which is clearly erroneous or inaccurate, or evidence of social or economic impacts which do not contribute to or are not caused by physical impacts on the environment." The analysis of scale of development, along with other environmental issues in the Draft EIR, is based on facts such as existing and proposed heights, existing and proposed uses, and the like. Therefore, to support the conclusion of a less than significant impact related to neighborhood character, in particular building height, the Draft EIR provides substantial evidence in its data and analysis of the proposed Cathedral Hill Campus.

Comment

(Donald Scherl, October 18, 2010) [74-11 LU]

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

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."

Response LU-14

The comment states that the proposed Cathedral Hill Hospital would have significant and unavoidable impacts and would "destroy" the surrounding neighborhood.

The comment states that Impact LU-3 is labeled SU, or significant and unavoidable, by the Planning Department. This is incorrect. Impact LU-3 is labeled LTS, or less than significant, for all affected campuses (Draft EIR, page 4.1-55). Please see Response LU-13 on C&R 3.3-78 for discussion of the proposed Cathedral Hill Campus facilities and their effects on the existing character of the neighborhood, which states that buildings of the size of the proposed Cathedral Hill Hospital are not uncommon in the vicinity and thus, the scale of the proposed building would not be out of character with other buildings in the vicinity.

Comments

(Hossein Sepas, October 19, 2010) [82-8 LU]

"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."

(Patrick Carney, October 19, 2010) [83-8 LU]

"**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 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."

(Wallace Cleland, October 17, 2010) [86-1 LU]

"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, Usually, zoning aspects of projected properties are reviewed separately from environmental considerations; however the aspects may be closely related."

Response LU-15

The comments state that the proposed Cathedral Hill Campus would not be compatible with the existing land use because it is not consistent with the goals of the Van Ness Avenue corridor to have a unified boulevard with similar setbacks and heights. The comments state that a noise increase caused by ambulance travel and reduced pedestrian traffic at night would occur with the construction of the proposed Cathedral Hill Campus.

In response to the comment stating that the Cathedral Hill Campus would not be compatible with the existing land use and not consistent with the goals of the Van Ness Avenue corridor, it is presumed that this comment is referencing the Van Ness Avenue Plan (VNAP). Please refer to Response LU-13 (page C&R 3.3-78) for (1) a discussion of the land use and visual compatibility of the Cathedral Hill Campus with the surrounding neighborhood, and (2) size of the Cathedral Hill Campus facilities. The size of the uses in the proposed Cathedral Hill Hospital is also addressed in Major Response HC-2, page C&R 3.23-8. See Response LU-5 (page C&R 3.3-30) for a discussion of the consistency of the proposed LRDP with the VNAP. The discussion on page 4.2-138 of the Draft EIR concludes that the overall visual change with the proposed development, although considerable, would not be unexpected in a dense urban environment such as the Cathedral Hill Campus area and would remain in context.

As stated on pages 2-43 through 2-48 of the Draft EIR, the proposed Cathedral Hill Hospital would require an amendment to the VNAP, in addition to a number of other approvals, before it could be constructed. These pages have been updated as text revisions to the Draft EIR on pages C&R 4-43 to C&R 4-46 of this document to indicate refinements. Since publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the proposed LRDP based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development of the Cathedral Hill Campus. Therefore, the required project approvals listed in the Draft EIR in Table 2-3, "Required Project Approvals," on pages 2-13 through 2-17 of the Draft EIR have been updated as part of the text revisions to the Draft EIR included on pages C&R 4-37 to C&R 4-42 of this document. Specific approvals related to the VNAP include:

- Amendment to Map 1, Generalized Land Use and Density Plan, of the VNAP designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as appropriate for medical institution/medical center use and to increase the maximum FAR from 7:1 to 9:1 for the proposed Cathedral Hill Hospital site and from 7:1 to 7.5:1 for the proposed Cathedral Hill MOB site.

- Amendment to Map 2, Height and Bulk Districts, of the VNAP to designate the block proposed for the Cathedral Hill site as a 265-V Height and Bulk District, which would allow buildings of up to 265 feet tall.

- Amendment to Section 243, Van Ness Special Use District (VNSUD), of the Planning Code to modify the VNSUD to include a new Van Ness Medical Use Subdistrict that would allow a medical center at the Cathedral Hill Hospital and Cathedral Hill MOB site

A CU authorization under Section 303 of the Planning Code would be sought for the proposed Cathedral Hill Hospital and Cathedral Hill MOB to allow them as conditionally permitted uses in the new Van Ness Medical Use Subdistrict and the RC-4 Zoning District. As stated on page 2-43 of the Draft EIR, these amendments and authorizations are proposed as part of the LRDP and must be approved before the proposed Cathedral Hill Campus would be implemented. The LRDP would not move forward without them. If they are approved by decision-makers, the proposed Cathedral Hill Campus would be consistent with the applicable plans and policies.

Please see the Response AE-2 (page C&R 3.4-3) for discussion of the height of the proposed buildings at the Cathedral Hill Campus under the LRDP and their impacts on visual resources.

Ambulance noise would be part of the operation of the proposed Cathedral Hill Campus. Noise impacts associated with ambulances entering and exiting the proposed Cathedral Hill Campus and potential impacts to on-site and off-site noise-sensitive receptors are analyzed on page 4.6-70 and 4.6-71 of the Draft EIR. The Draft EIR states that the use of sirens could result in a substantial increase in ambient noise levels at nearby sensitive receptors. However, as discussed on page 4.6-70 of the Draft EIR, "normal practice would be to turn off the siren within a few blocks of the proposed hospital…as a result, noise associated with the ambulance entrance/exit, without the use of sirens, would comply with the City's noise limit of 8 dB above the ambient noise level at the property line." Please see Response NO-59 on C&R 3.8-64, which includes data showing the change in ambient noise levels associated with siren usage in the Cathedral Hill Campus area. As explained in Response NO-59, the level of siren-related noise that would be experienced by receptors located in the vicinity of the proposed Cathedral Hill Campus would be similar to the level that currently exists in this part of the City and, therefore, would not make the neighborhood less livable.

The comments state that pedestrian life would not be vibrant at night when the Cathedral Hill Hospital is closed. However, like most hospitals, the proposed Cathedral Hill Hospital would operate 24 hours per day. Hospital employees, patients, and visitors would be expected to visit nearby businesses, including restaurants and coffee shops. Pedestrian circulation and activity at the Cathedral Hill Campus is discussed on pages 4.5-130 through 4.5-134 of the Draft EIR. The proposed Cathedral Hill Campus would result in an increase in pedestrian activity in the vicinity of the campus, compared to existing conditions for the a.m. and p.m. peak hour. Therefore, compared to the former hotel, pedestrian activity would not be reduced with the proposed hospital development.

Comment

(Richard Margary, September 23, 2010) [PC-218 LU]

"The new facilities fit well into the City's larger plans for the Van Ness and the Geary corridors,..."

Response LU-16

This comment states that the facilities at the proposed Cathedral Hill Campus would fit well into the City's larger plans for the Van Ness and Geary corridors. The comment is noted. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Ted Weber, October 12, 2010) [52-1 LU]

"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)."

Response LU-17

The comment states that the proposed CPMC LRDP would not be in compliance with the Planning Code, and would have a negative impact on traffic. Please see Response LU-9 (page C&R 3.3-64) for a discussion of the proposed LRDP's consistency with the Planning Code. It is acknowledged in the Draft EIR (as explained below) that construction and operation of the project would result in significant and unavoidable impacts on transportation and circulation in some cases. The proposed LRDP would result in significant and unavoidable transportation and circulation impacts for the each of the following locations:

Cathedral Hill Campus

- At the intersections of Van Ness/Market and Polk/Geary with the implementation of the proposed Cathedral Hill Campus project or the Two-way Post Street or MOB Access Variants (Impact TR-1, page 4.5-93; Impact TR-2, page 4.5-98; Impact TR-6, page 4.5-102; Impact TR-7, page 4.5-105; Impact TR-12, page 4.5-107; and Impact TR-13, page 4.5-108 of the Draft EIR)

- At the intersection of Franklin/Bush with the MOB Access Variant (Impact TR-8, page 4.5-105 of the Draft EIR);

- At the proposed MOB driveway on Geary Street with implementation of the Cathedral Hill Campus project with the MOB Access Variant (Impact TR-17, page 4.5-110; and Impact TR-42, page 4.5-135 of the Draft EIR)

- Contribution to the combined impact of the Cathedral Hill Campus and BRT projects under the proposed Cathedral Hill Campus project, or the Two-Way Post Street or MOB Access Variants at the intersection of Van Ness/Market, if the proposed Van Ness Avenue BRT and Geary Street Corridor BRT projects are implemented (Impact TR-20, page 4.5-114; Impact TR-23, page 4.5-115; and Impact TR-26, page 4.5-116 of the Draft EIR)

- Contribution to the combined impact of the Cathedral Hill Campus and BRT projects under the proposed Cathedral Hill Campus project, or the Two-Way Post Street, or MOB Access Variants at the intersection of Polk/Geary, if the proposed Van Ness Avenue BRT and Geary Street Corridor BRT projects are implemented (Impact TR-19, page 4.5-113; Impact TR-22, page 4.5-115; and Impact TR-25, page 4.5-116 of the Draft EIR)

- The proposed Cathedral Hill Campus project, or the Two-Way Post Street or MOB Access Variants would increase congestion and ridership which would impact operations of the 49-Van Ness-Mission, 38/38L-Geary, 19-Polk bus routes (Impact TR-29, page 4.5-120; Impact TR-30, page 4.5-123; Impact TR-31, page 4.5-123; Impact TR-31, page 4.5-124; Impact TR-33, page 4.5-126; Impact TR-34, page 4.5-126; Impact TR-35, page 4.5-127; and Impact TR-36, page 4.5-128 of the Draft EIR)

- Transportation impacts in the project vicinity resulting from construction vehicle traffic and construction activities under the proposed Cathedral Hill Campus project, or the Two-Way Post

Street or MOB Access Variants, that would affect the transportation network (Impact TR-55, page 4.5-147; Impact TR-56, page 4.5-160; and Impact TR-57, page 4.5-161 of the Draft EIR)

Davies Campus

- At the intersection of Church/Market/14th Street (Impact TR-75, page 4.5-186 of the Draft EIR)

Cumulative

- At the intersections of Van Ness/Market and Polk/Geary with the implementation of the proposed Cathedral Hill Campus project, or the Two-way Post Street or MOB Access Variants (Impact TR-99, page 4.5-216; Impact TR-101, page 4.5-219; Impact TR-105, page 4.5-221; Impact TR-108, page 4.5-223; Impact TR-111, page 4.5-225; and Impact TR-113, page 4.5-226 of the Draft EIR)
- At the intersection of Van Ness/Pine with the implementation of the proposed Cathedral Hill Campus project, or the Two-Way Post Street or MOB Access Variants (Impact TR-100, page 4.5-219; Impact TR-107, page 4.5-222; and Impact TR-112, page 4.5-225 of the Draft EIR)
- At the intersection of Gough/Geary, Franklin/Bush, with the implementation of the proposed Cathedral Hill Campus project with the Two-Way Post Street Variant (Impact TR-104, page 4.5-221; and Impact TR-106, page 4.5-222 of the Draft EIR)
- Contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects under the proposed Cathedral Hill Campus project, or the Two-Way Post Street or MOB Access Variants, at the intersection of Polk/Geary and Van Ness/Market if the proposed Van Ness Avenue and Geary Corridor BRT projects are implemented (Impact TR-117, page 4.5-228; Impact TR-118, page 4.5-229; Impact TR-120, page 4.5-230; Impact TR-121, page 4.5-230; Impact TR-123, page 4.5-231; and Impact TR-124, page 4.5-232 of the Draft EIR)
- At the intersection of Church/Market/14th Street with the implementation of the Davies Campus project (Impact TR-127, page 4.5-233 of the Draft EIR)
- The proposed Cathedral Hill Campus project, or the Two-Way Post Street or MOB Access Variants would increase congestion and ridership which would impact operations of the 49-Van Ness-Mission, 47-Van Ness, 38/38L-Geary, 19-Polk, and 3-Jackson bus routes (Impacts TR-133 through TR-147, pages 4.5-237 through 4.5-245 of the Draft EIR)
- Cumulative construction impacts in the project vicinity for the proposed Cathedral Hill Campus project and all variants (Impact TR-152, page 4.5-247 of the Draft EIR)

The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-49 LU, duplicate comment was provided in 108-49 LU]

"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."

Response LU-18

The comment states that the VNAP calls for east-west minor streets to be safe and attractive pathways for pedestrian travel, and that the proposed Cathedral Hill Hospital's Post Street conversion and Cedar Street would be inconsistent with this policy as the proposed project would include passenger/vehicle loading and unloading on these streets.

As stated on page 2-34 of the Draft EIR, CPMC proposes to upgrade the pedestrian environment and provide safe and attractive pedestrian pathways by improving the street frontages in the Cathedral Hill Campus area, which includes portions of Post and Cedar Streets. To achieve this objective, walkway widths would be expanded and substantial landscaped areas would be added to provide a buffer between pedestrians and traffic lanes. The proposed streetscape design is shown in Figure 2-37, "Cathedral Hill Campus—Proposed Streetscape Plan" (Draft EIR, page 2-101) and described below.

Lighting treatment is proposed near the corner of Van Ness Avenue and Post Street, which is intended to create a façade that is well-lit both during the day and at night. This would be achieved by integrating light-emitting diode (LED) fixtures within the glass façade at Levels 1, 3, and 4 of the podium structure of the proposed Cathedral Hill Hospital. The LED fixtures would be positioned within the insulated glazing assembly and screened to create a soft, diffused, and uniform appearance. The LED fixtures would be controllable, allowing the light intensity to be managed and gradually dimmed as appropriate.

New pedestrian-level streetlights are proposed for installation along Cedar Street. Additional pedestrian-level lighting would be provided and installed at the sites of the proposed hospital and MOB. The building lobbies and *portes cochères* would be well lit, and light would spill from those spaces onto the sidewalks. Vehicular entrances and drop-off zones accessed from Geary Boulevard serving the proposed Cathedral Hill Hospital would be *portes cochères* that could create inviting entries for hospital users and other pedestrians.

As described on page 2-36 of the Draft EIR, the west end of Cedar Street near Van Ness Avenue would be transformed into an entry plaza for the proposed Cathedral Hill MOB, with tactile warning tiles and lighted bollards. Concrete or special paving would extend from the north side of the proposed Cathedral Hill MOB to the existing Concordia Club building north of Cedar Street. East of the entry plaza/drop-off area, Cedar Street and the adjacent sidewalk pavement would be enhanced with concrete or special pavers. In addition, Cedar Street would include landscaping (see Figure 2-37 on page 2-101 of the Draft EIR).

Sidewalks would be widened by approximately 6 feet along both Van Ness Avenue and Post Street, except at the proposed CPMC shuttle stop (located on Post Street near Van Ness Avenue). Seating would be installed along Van Ness Avenue, near the shuttle stop on Post Street and within the plaza area of the proposed Cathedral Hill MOB.

Contrary to the comment stating that a large portion of Cedar Street and Post Street would be converted to passenger/vehicle loading, a limited portion of these streets would be designated for passenger/vehicle loading and unloading activities, as shown in Figure 4.5-16 (Draft EIR, page 4.5-91) and Figure 4.5-21 (Draft EIR, page 4.5-143). Passenger/vehicle loading and unloading would be limited to areas 43 feet in length on Cedar Street (out of a total block length of approximately 400 feet) and 135 feet in length on Post Street (out of a total block length of approximately 425 feet). The discussion on page 4.5-142 of the Draft EIR concludes, "hospital passenger loading demand would be accommodated within the proposed supply," and "because the on-street passenger loading/unloading activities on Cedar Street…would be actively monitored, and since additional passenger loading/unloading would be provided within the Cathedral Hill MOB parking garage, the proposed Cathedral Hill MOB's impacts related to passenger loading/unloading activities would be less than significant."

The landscaping, lighting, and streetscape proposed for Post Street and Cedar Street would be consistent with VNAP policy 9.11, providing pathways for pedestrian travel, and passenger/vehicle loading and unloading activities would be less than significant.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-7 LU]

"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)."

Response LU-19

The comment discusses the location of the Geary Street entrance and states that, under the LRDP, the proposed Cathedral Hill Campus needs landscaped open areas to comply with a downtown density requirement.

The comment presumably references the ingress-only access to the proposed Cathedral Hill Hospital from Geary Boulevard for patient drop-off and parking, as shown in Figure 2-4 on page 2.53 and Figure 4.5-16 on page 4.5-91 of the Draft EIR. The ingress-only access to the proposed Cathedral Hill Hospital would be used for patient loading/unloading, and for emergency vehicles. As described on page 4.5-141 of the Draft EIR, the interior passenger loading/unloading zone at the Cathedral Hill Hospital would be accessible from Geary Street and Post Street. There would be a separate travel lane to allow passenger cars to bypass stopped vehicles. The discussion on page 4.5-142 of the Draft EIR concludes that the proposed Cathedral Hill Hospital loading demand would be accommodated within the proposed supply. Emergency vehicle access for the proposed Cathedral Hill Hospital is analyzed on pages 4.5-145 through 4.5-146 of the Draft EIR. Geary Boulevard/Street is identified as one of seven likely routes to the proposed Cathedral Hill Hospital. The discussion on page 4.5-146 of the Draft EIR concludes that emergency vehicle access impacts at the proposed Cathedral Hill Hospital would be less than significant. No significant impacts associated with site access were identified in the Draft EIR. It should also be noted that the Draft EIR concluded that the proposed Cathedral Hill Campus would create less-than-significant impacts related to bicycle/vehicle and pedestrian conflicts, including at the Geary Blvd main entrance (please see the discussion of Impact TR-37, DEIR page 4.5-128).

As stated in Response LU-1 (page C&R 3.3-1), the Draft EIR acknowledges that compliance with the recently adopted Better Streets Plan would be required as part of the streetscape plan for each campus (Draft EIR, pages 2-48, 2-146, and 2-185). There is no density requirement related to landscaped open space areas at the proposed project site. The San Francisco Planning Code currently requires that open space be provided to serve residential uses. The proposed Cathedral Hill Campus falls within the VNAP, which specifies that "the requirement of 36 square feet of open space for each dwelling unit should continue to apply. Development of common usable open space could substitute for private open space at a ratio of 1.33 to 1 provided that this space would be for the exclusive use of project residents. Common open space should include such uses as multipurpose rooms to be used for exercise rooms, solaria, recreational facilities, green spaces and open space play areas."[40] Because the proposed Cathedral Hill Campus is not residential in nature, it is not required to provide open space as specified above. However, the proposed Cathedral Hill Campus would include streetscape design, landscaping, and open space.

The Better Streets Plan creates a unified set of standards, guidelines, and implementation strategies to govern how the City designs, builds, and maintains its pedestrian environment. Major themes of the Better Streets Plan involve distinctive streetscape design, including street trees and lighting; improved

[40] San Francisco Planning Department. Van Ness Avenue Area Plan. http://www.sf-planning.org/ftp/General_Plan /Van_Ness_Ave.htm. Accessed March 21, 2011.

street ecology; and extensive greening, including sidewalk plantings. If the proposed LRDP is approved, compliance with the Better Streets Plan would be confirmed during final design review.

As stated on page 2-34 of the Draft EIR, CPMC proposes to upgrade the pedestrian environment by improving the street frontages in the Cathedral Hill area. To achieve this objective, walkway widths would be expanded and substantial landscaped areas would be added to provide a buffer between pedestrians and traffic lanes. The proposed streetscape design is shown in Figure 2-37, "Cathedral Hill Campus—Proposed Streetscape Plan" (Draft EIR, page 2-101). As stated on page 2-36 of the Draft EIR, a new landscape plan is proposed for the Cathedral Hill Hospital and Cathedral Hill MOB, featuring distinctive groupings and compositions of plant materials set in sidewalk garden areas intended to be compatible with the solar, wind, and wet/dry-cycle conditions around the various street frontages. The draft streetscape plan for the proposed Cathedral Hill Campus includes a planting plan for street trees along all streets bordering the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB. New landscaping also would be placed in the interior of the hospital site, and within the roof garden, courtyards, and private open space for hospital patients, employees, and visitors.

Comments

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-10 LU]

"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.

[4] DEIR 4.1-55. "

(Dina Hilliard, September 23, 2010) [PC-53 LU]

"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."

Response LU-20

The comments state that the Draft EIR ignores the impacts of the proposed CPMC LRDP development on the Tenderloin and elsewhere in the central portion of the City.

The environmental analyses contained in the Draft EIR address the direct and indirect environmental impacts of construction and operation of the proposed LRDP. The extent to which these impacts would occur in nearby neighborhoods (and citywide where relevant) is disclosed in the Draft EIR. In addressing view effects of the project, Viewpoint #2 shown on Figure 4.2-3, page 4.2-15 of the Draft EIR, depicts the view of the project site from Geary Street near Larkin Street, in the Tenderloin. The transportation analysis evaluated traffic conditions at five intersections along Polk Street on the western edge of the Tenderloin (as shown on Figure 4.5-1 on page 4.5-2 of the Draft EIR), and analyzed potential effects on transit corridors and bicycle routes that traverse the Tenderloin (as shown on Figures 4.5-6 and 4.5-11 on pages 4.5-18 and 4.5-34 of the Draft EIR, respectively).

A supplemental analysis was prepared for intersections in the Tenderloin and Civic Center areas, as documented in the technical memorandum *Supplemental-Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA* (Fehr & Peers, January 6, 2011). The findings of the analysis are summarized in Response TR-64 (page C&R 3.7-119). This supplemental analysis evaluated seven additional study intersections in the Tenderloin and Civic Center neighborhoods generally bounded by Geary Street to the north, Leavenworth Street to the east, Market Street to the south, and Polk Street to the west. While the Draft EIR trip distribution assumptions were reasonable for the original analysis, and consistent with trip distribution methodology in the *SF Guidelines*, the sensitivity analysis was conducted to determine what effect, if any, would be generated if a higher percentage of motorists traveling to the proposed Cathedral Hill Campus from Superdistrict 1, Superdistrict 3, and the freeway were to use alternate routes, primarily through the SoMa and Tenderloin, rather than those assumed in the Draft EIR. The sensitivity analysis was prepared for informational purposes only; therefore, the trip distribution used in the Draft EIR was not changed because the analysis remains reasonable and accurate.[41] The results of that analysis illustrated that the proposed Cathedral Hill Campus would increase vehicle trips through the Tenderloin Neighborhood study area and as a result, could increase the number of conflicts between vehicles, pedestrians, and bicyclists. However, this increase would not result in significant impacts. Nevertheless, examples of improvements at the study intersections were identified that could reduce conflicts between various modes (see Response TR-64, page C&R 3.7-119). Although the impacts on pedestrians were determined to be less than significant, as part of implementation of Improvement Measure I-TR-40, the project sponsor could provide funding for the Tenderloin Neighborhood study or for implementation of additional streetscape, pedestrian, and related improvements in the vicinity of the proposed LRDP campuses. While not required, the sponsor understands this would improve the less-than-significant impacts to the pedestrian and bicycling environment. Please also see Response TR-124, page C&R 3.7-207).

Overall, the analyses in the Draft EIR do not fail to evaluate effects in nearby neighborhoods, including the Tenderloin. Please also see Responses PH-23 (page C&R 3.5-79) and PH-18 (page C&R 3.5-67) for a discussion of the potential effects of the proposed LRDP on businesses and residents in neighborhoods adjacent to the CPMC campuses, including the Tenderloin and Central City areas.

One comment also states that the Draft EIR fails to consider the potential effect of the project on healthcare service delivery to neighborhoods near the proposed Cathedral Hill Campus, including the Tenderloin and the Central City. Major Response HC-8 addresses the effects of the proposed LRDP on access to healthcare throughout the City as well as in specific neighborhoods such as the Tenderloin (please see page C&R 3.23-32). This same issue is also addressed in Responses HC-7 (page C&R 3.23-74), HC-10 (page C&R 3.23-86), and HC-12 (page C&R 3.23-91).

3.3.2.2 VAN NESS SPECIAL USE DISTRICT 3:1 RESIDENTIAL/NET NEW NON-RESIDENTIAL REQUIREMENT

Comments

(Calvin Welch—Council of Community Housing Organizations, October 13, 2010) [53-1 LU]

"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;"

[41] *Supplemental-Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA*", which is located in Appendix E of the C&R document.

(Linda Chapman, October 19, 2010) [76-2 LU, duplicate comment was provided in 111-2 LU]

"Exemption from the zoning for housing and limited commercial uses envisaged by the area plan is a huge demand, where that plan comprises a well integrated set of policies that further interdependent objectives. VNAP objectives include: Transform a commercial corridor into an imposing boulevard, by adding residential development and landscaping; Use height limits to create the consistent profile appropriate for a grand boulevard, following topography by stepping up building heights from the waterfront to a mid-rise profile along the high ridge of the boulevard; Allow sufficient height to encourage dense housing while avoiding traffic-inducing high rise development; Foster preservation of architecturally significant commercial buildings, and CONSIDER permitted heights to avoid visual incongruity with classic buildings; Promote residential development on a transit corridor (especially affordable housing), by encouraging high density and small units; 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)."

(Linda Chapman, October 20, 2010) [76-3 LU, duplicate comment were provided in 111-3 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."

(Linda Chapman, October 19, 2010) [76-5 LU, duplicate comment was provided in 111-5 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 also fund the same project."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-45 LU, duplicate comment was provided in 108-45 LU]

"The proposed Long Range Plan includes no residential development and converts a large block to neither residential nor commercial development."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-58 LU]

"• The DEIR omitted new housing required under current City regulations, which CPMC is now seeking an exemption from constructing.[28]

[28] DEIR at page 4.3-33."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-74 LU]

"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."

(Stephanie Barton, et al—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-11 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]

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 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.

[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)
[14] DEIR 2-45."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-12 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.

[15] Planning Code § 243(c)(8)(A).
[16] DEIR 2-21."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-13 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.

[17] Planning Code § 243(c)(8)(B)(iv)
[18] *Id.*"

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-14 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 has direct and indirect consequences for the physical development of Van Ness Avenue. Such physical impacts have to be considered in an EIR.[20]

[19] CEQA Guidelines §21002.1.
[20] CEQA Guidelines §§ 15126.2(a), 15064(d), 15131(a)."

(Hisashi Sugaya—Planning Commission Oct. 15, 2010) [116-9 LU]

"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."

(Steve Woo, September 23, 2010) [PC-62 LU]

"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 [VNAP housing requirement] 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 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."

Linda Chapman, September 23, 2010) [PC-280 LU]

"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 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."

(Kevin Kitchingham, September 23, 2010) [PC-303 LU]

"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."

(Kevin Kitchingham, September 23, 2010) [PC-307 LU]

"…where 100 percent of the developer's obligations under the existing code, particularly that in the Van Ness Special Use District..."

(Commissioner Olague, September 23, 2010) [PC-373 LU]

"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 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."

(Commissioner Olague, September 23, 2010) [PC-381 LU]

"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 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."

(Commissioner Miguel, September 23, 2010) [PC-385 LU]

"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 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."

(Commissioner Antonini, September 23, 2010) [PC-391 LU]

"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 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."

(Commissioner Antonini, September 23, 2010) [PC-393 LU]

"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…."

Response LU-21

The following is a summary of the substantive comments:

- The Draft EIR should include an evaluation of Planning Code Section 243 and Section 243 (c)(8)(A)-(C);
- The Draft EIR should demonstrate how CPMC would replace the units demolished by construction of the proposed Cathedral Hill Campus, and how CPMC would provide housing required under the VNAP.
- The Draft EIR does not take into account or analyze the San Francisco Planning Code provisions that would require the developers to contribute to the development of housing, especially affordable housing.
- The Draft EIR does not discuss whether an exception to the 3:1 requirement is permissible, and it does not consider the consequences of modifying the VNSUD's residential development and what the consequences for housing development on Van Ness Avenue would be.
- The Draft EIR does not provide the necessary information to determine what the residential square footage requirements would be for the site.
- Projects are not automatically exempt from the 3:1 ratio of residential to net new non-residential development requirement of the VNSUD. The Draft EIR does not discuss the effects of granting an exception on achieving the housing development envisioned for Van Ness Avenue as set for in the VNAP and does not identify specific sites in the area that would be reasonably suitable for a medical campus.
- The VNSUD was in effect before CPMC purchased the Cathedral Hill Hospital property, and, if the proposed hospital was constructed, the 3:1 ratio should be met in other areas of the city.
- The Draft EIR has not considered the jobs-housing linkage program.
- The Draft EIR did not include an alternative that included compliance with the 3:1 residential to net new non-residential requirement of the Van Ness SUD.

- The Draft EIR should consider the project's compliance with the VNAP, including the use and height requirements.
- The Draft EIR should consider the No Project Alternative.
- The Draft EIR may need to be recirculated.

This response first addresses the adequacy of the Draft EIR's analysis, and then provides the additional information requested by the comments.

1. Draft EIR Analysis of VNSUD 3:1 Residential/Net New Non-Residential Provision

Several comments, including those provided by Planning Commissioners, relate to the proposed LRDP's request for a CU authorization or Planning Code amendment to modify the 3:1 residential/net new non-residential ratio in Planning Code Section 243 (Van Ness Special Use District). The comments request additional analysis of the requirements of Section 243 and how the proposed LRDP or another development scenario at the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites might address the 3:1 residential/net new non-residential ratio.

As described above, some of the comments suggest that the Draft EIR is inadequate because it (1) does not adequately identify Planning Code and VNSUD conflicts based on noncompliance with the 3:1 residential/net new non-residential provision; and (2) does not analyze a scenario that complies with the 3:1 residential/net new non-residential ratio requirement.

A. Consistency of Project with Planning Code

The San Francisco General Plan is the document that guides land use decisions throughout the City of San Francisco. The VNAP, a component of the General Plan, provides more precise policy guidance specific to the history, character, and planned future for the Van Ness Avenue corridor. The San Francisco Planning Code is part of the Municipal Code through which land use and development are regulated in the City. Section 15125(d) of the State CEQA Guidelines states:

> "The EIR shall discuss any inconsistencies between the proposed project and applicable general plans, specific plans, and regional plans."

Inconsistency of a proposed project with an objective or policy of the General Plan, Area Plan, or Planning Code alone is not necessarily considered a significant environmental impact, but it could be, depending on the nature of the conflict (i.e., if the conflict would result in an adverse physical impact relative to baseline conditions). CEQA does not require an analysis of all plans and policies, but rather asks whether a proposed project would conflict with any plan or policies adopted to protect the environment. Further, if the decision-makers determine to approve a project that is inconsistent with the General Plan, either the project must be altered to achieve consistency, or a general plan amendment must be granted. Similarly, if a project is proposed that is not compliant with the requirements of the Planning Code, the project must be altered to be in compliance, the code must be changed, or a variance or exception must be granted. No variances have been requested for the proposed LRDP; however, the project sponsor has requested several amendments to the VNAP and changes to the text and maps of the San Francisco Planning Code that would be required to approve the CPMC LRDP as proposed (Table 2-3, on pages 2-13 through 2-17 of the Draft EIR, These pages have been updated as text revisions to the Draft EIR on pages C&R 4-37 to 4.42 of this document), as well as Conditional Use authorizations (CU) that would, consistent with the procedures in the Planning Code, exempt the project from certain otherwise applicable Planning Code requirements.

The primary discussion of the proposed Cathedral Hill Campus development's consistency with the General Plan and Planning Code is provided on page 4.1-48 of the Draft EIR, as follows:

> "The amendments to the General Plan's VNAP and amendments to the Planning Code text and zoning and height and bulk district maps; the PUD and CU authorizations; and other approvals, as discussed above, are part of the proposed LRDP. If they are approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies. **This impact would be less than significant.**"

Planning Code Section 243(8)(A) states:

> "In newly constructed structures, nonresidential uses shall only be permitted if the ratio between the amount of net additional occupied floor area for residential uses, as defined in this paragraph below, to the amount of occupied floor area for nonresidential uses in excess of the occupied floor area of structures existing on the site at the time the project is approved is 3 to 1 or greater."

Section 243 allows modification of the 3:1 residential/net new non-residential ratio requirement for projects that (1) meet certain affordable housing requirements (including payment of an in-lieu fee), or (2) provide important public needs, including medical services, provided that the decision makers determine that the project meets the specified criteria (Planning Code Section 243(c)(8)(B)(iii) and (iv), respectively). Criterion (iii) in Planning Code Section 243(c)(8)(B) requires the Planning Department to report annually to the Planning Commission, which would consist of evaluation and adjustments to affordability and fee calculations. Criterion (iv) in Planning Code Section 243(c)(8)(B) would allow the Planning Commission to modify the 3:1 residential/net new non-residential ratio or modify the timing and location of linked projects if the overall objective of adding new housing on Van Ness Avenue would not be significantly compromised. The project requests modification of the 3:1 requirement based on subsection (iv), which is described in detail under "B. The Project Sponsor's Conditional Use Request" below.

Because the proposed Cathedral Hill Hospital and MOB can be approved under Planning Code Section 243(c)(8)(B) for CU, it does not "conflict" with existing zoning. The Code establishes uses that are (1) permitted, (2) permitted as "conditional uses" following a discretionary approval, and (3) unpermitted. If the CU application is not approved, then the project could not proceed as proposed. Therefore, the Draft EIR properly concludes that the project does not conflict with a land use regulation.

In addition, within the CEQA context, impacts associated with consistency of a project with applicable land use regulations (including zoning) are evaluated within an explicit framework, as set forth under significance criterion "b" of Section 4.1, "Land Use and Planning," of the Draft EIR. The criterion asks whether a project would "conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project adopted for the purpose of avoiding or mitigating an environmental effect" (note that this criterion was revised on page C&R 4-5 to accurately reflect the wording in Appendix G of the State CEQA Guidelines).[42] A conflict with existing regulations is not, in itself, deemed a significant effect unless that conflict results in an adverse physical impact relative to baseline conditions. (Effects analyzed under CEQA must be related to a physical change, according to Section 15358(b) of the State CEQA Guidelines).

The 3:1 residential/net new non-residential requirement was not adopted to avoid or mitigate an environmental effect, but instead to implement the policy goals of the VNAP, an element of the General Plan, by encouraging "creation of a mix of residential and commercial uses" (see Planning Code Section 243[b]).[43] As such, the determination as to whether a project is consistent with zoning, or can and should be permitted for CU, variance, exemption, or amendments to the existing zoning, is considered by

[42] *State CEQA Guidelines,* Appendix G.

[43] Also, as noted on DEIR page 4.1-3, the Western Addition A-2 Redevelopment Plan expired on January 1, 2009. Until that time, the Cathedral Hill Hospital and 1375 Sutter Street MOB sites were subject to redevelopment controls and were not required to meet the 3:1 requirement.

decision-makers outside of the CEQA analysis, as part of their decision whether to approve, modify, or disapprove a project.

The decision-makers (i.e., the San Francisco Planning Commission and Board of Supervisors) are responsible for reviewing the consistency of the proposed LRDP with the applicable land use plans and policies. The decision-makers' consistency review occurs independently and separately from the CEQA analysis.

B. The Project Sponsor's Conditional Use Request

The project sponsor has submitted a CU application[44] that would exempt the project from the 3:1 residential/net new non-residential ratio provision based on Section 243(c)(8)(B)(iv), which provides as follows:

> "If the Commission finds that taking into consideration projects constructed since the effective date of the VNSUD and the housing development potential remaining in the District the overall objective of adding a substantial increment of new housing on Van Ness Avenue would not be significantly compromised, for CU the Commission may modify the 3:1 housing ratio or may modify the rules regarding the timing and location of linked projects if in addition to Section 303(c) standards of this Code it finds that:
>
> (1) The project is to provide space for expansion of an established business from an adjacent site (for this purpose two sites separated by an alley shall be deemed to be adjacent) or,
>
> (2) The project is to provide space for an institutional, hotel, medical, cultural or social service use meeting an important public need which cannot reasonably be met elsewhere in the area, and
>
> (3) Housing cannot reasonably be included in the project referred to in (1) and (2) above.
>
> The Commission shall consider the feasibility of requiring the project to be constructed in such a manner that it can support the addition of housing at some later time."

The CU application for the proposed Cathedral Hill Campus discusses how the proposed LRDP would meet these criteria under Planning Code Section (c)(8)(B)(iv). The CU application states that no other site in the area met the site selection criteria which were required for the medical center and housing cannot reasonably be included at the proposed hospital site. As part of this analysis, Planning Department staff would consider the information provided by the project sponsor, and would conduct their independent analysis, including updating the projects constructed to date in the VNSUD, and additional potential housing sites remaining in this district. The project sponsor and Planning Department staff would also need to address the project's compliance with the City's policy discouraging approval of projects that seek exceptions from housing production requirements, unless the project fulfills the underlying housing production goal as a condition to the exception, as established under the resolution regarding Supporting Existing Area Plan Housing Requirements, adopted by the Board of Supervisors on September 28, 2010. The Planning Commission would have this information available when it considers whether to approve, disapprove or modify the CU application for the proposed CPMC LRDP.

C. VNSUD Housing Fee and Jobs-Housing Linkage Program Fees

As discussed above, the VNSUD provides that non-residential uses must provide residential space at a 3:1 residential/non-residential ratio for any "net new" non-residential occupied floor area unless exempted

[44] The Marchese Company. 2011. California Pacific Medical Center Cathedral Hill Hospital and Medical Office Building Application for Conditional Use Authorization. resubmitted on July 10, 2011.

through the adoption of certain findings. With respect to housing potential, the following information is provided. The effective date of the VNSUD was 1988 (VNSUD added by ordinance 12/16/88). Since that time, 988 housing units have been constructed and another 538 are actively in the pipeline.[45] Per the 1987 Environmental Impact Report (EIR) for the Van Ness Avenue Master Plan (of which the Van Ness Special Use District comprises the largest part), the future development potential of the VNSUD was identified as approximately 2,028,000 gsf, or approximately 2,190 units.[46] By this measure, approximately 45 percent of the residential potential for the SUD has already been achieved (988/2,190) and another 25 percent (538/2,190) is in the pipeline. By the original potential estimate, only 674 more units need be constructed to reach full anticipated build-out. By even the most conservative standards, the remaining potential in the district exceeds this number by almost 4 times (2,565/674).[47] Further, the 1987 EIR for the VNAP specifically did not identify the proposed Cathedral Hill Hospital site for consideration as "developable" or as a potential housing site.[48]

Therefore, the project sponsor believes that the findings in 243(c)(8)(iv) above could be made, and as such, the application of the 3:1 requirement could be modified through a Conditional Use authorization (CU). Because it would be part of a hospital and medical center or other medical institution, the CPMC proposed Cathedral Hill MOB would also be exempt from the City's Job-Housing Linkage Program (JHLP) fees related to housing. However, CPMC has proposed to make a contribution to the Mayor's Office of Housing that is at least equivalent to the JHLP, as defined in Section 413 of the Planning Code, for the purpose of responding to concerns about housing demand created by the proposed Cathedral Hill Campus. It is anticipated that the contribution to the Mayor's Office of Housing would be incorporated into the conditions of approval or a mutually approved development agreement for the proposed project, if the project is approved. While the Draft EIR does not identify a significant impact to housing that would require mitigation, this contribution would support the creation of affordable housing in a manner similar to projects that are required to pay the JHLP fee. Please also see Response PH-11, page C&R 3.5-43.

D. Calculation of the 3:1 Requirement for the Cathedral Hill Hospital and Cathedral Hill MOB Sites as Proposed under the LRDP

The proposed LRDP includes two sites within the VNSUD, the proposed Cathedral Hill Hospital site (containing two existing buildings), and the proposed Cathedral Hill MOB site (containing seven existing buildings). The 1375 Sutter Street building does not fall within the VNSUD. Based on analysis by Planning Department staff and as shown in C&R Table 3.3-1 below, the approximate 3:1 requirement for the project, if it were not requested to be modified via CU, would be as follows:

Hospital site: The occupied non-residential floor area for the proposed Cathedral Hill Hospital under the LRDP is 650,894 sq. ft; Subtracting the 292,260 sq. ft. for the existing hotel and office space at the Cathedral Hill Hotel and 1255 Post Street office property produces a total of 358,634 sq. ft. of net new occupied non-residential floor area. Neither the existing or proposed uses at the Cathedral Hill Hospital site contain residential uses; therefore, the net new, occupied, non-residential floor area of the proposed Cathedral Hill Hospital for purposes of the 3:1 residential to non-residential calculation is 358,634 sq. ft. Planning Code Section 243 requires that for every 1 sq. ft. of net new non-residential area built, 3 sq. ft. of residential area must be built on a site in the VNAP area. Therefore, to meet the 3:1 residential/net new non-residential ratio, approximately 1,075,902 sq. ft. of occupied residential area (358,634 sq. ft. of net new non-residential area multiplied by 3) would be required at the Cathedral Hill Hospital site.

[45] City housing database and pipeline report, San Francisco Planning Department, per email correspondence from Teresa Ojeda, Planning Department to Ken Rich, Mayor's Office of Economic Development re: Van Ness SUD Housing Analysis (Feb. 3, 2011).
[46] Van Ness Avenue Plan Final Environmental Impact Report, Case No. 82.392E/87.586E, (final EIR certification date: Dec. 17, 1987).
[47] Planning Department report on remaining development potential in the Van Ness SUD, per email correspondence from Teresa Ojeda, Planning Department to Ken Rich, Mayor's Office of Economic Development re: Van Ness SUD Housing Analysis (Feb. 3, 2011).
[48] VNAP FEIR, page 58: "These existing buildings are generally large and contain businesses which maintain strong economic activity (e.g. Cathedral Hill Hotel, Holiday Inn, Regency Theater) and, based on past and projected economic trends, are not expected to be demolished for new construction or converted to another use."

MOB site: The occupied non-residential floor area for the proposed Cathedral Hill MOB under the LRDP is 147,432 sq. ft; subtracting the 50,554 sq. ft. for the existing non-residential floor area associated with the seven buildings, produces a total of 96,878 sq. ft. of net new occupied non-residential floor area. The existing seven buildings contain a total of 9,651 sq. ft. of occupied residential floor area, which would be subtracted from the net new occupied non-residential floor area. The net new occupied non-residential floor area of the proposed Cathedral Hill MOB for purposes of the 3:1 calculation is 87,227 sq. ft. Therefore, to meet the 3:1 residential/net new non-residential ratio, approximately 261,681 sq. ft. of occupied residential (87,227 sq. ft. of net new non-residential multiplied by 3) would be required at this site.

Total for Hospital and MOB site: Based on the calculations above, to meet the 3:1 residential/net new non-residential ratio, approximately 1,337,583 sq. ft. of occupied residential would be required.

Based on this calculation, the total net new occupied non-residential floor area of the proposed LRDP at Cathedral Hill Campus, for purposes of the Planning Code Section 243 3:1 residential to net new non-residential use calculation, is 445,861 sq. ft. (358,634 sq. ft. for hospital site and 87,227 sq. ft. for MOB site), and the required residential square footage is 1,347,234 sq. ft. (three times the total net new occupied square footage at Cathedral Hill Campus would be 445,861, plus replacement of the existing 9,651 sq. ft. of occupied area of residential uses at the MOB site).

E. Alternative 3:1 Compliance Scenario

Some comments request additional analysis of a scenario that would include compliance with the 3:1 residential/net new non-residential requirement. That additional analysis is provided below.

Chapter 6, "Alternatives" of the Draft EIR identifies alternatives to the project and discusses environmental impacts associated with each alternative. Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects.

C&R Table 3.3-1
Cathedral Hill Hospital and MOB Site 3:1 Calculation Under the LRDP

Location	Gross Floor Area	Occupied Non-Residential Floor Area	Occupied Residential Floor Area	Total Occupied Non-Residential Floor Area
Cathedral Hill Hospital Site				
New				
Proposed Cathedral Hill Hospital	882,962	650,894	0	650,894
Existing				
Existing Cathedral Hill Hotel and Office	381,791	292,260	0	292,260
Net New Non-Residential Floor Area of Hospital Site	501,171	358,634	0	358,634
Required Residential Floor Area (Total Net New Occupied Non-Residential Floor Area x 3)				1,075,902
Cathedral Hill MOB Site				
New				
Cathedral Hill MOB	261,691	147,432	0	147,432
Existing				
1100 Van Ness	43,171	20,001	0	20,001
1020 Geary	6,559	4,847	0	4,847
1028–1030 Geary	9,321	2,484	5,126	7,610
1034–1036 Geary	8,964	3,737	2,397	6,134
1040–1050 Geary	16,263	12,724	0	12,724
1054 Geary	5,799	1,527	2,128	3,655
1062 Geary	6,960	5,234	0	5,234
Net New Non-Residential Floor Area of Hospital Site	164,654	96,878	-9,651	87,227
Required Residential Floor Area (Total Net New Occupied Non-Residential Floor Area x 3)				261,681
Total Net New Floor Non-Residential Floor Area at Hospital and MOB Sites	665,825	455,512	-9,651	445,861
Cathedral Hill Hospital and MOB Site Total				
Required Residential Floor Area (Total Net New Occupied Non-Residential Floor Area x 3)				1,337,583

Source: San Francisco Planning Department and AECOM, 2011. Data on existing floor areas provided by Liz Watty in an email to Geoffrey Nelson, CPMC, on June 14, 2011

As discussed on page 6-1 of the Draft EIR, in developing a range of reasonable alternatives, the Planning Department considered whether there was a potentially feasible alternative to the LRDP that would substantially reduce or eliminate the project's potentially significant and unavoidable impacts. Alternatives considered and rejected are discussed on pages 6-10 through 6-30 of the Draft EIR, including seven off-site and five on-site (at CPMC campuses) alternatives. A Code-Complying Alternative was discussed as an alternative considered and rejected on pages 6-25 through 6-29 of the Draft EIR. The Code-Complying Alternative did not include housing, as it would not meet the project's core medical service objectives. The discussion on pages 6-30 through 6-425 of the Draft EIR analyzes three project alternatives, including two sub-alternatives, as follows: Alternative 1: No Project, (including 1A and 1B), Alternative 2: Four-Campus Rebuilding/Retrofit/Redevelopment Alternative, and Alternative 3: Reduced Development at Cathedral Hill Campus Alternative.

No significant and unavoidable impacts related to land use or population, employment, or housing were identified in the Draft EIR (see Chapter 4.1). Therefore, the Draft EIR is not required to consider a Van Ness SUD-compliant alternative. Each of the three alternatives in the Draft EIR includes an assumption of reduced or no new development at the Cathedral Hill Campus, and therefore, the Draft EIR contains a reasonable range of reduced development scenarios to address issues raised by the public and potential impacts of the proposed LRDP.

A 3:1-compliant scenario is not required to be included in the Draft EIR as a project alternative, because a reasonable range of alternatives was analyzed. A 3:1-compliant development scenario would not meet the core medical service objectives of the project, as set forth on page 2-7 of the Draft EIR. Additionally, a 3:1-compliant scenario would have similar potential environmental impacts as the proposed LRDP or Alternative 3, and would not provide a more effective way to mitigate or avoid significant impacts of the proposed CPMC LRDP, as discussed below.

The following analysis provides a summary discussion of two hypothetical project scenarios that would comply with the 3:1 residential/net new non-residential code requirement. Both of these scenarios assume reduced development at the Cathedral Hill Campus as compared to the proposed LRDP, and the second scenario is similar to Alternative 3, which is presented in the Draft EIR.

1. Additional Information Regarding Compliance with Planning Code Section 243

Some comments state that the Draft EIR does not provide the information to determine what the residential square footage requirements would be for the site. The scenarios below represent two possible ways that development on the project sites at the proposed Cathedral Hill Campus could comply with the requirement of Section 243 of the Planning Code. This portion of the response provides additional information about compliance with Section 243 at the request of Commissioners and the public.

A. Code-Compliant Mixed Use Development Scenario

If the LDRP project for Cathedral Hill is approved as proposed, then there would be no housing constructed on either the proposed Cathedral Hill Hospital or Cathedral Hill MOB sites. To consider the implications of compliance with the land use mix requirements of Section 243, it is necessary to calculate the approximate residential square footage that could be accommodated on the two sites under the 3:1 requirement. The calculations here assume a typical commercial use constructed within the code-compliant height limit and generally consistent with other existing Planning Code controls, but with exceptions for bulk and setbacks on both sites to maximize the number of units that could be accommodated.

Thus, the proposed Cathedral Hill Hospital and Cathedral Hill MOB site under the Code-Compliant Mixed Use Development Scenario would reduce the height of the hospital to 130 feet. Please refer to

C&R Figures 3.3-1 through 3.3-8 (page C&R 3.3-105 through 3.3-119) for 3D Massing and Section Diagrams for the proposed Cathedral Hill Hospital and MOB sites.

The 3:1 requirement and calculations are based on net new occupied square footage of the site by:

- Determining the maximum building envelope by multiplying the site area by FAR.
- Once the maximum building area is calculated, a conversion factor of 75 percent is assumed to obtain the occupied sq.ft. (this is a reasonable assumption based on typical building designs, and accounts for non-occupied space such as mechanical, elevators, hallways, etc.).
- The existing occupied non-residential sq. ft. is subtracted from the proposed occupied sq. ft. to obtain the net new occupied sq. ft.
- The resulting net new occupied sq. ft. is used to calculate the 3:1 requirement.

The proposed site of the Cathedral Hill Hospital currently has a maximum 7:1 FAR. Based on the site area of 105,733 gross square feet (gsf), a 7:1 FAR would yield a maximum building area of 740,132 gsf or 555,099 occupied sq. ft. (applying the 75 percent conversion factor). After subtracting the existing occupied non-residential area of 292,260 sq. ft., the net new occupied area for the proposed Cathedral Hill Hospital site would be approximately 262,839 sq. ft. Of this amount, a maximum of 65,709 net new sq. ft. would be allowed to be non-residential in order to comply with the 3:1 ratio. To this amount, 292,260 occupied sq. ft. would be added for the existing non-residential area that would be demolished, for a total of 357,969 occupied sq. ft. of commercial. The total gsf of non-residential area for the hospital site would be 477,293 gsf assuming a conversion factor of 75 percent. Of the net new occupied area, 197,129 sq. ft. would be required to be residential to meet the 3:1 ratio. The total gsf of residential area for the hospital site would be 262,839 gsf assuming a conversion factor of 75 percent.

As depicted in C&R Figure 3.3-1 on C&R 3.3-105 for the proposed Cathedral Hill Hospital, a total of approximately 477,293 non-residential gsf and approximately 262,839 residential gsf would be constructed. To determine the residential sq. ft. required to meet the 3:1 ratio, the total gsf must be converted to occupied sq. ft. As stated above, approximately 197,129 sq. ft. of occupied residential area would be required to meet the 3:1 ratio. Using residential units of approximately 1,000 occupied sq. ft., there would be about 197 units on the proposed Cathedral Hill Hospital site.

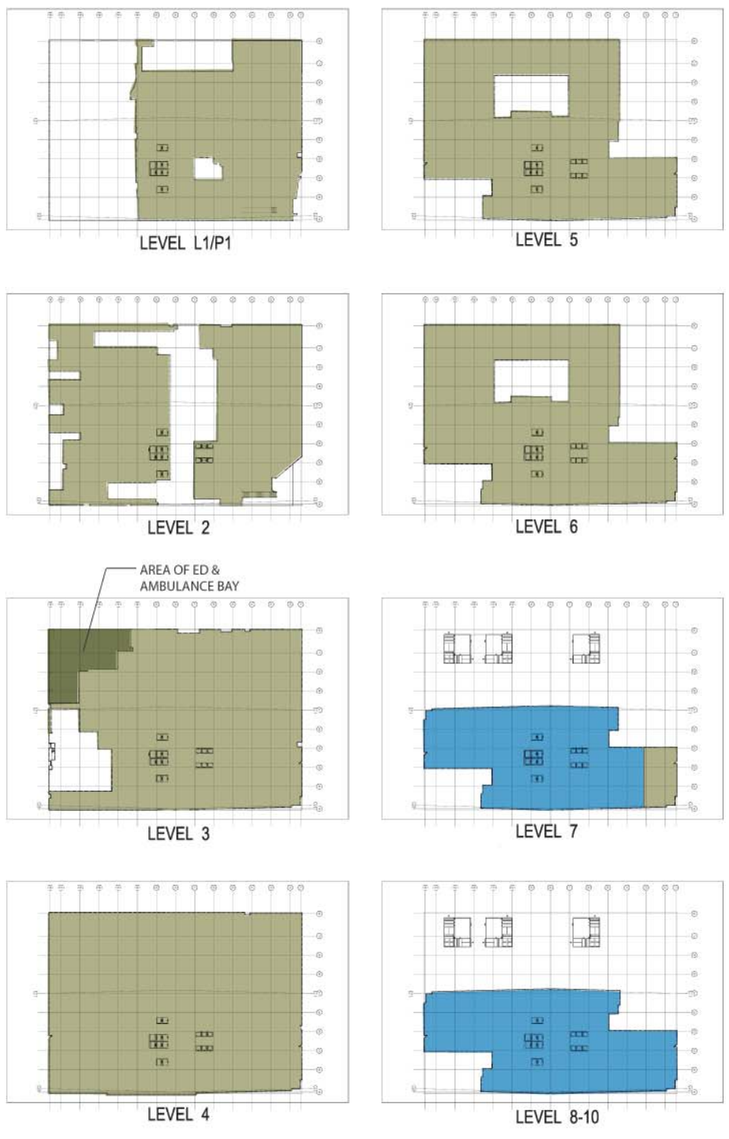
The proposed Cathedral Hill MOB site has a maximum 7:1 FAR. Based on the site area of 36,180 gsf, a 7:1 FAR would yield a maximum building area of 253,260 gsf or 189,945 occupied sq. ft. (75 percent conversion factor). After subtracting the existing occupied area of approximately 60,205 sq. ft. from the seven buildings proposed to be demolished, the net new occupied area for the Cathedral Hill MOB site would be approximately 129,740 sq. ft. Of this amount, approximately 97,305 sq. ft. would be required to be residential to meet the 3:1 ratio. To this amount, 9,651 occupied sq. ft. would be added for the existing on-site residential use that would be demolished, for a total of 106,956 occupied sq. ft. of residential. The total gsf of residential area for the MOB site would be 142,608 (page C&R Figure 3.3-3 on C&R 3.3-109), assuming a conversion factor of 75 percent. Of the net new occupied area, a maximum of approximately 32,435 sq. ft. would be allowed to be non-residential in order to comply with the 3:1 ratio. To this amount, 50,554 occupied sq. ft. would be added for the existing non-residential that would be demolished for a total of 82,989 occupied sq. ft. of non-residential. The total gsf of non-residential area for the MOB site would be 110,652 (see C&R Figure 3.3-3) assuming a conversion factor of 75 percent.

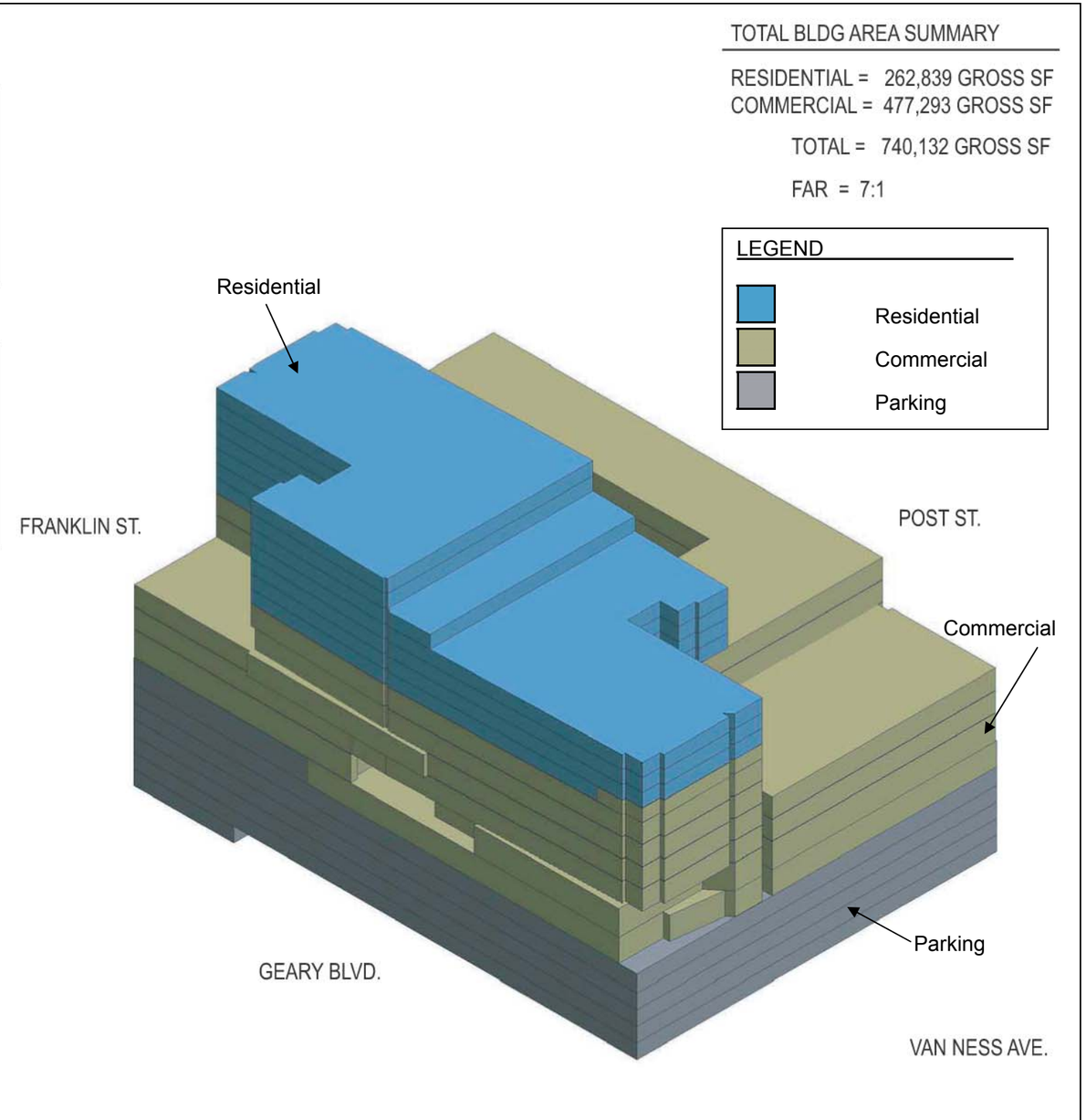
As shown in C&R Figure 3.3-3, “3D Massing Diagram” for the proposed Cathedral Hill MOB, a total of approximately 110,652 non-residential gsf, and approximately 142,608 residential gsf could be constructed. As stated above, approximately 106,956 sq. ft. of occupied residential area would be required

to meet the 3:1 ratio. Assuming the same unit size as for the proposed Cathedral Hill Hospital site of (approximately 1,000 occupied sq. ft., there would be about 107 units on the proposed Cathedral Hill MOB site, or about 304 units total on both the proposed Cathedral Hill Hospital and MOB sites. Assuming application of the inclusionary requirements of Planning Code Section 415 for purposes of this analysis, 15 percent, or about 47, of these units would be affordable residential units. The calculations are detailed in C&R Table 3.3-2 below.

C&R Table 3.3-2
Cathedral Hill Hospital and MOB Site – 3:1 Calculation Under Code-Compliant Mixed Use Development Scenario

Hospital Site		
Site Area	105,733	gross sq. ft.
FAR	7	
Maximum Building Area	740,132 (105,733 x 7)	gross sq. ft.
Efficiency Factor	75.00%	for gross to occupied conversion
Occupied Area	555,099 (740,132 x 0.75)	occupied sq. ft.
Existing Area:		
Hotel	189,129	occupied non-residential sq. ft.
Office Building	103,131	occupied non-residential sq. ft.
	292,260	occupied non-residential sq. ft.
Net New Occupied	262,839 (555,099 – 292,260)	occupied sq. ft.
3:1 on net new occupied sq. ft.	65,709 (262,839 x 0.25)	non-residential occupied sq. ft.
3:1 on net new occupied sq. ft.	197,129 (262,839 x 0.75)	residential occupied sq. ft.
Total Residential Area	197,129	residential occupied sq. ft.
	262,839	**gross sq. ft. (197,129/0.75 for occupied to gross conversion)**
Total Non-residential Area	357,969	non-residential occupied sq. ft. (65,709 net new + 292,260 existing)
	477,293	**gross sq. ft. (357,969/0.75 for occupied to gross conversion)**
MOB Site		
Site Area	36,180	gross sq. ft.
FAR	7	
Max. Building Area	253,260 (36,180 x 7)	gross sq. ft.
Efficiency Factor	75.00%	for gross to occupied conversion
Occupied Area	189,945 (253,260 x 0.75)	
Existing Area:	60,205	occupied sq. ft. (9,651 residential + 50,554 non-residential)
Net New Occupied	129,740 (189,945-60,205)	occupied sq. ft.
3:1 on net new	32,435 (129,740 x 0.25)	non-residential occupied sq. ft.
3:1 on net new	97,305 (129,740 x 0.75)	residential occupied sq. ft.
Total Residential Area	106,956	residential occupied sq. ft. (97,305 net new + 9,651 existing)
	142,608	**gross sq. ft. (106,956/0.75 for occupied to gross conversion)**
Total Non-residential Area	82,989	(32,435 net new + 50,554 existing)
	110,652	**gross sq. ft. (82,989/0.75 for occupied to gross conversion)**
Source: AECOM and CPMC 2011		

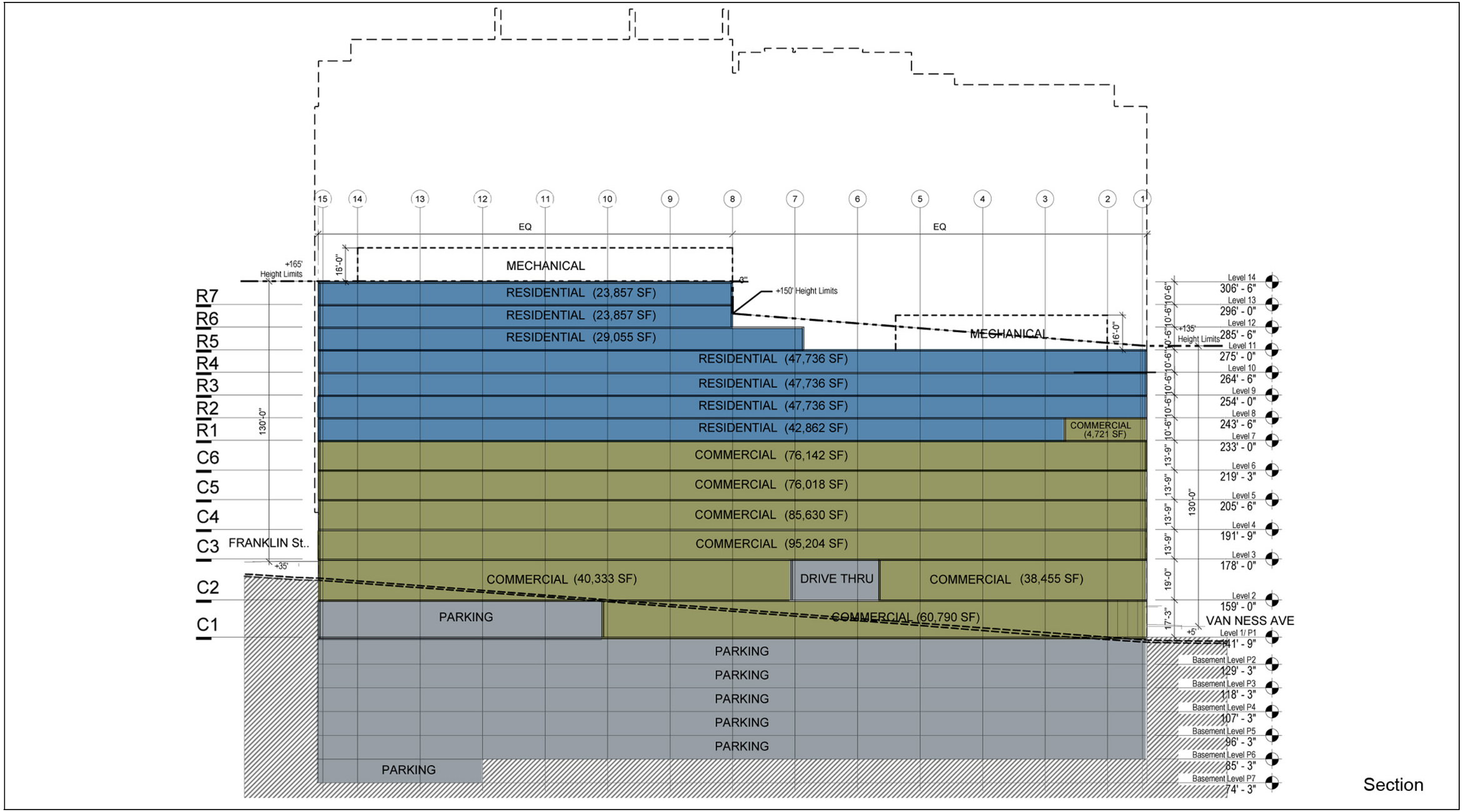




Source: CPMC, SmithGroup

3D Massing Diagram for Cathedral Hill Hospital Site (Scenario 2A)

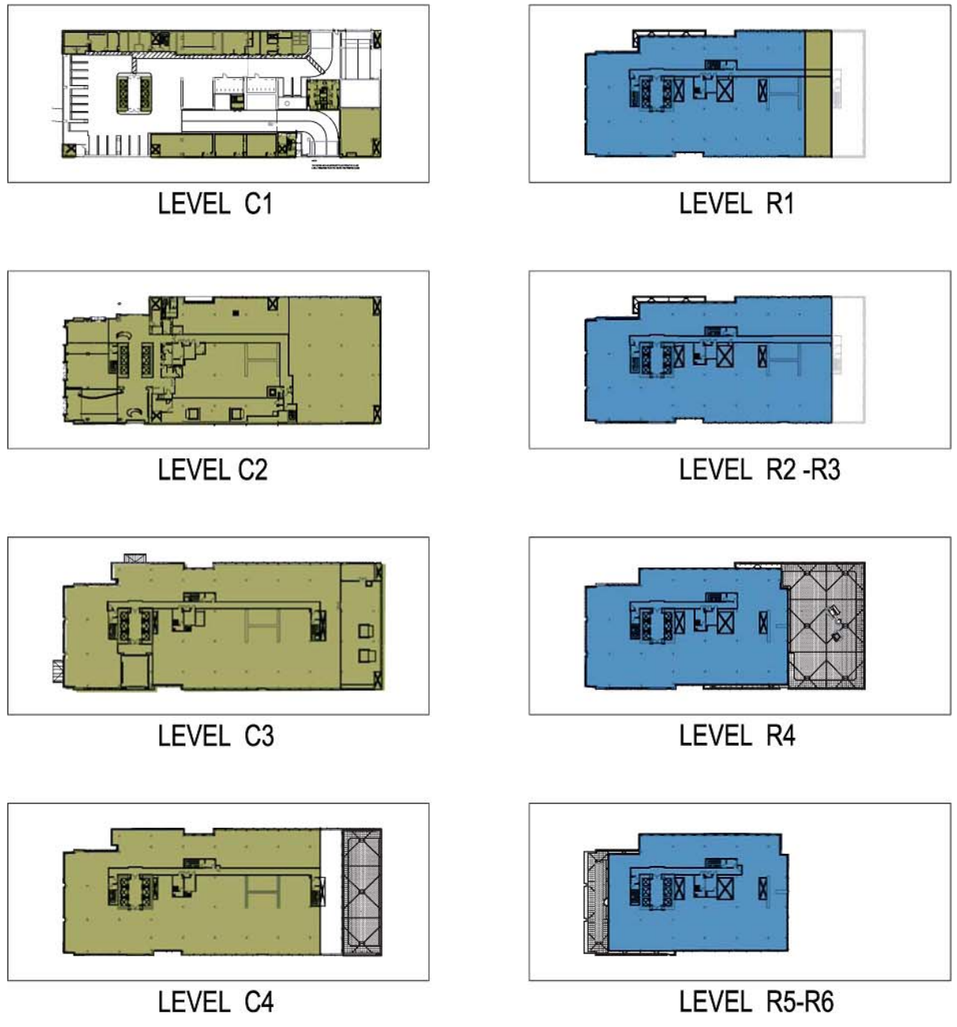
C&R Figure 3.3-1

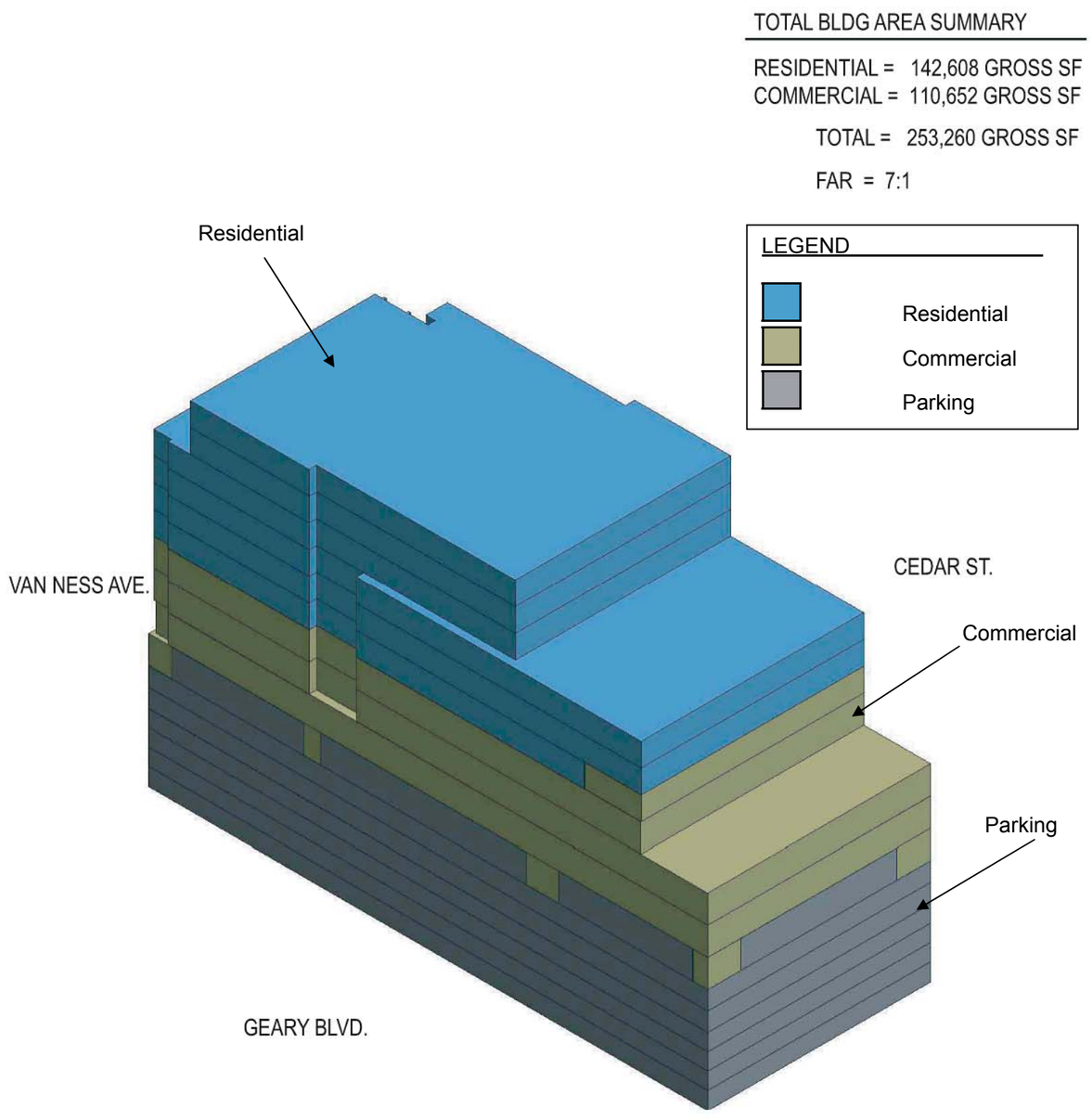


Source: CPMC, SmithGroup

Section Diagram for Cathedral Hill Hospital Site (Scenario 2A)

C&R Figure 3.3-2

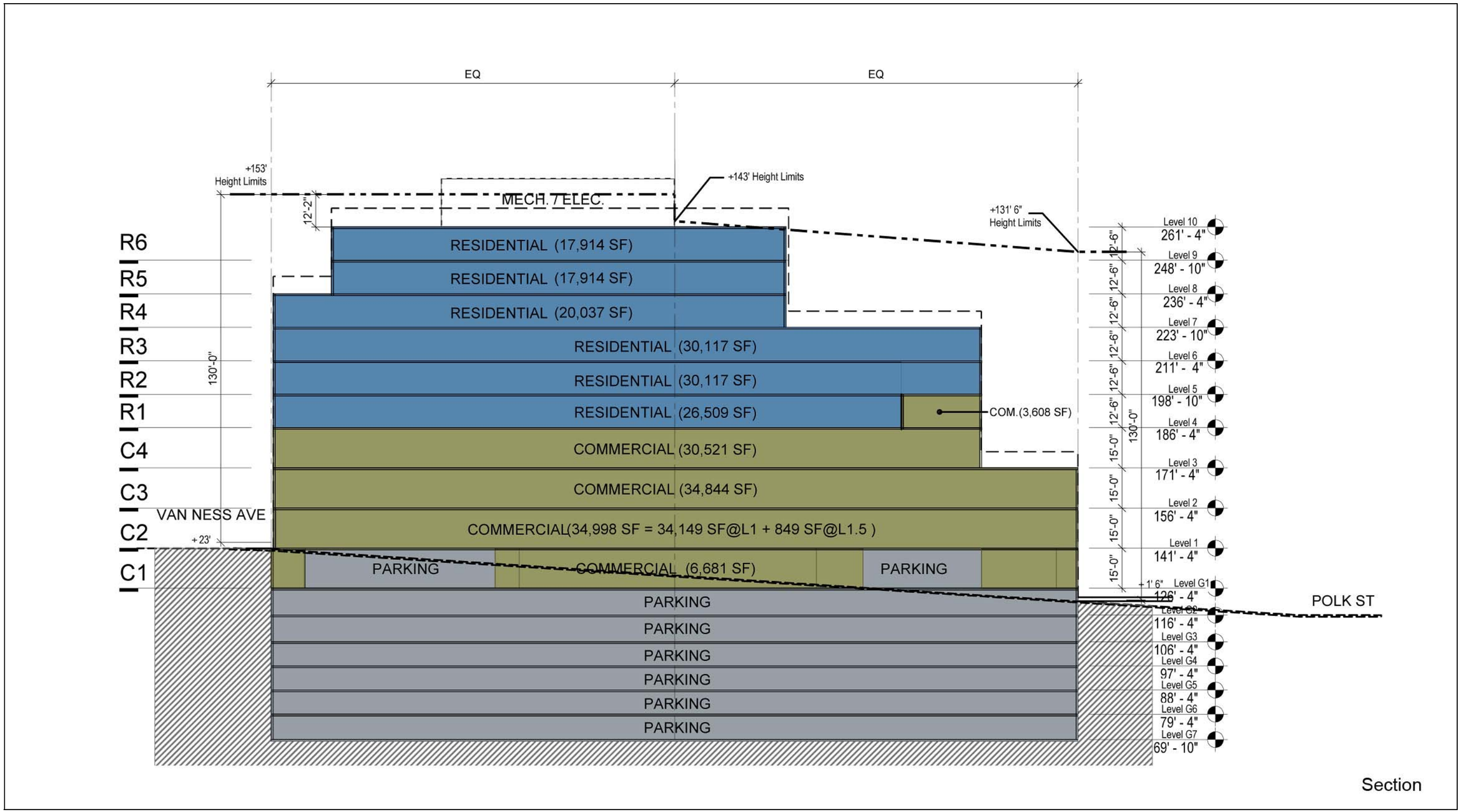




Source: CPMC, SmithGroup

3D Massing Diagram for Cathedral Hill MOB Site (Scenario 2A)

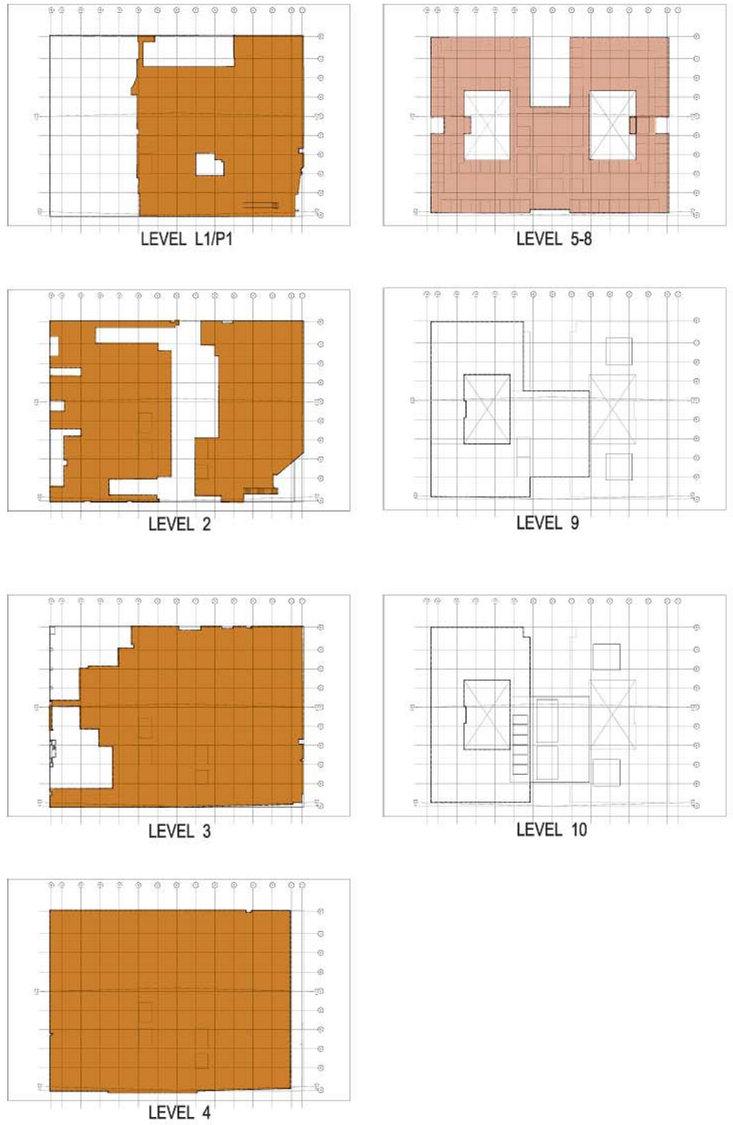
C&R Figure 3.3-3



Source: CPMC, SmithGroup

Section Diagram for Cathedral Hill MOB Site (Scenario 2A)

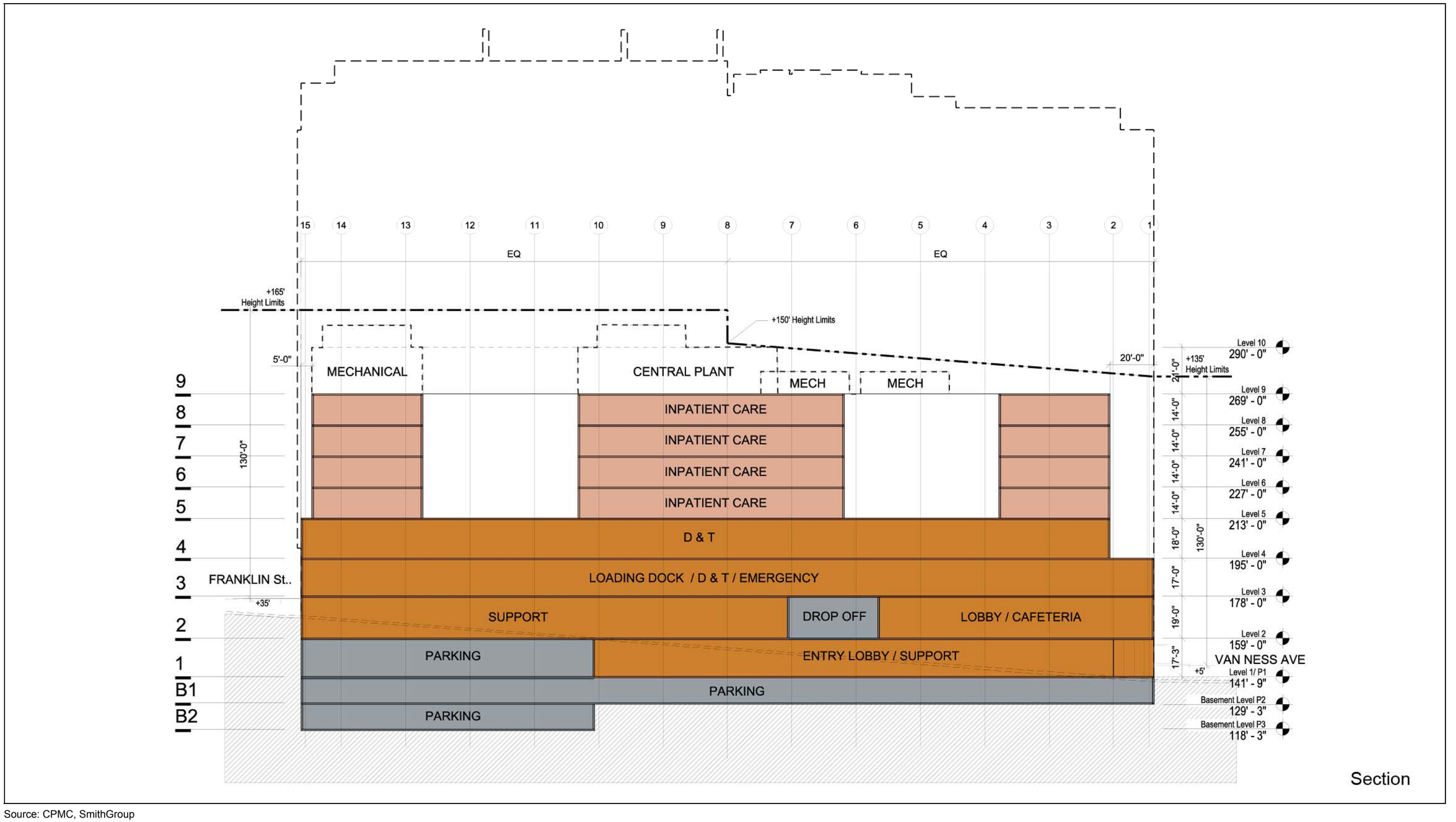
C&R Figure 3.3-4



Source: CPMC, SmithGroup

3D Massing Diagram for Cathedral Hill Hospital Site (Scenario 2B)

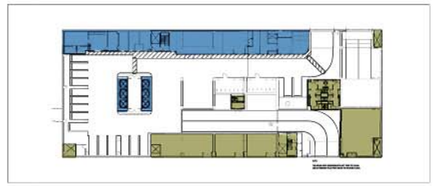
C&R Figure 3.3-5



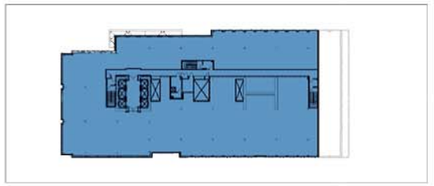
Source: CPMC, SmithGroup

Section Diagram for Cathedral Hill Hospital Site (Scenario 2B)

C&R Figure 3.3-6

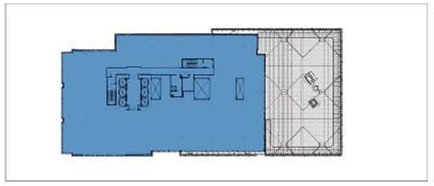


LEVEL C1

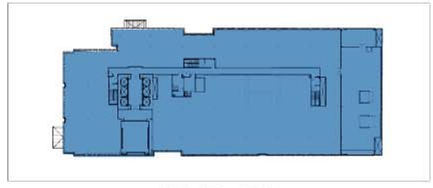


LEVEL R4-R7

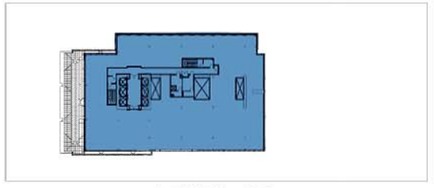
LEVEL R1



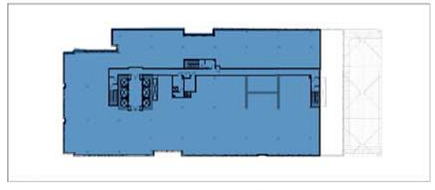
LEVEL R8



LEVEL R2



LEVEL R9



LEVEL R3

LEGEND

Residential

Commercial

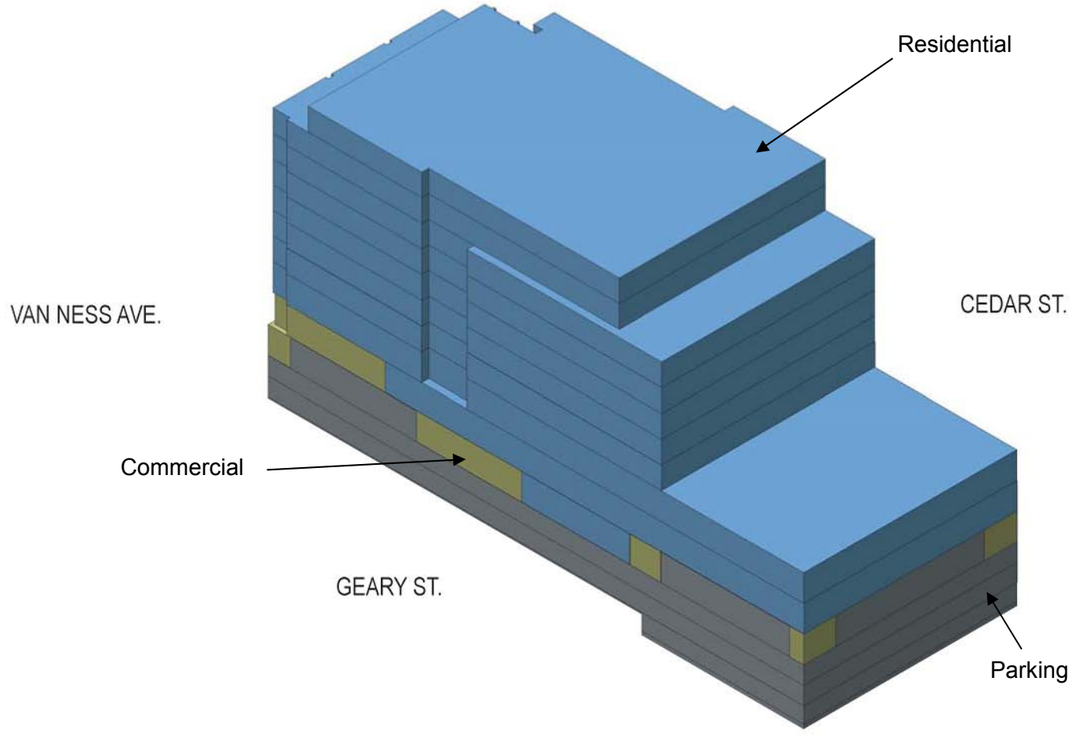
Parking

TOTAL BLDG AREA SUMMARY

RESIDENTIAL = 241,447 GROSS SF
COMMERCIAL = 11,813 GROSS SF

TOTAL = 253,260 GROSS SF

FAR = 7:1

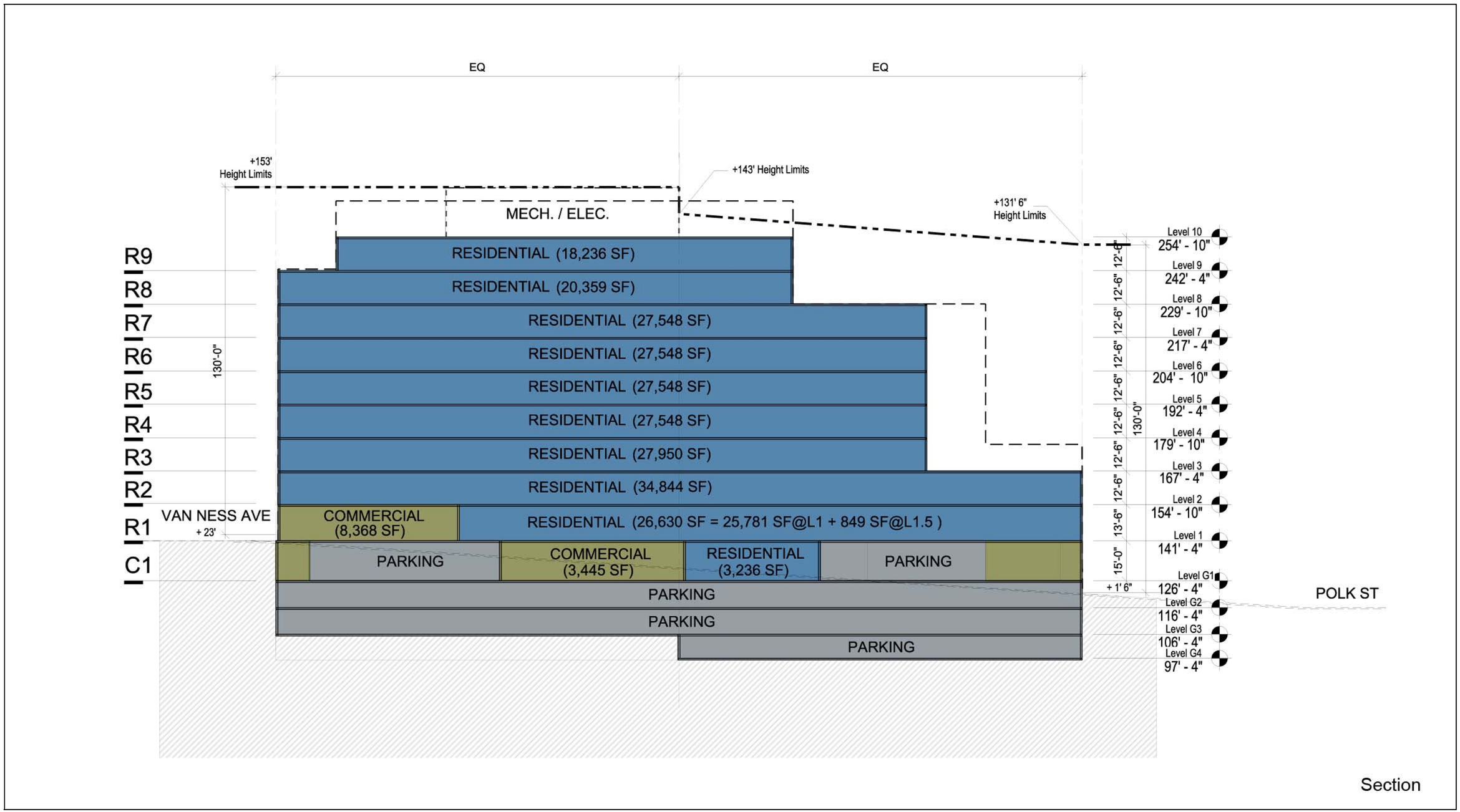


3D Massing

Source: CPMC, SmithGroup

3D Massing Diagram for Cathedral Hill MOB Site (Scenario 2B)

C&R Figure 3.3-7



Source: CPMC, SmithGroup

3D Massing Diagram for Cathedral Hill MOB Site (Scenario 2B)

C&R Figure 3.3-8

The 304 potential residential units under this hypothetical non-residential/residential scenario would not be constructed if the CPMC LRDP proceeds as proposed. The San Francisco General Plan's Housing Element includes estimates of sites available to accommodate its Regional Housing Needs Allocation (RHNA). As noted in the response to comments regarding affordable housing (Response PH-9, C&R 3.5-31), San Francisco has the capacity to accommodate approximately 73,700 new housing units under the current zoning.[49] The current Housing Element (2009) estimates another 18,200 potential housing capacity with the proposed rezoning of selected neighborhoods recommended in the Housing Element Update.[50] As explained in Response LU-3, none of the proposed Cathedral Hill Campus sites that would be developed under the proposed LRDP were considered "soft" and subject to redevelopment for residential purposes under the 2009 Housing Element, and therefore the proposed LRDP would not reduce the potential capacity reported in the Housing Element. Under either the prior Housing Element or the 2009 Housing Element, the City has the housing capacity to accommodate the projected new households generated under the proposed LRDP. For further detailed discussion of housing capacity in San Francisco, please also see Response PH-9, pages C&R 3.5-31 to C&R 3.5-35 of this document.

In terms of potential residential units at the Cathedral Hill Hospital and MOB sites and the VNAP, as described above in "C. VNSUD Housing Fee," the future development potential of VNSUD was identified as approximately 2,190 units. Based on conservative standards, the remaining potential would be 2,565 units. The 1987 EIR specifically excluded the Cathedral Hill Hospital site from consideration as "developable" and was not at that time considered a potential housing site. Therefore, if the Cathedral Hill Hospital site is not considered a potential housing site, the 107 units associated with the MOB site would constitute 4 percent of the total remaining potential.

B. Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Development Scenario

Another potential code-complying land use scenario at the proposed Cathedral Hill Campus would involve a mix of residential and medical facilities. Under this scenario, it is assumed that buildings would be constructed within the existing height limit and would be generally consistent with the existing Planning Code controls, but with exceptions for bulk and setbacks on both sites to maximize the number of units that could be accommodated. Because of required setbacks, building code requirements, and other site planning considerations, co-location of residential and medical facility uses on the proposed Cathedral Hill Hospital site would be infeasible. Because of required building code separations between residential and medical building types, co-locating residential and medical uses at the proposed Cathedral Hill Hospital site would limit the size of the hospital and would result in inefficiencies in operation of the hospital. Therefore, this scenario assumes a hospital use on the entire Cathedral Hill Hospital site, identical to the hospital proposed under Alternative 3, with a mixed use residential/ non-residential office component on the proposed Cathedral Hill MOB site.

The total residential square footage needed to meet the 3:1 residential/net new non-residential requirement generated by both the hospital and MOB sites would not be able to be accommodated within a code-compliant building envelope on the proposed site of the Cathedral Hill MOB. Therefore, this discussion assumes that the project sponsor complies with the 3:1 residential/net new non-residential requirement through the CU authorization process under Planning Code Section 243(c)(8)(B)(iii), by providing 50 percent of the required housing for the hospital site on the proposed Cathedral Hill MOB

[49] Table I-56, San Francisco Planning Department. 2009 Housing Element Update. The Planning Commission approved the 2009 Housing Element, and certified the EIR for the 2004 and 2009 Housing Elements, on March 24, 2011. The Board of Supervisors upheld the EIR for the 2004 and 2009 Housing Elements, on May 10, 2011. The Board of Supervisors adopted the 2009 Housing Element on June 21, 2011. (Case No. 2007.172SE).

[50] Table I-66, San Francisco Planning Department. 2009 Housing Element Update. The Planning Commission approved the 2009 Housing Element, and certified the EIR for the 2004 and 2009 Housing Elements, on March 24, 2011. The Board of Supervisors upheld the EIR for the 2004 and 2009 Housing Elements, on May 10, 2011. The Board of Supervisors adopted the 2009 Housing Element on June 21, 2011. (Case No. 2007.172SE).

site, and paying an in-lieu fee for the remaining 50 percent of the obligation. Please refer to the explanation below regarding the residential and non-residential square footage required under this scenario.

The calculations are detailed in C&R Table 3.3-3 below. The following methodology was used to determine the amount of residential square footage that would be required at the hospital and MOB sites under this scenario. Assuming a reduced hospital based on the description for Alternative 3, the approximate area would be about 653,250 gsf, and the occupied sq. ft. would be approximately 489,937 (75 percent conversion factor). After subtracting the existing occupied non-residential area (hotel and office building) of approximately 292,260 sq. ft., the net new occupied area for the proposed Cathedral Hill Hospital site would be approximately 197,677 sq. ft. Of this amount, approximately 148,258 sq. ft. would be required to be residential to meet the 3:1 ratio. As stated above, this scenario assumes residential uses on the proposed MOB site only. Assuming that 50 percent of this requirement is met through an in-lieu fee payment, approximately 74,129 sq. ft. of residential occupied area would need to be constructed on the proposed Cathedral Hill MOB site to satisfy the remaining 50 percent from the site of the proposed Cathedral Hill Hospital.

The proposed site of the Cathedral Hill MOB currently has a maximum 7:1 FAR. Based on the site area of 36,180 gsf, a 7:1 FAR would yield a maximum building area of 253,260 gsf or 189,945 occupied sq. ft. (75 percent conversion factor), as shown in C&R Figure 3.3-7 (page C&R 3.3-117). After subtracting the existing occupied area of approximately 60,205 sq. ft. from the seven buildings proposed to be demolished, the net new occupied area for the proposed Cathedral Hill MOB site would be approximately 129,740 sq. ft. Of this amount, approximately 97,305 sq. ft. would be required to be residential to meet the 3:1 ratio. To this amount, 9,651 occupied sq. ft. would be added for the existing residential that would be demolished, as well as the 74,129 sq. ft. of residential occupied area that would be required from the proposed Cathedral Hill Hospital site, for a total of 181,086 occupied sq. ft. of residential. The total gsf of residential area for the MOB site would be 241,447 (see C&R Figure 3.3-7, C&R 3.3-117) assuming a conversion factor of 75 percent.

Of the 129,740 net new occupied sq. ft., 32,435 sq. ft. would be allowed to be non-residential while meeting the 3:1 ratio. To this amount, 50,554 occupied sq. ft. would be added for the existing non-residential that would be demolished, resulting in 82,989 occupied sq. ft. of non-residential space. In order to stay under the 7:1 FAR limit, the 74,129 occupied sq. ft. of residential space transferred from the hospital site would then have to be subtracted from the total amount of non-residential that could be accommodated on the site, resulting in a total of 8,860 occupied non-residential sq. ft. The 74,129 occupied residential sq. ft. represents the amount of residential space (50 percent of the hospital site residential requirements) that would be met through an in-lieu fee payment. This residential amount cannot be accommodated at the MOB site as it would exceed the maximum building area. The total gsf of non-residential area for the MOB site would be 11,813 (see C&R Figure 3.3-7, C&R 3.3-117), assuming the conversion factor from gross to occupied square footage of 75 Percent.

The result would be a building on the site of the proposed Cathedral Hill MOB containing approximately 181,085 occupied sq. ft. of residential and only 8,860 occupied sq. ft. of non-residential/medical office space. Applying residential units of approximately 1,000 occupied square feet, about 181 units could be placed upon the MOB site.

C&R Table 3.3-3 Cathedral Hill Hospital and MOB Site – 3:1 Calculation Under Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Development Scenario		
Hospital Site		
Gross SF of Hospital Site per Draft EIR Alt 3	822,793	gross sq. ft.
Subtract Parking and Central Plant SF in Draft EIR	-169,543	gross sq. ft.
Estimated Site Gross SF	653,250	gross sq. ft.
	75.00%	for gross to occupied conversion
Estimated Occupied Area	489,938 (653,250 x 0.75)	occupied sq. ft.
Existing Area:		
Hotel	189,129	occupied non-residential sq. ft.
Office Building	103,131	occupied non-residential sq. ft.
	292,260	occupied non-residential sq. ft.
Net New Occupied	197,678 (489,938 – 292,260)	occupied sq. ft.
3:1 on net new occupied sq. ft.	49,419 (197,678 x 0.25)	non-residential occupied sq. ft.
3:1 on net new occupied sq. ft.	148,258 (197,678 x 0.75)	residential occupied sq. ft.
50% in lieu reduction	74,129	residential occupied sq. ft.
Additional residential required on MOB site	74,129	residential occupied sq. ft.
MOB Site		
Site Area	36,180	gross sq. ft.
FAR	7	
Max. Building Area	253,260 (36,180 x 7)	gross sq. ft.
Efficiency Factor	75.00%	for gross to occupied conversion
Occupied Area	189,945 (253,260 x 0.75)	
Existing Area:	60,205	occupied sq. ft.
Net New Occupied	129,740 (189,945-60,205)	occupied sq. ft.
3:1 on net new	32,435 (129,740 x 0.25)	non-residential occupied sq. ft.
3:1 on net new	97,305 (129,740 x 0.75)	residential occupied sq. ft.
Residential required	97,305	residential occupied sq. ft.
on MOB site		
Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Development Scenario with Relocation of Residential from Hospital to MOB		
Residential Area-MOB	106,956	residential occupied sq. ft. (97,305net new + 9,651 existing)
Residential Area-Hospital	74,129	(50% of required residential occupied sq. ft.
	181,085	residential occupied sq. ft.
	241,446	residential gross sq. ft. (181,085 /0.75 for occupied to gross conversion)
Commercial Area		
Net new	32,435	non-residential occupied sq. ft.
Existing	50,554	non-residential occupied sq. ft.
Total Commercial Area	82,989	non-residential occupied sq. ft.
Less: Residential Conversion For Hospital Site	(74,129)	residential occupied sq. ft.
Total Commercial Area	8,860	non-residential occupied sq. ft.
	11,813	non-residential gross sq. ft.
Source: AECOM and CPMC 2011		

Environmental Effects of –Code-Compliant Residential with Reduced Cathedral Hill Hospital/ Cathedral Hill MOB Development Scenario

The environmental effects under this scenario would be similar to those that would occur under Alternative 3 (addressed in Chapter 6, "Alternatives" of the Draft EIR), because the building size and massing would be very similar. However, under the Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Scenario, approximately 253,260 sq. ft., or 189,945 occupied sq. ft., of the proposed Cathedral Hill MOB space would be replaced with approximately 189 residential units. This scenario would partially meet the 3:1 residential/net new non-residential provision in Planning Code Section 243, with the remainder of the residential obligation compensated for through payment of in-lieu fees.

A discussion of the environmental effects of the Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Scenario is provided below.

Cathedral Hill Hospital Site

Under this scenario, the proposed Cathedral Hill Hospital would be reduced in size, the same as under Alternative 3 addressed in the Draft EIR. Therefore, under this scenario, the environmental effects from the physical development of the proposed Cathedral Hill Hospital site would be similar to those under Alternative 3 (please refer to Draft EIR, pages 6-299 through 6-324). Potential impacts under the Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Scenario related to the intensity of future uses at the Cathedral Hill Campus, specifically the MOB site, are discussed below.

Effects Anticipated to be Similar at the MOB Site Under the Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Development Scenario

As described above, under the Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Scenario, a residential and non-residential building would be located at the site of the proposed Cathedral Hill MOB, which is bounded by Van Ness Avenue, Cedar Street, and Geary Street. Just as would occur under the proposed LRDP and under Alternative 3, demolition of the seven existing buildings at the MOB site would occur under this scenario. The residential and non-residential building would be the same height, have the same number of stories underground, and would occupy the same footprint as the Cathedral Hill MOB in Alternative 3. The size and scale of the building constructed on the site would be nearly identical in massing compared to the MOB under Alternative 3 (Figure 6-16 on page 6-290 of the Draft EIR), and therefore, would result in the same amount of excavation and construction activities.

Because the site disturbance, demolition, excavation, and construction would be similar to what would occur under Alternative 3, impacts that would result from the physical development of the site related to biological resources, cultural resources, geology and soils, hydrology and water quality, wind and shadow, mineral resources, and agricultural and forest resources, would be the same (discussed on pages 6-299 through 6-324 of the Draft EIR). All identified mitigation measures for these resource areas that would apply to Alternative 3 would also be applicable to this development scenario. Similarly, noise, air quality, greenhouse gas, and transportation impacts related to construction activities would be similar to what would occur under Alternative 3. Mitigation measures applicable to construction-related impacts at the proposed Cathedral Hill Campus under Alternative 3 would also be applicable to this development scenario.

Unlike Alternative 3, the Van Ness Avenue pedestrian tunnel would not be constructed under this scenario because there would be considerably less foot traffic between the proposed MOB site with residential and commercial office uses and the Cathedral Hill Hospital site with medical uses across Van Ness Avenue. Therefore, impacts related to construction of the pedestrian tunnel would not occur under this development scenario.

Other Effects at the MOB Site under the Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Development Scenario

Some environmental resource areas are affected by the type and intensity of uses on a site. Although these impacts are anticipated to be similar to those that would occur under Alternative 3, possible differences are discussed below.

Land Use and Planning

Under the Code-Compliant Residential with Reduced Cathedral Hill Hospital/Cathedral Hill MOB Scenario, the MOB site would contain residential and commercial uses, compared to Alternative 3, which would include only medical office uses. This scenario would partially meet the 3:1 residential/net new non-residential ratio provision in Planning Code Section 243, with the remainder of the residential obligation compensated for through payment of in-lieu fees. The buildings on the proposed Cathedral Hill MOB site under this scenario would occupy the same footprint and would be the same height as the building proposed under Alternative 3. This scenario would not conflict with any applicable land use plan, policy, or regulation. The impact at the proposed Cathedral Hill Campus under this scenario would be less than significant, similar to Alternative 3, and it would meet the 3:1 residential/net new non-residential provision. Under this scenario, a total of 181,085 net new residential occupied sq. ft. would be developed on the Cathedral Hill Campus based on the square footage of the hospital and MOB sites. As described above, 50 percent of the housing required from the Cathedral Hill Hospital site (74,129 occupied sq. ft.) would be provided on the Cathedral Hill MOB site, and the remaining 50 percent obligation would be met by paying an in-lieu fee.

This scenario would demolish seven existing buildings currently consisting of retail, nightclubs, a restaurant, residential units, and residential hotels, and replace them with a new residential and non-residential building. Other uses in the immediate vicinity include various commercial establishments, hotels, restaurants, and residential uses. Similar to Alternative 3, demolition of the buildings currently on the site of the proposed Cathedral Hill MOB would not have a substantial effect on the existing character of the vicinity. This scenario would not physically divide an established community, and the residential and non-residential building under this scenario would be consistent with the surrounding residential and non-residential uses in the neighborhood. Therefore, this scenario would result in less-than-significant land use impacts, similar to Alternative 3.

Aesthetics

Under this scenario, the aesthetic impacts related to building height and massing would be the same as those of Alternative 3. The residential and non-residential office space building would be 130 feet tall, same as the proposed Cathedral Hill MOB under Alternative 3. Please see Figure 6-16 on page 6-290 of the Draft EIR for a massing diagram of the proposed Cathedral Hill Campus under Alternative 3. Please see C&R Figures 3.3-6 and 3.3-8 (page C&R 3.3-115 and 3.3-119, respectively) for massing diagrams for this development scenario. Therefore, as under Alternative 3, the residential and non-residential office space building would be similar in height to surrounding buildings, which are nine to 11 stories tall (about 130 feet tall). This would not result in any blockage of important visual landscape elements that are currently seen in long-range vistas of the Cathedral Hill area from other parts of the City. This scenario would have a less-than-significant impact on scenic vistas, similar to Alternative 3. The residential and non-residential building would be within the height range and massing of existing development, and would be visually consistent with existing surrounding buildings, and therefore would not degrade the existing visual character or quality of the neighborhood.

The building design under this scenario would be similar to the MOB in Alternative 3. Window fenestration and architectural details, including the type of building materials, for the residential and non-residential/medical office building would be similar to the MOB under Alternative 3 and would,

therefore, have similar visual impacts. Aesthetic impacts would be less than significant, similar to Alternative 3.

Population, Employment, and Housing

This scenario would result in fewer CPMC FTE personnel at the proposed site of the MOB than Alternative 3, which would result in less projected growth in households and fewer new San Francisco residents related to new CPMC personnel. Under this development scenario, the City's housing stock would increase by 181 units, resulting in a greater number of permanent residents at the site than under Alternative 3. The permanent residents associated with the 181 units would result in greater net new San Francisco residents and households unlike under Alternative 3. Unlike Alternative 3, this scenario would have a larger population and household population at the MOB site that would not have to be accommodated elsewhere in the City.

As under Alternative 3, this scenario would result in the removal of five dwelling units and 20 residential hotel units. Relocation of tenants from all demolished residential dwelling and residential hotel units could be provided the same that is required by law under Alternative 3 and the proposed LRDP, although under the proposed LRDP relocation assistance would be provided above and beyond the minimum legal requirements. This scenario would contribute 189 units to the City's housing stock, a net increase of 156 units over the 25 existing dwelling units and residential hotel units that would be demolished as part of the project, and would help fulfill the housing needs in San Francisco. The residential units and related residents that would result from this scenario would be within the projected population and household growth estimated by Association of Bay Area Governments (ABAG). Population, housing, employment, and housing impacts would be less than significant.

Transportation and Circulation

During operations, this scenario would result in different traffic and circulation patterns compared to Alternative 3 because of the different type and intensity of uses that would occur at the site. Inbound CPMC-related traffic, transit, pedestrian, and bicycle trips to the MOB site during the a.m. peak hour and outbound trips from MOB site during the p.m. peak hour would be fewer compared to under Alternative 3 because of the presence of substantially fewer employees on the site under this scenario. The hospital site trips would be the same as Alternative 3 under this scenario because the hospital would be identical as under Alternative 3. However, the permanent residents associated with the 181 residential units would generate outbound traffic, transit, pedestrian, and bicycle trips from the MOB site during the a.m. peak hour, and inbound trips during the p.m. peak hour. Overall, the total inbound and outbound trips would be similar to Alternative 3. The same mitigation measures identified for transportation and circulation under Alternative 3 would be applicable to this development scenario.

Because there would be substantially less non-residential/medical office use at the proposed MOB site under this scenario compared to Alternative 3, truck loading and passenger unloading/loading demand would also be less. Although there would be fewer CPMC employees, patients and visitors under this scenario, this would not influence CPMC shuttle trips and frequencies as they would still be serving the Cathedral Hill Hospital site under this scenario.

Noise

Under this development scenario, the habitable spaces of the non-residential/medical office and residential building at the site would be exposed to traffic noise from Geary Boulevard/Geary Street, Post Street, Franklin Street, and Cedar Street. Because future traffic noise levels would result in interior noise levels greater than 45 decibels (dB), noise reduction measures would need to be incorporated into the project design to reduce this impact on the proposed new residential, non-residential/medical uses under this scenario to less-than-significant levels.

Stationary noise sources (e.g., HVAC equipment, parking garage activities, passenger and shuttle drop-offs, loading dock and delivery activities, and waste disposal activities) would be introduced at the proposed Cathedral Hill Campus under Alternative 3, but this would occur to a lesser extent at the proposed site of the MOB under this scenario. Because there would be less non-residential/medical office use at the proposed MOB site, less noise related to loading dock, delivery, and parking garage activities would occur compared to Alternative 3. The residential uses would generate demand for loading, delivery, garbage disposal, and parking, but to a lesser extent than the MOB operations that would occur under Alternative 3. Mitigation Measures M-NO-N3a through M-NO-N3e identified for Alternative 3 to require the use of practical, feasible physical impact reduction measures (e.g., equipment design) would still apply under this scenario. Stationary noise impacts would be less than significant, and less than under Alternative 3.

Air Quality

Under this scenario, regional impacts from operations would be similar to Alternative 3 because regional impacts are based on the total emissions from all CPMC campuses. Under this scenario, only the proposed Cathedral Hill MOB site would have a different mix of uses than under Alternative 3, but development would be the same size as the building proposed in Alternative 3. Therefore, as under Alternative 3, this scenario would exceed the applicable criteria pollutant threshold for particulate matter (PM_{10}). No feasible mitigation is available to reduce this impact to a less-than-significant level; as a result, this scenario would have a significant and unavoidable impact with respect to operational criteria pollutant emissions, similar to Alternative 3 under both the 1999 and the recently adopted 2010 Bay Area Air Quality Management District (BAAQMD) CEQA thresholds.

Localized impacts that would result from operations at the proposed Cathedral Hill MOB site under this scenario would be similar to what would occur under Alternative 3 because the building would be the same size under this scenario. Therefore, local carbon monoxide (CO) emissions from mobile sources, odors, and single-source and cumulative health risks from operational toxic air contaminants (TACs) would be similar to what would occur under Alternative 3 under both the 1999 and the recently adopted 2010 BAAQMD CEQA thresholds. The impact would be less than significant.

Greenhouse Gas Emissions

Under this development scenario, the residential and non-residential/medical office building at the proposed Cathedral Hill site would be similar in size to the Cathedral Hill MOB under Alternative 3, and it could be assumed that the total net new construction area would be similar to Alternative 3 and would have similar operational impacts. Operational GHG emissions are based on the total emissions from all CPMC campuses. As under Alternative 3, the GHG emissions that would result from the aggregate development at all of the CPMC campuses, including the residential and non-residential/medical office building, under this development scenario, would result in a significant and unavoidable impact with respect to operational GHG emissions. As with Alternative 3, no feasible mitigation measures are available that would reduce operational GHG impacts to a less-than-significant level.

Recreation and Public Services

Unlike Alternative 3, which proposes only medical office use at the site, this scenario would introduce 189 residential units to the site, and would have no medical office use. Under this scenario, there would be fewer CPMC personnel, visitors, and patients associated with the commercial/medical office use compared to Alternative 3. This would be offset by an increase in demand for recreational facilities because of the residential occupancy and reduction in medical office use, resulting in a greater average daily residential population compared to Alternative 3. This incremental demand associated with the uses under this scenario would be accommodated by existing recreational and public facilities in the surrounding area and is not anticipated to place undue demand on any one existing facility. In addition, expansion of existing or construction of new recreation or public service facilities in the neighborhood

would not be required under this scenario. The same mitigation measures identified for public services under Alternative 3 would apply to this scenario. The impact on recreational and public services facilities would be less than significant, but slightly greater than under Alternative 3, because new residents to the Cathedral Hill Campus would be likely to use these facilities on a regular basis.

Utilities and Services Systems

This scenario would likely result in similar or less demand for utilities and service systems compared to Alternative 3. The Cathedral Hill MOB site is already served by existing utilities and service systems. This scenario would result in substantially less medical office use at the MOB site compared to Alternative 3, and would instead include residential use. Medical uses generate greater utility and service system demands (including water and wastewater), as they typically have higher requirements than residential or mixed use buildings for electrical, mechanical, and plumbing utilities to be able to provide a healthy environment for the care of sick patients, and to be able to provide critical care in the event of emergencies. Generally, commercial and medical office uses generate greater wastewater and have higher water demands than residential uses. Thus, it can be assumed that the proposed residential use under this scenario would result in less demand for utilities and service systems compared to Alternative 3 because it would be more residential in nature. Similar to Alternative 3, this scenario would not require new water or wastewater facilities, expansion of existing facilities, or any new or expanded entitlements.

Hazards and Hazardous Materials

This scenario would require the same demolition and construction activities as under Alternative 3 for the Cathedral Hill Hospital and MOB sites. No construction activities would be associated with the pedestrian tunnel under this scenario. Therefore, impacts related to the transport, use, and disposal of hazardous materials would be slightly less under this scenario and the same mitigation measures identified for Alternative 3 would apply.

Operation of the proposed Cathedral Hill MOB site would be different under this scenario. Because only a very small amount of medical office space could be built under this scenario (a maximum of 8,890 sq. ft. of non-residential and/or medical office), workers would handle only very small amounts of potentially hazardous materials (such as medical and biological materials and associated hazardous materials). This scenario would result in substantially less medical-specific hazardous wastes, storage, and uses at the proposed MOB site than under Alternative 3. Although this development scenario would locate residential units adjacent to non-residential/medical office uses, any medical office/non-residential office uses would be required to comply with the San Francisco Hazardous Materials Unified Program Agency (HMUPA) requirements, applicable regulations and standards, and State of California requirements. The handling of medical hazardous wastes is highly regulated and subject to more stringent requirements than residential hazardous waste. Hazardous materials related to the residential component would involve relatively small quantities of hazardous materials associated with janitorial, maintenance, and repair activities (i.e., cleaners, lubricants, or paints) and other household cleaning supplies. Use of these hazardous materials would be limited, and transport, storage, use, and disposal of these materials would be subject to federal, state, and local health and safety requirements.

The potential for a release of hazardous materials from the residential and commercial/medical office space buildings under this scenario would be less than significant. However, both Alternative 3 and this scenario would follow applicable federal, state, and local regulations, and would thus result in a less-than-significant hazards and hazardous materials impacts, similar to Alternative 3.

Relationship to Project Objectives

This scenario would not meet the project sponsor's overarching and other objectives because the land use mix is fundamentally different than the type of project that the project sponsor has proposed. As CPMC is a provider of health care services, the project proposed by CPMC involves the construction of health care

facilities. The residential uses presented under this scenario are distinct and fundamentally different from the facilities proposed to be constructed under the CPMC LRDP. This development scenario would reduce the overall size and scope of medical services at the Cathedral Hill Campus. and the MOB site would provide no medical office space to support the proposed Cathedral Hill Hospital.

Consistency with the VNAP Use and Height Limits

The consistency of the relationship of LRDP development at the proposed Cathedral Hill Campus to the use, height, and other parameters of the Van Ness Avenue Plan is addressed in the Draft EIR, under Impact LU-2, pages 4.1-46 through 4.2-49, as well as in Chapter 3, "Plans and Policies," pages 3-10 and 3-11 of the Draft EIR. In addition, consistency of the proposed LRDP with the VNAP, including use and height limits, is addressed in Response LU-5, page C&R 3.3-30.

No Project Alternative

The decision-makers have the authority and discretion to approve or deny the proposed LRDP. As is required for all EIRs under CEQA, the Draft EIR considered the comparative impacts of the No Project Alternative, consistent with the requirements of section 15126.6(e) of the State CEQA Guidelines. This analysis considers the future environmental conditions in the event that the proposed LRDP is denied.

EIR Recirculation

Recirculation of all or a portion of a Draft EIR, prior to certification, is governed by the requirements of Section 15088.5 of the State CEQA Guidelines. Recirculation is required only in circumstances under which "significant new information" is added to the EIR following the Draft EIR public review and comment period. In this case, information that meets the thresholds of "substantial new information" has not been added to the EIR, and, thus, recirculation is not required. For a full discussion of this issue, please see Response INTRO-6, page C&R 3.1-11.

Comment

(Calvin Welch—Council of Community Housing Organizations, October 13, 2010) [53-3 LU]

"**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.

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."

Response LU-22

The comment states that the Draft EIR did not describe the current conditions and requirements of the VNSUD, the Draft EIR did not discuss how the VNSUD requirements affect the proposed development on Van Ness Avenue, the Draft EIR should show what proposed square footage is exempt and covered by

the VNSUD, and that the Draft EIR should evaluate the impacts associated with not meeting the residential/net new non-residential ratio requirements of the VNSUD.

Existing land use conditions in the area surrounding the proposed Cathedral Hill Campus are described in Section 2.2, "Cathedral Hill Campus" (pages 2-19 through 2-26), and in Section 4.1.1, "Environmental Setting" (pages 4.1-1 through 4.1-11) of the Draft EIR. The comment requests that the Draft EIR more completely address the requirements of the VNSUD. In response to these comments, the following text change is made to the Draft EIR.

On page 3-15 of the Draft EIR, the following new text is added below the first paragraph under the heading "Cathedral Hill Campus" for clarification:

> Section 243 of the San Francisco Planning Code established the Van Ness Special Use District (SUD). As described in the municipal code, the purpose of the Van Ness SUD is to implement the objectives and policies of the Van Ness Avenue Plan, which includes:
>
> (i) creation of a mix of residential and commercial uses on the boulevard,
> (ii) preservation and enhancement of the pedestrian environment,
> (iii) encouragement of the retention and appropriate alteration of architecturally and historically significant and contributory buildings,
> (iv) conservation of the existing housing stock, and
> (v) enhancement of the visual and urban design quality of the street, the following controls are imposed in the Van Ness Special Use District.[51]
>
> The requirements of the Van Ness SUD include the provisions of the City Planning Code applicable to an RC-4 District, except as otherwise noted in Section 243, including:
>
> - Height and Bulk Restrictions. See Height and Bulk Map No. 2H. See Section 270 of the SF Municipal Code for bulk limits.
> - Basic Floor Area Ratio. The basic floor area ratio limit shall be 7.0 to 1 in the 130-foot height district and 4.5:1 in the 80-foot height district.
> - Demolitions. All demolitions of buildings containing residential use and all conversions from residential uses to nonresidential uses above the ground floor shall be permitted only if authorized as a conditional use under Section 303 of this Code.
> - Residential Uses; Ratio Established. In newly constructed structures, nonresidential uses shall only be permitted if the ratio between the amount of net additional occupied floor area for residential uses, as defined in this paragraph below, to the amount of occupied floor area for nonresidential uses in excess of the occupied floor area of structures existing on the site at the time the project is approved is 3 to 1 or greater.
> - Reduction of Ground Level Wind Currents. New buildings and additions to existing buildings shall be shaped, or other wind baffling measures shall be adopted, so that the development will not cause year-round ground level wind currents to exceed, more than 10 percent of the time, between 7:00 a.m. and 6:00 p.m., the comfort level of 11 m.p.h. equivalent wind speed in areas of pedestrian use and seven m.p.h. equivalent wind speed in public seating areas. An exception to this requirement may be permitted but only if and to the extent that the project sponsor demonstrates that the building or addition cannot be shaped or wind baffling

[51] http://www.amlegal.com/nxt/gateway.dll/California/planning/article2usedistricts?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$anc=JD_243

measures cannot be adopted without unduly restricting the development potential of the building site in question.

As described on page 2-46 of the Draft EIR, as updated in the text revisions to the Draft EIR on pages C&R 4-45 to 4-46, a CU authorization under Planning Code Section 303 would be sought for authorization of a conditional use medical center and exceptions to bulk, loading, street frontage, building projection, obstruction over streets and alleys, and wind comfort-level requirements that otherwise would be applicable under the Planning Code. This CU authorization would also include approval of buildings that exceed 50 feet in height within an RC-4 District and the Van Ness SUD; modification of the 3:1 ratio of residential to net new non-residential development restriction otherwise applicable within the VNSUD for the proposed Cathedral Hill Campus; and for demolition of five residential dwelling units. Required project approvals and current code requirements for the proposed Cathedral Hill Campus are summarized in Draft EIR Table 2-3, as updated in the text revisions to the Draft EIR on pages C&R 4-37 to 4-42.

As described on pages 2-46 and 2-47 of the Draft EIR (and updated in the text revisions to the Draft EIR on pages C&R 4-45 to 4-46), CU authorization would include the following elements:

- Medical Center Use. Authorization of the Cathedral Hill Hospital and Cathedral Hill MOB as a conditional use medical center in an RC-4 District and pursuant to the provisions for the Van Ness Special Use District in Planning Code Section 243.

- Building Height. CU authorization would be sought for the proposed heights of the Cathedral Hill Hospital and Cathedral Hill MOB, which would be 265 feet and 130 feet, respectively, as defined or measured by the Planning Code. In an RC-4 district and in the VNSUD, buildings greater than 50 feet, but within the applicable height limits (130 feet for the Cathedral Hill MOB under the existing 130-V Height and Bulk District and 265 feet for the Cathedral Hill Hospital, after the Height and Bulk amendment to the 265-V Height and Bulk District being sought as a separate entitlement) require CU authorization.

- Building Bulk. Bulk limits are applicable to sections of buildings above 40 feet in height. The proposed Cathedral Hill Hospital and Cathedral Hill MOB would exceed the applicable bulk limits for building plan length and diagonal dimensions of 110 and 140 feet. An exception would be requested to allow the proposed hospital's building length and diagonal dimensions, which respectively are approximately 385 and 405 feet (tower floor) or 385 feet and 466 feet (podium floor 50 feet above Franklin Street). An exception would also be requested to allow the proposed MOB's length of approximately 265 feet with a diagonal dimension of 290 feet.

- Demolition of Residential Dwellings. The CU authorization would allow demolition of five residential dwelling units (Planning Code Sections 317 and 243(c)(8)(H)) that currently occupy portions of the proposed Cathedral Hill MOB site. Demolition of an additional 20 residential hotel units requires a separate application to the San Francisco Department of Building Inspection for a permit to convert.

- Modification of Residential Restrictions. Planning Code Section 243(c)(8) generally requires development projects within the VNSUD to include residential uses at a 3:1 ratio to net new nonresidential uses. The CU authorization would modify these requirements for medical center uses within the VNMUSD.

- Street Frontage. The CU authorization would allow modification of standards under Planning Code Section 145.1 for active ground floor uses and width of curb cuts, providing that, on balance, the active uses and curb cuts around the perimeter of a site with multiple frontages meets the intent of Section 145.1.

- Exception for Wind Comfort Level Exceedances. The CU authorization would allow an exception for ground level wind currents to exceed pedestrian wind current comfort level criteria of 11 miles per hour applicable within the Van Ness SUD.

Proposed amendments to Map 4 of the General Plan Urban Design Element and Maps 1 and 2 of the VNAP were provided in Appendix C of the Draft EIR. Since the publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the proposed LRDP based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development at the Cathedral Hill Campus. Therefore, the proposed map amendments in Appendix C of the Draft EIR have been updated as part of the text revisions to the Draft EIR included on pages C&R 4-43 to C&R 4-44 of this document. As stated on page 4.1-48 of the Draft EIR, as they have been included in the Project description, the amendments to the General Plan's VNAP and amendments to the Planning Code text and zoning and height and bulk district maps; the PUD and CU authorizations; and other approvals, as discussed above, are part of the proposed LRDP. Therefore, if approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies. The proposed LRDP relative to the Cathedral Hill Campus with the requested amendments and approvals would, therefore, not conflict with any applicable land use plan, policy, or regulation.

Applicable City policies and the relative consistency of the proposed LRDP are discussed in Draft EIR Chapter 3, "Plans and Policies" and in Impact LU-2, in Chapter 4.1, pages 4.1-46 through 4.1-54. In Impact LU-2, the Draft EIR concluded that the impacts of the proposed LRDP related to consistency with local plans and policies were less than significant at all CPMC campuses. Section 3.2.1 of the Draft EIR addresses the proposed LRDP's consistency with applicable elements of the General Plan and is summarized below.

As stated on pages 3-10, 3-11, and 4.1-46 through 4.1-48 of the Draft EIR, the proposed Cathedral Hill Campus would generally be consistent with the VNAP and the associated Van Ness SUD. A General Plan amendment would be required for the proposed LRDP development of the up to 265-foot-tall Cathedral Hill Hospital. Specifically, amending Map 4 of the General Plan Urban Design Element and VNAP Map 2 would allow the hospital's height to extend up to 265 feet. A General Plan amendment to Map 5 of the Urban Design Element is also proposed to allow for development of the Cathedral Hill Hospital with a bulk up to a maximum plan dimension and maximum diagonal plan dimension of 385 and 466 feet, respectively, and for development of the proposed Cathedral Hill MOB with a bulk up to a maximum plan dimension and maximum diagonal plan dimension of 265 and 290 feet respectively.

Under the proposed LRDP, five residential dwelling units and 20 residential hotel units would be demolished at the site of the proposed Cathedral Hill MOB, in an area prioritized in the VNSUD for new housing development. The loss of five residential dwelling units and 20 residential hotel units would not affect the larger objective of the VNAP. In addition, the project sponsor would provide relocation and tenant support/assistance.

As of September 2011, CPMC has reached agreement with all ten of the residential households. CPMC has assisted several households with apartment searches, landlord negotiations, and moving, all within San Francisco. Eight of the ten residential households have relocated and the remaining two have agreed to move out in early 2012.[52]

The VNAP discourages parking access along Van Ness Avenue and, whenever feasible, other major streets. The proposed Cathedral Hill Hospital and Cathedral Hill MOB would provide parking entrances/exits along Geary Boulevard and Franklin Street, potentially conflicting with the VNAP. The

[52] Memorandum from Geoffrey Nelson, AICP, California Pacific Medical Center, to Cameron Mueller & David Reel (AECOM), re: Relocation of tenants in 1034-1036 Geary Street (September 22, 2011).

Draft EIR evaluates potential impacts to site access in Section 4.5, "Transportation and Circulation." The discussion on page 4.5-100 of the Draft EIR concludes that operation of the proposed Cathedral Hill Campus parking garages would have a less-than-significant impact on traffic operations.

No parking access for the Cathedral Hill Hospital, the Cathedral Hill MOB, or the 1375 Sutter MOB would be from Van Ness Avenue in compliance with this VNAP policy. Primary ingress and egress for the Cathedral Hill MOB would be from Cedar Street, a minor east-west street. The Cathedral Hill Hospital site is not adjacent to any minor streets. Ingress for the Cathedral Hill Hospital would be from Geary Boulevard and Post Street, and primary egress for the Cathedral Hill Hospital would be from Post Street. Approximately seven curb cuts on or near Van Ness Avenue would be removed as part of the proposed development at the Cathedral Hill Campus under the LRDP.

Additionally, the VNAP and VNSUD encourage a pedestrian environment and transit use and discourage commuter parking. The proposed Cathedral Hill Campus would be consistent with this policy. As described on pages 2-34 through 2-36 of the Draft EIR, CPMC proposes to upgrade the pedestrian environment by improving the street frontages of the Cathedral Hill Campus. This would include lighting treatment along Van Ness Avenue and Post Street, sidewalk widening, activity zones in the public spaces surrounding the proposed Cathedral Hill Hospital and Cathedral Hill MOB, planting design and paving concept, and furnishings (i.e., sidewalk benches, bicycle racks).

Please see Response LU-5 (page C&R 3.3-30) for further discussion of the project's consistency with existing plans and policies, including the VNAP. Response LU-9 provides a discussion of the specific entitlements requested by the project sponsor and the relationship of the proposed LRDP to the Planning Code. Also see Response LU-21 (page C&R 3.3-95) for discussion of the 3:1 residential/net new non-residential ratio requirement for projects within the Van Ness SUD.

Comments

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-4 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 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.

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

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-44 LU, duplicate comment was provided in 108-44 LU]

"Further, the DEIR does not analyze the project's inconsistency with the intended character of Van Ness Avenue as discussed in the VNAP. 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);"

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-48 LU, duplicate comment was provided in 108-48 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-6 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.

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.

[5] DEIR 3-10"

(Gloria Smith—California Nurses Association, March 8, 2011) [122-2 LU]

"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.

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."

(Gloria Smith—California Nurses Association, March 8, 2011) [122-5 LU]

"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."

(Gloria Smith—California Nurses Association, March 8, 2011) [122-7 LU]

"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.

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."

Response LU-23

The following is a summary of the substantive comments:

- The Draft EIR does not analyze the project's inconsistency with the intended character of the VNAP.
- The proposed VNAP amendment to create a new sub-area to allow medical uses is not analyzed in terms of impact on the future development of housing along Van Ness Avenue.
- The Draft EIR fails to consider Objective 1 and its policies from the VNAP and need for housing along Van Ness Avenue and construction of affordable housing.
- The proposed Cathedral Hill Hospital is at a scale that is inconsistent with the residential boulevard envisioned in the Van Ness Avenue Plan, Objective 8.
- The policies presented in Section 4.1, "Land Use and Planning," of the Draft EIR do not include VNAP policies that encourage and development of non-residential uses along Van Ness Avenue, except for ground floor commercial uses below high-density housing.
- The proposed amendments to the General Plan, the Van Ness Avenue Plan, and the Planning Code create internal inconsistencies in the General Plan, and inconsistencies between the General Plan and the Planning Code.

- The General Plan supports a larger St. Luke's Hospital and a smaller Cathedral Hill Hospital.
- The Cathedral Hill Campus would destabilize the surrounding neighborhoods, like the Tenderloin.

Since the publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the proposed LRDP based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development at the Cathedral Hill Campus. Therefore, the required project approvals listed in the Draft EIR in Table 2-3, "Required Project Approvals," on pages 2-13 through 2-17 of the Draft EIR have been updated as part of the text revisions to the Draft EIR included on pages C&R 4-37 through C&R 4-42 of this document. As shown in the text revisions to Table 2-3, the proposed amendments to the VNAP no longer include the creation of the new subarea referenced in several of the comments.

The comments pertain to the VNAP and the Van Ness SUD. Please see Response LU-21 (page C&R 3.3-95) for discussion of the relationship of the proposed Cathedral Hill Campus with the 3:1 residential/net new non-residential ratio requirement of the Van Ness SUD. Please see Response LU-5 (page C&R 3.3-30) for a discussion regarding the consistency of the project with the General Plan, including the VNAP, and Response LU-9 for a discussion of the relationship of the proposed LRDP to the Planning Code, including the Van Ness SUD. In stating that the City intends Van Ness Avenue to be a residential boulevard, the comments appear to misinterpret the intent of the VNAP and Van Ness SUD. Rather than a purely residential boulevard, these documents present a vision of Van Ness Avenue as a vital, intense, mixed commercial/residential corridor. In implementing the VNAP, Section 243(b) of the Planning Code (Van Ness SUD) states in part that: "In order to implement the objectives and policies of the VNAP, a part of the Master Plan, which includes (i) creation of a mix of residential and commercial uses on the boulevard…"

Thus, the intent of the VNAP and the Van Ness SUD is to facilitate the addition of a significant increment of housing to the Van Ness Avenue corridor, taking what at the time the VNAP and Van Ness SUD were adopted was a primarily commercial corridor and transforming it to be a mixed use corridor with the pedestrian environment of a residential boulevard.

Objective 1 of the VNAP, addressing uses in the corridor from Redwood Street to Broadway states: "Continue existing commercial use of the avenue and add a significant increment of new housing." Further, in describing Objective 1, the VNAP states: "[d]evelopment of a number of medium density, mixed use projects with continued non-residential use of non-residential buildings would facilitate the transformation of Van Ness Avenue into an attractive mixed use boulevard." Objective 1 is implemented through five policies (1.1 through 1.5), three of which are discussed below in response to the comments. Policy 1.1 encourages the development of high density housing above a podium of commercial uses in new construction. Policy 1.4 encourages maximizing the number of housing units and Policy 1.5 encourages employing various techniques to provide more affordable housing. The housing policy is implemented by Planning Code Section 243(c)(8) (Van Ness Special Use District). which requires development projects within the Van Ness SUD to include residential uses at 3:1 ratio to net new nonresidential uses. Although the proposed LRDP is not residential in nature and does not meet the 3:1 residential/net new non-residential ratio requirement established in the VNSUD, the provisions of the VNSUD specifically allow for modifications to be made for uses like the proposed LRDP if the decision-makers find that the proposed modification would not undermine the City's commitment to creating a substantial increment of new housing in the Van Ness Avenue corridor. Approvals proposed for the Cathedral Hill Campus development under the LRDP include amendments to the VNAP and CU authorizations, as described in detail in Response LU-5, C&R 3.3-30.

The Draft EIR has evaluated the physical environmental impacts of the proposed LRDP, which includes the physical effects of the proposed amendments to local plans and policies. As explained in Response

LU-1 (page C&R 3.3-1), before issuing a permit for any project; before issuing a permit for any demolition, conversion, or change of use; and before taking any action that requires a finding of consistency with the General Plan and other applicable plans and policies, the City must determine that the proposed project is consistent with the General Plan and Priority Policies.

The proposed Cathedral Hill Campus would not be at a scale that would be inconsistent with the VNAP vision of Van Ness Avenue as a residential boulevard. Please also see the discussion of this issue in Response LU-13.

The 1987 EIR for the Van Ness Area Plan specifically excluded the Cathedral Hill Hospital site from consideration as "developable" and the site was not at that time considered a potential housing site.[53]Objective 8 of the VNAP addresses issues of streetscape design. The full wording of that objective is: "Create an attractive street and sidewalk space which contributes to the transformation of Van Ness Avenue into a residential boulevard." The proposed Cathedral Hill Campus would include several features that would help improve the pedestrian environment and facilitate connections between the proposed Cathedral Hill Campus and the surrounding community. Widened sidewalks along Van Ness Avenue, and Post Street under the LRDP proposal for the Cathedral Hill Campus would improve pedestrian circulation in the area surrounding the proposed Cathedral Hill Hospital. Substantial landscaped areas would also be added to offer visual relief to pedestrians and provide a buffer between pedestrians and traffic lanes. The proposed streetscape design is shown in Figure 2-37, "Cathedral Hill Campus—Proposed Streetscape Plan" (Draft EIR, page 2-101). The proposed entry plazas for the new hospital would mark the Van Ness Avenue and Geary Boulevard entrance to the proposed Cathedral Hill Hospital and the Van Ness Avenue and Geary Street entrance to the Cathedral Hill MOB.

The question of consistency of the proposed LRDP with local plans and policies was addressed in Impact LU-2 of the Draft EIR, pages 4.1-46 through 4.1-54. The conclusion of the Draft EIR was that the proposed LRDP would not be inconsistent with the local plans and policies related to environmental considerations and that the impact would be less than significant. Please also see Response LU-9 for additional discussion of the relationship of the proposed LRDP to the General Plan and the Planning Code.

The size of the proposed Cathedral Hill Campus and St. Luke's Campus is discussed in Major Response HC-2, page C&R 3.23-8 of this document. The General Plan does not speak to the size of specific parts of the CPMC system. The LRDP is, however, consistent with the CPMC Institutional Master Plan, which was accepted by the Planning Commission on November 19, 2009.

There is no evidence in the record to support the statement that the proposed LRDP would "destabilize" the Tenderloin neighborhood. The relationship of the proposed LRDP to the Tenderloin is addressed in several locations in this C&R document, including Response PH-12, pages C&R 3.5-47 through C&R 3.5-50, which considers the effects of the proposed LRDP on housing demand in the Tenderloin, and Responses TR-124 and TR-125, pages C&R 3.7-207 through 3.7-214), which address the effects of the proposed Cathedral Hill Campus on the transportation and circulation network in and around the Tenderloin.

[53] VNAP FEIR, page 58: "These existing buildings are generally large and contain businesses which maintain strong economic activity (e.g. Cathedral Hill Hotel, Holiday Inn, Regency Theater) and, based on past and projected economic trends, are not expected to be demolished for new construction or converted to another use."

Comment

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-7 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."

Response LU-25

The comment states that the Cathedral Hill Campus development under the proposed LRDP would have significant impacts on housing development along Van Ness Avenue and would remove the Cathedral Hill site from having future housing. The comment also states that the Draft EIR did not consider plans and policies applicable to this area and did not provide an analysis of the effects of the proposed Cathedral Hill Campus on housing elsewhere in the Van Ness Avenue corridor. The analysis in Section 4.3, "Population, Employment, and Housing," in the Draft EIR, as further explained in Responses PH-5, PH-6, PH-7, PH-9, PH-11, PH-13, PH-16 PH-17, and PH-25, concluded that the proposed LRDP would have less-than-significant impacts related to population, employment, and housing.

The concern about the loss of potential housing that would result from the proposed LRDP is specific to the proposed Cathedral Hill Campus, which is in the VNSUD. Planning Code Section 243 (c)(8)(A) requires a 3:1 residential/non-residential ratio for development in the VNSUD. As currently zoned, the proposed Cathedral Hill Campus site presents the potential to construct approximately 304 new housing units under the 3:1 requirement (see Response LU-21, C&R 3.3-95 for the calculations). The proposed LRDP would eliminate the opportunity to construct this new housing on the Cathedral Hill Campus site. The San Francisco General Plan's Housing Element analyzes the physical capacity for housing in San Francisco, based on land supply and site opportunities to accommodate its RHNA. As noted in Response PH-9 (page C&R 3.5-31), San Francisco has the capacity to accommodate approximately 73,700 new housing units under the current and recently adopted zoning. [54] The 2009 Housing Element estimates another 18,200 units of potential housing capacity with the proposed rezoning of currently selected neighborhoods currently undergoing study.[55] Finally, the 2009 Housing Element estimates a residential development pipeline of approximately 50,200 housing units. The proposed rezoning of the Cathedral Hill site would reduce the total capacity under current zoning by approximately 0.4 percent and the rezoned capacity under the 2009 Housing Element by less than 0.3 percent. Under the estimates contained in either version of the Housing Element, after these reductions, the City would still have sufficient capacity to accommodate the projected new households generated under the proposed LRDP.

As described in Response LU-21 (page C&R 3.3-95) in "C. VNSUD Housing Fee," the future residential development potential of the entire VNSUD was identified as approximately 2,190 units. The 1987 EIR for the VNAP included criteria that excluded the Cathedral Hill Hospital and 1375 Sutter MOB sites from consideration as "soft" and, therefore, they were not considered potential future housing sites. The

[54] Table I-56, San Francisco Planning Department. 2009 Housing Element Update. The Final EIR for the San Francisco 2004 and 2009 Housing Element was certified by the Planning Commission on March 24, 2011 (Case No. 2007.172SE). The Board of Supervisors adopted the 2009 Housing Element Update on June 21, 2011.

[55] Table I-66, San Francisco Planning Department. 2009 Housing Element Update. The Final EIR for the San Francisco 2004 and 2009 Housing Element was certified by the Planning Commission on March 24, 2011 (Case No. 2007.172SE).

Cathedral Hill MOB site did meet the VNAP EIR criteria for "soft" and was considered developable for housing. Based on the analysis presented in LU-21, the Cathedral Hill MOB site could be developed with up to 107 dwelling units, which would constitute 4.8 percent of the total residential development potential estimated in the VNAP EIR.

The assessment of housing capacity in the Draft EIR is not based on the assumptions of the VNAP or the VNAP EIR, but, rather, it is based upon the assumptions of capacity in the Housing Element. Under the Housing Element, none of the proposed CPMC LRDP development sites in the proposed Cathedral Hill Campus were assumed for residential development. The Housing Element used a more restrictive assumption about sites that would redevelop in the City, considering "soft sites" to be those with existing building area less than 30 percent of allowable development.[56] As a matter of clarification, the 2009 Housing Element states that "[f]or the purpose of determining remaining development potential capacity, the Planning Department does not consider any parcel developed to more than 30 percent of its capacity as a 'soft site,' or a candidate for additional square footage or intensification." None of the proposed Cathedral Hill Campus development sites would meet these criteria. Thus, the remaining potential residential development capacity in the City of San Francisco as identified in the Housing Element, which formed the basis for the Draft EIR analysis of the proposed LRDP's impacts related to housing, would not change as a result of implementation of the proposed CPMC LRDP.

As stated in Table 2-3 on page 2-14 of the Draft EIR, as part of the proposed LRDP, the sponsor would request CU authorizations to allow demolition of five existing residential dwelling units and 20 residential hotel units and to modify application of the 3:1 residential/net new non-residential ratio requirement within the Van Ness SUD. The project could not move forward without these authorizations (or alternatively a VNSUD text amendment exempting the project from the 3:1 requirement). The discussion on page 4.3-44 of the Draft EIR concludes that the proposed Cathedral Hill Campus would have a less-than-significant impact on housing, and thus no mitigation is required. Please see Response LU-21 (page C&R 3.3-95) for additional analysis of the 3:1 residential/non-residential ratio requirement, showing scenarios in which the proposed Cathedral Hill Campus could comply with the requirement of Planning Code Section 243.

The Draft EIR provides environmental review for all discretionary approvals necessary for the proposed project. These approvals (e.g., CU authorizations) are required from the decision-makers before the development of the proposed LRDP could proceed. This determination is separate from the environmental review process and further consistency analysis would be conducted for the CU findings. This separate process is part of the decision to approve, modify, or disapprove the proposed LRDP.

Comment

(Commissioner Antonini, September 23, 2010) [PC-355 LU]

"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 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

[56] City of San Francisco, *Housing Element, Part I: Data and Needs Analysis,* page D.2. "For the purpose of determining remaining development potential capacity, the Planning Department does not consider any parcel developed to more than 30 percent of its capacity as a "soft site," or a candidate for additional square footage or intensification." Accessed May 25, 2001 http://housingelement2009.sfplanning.org/docs/Housing_Element_Part_I_Data_Needs_Assmt_CPC_Adopted.pdf,

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,..."

Response LU-26

The comment discusses the Van Ness SUD and acknowledges that the Draft EIR discusses the Planning Commission's ability to exempt the hospital from the requirement of CU authorization or establishing a Van Ness Avenue Medical SUD. The comment states that other non-hospital projects in the area have been exempted in the past, and that the proposed Cathedral Hill Hospital under the LRDP would need to be considered in balance with the housing need. The comment is noted. These other projects noted have undergone separate environmental review through the San Francisco Planning Department and were subsequently approved. These projects are not connected with the proposed LRDP and the comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. Please see Responses LU-5 and LU-9 (page C&R 3.3-30 and C&R 3.3-64) for discussion of the proposed Cathedral Hill Campus facilities and the project's consistency with the VNAP and the Planning Code. Please also see Response LU-21 (page C&R 3.3-95) for a discussion of the project's consistency with the 3:1 residential/net new non-residential provision. The provisions of the VNSUD specifically allow for modifications to the 3:1 provision to be made for uses like the proposed CPMC LRDP medical facilities, if the decision-makers find that the proposed modification would not undermine the City's commitment to creating a substantial increment of new housing in the Van Ness Avenue corridor.

The decision-makers are responsible for reviewing the consistency of the proposed LRDP with the applicable land use plans and policies, such as the Van Ness SUD. The decision-makers' consistency review occurs independently and separately from the CEQA analysis.

3.3.3 PACIFIC CAMPUS

3.3.3.1 CONSISTENCY WITH EXISTING PLANS AND POLICIES AND LAND USE COMPATIBILITY

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-9 LU]

"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."

Response LU-27

The comment expresses concern about the effect of the design of buildings at the Pacific Campus on the character of the surrounding area and high traffic intensity in the vicinity.

Long-term LRDP projects described in the Draft EIR, including the project at the Pacific Campus, would be subject to additional project-specific environmental review under CEQA. In the event that subsequent environmental review identified significant impacts not disclosed in the CPMC LRDP EIR, the City would be required to identify feasible mitigation measures to reduce any significant impacts to a less-than-significant level.

As described in Impact LU-3 on page 4.1-63 of the Draft EIR, long-term development plans at the Pacific Campus include the demolition of four buildings (plus the Clay Street Tunnel) and construction of one new building (ACC Addition) and two new parking garages—the North-of-Clay Aboveground Parking Garage and the Webster Street/Sacramento Street Underground Parking Garage. The overall size and scale of the buildings on the Pacific Campus with implementation of the proposed LRDP would not change substantially, compared to existing conditions. Further, the shift in the type of medical use (primarily outpatient non-acute-care uses instead of inpatient acute care uses) on the campus would not have a substantial effect on the intensity of activities on the Pacific Campus, and thus there would be a less-than-significant impact on the existing character of the surrounding neighborhood (Draft EIR, page 4.1-63). Parking garages proposed as part of the Pacific Campus under the LRDP would be of similar height as other buildings within their immediate surroundings or would be buffered from residential uses by existing structures and therefore would not have a substantial adverse impact on the overall existing character of the vicinity.

The daily population at the Pacific Campus by 2015 and 2030 would be less than the daily population under existing conditions, because of the transfer of acute care medical services to the proposed Cathedral Hill Campus and other development under the LRDP, all of which would lessen the intensity of daily traffic at the Pacific Campus. This is shown in Table 4.3-10 on page 4.3-16 of the Draft EIR. The number of personnel under the proposed LRDP would decrease by 70 percent by 2015. With the development of other long-term projects, the number of personnel would increase between 2015 and 2030, but would remain below 2006 personnel levels or existing levels. As stated in Impact TR-59 on page 4.5-168 of the Draft EIR, the proposed LRDP at the Pacific Campus would result in a net increase of 71 vehicle trips during the p.m. peak hour. With the addition of the new vehicle trips, the 16 study intersections would continue to operate at acceptable levels of service. Therefore, the increase in traffic that would result from the project would be less than significant. Additionally, a net increase of 648 parking spaces would be added to the Pacific Campus by 2020 (see Draft EIR, page 4.5-168). Although parking conditions are not considered to be environmental impacts as defined by CEQA, this net increase of 648 parking spaces would accommodate the estimated parking demand at the Pacific Campus and would create a surplus of 10 spaces.

Implementing the proposed LRDP at the Pacific Campus is not anticipated to have a substantial effect on the existing character of the vicinity, and this impact would be less than significant.

Comment

(Arthur and Jacqueline Cimento, October 19, 2010 [78-3 LU, duplicate comment was provided in 99-3 LU]

"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.

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."

Response LU-28

The comment refers to the proposed projects at the Pacific Campus and makes the following substantive remarks:

- The proposed LRDP would violate existing CU authorizations at the campus and
- Whether a change in permitted use would apply to similar facilities in other residential zones in the City or just to the Pacific Campus area neighborhood is questioned.
- The comment asks why the proposed changes at the Pacific Campus would not be considered a potentially significant land use impact.

Please note that the potential environmental impacts that would occur with the development (e.g., land use, aesthetics, transportation and circulation, etc.) at the Pacific Campus are evaluated in the Draft EIR pursuant to CEQA. Whether changes in permitted uses would apply to similar facilities in other residential zones in the City or the neighborhood in the Pacific Campus area would depend on the zoning of those particular facilities. Other projects would be subject to separate discretionary review and environmental process through the City.

No discussion of the proposed LRDP's consistency with the existing CU authorization is provided in the Draft EIR, because no amendment to the existing CU would be necessary to allow the existing facilities to continue to operate without acute care inpatient uses. This is because, as amended as part of Planning Department-initiated Code clean-up legislation enacted earlier this year, Planning Code section 209.3(a) conditionally permits medical institutions without inpatient medical services in the RM-1 and RM-2 Districts within which the Pacific Campus is located, and no new construction or significant alterations to existing structures or changes to the medical institutional uses of the existing buildings at the Pacific Campus requiring a change to the existing CU authorization is proposed as part of the near-term projects under the LRDP. The comment requests an explanation of the conclusion in the Draft EIR that there would be less-than-significant impacts related to changes to the existing character in the vicinity of the LRDP sites (see Draft EIR Impact LU-3, page 4.1-55). This is because, according to the comment, the proposed LRDP at the Pacific Campus would result in a denser and more intense development than found in existing conditions in the Pacific Heights neighborhood.

The potential impacts of proposed LRDP development at the Pacific Campus on the character of the surrounding neighborhood are analyzed in Impact LU-3 on pages 4.1-63 through 4.1-65 of the Draft EIR. This discussion reflects the proposed changes at the Pacific Campus under the LRDP and makes the following salient points in reaching the conclusion that this impact would be less than significant:

- Because medical services would still be provided and the size and scale of the buildings on the Pacific Campus would not change substantially compared to existing conditions, the shift in the type of medical use (primarily outpatient non-acute-care uses instead of acute-care inpatient uses) on the campus would not have a substantial impact on the existing character of the surrounding neighborhood;

- The proposed new structures would not substantially change the scale with the surrounding residential neighborhood and would be compatible with the size and scale of buildings on, and in the vicinity of, the Pacific Campus;

- The overall gross square footage would increase to 1,345,645 gsf under the proposed LRDP from the existing 1,117,334 gsf, with the expanded space primarily including the construction of a new Ambulatory Care Center Addition of approximately 205,000 gsf, and two parking structures comprising about 300,000 gsf, with nearly 690 parking spaces. However, some medical uses and floor area at the campus would not increase, but would decrease with implementation of the proposed LRDP. These include decreases in hospital administration, inpatient care, skilled nursing care, and emergency department uses, as shown in Table 2-7a (Draft EIR, page 2-105) and Table 2-7b (Draft EIR, page 2-109);

- The height, size, and scale of the proposed North-of-Clay Aboveground Parking Garage would not be substantially out of character with other buildings that would remain on the campus and in the area, and would be of similar height compared to other buildings within its immediate surroundings;

- The Webster Street/Sacramento Street Underground Parking Garage would have no effect on the existing character of its surroundings, because it would not be visible above ground; and

- the daily population at the Pacific Campus would be less than the population under existing conditions because of the transfer of acute care medical services to the proposed Cathedral Hill Campus and other development under the LRDP (Table 4.1-1, "Daily Populations at CPMC Campuses under Existing Conditions and the Proposed LRDP," on page 4.1-58 of the Draft EIR).

Often concerns about neighborhood character relate to the visual relationship of a proposed project to the surrounding neighborhood. This issue is addressed in detail in the Aesthetics section of the Draft EIR. As stated on page 4.2-149 of the Draft EIR, while the Pacific Campus under the LRDP would appear to have denser, more intense development than exists at present, the scale and height of the proposed new buildings would be compatible with the surrounding buildings on the campus and in the immediate vicinity of the campus. The proposed 138-foot-tall ACC Addition building would be located adjacent to buildings that are similar in height and scale, including the 138-foot-tall 2333 Buchanan Street Hospital. Because of the proposed ACC Addition Building's location downhill of the existing hospital building, it would appear to be lower in height than the existing 2333 Buchanan Street Hospital building. This design reflects the slope of the Pacific Campus, consistent with the City's urban design policy.[57] The proposed 85-foot-tall North-of-Clay Aboveground Parking Garage would be shorter than one of the two buildings which it would replace (the 92-foot-tall Annex), and therefore, it would not substantially alter the arrangement of building roofline height from existing conditions in that part of the campus. The proposed

[57] No detailed design yet exists for the LRDP developments at the Pacific Campus. The assessment contained in this discussion is based on rough conceptual design details currently available for the Pacific Campus.

North-of-Clay Aboveground Parking Garage building would appear bulkier than the existing buildings that it would replace because it would present a continuous building façade to Clay and Webster Streets.

As stated on page 1-13 of the DEIR the long-term projects that are proposed under the LRDP, including the proposed development at the Pacific Campus, would be subject to additional project-specific environmental review under CEQA once more detailed information is available. Any additional conflicts with land use plans, policies, and regulations arising from more specific, project-level design issues related to long-term project components at the Pacific Campus would also be addressed in the future, during detailed project-level planning and in the future environmental project-specific documents.

The comment disagrees with the statement on page 5-8 of the Draft EIR that reads, "all construction and renovation at the Pacific, Davies, and St. Luke's Campuses would occur entirely within the existing campus footprint; medical uses would continue on these campuses, and therefore no change in land use would occur." As stated on page 4.1-63 of the Draft EIR, because medical services would still be provided and the size and scale of the buildings on the Pacific Campus would not change substantially compared to existing conditions, the shift in the type of medical use (primarily outpatient non-acute-care uses instead of acute-care inpatient uses) on the campus would not represent a material change in land use and would not have a substantial impact on the existing character of the surrounding neighborhood. The new development proposed at the Pacific Campus would be within the existing campus boundaries, as shown in Figure 2-40, "Pacific Campus – Proposed Site Plan" (Draft EIR, page 2-123).

As stated earlier in this response, no changes to the existing CU authorization for the Pacific Campus would be required for the proposed LRDP during the near-term. The long-term development at the Pacific Campus included in the proposed LRDP, however, would require additional land use approvals that would be the subject of future entitlement applications. During the near-term, the conversion of existing facilities at the Pacific Campus to primarily outpatient uses would be consistent with the Planning Code, and the use of existing facilities for primarily outpatient uses would not violate the existing CU authorization for the Pacific Campus.

Comment

(Arthur and Jacqueline Cimento, October 19, 2010) [78-5 LU, duplicate comment was provided in 99-5 LU]

"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."

Response LU-29

The comment references the Pacific Campus and states that the Draft EIR needs to address conflicts of the LRDP with existing land use and zoning. As stated on page 4.1-54 of the Draft EIR, implementation of long-term development at the Pacific Campus under the LRDP would be substantially consistent with the General Plan because text amendments to the Planning Code and CU would be proposed as part of the project, and if these changes are approved, the Pacific Campus would be consistent with relevant plans and policies. As stated in Response LU-28 (page C&R 3.3-142), long-term projects described in the Draft EIR, including the project at the Pacific Campus, would be subject to additional project-specific environmental review under CEQA once more detailed information is available and an application for a project-level entitlement is filed with the City. Issues related to the consistency of these future projects with land use plans, policies, and regulations arising from more specific, project-level designs of long-term project components at the Pacific Campus would be addressed during detailed project-level planning and

environmental review. The granting of a CU authorization, which would be requested as part of such future, project-level entitlements is not generally considered to be an inconsistency with the General Plan or the Planning Code; the Planning Code specifically allows certain uses as "conditional uses" pursuant to project-specific review and evaluation by the decision-makers.

As stated on page 4.1-63 of the Draft EIR, because medical services would continue to be provided and the size and scale of the buildings on the Pacific Campus would not change substantially compared to existing conditions, the shift in the type of medical use (primarily outpatient non-acute-care uses instead of acute-care inpatient uses) at the campus would not have a substantial effect on the existing character of the surrounding neighborhood.

As stated on page 4.1-65 of the Draft EIR, the daily population at the Pacific Campus under the LRDP would be less than the population under existing conditions, because of the transfer of acute-care medical services to the Cathedral Hill Campus and other development under the LRDP (Table 4.1-1, "Daily Populations at CPMC Campuses under Existing Conditions and the Proposed LRDP," on page 4.1-58 of the Draft EIR). There would be a smaller on-campus population; however, the shift to primarily outpatient uses (from acute-care inpatient uses) would generate a slightly greater number of trips to and from the Pacific Campus. As described in Impact 59 on page 4.5-168 of the Draft EIR, the Pacific Campus would result in a net increase of 71 vehicle trips during the p.m. peak hour.

As stated on page 3-19 of the Draft EIR, Section 101.1 of the Planning Code would require that the City find the proposed project to be consistent with the priority policies of the Accountable Planning Initiative before it issued a permit for any demolition, conversion, or change of use, and before it took any action that required a finding of consistency with the General Plan. In evaluating the proposed project's consistency with the General Plan, the Planning Commission and/or Planning Department would make the necessary findings of consistency. This determination would not be part of the CEQA environmental review process but would be part of the decision to approve, modify, or disapprove the proposed LRDP.

Please also see Response LU-9 for a discussion of the relationship of the proposed LRDP to the Accountable Planning Initiative.

3.3.4 CALIFORNIA CAMPUS

No comments pertaining to land use and planning and solely related to this campus were received during public review of the Draft EIR.

3.3.5 DAVIES CAMPUS

No comments pertaining to land use and planning and solely related to this campus were received during public review of the Draft EIR.

3.3.6 ST. LUKE'S CAMPUS

3.3.6.1 CONSISTENCY WITH EXISTING PLANS AND POLICIES AND LAND USE COMPATIBILITY

Comment

(Alex Bernstein, August 4, 2010) [3-2 LU]

"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."

Response LU-30

The comment states that the neighborhood around St. Luke's is not zoned for the large structures proposed under the LRDP. As shown in Figure 2-57, "St. Luke's Campus Area," on page 2-194 of the Draft EIR, the St. Luke's Campus site is zoned RH-2. The proposed development at the St. Luke's Campus would require the creation of a new Cesar Chavez/Valencia Streets Medical Use Special Use District to increase the existing FAR limit at the St. Luke's Campus, and a CU authorization to modify the existing Planned Unit Development (PUD), to allow CPMC to construct a replacement hospital in the RH-2 District and allow exceptions to rear-yard requirements, signs, restriction on projections extending over a street or alley, and height and bulk limits for buildings taller than 40 feet in the RH-2 District (please see Draft EIR, page 2-192 and associated text revisions on page C&R 4-58). PUDs are conditionally allowed in the RH-2 District under Planning Code Section 209.9, and medical centers are currently permitted as a CU under Planning Code Section 209.3(a), and therefore are not prohibited. The Draft EIR provides environmental review for all discretionary approvals necessary for the proposed LRDP (e.g., environmental impacts from construction and operation); however, these approvals would be required from the decision-makers before the development of the proposed LRDP could proceed and would be separate from the approvals related to the environmental review process, such as certification of the EIR.

The discussion of the compatibility of the proposed LRDP land uses with existing land uses in the vicinity of the St. Luke's Campus is presented in Impact LU-3 on pages 4.1-59 through 4.1-63 of the Draft EIR, as discussed below.

The discussion of land use compatibility at the St. Luke's Campus recognizes that the changes envisioned by the proposed LRDP would improve community character in some locations and adversely affect community character in other locations around the campus. Ultimately, the Draft EIR concludes that the impact would be less than significant for the following reasons:

- The proposed MOB/Expansion Building would be seven stories shorter than the hospital currently on the site;
- The St. Luke's Campus would continue to provide medical care, as it has for more than 130 years, and the shift in the type of medical uses on campus would not substantially alter the existing character of the vicinity;
- The proposed five-story, 99-foot-tall Replacement Hospital would be a considerable reduction in height compared to the existing 12-story, 158-foot-tall St. Luke's Hospital tower proposed for demolition; and,
- The proposed LRDP would include a landscape and streetscape plan on and around the St Luke's Campus that would be compatible with the City's proposed improvements along Cesar Chavez Street.

As it relates to the residences to the west and south of the St. Luke's Campus, the Draft EIR notes that the land use compatibility impacts would be less than significant because:

- The western portion of the proposed St. Luke's Replacement Hospital would be 51 feet tall from the high point of grade to the roof deck (the top of the parapet would be 3 feet taller) and would be set back from the residential units to the west that front Guerrero Street;
- Normal practice is and would continue to be to turn off emergency vehicle sirens within a few blocks of the proposed hospital to minimize the noise disturbance effects on residential uses in the vicinity; and

- Given the urban setting of this campus, increased activity on the St. Luke's Campus would not result in a substantial adverse change in the character of the area.

It is the conclusion of the Planning Department that for the above reasons, the proposed development at the St. Luke's Campus would result in a less-than-significant impact related to changes in land use character.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-2 LU]

"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 associated General Plan Amendment, Planning Code Amendment and Conditional Use Authorizations for use, height and bulk."

Response LU-31

The comment states that Draft EIR did not include sufficient detail for the setting, impacts, mitigation, and alternatives for a project-level EIR and that the Draft EIR lacks a sufficiently detailed association of the impacts of the proposed St. Luke's Replacement Hospital and associated General Plan amendments, Planning Code amendments, and CU authorizations. Please refer to Response LU-32 (page C&R 3.3-152) regarding the Draft EIR's analysis of impacts related to various resource areas. The existing hospital at the St. Luke's Campus is allowed under CU authorization. As part of the proposed LRDP, the project sponsor has requested Planning Code and General Plan amendments to allow the proposed development to be implemented at the St. Luke's Campus. In response to the statement that the analysis was inadequate and failed to provide sufficient details of the effects of the proposed St. Luke's projects, the purpose of the CPMC LRDP EIR and CEQA appears to be misunderstood.

Under CEQA, an EIR is required to provide a thorough but reasonable body of information about the environmental effects of the proposed project, sufficient to inform the decision-makers and support intelligent decision-making. More specifically, Section 15151 of the State CEQA Guidelines states:

> "An EIR should be prepared with a sufficient degree of analysis to provide decision makers with information which enables them to make a decision which intelligently takes account of environmental consequences. An evaluation of the environmental effects of a proposed project need not be exhaustive, but the sufficiency of an EIR is to be reviewed in the light of what is reasonably feasible…The courts have looked not for perfection but for adequacy, completeness, and a good faith effort at full disclosure."

Exceptions and amendments to the Planning Code are allowed in the Planning Code regulations. As stated in Section 302(a) of the Planning Code,

"whenever the public necessity, convenience and general welfare require, the Board of Supervisors may, by ordinance, amend any part of this Code. Such amendments may include reclassifications of property (changes in the Zoning Map), changes in the text of the Code, or establishment, abolition or modification of a setback line."

Proposed Plan and Code Amendments

The discussion below enumerates how the proposed plan and code amendments were presented in the Draft EIR.

As stated on page 4.1-30 of the Draft EIR, the entire St. Luke's Campus is zoned RH-2 (Residential, House, Two-Family) (Figure 4.1-14, "St. Luke's Campus Vicinity—Existing Zoning," page 4.1-31 of the Draft EIR). Although the zoning district applicable to the St. Luke's Campus is primarily intended for residential use, a medical center is currently permitted under CU authorization. Planning Code Section 209.3(a) states that the following uses are allowed in RH2 zones as CU:

> "Hospital, medical center or other medical institution which includes facilities for inpatient care and may also include medical offices, clinics, laboratories, and employee or student dormitories and other housing, operated by and affiliated with the institution, which institution has met the applicable provisions of Section 304.5 of this Code concerning institutional master plans."

Since the publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the near-term projects under the proposed LRPD based upon input from the Planning Department after reviewing the initial application submittal for the near-term projects, including the proposed development at the St. Luke's Campus. Therefore, the required project approvals for the proposed development at the St. Luke's listed in the Draft EIR in Table 2-3, "Required Project Approvals," on pages 2-16 and 2-17 and on pages 2-192 and 2-193 have been updated as part of the text revisions to the Draft EIR included in Chapter 4, "Draft EIR Text Changes", on pages C&R 4-37 to C&R 4-42 of this document.

As stated on page 2-192 of the Draft EIR, as updated in Chapter 4, "Draft EIR Text Changes," the project sponsor is requesting an amendment to the Planning Code Special Use District Map SU07 to establish a new Cesar Chavez/Valencia Streets Medical Use Special Use District for the St. Luke's Campus site, which would increase the allowable maximum FAR on the St. Luke's Campus site to 2.5:1. CU authorization would also be required for the St. Luke's Campus to modify the existing PUD to allow CPMC to construct a replacement hospital in an RH-2 District, and to allow exceptions to the rear-yard requirements, signs, restriction on projections extending over a street or alley (to allow for a canopy to provide the OSHPD-required weather protection for patients entering the St. Luke's Replacement Hospital), and height and bulk limits for buildings taller than 40 feet in an RH-2 District.

As stated on page 4.1-30 of the Draft EIR, the St. Luke's Campus is located within two height and bulk districts—105-E and 65-A (Figure 4.1-15, "St. Luke's Campus Vicinity—Existing Height and Bulk Districts," on page 4.1-32 of the Draft EIR). Most of the campus, which lies east of San Jose Avenue, is within the 105-E Height and Bulk District, and the parking lot located on the northwest corner of the campus is in the 65-A Height and Bulk District. Both districts limit building heights at 40 feet because of the residential zoning, unless CU authorization allowing a greater height is obtained. Therefore, a CU authorization would be requested to allow buildings taller than 40 feet. In addition, the Planning Code's height and bulk map would be modified so that the entire St. Luke's Campus would be within a 105-E height and bulk district.

As stated on page 2-191 of the Draft EIR, for the proposed LRDP to be implemented at the St. Luke's Campus, the sponsor would request an amendment to the Urban Design Element of the General Plan to allow the proposed St. Luke's Replacement Hospital and MOB/Expansion Building to exceed the current maximum height allowed (88 feet) on the St. Luke's Campus. Specifically, the proposed General Plan amendment would allow for development of the proposed St. Luke's Replacement Hospital and MOB/Expansion Building up to 105 feet in height under the Urban Design Element. The proposed height of the St. Luke's Replacement Hospital is approximately 99 feet, as defined by the Planning Code's methodology for building height. The proposed General Plan maximum height of 105 feet is less than the height of the existing St. Luke's Hospital tower at 158 feet. The proposed height of the MOB/Expansion Building would be approximately 100 feet, which would also be below the maximum height of 105 feet allowed if the General Plan amendment to the General Plan Urban Design Element Map 4 is approved.

As stated on page 2-191 of the Draft EIR, as updated in Chapter 4, "Draft EIR Text Changes," the project sponsor is requesting an amendment to Map 5 in the General Plan Urban Design Element to allow the proposed St. Luke's Replacement Hospital and MOB/Expansion Building to exceed the current permitted bulk requirements establishing a maximum plan dimension and maximum diagonal plan dimension of 110 feet and 125 feet, respectively. The proposed amendment to Map 5 of the Urban Design Element would allow for development of the proposed St. Luke's Replacement Hospital up to a maximum plan dimension and maximum diagonal plan dimension of 227 and 270 feet, respectively, and development of the proposed MOB/Expansion Building up to a maximum plan dimension and maximum diagonal plan dimension of 204 and 228 feet, respectively.

The Draft EIR provides environmental review for all discretionary approvals necessary for the proposed project (e.g., environmental impacts from construction and operation); however, these approvals are required from the decision-makers before the development of the proposed project could proceed and are separate from the environmental review process.

Environmental Setting

A detailed description of the environmental setting of the St. Luke's Campus is provided in Section 2.6, "St. Luke's Campus," and Section 4.1.1, "Environmental Setting," (on pages 4.1-28 through 4.1-35 of the Draft EIR). Five figures are included in the Draft EIR's description of the current environmental conditions in and around the St. Luke's site. Appropriately, the text, tables, and graphics that constitute the environmental setting at St. Luke's are presented at a level of detail that is consistent and supportive of the impact analyses presented in the Draft EIR; they do not contain excessive detail that is not pertinent to the evaluation of impacts. This is consistent with Section 15125(a) of the State CEQA Guidelines, which states that "[t]he description of the environmental setting shall be no longer than is necessary to an understanding of the significant effects of the proposed project and its alternatives."

Mitigation Measures

Under CEQA, the requirement for identification of feasible mitigation measures is triggered by the significant environmental impacts that would result from project implementation. In the Draft EIR, a total of 23 mitigation measures which would avoid or reduce the magnitude of significant impacts at the St. Luke's Campus were identified. Please refer to Table S-2 of the Draft EIR, which summarizes all of the potential impacts and mitigation measures for each CPMC campus under the LRDP. Applicable mitigation measures for the St. Luke's Campus include: Mitigation Measure M-CP-N2 to reduce potentially significant effects on buried or submerged historical resources; Mitigation Measure M-CP-N3 to reduce potentially significant effects on paleontological resources during construction-related earthmoving activities; Mitigation Measure M-NO-N1a to minimize the impacts of construction noise by implementing noise reducing measures; Mitigation Measure M-NO-N3a to measure sound levels of operating exterior equipment; Mitigation Measure M-NO-N5 to implement measures to reduce groundborne vibration levels during construction; Mitigation Measures M-AQ-N1a, M-AQ-N1b, M-AQ-N8a, M-AQ-N8b, M-AQ-N9, and M-AQ-N10c to implement BAAQMD basic and operation control measures and additional construction mitigation measures and installation of accelerated emission control devices on construction equipment; Mitigation Measure M-BI-N1 to conduct preconstruction surveys for nesting birds; Mitigation Measures M-GE-N4 and M-HY-N2 to prepare and implement a stormwater control plan; Mitigation Measure M-GE-N6 to include an excavation and dewatering program for monitoring; Mitigation Measure M-HY-N3 to submit a site-specific SWPPP; and Mitigation Measures M-HZ-N1a, M-HZ-N4e, and M-HZ-N4f to prepare and implement site mitigation and contingency plans.

Alternatives

The Draft EIR provided due consideration to a reasonable range of potential alternatives for the St. Luke's Campus. Under CEQA, the analysis of alternatives is aimed at seeking ways to achieve the project objectives while avoiding or reducing the environmental effects of the proposed project, and, importantly,

is governed by the rule of reason. More specifically, Section 15126.6(a) of the State CEQA Guidelines states:

"An EIR shall describe a range of reasonable alternatives to the project, or to the location of 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. An EIR need not consider every conceivable alternative to a project. Rather it must consider a reasonable range of potentially feasible alternatives that will foster informed decision making and public participation. An EIR is not required to consider alternatives that are infeasible. The lead agency is responsible for selecting a range of project alternatives for examination and must publicly disclose its reasoning for selecting those alternatives. There is no ironclad rule governing the nature or scope of the alternatives to be discussed other than the rule of reason."

The project objectives that must be largely met by a feasible alternative are presented in Draft EIR Section 2.1.4, pages 2.1-6 through 2.1-8 and Section 6.2, pages 6-5 through 6-7. Aside from the overarching objective of compliance with SB 1953, the Draft EIR identifies two objectives specific to the St. Luke's Campus, as stated below.

- "Rebuild and revitalize the St. Luke's Campus as a community hospital that is an integral part of CPMC's larger health care system, and that provides services such as (1) medical/surgical care, (2) critical care, (3) emergency/urgent care, and (4) gynecologic and low-intervention obstetric care.

- Provide for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services meeting community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus."

As stated above, CEQA requires that the EIR include an explanation of reasons for selecting specific alternatives for consideration, and for rejecting alternatives from detailed analysis. The discussion on page 6-30 of the Draft EIR explains the rationale for rejection of a code complying alternative at the St. Luke's Campus:

> "[C]ompliance with the 65-foot height limit and existing bulk limits at the St. Luke's Replacement Hospital site, which was recommended by the Blue Ribbon Panel, would limit the St. Luke's Replacement Hospital to a total of approximately 34 beds and also would reduce its support services. Therefore, the Code-Complying Alternative would not meet the project objective of rebuilding and revitalizing the St. Luke's Campus as a community hospital to the same extent as under the proposed LRDP."

Under the Alternatives discussion in the Draft EIR, there are several alternatives for the St. Luke's Campus presented; however, in all cases, the St. Luke's Campus alternatives are in the context of alternatives for the entire CPMC LRDP, which is the project under evaluation in the EIR.

Under Alternative 1, the No Project Alternative, two reasonably foreseeable scenarios at the St. Luke's Campus are described. Under Alternative 1A, no existing buildings would be demolished and no new buildings would be constructed at the St. Luke's Campus. Alternative 1B would involve demolishing the existing St. Luke's Hospital and constructing a new outpatient facility in its place, as described in further detail in Section 6.6.1 under the St. Luke's Campus discussion (pages 6-57 through 6-63 of the Draft EIR).

Under Alternative 2, the Four-Campus Rebuilding/Retrofit/Redevelopment Alternative, the St. Luke's Campus would be identical to the campus proposed in the LRDP, which would include construction of the proposed new St. Luke's Replacement Hospital and MOB/Expansion Building at the campus.

Under Alternative 3, the Reduced Development at Cathedral Hill Campus Alternative, two different scenarios are presented for the St. Luke's Campus. Under Alternative 3A, 160 beds from the Women's and Children's service lines that are currently located at the Pacific and California Campuses would shift to a Women's and Children's facility at the St. Luke's Campus. The 160-bed St. Luke's Women's and Children's facility would be constructed as a second-phase addition to the St. Luke's Replacement Hospital (where the LRDP proposed to build the new proposed MOB/Expansion Building with underground parking). The St. Luke's Replacement Hospital proposed under Alternative 3A would be identical to that proposed under the LRDP. Alternative 3A would also include construction of a new proposed MOB and parking structure, but unlike under the proposed LRDP, the MOB and parking garage under Alternative 3A would be located on the southeast portion of the St. Luke's Campus. The new proposed MOB and parking garage would be larger than the MOB/Expansion Building proposed under the LRDP to provide services necessary to support the Women's and Children's facility.

Under Alternative 3B, which would shift the Women's and Children's services lines to the California Campus, the St. Luke's Campus proposal would remain the same as that under the proposed LRDP, except that the proposed MOB/Expansion Building would be reduced by two stories and would no longer include the approximately 31,800 sq. ft. of patient-care clinic uses.

These alternatives represent a reasonable range of alternatives to the proposed St. Luke's Campus under the LRDP.

Comments

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-9 LU]

"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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-10 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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-11 LU]

"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 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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-13 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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-14 LU]

"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."

Response LU-32

The comments state that:

- The proposed facilities at the St. Luke's Campus would conflict with the existing General Plan and Planning Code, and that the analysis of consistency with the General Plan and Planning Code that is presented in the Draft EIR lacks sufficient evidence.
- The analysis indicates that with approval of the requested amendments and authorizations, the project would be consistent with the Planning Code.
- The proposed development at the St. Luke's Campus would conflict with the priority policies of the Planning Code and would have a significant impact on neighborhood character.
- The Draft EIR would have a significant impact on, or did not adequately describe neighborhood character, specifically related to land use, visual, light pollution, noise from interior activities and operation, traffic, wind and shadow, residential open space, loss of trees, and loss of privacy.
- The Draft EIR discussion of the change in character inadequately characterizes the impact regarding change in character for the residential uses to the west and south and does not support the conclusion that the change in character would be less than significant. The comment also questions the

conclusion in the Draft EIR that the change would not be substantial because the visual contrast would be less than the existing hospital, and normal practice is to turn ambulance sirens off within a few blocks of the hospital, considering the existing hospital is located further away from these residences to the west and south.

As part of the project, the sponsor would request General Plan and Planning Code amendments to allow the LRDP to be implemented as proposed at the St. Luke's Campus. The approvals that would be required for the St. Luke's Campus as well as the other four campuses are summarized in Table 2-3 on pages 2-13 through 2-17 of the Draft EIR and Revised Table 2-3, page C&R 4-37 of this document. Please refer to Response LU-31 (page C&R 3.3-147) regarding the proposed plan and code amendments and to Response LU-5 (page C&R 3.3-30) regarding consistency with applicable plans and policies. As explained in Response LU-1 (page C&R 3.3-1), the proposed LRDP and the project approvals are subject to review and approval by the Planning Commission and the Board of Supervisors. Before issuing a permit for any project; before issuing a permit for any demolition, conversion, or change of use; and before taking any action that requires a finding of consistency with the General Plan, the City would evaluate the LRDP's consistency with the General Plan and priority policies. In evaluating the proposed LRDP's consistency with the General Plan, the Planning Commission and/or Board of Supervisors would make the necessary findings of consistency. This determination would not be part of the CEQA environmental review process but would be part of the decision to approve, modify, or disapprove the proposed LRDP.

The comments state that the Draft EIR does not provide enough discussion on the change in character or analysis of setbacks and bulk of the proposed LRDP development at the St. Luke's Campus. Along the west elevation, the height of the proposed Replacement Hospital at the St. Luke's Campus would be 51 feet, as shown in Figure 2-65 in Section 2, "Project Description," on page 2-209 of the Draft EIR. The height of the proposed Replacement Hospital plus the 3-foot-tall roof parapet would be 54 feet (please see Draft EIR, page 2-180). The northwest corner of the proposed St. Luke's Replacement Hospital would be set back 2 feet from the west property line (at Cesar Chavez) and continue south approximately 78 feet, where the building setback would increase to 15.5 feet along the west property line all the way to 27th Street, a distance of approximately 145 feet.

Environmental Impacts

The environmental impacts from the proposed development at the St. Luke's Campus are analyzed in each environmental resources section of the Draft EIR. In particular, the impacts of the increased height and bulk limits, rear-yard requirements, and restriction on projections extending over a street or alley are addressed in the land use and aesthetic analysis, including views of the proposed structures from five viewpoints around the St. Luke's Campus (Figures 4.2-26 through 4.2-30 on pages 4.2-83 through 4.2-87 of the Draft EIR).

The comment states that the proposed LRDP at St. Luke's Campus would have a significant impact on, and the Draft EIR did not adequately describe, neighborhood character, specifically related to land use, visual, light pollution, noise from interior activities and operation, traffic, wind and shadow, residential open space, loss of trees, and loss of privacy. The Draft EIR evaluates the proposed LRDP's impact on neighborhood character and land use around the St. Luke's Campus on pages 4.1-59 through 4.1-63 and concludes that the LRDP would have a less-than-significant LRDP impact. Impacts to the existing visual character or quality of the St. Luke's Campus and surroundings are evaluated on pages 4.2-172 through 4.2-187 of the Draft EIR, and concluded to have less-than-significant impacts. The discussion on page 4.2-185 of the Draft EIR concludes that although the proposed St. Luke's Replacement Hospital would stand out among surrounding development, the visual contrast would not be substantial or adverse when compared to the existing conditions because the St. Luke's Campus is currently developed with the large 1970's St. Luke's Hospital tower and the proposed Replacement Hospital tower would be visually integrated into the surrounding development. The discussion provided Draft EIR concludes that the

proposed MOB/Expansion Building would better relate to the overall visual character of the existing buildings immediately surrounding the campus and would have a less-than-significant visual impact.

The comments regarding visual impacts appear to refer to a loss of privacy and views impacted for private residences to the west and south with LRDP development at the St. Luke's Campus. Although the proposed development at the St. Luke's Campus might result in aesthetic changes, CEQA does not mandate lead agencies to address the impact of a proposed project on private views. The alteration or interruption of private residential views for some nearby residents would be an unavoidable consequence of the proposed project and might be an undesirable change for some individuals. A project would only be considered to have a significant impact on scenic vistas if it were to substantially degrade or obstruct public scenic vistas observed from public areas.

The Draft EIR evaluates the LRPD impacts on visual character and quality at specific viewpoints for the St. Luke's Campus from public (rather than private) vantage points. View 22 (looking northeast on San Jose Avenue at Duncan Street) and View 23 (looking east on Cesar Chavez Street at Guerrero Street) takes into account public viewpoints from the residential area to the west and south of the St. Luke's Campus. The discussion of View 22 on page 4.2-181 of the Draft EIR acknowledges that the proposed buildings would substantially increase the density of development on this part of St. Luke's Campus and would fill more of the skyline directly north of the viewpoint, compared to existing conditions. The discussion of View 23 on page 4.2-181 of the Draft EIR states that the western façade of the St. Luke's Replacement Hospital would be taller and larger-scaled, compared to the nearby residential buildings; however, from this viewpoint the rectangular forms of hospital would appear visually compatible with the similar rectangular forms of the residential buildings and more compatible with surrounding development.

Light and glare impacts at the St. Luke's Campus are analyzed on pages 4.2-191 and 4.2-192 of the Draft EIR. As stated on page 4.2-191 of the Draft EIR, "because of the moderate level of lighting generated by existing buildings at the St. Luke's Campus and surrounding areas, the lighting required for the proposed new development at St. Luke's Campus would not result in a substantial increase in ambient lighting….spillover light is common and expected in dense urban environments such as this area."

The Draft EIR evaluates the proposed LRDP's impacts on wind and shadow at the St. Luke's Campus in Section 4.9, Wind and Shadow. As concluded on page 4.9-55 of the Draft EIR, the St. Luke's Replacement Hospital and MOB/Expansion Building would add net new shadows near the St. Luke's Campus; however the new shadows would not affect open space protected by Section 295 of the Planning Code, other public or publicly accessible open space not under the jurisdiction of the Recreation and Park Commission, and recreational space off campus. The discussion concludes that the proposed LRDP at the St. Luke's Campus would result in a less-than-significant wind impact on page 4.9-30 of the Draft EIR. The analysis concluded that based on the exposure, massing, and orientation of the buildings proposed at the St. Luke's Campus, that no substantial adverse changes to the wind environment would occur in pedestrian areas adjacent to or near the St. Luke's Campus.

As noted on page 4.6-17 of the Draft EIR, it is common for ambulances to turn off sirens within a few blocks of emergency access at other hospitals within the City of San Francisco. This is dependent on traffic flow and other factors, and such practice could reasonably be assumed to occur at the proposed St. Luke's Replacement Hospital. As such, in consideration of the potential change in ambient noise levels, the frequency of emergency transports that could occur, and historic practice by ambulance service providers in the City, siren-related noise impacts would be considered less than significant, consistent with the findings of the Draft EIR.

As explained in Response NO-59 (page C&R 3.8-64), ambulance and other emergency medical transport services are regulated by the San Francisco Department of Public Health (SFDPH), and 911 services are provided by the San Francisco Fire Department Division of Emergency Services (EMS), not by individual

hospitals or health care providers such as CPMC. Any findings and recommendations regarding the use of lights and sirens by emergency providers must first be reviewed and approved by these two agencies. Ambulance bay noise is evaluated on page 4.6-77 of the Draft EIR. Ambulance sirens are not expected to be required when in close proximity of residences along 27th Street. Noise associated with ambulance bays would be generated by patient drop-off events consisting of vehicle arrival, idling, occupants exiting a vehicle, door closures, conversation among passengers, occupants entering a vehicle, startup, and departure of a vehicle. Please also refer to Response NO-75 (page C&R 3.8-80), regarding ambulance noise, including siren use, which would not exceed applicable City standards and would not increase ambient noise levels by 8 dBA at adjacent sensitive receptors, in accordance with the San Francisco Noise Control Ordinance. The potential for random siren use does exist; however, these events would be isolated and short term, and would not result in a substantial increase in the 24-hour land use compatibility noise metric (L_{dn}) applied at residential uses. The existing Emergency Department (located in St. Luke's 1957 Building) is accessed from 27th Street or San Jose Avenue, and the implementation of the proposed LRDP at the St. Luke's Campus would result in similar noise conditions to existing ones for residences located along 27th Street and San Jose Avenue.

Response NO-75 (page C&R 3.8-80) also explains that loading docks would be in an internal area on Level 1 of the north side of the proposed St. Luke's Replacement Hospital building, with access to Cesar Chavez Street, and have operable bay doors. The discussion on page 4.6-76 of the Draft EIR concludes that LRDP operation of the loading dock (48 to 53 dBA L_{eq}) would not exceed applicable standards at sensitive receptors on or adjacent to the St. Luke's Campus. Short-term measurements conducted along Caesar Chavez Street measured the dominant noise source—traffic—at 64.6 dBA L_{eq}. Because the loading dock would be located inside of the St. Luke's Replacement Hospital building, would include operable bay doors, and would face Caesar Chavez Street (perpendicular to adjacent residences), loading dock noise would be minimal. Loading dock noise would travel in the direction of Caesar Chavez Street. The existing noise level attributed to traffic on Cesar Chavez Street is 11 to 16 dBA above predicted loading dock noise at adjacent residences; therefore, any loading dock noise would likely be masked by existing and future traffic noise.

In terms of loading associated with ambulance use, as shown in Figure 2-59 on page 2-197 of the Draft EIR, the ambulance bay in the St. Luke's Replacement Hospital would be located on Level 2, underneath the diagnostic and treatment unit. This location would block the open emergency doors from the sight of adjacent residences, as well as reduce idling noise levels at these locations. Impact NO-3 (Draft EIR, pages 4.6-74 through 4.6-79) discusses the effect of the proposed St. Luke's Replacement Hospital patient loading zone on the nearest sensitive receptors and determines that the ambulance-related impact would be less than significant.

Traffic impacts at the St. Luke's Campus under the LRDP are analyzed in Section 4.5, "Transportation and Circulation," of the Draft EIR. The proposed LRDP would result in a net increase of 207 vehicle trips during the p.m. peak hour, as shown on page 4.5-200 of the Draft EIR. The study intersections included 27th Street, Guerrero Street, and Cesar Chavez Street in the LRDP vicinity near the St. Luke's Campus. The Draft EIR concludes that the St. Luke's Campus development under the LRDP would have less than significant contributions at the 15 study intersections (Draft EIR, page 4.5-200 and 4.5-201).

With implementation of the proposed LRDP, there would be a net gain of 113 new parking spaces at the St. Luke's Campus. The proposed 99-foot-tall hospital and 100-foot-tall MOB/Expansion Building would be considerably shorter than the existing 158-foot-tall St. Luke's Hospital tower proposed for demolition. The proposed LRDP would include a landscape and streetscape plan on and around the St. Luke's Campus that would be compatible with the City's proposed improvements along Cesar Chavez Street (Figure 2-77, "St. Luke's Streetscape Plan," on page 2-233 of the Draft EIR). The LRDP would not result in loss of trees. As stated on page 4.13-26 of the Draft EIR, the removal of a street tree or significant tree would require an appropriate replacement tree to be planted on the St. Luke's Campus site or along the

street, or a fee be paid in lieu. CPMC would also be required to submit, to the Department of Public Works, a tree protection plan for existing trees on the St. Luke's Campus that were not planned for removal but might be affected by near-term construction. Furthermore, the proposed LRDP would incorporate pedestrian-friendly streetscape and landscape design elements along Valencia Street, compatible with City improvements along this roadway, which would help improve the character for existing land uses east of the proposed MOB/Expansion Building. The project sponsor, through the proposed development agreement, also would provide funding toward several park and streetscape improvements within the vicinity of the St. Luke's Campus that have already been proposed by and would be implemented by the City, including (a) permanently upgrading the Guerrero Park pavement to permanent public open space; (b) providing a pedestrian bulb-out at the southeast and northeast corners of the 27th Street/Guerrero Street intersection; (c) providing median extensions/thumbnails at Guerrero Street between 27th and Duncan Streets and between Duncan and 28th Streets; and (d) and providing a pocket park at the intersection of Valencia Street, Duncan Street, and Tiffany Avenue. These City-proposed and implemented improvements have been subject to prior environmental analysis under CEQA. No further environmental analysis will be required in conjunction with CPMC's contribution of funds toward these park and streetscape improvements in the vicinity the St. Luke's Campus. [58] In addition to these improvements to be implemented by the City, the project sponsor would provide funding for some additional streetscape, pedestrian, and related improvements in the vicinity of the proposed St. Luke's Campus that would provide benefits to the surrounding community. The community benefits would, for example, include sidewalk widening, bulbouts, pedestrian lighting, and street tree planting. These community benefit improvements have not been specifically identified, designed, or subject to previous environmental analysis under CEQA. However, due to the nature of the pedestrian improvements being considered, no impacts from their implementation are anticipated.

Although locating the Emergency Department and ambulance bay so that the proposed Replacement Hospital would be accessed from 27th Street near San Jose Avenue may increase the amount of noise from ambulances heard at residences, normal practice would be to turn off sirens within a few blocks of the proposed St. Luke's Replacement Hospital to minimize the noise disturbance effects on residential uses in the vicinity. Thus, this would be a less-than-significant noise impact. Although the daily population would increase, because of the urban setting of the St. Luke's Campus, the increased activity on campus would not result in a substantial adverse change in the character of the area, and, thus, the land use impact would be less than significant.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-12 LU]

"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 step back 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."

Response LU-33

The comment states that the analysis on page 4.6-61 of the Draft EIR incorrectly states that the western portion of the St. Luke's Replacement Hospital would be 51 feet tall. The proposed south elevation is shown in Figure 2-64 on page 2-207 of the Draft EIR. As shown in this figure, the western portion of the

[58] The Mission Streetscape Plan Mitigated Negative Declaration is on file with the San Francisco Planning Department as part of Case No. 2008.1075E.

hospital would be 51 feet tall, with the building stepped up to 82 feet in the central and eastern portion of the hospital. Thus, the Draft EIR is correct on page 4.6-61.

The Draft EIR acknowledges that the St. Luke's Replacement Hospital and MOB/Expansion Building would result in an increase in density of LRDP development on the St. Luke's Campus. As stated on page 4.2-186 of the Draft EIR, "the campus would appear to have denser development than exists at present. The scale and height of the buildings, however, would be compatible with the surrounding buildings on the campus and immediate vicinity of the campus." Comparisons of the proposed buildings to the St. Luke's Hospital Tower are also discussed, depending on the viewpoint in the "Effects on Visual Character and Quality at Specific Viewpoints for the St. Luke's Campus" (Draft EIR, pages 4.2-180 through 4.2-185). The Draft EIR concludes for View 23 that "the LRDP would increase the density of development on the St. Luke's Campus with development of two large-scaled buildings (the St. Luke's Replacement Hospital and MOB/Expansion Building), compared to one large-scale building currently on the campus (the St. Luke's Hospital tower); however, large-scale development would not be an entirely new condition for the St. Luke's Campus, with its existing 12-story hospital tower on campus."

Comment

(Gloria Smith—California Nurses Association, March 8, 2011) [122-6 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."

Response LU-34

The comment states that the St. Luke's Campus would be a superior location for additional beds and a clinical anchor. The comment is noted. The Draft EIR analyzed Alternative 3A, under which a larger St. Luke's Campus is proposed. Please see Response ALT-1 (page C&R 3.22-11) regarding the range of alternatives considered in the Draft EIR.

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3.4 AESTHETICS

3.4.1 LRDP

No comments pertaining to aesthetics and related to the entire LRDP were received during public review of the Draft EIR.

3.4.2 CATHEDRAL HILL CAMPUS

3.4.2.1 HEIGHT, BULK, AND ARCHITECTURAL COMPATIBILITY

Comment

(Donald Scherl, October 18, 2010) [74-12 AE]

"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."

Response AE-1

The comment states that the construction and operation of the proposed Cathedral Hill Hospital and Cathedral Hill Medical Office Building (MOB) would negatively affect the character and quality of the surroundings. The area surrounding the site of the proposed Cathedral Hill Campus includes other residential and commercial uses with varying styles of architecture and massing. Design features such as stepped building components and detailed window fenestration would break down the scale and massing of the proposed Cathedral Hill Hospital. As stated in Impact AE-3 on page 4.2-138 of the Draft EIR, the height and massing of the proposed Cathedral Hill Hospital building would not be out of context with the visual character of the commercial development along Geary Boulevard, which generally increases in height west of Van Ness Avenue. In addition, as shown in Draft EIR Figure 4.2-8, "Cathedral Hill Campus: View 7—Looking South on Van Ness Avenue at California Street" (page 4.2-20), the proposed Cathedral Hill Hospital would generally be consistent, in terms of height and bulk, with existing development located north of the site along Van Ness Avenue. The hospital building would also not result in a substantial contrast with the existing visual character. As shown in Figure 4.2-8, other large-scale buildings are currently located along Van Ness Avenue, including the San Francisco Towers, a 13-story residential building on the west side of the street, and several other multistory commercial and residential buildings.

As stated in Impact AE-3 on page 4.2-139 of the Draft EIR, the nine-story portion of the proposed Cathedral Hill MOB would contrast visually with the commercial and residential development adjacent to, north, and east of the site; the MOB would have a more modern appearance than the surrounding older buildings. However, the resulting change would not be substantial because other modern buildings of similar scale are located along Geary Boulevard in this area (e.g., the Archbishop of San Francisco Building, Citibank building, and new nine-story residential building at Geary and Polk Streets).

Since the publication of the Draft EIR in July 2010, the design of the Cathedral Hill MOB has been updated in order to architecturally relate more directly to adjacent buildings and respond to comments made by members of the Planning Commission. Renderings and elevations depicting these design updates are provided in Appendix G to this C&R document. The glass skin building façade previously proposed

has been replaced with a concrete cladding with an in-filled building grid and large glass openings to more closely match the appearance of surrounding older buildings (e.g., the Concordia-Argonaut Club, Regency, Opal, and 1000 Van Ness Avenue buildings). The previous asymmetrical character of the building design has been revised to be more symmetrical, similar to the designs of surrounding buildings. The updated design has incorporated different materials (glass, glass fiber reinforced concrete [GFRC], stone), a variety of colors, and more variation in depth on the building façade, in order to reduce the perceived scale of the building. The larger expanses of glass have been changed to GFRC, which has a heavier quality similar to the materials used in many of the historic buildings along the Van Ness corridor. Smaller scale window openings have been punched in the GFRC, in order to further reduce the perceived scale of the building. As a result of these revisions, the architectural relationship of the proposed Cathedral Hill MOB to the proposed Cathedral Hill Hospital is more subtle than under the previous design. The podium portion of the proposed Cathedral Hill MOB has been lowered to align with similar buildings along the Van Ness corridor (e.g., the Concordia-Argonaut Club building). The upper portion of the building has been set back from the Van Ness Avenue podium façade. The strong symmetrical façade and more clearly articulated front of the building with more solid (i.e., concrete) material wrapping around the corner of the building results in a strong presence at the corner of Geary Street and Van Ness Avenue, similar in approach to the building corner at the 1000 Van Ness Avenue building. The design changes described above did not result in any changes to the proposed height or bulk of the building, and did not increase its square footage.

The updated design also included minor revisions to the proposed streetscape adjacent to the Cathedral Hill MOB along Cedar Street. An updated streetscape plan is included in Appendix G of this C&R document. In order to accommodate the more symmetrical building design described above, the passenger drop-off on Cedar Street has been moved approximately 30 feet further east from Van Ness Avenue. The Cedar Street Entry Plaza has also been reduced in size. A significant portion of the reduction occurred due to the proposed conversion of Cedar Street west of the proposed Cathedral Hill MOB garage entrance/exit from a one-way to two-way street, which had not been reflected in the previous streetscape plan, but the symmetrical redesign of the proposed Cathedral Hill MOB resulted in further reductions to the Cedar Street Entry Plaza because the ground floor wall of the building has been moved into the plaza area. No changes to the number of on- or off-site parking or loading spaces, or to vehicle ingress/egress from the site, or internal or external circulation have been proposed, other than the minor change regarding the Cedar Street Entry Plaza/drop-off.

The updated design described above and depicted in Appendix G would result in the proposed Cathedral Hill MOB relating more directly architecturally with adjacent buildings. Thus, the updated design would further reduce the aesthetic impacts of the proposed Cathedral Hill MOB, which were already determined to be less than significant as analyzed under Impact AE-3 in the Draft EIR, and would not result in any new or different transportation and circulation, wind and shadow, cultural resources, or other impacts. Therefore, as concluded in Impact AE-3 on Draft EIR pages 4.2-138 and 4.2-139, the proposed Cathedral Hill Hospital and Cathedral Hill MOB would not substantially degrade the area's existing visual character or quality because the new buildings would not create a substantial adverse visual contrast with the area's existing buildings. In addition, development of the Cathedral Hill Campus under the proposed CPMC LRDP would not cause a substantial adverse effect on the visual character of the surrounding neighborhood because the proposed development would be similar in size, scale, and visual character to several other large-scale buildings along Van Ness Avenue and would replace an existing structure that is over 100 feet tall, itself. Therefore, impacts were determined to be less than significant with respect to changes in the visual character of the area surrounding the Cathedral Hill Campus. Refer to Response AE-4 for further clarification regarding the massing of structures that would occur at the Cathedral Hill Campus in comparison to existing development in the area.

The comment also states concern that the quality of the site and its surroundings would be severely affected by the proposed Cathedral Hill Campus. Please refer to Impacts TR-1 through TR-58, TR-99

through TR-115, and NO-1 through NO-4 in the Draft EIR (pages 4.5-93 through 4.5-166, 4.5-215 through 4.5-227, and 4.6-41 through 4.6-89, respectively) for discussions of construction- and operation-related traffic and noise associated with the proposed Cathedral Hill Hospital and Cathedral Hill MOB. All noise impacts were concluded to be less than significant; however, there are significant and unavoidable traffic impacts with respect to levels of service at nearby intersections. Please see Responses TR-123, NO-8 and NO-53 (pages C&R 3.7-203, 3.8-6 and 3.8-59, respectively) for additional discussion of construction- and operation-related traffic and noise impacts.

Comment

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-43 AE, duplicate comment was provided in 108-43 AE]

"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."

Response AE-2

The comment suggests that the EIR include a map showing actual heights and bulk of buildings in the area surrounding the site of the proposed Cathedral Hill Campus. The approximate heights of existing structures near the proposed Cathedral Hill Hospital and MOB range from 135 to 300 feet. A new figure, C&R Figure 3.4-1 (page C&R 3.4-5), has been provided as part of this C&R document to show additional building heights. This figure shows the heights of the proposed Cathedral Hill Campus buildings in context with the heights of the surrounding buildings. As noted on the figure, building heights shown are approximate, and are measured from the low-point of the site to top of major building elements.

C&R Figure 3.4-1 provides a frame of reference to compare the existing structures to the proposed Cathedral Hill Hospital with respect to height. Specifically, the approximately 252-foot-tall Cathedral Hill Towers building (1200 Gough Street) is located one block from the proposed Cathedral Hill Hospital; and the 299-foot-tall Sequoias Apartments building (1400 Geary Boulevard) is located two blocks from the proposed Cathedral Hill Campus Hospital. Two other existing structures, the approximately 224-foot-tall St. Mary's Cathedral (1111 Gough Street) located two blocks from the proposed Cathedral Hill MOB, and the 221-foot-tall Daniel Burnham Court complex located at 1 Daniel Burnham Court, across Post Street from the proposed Cathedral Hill Campus, are also shown in C&R Figure 3.4-1. Therefore, as depicted in several views provided in the Draft EIR (Figure 4.2-6, "Cathedral Hill Campus: View 5—Looking Southeast from Alta Park," page 4.2-8; Figure 4.1-7, "View 6—Looking Northeast from Alamo Square," page 4.2-19; and Figure 4.2-8, "View 7—Looking South on Van Ness Avenue at California Street," page 4.2-20), the proposed Cathedral Hill development was determined to be generally consistent with the scale of several other larger buildings in the surrounding area.

Comments

(Margaret Kettunen Zegart, October 20, 2010) [97-9 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 facade materials. The result would be an integrated, visually harmonious composition for 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."

(Margaret Kettunen Zegart, October 20, 2010) [97-10 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 facade of the Hamilton Baptist Church or the elegant sculptured free form contemporary designed Cathedral of St. Mary."

Response AE-3

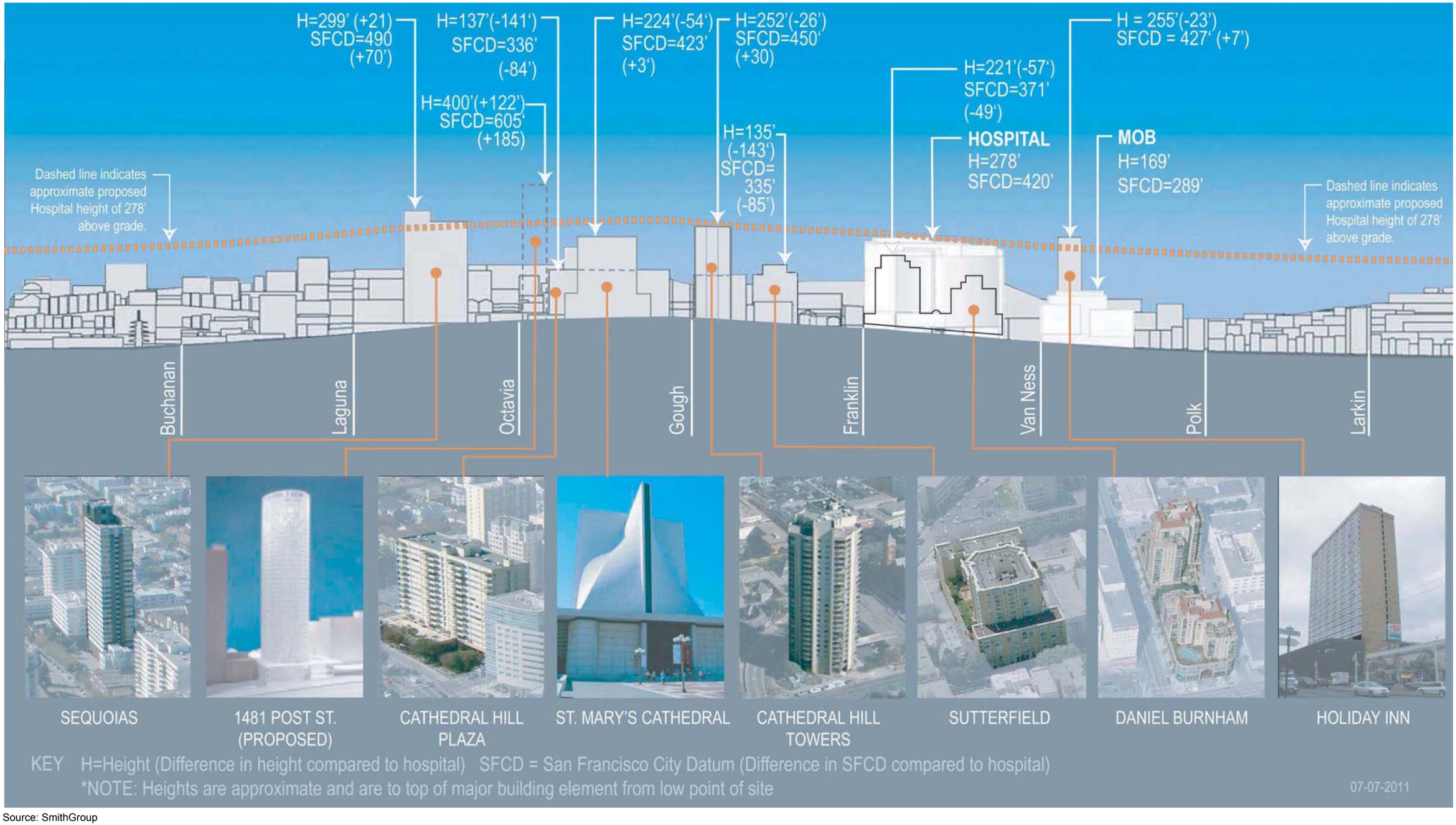
The comments express the opinion that partial observations included in the Draft EIR resulted in false conclusions regarding the scale, height, mass, and construction materials relative to the neighborhood. The comments suggest that views should have been taken from other church locations near the proposed Cathedral Hill Campus.

Because of the dense urban fabric of San Francisco and the location of the Cathedral Hill project site along three major transportation corridors, only partial views of the proposed Cathedral Hill Campus would be available from any particular vantage point. The seven views of the proposed campus depicted in Draft EIR Figures 4.2-2 to 4.2-8 (pages 4.2-14 to 4.2-20) were chosen as representative views from various public viewpoints that surround the project site (see Draft EIR Figure 4.2-1, page 4.2-13, for viewpoint locations).

The visual simulations included in the Draft EIR represent an appropriate level of detail to inform decision-making about the visual character of the proposed Cathedral Hill Campus buildings in the context of the Cathedral Hill area. Because San Francisco has a dense development pattern, it is not possible to include every potential view toward and from the project site in the Draft EIR, and a reasonable approach should be taken. This concept is reflected in Section 15151 of the State CEQA Guidelines, which states the following:

> "An EIR should be prepared with a sufficient degree of analysis to provide decision makers with information which enables them to make a decision which intelligently takes account of environmental consequences. An evaluation of the environmental effects of a proposed project need not be exhaustive, but the sufficiency of an EIR is to be reviewed in the light of what is reasonably feasible…The courts have looked not for perfection but for adequacy, completeness, and a good faith effort at full disclosure."

The comment notes that a simulation of the view from the St. Mary's Cathedral plaza was not included in the Draft EIR. Two eastward-looking views of the Cathedral Hill project site are depicted in the Draft EIR: a close-up view from the corner of Gough Street and Starr King Way (Viewpoint #1 in Draft EIR Figure 4.2-1, page 4.2-13) and a more distant view looking east along Geary Boulevard from Fillmore Street toward the proposed Cathedral Hill Campus (Viewpoint #4 in Draft EIR Figure 4.2-1). These two viewpoints represent a short-range and long-range view, respectively, from the west. Draft EIR Figure 4.2-2, page 4.2-14 (Viewpoint #1: Looking east on Starr King Way at Gough Street) depicts the eastward view from the sidewalk on the south side of Geary Boulevard (just west of Gough Street). Although this view is not from the St. Mary's Cathedral plaza, it provides a perspective view of the southwestern façade of the proposed Cathedral Hill Hospital from a location slightly closer to the proposed Cathedral Hill Campus. Further, although this eastward view is not a specific view from St. Mark's Square, the Unitarian Universalist Church sanctuary, or the Hamilton Baptist Church building, the simulated view from Viewpoint #1 is representative of eastward views toward the Cathedral Hill project site from a close-up vantage point.



Source: SmithGroup

Cathedral Hill Neighborhood Building Height

C&R Figure 3.4-1

Comment

(Hisashi Sugaya—Planning Commission, Oct. 15, 2010) [116-5 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."

Response AE-4

The comment requests that the EIR include a map with the locations of buildings surrounding the Cathedral Hill project site; identify the heights, massing, and bulk of those buildings; and provide additional photographs. The structures near the proposed Cathedral Hill Hospital and Cathedral Hill MOB range in height from approximately 135 feet to 300 feet tall. As discussed in Responses AE-2 and AE-3 (pages C&R 3.4-3 and 3.4-4) and shown in C&R Figure 3.4-1 (page C&R 3.4-5), the addresses and heights of nearby buildings that are comparable to the proposed Cathedral Hill Hospital are shown for a frame of reference. Among the buildings consistent in height with the proposed Cathedral Hill Hospital are the approximately 252-foot-tall Cathedral Hill Towers building (1200 Gough Street) and 299-foot-tall Sequoias Apartments (1400 Geary Boulevard). Existing structures consistent in height with the proposed Cathedral Hill MOB include the approximately 224-foot-tall St. Mary's Cathedral (1111 Gough Street) and 221-foot-tall Daniel Burnham Court complex (1 Daniel Burnham Court).

Draft EIR Figure 4.2-8 (page 4.2-20), referred to in the comment, depicts the view looking south on Van Ness Avenue at California Street. Within this view down Van Ness Avenue, there are actually three other buildings, not just one, that are relatively tall: (1) the Holiday Inn (1500 Van Ness Avenue between Pine and California Streets), which is approximately 255 feet tall—note that the taller part of this structure is just cut out of the upper left corner of the figure; (2) San Francisco Towers (1661 Pine Street between Van Ness Avenue and Franklin Street), which is approximately 156 feet tall; and (3) Daniel Burnham Court (1 Daniel Burnham Court between Van Ness Avenue and Franklin Street), which is approximately 221 feet tall.

The bulk of the proposed Cathedral Hill Hospital would be 275-feet-wide by 385-foot-long, and the bulk of the Cathedral Hill MOB would be 120-feet-wide by 300-feet-long. Three new figures, C&R Figures 3.4-2, 3.4-3, and 3.4-4 (pages C&R 3.4-9, 3.4-11, and 3.4-13), have been provided as part of this C&R document to show additional building bulk measurements along Geary Boulevard, Van Ness Avenue south of the proposed Cathedral Hill Campus site, and Van Ness Avenue north of the proposed Cathedral Hill Campus site. These figures show the proposed Cathedral Hill Hospital and Cathedral Hill MOB in context with the bulk of other buildings in the area along Geary Boulevard and Van Ness Avenue. As noted on the figures, building width and length measurements shown are approximate and represent the base of the building. Building heights are measured from the low-point of the site to top of major building elements.

C&R Figures 3.4-2, 3.4-3, and 3.4-4 provide a frame of reference to compare the existing structures to the proposed Cathedral Hill Hospital and MOB, with respect to bulk. Specifically, C&R Figure 3.4-2 depicts the approximately 350-foot-wide by 414-foot-long St. Mary's Cathedral and approximately 240-foot-wide by 66-foot-long Cathedral Hill Plaza located along Geary Boulevard one block from the proposed Cathedral Hill Hospital and MOB; and depicts the approximately 294-foot-wide by 67-foot-long residential building (66 Cleary Street) and the approximately 278-foot-wide by 124-foot-long residential

building (888 O'Farrell Street) located along Geary Boulevard two blocks from the proposed Cathedral Hill Campus Hospital and MOB.

C&R Figure 3.4-3 depicts the approximately 120-foot-wide by 380-foot-long AMC Theater located along Van Ness Avenue one block south from the proposed Cathedral Hill Hospital and MOB; and depicts the approximately 272-foot-wide by 380-foot-long Opera Towers and the approximately 165-foot-wide by 106-foot-long office buildings (100 Van Ness Avenue) located along Van Ness Avenue four and eight blocks south, respectively, from the proposed Cathedral Hill Campus Hospital and MOB. C&R Figure 3.4-4 depicts the approximately 124-foot-wide by 387-foot-long Daniel Burnham building, the approximately 120-foot-wide by 162-foot-long office building (1388 Van Ness Avenue), and the approximately 124-foot-wide by 120-foot-long Regency Center located along Van Ness Avenue within one block north from the proposed Cathedral Hill Hospital and MOB. C&R Figure 3.4-4 also identifies the approximately 120-foot-wide by 390-foot-long San Francisco Towers and the approximately 201-foot-wide by 206-foot-long Holiday Inn, which are located along Van Ness Avenue within two and three blocks north, respectively, from the proposed Cathedral Hill Campus Hospital and MOB.

Thus, the Draft EIR concluded on page 4.2-138 that the overall visual change, though considerable, is not out of context with a dense urban environment such as the area around the site of the proposed Cathedral Hill Campus.

Comment

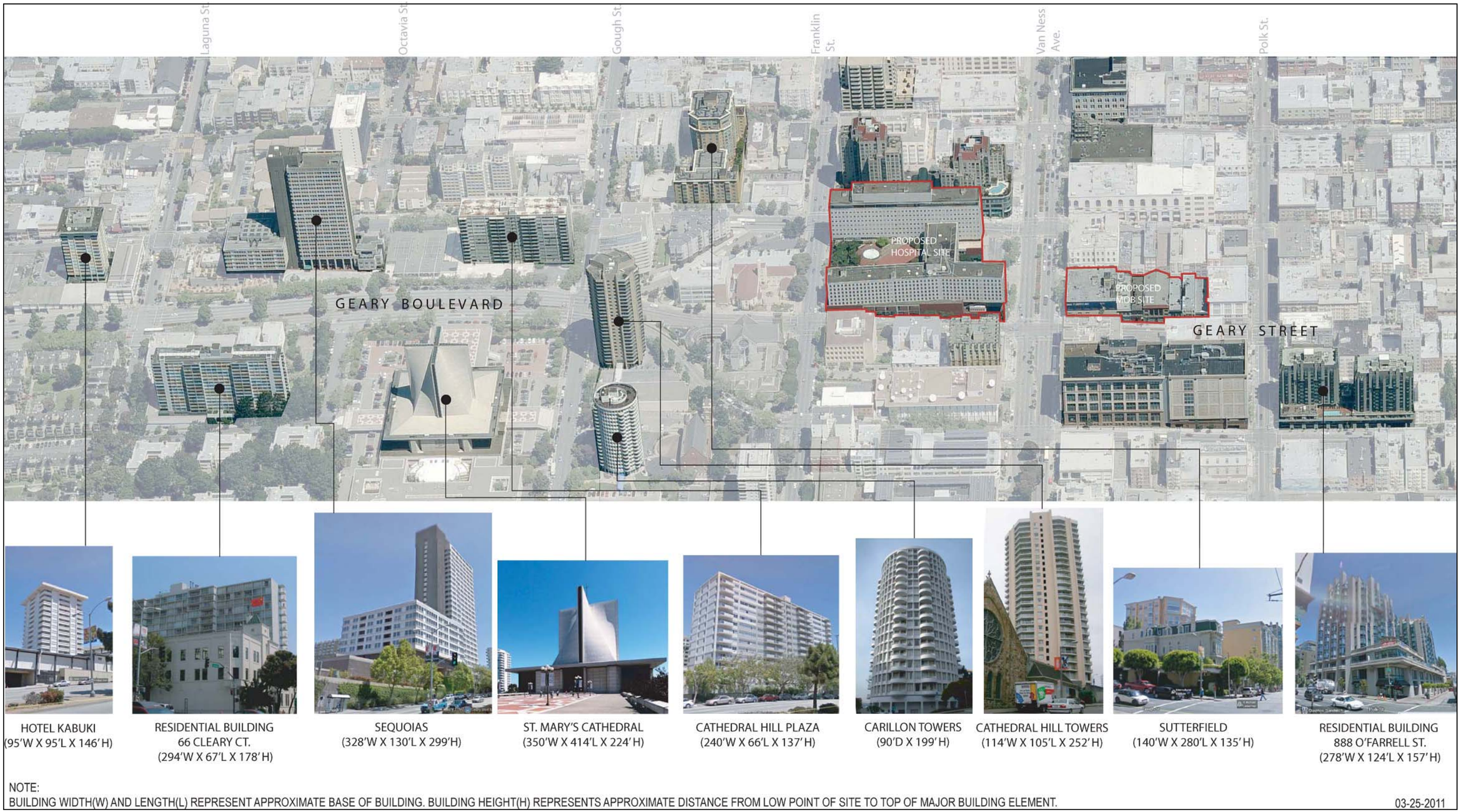
(Hisashi Sugaya—Planning Commission, Oct. 15, 2010) [116-6 AE]

"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 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?"

Response AE-5

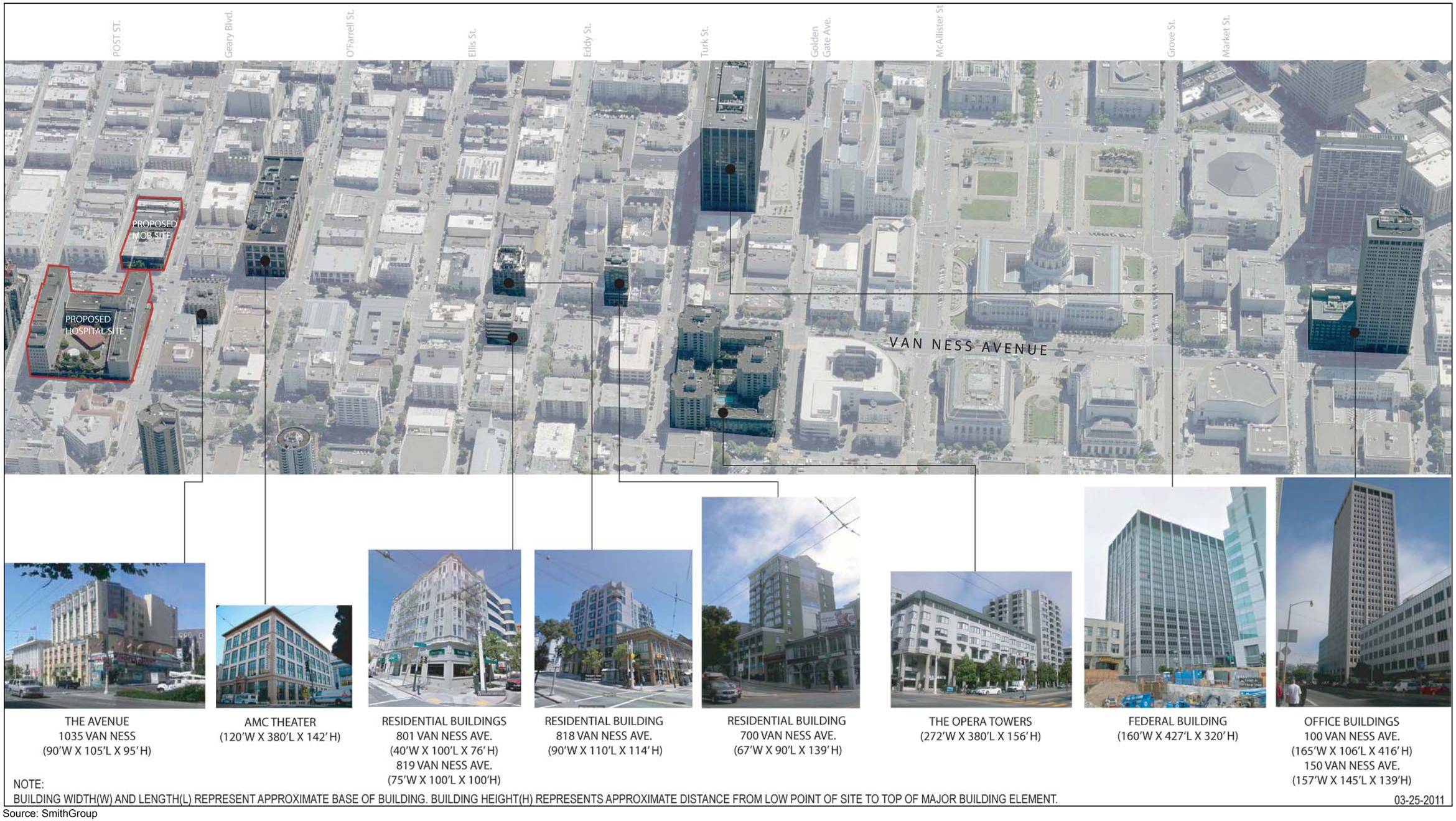
The comment inquires about the language contained in the Draft EIR on page 4.2-132, asking whether a receding skyline is preferred over a dominant skyline. The comment also acknowledges that the proposed Cathedral Hill Hospital would be a larger structure than the hotel currently on the site and would, therefore, have a more dominant visual appearance. The EIR does not render an opinion whether a receding skyline is preferred over a dominant skyline. The EIR provides objective information to the public and decision-makers regarding the project description, setting, environmental impacts, mitigation measures, and alternatives, so that informed decisions about the proposed project can be made. Regarding aesthetics in particular, the EIR provides information for the project site and surroundings regarding height, bulk, scale, density, architectural style, views, and neighborhood character. The decision as to whether one particular type of skyline, style, or character is preferred over another is left to the reader. Please refer to Responses AE-2 through AE-4 (pages C&R 3.4-3 through 3.4-7) for a discussion about compatibility of the proposed Cathedral Hill Hospital's height and bulk with surrounding uses in the neighborhood.

The comment is noted and will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.



Source: SmithGroup

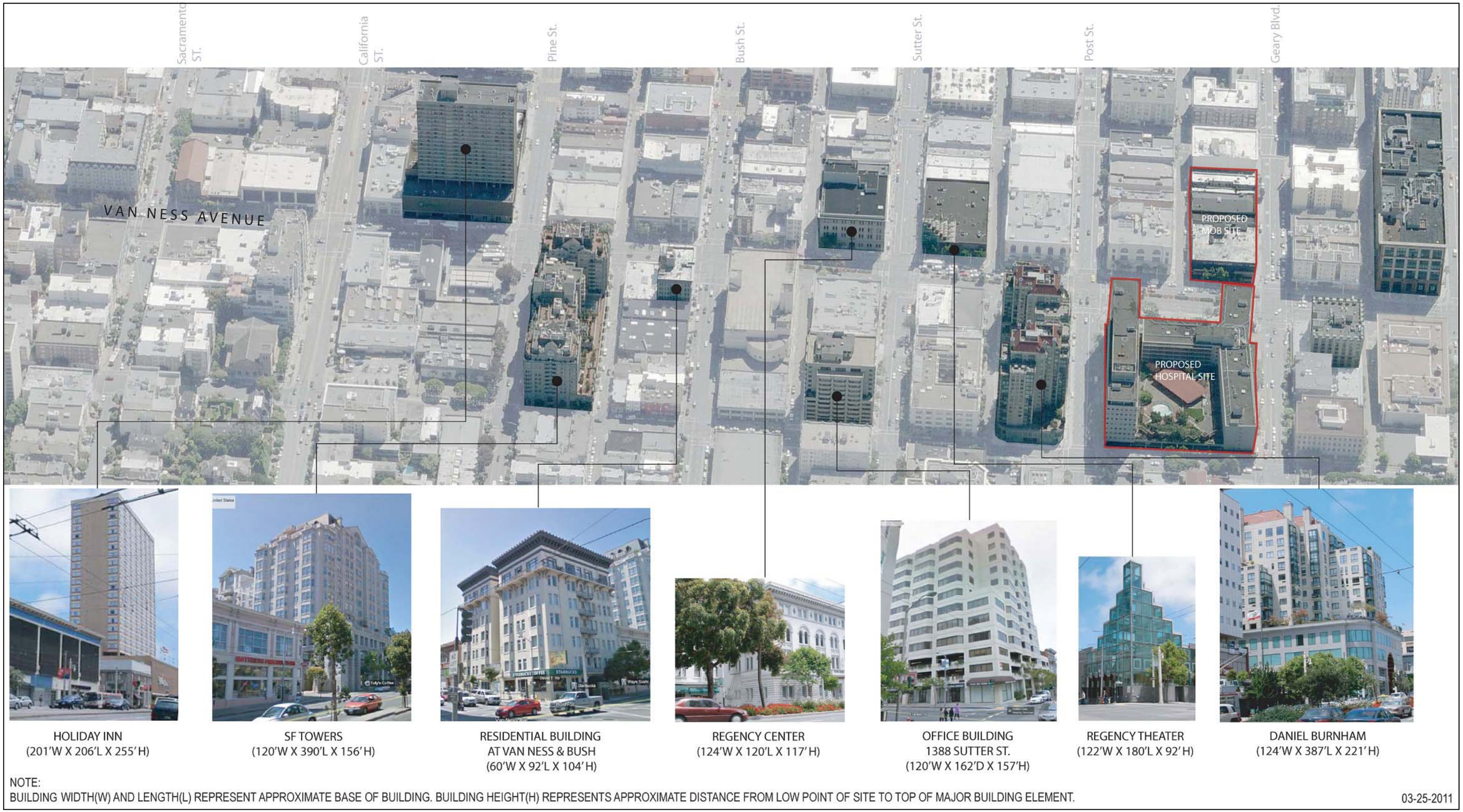
Additional Building Bulk Measurements Along Geary Boulevard, Near the Proposed Cathedral Hill Campus **C&R Figure 3.4-2**



Source: SmithGroup

Additional Building Bulk Measurements Along Van Ness Avenue, South of the Proposed Cathedral Hill Campus

C&R Figure 3.4-3



Source: SmithGroup

Additional Building Bulk Measurements Along Van Ness Avenue, North of the Proposed Cathedral Hill Campus **C&R Figure 3.4-4**

Comment

(Hisashi Sugaya—Planning Commission, Oct. 15, 2010) [116-7 AE]

"'The proposed hospital would also replace the less intricate and uninteresting visual quality of the existing hotel façades 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)."

Response AE-6

The comment states that the architectural treatments of the existing and proposed building designs are not that different and the statement should be removed from page 4.2-132 of the Draft EIR. The applicable threshold of significance under CEQA for potential aesthetic impacts is whether the proposed project would adversely affect the site character and public views, as compared to existing conditions. The State CEQA Guidelines do not provide specific guidance stating how aesthetics impacts must be described or evaluated. Aesthetics is a more subjective issue area that must be analyzed under CEQA. The elements of visibility, context, form, bulk, pattern, texture, color, and composition are considered when analyzing a proposed project. The comment's statement regarding the design of the proposed project is noted. Although this comment does not raise any significant environmental issues, it will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

In response to this comment, the following text change has been made to the Draft EIR on page 4.2-132:

> The proposed hospital would also replace the less intricate, more uniform ~~and uninteresting~~ visual quality of the existing hotel façades with a greater variety of ~~more interesting~~ forms, patterns, color, and texture in a more contemporary architectural style.

3.4.2.2 PUBLIC VIEWS VERSUS PRIVATE VIEWS

Comment

(Charles F. McClure, July 21, 2010) [2-1 AE]

"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.

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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-64 AE, duplicate comment was provided in 108-64 AE]

"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.)"

Response AE-7

The comments state that CEQA requires that adverse effects on private views be reviewed as a potentially significant impact. Thus, the comments suggest that, by virtue of its height, the proposed Cathedral Hill Hospital would block private views from nearby residential structures, and further suggest that such an effect would be a significant impact. The comments also state that condominium owners specifically at Daniel Burnham Court have concerns about the size of the proposed Cathedral Hill development under the LRDP and that their views may be blocked by the proposed LRDP development at Cathedral Hill Campus. The comments also note that adjacent residents anticipate increased traffic and inconveniences during construction activities associated with the proposed Cathedral Hill Campus development.

Figure 4.2-2 (Draft EIR page 4.2-14), to which the commenter refers, shows views of the proposed Cathedral Hill Hospital as viewed from the southwest corner of Gough Street and the Starr King Way/Geary Boulevard intersection rather than views from nearby residential structures. Many private views over the project site are presently blocked by the existing Cathedral Hill Hotel structure. There would be some additional view blockage from upper stories of surrounding structures that would result from LRDP development at the Cathedral Hill Campus site. As such, it is acknowledged that views over the site from some existing nearby residential uses would be partially or wholly blocked. The commenter references *Ocean View Estates Homeowners Association, Inc. v. Montecito Water District* (2004) (*Ocean View)*.[1] The *Ocean View* decision involved a substantially different situation and cannot be used as a precedent for the proposed project for all of the following reasons:

- The site was located in a distinctly different setting in a non-urban area.
- The project was a distinctly different project, involving an aluminum cover over a 4-acre reservoir rather than the construction of new urban development.
- The project had the potential to result in significant adverse aesthetic impacts (as viewed from publicly accessible areas), which the negative declaration failed to recognize even as a potential impact.
- The majority of private views over the site, even from lower levels of nearby structures, were not already blocked by existing structures.

Therefore, in the Ocean View case, the homeowners association's concern was that aesthetic impacts on both public and private views, not solely private views, were not analyzed. Further, and of particular importance, the question addressed in *Ocean View* was whether the potential alteration of private views constituted a fair argument that a significant impact could occur, and that, thus, the preparation of a mitigated negative declaration was inappropriate and instead an EIR should have been prepared. The question of whether a fair argument exists in the context of a negative declaration or mitigated negative declaration is materially different than the question of whether, in the context of an EIR, there is substantial evidence that blockage of private views constitutes a significant impact.

A more instructive reference would be to *Mira Mar Mobile Community v. City of Oceanside*, 119 Cal. App. 4th 477 (2004) (*Mira Mar*). In the *Mira Mar* case, a planned residential development in San Diego County would have potentially blocked private views from adjacent properties. In upholding the EIR in that case, the court made the following points:

- "Under CEQA, the question is whether a project will affect the environment of persons in general, not whether a project will affect particular persons. (*Association for Protection etc. Values v. City of Ukiah* (1991) 2 Cal.App.4th 720, 734 [3 Cal. Rptr. 2d 488].)"

[1] Ocean View Estates Homeowners Ass'n v. Montecito Water Dist., 116 Cal. App. 4th 396 (2004).

- "California landowners do not have a right of access to air, light and view over adjoining property. (*Wolford v. Thomas* (1987) 190 Cal. App. 3d 347, 358 [235 Cal. Rptr. 422].)"

- "…neither state nor local law protects **private** views from **private** lands and the rights of one **private** landowner cannot prevail over the rights of another **private** landowner except in accordance with uniformly applied standards and policies as expressed in the City's general plan, redevelopment plan, local coastal program and zoning ordinances." [Emphasis added]

The situation of the proposed Cathedral Hill Hospital is comparable. Importantly, the Urban Design Element of the *San Francisco General Plan* (General Plan) contains numerous objectives and policies that protect public views, but none that protect private views. The following is a sampling of the policies and planning principles, and discussion aimed at the preservation of public views:

- "POLICY 1.1: Recognize and protect major views in the city, with particular attention to those of open space and water."

- "Tall, slender buildings near the crown on a hill emphasize the form of the hill and preserve views."

- "Building siting and massing with respect to street pattern influence the quality of views from street space.

    - A. Tall buildings on the tops of hills allow clear views down streets."

- "Views along streets and from major roadways should be protected."[2]

These and other references in the General Plan are aimed solely at the protection and preservation of major public views; conversely, the General Plan does not mention a policy to protect views from private residences or businesses. As such, the *Mira Mar* case is instructive and supportive of the approach taken in the Draft EIR.

Potential aesthetic impacts of the LRDP are evaluated in Section 4.2,5, "Impact Evaluations," in the Draft EIR, page 4.2-94, and all aesthetic impacts of the proposed Cathedral Hill Campus were determined to be less than significant. As noted in the Draft EIR, pages 4.2-137 and 4.2-138, the proposed Cathedral Hill Campus development would not substantially degrade the existing visual character of the area, including the Daniel Burnham Court residential towers, because the proposed 15-story hospital tower would be visually consistent with the 13- to 17-story Daniel Burnham Court residential towers.

The CPMC LRDP Draft EIR also evaluated the size of the proposed Cathedral Hill Hospital building, with respect to wind and shadow and consistency of scale with surrounding structures. Potential wind and shadow impacts are evaluated in Section 4.9.5, "Impact Evaluations" in the Draft EIR, page 4.2-20, and all wind and shadow impacts of the proposed Cathedral Hill Campus were determined to be less than significant. As noted in the Draft EIR, pages 4.9-27 and 4.9-28, the proposed Cathedral Hill Campus development under the LRDP would not result in an exceedance of the wind-hazard criterion (26 mph) at the Daniel Burnham Court residential towers, because wind speed would be reduced from 8 mph to 6 mph at the elevated terrace of the Daniel Burnham Court building. In addition, the shadow impact of the proposed Cathedral Hill Campus development under the LRDP would not create a net new shadow impact on the rooftop terrace at Daniel Burnham Court (see Draft EIR page 4.9-42), because the terrace is already shaded by the existing Cathedral Hill Hotel or by other nearby structures. Refer to Response AE-4 (page C&R 3.4-7) for a comparison of the size and bulk of the proposed Cathedral Hill Campus to

[2] City and County of San Francisco. 2005. *San Francisco General Plan* Urban Design Element. Amendments by Resolution 17009 adopted on May 25, 2005. San Francisco, CA. Available: http://www.sfplanning.org/ftp/General_Plan/I5_Urban_ Design.htm. Accessed December 21, 2010.

existing structures located in the vicinity of Daniel Burnham Court. Please see Response LU-9 (page C&R 3.3-64), which comprehensively responds to comments regarding the consistency of the proposed Cathedral Hill Campus with existing citywide plans, policies, and regulations pertaining to compatibility with the existing neighborhood.

With regard to anticipated increases in traffic and inconveniences during construction activities associated with the proposed Cathedral Hill Campus development, potential transportation and circulation impacts are evaluated in Section 4.5, "Traffic and Circulation" in the Draft EIR. As noted in Table 4.5-17 and 4.5-18 on Draft EIR pages 4.5-94 and 4.5-95, respectively, the proposed Cathedral Hill Campus would increase local traffic volumes at several intersections, but only two intersections (Van Ness/Market and Polk/Geary) would experience a decrease in level of service (LOS) that would be considered significant per the thresholds of significance stated on Draft EIR page 4.5-56. The comment does not identify any additional intersections or impacts to transportation beyond those identified in the Draft EIR. Further, the Draft EIR acknowledges potential impacts with respect to traffic, air quality, and noise that could be considered an "inconvenience." These impacts, which include temporary lane closures, criteria pollutant emissions, and heavy construction equipment noise, would cease upon completion of construction activities and would be reduced through the incorporation of the mitigation measures identified in the Draft EIR, as well as adherence to state and local requirements with respect to construction activities. The comment does not identify any construction impacts that would occur at and near the proposed Cathedral Hill Campus that have not already been disclosed as part of the Draft EIR.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-8 AE]

"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 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."

Response AE-8

The comment mentions four urban scenic drives along Gough Street, Franklin Street, Van Ness Avenue, and Geary Boulevard; however, none of these are state-designated scenic thoroughfares and only one of these (Geary Boulevard) is a locally designated scenic thoroughfare in the areas adjacent to the proposed Cathedral Hill Hospital.

The views by drivers traversing these thoroughfares would not be adversely altered by construction of the proposed Cathedral Hill Campus. In particular, the southbound drive along Gough Street to which the commenter refers is located within the lower Pacific Heights area from an undesignated street southward to Geary Boulevard; this area would not be affected by the proposed Cathedral Hill Campus because existing urban development blocks such views of the project site.

The northbound drive along Franklin Street to which the commenter refers is located within the upper Pacific Heights area, from Clay Street northward toward San Francisco Bay. This portion of Franklin Street begins six blocks north of the project site and is northbound only; thus, drivers' views would be unaffected by the proposed Cathedral Hill Campus.

The drive along Van Ness Avenue from Market Street to Golden Gate Avenue is primarily related to the Civic Center area, and this segment of Van Ness Avenue does not lie adjacent to the site of the proposed Cathedral Hill Hospital. The hospital would be visible in some views to drivers traveling northbound

along Van Ness Avenue. However, as depicted in Figure 4.2-4 (Draft EIR page 4.2-16), the small portion of the proposed Cathedral Hill Hospital that would be seen from the Civic Center area would be consistent in height with other buildings along this drive and would not materially change or adversely affect this view.

Finally, the westbound, scenic drive along Geary Boulevard (part of the San Francisco 49-Mile Scenic Drive) would not be adversely affected by the proposed Cathedral Hill Campus. The existing building along this road segment that was once the Cathedral Hill Hotel would be replaced by the proposed Cathedral Hill Hospital, which is similar urban development with several stories above the street and no setback. A proposed Geary Boulevard upgrade project that includes Bus Rapid Transit (BRT) and associated streetscape improvements is in the planning stages. However, the proposed Cathedral Hill Hospital would not adversely affect views from Geary Boulevard or the proposed BRT improvements.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-11 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.)"

Response AE-9

The comment requests that photographs be provided of the remaining 1930s low-scale buildings. Photographs that depict views looking toward the proposed Cathedral Hill Campus and represent existing conditions and proposed project conditions are provided in Draft EIR Figures 4.2-2 through 4.2-8 (pages 4.2-14 through 4.2-20). These photographs were developed to assess aesthetic impacts related to construction and operation of the proposed Cathedral Hill Campus. The photographs include the remaining buildings that would be adjacent to or in the foreground or background of the proposed Cathedral Hill Campus. Several of these buildings are from the 1930s while others span development representing more recent years. In accordance with the State CEQA Guidelines, the EIR has included views of the proposed Cathedral Hill Campus from various public vantage points for purposes of determining aesthetic impacts.

Comment

(Hisashi Sugaya—Planning Commission, Oct. 15, 2010) [116-3 AE]

"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."

Response AE-10

The comment inquires why the locations for the viewpoints were chosen and suggests including two other views. The seven views of the proposed Cathedral Hill Hospital depicted in the Draft EIR (Figures 4.2-2 to 4.2-8, pages 4.2-14 to 4.2-20) were chosen as representative public scenic views and vistas from various public viewpoints, both in the vicinity and at a distance (see Draft EIR Figure 4.2-1, page 4.2-13, for viewpoint locations). The Draft EIR includes two views that are very similar to those requested by the comment. Draft EIR Figure 4.2-4 presents before-and-after views looking north on Van Ness Avenue from McAllister Street, approximately three blocks farther south than the location requested at Van Ness Avenue and Ellis Street. Similarly, Draft EIR Figure 4.2-8 (page 4.2-20) presents before-and-after views looking south on Van Ness Avenue from California Street, approximately three blocks north of the requested location at Van Ness Avenue and Bush Street.

A reasonable range of views was chosen for depiction in the Draft EIR. Views looking north and south on Van Ness Avenue change incrementally as an observer moves closer to the Cathedral Hill project site. It is not feasible or reasonable to attempt to include every possible view in the Draft EIR. Consistent with Section 15151 of the State CEQA Guidelines ("Standards for Adequacy of an EIR"), the Draft EIR has been prepared with a sufficient degree of analysis to disclose the significant environmental impacts, and is not required to be exhaustive. Please also see Responses AE-3 and AE-9 (pages C&R 3.4-4 and 3.4-19). However, for informational purposes, three new figures, one providing a map of the proposed Cathedral Hill Campus additional viewpoints (see C&R Figure 3.4-5 on page C&R 3.4-21) and two showing these additional views of the site of the proposed Cathedral Hill Hospital from Van Ness Avenue (see C&R Figures 3.4-6 and 3.4-7 on pages C&R 3.4-22 and 3.4-23), have been provided as part of this C&R document.

Comment

(Hisashi Sugaya—Planning Commission, Oct. 15, 2010) [116-4 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."

Response AE-11

The comment asks whether perspective renderings or photographs of a model of the preferred design are available. Several drawings and photographs depicting existing conditions and visual simulations of the same views with the proposed Cathedral Hill Campus are provided in Draft EIR Figures 4.2-2 through 4.2-9 (pages 4.2-14 through 4.2-22). These photographs were created to assist with the assessment of potential aesthetic impacts related to construction and operation of the proposed Cathedral Hill Campus. The simulations are considered accurate and objectively representative of the future conditions of the proposed medical campus. Two additional views are provided in C&R Figures 3.4-6 and 3.4-7.

3.4.2.3 LANDSCAPE AND STREETSCAPE

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-149 AE, duplicate comment was provided in 30-149 AE]

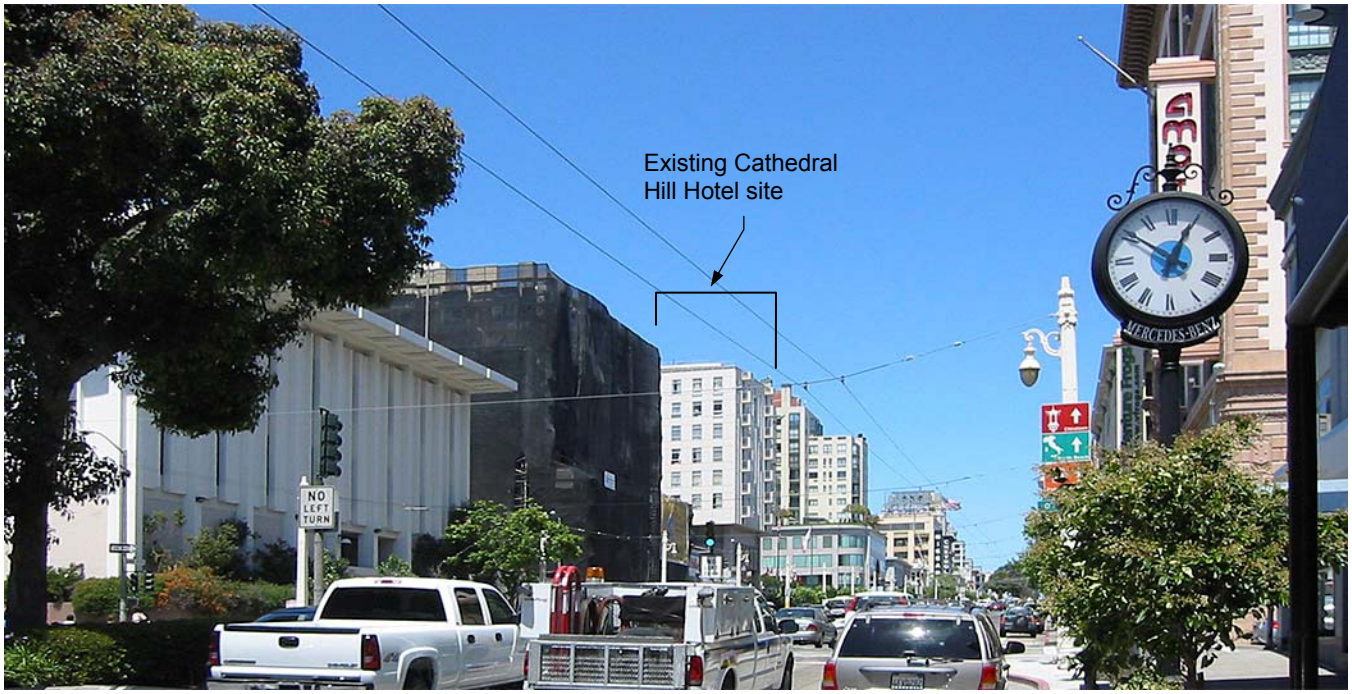
"86. On Page 4.2-6, under the 'Aesthetics' section, the DEIR states that 'An additional row of trees and shrubs, contained in large planters, is located above street level, along the hotel's entrance drive off Geary Boulevard and elsewhere on-site.' I think it is fine to put greenery for a pleasant visitor 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."

Source: AECOM 2011

Additional View 1: Looking North on Van Ness Avenue from between Ellis and O'Farrell Streets

Additional View 2: Looking South on Van Ness Avenue at Pine Street

Map of Additional Cathedral Hill Campus Viewpoint Locations **C&R Figure 3.4-5**



Existing View—looking north along Van Ness Avenue from between Ellis and O'Farrell Streets toward the existing Cathedral Hill Hotel on Van Ness Avenue

Proposed View—looking north along Van Ness Avenue from between Ellis and O'Farrell Streets toward the proposed Cathedral Hill Hospital on Van Ness Avenue

Cathedral Hill Campus: Additional View 1—Looking North on Van Ness Avenue from between Ellis and O'Farrell Streets **C&R Figure 3.4-6**

Existing View—looking south along Van Ness Avenue from Pine Street toward the existing Cathedral Hill Hotel on Van Ness Avenue

Proposed View—looking south along Van Ness Avenue from Pine Street toward the proposed Cathedral Hill Hospital on Van Ness Avenue

Cathedral Hill Campus: Additional View 2—Looking South on Van Ness Avenue at Pine Street **C&R Figure 3.4-7**

Response AE-12

The comment refers to existing trees and shrubs contained in planters located along the entrance drive to the building that was once the Cathedral Hill Hotel, and expresses safety concerns about blocking views between vehicles and pedestrians. The hotel is no longer in use and will be demolished along with the planters to make way for development of the proposed Cathedral Hill Campus. The proposed streetscape plan, which indicates some of the landscape currently proposed, can be referenced in Figure 2-37 on page 2-101 of the Draft EIR. As depicted in this drawing, the drop-off locations indicate a minimal amount of landscaping to allow for pedestrian safety and a clear view of moving vehicles. Additional detailed landscaping plans would be created for the proposed Cathedral Hill Campus as the design is refined.

Planting of street trees is regulated by the Planning Code and the Public Works Code. Aesthetics, as well as access and public welfare, are taken into consideration during landscaping design and installation. The comment is noted as the final landscape plans would take vehicle and pedestrian safety into account during consideration of on-site tree placement and landscaping.

3.4.2.4 LIGHT AND GLARE

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-152 AE, duplicate comment was provided in 30-152 AE]

"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."

Response AE-13

The comment expresses the desire to add a statement about the exception of spillover lighting and suggests specifying the areas that will be designed this way. The lighting type and location is designed to be focused on a specific area for an intended purpose. Spillover is often described as light that extends beyond the targeted object. Areas are not typically designed to have lighting spillover. Lighting would be placed only where necessary for the hospital to function and adequate light sources would be included in the final design. On the exterior some key locations include the drop-off and pick-up areas at the primary entrances to the building and the main entrance to the Emergency Room. Other areas around the base of the building would be lit for safety reasons. Additionally, integrated lighting on the building façade, as described under Impact AE-4 of the Draft EIR (Draft EIR page 4.2-188), would be included in limited areas along the Van Ness Avenue and Post Street façades.

Comment

(Donald Scherl, October 18, 2010) [74-13 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."

Response AE-14

The comment indicates that the neighborhood would be adversely affected by light and glare from the proposed hospital 24 hours per day. The site was previously used by a commercial hotel, including a rental car facility and parking garage, which also required lighting to provide access and safety for customers 24 hours per day. In addition, this location is fronted by the brightly lit major transportation

corridors of Van Ness Avenue and Geary Boulevard. As stated on page 4.2-2 of the Draft EIR, "a high level of ambient nighttime lighting is concentrated immediately along Van Ness Avenue, in the vicinity of the proposed campus, as a result of street lighting, illumination of building façades, and lit-up signage."

As stated on page 4.2-187 of the Draft EIR, the proposed Cathedral Hill Hospital would include lighting for signage, entrances, parking, and a roof terrace, and at the street level. Exterior lighting would include shielded fixtures to reduce light trespass or spillover. Specifically, the project would include design features limiting nighttime light and glare to the extent possible, including positioning, screening, and dimming, as described on page 4.2-188 of the Draft EIR. The anticipated nighttime light levels are depicted in Draft EIR Figure 4.2-9, "Cathedral Hill Campus: View 8—Looking Southwest on Van Ness Avenue at Post Street (close-up nighttime view)," on Draft EIR page 4.2-22. Thus, the light and glare in the neighborhood of the proposed Cathedral Hill Hospital would be similar to the current lighting character in the area. See Impact AE-3 on pages 4.2-187 and 4.2-188 of the Draft EIR for further discussion of the less-than-significant light and glare impacts associated with the proposed Cathedral Hill Hospital.

3.4.3 PACIFIC CAMPUS

3.4.3.1 NEIGHBORHOOD CHARACTER—HEIGHT, BULK, AND ARCHITECTURAL COMPATIBILITY

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-13 AE]

"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."

Response AE-15

The comment states that the design of the proposed CPMC buildings at the Pacific Campus ignored design cues from the surrounding community and did not show respect for the residential architectural vocabulary of the community or the historic character of the surrounding buildings. As described in the Draft EIR on page 4.1-53, no near-term projects are proposed at the Pacific Campus. In the long term, the interior of the 2333 Buchanan Street Hospital would be renovated to convert the hospital to an Ambulatory Care Center (ACC). One additional building (2018 Webster Street) would be renovated to create administrative offices. No exterior changes are anticipated. The other long-term projects include an ACC addition and two parking garages (North-of-Clay Aboveground Parking Garage and Webster Street/Sacramento Street Underground Parking Garage). The context of the surrounding buildings, including building heights and window fenestration, was taken into consideration in the planning of the Pacific Campus. Among the factors considered for the development, in compliance with City code requirements, were building bulk, sizes, and heights. As stated on Draft EIR page 4.1-53:

> Conversion of the 2333 Buchanan Street Hospital and 2018 Webster Street buildings would maintain the existing building heights; therefore, the renovated buildings would comply with the height and bulk districts for the campus. The proposed 138-foot ACC Addition and 85-foot

North-of-Clay Aboveground Parking Garage would be located within the 160-F Height and Bulk District and would require CU authorization to construct over 40 feet in height. The proposed Webster Street/Sacramento Street Underground Parking Garage would be entirely below ground and, therefore, would comply with the applicable height and bulk district limits.

The only new construction proposed in the immediate viewshed of the Webster Street Historic District is the North-of-Clay Aboveground Parking Garage, which would be located on the northeast corner of Clay and Webster Streets. This corner is currently occupied by the Gerbode Research Building, which would be demolished along with 2340/2360 Clay Street MOB (Annex Building), the Stanford Building, and 2324 Sacramento Street Clinic to make way for the proposed Webster Street/Sacramento Street Underground Parking Garage and the ACC Addition. The historic resource evaluation for the Pacific Campus stated that "the proposed new buildings at the site will not substantially change the existing scale and character of the site and will maintain the existing spatial relationship of the campus with the surrounding residential areas," the response concluded that it does not appear that the proposal would have a significant adverse impact on off-site historic resources, including the Webster Street Historic District.[3] Please see Response CP-16 (page C&R 3.6-15) for further discussion of the analysis of potential indirect impacts on the Webster Street Historic District. Response CP-16 addresses the question of whether the scale of the proposed new buildings would result in a significant impact to the Webster Street Historic District by virtue of changing the historic setting of the district, and concludes that there would not be a significant adverse impact on off-site historic resources, including the Webster Street Historic District. Furthermore, as stated in the Draft EIR on pages 2-118 and 2-119, because construction of the proposed ACC Addition and parking facilities at the Pacific Campus would begin in the long term (year 2018) and are not anticipated to be completed before approximately year 2020, these long-term project components at the Pacific Campus would undergo future design review and would be subject to separate, project-specific environmental review under CEQA in the future. See also Draft EIR Sections 1.3, Subsections 1.3.1 and 1.3.2, on pages 1-12 through 1-14 of the Draft EIR, which explain the distinctions between near-term projects, which the EIR analyzes at a project level of detail, and long-term projects, which are analyzed in the EIR at a programmatic level. The long-term projects would require subsequent project-specific environmental review under CEQA in the future.

The comment is noted. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.4.3.2 DEMOLITION OF THE 2333 BUCHANAN BUILDING

Comment

(Ian Berke, October 18, 2010) [69-1 AE]

"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.

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

[3] San Francisco Planning Department. 2009 (June 17). *Historic Resource Evaluation Response: Pacific Campus, California Pacific Medical Center*. Case 2005.05555E. Major Environmental Analysis Division. San Francisco, CA.

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."

Response AE-16

The comment states that the existing building located at 2333 Buchanan Street was constructed across the Clay Street right-of-way, which blocks the Clay Street view corridor and is incompatible with the surrounding residential neighborhood, and that a portion of the building should be removed or reconstructed. The commenter refers to the Clay Street view corridor, which is depicted in Draft EIR Figure 4.2-11 (View 9) on page 4.2-37. The existing 2333 Buchanan building (including the Clay Street view corridor and the neighborhood character within the vicinity of and including 2333 Buchanan) is part of the existing setting and is treated as such within the EIR. As such, demolition of the 2333 Buchanan building, as suggested in the comment, is not proposed by the project sponsor and is not anticipated within the timeframe analyzed in the EIR. Therefore, the EIR does not need to include this requested analysis.

For information purposes, as shown in Figure 4.2-11 and discussed under Impact AE-3 (Draft EIR pages 4.2-143 and 4.2-144), from the vantage point of the northwest corner of the Fillmore Street/Clay Street intersection, the western façade of the nine-story, 138-foot-tall ACC Addition would face the viewer and the northern façade would be seen from the side. In this view, the relatively complicated block-like forms of the existing seven-story, 99-foot-tall Stanford Building would be replaced by the relatively simplified block forms of the new ACC building (i.e., the main building and its mechanical penthouse). The proposed nine-story ACC Addition, including a mechanical penthouse on top, would not rise above the roofline of the proposed 2333 Buchanan Street Hospital building, which would rise directly behind it in this view. However, the proposed addition would block more of the façade of the nine-story, 120-foot-tall (plus 18-foot mechanical penthouse) 2333 Buchanan Street Hospital building than does the existing Stanford Building. See Response AE-15 above for a discussion of allowed bulk, size, and height at the Pacific Campus.

The detailed design for the Pacific Campus would be undertaken at a future date, and additional clearance would be sought at that time. Therefore, in the aforementioned view, the visual simulation provides only a general depiction of design elements and is intended primarily to depict the general size, bulk, and height of the building, rather than to constitute an actual final design. In addition, subsequent CEQA review would be conducted for the Pacific Campus once a project-level proposal is put forth for consideration. The comment is noted and will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.4.4 CALIFORNIA CAMPUS

No comments pertaining to aesthetics and solely related to this campus were received during public review of the Draft EIR.

3.4.5 DAVIES CAMPUS

No comments pertaining to aesthetics and solely related to this campus were received during public review of the Draft EIR.

3.4.6 ST. LUKE'S CAMPUS

3.4.6.1 HEIGHT, BULK, AND ARCHITECTURAL COMPATIBILITY

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-17 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."

Response AE-17

The comment indicates that the west side of the building is incorrectly characterized and that windows would look out to homes on 27th Street, Guerrero Street, and Cesar Chavez Street. Along the western façade of the St. Luke's Replacement Hospital, there would be windows on the fourth and fifth floors, which would serve as inpatient-care rooms within the bed tower. Section 1224.4.9.1 of the California Building Code states that obscure glass is prohibited for patient rooms. However, the fourth and fifth floors are set back approximately 50 feet from the western property line. In addition, the low-roof parapet of the Emergency Department, which sits west of the bed tower, cuts off much of the sight lines.

Levels two and three would contain diagnostic and treatment rooms which, with few exceptions, would have no windows. Any windows proposed for these floors on the west side would have obscuring (frosted or translucent) glass or would have high sills (clerestory glazing) that cut off sight lines from all interior areas. Level one would be largely below grade along the west elevation and would have no windows. Further design refinements are anticipated once the EIR is certified. The comment is noted and will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

In response to this comment, the following text change has been made to the Draft EIR on page 4.2-176:

> Along the western façade of the St. Luke's Replacement Hospital, an earth-tone colored block-form structure would form the northwest corner of the building. West-facing windows would be located ~~in the lower two stories~~ on the fourth and fifth floors facing Guerrero Street. The upper floors would be recessed from the northwest corner of the building. At its north end, a plain stucco wall with muted color would extend to the roof. Levels two and three would contain diagnostic and treatment rooms which, with few exceptions, would have no windows. Any windows proposed for these floors on the west side would have obscuring (frosted or translucent) glass or would have high sills (clerestory glazing) that cut off sight lines from all interior areas. Level one would be largely below grade along the west elevation and would have no windows. ~~The remainder of the façade would have long rows of individual rectangular (almost square) windows on a flat, light colored, plain glass reinforced concrete façade wall.~~ The long roofline would be level and straight. Most of the lower floors of the western façade would be located directly opposite the adjacent residential properties to the west, and thus would not be visible from the street. Only the upper floors would be visible.

3.4.6.2 ADJACENT RESIDENCES

Comments

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-16 AE]

"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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-18 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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-19 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)."

Response AE-18

The comments state that the aesthetics analysis focuses on overall building changes and changes in views from streets, omits analysis of perimeter conditions and visual character for adjacent homes, and that additional viewpoints should be analyzed. The aesthetic impacts associated with the proposed St. Luke's Campus, including perimeter changes, were analyzed in Draft EIR Impact AE-3, pages 4.2-172 through 4.2-187. Specifically, on page 4.2-184, the Draft EIR discusses the aesthetic impact of the proposed replacement hospital building from the perspective of adjacent residences, stating that a new six-story-tall building would replace the open expanse of the existing CPMC surface parking lot and its trees and close in the view from the side and rear of the residential buildings. However, no potentially significant impact on the environment related to the visual character of adjacent residential uses was identified in the Draft EIR.

Under CEQA, the question is whether a project would affect the environment in general, not whether a project would affect particular individuals or property owners. CEQA does not mandate that lead agencies find significant impacts of a proposed project on private views from adjacent residential properties. The five views of the proposed St. Luke's Campus depicted in the Draft EIR in Figures 4.2-26 to 4.2-30 (pages 4.2-83 to 4.2-87) were chosen as representative views of the St. Luke's Campus project site from various public viewpoints (see Draft EIR Figure 4.2-25, page 4.2-82, for viewpoint locations). It is not feasible to include every possible view in the Draft EIR; thus, a reasonable and representative range of views was chosen for depiction. The comment is noted and will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.4.6.3 LANDSCAPE AND STREETSCAPE

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-7 AE]

"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."

Response AE-19

The comment inquires about the landscape plantings along the west side of the proposed St. Luke's Replacement Hospital and states there is insufficient information to make a determination whether there would be a substantial change in character. The St. Luke's streetscape plan (Draft EIR Figure 2-77 on page 2-233) represents the general conceptual design associated with landscaping and pedestrian/vehicular access. Additional design refinements would be made upon certification of the EIR. As stated on Draft EIR page 4.2-104, the moderate-sized trees and other plantings that screen the hospital drop-off area and parking lot provide a visual green buffer from the street to the paved area in front of the existing St. Luke's Hospital tower. These trees and plantings were planted as part of previous construction projects. The removal of the landscaping would be noticeable but not substantially adverse, because these trees and landscaping would be replaced as part of the development of the proposed MOB/Expansion Building. Similarly, removal of the existing moderate-sized broadleaf trees located along Cesar Chavez Street and the east side of the parking lot, as well as the tall eucalyptus along its west side, would cause a noticeable change in the view from Cesar Chavez Street. However, this change would not be substantially adverse because replacement street trees and landscaping would be provided along the entire Cesar Chavez Street frontage, in accordance with City requirements. The requirements set by the City for street-tree replacement enforce a 1:1 replacement ratio pursuant to Planning Code Section 143 along proposed development frontage. Therefore, loss of the above-noted landscape features would not cause a substantial and adverse change to scenic resources at the site. Refer to Impact AE-3, Draft EIR pages 4.2-172 through 4.2-187, for further discussion of aesthetic impacts associated with proposed development at the St. Luke's Campus.

Conceptual design and visual simulations of the project from various viewpoints are standard approaches for determining whether a project would cause a substantial adverse environmental change in the character or quality of an area. Typically, Draft EIR documents do not include additional landscaping detail beyond conceptual design. Additional design refinements, including detailed landscape plans, would be completed during the design review process.

3.4.6.4 LIGHT AND GLARE

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-20 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."

Response AE-20

The comment states that the evaluation of light and glare is inadequate. The existing St. Luke's Campus has building functions that require lighting in a variety of locations. As stated on page 4.2-80 of the Draft EIR, "a high level of ambient light exists in the St. Luke's Campus vicinity as a result of required building security lights, vehicular lights, and pedestrian street light standards." The proposed St. Luke's Replacement Hospital and MOB/Expansion Building would require light sources for security, building entrances, the Emergency Department area, parking, signage, and wayfinding on the campus. The existing street-level lighting would not change. Exterior lighting fixtures would include shielding to control the lighting, to ensure that light does not spill over onto areas where lighting is not necessary.

As described in Impact AE-4 on Draft EIR page 4.2-191, because of the moderate level of lighting generated by existing buildings at the St. Luke's Campus and in surrounding areas, the lighting required for the proposed development would not result in a substantial increase in ambient lighting in the area. The proposed buildings would be located in the northern part of the campus, close to Cesar Chavez and Valencia Streets, both of which have high ambient light levels and are high-traffic areas. For these reasons, proposed development at the St. Luke's Campus would not create a new source of light that would adversely affect nighttime views in the area or that would substantially affect other people or properties, and this impact would be less than significant.

As stated on page 4.2-80 of the Draft EIR, "Glare is not currently a problem in this area because most of the façades of existing structures are composed of nonreflective materials, such as concrete, stucco, brick, or wood and low-reflection windows." The new design would also include some of the same nonreflective materials, including low-reflection metals and glass. As described in Impact AE-4 on Draft EIR page 4.2-191, exterior materials for the proposed buildings would be installed in compliance with all applicable local standards related to the use of nonreflective materials. Among these standards is Planning Commission Resolution No. 9212 (1981), which requires the use of clear untinted glass at and near street level and restricts the use of mirrored, highly reflective, or densely tinted glass except as an architectural or decorative element. As a result, the potential for reflective glare from sunlight would be minimal and within City building code requirements. For these reasons, proposed development at the St. Luke's Campus would not create a new source of glare that would adversely affect daytime views in the area or that would substantially affect other people or properties, and this impact would be less than significant.

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3.5 POPULATION, EMPLOYMENT, AND HOUSING

3.5.1 LRDP

3.5.1.1 POPULATION, EMPLOYMENT, AND HOUSING SCOPE OF ANALYSIS

Comments [Property Values And Taxes]

(Donald Scherl, October 15, 2010) [74-6 PH]

"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)."

(Donald Scherl, October 15, 2010) [74-33 PH]

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

(Sue Hestor, October 19, 2010) [89-15b PH]

"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?"

Response PH-1

The comments request information about the tax status of CPMC facilities and make inquiries regarding the taxes that would be paid by CPMC. The comments also express opinions about the potential loss of tax revenue that could be generated from for-profit development on the proposed Cathedral Hill Hospital site. Finally, the comments express concern about loss of residential property value near the St. Luke's Campus.

Scope of Analysis

Section 4.3, "Population, Employment, and Housing" in the Draft EIR focuses on issues raised in Appendix G of the State CEQA Guidelines and is intended to address major population displacement and/or unplanned growth that would result in indirect environmental impacts. Under CEQA, an EIR must evaluate whether a project would result in significant housing displacement, and/or lead to substantial unplanned growth that would result in significant physical impacts, such as urban decay or encroachment on environmentally sensitive areas. For the purposes of this Draft EIR, examples of potential significant environmental impacts related to population, housing, and employment could be:

- Inducement of 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);
- Displacement of substantial numbers of existing housing units, or creation of demand for additional housing, necessitating the construction of replacement housing; or
- Displacement of substantial numbers of people, necessitating the construction of replacement housing elsewhere; and
- Business effects that could lead to permanent vacancy of urban commercial centers, thereby resulting in urban decay.

As discussed in Section 4.3, the proposed LRDP would not generate any of the impacts listed, and therefore, the impacts would be less than significant.

The comments regarding the effect of the proposed Cathedral Hill Campus on existing or future tax revenues and/or property values raise questions and express concerns about economic considerations, and do not address physical environmental issues. As is described in Response INTRO-7 (page C&R 3.1-17), social and economic effects are only relevant under CEQA insofar as those effects can either form a linkage between a proposed project and a physical environmental issue, or to the extent that the social or economic effect serves as a measure of the significance of a physical environmental effect. Examples of social and economic issues that typically are not evaluated under CEQA include potential effects on property values, health care services, community mental health, housing cost and affordability, local unemployment, specific businesses, and temporary building vacancy as a result of construction.

Tax Status and Revenues

Several comments inquired about the tax status of and tax revenues paid by CPMC. California Pacific Medical Center (Sutter West Bay Hospitals dba California Pacific Medical Center) is a private, not-for-profit academic medical center. As such, no "aspects of CPMC" are "for profit," as asked by the commenter. While most of CPMC's property is eligible for a property tax exemption and thus does not generate property taxes for San Francisco, some portions of existing buildings are leased to private groups who are not exempt and therefore, do generate property taxes. An example would be the 3838 California Street Medical Office Building which is almost entirely leased to for-profit physicians. In 2008, these kinds of uses on CPMC property generated approximately $373,000 in property taxes, approximately $182,800 of which went to the City of San Francisco General Fund. The LRDP contains several Medical Office Buildings (e.g., in the near term at Cathedral Hill, St. Luke's and Davies Campuses). At this time, it is assumed that these buildings would be principally owned and occupied by CPMC or its Physician Foundation, both considered not-for-profit entities; however, different ownership/occupancy structures could also occur. Therefore, it would be speculative to suggest a future amount of property tax payment by uses on CPMC property.

It should be further noted that following the relocation of medical uses from the California Campus to other CPMC campuses, it is the intent of CPMC to sell the buildings while leasing back some limited amount of space. To the extent that those buildings are purchased and/or occupied by for-profit businesses, medical or otherwise, an unknown amount of additional property tax revenue would be paid.

The comment that property values would be adversely affected by the proposed project is not supported by evidence in the record. To the contrary, as is explained in Responses PH-22 (page C&R 3.5-76) and PH-23 (page C&R 3.5-79), the evidence suggests that there would be limited if any adverse effects on vacancies during construction, and that following completion of the proposed projects vacancies would be reduced and retail spending in nearby neighborhoods would be materially increased. Although not absolute predictors of future property values, those are indicators that would suggest that properties around the proposed LRDP campuses should hold onto, and potentially increase, their value.

The comments regarding the tax status of and tax revenues paid by CPMC provide no evidence to suggest that potential changes in tax revenues or property values as a result of implementation of the proposed Cathedral Hill Campus project would have any direct or indirect adverse physical environmental effects. The comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments may be considered by the decision-makers as part of their deliberations on the project.

3.5.1.2 EXISTING HOUSING SETTING

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-26 PH]

"Information on the housing in the areas surrounding all five campuses."

(Gloria Smith—California Nurses Association, October 18, 2010) [93-43 PH]

"• Additional information concerning the housing stock in the area surrounding the campuses (How much substandard stock is not occupied/livable? Are there current 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?)"

(Gloria Smith—California Nurses Association, October 19, 2010) [93-44 PH]

"Information concerning the available construction workforce in the area by trade."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-46 PH]

"• Information on the existing jobs-housing balance and jobs-housing fit in San Francisco on 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-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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [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. 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. These numbers show a 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. The fair market rate for a two-bedroom apartment is $1,658 or 163% of the income for two people earning minimum wage. 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 Cathedra l Hill Campus as well as the project's impact on that stock."

Response PH-2

The comments request additional information about housing in the neighborhoods around the CPMC campuses and throughout the City of San Francisco, including the condition of housing stock, the cost of housing, and the tenure of residents. The comments also ask for information about the construction workforce and the current jobs-housing fit in surrounding neighborhoods. The comments request that this

information be used in a more thorough analysis of jobs-housing relationships in the EIR, and that such an additional analysis be included in a revised Draft EIR. The comments state that information about jobs per employed resident is used as a "surrogate" for jobs-housing balance or jobs-housing fit, and that a lack of jobs-housing balance and fit results in effects to commute patterns, air pollution, and greenhouse gas emissions. The comments state that there is a connection between housing conditions and public health.

Scope of Environmental Setting

A discussion of the housing setting in San Francisco, and in the vicinity of each CPMC campus, is provided on pages 4.3-8 through 4.3-10 of the Draft EIR, including Table 4.3-8. The environmental setting presented in the Draft EIR establishes the analytical foundation upon which the impact analysis is based. This is consistent with the State CEQA Guidelines, which state in Section 15125(a) that "[t]he description of the environmental setting shall be no longer than is necessary to an understanding of the significant effects of the proposed project and its alternatives." As is described in Response PH-12 (page C&R 3.5-47), for a variety of reasons tied to the complex bases for housing location decisions it is not reasonable to attempt to assess the effects of the proposed project on the housing demand in specific neighborhoods, even those neighborhoods around the existing or proposed CPMC campuses. Because of the nature of housing location decision making, especially in San Francisco, if the EIR were to attempt such a location precise analysis it would be misleading, as such precision is not possible. However, it is reasonable to assume based on historic patterns that on a broader level, approximately half of future CPMC employees will choose to live in the City of San Francisco. The discussion of the housing setting in the Draft EIR provides an adequate basis upon which to consider the effects of the proposed LRDP on housing in San Francisco, and, therefore, meets the requirements of section 15125 of the State CEQA Guidelines and is adequate under CEQA.

Aside from the broader reasons for making location decisions about housing, presented in Response PH-12 (page C&R 3.5-47), prediction of the location of housing choice within San Francisco is complicated by factors such as the City's rent control ordinance that creates material economic incentives for residents to remain in their existing rental housing despite a change in employment location. Further, the location of the proposed new Cathedral Hill Campus, which would see the greatest relocation of current CPMC employees, also happens to be one of the best-served locations in San Francisco in terms of transit and other alternative modes of transportation. Numerous transportation options and a high degree of accessibility reduce the need for employees to relocate based on commute time or ease. These factors would be different for each of the CPMC campus locations. In addition, it is important to note that employee relocations from the current Pacific and/or California Campuses to the Cathedral Hill Campus are relatively close and therefore would be unlikely to result in residential relocations.

For reasons like these, precise forecasting of the future location of residence of CPMC workers at any individual campus is not practical or useful. Section 15151 of the State CEQA Guidelines states that "[a]n evaluation of the environmental effects of a proposed project need not be exhaustive, but the sufficiency of an EIR is to be reviewed in the light of what is reasonably feasible." Further, Section 15145 of the Guidelines states that "[i]f, after thorough investigation, a Lead Agency finds that a particular impact is too speculative for evaluation, the agency should note its conclusion and terminate discussion of the impact." In this case, it would be speculative to assess the effects of the proposed project on the housing supply and demand at the neighborhood level.

The conditions of the housing stock in the neighborhoods around the LRDP campuses, including such issues as building code violations, the income levels of residents, overcrowding conditions, and rental and owner profiles, are not relevant to the proposed project and the impact analysis addressed in Chapter 4.3 of the Draft EIR. These are existing conditions and there is no evidence in the record that would lead to a conclusion that such conditions would be adversely affected by the proposed project. As such, there is no

need to go into a detailed description of these factors in the EIR. Please also see Response PH-12 (page C&R 3.5-47) for a discussion of the effects of the proposed project on housing demand in adjacent neighborhoods.

Use of Jobs to Employed Residents Ratio

A discussion of employed residents and jobs/housing relationship is provided on pages 4.3-6 and 4.3-7 of the Draft EIR. The concept behind a jobs to housing ratio is that such a measure attempts to define the inflows and outflows of labor, and whether there is sufficient housing to support the employment within a given labor market area. As a proxy, planners and economists often use the number of housing units compared to the total number of jobs to understand whether there are sufficient employment opportunities (jobs) to support the existing or planned amount of housing, or vice versa.

The actual ratio of jobs to housing units is only a proxy and does not directly correlate the supply of workers to the supply of jobs. As discussed in ABAG's methodology memorandum for estimating the Regional Housing Needs Allocation Methodology (RHNA), ABAG considers the ratio of jobs to employed residents as a better measure to evaluate the jobs-housing balance because it is a direct corollary between available labor in a community and actual employment. As a further example, in another jobs-housing balance analysis performed by ABAG, ABAG referenced the imbalance of employed residents to workers in western San Mateo County.[1] For the reasons given above, and based upon the validation of its use by ABAG, it is, therefore, reasonable to use jobs-employed residents as a basis of analysis of jobs-housing relationships in San Francisco.

ABAG addressed this issue directly by stating that "[i]nclusion of local land use policies and plans and economic trends in ABAG's employment growth forecast ensures that the use of employment growth as a RHNA factor is consistent with local policies, plans, and local capacity for job growth. Employment growth in projections considers all the land protection and growth policies, physical constraints, and the employment-related factors identified by the state and the HMC (Housing Methodology Committee) for inclusion in the allocation methodology, including existing jobs centers, home-based businesses, employed residents, housing prices, household income and employment at private universities, and campuses of the California State University and the University of California."[2]

Housing Conditions and Public Health

Although there appears to be a connection that exists between the quality of public health and the amount of substandard housing in a community, no evidence is shown in the record to suggest that the proposed LRDP would have any adverse effect on the quality of housing or the amount of substandard housing in the community. An Objective of the proposed LRDP is to improve health care access to underserved populations of the City, including the vicinity near the proposed Cathedral Hill Hospital where the residential population of the City is the densest and where the highest percentages of elderly and children are found. Please also see Major Response HC-8 (page C&R 3.23-32) regarding the effects of the proposed LRDP on access to health care services.

Environmental Effects

The Draft EIR fully addresses the direct and indirect construction and operational environmental impacts of the proposed LRDP, including those on transportation and circulation (Section 4.5), air quality

[1] Association of Bay Area Governments, Coastal Subregional Planning Project, Table B, http://www.abag.ca.gov/planning/subregional/cspp/cspp4.html, 1998.

[2] Association of Bay Area Governments, *Planning Housing in the San Francisco Bay Area, Regional Housing Needs Allocation Methodology, 4th Revision. Technical Documentation*, November 2006, Revised August 3, 2007, page 9. http://www.abag.ca.gov/planning/housingneeds/pdfs/RHNA_Allocations_and_Technical_Document.pdf

(Section 4.7), and greenhouse gas emissions (Section 4.8). An expanded discussion and clarification of transportation and circulation, air quality, and greenhouse gas emissions issues are provided in this C&R document, in Sections 3.7, 3.9, and 3.10, respectively. None of the information contained in these specific sections in the Draft EIR or this C&R document meets the definition of substantial new information, pursuant to Section 15088.5 of the State CEQA Guidelines, and thus, a revised EIR is not required. For more information regarding the procedures for certification of EIRs, including a discussion of the conditions under which substantial new information needs to be circulated for public review after publication of a Draft EIR, please see Response INTRO-6 (page C&R 3.1-11).

The issues of housing demand, jobs-housing balance, and jobs-housing income/cost fit are economic issues that are not within the scope of issues considered under CEQA except insofar as they link a proposed project to an adverse physical environmental effect or provide a measure of the significance of that effect. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. For more information on San Francisco's ability to accommodate affordable housing, refer to Response PH-9 (page C&R 3.5-31). For further discussion on commute patterns related to housing location, see Response PH-4 (page C&R 3.5-13).

3.5.1.3 ANALYTICAL ASSUMPTIONS AND METHODS

Comments [Employment and Housing Assumptions]

(Gloria Smith—California Nurses Association, October 19, 2010) [93-77 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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-78 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-79 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-19 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. 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). 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-21 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 groups are clearly considered in the 2006 data, this should be clarified in regards to future projected employees at 2015 and 2030."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-22 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.* 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. 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."

Response PH-3

The comments state that the population, employment, and housing analysis in the Draft EIR understates housing demand because the analysis uses full-time equivalent (FTE) measures of employment growth and employment internalization assumptions. The comments also suggest that the demand is understated because of lack of inclusion of indirect or induced employment, as well as jobs that would backfill the medical uses transferred from the California Campus. A particular concern raised in the comments addresses the use of ABAG projections in the Draft EIR, with a suggestion that using such projections could understate or dismiss the housing effects of the project. The comments suggest that the analysis is based on out-of-date regional projections of population and employment (ABAG 2007 estimates rather than the more recent 2009 ABAG estimates), and that the more recent projections should have been used because they account for future changes due to the passage of SB 375. Finally, the comments suggest that environmental impacts such as traffic, GHG, public services, etc., were understated because the employment estimates were understated.

The issues addressed in the above comments are largely related to social and economic effects. Under CEQA, social and economic effects are only relevant insofar as they either are part of the linkage between a project and a physical environmental effect, or are a measure of the significance of a physical

environmental effect. For a more thorough discussion of the issue of social and economic effects under CEQA, please see Response INTRO-7 (page C&R 3.1-17).

Conservative Approach to Employment Growth Projections

The employment growth and employment generation estimate that was developed for the proposed LRDP and presented in the Draft EIR takes a conservative approach to assigning population, employment, and housing demand. The employment growth estimates in Section 4.3 conservatively assume that 100 percent of the new personnel locating to the proposed Cathedral Hill, Pacific, St. Luke's, and Davies Campuses, other than personnel transferring from existing CPMC campus facilities, would be net new employees who would generate housing demand in San Francisco and the Bay Area. Specifically, the analysis does not take into account that many private practice doctors and their staff affiliated with CPMC are currently leasing space off-campus and would move to the medical office buildings and other CPMC facilities under the proposed LRDP. These employees would not be new to the City or the region, but rather would be shifting from an existing San Francisco workplace location to a CPMC campus in San Francisco. Those employees simply shifting from off-campus to on-campus facilities likely would already live in San Francisco or elsewhere in the greater Bay Area, and it would be reasonable to assume, for a majority of such employees, that the change in work location to a CPMC campus would not cause these employees to relocate their places of residence. However, the CPMC LRDP Draft EIR analysis conservatively assumes that all of these off-campus to on-campus transfers would be net new workers moving to San Francisco and the greater Bay Area, creating a demand for housing and other environmental effects.

An additional conservative aspect of the analysis in the Draft EIR is that employment estimates are primarily based on the potential employment *capacity* of the proposed campuses rather than personnel needed to staff CPMC and provide service to affiliated medical patients. The Draft EIR used a conservative model to ensure that no environmental effects were overlooked, the projections likely overstate the new employment that would actually be generated by the proposed LRDP.

In the near term (through year 2015), for example, nearly all of the physicians and staff that would populate the proposed Neuroscience Institute building at the Davies Campus would relocate or would be relocated from existing space within the Pacific Campus (e.g., the Forbes-Norris ALS Clinic). The vacated space, in turn, would be used to allow decompression of existing programs and staff at the Pacific Campus with no new physician or staff backfill. For purposes of population and traffic analysis, however, the proposed Neuroscience Institute building with approximately 49,000 gross square feet is analyzed as though it would generate net new employment to San Francisco, and physicians and staff at the Pacific Campus would remain constant. This approach results in a conservative estimate of housing demand and environmental impacts.

In the long term (after year 2015), it is estimated that out of the total of 1,700 CPMC-affiliated physicians in the region, the number of physicians who would locate on or near a future CPMC campus is estimated to increase from approximately 1,120 currently to approximately 1,240.[3] Therefore, the additional physicians (and associated staff) are highly unlikely to be "new" to CPMC or to San Francisco. The projected "increases" of 116 physicians and 2,502 staff members much more likely represent existing San Francisco-based offices moving from smaller off-campus practices to consolidated practices and multiple-office locations such as would be provided at 2100 Webster Street (Pacific), the ACC (Pacific), the proposed Cathedral Hill MOB, and the proposed St. Luke's Replacement Hospital and MOB, in line with

[3] "CPMC Population Estimate 45 v4" CHS Consulting for CPMC.

well-established trends away from private practice, toward practice consolidation and in the context of scarcity of new physician capacity.[4]

Therefore, the Draft EIR is very conservative in its impact analysis and likely overstates new employment and related environmental effects generated under the proposed LRDP.

Use of Full-Time Equivalent

The comments regarding the utilization of full-time equivalent (FTE) employment to determine housing impacts are noted. It is standard industry practice to use FTE employment to determine impacts to housing, as it represents a single unit of measure that can be applied to household generation factors. Use of FTE to determine impacts to housing is a reasonable methodology because use of total employment as a basis for analysis would combine full-time employees and part-time employees without regard to the fact that these differing levels of employment have very different household formation characteristics. Part-time employees may be employed at another job. Thus, many part-time jobs do not create the same level of household formation because an individual with one household may have two or three part-time jobs. FTE represents a full accounting of an employed resident, which then can be readily converted to, among other data, household growth and trip making, etc.

Notwithstanding the reasonable assumption that many part-time employees are likely to hold more than one job, it is possible that some individual part-time jobs would support a new household, especially those that represent a large portion of an FTE. To the extent that this situation could occur and result in an unspecified increase in housing demand relative to the demand reported for FTE employees, the conservative assumptions made in the Draft EIR would compensate for any potential underestimation of housing demand. Despite this limited amount of uncertainty, the City believes that the estimates of housing demand based on FTE are reasonable and appropriate for analysis in this EIR.

Please also see Response PH-6 (page C&R 3.5-17) for a discussion of the conservative characteristics of the housing demand assessment in the EIR, and Response PH-11 (page C&R 3.5-43) for a discussion of the fee that CPMC has proposed to pay in response to concerns regarding housing demand.

Clarification of Employment Projections

The comments inquire as to whether the Draft EIR analysis includes all full-time employees on site, including those not directly employed by CPMC. Future employment projections include all full-time and part-time personnel (including volunteers) who would be on site, including both those who would be employed directly by CPMC, and those who would work for other employers located on the CPMC campuses. For more information on the personnel estimates, please see Table 4.3-6 on page 4.3-6 in the Draft EIR for an explanation of employment calculations for the proposed LRDP.

Use of 2007 ABAG Projections

The comments state that the use of ABAG 2007 projections understates the housing need in San Francisco compared to the most recent ABAG 2009 projections. As to the use of ABAG 2007 data, the analysis applied the most recent data available at the time of the analysis. ABAG 2009 data was not available at the time of the initiation of the population and housing analysis.

The use of the ABAG 2007 projections represents a conservative basis on which the assessment of population, employment, and housing effects was based. As is shown in C&R Table 3.5-1, ABAG

[4] "Young Doctors Shifting Away From Private Practice, Primary Care Shortage Persists": http://www.kaiserhealthnews.org/ Daily-Reports/2010/March/26/Young-Doctors-Taking-Salaried-Jobs.aspx, accessed January 13, 2011.

C&R Table 3.5-1
ABAG Projections 2007 and 2009 Population and Household Comparison

Year	2010	2015	2020	2025	2030	Change	
						2010-15	2010-2030
Population							
ABAG 2007	808,700	823,800	857,200	888,400	922,600	15,100	113,900
ABAG 2009	810,000	837,500	867,100	900,500	934,800	27,500	124,800
Households							
ABAG 2007	348,330	357,810	367,430	377,050	386,680	9,480	38,350
ABAG 2009	346,680	359,170	372,750	386,800	400,700	12,490	54,020

Projections 2007 and 2009 Population and Household Comparison, ABAG 2009 data assumes that a larger share of population, household, and employment growth would occur in San Francisco than ABAG 2007 projections. As a result, CPMC's percentage share of the 2009 projected population and household growth for San Francisco in 2030 would actually be lower than those represented in Section 4.3, "Population, Employment, and Housing" in the Draft EIR, as discussed below.

Two ABAG data sets are referenced in Section 4.3, beginning on page 4.3-1 of the Draft EIR. The first is the 2007 ABAG population and household growth projections that include projections for 2015 and 2030, the horizon years in which impacts are evaluated in the Draft EIR. The second is ABAG's Regional Housing Needs Assessment (RHNA) that originates from the Department of Finance population projections allocated to local Bay Area jurisdictions. Both estimates are updated regularly but reflect specific planning periods. As the metropolitan planning organization for the Bay Area, ABAG projections are regularly used in City and regional plans. In the Draft EIR, the population and housing analysis evaluates the proposed LRDP's potential impact on population and housing in specific horizon years (2015 and 2030). Therefore, the analysis uses the population and household projections available from ABAG for 2015 and 2030.

The analysis evaluates the City's ability to accommodate housing, and references the currently adopted San Francisco Housing Element (2004) and the adopted 2009 Housing Element. The Planning Commission approved the 2009 Housing Element, and certified the EIR for the 2004 and 2009 Housing Elements, on March 24th, 2011. The Board of Supervisors upheld the EIR for the 2004 and 2009 Housing Elements, on May 10th, 2011. The Board of Supervisors adopted the 2009 Housing Element on June 21, 2011. The 2009 Housing Element sets forth objectives, policies and implementing strategies intended to address the City's housing needs based on the RHNA for 2007 through 2014.

Section 4.3 of the Draft EIR does not use the San Francisco RHNA to estimate the proposed LRDP's share of housing growth because the RHNA has different planning periods and is not intended as a population or housing projection, but is an assessment of projected future housing needs among different household income categories. An assessment of how much housing is needed within a particular geographic area is very different from a projection of how much housing can or will be built.

ABAG remains the most appropriate and most widely accepted and used source for projections of population, employment, and household growth in the Bay Area, and its projections are considered to be a reasonable estimate for future population and households for San Francisco and the Bay Area overall. Looking at historic ABAG projections and how they have compared to actual growth, 1990 ABAG population projections for 2000 *underestimated* actual population and household growth in San Francisco by approximately 1.2 percent and 0.4 percent, respectively. In other words, San Francisco accommodated

more households than originally projected by ABAG in 1990, but was well within a normal standard error of plus/minus 5 percent. This contradicts the comment that suggests ABAG housing growth projections typically are overly optimistic.

The Sustainable Communities Strategy (SCS) is currently under development by ABAG and the Metropolitan Transportation Commission (MTC). These agencies have established a goal of adoption of the SCS for the Bay Area by early 2012. The SCS would place an increased emphasis and support funding for additional transit-oriented housing development in transit-rich areas, including areas in San Francisco. As a result, the SCS is expected to help to facilitate additional housing development, including housing that could accommodate new CPMC workers that chose to live in San Francisco.

Finally, it is important to note that ABAG projections are useful and informative in terms of understanding and comparing a project's employment and housing characteristics to future growth projections and for performing cumulative impact analyses that consider future conditions. However, for the purposes of project-specific CEQA analysis, the EIR examines the potential impacts of the proposed LRDP project relative to the existing environmental setting. ABAG growth projections are not critical in this regard. In terms of the proposed LRDP project's relative share of ABAG's citywide and regional growth projections, depending upon which ABAG forecast is used, the LRDP project's share would vary. However, this variance would not change the analysis of the project-specific impacts relative to today's existing conditions.

Relative to consideration of future conditions in the context of the cumulative impact analysis, ABAG 2007 projections represent a reasonable and conservative basis for the analysis of potential impacts 20 years into the future.

Please see Responses PH-8 and PH-11, pages C&R 3.5-27 and C&R 3.5-43, respectively, for additional discussion on the role of ABAG projections and Regional Housing Needs Allocation estimates in considering issues on jobs/housing relationships.

2010 Census

In the time since the EIR analysis was conducted and the Draft EIR published, the U.S. Census was completed and the initial data released. As shown in C&R Table 3.5-2, according to the most recently released data, the 2010 100 percent census count identified the 2010 population of the City of San Francisco as 805,200 persons, with approximately 345,800 households. This up-to-date information is compared to the 2007 ABAG projection of the 2010 population as 808,700 persons, an over-estimate of roughly 3,500 people (or an error of less than 1 percent (0.4 percent). In terms of households, 2007 ABAG projections estimated approximately 348,300 households, approximately 2,500 households more than the 345,811 reported from the 2010 Census. In both cases, ABAG marginally overestimated the number of residents and households living in San Francisco.

C&R Table 3.5-2
City and County of San Francisco Population and Housing Estimates

Source	Population	Housing Units		
		Total	Occupied	Vacant
2010 U.S. Census	805,235	376,942	345,811	31,131
ABAG/DOF	808,700	365,434	348,300	17,134

Source: U.S. Census Bureau, 2010 Census, *Civilian Population Counts and Occupancy Status.* The 2010 U.S. Census Redistricting Data (Public Law 94-171) Summary File

Also, the Department of Finance (DOF) estimates that approximately 4.7 percent of the total housing stock in San Francisco, or roughly 17,000 units, is vacant. According to the 2010 Census, approximately 8.2 percent of the total housing stock, or roughly 31,100 units, is vacant. This is substantially higher than the DOF estimates and implies more capacity within the existing housing stock than originally reported in the Draft EIR housing capacity analysis. It further substantiates the conclusion that there is available capacity within San Francisco to accommodate all net new households that could generate housing demand from the proposed LRDP under existing conditions, and in the future.

Induced and Indirect Employment

For a response to comments related to the consideration of indirect and induced employment in the assessment of population, employment, and housing effects, please see Response PH-25 (page C&R 3.5-82).

Housing Affordability and Jobs/Housing Fit

For specific responses to comments regarding housing affordability, please see Response PH-9 (page C&R 3.5-31). For responses to comments regarding jobs/housing fit, please see Response PH-10 (page C&R 3.5-39).

Environmental Effects

As is described above, the estimates of population and employment generated by the proposed LRDP are based on a series of conservative assumptions which tend to overestimate the project employment generation. Thus, the Draft EIR evaluation of the potential physical environmental impacts associated with increased employment, such as additional vehicle miles travelled and length of trips, increased emissions of criteria pollutants, increased emission of greenhouse gases, and increased demand for public services, presented in Sections 4.5, 4.7, 4.8, and 4.11, respectively, also were conservative. Please also see responses to comments in Sections 3.7, 3.9, 3.10, and 3.13 of this C&R document regarding the transportation, air quality, global climate change, and public services impacts of the proposed LRDP.

Comments [Housing Location Assumptions]

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-153 PH, duplicate comment was provided in 30-153 PH]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-56 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-20 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-18 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.

First, the DEIR bases future commute patterns of CPMC employees on the way in which CPMC employees commuted in 2006. In 2006, 49% of CPMC employees resided in San Francisco, while 51% of employees resided outside of San Francisco. The DEIR then applies this same split to CPMC employees in 2015 and 2030. However, the cost of commuting, as well as the time it takes to commute from outside of the City, is likely to increase dramatically between now and 20 15 and 2030, as the population of the entire region grows. Furthermore, as discussed below, 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. 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-57 PH]

"Currently, the percentage of CPMC workers living in San Francisco is 49%. This falls short of the City's overall rate, where 56% of the workers live in San Francisco. 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. 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."

Response PH-4

The comments express concerns regarding a number of the analytical assumptions and the methodology used in the analysis of housing impacts in the Draft EIR. In particular, some comments raise questions about the assumptions made regarding the location of residence of future CPMC employees, and comments suggest that the analysis should consider the possibility that all future CPMC employees would prefer housing in the City of San Francisco. The comments specifically suggest that the existing commute patterns of CPMC employees are not an appropriate basis for estimating the future commute patterns, and that the Census or other sources would be more accurate.

For comments related to the need for affordable housing, please see Response PH-9 (page C&R 3.5-31).

Residence Location of Workers

As seen in Figure 4.3-1, "Employee Housing by CPMC Campus (2006)," in the Draft EIR, page 4.3-11, 49 percent of CPMC employees live in San Francisco, 22 percent live in the South Bay/Peninsula, 19 percent live in the East Bay, 8 percent live in the North Bay, and 2 percent live outside of the Bay Area. The Draft EIR uses this information to project a similar trend in the future, which is a conservative assumption for this analysis. San Francisco-wide commute patterns show a lower proportion of workers who also live in San Francisco.

The use of this data is more conservative in relation to San Francisco housing demand than use of the U.S. Census data. According to the U.S. Census Bureau's Longitudinal Employment Household Dynamics (LEHD) database, approximately 42 percent of San Francisco workers in 2008 also lived in San Francisco, which is 7 percentage points lower than existing CPMC personnel.[5] The record includes no evidence to suggest that the commute behavior of future CPMC employees would change materially from existing CPMC commute patterns and, therefore, conservatively assumes the higher household internalization threshold of 49 percent rather than using citywide averages from the U.S. Census. Further, as is discussed in Response PH-3 (page C&R 3.5-7), the employment and housing analysis in the Draft EIR assumed that all new employees would be net new employees to San Francisco. To the extent that some of those employees simply relocate from current San Francisco employment locations to CPMC campuses, the employment growth in San Francisco has been overstated. Therefore, the Draft EIR analysis is conservative in terms of assessing CPMC-induced housing demand in San Francisco in that it assumes a higher capture of housing demand than existing San Francisco-wide employee commute patterns, as well as being based on conservative assumptions about employment growth.

One comment indicates that there is a substantial difference between the percentage of San Francisco workers who live in the City (56 percent) and the percentage of CPMC workers who live in the City (49 percent). This particular comment appears to be based on less-than-current data regarding worker place of residence. The data noted by the commenter appears to be from the 2000 Census, which is now more than 10 years old and was likely skewed by the "dot com" bubble that existed at the time of that Census. The data presented in the Draft EIR is from the 2008 Longitudinal Employment Household Dynamics (LEHD) data, provided by the U.S. Census, represents more updated estimates and a different data source (the Quarterly Economic Census and IRS records). This data shows that 42 percent of San Francisco's working residents also live in San Francisco. The source of this data is the actual employment survey records provided to the California Employment Development Department (EDD) and the US Government for unemployment insurance cross-referenced with Internal Revenue Service information on place of residence. It is considered the most accurate and recent data available on residential location of workers.

3.5.1.4 POPULATION IMPACTS

Comment

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-11 PH, duplicate comment was provided in 85-11 PH]

"The EIR should determine that impact PH-1addressing 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

[5] U.S. Census Bureau, Longitudinal Employment Household Dynamics (LEHD), available online: http://lehdmap.did.census.gov/

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.

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."

Response PH-5

The comment states that the significance conclusion under Impact PH-1 on page 4.3-18 in the Draft EIR, based on CPMC's projected share of future population and household growth, is incorrect. Rather, the comment states that Impact PH-1 should be considered potentially significant because it identifies that the proposed LRDP would account for a "significant" portion of the City's population growth over the coming years. The comment also states the Draft EIR "offsets" new jobs at the Cathedral Hill Campus with jobs that would shift from the California Campus to the Cathedral Hill Campus.

Impact Significance

The focus of analysis in an EIR is on adverse physical environmental impacts. As such, an increase in population is only relevant under CEQA if the result of that increase in population would cause significant environmental impacts. For the purposes of CEQA, the City of San Francisco only recognizes population growth in and of itself as a significant impact if the population growth associated with a project would result in growth in population greater than the amounts planned for by the City and other regional organizations. This approach is incorporated into the standards of significance identified in the Draft EIR. Please see the discussion in the Draft EIR, beginning on page 4.3-11, for an explanation of the significance standards for population and housing.

As discussed in the Draft EIR, page 4.3-13, "substantial" population growth is defined as increases in population that are unplanned (i.e., without consideration of or planning for infrastructure, services, and housing needed to support proposed residents, employees, and visitors). Simply because a particular project accounts for a measureable amount of the City's future growth does not make the population impact significant. Under CEQA, the City requires project sponsors to undertake CEQA analysis at the earliest possible time and in consideration of all possible activities in the foreseeable future. This tends to result in EIRs on large groups of actions, like the CPMC LRDP. The question is not whether an EIR happens to cover a project or program that involves a large amount of population, employment, or housing growth, but whether that growth is within the bounds of the planned-for growth in the City. Based upon the analysis presented in Section 4.3, "Population, Employment, and Housing" in the Draft EIR, the planned capacity would be available to support the projected increase in residences and households generated under the proposed LRDP, and therefore Impact PH-1 is appropriately identified as less than significant.

Please also see Response PH-6, page C&R 3.5-17, for a discussion of the baseline used for assessment of population, employment, and housing impacts. This response explains that the use of planned growth as a measure of significance does not indicate the use of an improper baseline; rather, the Draft EIR used existing conditions as the baseline for evaluation of impacts, and compared the change over the baseline to a standard of significance based on future planned growth. Please also see Response PH-3 (page C&R 3.5-7) for an explanation of the conservative approach to CPMC employment projections. Please see Response PH-7 (page C&R 3.5-22) for supplemental information regarding housing capacity within the City of San Francisco.

Shift in Employment Location

The comment states that employment at the proposed Cathedral Hill Campus would represent 30 percent of San Francisco's population growth between 2006 and 2015 (based on information in Draft EIR Table 4.3-9), and then acknowledges that the Draft EIR also assumes "unemployment" at the Pacific Campus would partially offset the growth in employment at the proposed Cathedral Hill Campus. Although the comment is correct that the analysis acknowledges the increase in employment at the proposed Cathedral Hill Campus would be partially offset by the decrease in employment at the Pacific Campus, no evidence is shown that the proposed LRDP would result in unemployment at the Pacific Campus. Rather, some CPMC personnel working at the Pacific Campus would be transferred to other campuses. For a discussion of evaluating population and housing growth on a citywide level, please see Response PH-4 (page C&R 3.5-13), which describes existing commute patterns in San Francisco.

3.5.1.5 HOUSING DEMAND AND IMPACT ANALYSIS

Comments [Housing Baseline and Significant Impact Determination]

(Gloria Smith—California Nurses Association, October 19, 2010) [93-57 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 projects 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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-58 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 significant because those growth and housing projections make the Project contribute to housing demand appear small in number."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-59 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-60 PH]

"For the housing sections, a revised DEIR must analyze the 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-76b 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. 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)."

Response PH-6

The comments state that the population, employment, and housing analysis uses an improper baseline for potential significant impacts to population and housing because it compares the proposed project housing demand to projections of future housing demand. The comments state that in order to be proper under CEQA, the analysis must use existing conditions as the "baseline" for impact analysis. The comments state that the EIR uses an "artificial" baseline that minimizes the significance of the impacts. The comments also request that a more detailed setting be provided that describes affordability in neighborhoods, the City, and the region, and that the analysis should account for housing demand from indirect employment as well as jobs-housing fit.

Environmental Baseline

The analysis of population, employment, and housing impacts in the Draft EIR was based on current San Francisco General Plan and ABAG existing data as well as projections for the area. In particular, page 4.3-1 in the Draft EIR states that "[f]or purposes of this analysis, baseline conditions are represented by data mainly from 2006, the most current data consistently available across all population, employment, and housing indices for the CPMC campuses, except for St. Luke's where 2008 data is used." Existing setting information and data regarding population, employment and housing is provided on pages 4.3-1 to 4.3-10 of the Draft EIR.

The evaluation of population, employment, and housing impacts in the Draft EIR is based on a comparison of the change that would result from the proposed project against a baseline of existing conditions. In particular, Criteria 3b and 3c consider the potential displacement of existing residents that live in housing that would be demolished through implementing the proposed LRDP. Criterion 3a, evaluated under Impact PH-1, is based on Question XIII (a) in Appendix G of the State CEQA Guidelines.[6] These criteria necessitate an evaluation of the proposed LRDP compared to existing conditions as well as planned future growth, addressing the question of whether, by allowing population, housing, or employment growth beyond that amount for which the community has planned, the proposed near-term and long-term projects would exacerbate impacts and conflicts with local infrastructure and environmental plans. This evaluation is, however, based on a baseline of existing conditions, and compares the growth that would occur from existing conditions to the future without the project to the growth that would occur between existing conditions and the future with the project. In both cases, the comparison is based on a baseline of existing conditions. In this case, it is the threshold of significance that considers the future; that is, would the change from today to the future be different with or without the project.

The methodology discussion on page 4.3-12 in the Draft EIR explains:

> "The analysis below compares the population, employment, and housing that would result from implementing the proposed CPMC LRDP programwide to the existing and projected conditions for San Francisco overall. The analysis reviews the growth in these categories (population,

[6] Would the proposed project "a) 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)?"

> housing, and employment) and assesses the extent to which the proposed LRDP would contribute to San Francisco's future population, housing, and employment growth. The analysis also evaluates whether the General Plan anticipates the projected population, housing, and employment growth and corresponding growth inducement."

Section 4.3, "Population, Employment, and Housing" in the Draft EIR includes information regarding the existing population, employment, and housing in the City, and the existing CPMC employment; therefore, a comparison of the proposed LRDP's impact with the existing baseline is provided. However, to determine the significance of that impact (i.e., whether demand for new homes or infrastructure would be created and, therefore, a physical indirect effect would result from the new employment created by the project), it was necessary to look at planned future growth. This type of impact can only be addressed by comparing the change in existing population, employment, and housing anticipated to be induced by the proposed LRDP with the change in existing conditions that was planned for in the growth plans of the local community.

The analysis uses the projections to understand the degree to which the proposed LRDP's share of increased population, employment, and housing over existing conditions in San Francisco compare to the increases over existing conditions that have been planned for, and whether the City has the capacity to accommodate the growth conservatively projected for the proposed LRDP. Comparing the change from existing conditions developed for the proposed LRDP to the ABAG projections of changes from existing conditions indicates whether the proposed LRDP would lead to unplanned growth not anticipated by City and regional planning organizations. For the significance criteria, the analysis uses a number of measures to determine whether the project would result in indirect environmental impacts from population and household growth. These include:

- Number of population and households projected under the proposed LRDP compared to the projected growth in population and households in San Francisco;
- Available vacant housing to accommodate more households in San Francisco;
- Number of units planned and proposed in San Francisco; and
- Available land capacity to support future growth in San Francisco.

Under the first measure, and specific to the question of 2007 ABAG projections, the conservative population, employment, and household growth estimates assigned to the proposed LRDP would be well within ABAG growth projections. These findings would not change if the population, employment, and housing analysis applied the 2009 ABAG estimates, which project an *increased* share of ABAG's total regional population, employment, and household growth projections for San Francisco.

The analysis also includes a brief discussion of the proposed LRDP's share of the population in 2015 and 2030, as the growth in population, employment, and housing would occur gradually, extended over the length of the proposed LRDP and beyond as CPMC employment needs would increase over time. Total projected employment at CPMC campuses in San Francisco in 2030 would account for approximately 2 percent of total estimated employment in 2006, the baseline year for the analysis. The projected increase in households and population from the proposed LRDP would account for 0.44 and 0.43 percent, respectively, of San Francisco's estimated household and population in 2006, the baseline year for the analysis. These percentage shares indicate marginal changes to overall population, employment, and housing in San Francisco.

Hence, the Draft EIR analysis determined that the project would not induce substantial population growth relative to the City's existing population and household numbers. The EIR also concluded that the

potential growth from this project would fall within the growth totals that the City has projected and planned for in the future. On the basis of those analyses and conclusions, the EIR ultimately concluded that the project would not result in a significant impact.

As to the use of ABAG 2007 data, the analysis applied the most recent data available at the time of the analysis. ABAG 2009 data was not available at the time of the initiation of the population and housing analysis. As discussed in previous similar responses, ABAG 2009 data assumes a larger share of the regional population, household, and employment growth would occur in San Francisco than using ABAG 2007 projections.[7] As a result, CPMC's percentage share of the 2009 baseline year projected population and household growth for San Francisco in 2030 would actually be lower than those represented in Section 4.3, "Population, Employment, and Housing" in the Draft EIR.

Please also see Response PH-5, page C&R 3.5-15, for a discussion of the significance of Impact PH-1.

Housing Setting in Nearby Neighborhoods

For further discussion on housing in neighborhoods around CPMC campuses, see Response PH-12 (page C&R 3.5-47).

Jobs-Housing Fit

For discussion of the analysis of jobs-housing fit, please see Response PH-10 (page C&R 3.5-39).

Comments [Housing Capacity, Production, and Vacancy]

Housing Capacity and Production

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-156 PH, duplicate comment was provided in 30-156 PH]

"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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-13 PH, duplicate comment was provided in 85-13 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."

[7] ABAG 2009 Population projections, San Francisco, data accessed August 31, 2011, available online: http://www.abag.ca.gov/planning/currentfcst/#

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-35 PH, duplicate comment was provided in 108-35 PH]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-36 PH, duplicate comment was provided in 108-36 PH]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-57 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-52 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 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-64 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-65 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-76a 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 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:

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) and available capacity to build approximately 34,100 new housing units. DEIR at page 4.3-31.

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-31 PH]

"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 CU 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 DElR 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 DElR 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."

(Reverend Arnold Townsend, September 23, 2010) [PC-198 PH]

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.

(Commissioner Olague, September 23, 2010) [PC-376 PH]

"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 housing needs that are determined aren't always necessarily met."

Vacancy

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-12 PH, duplicate comment was provided in 85-12 PH]

"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 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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-14 PH, duplicate comment was provided in 85-14 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. Given this, the Planning Commission should amend the EIR to determine that the PH-l impact is 'Potentially Significant':"

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-37 PH, duplicate comment was provided in 108-37 PH]

"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."

Response PH-7

The comments question the comparison of the project-generated demand to the existing and future capacity to develop housing units in San Francisco, stating that this comparison represents an "idealistic" view and that the analysis should not be based on the assumption of future housing production. The comments also note that the analysis did not account for the existing housing units displaced by the proposed LRDP, and did not subtract units that could have been constructed on the project sites from estimates of future housing capacity in the City. Further, the comments suggest that the analysis may overstate the availability of housing units by not accounting for the normal level of vacancy that necessarily must exist in a healthy housing market. Finally, the comments suggest that the analysis should determine the availability of current vacant units and the affordability of such units to the proposed project workforce. The comments also state that the conclusion that the population impact is less than significant is not correct, and that the conclusion was based on inadequate data and analysis.

Affordability of housing is primarily a social and economic effect and, as such, is only relevant under CEQA insofar as it (1) serves to connect the proposed project to a physical adverse effect such as would occur if the affordable housing demand generated by the proposed LRDP would necessitate the construction of additional housing to meet the demand resulting in physical changes that created a significant indirect impact on the environment, or (2) is used as part of the measure of the significance of a physical environmental impact. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. Please also see Response PH-9 (page C&R 3.5-31) for additional information regarding the capacity to develop affordable housing in San Francisco. Also see Response PH-25 (page C&R 3.5-82) for additional information regarding the induced and indirect demand for affordable housing.

San Francisco's Housing Capacity and Production

Housing Capacity

As noted on page 4.3-16 of the Draft EIR, San Francisco has an available housing unit capacity that is projected to accommodate approximately 34,100 housing units, not including its existing estimated vacant supply of 17,100 housing units. This is comparable to ABAG's projected household growth of 18,300 new households from 2006 to 2015. Thus, San Francisco has the capacity to accommodate the projected increase in households in the City in the near-term. San Francisco also could accommodate its projected share of household growth in the long-term from 2006 to 2030 (approximately 47,200 households), with its existing inventory of vacant units and its most recent estimate of housing unit capacity per the adopted 2009 Housing Element.

California's Housing Element law, enacted in 1969 and found in Section 65580-65589.8 of the Government Code, mandates that local governments adequately plan to meet the existing and projected housing needs of all economic segments of the community. The law acknowledges that, in order for the private market to adequately address housing needs and demand, local governments must adopt land use plans and regulatory systems which provide opportunities for, and do not unduly restrain, housing development. Under State law, the City and County of San Francisco must update the Housing Element periodically. According to the adopted 2009 Housing Element, San Francisco has an estimated housing

unit capacity of 61,000 additional units under its recommended rezoning plan.[8] Therefore, San Francisco is expected to continue to have the capacity to accommodate its projected share of household growth.

The Housing Element's analysis of site capacity demonstrates that the City's land use plans and regulatory systems provide sufficient site opportunities for housing development to meet the City's Regional Housing Needs Allocation (RHNA). However, production of housing on those sites is dependent upon the private market operating in conjunction with the public sector. In particular, even with the availability of sites with proper capacity, implementation of affordable housing is almost always dependent upon public funding sources or incentives, as cited in the adopted 2009 Housing Element (page I.88).[9] Table I-62 in that document identifies the public funding that might be available to San Francisco, however it notes that many sources such as state funds are subject to the budgeting process and therefore cannot be depended upon as stable funding sources. Several comments inquire as to the effect of rezoning of the Cathedral Hill Campus sites on the overall City housing capacity. This issue is fully addressed in Response LU-25 (page C&R 3.3-138). That response concludes that the proposed rezoning of the Cathedral Hill MOB site would reduce the total current capacity by approximately 0.4 percent and the rezoned capacity under the adopted 2009 Housing Element by less than a marginal 0.3 percent. With or without the housing capacity of the Cathedral Hill site, the City has the capacity to accommodate the projected new households generated under the proposed LRDP.

Housing Production

Housing capacity must be followed by housing production in order to meet the needs of the proposed LRDP and other growth anticipated to occur in San Francisco in the coming years. In the second quarter of 2010, the City and County of San Francisco had approximately 43,800 housing units included within their consolidated "pipeline."[10] The "pipeline" consists of development projects that would add residential units or commercial space, applications for which have been formally submitted to the Planning Department or the Department of Building Inspection.[11] The result of these pipeline projects would afford a sufficient supply of planned, proposed, or under-construction housing to accommodate more than San Francisco's near-term projected growth (18,300 households) and a significant share of its projected long-term growth (47,200 households). This does not include San Francisco's existing vacant supply or its additional housing unit capacity beyond those projects for which applications have been filed. The proposed LRDP's projected net increase in households (1,490) could be readily accommodated within the 43,800 housing units in San Francisco's pipeline.

Because the data support the conclusion that there is both adequate capacity and planned production of housing in San Francisco, it is reasonable to conclude that the short term and long term housing demand created by the proposed LRDP would not create significant impacts on the housing market, and would not necessitate the construction of additional units beyond those already planned for in the pipeline. Nevertheless, to respond to concerns about housing demand , the project sponsor has committed to make a contribution at least equivalent to the fee that would be required under the City's Jobs-Housing Linkage

[8] *Housing Element Part II: Objectives & Policies*, City and County of San Francisco, San Francisco Planning Department, June, 2010, http://www.sf-planning.org/, accessed September 3, 2010.

[9] *Housing Element Part I: Data and Needs Analysis*, City and County of San Francisco, San Francisco Planning Department, March 2011, available at http://housingelement2009.sfplanning.org/docs/Housing_Element_Part_I_Data_Needs_Assmt_CPC_Adopted.pdf.

[10] *Pipeline Report, Q2, 2010*, City and County of San Francisco, San Francisco Planning Department, August, 2010, http://www.sf-planning.org/, accessed September 3, 2010.

[11] Pipeline projects encompass various stages of development, from applications filed to entitlements secured, from building permits issued to projects under construction. The pipeline includes only those projects with a land use or building permit application. It does not include projects undergoing preliminary Planning Department project review or projections based on area plan analysis. To filter inactive projects, the current pipeline only includes projects filed during the last 5 years, projects approved in the last 4 years (with the exception of large projects, which are kept for 7 years), and projects for which construction has begun during the past 3 years. In addition, when a project is issued a Certificate of Final Completion by the DBI, it is taken out of the pipeline. *Pipeline Report, Q2, 2010*, City and County of San Francisco, San Francisco Planning Department, August 2010, http://www.sf-planning.org/, accessed September 3, 2010.

Program (JHLP) (although the JHLP fee does not apply to the project). It is anticipated that a contribution to the Mayor's Office of Housing would be incorporated into the conditions of approval or a mutually approved development agreement for the proposed project, if the project is approved. While the Draft EIR does not identify a significant impact to housing that would require mitigation, this contribution would support the creation of affordable housing in a manner similar to projects that are required to pay the JHLP fee. CPMC and the City have been in negotiations regarding the terms and conditions of a development agreement, that would, among other things, provide certain assurances and benefits, subject to the terms and conditions of the development agreement, with respect to the delivery of health care services. Please see Section 3.23.1.2 "Development Agreement" on page C&R 3.23-43 for additional details regarding the development agreement. Please also see Response PH-11, page C&R 3.5-43.

Vacancy

The Draft EIR presents the estimated number of vacant units in the context of an evaluation of the ability of the existing housing supply to accommodate future San Francisco households generated by the proposed LRDP. The analysis does not presume that 100 percent of the vacant supply would be absorbed, nor does it assume that all new households entering San Francisco would rent or buy an existing vacant unit. Rather, the existing vacant unit supply offers one of many available housing opportunities that could accommodate additional San Francisco workers that chose to live in the City. Other options would include purchasing or renting newly constructed units currently in the development pipeline or units yet to be constructed on one of the many sites deemed suitable for future housing construction.

The DOF estimates that approximately 17,100 units of San Francisco's housing supply are vacant, while the U.S. Census in the American Community Survey estimates that approximately 15,900 housing units were available for rent or for sale at the time of the 2009 enumeration in San Francisco.[12] According to the U.S. Census, approximately 13,900 of these units were for rent and 2,030 were for sale. Relative to the existing supply of renter and owner-occupied housing units, this results in a 6.4 percent and 1.6 percent vacancy rate, respectively. It should also be noted that the initial data released from the 2010 U.S. Census indicate that approximately 8.2 percent of the total housing stock (owner and renter) is vacant, or roughly 31,100 units.[13] This is substantially higher than the DOF estimates and implies more capacity within the existing housing stock than originally reported in the Draft EIR housing capacity analysis. It further substantiates the conclusion that there is available capacity within San Francisco to accommodate all net new households that could generate housing demand from the proposed LRDP under existing conditions, and in the future.

Some comments presume that a background level of vacancy exists and that units within that natural vacancy are essentially unavailable because the market requires a certain amount of vacancy. According to the real estate industry, the "natural vacancy rate" is the normal, average, or traditional percentage of rental properties in a community that are not leased or occupied.[14] In San Francisco, the vacancy rate has historically varied from periods when it was 5 percent or more, to periods when the rental vacancy rate was below 3 percent. For example, during the mid-2000s, the rental housing vacancy rate in the San

[12] U.S. Census Bureau, 2009 American Community Survey. Tables B25002, B25003, B25004. Note that the American Community Survey is a sample survey of housing units in San Francisco. Vacancy estimates include units for sale, units for rent, vacation units, units sold and not occupied, units for migrant workers, units rented and not occupied, and other vacant units. The American Community Survey estimates approximately 36,700 housing units were "vacant" at the time of enumeration in 2009. As estimated by the American Community Survey, approximately 13,900 housing units were available for rent and 2,000 housing units were available for sale. The Department of Finance performs a separate analysis to determine vacancy rates, accounting for migration, housing development and demolitions, and household formation. In either case, the vacancy estimates demonstrates an available housing supply above 13,000 units.

[13] U.S. Census Bureau, 2010 Census, *Civilian Population Counts and Occupancy Status.* The 2010 U.S. Census Redistricting Data (Public Law 94-171) Summary File.

[14] The Complete Real Estate Encyclopedia by Denise L. Evans, JD & O. William Evans, JD. Copyright © 2007 by The McGraw-Hill Companies, Inc.

Francisco MSA averaged around 6.5 percent,[15] but in the City of San Francisco it averaged around 2.5 percent.[16] In 2009, the Census reported that the vacancy rate for rental units had increased to approximately 6.4 percent, a level of vacancy confirmed in the 2010 Census. This increase in vacancy is consistent with the decrease in City jobs which dropped from approximately 634,430 in year 2000 to approximately 593,370 in 2010 (see Draft EIR Table 4.3-4, page 4.3-5).

For residential housing markets, the development community typically plans for a vacancy rate of approximately 5 percent.[17] If 100 percent of the estimated increase in San Francisco households generated under the LRDP from 2006 to 2030 (1,493 households) were to occupy only those rental units available for rent in 2009, the rental housing vacancy rate would decrease from approximately 6.4 percent to 5.8 percent, or an approximately 0.6 percentage point decrease that would leave the rental vacancy rate above the 5 percent that is typically planned for in project pro formas and well above the low vacancy rates of recent years. Note that the shift in vacancy assumes *all* new CPMC households living in San Francisco would rent and not buy, nor would they rent newly constructed rental or owner units likely to be constructed from 2011 to 2030. Regardless, the shift in vacancy would remain above a vacancy rate of 5.0 percent, meaning that the entire net new housing demand that could be generated by implementing the proposed LRDP could be absorbed by the existing housing stock in San Francisco.

Further, as is noted above, to to respond to concerns about housing demand created by the proposed Cathedral Hill Campus, (although the JHLP fee does not apply to the project), the project sponsor has committed to make a contribution at least equivalent to the fee that would be required under the City's JHLP. It is anticipated that the contribution to the Mayor's Office of Housing would be incorporated into the conditions of approval or a mutually approved development agreement for the proposed project, if the project is approved. While the Draft EIR does not identify a significant impact to housing that would require mitigation, this contribution would support the creation of (affordable) housing (in a manner similar to projects that are required to pay the JHLP fee). (Please also see Response PH-11, page C&R 3.5-43.)

Conditional Use Authorization

For a response regarding issues associated with the qualification of the proposed project for a Conditional Use (CU) authorization, please see Response LU-9 (page C&R 3.3-64).

Population Impact Significance

For a response to comments related to the significance of the project-related population growth, please see Response PH-5 (page C&R 3.5-15).

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15 Census data for the SF MSA for 2005 through 2010 shows that the rental housing market has averaged approximately 6.5%. http://www.census.gov/hhes/www/housing/hvs/annual10/ann10ind.html. Accessed March 18, 2011.

16 The San Francisco Controller's Office states that "The overall housing vacancy rate in San Francisco fell over the past 10 years. About 5% of the City's housing stock was not occupied at the time of the Census in April 2000. The 2.5% rental vacancy rate and less than 1% for sale vacancy rate led to intense bidding and rising housing costs." http://www.sfcontroller.org/ftp/uploadedfiles/controller/wcm_controller/community_indicators/housing/rentalvacancy/rentalvacancyrate.htm.

17 Traditionally, rental development projects budget, or proforma, their projects with an assumed 5.0 percent vacancy rate. See Schmitz, Adrienne, et.al. *Multifamily Housing Development Handbook.* Washington, D.C.: ULI-the Urban Land Institute, 2000, page 85. At the enumeration of the 2000 Census, approximately 5,600 units were for rent and 900 units were for sale, representing a renter vacancy rate of approximately 2.6 percent and an owner vacancy rate of approximately 0.8 percent. It should be noted that 2000 had record low unemployment and substantial employment growth that resulted in a tight housing market. The vacancy data presented should not be confused with normal housing conditions but gives evidence of the easing of housing pressures in San Francisco since 2000. In 1990, approximately 5.7 percent of San Francisco rental housing stock was available for rent.

Comments [General Housing Impact/Demand Analysis]

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-34 PH, duplicate comment was provided in 108-34 PH]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-61 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 demands 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 workers."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-48 PH]

"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 the demand for housing or housing displacement. The DEIR reaches this conclusion without an adequate 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 direction (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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-50 PH]

"The DEIR's conclusion that housing impacts will be less than significant without mitigation is based on a number of erroneous assertions including:

- The CPMC LRDP Project projected growth is within the household and population projections by the Association of Bay Area Governments (ABAG)"

(Gloria Smith—California Nurses Association, October 19, 2010) [90-54 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."

(Gloria Smith—California Nurses Association, October 18, 2010) [93-56 PH]

"The conclusion reached in the DEIR concerning the lack of Project impacts on housing is flawed in the following 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 and 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-61 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 demands 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 workers."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-17 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. 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."

Response PH-8

The comments state that the conclusion that housing impacts are less than significant is incorrect, and that analysis of housing impacts is inadequate for a number of reasons, including the use of an incomplete project description, the use of an incorrect baseline, the failure to consider the housing effects of temporary construction workers and indirect or induced employment, the failure to consider cumulative impacts as well as jobs-housing balance and jobs-housing fit. The comment states that the proposed LRDP would increase the demand for housing in the vicinity of the proposed Cathedral Hill Campus.

The discussion below addresses each of the areas of the housing analysis that are stated in the comments to be incomplete and flawed. In each case the discussion explains that the analysis undertaken by the City was a reasonable, good faith effort to consider the effects of the proposed project on the housing market in San Francisco. Section 15145 of the State CEQA Guidelines establishes the standards for adequacy of the analyses contained in an EIR. That Guideline states:

> "An EIR should be prepared with a sufficient degree of analysis to provide decision makers with information which enables them to make a decision which intelligently takes account of environmental consequences. An evaluation of the environmental effects of a proposed project need not be exhaustive, but the sufficiency of an EIR is to be reviewed in the light of what is reasonably feasible. Disagreement among experts does not make an EIR inadequate, but the EIR should summarize the main points of disagreement among the experts. The courts have looked not for perfection but for adequacy, completeness, and a good faith effort at full disclosure."

While the comments, including comments by a "land use expert," suggest flaws and incomplete analysis, they do not provide any evidence of another analysis that draws a different conclusion. Rather, they simply assume that if the EIR were to consider other factors, make different assumptions, or use a different approach the conclusion would be that housing impacts would be significant. The comments, however, provide no substantial evidence to support the conclusion that the City's analysis is inadequate. It is not enough to simply raise questions about the adequacy of the analysis and make presumptions about the outcome of a different analysis. The analysis contained in the Draft EIR was based on analysis of data. The conclusions are reasonable, are supported by substantial evidence in the record, and are not contradicted by any evidence provided by the comments.

Incomplete Project Description

The comments state that the project description is flawed, but do not contain specific references to such flaws, only asking for additional information. The same commenter's detailed comments on the project description are contained in Comments 93-29 through 93-39. Comments 93-29, 93-30, and 93-38 request additional project description information related to workforce incomes and jobs-housing fit; these comments are responded to in Response PH-10 (page C&R 3.5-39). Comment 93-31 requests a financing plan and is responded to in Response PD-3 (page C&R 3.2-5). Comment 93-32 requests specific detail on retail and commercial uses along with associated transportation characteristics, and is responded to in Response TR-27 (page C&R 3.7-50). Comment 93-33 requests additional information about emergency room and ambulance trips, and is addressed in Response HC-40 (page C&R 3.23-184). Comments 93-34 and 93-39 request specific proposed wording for plan and policy amendments, and are responded to in Response LU-9 (page C&R 3.3-64). Comment 93-35 requests draft findings for all proposed variances, and is addressed in Response PD-10 (page C&R 3.2-13). Comment 93-36 requests justification for all other policy and code amendments, and is responded to in Response LU-5 (page C&R 3.3-30). Comment 93-37 requests a schedule of events that may go on at the CPMC campuses, and is addressed in Response PD-11 (page C&R 3.2-14).

None of the issues raised by the comments pertain to information about the population or employment associated with the proposed project. Further, no corrections to the Chapter 2.0, "Project Description" in the Draft EIR have occurred that represent material changes in the analysis of population, employment, or housing.

Effects of Construction Workers

As it relates to housing demand generated from construction jobs, the analysis assumed that these workers would not make long-term housing location decisions based on a single project because of the cyclical and temporary nature of the project work. It is a common observation that construction workers typically

have a more flexible and longer commute pattern compared to other workers because of the nature of their work. As construction sites vary in their geography and a project often lasts less than 2 years, construction workers are accustomed to commuting varying distances to their temporary places of work. A relatively small portion of construction workers during the 5-year proposed [near term] LRDP construction period would work through the entirety, with most workers dedicated to one major phase of construction, such as concrete work, steel erection, mechanical, electrical, etc. Please see Section 4.6, "Noise" in the Draft EIR for a summary of the construction work program by construction phase by campus (e.g., the proposed Cathedral Hill Campus, in the Draft EIR, page 4.6-43). Furthermore, the modeling conducted for the Draft EIR's analysis of construction-generated air pollutants (Section 4.7, "Air Quality" in the Draft EIR) included assumptions with respect to vehicle miles traveled by construction-related vehicles, including workers. Section 4.5, "Transportation and Circulation" in the Draft EIR also included a detailed analysis of ride-sharing and shift schedules to ensure that potential construction workforce traffic impacts were addressed.

In addition, because construction workers rarely choose a place of residence based on the location of their work within the region, another factor that would diminish the likelihood that LRDP-related construction employment would create any material new housing demand would be the available construction labor in the region to support new construction projects. Because of the current economic recession and corresponding decline in construction projects, a labor surplus of roughly 7,000 construction workers is available within the San Francisco Metropolitan Statistical Area.[18] This estimate does not include other unemployed persons within San Francisco and elsewhere who could fill skilled and unskilled positions that would be available during the construction phase. CPMC, as part of its construction-phase workforce hiring program, has committed to a goal of a minimum of 14 percent Local Business Enterprises.[19] As is described in Response PH-26, page C&R 3.5-90, the First Source Hiring Program would cover both construction and permanent workforce minimum employment goals for the proposed project. For the construction workforce, a minimum of 50 percent of the hiring would be filled with San Francisco resident System Referrals for the following positions: Entry-Level for non-union administrative and engineering positions, non-union administrative and engineering internship positions, and union apprentice positions. A minimum of 30 percent of all new and core union journeyman and apprentice positions would be filled with San Francisco residents. These steps indicate local hiring would tend to reduce the overall level of travel to-and-from the project sites during construction, compared to a similar project without such a workforce hiring program. These commitments would ensure that the project performs at or better than the levels and nature of trips assumed in the Draft EIR analyses.

If a new housing demand was generated by construction employment, it would not be additive to the long-term housing demand discussed in the Draft EIR and Response PH-9 (page C&R 3.5-31). Peak construction years would not coincide with peak CPMC employment years. Therefore, anticipated CPMC personnel growth under the proposed LRDP would only occur on completion of new facilities that were constructed under the proposed LRDP. As construction of these facilities would be completed and related employment would end, then new long-term CPMC employees would occupy the additional space called for under the proposed LRDP. As a result, any marginal increase in temporary housing demand generated from construction employment would only partially coincide with housing demand generated from increased CPMC long-term employment.

[18] Bureau of Economic Analysis, 2010. Within the regional labor market, the San Francisco Metropolitan Statistical Area saw a 10-year high in the construction industry in 2007, with a total of 162,000 workers. Currently, 155,000 workers are in the sector, thus the industry has a local pool of 7,000 workers that could fill future industry employment needs.

[19] Source: Memo from Geoffrey Nelson re: First Source Commitment, May 26, 2011

Incomplete Environmental Setting

The comments state that the failure of the Draft EIR to include a properly comprehensive environmental setting undermines the adequacy of the housing impact analysis. For a discussion of the adequacy of the environmental setting, please see Response PH-2 (page C&R 3.5-3).

Incomplete Baseline and Significant Impact Determination

For a discussion of the environmental baseline used in the population, employment and housing analysis, please see Response PH-6 (page C&R 3.5-17).

Effects of Induced/Indirect Employment

For response to comments on housing effects of induced or indirect employment, please see Response PH-12 (page C&R 3.5-47).

Comparison to ABAG Projections

ABAG projections often are used to inform long-range planning efforts for General Plans and smaller specific plans. As such, they are a good source to determine whether proposed changes in a given community fall within the parameters of projected growth in population, employment, and housing, and thus can be accommodated under existing and planned conditions. If the growth anticipated as a result of the proposed project is materially different than the projected growth, then the proposed change could lead to *unplanned* growth that would not be accommodated by the jurisdiction's growth plans, which in turn might result in physical environmental effects. In this case, the projected change in population and housing over existing conditions resulting from implementation and operation of the proposed LRDP is well within projections of planned growth in San Francisco and the region, and, therefore, in part because of this, the impacts related to population and housing are considered less than significant. Please also see Response PH-6, page C&R 3.5-17.

Cumulative Impacts

For responses to comments on cumulative housing impacts, please see Response PH-13 (page C&R 3.5-50).

Jobs-Housing Relationship

For a discussion of the effects of the proposed project on housing affordability and jobs-housing relationships, including jobs-housing fit, please see Response PH-10 (page C&R 3.5-39).

3.5.1.6 HOUSING AFFORDABILITY AND JOBS/HOUSING FIT

Comments [General Housing Affordability]

(Lorenzo Listana, September 23, 2010) [PC-127 PH]

"The need for more 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-25 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 residential units before 2016. The DEIR uses these numbers to conclude that the project will not create substantial new demand for housing in San Francisco. 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-26 PH]

"The Planning Code recognizes that 'San Francisco faces a continuing shortage of affordable housing.' 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. These statistics combined with the fact that 'the San Francisco residential real estate market is one of the most expensive in the United States' 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-29 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. 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. 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. 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.' 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. This statement is sufficiently vague to give the false impression that San Francisco is meeting its market rate and affordable housing goals."

Response PH-9

The comments state that the housing analysis in the EIR should address demand by income level. The comments state that the City of San Francisco has an existing lack of affordable housing and has historically not produced the amount of affordable housing needed to meet demand. Further, the comments express concern that the proposed LRDP will create demand for housing but not meet the housing requirements of the Van Ness Special Use District.

Several comments addressed concerns about increased affordable housing needs within San Francisco as a result of the proposed LRDP as well as about some of the underlying assumptions that were used to

determine the significance of impacts related to population, employment, and housing. Specifically, the comments state that the presentation of data identifying a 34,000 housing unit capacity implies that such units will be produced by 2016. Further, the comments state that the discussion of jobs to employed residents ratio gives the impression that San Francisco is meeting its housing goals.

This response is presented in three parts to fully address the comments.

Housing Supply and Capacity

As discussed in Section 4.3, "Population, Employment, and Housing" in the Draft EIR, the proposed LRDP would not generate effects that would exceed any of the standards of significance presented on page 4.3-12 of the Draft EIR, and, therefore, the impacts would be less than significant. The following discussion summarizes the City's planning priorities and objectives related to affordable housing and the City's capacity to build additional housing, including affordable housing, as well as policies, funding mechanisms, and programs in place to facilitate achievement of this capacity.

The City of San Francisco does not generate a "housing demand" calculation or "affordable housing demand" calculation for individual project EIRs. Rather, in the 2004 General Plan, the City takes a comprehensive, citywide approach to meeting the demand for housing, and specifically affordable housing. One of the eight priority policies in the 2004 General Plan is that the City's supply of affordable housing should be preserved and enhanced. The discussion on page 4.3-16 in the Draft EIR reports that the City's General Plan Housing Element identifies the capacity for an additional 45,450 housing units in San Francisco. Because approximately 11,500 units have been constructed in San Francisco since the adoption of the 2004 Housing Element, it is reasonable to conclude that the City has the capacity to accommodate roughly 34,000 housing units. This would be more than enough capacity to absorb any level of increased demand that might be created by implementing the proposed LRDP.

To guide policy development, the City's adopted 2009 Housing Element provides detail regarding existing and forecasted conditions. The adopted 2009 Housing Element analyzes San Francisco's population and employment trends, existing household characteristics, overall housing needs, and the capacity for new housing based on land supply and site opportunities.[20]

As part of the adopted 2009 Housing Element, the City recently updated its available inventory.[21] The City has identified capacity to build approximately 73,700 additional housing units under its current zoning.[22] In addition, the adopted 2009 Housing Element estimates an additional 18,200 potential housing unit capacity with the proposed rezoning of selected neighborhoods recommended in the Housing Element.[23] Finally, the adopted 2009 Housing Element estimates a residential development pipeline of approximately 50,200 housing units. Based on this information, adequate capacity would exist to serve any additional household demands generated by the proposed LRDP.

Housing Affordability

The City's analysis concludes that under the 2004 Housing Element there are sufficient sites, available capacity, and sufficient policy and program support to accommodate the low- and moderate-income units that are needed to meet San Francisco's regional allocation.

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[20] San Francisco Planning Department. adopted 2009 Housing Element. The Planning Commission approved the 2009 Housing Element, and certified the EIR for the 2004 and 2009 Housing Elements, on March 24, 2011. The Board of Supervisors upheld the EIR for the 2004 and 2009 Housing Elements, on May 10, 2011. The Board of Supervisors adopted the 2009 Housing Element on June 21, 2011. (Case No. 2007.172SE).

[21] *Ibid.*

[22] Table I-56, San Francisco Planning Department. adopted 2009 Housing Element.

[23] Table I-66, San Francisco Planning Department. adopted 2009 Housing Element.

This policy commitment from the 2004 Housing Element is carried forward in the adopted 2009 Housing Element, which contains specific objectives related to affordable housing. Of the twelve objectives in the adopted 2009 Housing Element, more than half are directly related to the preservation and enhancement of the City's supply of affordable housing. The adopted 2009 Housing Element describes how the City will address its identified regional housing needs allocation from 2007 through 2014, with a breakdown by income category. Based on its analysis of projects in the pipeline contained in the adopted 2009 Housing Element, the City has established housing production targets to satisfy the City's allocation for households in the extremely low- and above moderate-income categories by 2014. However, the City will not meet its Regional Housing Need Allocation for the low- and moderate-income allocations.[24]

The adopted 2009 Housing Element analyzes the physical capacity for affordable housing development in San Francisco, and also considers the availability of funding and other programs to facilitate the creation of units in different affordability categories. This analysis measures the physical capacity for affordable housing development on in-fill sites, but it recognizes that such capacity does not create a legal requirement to develop the sites as affordable housing or assess their marketability. It further recognizes that funding programs and subsidies often are required to facilitate creation of affordable units, and that currently insufficient foreseeable programs exist to support the creation of units affordable to households in the low- and moderate-income categories.

The critical element of achieving that goal is ensuring the *physical* capacity to provide the housing. The City's Housing Element, by state law, identifies future programs and policies to facilitate the creation of units in all affordability categories before approval of the Update.

Affordable Housing Policy and Program Framework

The adopted 2009 Housing Element is implemented in part through various City policies, funding mechanisms, and programs to create affordable housing throughout the City, as described next.

San Francisco's inclusionary housing ordinance requires that residential developments of five or more units (1) pay a fee according to a predetermined rate schedule, or (2) provide 15 percent of their units (or 20 percent if constructed off-site) to low- to moderate-income households. From 1999–2006, the inclusionary housing ordinance produced approximately 870 affordable units and contributed $23 million to the Affordable Housing Fund in in-lieu fees.[25]

To increase the amount of vacant land available for new construction of affordable housing, the City enacted the Surplus Property Ordinance. This policy requires that all City departments set aside vacant or underutilized land for the development of affordable housing. The City has also implemented an additional option under the inclusionary housing ordinance that allows the developer to dedicate land to the City for affordable housing currently available in eastern neighborhoods and, pending approval, in the Market and Octavia Plan area.

In requiring the construction of affordable housing, the City also implements measures to incentivize the construction of affordable housing. Two such examples are the HOPE SF program and modification of density limitations. HOPE SF is funded through $95 million in local bond financing.[26] The first phase of HOPE SF will rebuild more than 2,000 units in five public housing sites. An additional 3,000 units will be constructed on 100 acres of currently dilapidated apartments.[27]

[24] City and County of San Francisco, adopted 2009 Housing Element, Table I-64, page 90, Part I.
[25] San Francisco Planning Department, 2009 Housing Element, page A-4.
[26] http://hope-sf.org/background.php. Accessed December 17, 2010.
[27] http://hope-sf.org/guiding-principles.php. Accessed December 17, 2010.

Increased density can encourage affordable housing development. Almost all recently adopted area plans include policies that modify density restrictions in transit-served areas. Additionally, the City has established several special use districts (SUDs) that modify density limits and establish height exceptions for this purpose. From 1999–2006, almost all area plans included this policy, as well as affordable housing impact fees.[28]

The San Francisco Redevelopment Agency (SFRA) also has been an important source of funding and resources for the provision of affordable housing. [29] Together with the Mayor's Office of Housing, SFRA jointly administers the Citywide Tax Increment Housing Program.[30] This program dedicates a portion of tax increment, generated through the SFRA's real estate activities, to the development of affordable housing. Redevelopment agencies are mandated by the state to use a minimum of 20 percent of the total tax increment-collected finances for the construction or preservation of affordable housing within San Francisco, and at least 15 percent of all new units within redevelopment project areas are offered at below-market rates. In San Francisco, both of these legal minimums have been substantially surpassed.

On a cumulative basis, nearly 50 percent of tax increment funds generated since 1990 have been used on housing projects. The Citywide Tax Increment Housing Program has committed approximately $507 million in tax increment funding to housing development. From 1990–2008, the years for which data is available, the Citywide Tax Increment Housing Program helped fund the development of approximately 10,790 housing units, 90 percent (or approximately 9,630 units) of which are affordable units. Approximately half of these units have been created through new construction and half through the rehabilitation of existing structures.

SFRA also has provided assistance to housing development through non-tax increment funds, regulatory agreements, and multifamily bond financing. From 1990–2008, this assistance resulted in the development approximately 4,460 additional housing units, 2,520 of which were affordable.

San Francisco's Jobs-Housing Linkage Program is another tool used by the City to create additional affordable housing. In February 2001, the Office-Affordable Housing Production Program (OAHPP) was revised and expanded; it was also renamed the Jobs-Housing Linkage Program (JHLP). The original OAHPP required office development project sponsors to directly provide housing or to contribute land or in-lieu fees to a housing developer as a condition of approval for large-scale office development. The JHLP was expanded in scope and application to include all types of commercial development (e.g., hotels, entertainment, R&D, large retail etc.); monitoring and collection of fees paid was also enhanced. From 1999–2006, JHLP contributions to the Affordable Housing Fund increased to almost $42 million, compared with less than $9 million collected between the 1990 *Residence Element* reporting period of 1989-1998. During that same period, 10 development projects, totaling 743 housing units, received funds from the JHLP.[31]

As noted previously in this document, to respond to concerns regarding housing demand, the project sponsor has committed to make a contribution at least equivalent to the fee that would be required under the JHLP (although the JHLP fee does not apply to the project). It is anticipated that the contribution to the Mayor's Office of Housing would be incorporated into the conditions of approval or a mutually approved development agreement for the proposed project, if the project is approved. CPMC and the City have been in negotiations regarding the terms and conditions of a development agreement, that would, among other things, provide certain assurances and benefits, subject to the terms and conditions of the

[28] San Francisco Planning Department, 2009 Housing Element.

[29] On June 28, 2011, the Governor signed two new laws, ABX1-26 and ABX1-27. The laws eliminate redevelopment agencies subject to exemptions that involve additional tax revenue pass-throughs for school districts and other local agencies. The extent to which modification or dissolution of redevelopment agencies, including the San Francisco Redevelopment Agency, and/or the implementation of alternative economic development tools, would affect the construction of affordable housing is currently unknown.

[30] http://www.sfredevelopment.org/index.aspx?page=75. Accessed December 16, 2010.

[31] San Francisco Planning Department, 2009 Housing Element, Part 1: Data Needs and Analysis.

development agreement, with respect to the delivery of health care services. Please see Section 3.23.1.2 "Development Agreement" on page C&R 3.23-43 for additional details regarding the development agreement. While the Draft EIR does not identify a significant impact to housing that would require mitigation, this contribution would support the creation of affordablehousing in a manner similar to projects that are required to pay the JHLP fee. Please also see Response PH-11, page C&R 3.5-43.

In addition to these local policies and funding sources, many federal and state programs also facilitate the development of affordable housing in San Francisco. These programs include:

- Community Development Block Grant (CDBG) Housing Program, which averaged $2.3 million per year in grant funds from 1999–2006.[32]

- Home Investment Partnerships Program, which averaged $7.4 million in grant funds from 1992–2010. During this period, these funds helped finance 2,100 new units and provided tenant-based rental assistant to 2,693 low-income households. [33]

- Low-income housing tax credits (LHTC), which average $100.25 million per year from 2005–2009. During this period, these funds helped finance 4,070 housing units for low-income households in San Francisco.[34]

In summary, the City has made concerted efforts and developed policies to promulgate the development of affordable housing. The result is a comprehensive policy to address its affordable housing needs for the full spectrum of San Francisco residents.

Jobs-Housing Fit

For a discussion of jobs-housing fit, please see Response PH-10 (page C&R 3.5-39).

Vacancy

Please see Response PH-7 (page C&R 3.5-22) for a discussion of existing vacant units.

Comments [Jobs/Housing Fit]

(Calvin Welch—Council of Community Housing Organizations, October 13, 2010) [53-2 PH]

"…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."

(Calvin Welch—Council of Community Housing Organizations, October 13, 2010) [53-5 PH]

"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.

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32 San Francisco Planning Department, 2009 Housing Element.
33 http://nhl.gov/offices/cpd/affordablehousing/reports/dash/ca_sanfrancisco_dash.pdf. Accessed December 17, 2010.
34 http://www.treasurer.ca.gov/ctcac/index.asp. Accessed December 17, 2010.

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 cannot be measured or evaluated."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-28 PH]

"Information on existing jobs-housing balance and jobs-housing fit in San Francisco and adjacent Bay Area communities."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-44 PH]

"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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-53 PH]

"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. 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:"

(Gloria Smith—California Nurses Association, October 19, 2010) [90-59 PH]

"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.

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

(Gloria Smith—California Nurses Association, October 19, 2010) [93-18 PH]

"III. Potentially Significant Impacts Were Either Not Analyzed or Inadequately Analyzed in the DEIR

A fair argument clearly can be made based on the record that the proposed Project will have a number of potentially significant impacts that were either not disclosed in the DEIR at all or were inadequately analyzed. These include, but are not limited to:"

(Gloria Smith—California Nurses Association, October 19, 2010) [93-19 PH]

- Impacts related to population, housing and jobs including an increased demand for housing affordable to the full workforce generated by the proposed Project (e.g., construction plus induced and indirect employees). The DEIR only analyzes a segment of net new employment generated by the Project, thereby underestimating the proposed Project's impact on housing. This impact in turn results in an underestimation of traffic, parking, air quality and greenhouse gas emissions impacts (see letters submitted under separate cover by Dr. Petra Pless, and Tom Brohard, P.E.). These impacts are commonly analyzed as jobs-housing balance 'and jobs-housing 'fit' impacts."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-29 PH]

"Other information missing from the DEIR's Project Description section includes, but is not limited to the following:

- Profile of the 'net' new CPMC workforce by income range and job type to inform analysis 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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-30 PH]

"Income has been shown to play a significant role in where an employee lives and therefore commuting distance."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-38 PH]

"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 Collar 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."

(Gloria Smith—California Nurses Association, October 18, 2010) [93-47 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-49 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 in particular, impacts on affordable housing needed to meet the needs of the Project's workforce."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-53 PH]

"The DEIR's conclusions in this regard [that the City has the housing capacity to meet the demand of the project] fail to consider the following reasons why housing demand will be much greater than disclosed:

- Full new household demand generated by the Project, plus the construction workforce, plus indirect and induced jobs (the multiplier effect)

- Jobs-housing fit

- Cumulative jobs-housing fit"

(Gloria Smith—California Nurses Association, October 19, 2010) [93-54 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 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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-55 PH]

"These potentially significant impacts [housing demand in excess of supply at prices affordable to CPMC workers] will in turn, likely lead to an underestimate 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-63 PH]

"3) The DEIR fails to account for where workers will 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 the East Bay, 8% in the 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 wages and salaries the location of their residences. A revised DEIR must do the work and not simply extrapolate from the prior Plan."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-66 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-67 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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-68 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 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-82 PH]

"**Jobs-Housing Fit:** As a result of the omissions and flawed assumptions underlying the DEIR's analysis of employment, the DEIR's 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-23 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-24 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."

Response PH-10

The comments state that the assessment of housing impacts is inadequate because it did not address the affordability of current and future vacant units, did not include all project elements (direct, indirect, induced, and construction workers) and they request analysis of housing demand by comparing the projected income levels of the future LRDP workforce to the available housing in the current and projected future housing stock. The comments refer to this analysis as "jobs-housing fit." The comments request the analysis of jobs-housing fit for long-term workers and construction workers, as well as indirect and induced employees. The comments specifically request the preparation of a table showing a breakdown of employee income levels and the resulting demand for affordable and market rate housing. The comments state that the lack of information about jobs-housing fit, as well as additional information on housing setting, cumulative impacts, health care services, and construction workforce, undermines the adequacy of the analysis of housing demand, transportation, air quality, and other physical environmental effects. The comments state that the analysis as presented is flawed, and that if conducted as suggested, would require different analysis of physical effects such as transportation, air quality, GHG, etc., and would identify significant impacts, require mitigation measures, and require the analysis of additional alternatives.

Affordability of housing is primarily a social and economic effect and, as such, is only relevant under CEQA insofar as it (1) serves to connect the proposed project to a physical adverse effect such as would occur if the affordable housing demand generated by the proposed LRDP would necessitate the construction of additional housing to meet the demand resulting in physical changes that created a significant indirect impact on the environment, or (2) is used as part of the measure of the significance of a physical environmental impact. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. Refer to Response PH-9 (page C&R 3.5-31) for additional information regarding the capacity to develop affordable housing in San Francisco. Refer to Response PH-18 (page C&R 3.5-67) for additional information regarding displacement.

Jobs-Housing Balance

The relationship between the number of jobs and the number of housing units in a geographic area is often referred to as jobs-housing balance. In and of itself, the jobs-housing relationship is not an environmental issue. However, from an environmental perspective, the concept is that if jobs and housing are in relative balance, environmental impacts will tend to be minimized because commutes will be shorter, resulting in less reliance on the automobile, less emission of air pollutants, and fewer related issues. The Draft EIR made reasonable assumptions about the housing location of future LRDP employees, as well as the commute patterns for residents and workers through San Francisco and the Bay Area region (see Response PH-4, page C&R 3.5-13). The environmental analyses presented in the Draft EIR pertaining to transportation, air quality, noise, and greenhouse gas emissions, as well as housing, public services and infrastructure, are based on these reasonable assumptions. Thus, the environmental effects of the assumed project-specific and cumulative jobs-housing relationships is evaluated and presented in the Draft EIR. Nevertheless, in response to comments on this issue, the following information is provided.

As is shown in C&R Table 3.5-3, between 2000 and 2008, the City's housing supply increased by 15,250 units, while city employment decreased by approximately 91,100 jobs. Between 2000 and 2008, the jobs-to-housing ratio decreased from 1.85:1 to 1.52:1, showing that housing production has outperformed employment in San Francisco, decreasing the pressures on housing demand.

As described above, the population, employment, and housing data used to develop the population and housing analysis in the Draft EIR was the best official data available at the time of the analysis. In each case, the Draft EIR analysis uses a conservative approach towards assigning population, employment, and housing to the proposed LRDP, resulting in a conservative projection and its corresponding effects to the environment. Despite this conservative approach, Section 4.3 of the Draft EIR concludes that the impacts to population, employment, and housing would be less than significant.

C&R Table 3.5-3
Housing Production in San Francisco 2000–2008

Year	Total Number of Housing Units	Total Number of Jobs	Jobs Housing Ratio
2000	346,527	642,500	1.85:1
2008 (DOF)	361,777	551,100 (estimate)	1.52:1
Change (2000–2008)	15,250	-91,100	

Sources:
Department of Finance (DOF) 2010, U.S. Census Bureau, LED OnTheMap Origin-Destination Database (Beginning of Quarter Employment, 2nd Quarter 2008, 2007, 2006, 2005, 2004, 2003, and 2002).

Jobs-Housing Fit

Several comments requested that the EIR include a detailed analysis of the housing demand of the LRDP workforce based on the projected income levels of CPMC workers, and suggested that the existing citywide analysis is flawed. As is described in Response PH-4 (page C&R 3.5-13), CPMC employees live in a wide array of locations around the Bay Area, with approximately 49 percent living in San Francisco. This is a higher percentage than is indicated for the general population of San Francisco working residents.. Determining the housing location of future employees is much more complex than simply examining projections of future employee salaries and location of employment. One cannot just make assumptions that each employee would choose to live nearby, in fact, while cost and proximity to

employment are considerations, housing location decisions are influenced by many factors other than work proximity. Other critical decision factors include the quality and safety of the neighborhood, availability of quality schools, transit accessibility, affordability, rent control, suitability of housing stock, and work location of an employee's partner, neighborhood preference, and lifestyle choice.

It is also important to note that the location of new housing that is built in the City is not entirely within the control of the City decision-makers. While land use planning and zoning, as well as the execution of housing construction incentive programs fall into the City's authority, for the most part, the private market determines the location and timing of housing construction based on economic factors, such as demand and supply of housing, land, financing, etc.

In light of the housing characteristics of employee residence decision making, especially given the effect of San Francisco's rent control ordinance, the analytical approach taken in the Draft EIR is both appropriate and reasonable. Further, detailed analysis of housing demand of the specific workforce at each campus is not included in the EIR as demand at such a micro level of detail cannot be accurately predicted. As explained above and reflected in the data presented in Response PH-4 (page C&R 3.5-13), it is not possible to accurately predict in what locations future CPMC workers will live due to the complexities of the housing location decision process as well as because of unique characteristics of the regulated San Francisco rental housing market and the high levels of transit availability at the Cathedral Hill Campus location. To attempt to break down the proposed project workforce by income level, and then to apply those estimates to estimates of housing availability in specific neighborhoods over the 15 year period during which the proposed project would be speculative.

Based on the information presented above, City policy also requires, for the most part, that project sponsors of most types of large commercial projects contribute in some fashion to the production of housing, particularly affordable housing. In keeping with the spirit of that general policy, although the City's Jobs Housing Linkage Program fee does not apply to institutional uses, to respond to concerns regarding housing demand, the project sponsor has committed to make a contribution at least equivalent to the fee that would be required under the City's Jobs Housing Linkage Program. It is anticipated that the contribution to the Mayor's Office of Housing would be incorporated into the conditions of approval or a mutually approved development agreement for the proposed project, if the project is approved. CPMC and the City have been in negotiations regarding the terms and conditions of a development agreement, that would, among other things, provide certain assurances and benefits, subject to the terms and conditions of the development agreement, with respect to the delivery of health care services. Please see Section 3.23.1.2 "Development Agreement" on page C&R 3.23-43 for additional details regarding the development agreement. Please also see Response PH-11, page C&R 3.5-43.

Hence, without trying to predict how much affordable housing should be built in close proximity to the project site to meet the needs according to projected employee salaries, (an analysis which would be based on and would convey a false level of precision), the EIR discusses the issue of housing demand and affordability on a citywide basis. This citywide analysis reaches reasonable conclusions, based on reasonable assumptions and substantial evidence, that the proposed project would not substantially or adversely affect the City's overall jobs/housing balance, and with anticipated contributions to the Mayor's Office of Housing (MOH) would, in fact, contribute towards the production of affordable housing to help address the citywide housing issue.

Related Environmental Effects

Several comments state concerns that potential traffic, public services, air quality, and global climate change impacts that might occur as a result of population growth attributable to the proposed LRDP have been underestimated by virtue of not considering the affordability factors requested by the comments. While the comments state that the impacts are underestimated, they provide no evidence to support

analyses that would generate different results. In fact, there is no evidence to suggest that the commute patterns that have been assumed, and which are material assumptions underpinning the analyses of transportation, air quality, GHG, and other effects, would be affected by different affordability assumptions. In fact, based on the discussion of the Draft EIR approach to employment projections, Response PH-3 (page C&R 3.5-7) describes the ways in which the analysis is conservative and, if anything, tends to overestimate the effects of the proposed project. Further, as is described in Response PH-25, (page C&R 3.5-82), the cumulative effects analysis contains all possible growth that could be attributed to indirect and/or induced employment connected to the proposed LRDP. Thus, the Draft EIR project-specific and cumulative analyses conservatively capture all of the potential environmental consequences of the proposed LRDP. See also Sections 3.7, 3.9, 3.10, and 3.13 of this C&R document for responses to concerns related to the transportation, air quality, global climate change, and public services impacts of the proposed LRDP.

Other Issues

For a discussion of the existing housing setting, please see Response PH-2 (page C&R 3.5-3). For a discussion of the construction workforce, please see Response PH-8 (page C&R 3.5-27). For a discussion of the assessment of cumulative housing impacts, please see Response PH-13 (page C&R 3.5-50). For a discussion of the effects of the proposed LRPD on access to health care services, please see Major Response HC-8 (page C&R 3.23-32).

Comments [Jobs-Housing Linkage Program]

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-15 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]

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 CU 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.

[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."

(Commissioner Antonini, September 23, 2010) [PC-390 PH]

"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."

Response PH-11

The comments request clarification of the applicability of the City's Jobs-Housing Linkage Program (JLHP) to the proposed project.

The City of San Francisco's JHLP was established in 1996 to reduce the housing burden of large-scale entertainment, hotel, office, research and development, and retail development projects and is embodied in Section 413 of the San Francisco Planning Code. Section 413.1 acknowledges that there are a variety of factors unrelated to development that affect the availability of housing affordable to low and moderate income households, but recognizes that the increased demand brought about by large commercial developments contributes to the housing conditions in the City.[35]

Section 413.6 establishes the monetary value that new developments of different types must contribute to meeting affordable housing demand. The proposed new buildings that would be developed as part of the near-term projects under the proposed LRDP would not be required to pay a fee under the JHLP because no such fee is required for institutional uses. Planning Code Section 217 defines Institutional uses as those including "[h]ospital, medical center or other medical institution which includes facilities for inpatient or outpatient medical care and may also include medical offices, clinics, laboratories, and employee or student dormitories and other housing, operated by and affiliated with the institution, which institution has met the applicable provisions of Section 304.5 of this Code concerning institutional master plans."[36] Because CPMC is a medical center with an accepted Institutional Master Plan, the uses in the LRDP meet the definition of Institutional uses for purposes of application of the JHLP fee. The uses in each new building proposed as part of the near-term construction under the LRDP, including the Cathedral Hill MOB, the Davies Neuroscience Institute, and the St. Luke's MOB/Expansion Building, fall within that definition. Planning Code Section 413.6 exempts Institutional Uses from the JHLP fee by setting the fee for such Institutional uses at $0.00.[37] At the time that long-term projects are proposed and considered for approval, the applicability of the Jobs-Housing Linkage Program fee to those projects will be determined.

The JHLP fee would not apply to the short-term LRDP projects, however, to respond to concerns regarding housing demand, the project sponsor has committed to make a contribution at least equivalent to the fee that would be required under the City's JHLP. It is anticipated that the contribution to the Mayor's Office of Housing would be incorporated into the conditions of approval or a mutually approved development agreement for the proposed project, if the project is approved. While the Draft EIR does not identify a significant impact to housing that would require mitigation, this contribution would support the creation of affordable housing in a manner similar to projects that are required to pay the JHLP fee. Therefore, while there are no identified significant impacts tied to increased demand for housing, the payment of this contribution would support the creation of affordable housing in a manner similar to

[35] San Francisco Planning Code, Section 413.1(B).
[36] San Francisco Planning Code, Section 217(a)
[37] San Francisco Planning Code, Section 413.6(a), Table 413.6 , Fee Schedule For Net Additions Of Gross Square Feet.

projects that are required to pay the City's JHLP fee. CPMC and the City have been in negotiations regarding the terms and conditions of a development agreement, that would, among other things, provide certain assurances and benefits, subject to the terms and conditions of the development agreement, with respect to the delivery of health care services. Please see Section 3.23.1.2 "Development Agreement" on page C&R 3.23-43 for additional details regarding the development agreement.

3.5.1.7 NEIGHBORHOOD EFFECTS

Comments [Housing Demand In Adjacent Neighborhoods]

(Linda Chapman, October 19, 2010) [76-7 PH, duplicate comment was provided in 111-7 PH][VNAP]

"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. 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."

(Linda Chapman, October 20, 2010) [76-8 PH, duplicate comment was provided in 111-8 PH]

"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."

(Linda Chapman, October 20, 2010) [76-9 PH, duplicate comment was provided in 111-9 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."

(Linda Chapman, October 20, 2010) [76-10 PH, duplicate comment was provided in 111-10 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-8 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.

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

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-27 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.' 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-9 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 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.

[8] DEIR 4.3-43, 4-44."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-16 PH]

"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.

[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. At a minimum, this means that the number of new-to-San Francisco Cathedral Hill employees represent 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.*"

(Steve Woo, September 23, 2010) [PC-58 PH]

"I am here to talk about the housing issue with regards to our Tenderloin neighborhood. The Draft EIR is deficient in terms of addressing the housing issue."

(Steve Woo, September 23, 2010) [PC-60 PH]

"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."

(Betty Huey, September 23, 2010) [PC-73 PH]

"Hello and good afternoon, Commissioners. My name is Betty Huey. I am 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 negative impacts in our community."

(James Tracy, September 23, 2010) [PC-78 PH]

"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."

(James Tracy, September 23, 2010) [PC-79 PH]

"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 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."

(Commissioner Olague, September 23, 2010) [PC-377 PH]

"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."

Response PH-12

The comments express concerns about the potential for the Cathedral Hill Campus to create housing demand in nearby neighborhoods, including the Van Ness Avenue Corridor, Lower Polk, Lower Nob Hill, the Civic Center, and the Tenderloin. The comments state that the Draft EIR does not adequately consider the project's consistency with Policy 11.4 of the Housing Element. The comments also state that the Draft EIR did not adequately consider the effects of the proposed Cathedral Hill Campus in neighborhoods beyond Polk Street. Comments express concern about medical uses displacing housing and local-serving businesses. Finally, the comments express concern about the project's compliance with local area plans and policies, such as the Van Ness Area Plan and the requirements of the Van Ness Special Use District.

Housing Demand in Nearby Neighborhoods

The evidence in the record does not support the supposition that the construction and operation of the proposed new Cathedral Hill Campus or expansion of other LRDP campuses would have a resultant and predictable effect of increasing housing demand in adjacent and nearby neighborhoods. As is described in Response PH-10, the housing location decision is based on a variety of factors in addition to place of employment. Other critical decision factors, such as the availability of quality schools, affordability, the suitability of the home, and the work location of the worker's partner, often override proximity to work.

The complexity of housing location decisions is true in all locations, and is further complicated in San Francisco by the presence of the San Francisco rent control ordinance, which creates a material financial incentive for individuals to stay in their rental home for extended periods of time rather than regularly relocating to accommodate job changes or other factors. Further, the presence of a high number of transit options make convenient and cost-effective commuting to the Cathedral Hill location practical from nearly all neighborhoods in San Francisco. Thus, if a current employee were in residence near an existing CPMC campus and their job was relocated to Cathedral Hill, the presence of transit options and the financial disincentive of moving from a rent controlled housing unit to a new uncontrolled unit or a controlled unit with a reset rental rate would mitigate against a significant number of employees moving into nearby neighborhoods. Further, a substantial portion of the housing stock near the proposed Cathedral Hill Campus (Tenderloin and Civic Center) is itself rent- or affordability-controlled, making these units somewhat protected from upward market pressure, eviction, or other displacement pressures. To the extent that there is any increased demand to live in these neighborhoods because of the proximity of the proposed Cathedral Hill Campus, tenants of rent- and affordability-controlled units are protected against such demand. See also Response PH-14.

Data on the commute patterns of San Francisco working residents demonstrates the fact that proximity to work is not a substantial driver in housing location decisions. Data on the duration of commute is self-reported through the U.S. Census; that is, individuals submitting data to the Census Bureau are asked how long it takes them to commute to work. In San Francisco, the average reported commute of working residents is approximately 29 minutes. According to the 2000 U.S. Census, only 1 percent of San Francisco workers that did not work from home reported having commutes of 5 minutes or less and about 6 percent of San Francisco working residents reported having commutes of 10 minutes or less. Eighty-five percent of San Francisco working residents reported having average commutes of 15 minutes or more and 50 percent of San Francisco working residents said that they had commutes of over 30 minutes.[38] About 10 percent of San Francisco working residents reported that they walked to their place of work and

[38] U.S. Census, 2009 American Community Survey, Commute Behavior, http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=05000US06075&-qr_name=ACS_2009_1YR_G00_S0801&-ds_name=D&-_lang=en&-redoLog=false, accessed August 31, 2011. The 2009 American Community Survey found nearly identical commute behavior statistics for San Francisco workers, with approximately 6 percent of workers with commutes of 10 minutes or less and 15 percent of workers with average commutes of less than 15 minutes.

about 3 percent reported that they rode a bicycle to work.[39] If prospective Cathedral Hill Campus personnel conform to San Francisco commute characteristics then approximately 1 percent would choose to live within a 5-minute commute. This would result in an increase in local housing demand of approximately 48 units by 2015 and 54 units by 2030.[40] This would be a marginal increase in local housing demand and one likely not to induce substantial population displacement.

The information on commute times for San Francisco working residents is based on self-reporting through the U.S. Census, in which respondents answered a question about the length of travel time from their home to work. In fact, a 5-minute commute can be varying distances based on direction and travel mode and time of commute. A 5-minute commute by automobile could cover distances as far away as Franklin and Union to the north, Union Square to the east, or past Japantown to the west. A 5-minute walk could be as little as 2–3 blocks, or as much as .25-mile depending on the pace of the walker, the direction, terrain, and level of congestion. The information provided on travel time to work supports the conclusion that relatively few San Franciscans live in immediate proximity to their place of employment. The complicating factors described above are an example of why the City believes that attempting to predict housing demand by neighborhood would provide a false level of detail and why the analysis of housing demand at a citywide level is both more accurate and appropriate for use in an EIR.

In summary, commute characteristics of San Francisco working residents demonstrate the regional nature of housing decisions and the minimal increase in housing demand within a specific neighborhood that could be expected as a result of increased local employment. Because changes in housing demand from increased employment occurs more broadly in a housing market, the population and housing effects analysis in the Draft EIR evaluates the proposed LRDP's impact to housing demands for the City of San Francisco as a whole, and not on a neighborhood-by-neighborhood basis.

Effects in Neighborhoods

Several comments questioned the extent of the analysis in the Tenderloin district, stating that the analysis did not extend past Polk Street. The discussion above explains the rationale for consideration of housing demand effects on a citywide basis, and not at a neighborhood-by-neighborhood level. Thus, the Draft EIR consideration of housing demand goes well beyond Polk Street. In terms of transportation and transportation-related effects (air quality, noise, etc.), the EIR addressed effects at a number of intersections along Polk Street. As is described on page 4.5-90 of the Draft EIR, the study intersections on Polk Street (intersections of Polk with O'Farrell, Cedar, Polk, and Sutter Streets) would continue to operate at acceptable levels of service under future conditions with the proposed project. In light of those conclusions, and reflecting the tendency of vehicles to spread further out on the road system as one travels further from the location of the project site, there is no rationale for further examination of transportation-related effects further east than Polk Street. Nevertheless, as part of this C&R, a supplementary study of transportation impacts in the Tenderloin/Lower Polk/Little Saigon neighborhood, under more conservative assumptions than were used in the Draft EIR, was prepared. The presentation of the effects of this analysis is included in Responses TR-124 and TR-125, pages C&R 3.7-207 and 3.7-214. Through these analyses, the EIR has included sufficient analysis of effects of the proposed project on quality of life issues in the surrounding neighborhoods.

[39] U.S. Census, 2009 American Community Survey, Commute Behavior, http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=05000US06075&-qr_name=ACS_2009_1YR_G00_S0801&-ds_name=D&-_lang=en&-redoLog=false, accessed August 31, 2011.

[40] Conservatively assuming that 1 percent of the total Cathedral Hill Campus population (4,790 in 2015, and 5,380 in 2030 (see Draft EIR Table 4.3-10, page 4.3-16) formed households within a five minute commute. One percent of the total population would be approximately 48 in 2015 and 54 in 2030.

St. Francis Memorial Hospital

The effects of the St. Francis Memorial Hospital on housing in and around Nob Hill are not addressed in the Draft EIR because they are associated with a different project, not the CPMC LRDP. Any such impacts, if correct, occurred in the past and are part of the environmental setting for this Draft EIR. The experience that the commenter describes following the St. Francis Memorial Hospital expansion is, however, distinguishable from the expected effects of the LRDP.

The City of San Francisco requires the preparation of Institutional Master Plans (IMPs), pursuant to Section 304.5 of the San Francisco Planning Code. Among other things, these IMPs are intended "[t]o provide notice and information to the Planning Commission, community and neighborhood organizations, other public and private agencies and the general public as to the plans of each affected institution at an early stage, and to give an opportunity for early and meaningful involvement of these groups in such plans prior to substantial investment in property acquisition or building design by the institution;" During the development of the IMP the public is provided the opportunity to give public input and testimony, and through the process is informed about the long-term plans for each of the relevant institutions.

In 1985, St. Francis Memorial Hospital prepared an Institutional Master Plan that described the following development projects:

- Addition of four levels to the Pierotti Pavilion. Only a one-level addition was completed in 1986.
- Addition of two levels to the 1234 Pine Street Garage. This project was completed in 1988.
- Construction of a new six story medical office building at 1199 Bush Street, replacing the former parking lot. This project was completed in 1990.

Between 1985 and 2008, in addition to the completion of the above projects, SFMH sold all of its residential properties, which included 1171 Bush, 1355 Pine, and the row of buildings on Hyde Street between 909 Hyde and the southwest corner of Pine. Also, SFMH opened a satellite location in San Francisco, the Health Center at AT&T Park, specializing in sports medicine.[41] The changes that were implemented under the SFMH IMP are likely the very land use changes referred to by the commenter.

The 2008 SFMH IMP lays out SFMH's Five Year Plan that will meet SFMH's immediate needs, and a Ten Year Plan that focuses on evaluation of various alternatives for construction of a replacement acute-care inpatient facility. The Five Year Plan includes: (1) Seismic Upgrade of the East Wing, (2) Renovation of East Wing Surgery Suites, and (3) Implementation of a Master Signage Program. The Ten Year Plan indicates that SFMH has no development plans following the projects in the Five Year Plan. However, SFMH will evaluate possible locations for a replacement acute care inpatient facility, which must be completed by 2030. Any projects undertaken consistent with the IMP require CEQA compliance which informs and provides the public the opportunity to comment on the nature of the project and related environmental and community effects.

The CPMC LRDP outlines for the public specific plans to construct a medical campus that would contain medical offices and associated clinics and facilities. The long-term plans for these campuses are included in the CPMC Institutional Master Plan, and have been incorporated into the LRDP and evaluated in this EIR. As such, it is not reasonable to assume that there would be further incremental neighborhood intrusion by CPMC that would affect housing or other uses.

[41] Saint Francis Memorial Hospital/Catholic Healthcare West, *Saint Francis Memorial Hospital Institutional Master Plan*, August 2008, page 7.

Housing demolition and displacement effects are fully articulated on pages 4.3-43 through 4.3.47 in the Draft EIR. These issues are addressed further in Response PH-16 (page C&R 3.5-60), which explains why it is unlikely that any effects from the proposed LRDP would cause displacement of residents in the vicinity of the proposed CPMC campuses.

Displacement

Please see Response PH-14 (page C&R 3.5-53) for a discussion of the potential displacement of residential uses and Response PH-23 (page C&R 3.5-79) for a discussion of displacement of neighborhood businesses.

Compliance with the Van Ness Avenue Plan and the Van Ness Special Use District

See Response LU-18 (page C&R 3.3-87) for a discussion of the relationship of the proposed Cathedral Hill Campus sites to the VNAP and VNSUD, as well as an explanation of the assumptions related to future development on the Cathedral Hill Campus sites that were contained in the Van Ness Avenue Area Plan EIR. Please see Response LU-21 (page C&R 3.3-95) for discussion of the project's consistency with the 3:1 residential/non-residential requirement of the Van Ness Special Use District.

Housing Element Policy 11.4

Housing Element Policy 11.4 establishes that the City should"[a]void or minimize disruption caused by expansion of institutions, large-scale uses and auto-oriented development into residential areas." Please see Response LU-3 (page C&R 3.3-7) for a discussion of the project's relationship to Policy 11.4 of the Housing Element.

3.5.1.8 CUMULATIVE HOUSING AND EMPLOYMENT IMPACTS

Comments

(Gloria Smith—California Nurses Association, October 18, 2010) [90-47 PH]

"• Cumulative impacts, including those related to housing demand, public services, employment and air quality within San Francisco and the greater Bay Area."

(Gloria Smith, California Nurses Association, October 19, 2010) [93-22 OTH]

"• Cumulative impacts, including those related to housing demand and potential development at the abandoned California campus."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-83 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."

Response PH-13

The comments state that the cumulative analysis contained in the Draft EIR was inadequate because it was based on a projection of regional growth. The comments state that the cumulative analysis should be

revised to be based on two methodologies: (1) a projection of growth and (2) a cumulative list of projects. The comments also ask that the cumulative analysis include future uses that may be located at the portions of the California Campus to be vacated by CPMC in the future. It should be further noted that the prelude to Comment 90-47 (contained in Comment 90-43) notes that the commenter's land use expert identified significant impacts related to a variety of issues, including cumulative housing impacts. The land use expert's comments specific to the issue of cumulative impacts are presented in Comment 93-83, and are responded to below.

The Draft EIR does not, as is stated in the comment, use a projection of growth as a "proxy" for a list-based analysis. Under CEQA, a lead agency has the option to use either a list-based cumulative analysis or a cumulative analysis based on a summary of growth projections. More specifically, Section 15130(b) of the State CEQA Guidelines states that the lead agency may use:

> "Either:
>
> (A) A list of past, present, and probable future projects producing related or cumulative impacts, including, if necessary, those projects outside the control of the agency, or
>
> (B) A summary of projections contained in an adopted general plan or related planning document, or in a prior environmental document which has been adopted or certified, which described or evaluated regional or areawide conditions contributing to the cumulative impact. local, regional or statewide plan, or related planning document, that describes or evaluates conditions contributing to the cumulative effect."

The City of San Francisco uses projections of growth generated by ABAG and other regional agencies to address cumulative population and environmental issues that are generated by incremental development and growth around the City and the region. This approach is used for such impacts as transportation, air pollutant emissions, traffic-generated noise, demand for public services and infrastructure, and the like. Alternatively, a list-based approach is used for such effects as cumulative effects on housing and visual resources and aesthetics. As an example, the following describes the cumulative list approach used in the Draft EIR housing analysis (see Draft EIR page 4.3-45):

> "According to the City, and as shown in Table 4.3-11, "Development Proposals on File with the San Francisco Planning Department" (page 4.3-45), proposals for approximately 30,370 residential units were on file with the San Francisco Planning Department as of the third quarter of 2009. Of those units, approximately 8,200 have been approved for construction. In addition, proposals for approximately 8.9 million sq. ft. of office; 700,000 sq. ft. of production, distribution, and repair (PDR); and 2.2 million sq. ft. of retail have been filed with the Planning Department. Of this square footage, approximately 400,000 sq. ft. of office and 200,000 sq. ft. of retail is approved. Using the employment density factors estimated by the San Francisco Planning Department,[42] the approved office and retail development would generate approximately 1,140 and 640 new jobs.[43] Based on San Francisco's average employed residents/household ratio of 1.37, the new jobs would conservatively generate demand for approximately 1,300 housing units.[44] This is compared to the approved housing supply of approximately 8,200 housing units. Thus, the cumulative housing impact for approved job-generating projects is less than the approved supply of new housing.
>
> [42] San Francisco Planning Department. 2002 (October). Transportation Impact Analysis Guidelines for Review. San Francisco, CA. Table C-1.
> [43] Assumes employment density factors of retail and MIPS (349 and 332, respectively).
> [44] This assumes no in-commuting."

The use of cumulative analysis methodologies that are appropriate to specific types of analyses is consistent with CEQA. There is no requirement that an agency use both a list-based and a projections-based method of cumulative analysis, as suggested by the comment.

As discussed in Section 4.3, "Population, Employment, and Housing" in the Draft EIR, implementing the proposed CPMC LRDP would not result in substantial additional development, population, and employment growth at the CPMC campuses, in the surrounding neighborhoods, or citywide. Further, the project would not make a considerable contribution to cumulative impacts related to housing demand or employment.

As discussed in Section 4.11.6, "Cumulative Impacts" in the Draft EIR, cumulative impacts on fire, police protection services, schools, or library services related to the proposed LRDP and foreseeable future developments in San Francisco would be less than significant. Please also see Response PS-2 (page C&R 3.13-1) for a discussion on the significance of public services effects. Impacts AQ-7 and AQ-14 in the Draft EIR, beginning on page 4.7-55 and page 4.7-80, respectively, addressed cumulative air quality impacts and concluded that cumulative impacts related to air quality would be significant and unavoidable. Please also see Responses AQ-10 regarding operational air emissions (page C&R 3.9-26), AQ-24 regarding air quality data (page C&R 3.9-66), and AQ-28 regarding thresholds of significance (page C&R 3.9-71).

3.5.1.9 DISPLACEMENT OF RESIDENTIAL USES

Comments [General Displacement]

(Gloria Smith—California Nurses Association, October 18, 2010)[93-95 PH]

"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."

(Margarita Mena, September 23, 2010) [PC-115 PH]

"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."

(Nella Manuel, September 23, 2010) [PC-130 PH]

"We need more affordable housing… I myself, I am afraid of displacement."

(Nella Manuel, September 23, 2010) [PC-131 PH]

"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."

(Mike Williams, September 23, 2010) [PC-138 PH]

"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."

(Jose Morales, September 23, 2010) [PC-166 PH]

"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."

Response PH-14

The comments discuss concerns regarding the displacement of residents within the surrounding neighborhoods of the existing and proposed CPMC campuses. Of particular concern is the potential displacement of residents in neighborhoods around the proposed Cathedral Hill Campus. One comment expresses concern regarding potential growth inducement related to land use changes associated with housing demand, induced employment, and gentrification.

The following response addresses potential effects on residents, including (1) a summary of renter protection ordinances in San Francisco that would reduce the risk of displacement; (2) a discussion of the effects of the process of gentrification; (3) displacement; (4) changes in use; (5) additional housing loss; and (6) evictions.

San Francisco Rent Control Ordinance and Tenant Protection

San Francisco currently follows a rent control and tenant protection ordinance to safeguard tenants from excessive rent increases.[42] The ordinance governs approximately 170,000 rental units citywide. Generally, these rent-controlled units were constructed before June 1979. According to the 2000 U.S. Census, approximately 196,000 rental units were constructed before 1980. Since 1980, the U.S. Census reported that a total of 18,269 renter occupied units have been constructed, only 8.5 percent of the City's reported rental stock of 214,385 units.[43] The rent control ordinance places limits on the amount of rent increases which can be charged by the landlord and on the reasons for evicting a tenant. For example, for the effective period of 2009–2010, the allowable annual rent increase amount was set at 2.2 percent. The average annual percent rent increase from 1992–2010 was approximately 2.3 percent, derived from the Bay Area Consumer Price Index.

The 190,000+ units are generally covered by rental control with only a few exceptions (e.g., the units are tied to federal subsidies, they are in a residential hotel, or they are dormitory units). The 196,000 units accounted for approximately 91 percent of San Francisco's rental housing stock in 2000. . This does not include subsidized units where rents are generally determined by the renter's income or by area median income by the income group being served. Those subsidized units are not at risk of rent spikes as their rents are guided by the affordable housing program or programs that subsidized the project. San Francisco's General Plan Housing Element does not provide a complete inventory of subsidized affordable housing units but estimates that San Francisco has approximately 21,700 federally subsidized affordable housing units and another 4,900 affordable housing units, constructed since 2000. Combined, over 90 percent of the rental housing supply in San Francisco is protected from rent spikes.

In summary, although new employment sources such as the proposed LRDP might create some marginal, localized housing demand, these impacts likely would be limited because of the dispersed nature of housing demand in relation to place of employment, and the risk of displacement would be further diminished because of the legal safeguards provided to renters in San Francisco. Thus, the proposed LRDP would not have any substantial effect on residential displacement around the proposed CPMC campuses.

[42] San Francisco Administrative Code, Section 37.3 Rent Limitations.
[43] U.S. Census Bureau, Census 2000 Summary File 3, Matrices H36, H37, H38, and H39.

Gentrification

The term "gentrification" refers to "the process of renewal and rebuilding accompanying the influx of middle-class or affluent people into deteriorating areas that often displaces poorer residents."[44] Gentrification is not a specific issue analyzed under CEQA but would broadly fall under Section 15064(e) of the State CEQA Guidelines, which calls for an evaluation of social and economic changes when those changes are linked to physical environmental effects, such as urban decay, displacement of substantial numbers of people, and/or inducement of population growth. Therefore, the issues surrounding the process of gentrification are best addressed in terms of the population and housing questions found in Appendix G of the State CEQA Guidelines and modified by the local lead agency, the San Francisco Planning Department. These issues are discussed below under Displacement, Change in Use, and Additional Housing Loss.

Displacement

Specifically, projects that generate significant impacts to population, employment, and housing can "displace substantial numbers of people, necessitating the construction of replacement housing elsewhere." Impact PH-3, Draft EIR page 4.3-43, presents an analysis of displacement impacts caused by implementation of the proposed LRDP. As noted within this impact analysis, the proposed LRDP would not displace significant numbers of people, as stated above. In addition, CPMC has been working on, and would provide for, the relocation of residential tenants in excess of that required by law. Tenants are being offered relocation assistance by CPMC.

As noted, the proposed Cathedral Hill MOB site contains 20 units that are designated as residential hotel units under Chapter 41 of the San Francisco Administrative Code, the Residential Hotel Unit Conversion and Demolition Ordinance. Section 41.12 requires a project sponsor to obtain a Permit to Convert from the City of San Francisco Department of Building Inspection (DBI) prior to demolishing a residential hotel unit. Prior to issuing a Permit to Convert, DBI must confirm that the project sponsor has complied with the 1:1 residential hotel unit replacement requirements of Section 41.13. Section 41.13(a)(4) allows a project sponsor to comply with the 1:1 replacement requirements through payment to the City of a fee equal to 80 percent of the cost of construction of an equal number of comparable units plus site acquisition cost, as determined by the City and County of San Francisco Real Estate Division on two independent appraisals.[45] The City and County of San Francisco Real Estate Division obtained the required appraisals and, by letter dated September 7, 2010, established the total fee for the residential hotel units as Two Million Six Hundred Eighty Four Thousand Eight Hundred Dollars ($2,684,800.00) ("Residential Hotel Unit Replacement Fee").[46] Therefore, a condition to DBI's issuance of the Permit to Convert, would be to satisfy the 1:1 replacement requirement of Section 41.13 by payment to the City of the Residential Hotel Unit Replacement Fee in accordance with the terms, timing and procedures set forth in Administrative Code Chapter 41.

Change in Use to Non-Residential Uses

As noted, the proposed Cathedral Hill MOB site contains a total of five dwelling units which would be demolished and the site would be developed into non-residential uses. Both the General Plan, including the Housing Element, and the Planning Code, contain a policy and regulatory framework to limit the loss of existing housing, and where it occurs, to provide for construction of new units in order to maintain the City's housing stock.

[44] Merriam Webster Online Dictionary, http://www.merriam-webster.com/dictionary/gentrification, 5-17-2011.
[45] David Tattersol & Co. Appraisal Report for 1030, 1034, and 1036 Geary Street, January 2010; Carneghi-Blum & Partners Replacement Cost Estimate, January 29, 2010.
[46] Replacement Cost Estimate Memo, John Updike, Assistant Director, Real Estate, City and County of San Francisco Real Estate Division, September 7, 2010.

In the preamble of the General Plan, two key Priority Policies relate to the protection and preservation of existing housing. Priority Policy 2 states “That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods,” and Priority Policy 3 states “That the City's supply of affordable housing be preserved and enhanced.” In the Housing Element, Objective 2 states that the City should “[r]etain the existing supply of housing.” Policy 2.1 states “Discourage the demolition of sound existing housing.” Policy 2.3 states that the City should “Restrict the conversion of rental housing to other forms of tenure or occupancy.” Policy 2.4 states that the City should “Retain sound existing housing in commercial and industrial areas,” and Policy 2.5 states that the City should “Preserve the existing stock of residential hotels.”

Planning Code Section 317 requires conditional use authorization for the demolition of three or more dwelling units. It does not require 1:1 residential unit replacement. However, CPMC has agreed to pay an in lieu fee to address demolition of the five residential units and consulted with the Mayor's Office of Housing ("MOH") to identify the appropriate in lieu fee methodology. MOH determined that (i) the in lieu fee amount was to be established based on the Citywide inclusionary housing fee schedule effective as of July 15, 2008; and (ii) as applied to the residential units. The total fee is One Million Four Hundred Fifty Three Thousand Eight Hundred and Twenty Dollars ($1,453,820.00) ("Residential Unit Replacement Fee") based on the following unit type and calculation: three one bedroom units ($248,210.00 x 3), one two bedroom unit ($334,478.00) and one three bedroom unit ($374,712.00). A condition to DBI's issuance of a demolition permit for the residential units would be payment of the Residential Unit Replacement Fee.

Tenants would be offered suitable units elsewhere. Therefore, the removal of these residential dwelling units and residential hotel units would not lead to a substantial displacement of residents, necessitating the construction of replacement housing elsewhere. The impact is considered less than significant because of the very small number of units involved compared to the size of the housing market in San Francisco and the Bay Area. The payment of the in-lieu fee by CPMC would further reduce the potential effect of the demolition of residential units, but is not directly tied to the determination of significance in this EIR. These same code provisions and plan policies would serve to discourage or prevent potential indirect loss of residential units in the future, resulting from changes in use.

Additional Housing Loss

One way that housing could be lost beyond that anticipated with the proposed LRDP would be if CPMC expanded further than is currently proposed in the LRDP. This would not be possible without future discretionary actions and approvals by the City. Further expansion of the institution would require an amendment to the CPMC Institutional Master Plan, which would be subject to City review and approval, and could only occur following a public hearing, a 6-month waiting period, and a subsequent CU authorization pursuant to Planning Code section 304.5. In the event that a future IMP would result in the loss or conversion of housing, it would require specific authorization by the Planning Commission which would have to find the proposal to be consistent with Housing Element Policy 11.4, which states that the City should “Avoid or minimize disruption caused by expansion of institutions, large-scale uses and auto-oriented development into residential areas.” Finally, any expansion of CPMC beyond the currently proposed LRDP would be subject to additional environmental review under CEQA.

Furthermore, direct displacement of substantial numbers of people from increased local employment activity would not occur under the proposed LRDP. Employee housing choices are regionally driven, as they are made with respect to workplace access as well as quality of life and housing affordability. As noted on Draft EIR page 4.3-11, this is demonstrated by approximately 49 percent of existing CPMC personnel currently living in San Francisco. Thus, the assumption that neighborhoods surrounding the campuses would be adversely affected by housing pressures is not supported by the evidence; see Response PH-10 (page C&R 3.5-39) for further discussion regarding commute behavior and housing

choice. Because employees generally decide where to live at a regional level rather than simply choosing to reside near their employer, effects on housing demand are likely to be experienced citywide and are not limited to areas surrounding each campus. Thus, the growth in employment at one campus and a decline at others would change housing demand across the entire City, rather than affecting housing demand in a specific neighborhood. Even if there would be increased demand for housing around the campuses, the San Francisco Rent Control Ordinance protects renters against unreasonable rent increases or evictions; see discussion above for further information regarding the San Francisco Rent Control Ordinance and tenant protection. Therefore, any population displacement generated from the indirect increase in housing demand due to establishing a new hospital would be less than significant.

It is important to note that to the extent that employment and housing demand projections contained in the Draft EIR are conservative, as is explained in Response PH-3 (page C&R 3.5-7), the evaluation of potential housing displacement due to increased housing demand is equally conservative. Please also see Responses PH-8 (page C&R 3.5-27) and PH-25 (page C&R 3.5-82) for discussions regarding housing demand and induced employment.

Evictions

Evictions are discouraged under San Francisco's renter protection ordinances. While they are possible in certain situations, safeguards are provided to renters in San Francisco to prevent displacement, including a "Just Cause" eviction ordinance that requires "no fault" evictions to pay relocation benefits to the displaced renter and includes an eviction process with tenant protections such as two eviction notices and the opportunity to challenge the eviction in court.[47] Eviction proceedings generally extend over 60 days if contested by the renter.

For all of the above reasons, the Draft EIR ultimately determined that residential displacement attributable to the proposed LRDP would be a less-than-significant impact.

Comments [Displacement due to Construction]

(Alex Bernstein, August 3, 2010) [3-1 PH]

"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."

(Sheila Mahoney and James Frame, October 19, 2010) [88-7 PH]

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

Response PH-15

The comment expresses concern about the impacts of construction of the proposed project on a private individual's property and the potential for subsequent loss in rental income due to the project that could result in mortgage default and foreclosure.

[47] See Section 37.9C (e)(1) of the San Francisco Administrative Code for a description of "Just Cause" eviction and Section 37.9A for a description of the "Just Cause" eviction process. San Francisco Tenants Union, *Evictions and the Evictions Process,* http://www.sftu.org/eviction.html, accessed January 13, 2010.

Exposure to construction activities is a common and unavoidable consequence of living in a dense urban community. The Building Code, in part, is intended to make sure that buildings are constructed safely, without undue adverse effects on adjacent structures and their occupants. Noise, vibration, dust, traffic disruption, and other by-products of the construction process are temporary in nature, lasting at times from days to months. Even for large projects such as those that would occur on the CPMC campuses over time, construction activity would move around the construction site and would occur immediately adjacent to a specific property, building, or window for only limited periods, not the entire construction period.

It is also important to note that, as explained elsewhere in this C&R document, the focus of an EIR is on adverse physical effects on the environment. A potential economic impact to an individual is not a physical impact on the environment. This issue may be a legitimate concern to affected parties and decision-makers, but they are not topics that are typically addressed in CEQA documents, which are focused on addressing physical effects on the environment from a proposed project.

Please see Response PH-14 (page C&R 3.5-53) for an explanation of why residential displacement around the proposed CPMC campuses is not anticipated as a result of the proposed LRDP.

In addition, please see Response NO-1 (page C&R 3.8-1) for a discussion of the potential construction noise effects on adjacent properties, and Responses NO-2 and NO-3 (pages C&R 3.8-2 and 3.8-3) which addresses comments regarding mitigation of construction noise.

Comments [Displacement/Demolition of Residential Uses Near Cathedral Hill Campus]

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-1 PH, duplicate comment was provided in 85-1 PH]

"On behalf of Chinatown Community Development Center, I submit comments to the Draft Environmental Impact Report of the California Pacific Medical Center Long Range Development Plan, Planning Department Case No. 2005.0555E (the "EIR"). Chinatown CDC builds community and enhances the quality of life for all San Francisco residents. Based in the Chinatown neighborhood, Chinatown CDC also serves other San Francisco neighborhoods, including North Beach and the Tenderloin. We are a comprehensive community development organization with many roles, serving as neighborhood advocates, organizers, planners, and as developers and managers of affordable housing.

Over the past year, Chinatown CDC has worked closely with the residential tenants of 1036 and 1054 Geary Street, both of which will be demolished to make way for the medical office building adjacent to the Cathedral Hill campus (the 'MOB'). Presently, six (6) households remain in these two buildings and the present project will certainly displace these remaining households, Unfortunately, all of these households are very-low to low-income and are among the most vulnerable to homelessness in San Francisco. The project sponsor must acknowledge this displacement impact as a significant.

All told, the proposed MOB will lead to the displacement of at least twenty-five residential units, twenty (20) of which are residential hotel rooms and five (5) of which are rental apartment units. Each of these units are significant housing resources to San Francisco residents, especially given that they have by and large served as de-facto affordable housing units to low-income San Franciscans. The demolition of these units as part of the MOB project will have a significant impact on San Francisco's housing stock and necessitate, either by legal mandate or by strong public policy considerations, replacement by the project sponsor.

While the project sponsor has initiated discussions with CCDC and residents to mitigate the 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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-2 PH, duplicate comment was provided in 85-2 PH]

"Section 4.3, Impact PH-2 for Near-Term Projects/Cathedral Hill Campus (Demolition of 20 Residential Hotel Units and 5 Rental Housing Units): Determination of Significance Should Be 'Potentially Significant'

The MOB project will necessitate demolition of 20 single room occupancy residential hotel rooms (the 'SRO Units') and 5 rental apartment units (the 'Rental Units'). The displacement of these units will have a substantial impact on San Francisco's housing stock and, as a result, will necessitate construction of replacement housing. Consequently, the EIR should determine this impact to be 'Potentially Significant.'"

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-3 PH, duplicate comment was provided in 85-3 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
- 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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-4 PH, duplicate comment was provided in 85-4 PH]

"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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-5 PH, duplicate comment was provided in 85-5 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. This further points to the strong necessity to replace these unit, triggering a 'potentially significant impact.'"

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-6 PH, duplicate comment was provided in 85-6 PH]

"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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-7 PH, duplicate comment was provided in 85-7 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.

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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-8 PH, duplicate comment was provided in 85-8 PH]

"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.'"

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-9 PH, duplicate comment was provided in 85-9 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%. 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). 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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-10 PH, duplicate comment was provided in 85-10 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).

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."

(Gloria Smith—California Nurses Association, October 18, 2010) [93-26 PH]

"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. In addition the location of these affordable units may render their loss even more significant as they are in a high-end neighborhood."

(Hisashi Sugaya, Planning Commission, October 15, 2010) [116-8 PH]

"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[en] specifically identified? Tenant relocation is not one of the five methods."

(Lori Martins, September 23, 2010) [PC-241 PH]

"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."

Response PH-16

These comments state concerns about displacement of residents in existing units that would be demolished with implementation of the Cathedral Hill Campus, recognizing that all such units are considered affordable housing. The comments also request additional information about the replacement housing that would be provided by CPMC

For purposes of evaluating potential significant impacts as part of a Draft EIR, the City of San Francisco does not consider meeting requirements of ordinances and statutes to be mitigation issues. Rather, the City presumes that all projects must adhere to local ordinances and statutes. In the case of units that would be demolished to implement the proposed LRDP at the proposed Cathedral Hill Campus, the City views the potential effect as less than significant because CPMC would be required as a matter of law to follow City ordinances and statutes that would address demolition, housing relocation, and replacement.

Section 41.13 of the San Francisco Administrative Code requires that any demolished residential hotel units be replaced on a 1:1 basis and provides various mechanisms for compliance by the project sponsor, including constructing or causing to be constructed comparable units, payment of an in-lieu fee to the City, or provide a contribution to a public entity or non-profit who will use the funds to construct comparable units (CPMC would also follow Section 317, "Loss of Dwelling Units through Merger, Conversion, and Demolition," in the San Francisco Planning Code, which prescribes required Planning Commission review for granting permits for demolition and replacement of residential units).

The process that CPMC has undertaken to date is as follows. As properties were purchased by CPMC for site assembly, during the years 2003 to 2009, all tenants were advised of CPMC's intentions to demolish the buildings. In mid-2009, approximately 1 year before CPMC's earliest anticipation of approval

hearings, CPMC began formal communication with residential tenants about relocation and invited a non-profit tenant advocacy organization, Chinatown Community Development Center (CCDC), into these communications.

To provide the site for medical office space to support the physicians who would admit patients to the proposed Cathedral Hill Hospital, CPMC purchased seven properties along Geary Street between Van Ness Avenue and Polk Street, with the intent to demolish these properties. As shown in C&R Table 3.5-4, three of these properties, 1030, 1034-36, and 1054-56 Geary Street, contained a total of 25 residential units (with fourteen 1030 Geary Street residential units vacant on purchase) as follows:

C&R Table 3.5-4
Existing Residential Occupancy at Cathedral Hill

Property	Units	Occupied Units on Purchase
1054-1060 Geary Street	4 Apartments + commercial	4
1034-1036 Geary Street	6 Residential Hotel Units, 1 apartment + commercial	6
1030 Geary Street	14 Residential Hotel Units + commercial	0 (vacant on purchase)

Source: Memorandum from Geoffrey Nelson, AICP, California Pacific Medical Center, to Cameron Mueller & David Reel (AECOM), re: Relocation of tenants in 1034-1036 Geary Street (September 22, 2011).

Over the past year, CPMC met with tenants and offered relocation services and relocation financial assistance. These relocation services included a private social worker and a leasing specialist, to help with the process and identify other appropriate publicly-available supportive services as well as translation assistance.

CPMC worked with tenants to develop a relocation financial assistance package that establishes a market rate differential for the existing unit as compared to a comparable replacement unit, and multiplies that differential by 78 months. The relocation financial assistance package also includes standard moving and relocation costs, such as credit check fees and security deposit. Several households have used the available resources for apartment searches, landlord negotiations, and moves to new places of residence, all within San Francisco.

As of September 2011, CPMC has reached agreement with all ten of the residential households. CPMC has assisted several households with apartment searches, landlord negotiations, and moving, all within San Francisco. Eight of the ten residential households have relocated and the remaining two have agreed to move out in early 2012.[48]

Because of the small number of units involved compared to the size of the housing market in San Francisco and the Bay Area, as well as for the reasons described above, the Draft EIR concludes that the proposed LRDP would not result in a significant impact because of residential displacement.

Notwithstanding the replacement efforts discussed above, according to the California Department of Finance, approximately 365,000 housing units exist in San Francisco.[49] The proposed units account for approximately 0.007 percent of the total housing supply and less than 0.5 percent of the units currently

[48] Memorandum from Geoffrey Nelson, AICP, California Pacific Medical Center, to Cameron Mueller and David Reel (AECOM), re: Relocation of tenants in 1034-1036 Geary Street (September 22, 2011).
[49] California Department of Finance, 2009, *E5 County and State Population and Housing Estimates.*

under construction.[50] The residential hotel units represent approximately 0.1 percent of the estimated residential hotel supply in San Francisco, estimated at approximately 19,120 residential rooms.[51]

For more information related to the capacity of the housing stock in San Francisco to accommodate affordable housing demands potentially generated by employment from the proposed LRDP, please see Response PH-7 (page C&R 3.5-22). For a discussion of historic housing production, please see Response PH-7 (page C&R 3.5-22).

3.5.1.10 HOUSING MITIGATION

Comments [General Housing Mitigation]

(Bernard Choden, September 20, 2010) [13-2 PH, duplicate comments were provided by Jennifer Clary of San Francisco Tomorrow in 14-2 PH and 38-2 PH]

"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."

(Bernard Choden [incorrectly shown as Sherman in transcript], September 23, 2010) [PC-10 PH]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-75 PH]

"Other measures that must be analyzed in a revised EIR include:

A commitment to build housing for the workforce at one or more of the Project sites. Total units should be based on a nexus study or other detailed study of actual Project-related housing demand and jobs-housing fit analyses.

A revolving loan fund at no interest toward the building of new affordable units in the Project areas and/or rehabilitation of existing units by community non-profits,

An additional revolving loan fund at no interest to rehabilitate local area housing with specific attention to leveraging other funding to increase the energy efficiency of these units (thereby saving residents on energy bills and reducing greenhouse gas and air quality emission),

Creation of a 'Coalition Advisory Committee' (and specialized technical subcommittees 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."

[50] San Francisco Planning Department, 2010 (June), *Housing Element Part II: Objectives & Policies*, City and County of San Francisco, available: http://www.sf-planning.org/, accessed September 3, 2010.

[51] San Francisco Planning Department, 2010 (June), *Housing Element Part II: Objectives & Policies*, City and County of San Francisco, available: http://www.sf-planning.org/, accessed September 3, 2010.

(Gloria Smith—California Nurses Association, October 19, 2010) [93-69 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-70 PH]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-71 PH]

"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: 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-72 PH]

"• A revolving loan fund at no interest toward the building of new affordable units in the Project areas and/or rehabilitation of existing units by community non-profits working in collaboration with a 'Coalition Advisory Committee' (see below). The size of the loan fund must be sizable enough to substantially address the full impacts of the Project particularly on affordable housing demand. As an example, a revolving loan fund of approximately $20 million over 5 years would allow for the creation or preservation of about 200 units of affordable housing, with the fund providing acquisition and/or construction loans for rehabilitation, new construction or preservation of existing subsidized properties at risk of converting to market."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-73 PH]

"• An additional revolving loan fund at no interest could be established to rehabilitate housing in the areas surrounding the campuses, with specific attention to leveraging other funding to increase the energy efficiency of these units (thereby saving residents on energy bills and reducing greenhouse gas and air quality emissions)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-74 PH]

"• Creation of a "Coalition Advisory Committee" (and specialized technical sub-committees on housing, energy efficiency and other issues). Among the considerations of the Committee should be to support local community land trust that would help to provide affordable housing in the Project areas and a rental assistance program for low-income staff and workforce."

(Barbara Berwick, September 23, 2010) [PC-333 PH]

"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."

(Commissioner Olague, September 23, 2010) [PC-398 PH]

"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."

Response PH-17

The comments state that the EIR should identify a range of mitigation measures for housing, including (1) housing units at affordability levels to meet the demand from the project workforce, (2) revolving funds to support the construction and rehabilitation of affordable units, (3) the creation of an advisory committee to support affordable housing in the vicinity of the campuses, (4) the replacement of demolished units, and (5) the creation of community benefits in adjacent neighborhoods. One comment also states that the EIR should re-examine the conclusion regarding no significant impact around housing.

As is described in Response PH-10 (page C&R 3.5-39), and in light of current housing location data discussed in Response PH-4 (page C&R 3.5-13), the Draft EIR concluded that housing demand generated by the proposed project would not result in increased demand in specific neighborhoods. Rather, any effect would be spread out over the City and the region based on a complex set of factors that drive individual housing location choices. Under CEQA, mitigation measures are required where an adverse physical environmental effect is determined to be a significant impact. In the case of the proposed project's effects on population, employment, and housing, the Draft EIR did not identify any significant impacts, and, thus, there is no specific identification of mitigation measures that would be required under CEQA.

Housing Demolition and Replacement, and Resident Relocation

Compliance with existing ordinances and regulations is not considered mitigation. Rather, the City appropriately assumes compliance with such requirements. To the extent that such requirements avoid potential impacts or lessen potential impacts to a less-than-significant level, no mitigation is required. A relevant example of this involves the loss of five dwelling units and 20 residential hotel units demolished as a result of the construction of the Cathedral Hill MOB. San Francisco Administrative Code Section 41, Residential Hotel Unit Conversion and Demolition requires replacement of all lost residential hotel units, and San Francisco Planning Code Section 317, Loss of Dwelling Units through Merger, Conversion, and Demolition, requires the issuance of building permits for replacement structures prior to the granting of a demolition permit for residential units. Because these requirements are enforced as a matter of course in the City of San Francisco, the loss of dwelling and residential hotel units is considered less than significant. See further discussion of this issue on page 4.3-33 of the Draft EIR.

Housing Demand

Under Impact PH-2, the Draft EIR concluded that the effect of the LRDP on the creation of significant new housing demand that would require the construction of new housing to be less than significant for individual campuses and for the LRDP on an overall basis. The primary factor in making this determination was the ability of the incremental increase in housing demand created by the LRDP to be accommodated within the existing vacant capacity of rental housing in the City, the capacity of housing units in the pipeline, as well as the capacity for additional housing to be created in the City over the life of the LRDP (see Impact PH-2, Draft EIR pages 4.3-32 to 4.3.43). Because the impact is identified as less than significant, no mitigation is required under CEQA.

In addition, to further respond to concerns regarding housing demand, the project sponsor has committed to make a contribution at least equivalent to the fee that would be required under the City's Jobs-Housing Linkage Program, (although the JHLP fee does not apply to the project) It is anticipated that the contribution to the Mayor's Office of Housing would be incorporated into the conditions of approval or a mutually approved development agreement for the proposed project, if the project is approved. CPMC and the City have been in negotiations regarding the terms and conditions of a development agreement, that would, among other things, provide certain assurances and benefits, subject to the terms and conditions of the development agreement, with respect to the delivery of health care services. Please see Section 3.23.1.2 "Development Agreement" on page C&R 3.23-43 for additional details regarding the development agreement. While the Draft EIR does not identify a significant impact to housing that would require mitigation, this contribution would support the production of housing in San Francisco.

The funds contributed by CPMC would be used by the City to facilitate the production of housing in San Francisco. One comment stated that the residential conversion of the building on Van Ness Avenue that formerly housed the Automobile Association of America could be a project that could be undertaken by CPMC or funded by the CPMC contribution. The conversion of this building to residential uses has not been proposed by CPMC, the City, or any other party. If the proposed project is approved, any funds contributed by CPMC for the purposes of supporting the production of housing in San Francisco would be under the control of the City, which will determine the most appropriate and cost-effective way of using the contributed funds to support the production of housing that would meet the needs of existing and future San Francisco residents.

Hence, for all of the reasons discussed above and in the Draft EIR (e.g., City Code requirements that the project sponsor replace any demolished residential hotel and apartment units; City's housing capacity, vacancy rates, projections and pipeline of new housing projects, City's existing affordable housing production programs), the Planning Department believes that the EIR is correct in its conclusion that the proposed project would not have a significant adverse housing impact. The Planning Department believes that the project sponsor's proposed contribution of funding to support the production of housing in San Francisco as a condition of project approval further supports this conclusion.

Comments [Housing Mitigation Near Cathedral Hill Campus]

(Alan Wofsy—Emeric-Goodman Associates, September 20, 2010) [26-7 PH]

"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."

(Malcolm Yeung—Chinatown Community Development Center, October 18, 2010) [68-15 PH, duplicate comment was provided in 85-15 PH]

"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."

(Linda Chapman, October 19, 2010) [76-11 PH, duplicate comment was provided in 111-11 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. 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-51 PH]

"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."

(Nella Manuel, September 23, 2010) [PC-132 PH]

"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."

(Nella Manuel, September 23, 2010) [PC-135 PH]

"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, Commissioners, until CPMC agrees to give the community what it wants. Thank you."

Response PH-18

The comments state that the proposed LRDP should include mitigation for housing impacts in the neighborhoods around the Cathedral Hill Campus. In particular, comments state that the project should comply with the requirements of the Van Ness Avenue Plan and/or the Van Ness Avenue Special Use District. The comments also suggest that the proposed project should provide a variety of types of housing, including affordable rental and for-sale housing, as well as providing other community benefits such as additional open space in the nearby neighborhoods. Finally, the comments also request compensation for any construction-caused vacancies in the Emeric-Goodman Building.

As is discussed in Response PH-17, above, the Draft EIR did not identify significant housing impacts at the citywide or neighborhood level, and thus there is not a requirement for the identification of mitigation measures. Nevertheless, in order to further ensure that any potential effects on housing demand are offset, the project sponsor has proposed making a contribution to the Mayor's Office of Housing at a level that is equivalent to the payment required if the City's Jobs-Housing Linkage Program fee applied to the LRDP.

Van Ness Special Use District

The VNSUD provides that non-residential uses must provide residential space at a 3:1 residential/non-residential ratio for any "net new" occupied area unless this ratio is reduced or its applicability changed through provisions in Planning Code section 243(c)(8)(B)(iv) that allows the Planning Commission to modify the 3:1 requirement based on certain findings. These findings include, among others: (i) taking into consideration projects constructed since the effective date of the VNSUD and the housing development potential remaining in the District, and finding that the overall objective of adding a substantial increment of new housing on Van Ness Avenue will not be significantly compromised; (ii) the project provides space for an institutional, medical, cultural or social service use meeting an important public need which cannot reasonably be met elsewhere in the area; and (iii) housing cannot reasonably be included in the project.

With respect to housing potential the following information is provided: The effective date of the VNSUD is 1988 (VNSUD added by ordinance December 16, 1988 Since that time, 988 housing units have been constructed and another 538 are actively in the pipeline.[52] Per the 1987 Environmental Impact Report for the Van Ness Avenue Master Plan (of which the Van Ness Special Use District comprises the largest part), the future development potential of the VNSUD was identified as approximately 2,028,000 gsf, or approximately 2,190 units.[53] By this measure, approximately 45 percent of the residential potential for the SUD has already been achieved (988/2,190) and another 25 percent (538/2,190) is in the pipeline. By the original potential estimate, only 674 more units need be constructed to reach full anticipated build-out. By even the most conservative standards, the remaining potential in the district exceeds this number by almost 4 times (2,565/674).[54] It should also be noted that the 1987 EIR identified criteria by which the City determined whether a site within the Van Ness Avenue Area was "soft" (i.e., susceptible to

[52] Planning Department report on remaining development potential in the Van Ness SUD, per email correspondence from Teresa Ojeda, Planning Department to Ken Rich, Mayor's Office of Economic Development re: Van Ness SUD Housing Analysis (Feb. 3, 2011).
[53] Van Ness Avenue, Master Plan Final Environmental Impact Report.
[54] Planning Department report on remaining development potential in the Van Ness SUD, per email correspondence from Teresa Ojeda, Planning Department to Ken Rich, Mayor's Office of Economic Development re: Van Ness SUD Housing Analysis (Feb. 3, 2011).

development under the VNAP); using those criteria, the Cathedral Hill Hospital and 1375 Sutter MOB sites were not considered potential housing sites.[55]

For a discussion of the relationship of the proposed Cathedral Hill Campus to the 3:1 residential-to-commercial requirements of the Van Ness Special Use District, please see Response LU-21 (page C&R 3.3-95).

Community Benefits

For a discussion of community benefits that may be included in the development agreement, please see Response PH-19 (page C&R 3.5-69).

Construction Caused Vacancies

As is addressed in Response PH-15 (page C&R 3.5-56) and in Response PH-23 (page C&R 3.5-79), construction is a periodic activity that is part of the normal course of activity in a major city like San Francisco. Construction effects, including those that are described taking place near the Emeric-Goodman Building, are temporary in nature, using different types of equipment at different locations on a project site, and are not expected to create long-term disturbances that would be expected to cause long-term vacancies. Thus, such effects would be unlikely to create long-term problems that could create physical environmental effects requiring mitigation.

Comments [Community Benefits]

(Linda Chapman, October 20, 2010) [76-13 PH, duplicate comment was provided in 111-13 PH]

"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.

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 we re-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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-75 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."

[55] VNAP FEIR, page 58: "These existing buildings are generally large and contain businesses which maintain strong economic activity (e.g. Cathedral Hill Hotel, Holiday Inn, Regency Theater) and, based on past and projected economic trends, are not expected to be demolished for new construction or converted to another use."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-45 PH]

"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]

[107] Little Saigon Report, at 3-3.
[108] See Bakersfield Citizens for Local Control v City of Bakersfield, 124 Cal. App. 4th 656, 697"

Response PH-19

The comments state that the project should provide community benefits in neighborhoods around the Cathedral Hill Campus in order to offset adverse effects on the businesses and quality of life in these neighborhoods. The types of community benefits mentioned in the comments include creation or improvement of open spaces, sidewalk and other streetscape improvements, public art, and circulation improvements. The comments also state a concern about adverse effects of traffic on the Tenderloin/Little Saigon neighborhood.

These comments suggest belief in several design and funding considerations that could increase the economic viability of commercial uses in the vicinity of the proposed Cathedral Hill Campus. As noted in Response PH-22 (page C&R 3.5-76), the potential economic effects of the proposed LRDP are not expected to result in significant environmental impacts under CEQA and would not necessitate implementing mitigation. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

CPMC has proposed to establish a fund to contribute to the City's possible future implementation of some or all of the following types of neighborhood community benefit improvements in the vicinity of the near term projects proposed for Cathedral Hill, including in the Little Saigon neighborhood, and in the vicinity of Davies and the St. Luke's campuses. CPMC and the City have been negotiating a proposed development agreement, which as of publication of this C&R document includes conditions related to these improvements. Please see Section 3.23.1.2 regarding the proposed content of the development agreement. By way of example, the proposed funds could be applied to the following types of improvements:

- Corner pedestrian bulb-outs,
- Pedestrian lighting,
- Colored Concrete "safe passages" pathways,
- Sidewalk widening and curb repairs or improvements,
- Landscape,
- Median extensions,
- Undergrounding utilities, and/or
- Select changes in one-way to two-way streets (such as on Ellis and Eddy Streets).

Under the proposed terms, CPMC would not be seeking environmental clearance for these improvements, since they are not part of the Project, nor are these improvements required as mitigation for any impacts

of the Project. The City would be responsible for obtaining future environmental clearances and for the design, scheduling and construction of the improvements and for any necessary supplemental funding. The City would have sole authority to determine whether to proceed with the Tenderloin and Little Saigon neighborhood area improvements and to issue required permits and authorizations. The City would also retain the discretion to modify or select feasible alternatives to the improvements to avoid any identified impacts or concerns that arise in connection with their further review, including any required environmental review under CEQA. Please also see Response TR-126 (page C&R 3.7-220).

The comments about the levels of traffic and pedestrian safety in the Little Saigon neighborhood reflect a concern about existing conditions which would not be substantially affected by the proposed project. Extensive analysis was conducted that examined the potential effects of the proposed project on traffic and pedestrian conditions in the Tenderloin, Polk Gulch, and Little Saigon. As described in Response TR-124 (page C&R 3.7-207), the Draft EIR transportation analysis assumed that traffic would use the roadways in the Tenderloin neighborhood consistent with trip distribution methodology in the *SF Guidelines*. The results of those evaluations are that overall, the increase in vehicle and pedestrian travel demand associated with the proposed Cathedral Hill Campus project would not be expected to result in perceptible effects on vehicle and pedestrian conflicts in the Tenderloin-Little Saigon neighborhood. Please also see Response HC-12 (page C&R 3.23-91) for a discussion of traffic and pedestrian safety in the Tenderloin and Little Saigon neighborhoods.

While the Draft EIR trip distribution assumptions are reasonable for the EIR analysis, and consistent with trip distribution methodology in the *SF Guidelines*, a sensitivity analysis was conducted to determine what effect, if any, would be generated if a higher percentage of motorists traveling to the proposed Cathedral Hill Campus from Superdistrict 1, Superdistrict 3, and the freeway were to use alternate routes, primarily through the SoMa and Tenderloin, rather than those assumed in the Draft EIR. (The sensitivity analysis was prepared for informational purposes only; therefore, the trip distribution used in the Draft EIR was not changed because the analyses remains reasonable and accurate.)[56] The results of that analysis illustrated that should the proposed Cathedral Hill Campus increase vehicle trips through the Tenderloin neighborhood study area,that could increase the number of conflicts between vehicles, pedestrians, and bicyclists, this increase would not result in significant impacts. Although the impacts on pedestrians (Impact TR-40 identified in the Draft EIR) were determined to remain less than significant, even under this supplemental analysis, as part of the community benefit contributions described above, the project sponsor would provide funding for the further study, analysis, planning and possible implementation of additional streetscape, pedestrian, and related improvements in the vicinity of the proposed LRDP campuses. This would provide funding for the improvement to the pedestrian and bicycling environment. Please also see Response TR-124, page C&R 3.7-207).

The issue of traffic circulation and pedestrian safety in the Tenderloin, Polk Gulch, and Little Saigon is discussed at some length in several responses to comments in section 3.7 Transportation of this Comments and Responses document. In particular, Response TR-63 (page C&R 3.7-110) provides discussion of the potential effect of the proposed project on pedestrian safety. Response TR-64 (page C&R 3.7-119) provides a discussion of traffic circulation effects. Response TR-83 (page C&R 3.7-152) addresses parking conditions in the neighborhood. Responses TR-124 and TR-125 (pages C&R 3.7-207 through 3.7-214) explain the analysis and conclusion of the supplementary transportation study, and Response TR-126 (page C&R 3.7-220) addresses the Tenderloin-Little Saigon Neighborhood Transportation Plan.

[56] *Supplemental-Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA*", which is located in Appendix E of the C&R document.

3.5.1.11 EFFECTS ON COMMERCIAL USES

Comment [Effects on Japantown]

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-124 PH, duplicate comment was provided in 30-124 PH]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-133 PH, duplicate comment was provided in 30-133 PH]

"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."

(Bob Hamaguchi—Japantown BNP Organizing Committee, October 12, 2010) [47-2 PH, duplicate comment was provided in 50-2 PH]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-53 PH, duplicate comment was provided in 108-53 PH]

"The DEIR also has not analyzed impacts on Japantown, as referenced in the email sent to the City on October 8, 2010 by the Japantown BNP Organizing Committee."

(Hiroshi Fukuda, September 23, 2010) [PC-163 PH]

"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."

Response PH-20

The comments raise questions about the effects of the proposed Cathedral Hill Hospital and Campus on the vitality of businesses in Japantown, and the related effect of those business effects on the cultural integrity of Japantown. The comments specifically address concern about adverse effects on Japantown businesses due to excessive traffic and increased use of parking spaces, decreasing accessibility of Japantown businesses by their customers.

These comments address social and economic effects that are relevant under CEQA only insofar as they suggest a linkage between the proposed project and an adverse physical environmental effect, or to the extent that they provide a measure of the significance of an adverse physical environmental effect.

Retail Demand in Japantown and Its Urban Decay Potential

The surrounding demographic characteristics and corresponding retail purchasing power are relatively strong around San Francisco's Japantown. According to ESRI Business Analyst online, approximately 81,000 residents with average household incomes of approximately $98,000 are within a 2-minute drive time radius of the Japan Center. Furthermore, the daily population around Japantown is expected to increase with construction of the proposed Cathedral Hill Campus (estimated at approximately 9,600

persons), which could result in an increase in daytime spending and, therefore, benefit local businesses and commercial spaces in the area.

The proposed LRDP is projected to have a San Francisco jobs multiplier of 1.35.[57] Therefore, for every one job generated at one of the CMPC campuses under the proposed LRDP, an additional 0.35 indirect or induced jobs would be generated in San Francisco. While many of these jobs will be scattered throughout the City, a share of these indirect and induced jobs would likely be captured in the surrounding commercial areas because of increased business activity generated under the LRDP. In short, Japantown has strong surrounding retail market demographic conditions that would be expected to remain relatively unchanged and likely to benefit from increased activity at the proposed Cathedral Hill Campus. Thus, it is highly unlikely that the proposed LRDP would lead to long-term, permanent, and widespread commercial vacancy or other adverse economic impacts on Japantown.

Traffic and Parking in Japantown

The Draft EIR contained analyses of traffic and parking effects in and around Japantown. The conclusion of the analyses was that the traffic increases on streets in Japantown would be modest and would not adversely affect levels of congestion, and that parking effects also would not be material. CPMC has indicated that it does not intend to lease any more parking spaces than are currently leased in the Japan Center Garage. The modest effects on Japantown circulation would be unlikely to result in any material adverse effects on the business climate in Japantown. There are several responses in section 3.7 Transportation of this C&R which discuss traffic and parking impacts in Japantown. Please see Response TR-22 (page C&R 3.7-44) for a discussion of Japantown parking, Response TR-56 (page C&R 3.7-93) for a discussion of the CPMC shuttle including service to the Japan Center Garage, Response TR-76 (page C&R 3.7-146) regarding the continued future use of the Japan Center Garage, Response TR-86 (page C&R 3.7-154) regarding the analysis of traffic and parking conditions in Japantown, and Response TR-129 (page C&R 3.7-227) for an overview of the analysis of transportation effects in Japantown.

Comments [Medical Monoculture]

(David Mardis, October 17, 2010) [61-1 PH]

"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?

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

[57] Economic Planning Systems, *Regional Multipliers for CPMC Economic Impacts*, Memorandum from Rebecca Benassini and Tepa Banda, EPS to Geoffrey Nelson and Alan Loving, CPMC, March 23, 2011, Table 1, page 3.

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."

(Carol and Michael Stack, October 18, 2010) [62-4 PH]

"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 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?"

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-11 PH]

"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."

(Linda Chapman, October 20, 2010) [76-12 PH, duplicate comment was provided in 111-12 PH]

"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. 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.

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-38 PH, duplicate comment was provided in 108-38 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)."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-41 PH, duplicate comment was provided in 108-41 PH]

"None of these potential land use changes induced by the Long Range Plan have been addressed in the DEIR."

Response PH-21

The comments state concern about the creation of a "medical monoculture" near the Cathedral Hill Campus, and related concern regarding potential displacement of existing local businesses. The comments further state that the proposed project could trigger an expansion of chain restaurants in the vicinity of the LRDP campuses. The comments also state a concern that the hospital population will spend dollars at businesses internal to the campus and not support such uses in the local neighborhood.

There is no evidence in the record to support the statements and suppositions made in the comments. The question of whether a major medical facility or health care campus attracts medical businesses to the exclusion of other business types can be readily understood by examining the business pattern around existing facilities. AECOM surveyed businesses around three major health care campuses to collect data on business type and pattern. The surveys were conducted at the CPMC California campus, the CPMC Pacific Campus, and the UCSF Parnassus Campus, and involved walking surveys of commercial uses located within a two-block radius of the CPMC campuses. For the UCSF Parnassus campus, the survey

was extended to three blocks to better capture nearby commercial corridors. C&R Table 3.5-5, page C&R 3.5-74, presents the results of the surveys.

The data collected in the survey indicate that a plethora of retail and service businesses operate in the vicinity of all campuses. For most retail or service categories, the vast majority of the businesses were local, independent entities; a very limited number of chain businesses were found in the commercial corridors near these major hospitals. The only retail category that seemed to be dominated by chains was coffee shops where more than half of all such businesses around the CPMC campuses were chains. Thus, there is no evidence to support the statement that the proposed LRDP would lead to an expansion of chain businesses near campus locations; in fact, the evidence shows that independent businesses thrive in the business climate near major health care campuses in San Francisco.

C&R Table 3.5-5
Business Survey of Medical Campus Neighborhoods

Business Type	CPMC California Campus[1]				CPMC Pacific Campus[1]				UCSF Parnassus Campus[2]			
	Total	Non-Chain	Chain	Chain %	Total	Non-Chain	Chain	Chain %	Total	Non-Chain	Chain	Chain %
Prepared Food	7	5	2	28.6	23	21	2	8.7	20	20	0	0
Coffee Shop	3	1	2	66.7	6	1	5	84.8	2	2	0	0
Grocery	3	3	0	0	3	3	0	0	7	7	0	0
Retail Goods	23	18	5	21.7	62	57	5	8.1	8	7	1	12.5
Services[3]	38	31	7	18.4	55	52	3	5.5	29	29	0	0
TOTAL	74	58	16	21.6	149	134	15	10.1	66	63	1	1.5

Notes:
[1] Survey of businesses within a two block radius of campus.
[2] Survey of businesses within a three block radius of campus.
[3] "Services" represents the number of buildings that contain services. Many of the buildings contain multiple service businesses.
Source: AECOM, March 2011

Furthermore, there is also no evidence that validates the concern that the expansion of existing or creation of a new health care campus as proposed under the LRDP would lead to the development of a medical monoculture in the local business community. Again, to the contrary, the evidence suggests that a portion of the service industry around the campuses will ultimately accommodate medical uses and related services, but not to the degree that the demand for such uses will restrict the ability of non-medical uses to operate successfully. As presented in C&R Table 3.5-6, page C&R 3.5-75, in the survey of three existing health care campuses in San Francisco, the percentage of services that contained medically-oriented uses in the blocks surrounding the campus ranged from less than 10 percent to around 35 percent; thus, a majority of the businesses around these campuses remain non-medical.

C&R Table 3.5-6
Survey of Service Uses in Medical Campus Neighborhoods

Business Type	CPMC California Campus[1]				CPMC Pacific Campus[1]				UCSF Parnassus Campus[2]			
	Total	Medical	Non-Medical	Medical %	Total	Medical	Non-Medical	Medical %	Total	Medical	Non-Medical	Medical %
Services[3]	38	13	25	34.2	55	9	46	16.3	29	2	27	6.7

Notes:
[1] Survey of businesses within a two block radius of campus.
[2] Survey of businesses within a three block radius of campus.
[3] "Services" represents the number of buildings that contain services. Many of the buildings contain multiple service businesses.
Source: AECOM, March 2011

Finally, there is no evidence in the record to support the conclusion that food services located within the future LRDP campuses would "out compete" food services in the neighborhoods surrounding the campuses. In fact, based on the count of such businesses in the neighborhoods, prepared food services located within the health care campus represent less than 25 percent of the prepared food businesses in the local neighborhood (see C&R Table 3.5-7, page C&R 3.5-75).

C&R Table 3.5-7
Survey of Prepared Food Uses in Medical Campus Neighborhoods

Business Type	CPMC California Campus[1]				CPMC Pacific Campus[1]				UCSF Parnassus Campus[2]			
	Total	Off-Site	In-Hospital	In-Hospital %	Total	Off-Site	In-Hospital	In-Hospital %	Total	Off-Site	In-Hospital	In-Hospital %
Prepared Food	8	7	1	12.5	25	23	2	8.0	26	20	6	23.1

Notes:
[1] Survey of businesses within a two block radius of campus.
[2] Survey of businesses within a three block radius of campus.
Source: AECOM, March 2011

The comments are noted. The comments address primarily social and economic concerns. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments [Other Effects on Businesses near Cathedral Hill Campus]

Other Effects

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-34 PH, duplicate comment was provided in 114-34 PH]

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

(Linda Chapman, October 20, 2010) [76-27 PH, duplicate comment was provided in 111-27 PH]

"Economic impacts of traffic congestion and noise for small businesses and the already stressed NCO require consideration. As the pedestrian environment declines, customers from outlying neighborhoods can take their business elsewhere."

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."

(Lower Polk Neighbors, October 19, 2010) [103-37 PH, duplicate comment was provided in 113-37 PH]

" 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
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:

2. Permanent medicinal herb garden
3. Community garden to grow produce for local community shelters
4. 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

(Dina Hilliard, September 23, 2010) [PC-51 OTH]

"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 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."

Response PH-22

The comments regard anticipated impacts on surrounding merchants and businesses as a result of proposed LRDP construction. Specific concern is raised regarding (1) the effects of increased congestion and on-street parking on neighborhood businesses, (2) the comparative retail demand created by hospital uses compared to residential uses, (3) the effects of the proposed project on economic development in the vicinity of the Cathedral Hill Campus, and (4) the effects of the proposed project on educational and economic opportunities for youth.

Congestion Effects on Neighborhood Businesses

The supposition that higher levels of street traffic would have adverse effects on local businesses is not supported by evidence in the record. To the contrary, anecdotal observation suggests that the highest value retail stores in San Francisco are in the vicinity of Union Square where street traffic is high and congestion is common. Further, the evidence strongly suggests that higher levels of traffic are desirable to retailers. More specifically, the Journal of Property Management reported on a survey that concluded that "the more exposure a center has, the better the chances of having 'stop by' business. Thus, 47.9 percent of the respondents felt it 'very important' and 45.7 percent felt it 'somewhat important' to have high traffic counts at the center they chose."[58]

As such, the supposition that there would be adverse effects on businesses due to additional traffic on commercial streets in the neighborhoods around the proposed Cathedral Hill Campus is not supported by evidence.

Retail Demand Generated by Housing and Non-Housing Uses

The comments included statements regarding the comparative effects on nearby businesses of residential and non-residential uses. To understand the economic effect of land use decisions requires an examination of the spending patterns of people as residents and as workers. According to the California Board of Equalization, in 2009 the average California resident spent approximately $8,100 on retail goods and food services.[59] Converting from per capita retail expenditures to per household expenditures by applying the average household size in San Francisco results in average per household expenditures of approximately $18,200, and applying the 1.37 workers per household factor means that retail expenditures were approximately $13,200 per worker in a household (not adjusting for income).

Generally, people spend more near their place of residence than at their place of work. The International Council of Shopping Centers (ICSC, 2004) performed a survey of workers to understand their spending behavior near their work. Workers averaged from $2,950 to $3,290 per year near the place work, depending on the retail offerings available at their place of work.[60] Adjusting for inflation, workers would spend roughly from $3,450 to $3,850 per year. Thus, if roughly $3,900 a year of a worker's spending potential occurs near its place of work, then the remaining $9,300 is spent in other locations. The vast majority of the remaining purchasing power is spent in the proximity of their residence. In other words, there is a positive local purchasing power correlation, on average, in converting employment uses to residential uses so long as the residential densities are relatively similar to the employment densities of the subject property.

As it pertains to the Cathedral Hill Campus, according to Table 4.3-10 of the Draft EIR (Draft EIR page 4.3-16), it is conservatively estimated that the proposed LRDP would increase employment on the site from approximately 760 workers today to approximately 4,790 workers in 2015 and approximately 5,380 workers in 2030. Assuming approximately $3,900 per worker, this would translate into total worker retail spending in nearby neighborhoods of approximately $2,964,000 under existing conditions, rising to approximately $18,681,000 in year 2015 and $20,982,000 in year 2030. This future level of local area retail spending is the equivalent of approximately 2,000 residential units in year 2015 and approximately 2,250 in year 2030.

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58 Smith, Charles A., Lloyd N. Garbarino, and John Martini. "Analyzing the leasing criteria of retail tenants." Journal of Property Management, Institute of Real Estate Management Audience, Nov-Dec, 1992, v57, n6.

59 California State Board of Equalization, Research and Statistics Section, *Taxable Sales In California (Sales & Use Tax) During 2009,* Forty-Ninth Annual Report, *Table 1. Statewide Taxable Sales, By Type Of Business, 2009,* California, 2009.

60 International Council of Shopping Centers (ICSC), *Office Worker Retail Spending Patterns*, New York, 2004, pp. 104-106.

Under the current land use designations, the three sites in the Cathedral Hill Campus have the capacity to accommodate up to 753 units, which would generate local area spending of $7,002,900 per year.[61] This level of local area spending would be approximately $12,000,000 to $14,000,000 per year less than under the proposed LRDP uses.

The above analytical exercise is based upon reasonable assumptions and was undertaken to be fully responsive to the questions raised in the comments. However, the requirement under CEQA is that an EIR evaluate the adverse physical effects of the project in light of the existing conditions that exist today. While the information provided above may be of interest and use to the public and the decision-makers, it is not relevant to the adequacy of the EIR.

Project Effects on Local Economic Development

Concerns about local economic development typically relate to the potential for additional jobs for area residents. As is described in more detail in Response PH-26 (page C&R 3.5-90), as part of its proposed LDRP, CPMC would enter into a "First Source Hiring Program" agreement with the City of San Francisco, pursuant to Chapter 83 of the Administrative Code. The purpose of the program would be the creation of employment opportunities for qualified San Francisco residents. These jobs would be available to and convenient for residents of neighborhoods around the LRDP campuses, including the neighborhoods around the Cathedral Hill Campus.

Effects on Education and Economic Opportunities for Youth

Issues related to education and economic opportunities for youth are social and economic issues that are relevant under CEQA only insofar as they link a proposed project to an adverse physical environmental effect or they provide a measure of the magnitude of such an impact (also see Response INTRO-7 (page C&R 3.1-17). The commenter provides no evidence that the proposed LRDP would impact educational and economic opportunities for young people in a manner that would or could result in a physical change to the environment, or that would provide a measure of the magnitude for a related physical environmental impact, and thus consideration of such issues in the Draft EIR is not required under CEQA.

Comments [Construction Effects On Businesses In Neighborhoods]

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-52 PH, duplicate comment was provided in 30-52 PH]

"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?"

[61] Under the existing SF Planning Code the Cathedral Hill Hospital and MOB sites are designated RC-4 about which the Code allows "[d]welling at a density ratio not exceeding one dwelling unit for each 200 square feet of lot area; provided, that for purposes of this calculation a dwelling unit in these districts containing no more than 500 square feet of net floor area and consisting of not more than one habitable room in addition to a kitchen and a bathroom may be counted as equal to ¾ of a dwelling unit." Based on this density limitation, the maximum units allowable on the 105,733 square foot Cathedral Hill Hospital site would be 529, and the maximum units allowable on the 36,180 square foot Cathedral Hill MOB site would be 181. The 1375 Sutter MOB is designated N-4 with a maximum allowable density of "[o]ne dwelling unit for each 600 sq. ft. of lot area." Based on this limitation, the 25,800 sq. ft. site could accommodate 43 units. In all cases, these are theoretical maximums that would be limited by site-specific constraints, the need to provide parking, etc. and thus represent conservative assessments of the residential development capacity of the Cathedral Hill Campus site.

(Bob Hamaguchi—Japantown BNP Organizing Committee, October 12, 2010) [47-9 PH, duplicate comment was provided in 50-9 PH]

"How long will it take for Japantown business to recover from customers that may have been discouraged from patronizing their businesses due to lack of parking during construction?"

Response PH-23

The comments express concern regarding impacts on surrounding merchants and businesses as a result of proposed construction at CPMC campuses. Specific concern is raised regarding the potential effects on business due to loss of on-street parking during construction.

The comments address primarily social and economic concerns which are relevant under CEQA only insofar as they provide a linkage between the proposed project and a physical environmental effect, or represent a measure of the significance of a physical environmental effect. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. These comments may be considered by the decision-makers as part of their deliberations on the project.

The comments raise questions about the effect of the construction activities on the economic performance of businesses in the vicinity of the CPMC campuses which would experience construction under the LRDP. It is important to note that while the comments raise questions about effects on businesses and express concern about a temporary loss of customers during construction, they do not expressly identify a connection between those potential effects and physical environmental effects. Further, the commenters opinions are unsubstantiated, and do not include or refer to substantial evidence that supports the concern about business effects.

One of the ways that an economic impact can be connected to a physical impact is through economic forces that can lead to blight or urban decay. In this case, it is not the financial or economic consequences on businesses that are relevant under CEQA, but the potential that increased competitiveness or business disruption can lead to long-term or permanent vacancies, which can in turn lead to deferred maintenance or building abandonment causing urban decay (e.g., unkempt grounds and graffiti that mars the visual environment, deterioration of historic structures, etc.). The analysis, therefore, needs to determine if the project would negatively impact commercial space to the point of causing long-term or permanently vacant commercial space, and not allow for a potential shift in the type of business that could occupy a given space but would continue to result in viable non-residential buildings. Temporary changes to building vacancy rates, or changes in lease terms, are primarily economic issues and are not considered significant environmental factors under CEQA.

Construction Project Case Study

Construction of the San Francisco Federal Building (Federal Building) is a useful comparison to the proposed CPMC project in terms of the effect of building construction on surrounding long-term vacancy rates in the central areas of San Francisco. According to project architects Morphosis, the Federal Building occupies a 605,000-square-foot space on a 2.1 acre site.[62] Construction of the Federal Building took place from 2003–2007. Using U.S. Postal Service (USPS) vacancies data, aggregated by the U.S. Department of Housing and Urban Development (HUD),[63] it is possible to compare vacancies in the

[62] http://morphopedia.com/projects/san-francisco-federal-building. Accessed December 22, 2010.

[63] The U.S. Department of Housing and Urban Development (HUD) partners with the U.S. Postal Service (USPS) to provide a database of addresses identified by the USPS as having been "vacant" or "No-Stat" in the previous quarter. These addresses are aggregated at the Census Tract level, represent the universe of all addresses in the United States, and are updated every 3 months. No-Stat addresses represent abandoned properties or those under construction.

census tract surrounding the Federal Building during the time of construction to vacancies in the same tract after the time of construction.[64]

After the first quarter of 2006, USPS recorded an 11.1 percent vacancy rate in the area around the Federal Building.[65] This vacancy rate included all addresses, including commercial, residential, and institutional. Three years after construction of the Federal Building, after the first quarter of 2010, USPS recorded an 8.66 percent vacancy rate in the area around the Federal Building.

In terms of the length of vacancies, the area around the Federal Building does not vary significantly from San Francisco as a whole. By the first quarter of 2010, 28 percent of vacancies were vacant for 36 months or longer in the area around the Federal Building, compared to a 25 percent average in San Francisco.

The experience of the area around the Federal Building suggests that construction projects in San Francisco do not create substantial long-term vacancies that result in physical urban decay or major displacement. Although differences exist between the area around the Federal Building and the Cathedral Hill neighborhood, the relevant experience around the Federal Building suggests that the strong property market in San Francisco leads to short-term vacancies, if any, during and following the completion of construction projects.

In summary, little evidence suggests that the proposed LRDP would result in long-term or permanent vacancies in surrounding and nearby non-residential buildings that would result in lasting urban decay. Although the financial performance of local businesses might be positively or negatively affected during construction, theses individual cases would not result in a physical change that would lead to indirect environmental impacts.

3.5.1.12 EMPLOYMENT MITIGATION

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [93-84 PH]

"**Feasible Mitigation Measures to Reduce or Eliminate Potentially Significant Environmental Impacts:** The DEIR does not identify any mitigation measures to address employment impacts because 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 agreements 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).

[64] Vacancies refer to addresses that delivery staff on urban routes have identified as being vacant (not collecting mail) for 90 days or longer.

[65] The area around the Federal Building is defined as Census Tract 176.01.

Response PH-24

The comment suggests that the implementation of employment mitigation measures could reduce or avoid significant impacts on certain environmental resources, including transportation, air quality, etc. The comment identifies that the hiring of employees that live near the campus sites would reduce housing demand, and transportation and other-related effects, and suggests specific measures that could be put in place.

As is described in the Chapter 4.3 of the Draft EIR and elsewhere in this section of the C&R document, the expansion in employment associated with the proposed LRDP, in and of itself, would not create significant impacts that require mitigation. Separately, the Draft EIR included assessments of the transportation, air quality, noise and other impacts that are affected by employment levels at the proposed project. Where feasible mitigation for these effects exist, they are identified in the Draft EIR and clarified further in this C&R document.

While mitigation for significant employment impacts are not identified in the Draft EIR, as part of its proposed LDRP, CPMC would enter into a "First Source Hiring Program" agreement with the City of San Francisco, pursuant to Chapter 83 of the Administrative Code. The purpose of the program would be the creation of employment opportunities for qualified San Francisco residents. These jobs would be available to and convenient for residents of neighborhoods around the LRDP campuses, including the neighborhoods around the proposed Cathedral Hill Campus. This program would have the effect of facilitating CPMC employment of residents of San Francisco including nearby neighborhoods with concomitant environmental benefits. Please see Response PH-26, page C&R 3.5-90, for a discussion of the proposed hiring programs.

3.5.1.13 INDIRECT AND INDUCED ECONOMIC IMPACTS

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-55 PH]

"The DEIR failed to account for the additional indirect employment (based on a reasonable multiplier) generated by Project construction. As a result, net new demand for housing will likely be even greater."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-62 PH]

"1. The DEIR fails to account for the additional indirect employment (based on a reasonable multiplier) 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-80 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 in 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 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 on the specific types of jobs being created. The redevelopment of the St. Luke's campus 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.

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. 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. Not only must a revised DEIR include 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 classification and salary."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-81 PH]

"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."

Response PH-25

The comments state that the employment projections do not include the indirect and induced employment generated from the proposed LRDP, nor the construction employment-related housing demand, and request that the analysis be re-conducted including those employment figures. The comment cites a study of a hospital in Kentucky and that the study indicates a very high employment multiplier for hospital jobs. Further, the comments state that revisions are necessary to the traffic, air quality, GHG, urban decay, and housing-related impact analyses.

The following response discusses the conservative methodology used to determine employment growth at the CPMC campuses in San Francisco, which conservatively internalize housing demand of many workers that might already work and live in San Francisco. The response also addresses the indirect and induced jobs generated as a result of the proposed LRDP and its corresponding household formation effects in San Francisco. Furthermore, the response provides a discussion of construction workers and their potential to generate localized housing demand in San Francisco.

Conservative Approach to Internalizing Employment Growth

The employment growth estimates in the population and housing section of the Draft EIR conservatively assume that one hundred percent of the new personnel locating to the proposed Cathedral Hill, Pacific, St. Luke's, and Davies Campuses beyond those relocating from other campuses would be net new personnel to San Francisco that would generate additional housing demand in San Francisco and the Bay Area overall. By treating all of the workers who are not simply transferring from one CPMC campus to another as net new employment, i.e., all except for the employees that are existing CPMC employees or affiliated employees that would simply be shifting their CPMC location of workplace, the proposed LRDP is extremely conservative in its assessment of environmental impacts and overstates the housing demand anticipated to be generated under the proposed LRDP. For example, if there are employees in a privately owned and operated laboratory renting space near the California campus who in the future relocate their laboratory into the Cathedral Hill MOB, those employees are treated as net new employees to San Francisco, when in fact it is likely that they are currently both employees and residents of San Francisco, conditions that would not change with a simple move from a private leased space to space in a building

owned by CPMC. For more information regarding the conservative nature of the employment estimates, please see Response PH-3 (page C&R 3.5-7).

Indirect and Induced Employment Generation

Several comments request that the EIR provide a precise estimate of indirect and induced employment generation. In this context indirect employment generation would be the jobs created by the direct purchases of goods and services in the San Francisco marketplace by CPMC. Induced employment generation would be the jobs created from the expenditures by CPMC employees on goods and services in the marketplace.

For a variety of reasons, it is not reasonable to attempt to depict detailed estimates of indirect and induced employment from projects in CEQA documents. First, each type of business has unique characteristics for employment making precise estimation of indirect and induced employment not practical. Further, and more important, the cumulative analyses contained in the Draft EIR are based on projections of regional growth. These projections capture all residential and employment growth in the Bay Area, and provide the basis for analyses of cumulative transportation effects, air pollutant emissions, greenhouse gas emissions, traffic noise generation, and demand for public services and infrastructure. Since regional growth is incorporated into these cumulative analyses, the environmental effects associated with indirect and induced employment growth have been described in the Draft EIR.

Nevertheless, in order to be as responsive as possible, the following information about "the multiplier effect" is provided. Regarding housing demand by indirect and induced employees, an analysis was performed to determine the indirect and induced job generation in the City by implementing the proposed LRDP. This economic impact analysis indicated that the proposed LRDP is expected to have a jobs multiplier of approximately 1.35.[66] In other words, for every one new job generated from the proposed LRDP, an additional 0.35 jobs would be created elsewhere within San Francisco. These additional jobs would be created as CPMC employees would spend money on goods and services in the local economy. A share of these employees would form households in San Francisco: approximately 190 additional households by 2015, and approximately 250 additional households by 2030. The new household generation was estimated as follows:

- The proposed LRDP employment projection estimates 1,800 additional employees by 2015, and 2,380 additional employees by 2030 (see Table 4.3-10 'Projections of CPMC Full-Time Equivalent Personnel and Share of Citywide Employment" in the Draft EIR, page 4.3-16.).

- The current draft indirect and induced economic multiplier for CPMC in San Francisco is 1.35. Thus, indirect and induced employees would conservatively total 630 by 2015, and an additional 833 by 2030.

- With 500,968 jobs in San Francisco and 211,939 residents working in the city, 42 percent of all jobs in the city are held by San Francisco residents (LEHD 2008). Applying this assumption to indirect and induced employees as a result of CPMC would result in 266 employees by 2015 and 352 employees by 2030 who would choose to live in San Francisco.

- Using an employed residents per household factor[67] of 1.37,[68] household formation totals 191 households by 2015 and 253 households by 2030.

[66] Economic Planning Systems, *Regional Multipliers for CPMC Economic Impacts*, Memorandum from Rebecca Benassini and Tepa Banda, EPS to Geoffrey Nelson and Alan Loving, CPMC, March 23, 2011, Table 1, page 3.

[67] This ratio is the number of employed persons per household, containing an employed person. Households that do not contain an employed person are excluded from the ratio.

With approximately 18,340 new households in San Francisco from 2006 to 2015 and 47,210 new households from 2006 to 2030[69], this household formation as a result of indirect and induced multiplier effects constitutes conservatively 1.0 percent of the City's projected growth from 2006 to 2015 and less than 1.0 percent of projected growth from 2006 to 2030. When combining the indirect and induced household formation to the direct household formation estimated under the proposed LRDP, conservatively the LRDP would account for approximately 5 percent of projected household growth from 2006 to 2015 and 4 percent of projected growth from 2006 to 2030. The cumulative increase in housing demand would remain well within ABAG projections and could be accommodated by San Francisco's existing available vacant housing supply, planned new housing supply, pipeline projects under review and new housing that would be funded as per the project sponsor's proposed commitment, as discussed in Section 4.3 in the Draft EIR, and in Response PH-11 (page C&R 3.5-43).

In summary, the marginal increase in household formation from indirect and induced multipliers combined with the conservative nature of the employment growth estimates and the nature of construction employment, the significance findings described in Section 4.3, "Population, Employment, and Housing" in the Draft EIR analysis would remain less than significant.

Multiplier Studies of Hospitals and Health Care Centers in Other Localities

The comments note several other studies of the indirect and induced employment generation from hospital jobs; however, the data from those studies is inaccurately presented, as noted below.

The comments cite a study of the economic impacts of physicians in Oregon. More specifically, the cited study appears to be an August 2010 study published by the Oregon Healthcare Workforce Institute entitled "The Economic Contributions of Oregon's Physician Practices."[70] A careful examination of that study shows that the results indicated that "[s]tatewide on average, one physician contributed 13 direct jobs to the state's labor market."[71] The study also reported that on average across the state, for each physician there were an additional 12 indirect and induced jobs created.[72] This would seem to indicate a statewide average of 0.85 indirect and induced jobs created for every direct job (the individual physician plus the direct jobs). However, it is reasonable to expect that the employment multiplier is greater in smaller communities where there are fewer complementary uses already in existence, requiring new complementary jobs to support each physician. This is confirmed by looking at the data reported for Multnomah County which contains the City of Portland and is of comparable size to San Francisco and immediately surrounding environs. The Oregon study indicates that in Multnomah County, a total of 3,453 physicians generate a total of 42,422 direct jobs and an additional 15,861 indirect and induced jobs. Thus, a total of 45,875 direct employees (physicians plus other direct jobs) generate 15,861 indirect and induced jobs, or for every direct job there are 0.35 indirect and induced jobs created somewhere in the local economy.[73] This is comparable to the estimates discussed above and substantiated in footnote 67.

The comments also cite a study of the Rockcastle County Hospital and Respiratory Care Center, noting that the study showed that there were 48 local jobs created for every hospital job. This is a vast overstatement of the multipliers actually cited in the study. More specifically, the study cited was prepared in 2005 by the University of Kentucky Department of Agriculture Cooperative Extension Program, and is entitled "Economic Impact of Rockcastle County Hospital and Respiratory Care Center,

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68 U.S. Census, 2000, Employed Residents per Household in San Francisco.
69 ABAG Housing Forecast, 2007.
70 Isrigg, Jo, Ph.D.; Beleiciks, Nick, MA; Moorhead, John, MD; MS, Dodson, Lisa, MD; Swendsen, Jennifer; Conklin, Joy; O'Beck, Reina, MS, Oregon Healthcare Workforce Institute, *The Economic Contributions of Oregon's Physician Practices*, August 2010.
71 Ibid, page 6.
72 Ibid, page 9.
73 Ibid, Table 1, page 6, and Table 2, page 9

Inc. On Four Kentucky Counties: Fayette, Jefferson, Franklin, and Madison."[74] This study examined the economic impact of a regional hospital on four rural counties surrounding the county that houses the hospital. One county is the place of residence of 33 hospital employees, another county houses three hospital employees, and two counties are the place of residence of none of the hospital employees. These surrounding counties are estimated to have employment multipliers ranging from 1.20 to 1.53. Fayette County, home to three hospital employees, is estimated to have an employment multiplier of 1.48. The applicability of this study is very limited as it explores the effect of the regional hospital on surrounding rural counties that do not house many hospital employees. Rather, a more useful examination would be in an earlier study that was prepared by the same authors in August 2004 by the University of Kentucky Department of Agriculture Cooperative Extension Program, and is entitled "Economic Impact of Rockcastle County Hospital and Respiratory Care Center, Inc. On Rockcastle County, Kentucky."[75] Rockcastle County is home to the City of Mount Vernon which, in turn, is home to the Rockcastle Regional Hospital and Respiratory Care Center. The study reports that in Rockcastle County the hospital creates 484 direct jobs, and 104 indirect and induced jobs for an employment multiplier of 1.25. The study states that "for every Rockcastle Hospital job, an additional 0.25 jobs are created in the local economy."[76] This is a much more moderate effect than predicted for the smaller, rural surrounding counties.

Local Housing Demand Generated from Construction Employment

In terms of housing demand generated from construction jobs, the analysis assumed that these workers would not make long-term housing relocation decisions based on a single job because of the cyclical and temporary nature of the work. For additional discussion of this issue, please see Response PH-8 (page C&R 3.5-27).

3.5.1.14 HIRING PRACTICES

Comments [General Comments on CPMC Hiring]

(SEIU United Healthcare Workers Bargaining Committee, September 23, 2010) [33-2 PH]

"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 I, 2017

[74] Scorsone, Eric, PhD, Kentucky Rural Health Works (University of Kentucky Department of Agricultural Economics, Kentucky State Office of Rural Health, University of Kentucky Center for Rural Health, University of Kentucky Cooperative Extension Service), *Economic Impact of Rockcastle County Hospital and Respiratory Care Center, Inc. On Four Kentucky Counties: Fayette, Jefferson, Franklin, and Madison*, January 2005.

[75] Scorsone, Eric, PhD, Kentucky Rural Health Works (University of Kentucky Department of Agricultural Economics, Kentucky State Office of Rural Health, University of Kentucky Center for Rural Health, University of Kentucky Cooperative Extension Service), August 2004.

[76] Ibid, page 11.

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."

(Sandra Manning, September 23, 2010) [31-3 PH], duplicate comment was provided in PC-122 PH]

"• 10,000 new jobs will be created. Will I be considered for one? Not if CPMC has its way."

(Sandra Manning, September 23, 2010) [31-6 PH], duplicate comment was provided in PC-125 PH]

"• Neighborhood residents get priority hiring

• CPMC has a choice to pursue a "win-win" approach

• CPMC can be a good neighbor if it chooses to be"

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-56 PH]

"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 resident s, particularly the unemployed and the economically disadvantaged!' 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.

[142] *Id.*
[143] San Francisco Administrative Code § 83.2.
[144] San Francisco Administrative Code 83.11."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-58 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%). 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-59 PH]

"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."

(Lopez Perez, September 23, 2010) [PC-48 PH]

"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."

(Marc Anthony, September 23, 2010) [PC-57 PH]

"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."

(Erin Chin, September 23, 2010) [PC-70 PH]

"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 families West of the Mississippi."

(Erin Chin, September 23, 2010) [PC-72 PH]

"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…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."

(James Tracy, September 23, 2010) [PC-77 PH]

"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 engine of grassroots economic development that provide the jobs and the health care? Or are we going to see an engine of displacement?"

(Peggy Lindor, September 23, 2010) [PC-101 PH]

"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."

(Paul Lentz, September 23, 2010) [PC-104 PH]

"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."

(Yolanda Jones, September 23, 2010) [PC-106 PH]

"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."

(Margarita Mena, September 23, 2010) [PC-118 PH]

"The one thing I want to talk about is also the jobs. We have a lot of people in the neighborhood, and are the people in the neighborhood going to get the jobs?"

(Lorenzo Listana, September 23, 2010) [PC-128 PH]

"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."

(Lidia Pantig, September 23, 2010) [PC-146 PH]

"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."

(Patricia Ruiz, September 23, 2010) [PC-168 PH]

"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."

(Patricia Ruiz, September 23, 2010) [PC-170 PH]

"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."

(Natalie Logan, September 23, 2010) [PC-171 PH]

"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."

(Natalie Logan, September 23, 2010) [PC-173 PH]

"It will also open up job opportunities for the residents of the San Francisco community."

(Paul Dziadij, September 23, 2010) [PC-179 PH]

"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."

(Florence Kong, September 23, 2010) [PC-191 PH]

"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."

(Florence Kong, September 23, 2010) [PC-192 PH]

"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."

(Reverend Arnold Townsend, September 23, 2010) [PC-196 PH]

"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 of those training programs and work at these hospitals when they are open, or any hospital for that matter."

(Reverend Arnold Townsend, September 23, 2010) [PC-197 PH]

"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."

(Guillermo Rodriguez, September 23, 2010) [PC-212 PH]

"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."

(Guillermo Rodriguez, September 23, 2010) [PC-213 PH]

"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."

(Guillermo Rodriguez, September 23, 2010) [PC-214 PH]

"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 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."

(Kamani Hamid [phon], September 23, 2010) [PC-231 PH]

"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."

(Ramon Hernandez, September 23, 2010) [PC-233 PH]

"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."

(Brian Webster, September 23, 2010) [PC-236 PH]

"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."

(Tony Gazetta, September 23, 2010) [PC-276 PH]

"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 brothers and sisters from the building trades is jobs, construction jobs which pay a wage, which allow the workers to support their families."

(Unidentified Speaker, September 23, 2010) [PC-279 PH]

"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."

(Rachel Ubara, September 23, 2010) [PC-296 PH]

"CPMC must also commit to hiring from the communities in which their facilities are and will be operating, not to mention cease from implementing discriminatory practices, something that is currently at the forefront for many of the Filipino nurses and workers at St. Luke's Hospital."

(Fran Taylor, September 23, 2010) [PC-316 PH]

"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."

(Paul Grech, September 23, 2010) [PC-328 PH]

"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 gross receipts tax."

(Commissioner Antonini, September 23, 2010) [PC-356 PH]

"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."

(Commissioner Olague, September 23, 2010) [PC-396 PH]

"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 --First Source Hiring isn't mentioned here."

Response PH-26

The comments suggest that CPMC agree to a first source hiring program and note that the proposed project could have beneficial effects by creating jobs for neighborhood residents.

These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Although social and economic issues are not required to be discussed as part of the CEQA process, the following outlines CPMC's job hiring program and the utilization of San Francisco's priority hiring program.

CPMC is the second largest private employer in San Francisco, with approximately 5,800 FTE employees. As explained on page 4.3-10 in the Draft EIR, approximately 49 percent of those employees live in San Francisco. As part of its proposed LDRP, CPMC would enter into a "First Source Hiring Program" agreement with the City of San Francisco, pursuant to Chapter 83 of the Administrative Code. The purpose of the program would be the creation of employment opportunities for qualified San Francisco residents. The San Francisco Mayor's Office of Economic and Workforce Development (MOEWD) and the CityBuild program (CityBuild) would administer the First Source Hiring Program on behalf of the City.

The program would cover both construction and permanent workforce minimum employment goals.[77] In connection with the design and construction of the LRDP, and with respect to positions for union journeymen and apprentice candidates, CPMC would require its contractor and its subcontractors to work to fill a minimum of 30 percent of such positions with San Francisco residents. In order to achieve this goal, CPMC and its contractors would partner with the Mayor's Office of Workforce Development and CityBuild to meet the following specific local hiring goals:

a. New non-union Administrative and Engineering Candidates: With respect to new Entry-Level Positions for non-union administrative and engineering candidates, a Contractor [General or Building—capitalized terms are defined in First Source Agreement] and its Subcontractors would work to fill a minimum of 50 percent of such new Entry-Level Positions with San Francisco resident System Referrals.

b. New non-union Administrative and Engineering Internship Candidates: With respect to new Entry-Level Positions for administrative and engineering internship candidates, a Contractor and its Subcontractors would work to fill a minimum of 50 percent of such new Entry-Level Positions with San Francisco resident System Referrals.

c. New union Apprentice Candidates: With respect to new Entry-Level Positions for union apprentice candidates, a Contractor and its Subcontractors would work to fill a minimum of 50 percent of such new Entry-Level Positions with San Francisco resident System Referrals who must also be graduates of CityBuild Academy. The Contractor along with its Subcontractors and their applicable unions would confirm the number of new union apprentices that would be required for the project and the annual variability of that demand throughout the course of the project.

d. New and Core (new from union hall and core from existing workforce that has been hired from hall and is working currently for contractor or subcontractor) union Journeymen and Apprentice Candidates: With respect to new and core positions for union journeymen and apprentice candidates, a Contractor and its Subcontractors would work to fill a minimum of 30 percent of such cumulative positions (i.e., 30 percent of journeymen and apprentices positions combined, and not 30 percent in each category) with San Francisco residents. A Contractor's obligation to hire new union entry-level apprentice candidates set forth in Section 2(c) above would be credited towards the Contractor's obligation to hire San Francisco residents under this Section 2(d).

e. Local Business Enterprise Participation: CPMC would work to ensure that at least 14 percent of the cost of all contracts for the project are awarded to contractors or subcontractors that qualify as certified Local Business Enterprises.

The following discussion describes expected permanent workforce opportunities.

CPMC currently works with MOEWD's Health Care Academy (HCA) to identify and hire entry-level applicants for non-construction positions who are residents of the City and County of San Francisco. As part of the First Source Hiring Program, CPMC would expect to hire additional entry-level applicants for non-construction positions during and after the construction of the proposed LRDP, with a CPMC hiring goal of at least 40 San Francisco residents for Entry Level Positions over five years through the HCA or its successor, and will participate in the San Francisco Workforce Development System, pursuant to Chapter 83 of the San Francisco Administrative Code.

Entry Level Position. A non-construction, non-managerial, and non-supervisory position at CPMC that requires neither education above a high school diploma or certified equivalency, and no more than 2 years

[77] Geoffrey Nelson, Director, Enterprise Development, CPMC, memorandum to AECOM, May 26, 2011.

of training or specific preparation. The types of Entry Level Positions that have historically been available at CPMC are as follows:

Vocational:

a. Home Health Aide
b. Phlebotomist
c. EKG Technician
d. Medical Assistant
e. Emergency Medical Technician

Non-clinical/clerical occupations:

a. Medical Administrative Assistant
b. Health Information Technology/Billing

Internship/Externship positions:

a. Medical Assistant
b. EKG Technician
c. Phlebotomist
d. Medical Administrative Assistant
e. Youth Sector Bridge participants

Comments [Regarding Hiring Practices]

(Maria Ragairdo, September 23, 2010) [PC-189 PH]

"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."

(Tina Shanf—National Alliance for Filipino Concerns, September 23, 2010) [41-1 PH]

"FCC- Good Neighbor Coalition - National Alliance for Filipino Concerns NorCal

Also, a now Growing Coalition - more than 40 orgs and individuals – including Filipino Community, Church, Labor, and Student leaders and other community supporters,

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 with those who are expressing in the community and in this room 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 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.

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:

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 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.

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.

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,

On behalf of the Filipino Community organizations, I'm here and hope to schedule the meeting with Dr. Browner and Diana Karner asap."

(Tina Shanf—National Alliance for Filipino Concerns, September 23, 2010) [41-2 PH]

"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.

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."

(Tina Shanf—National Alliance for Filipino Concerns, September 23, 2010) [41-3 PH]

"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."

(Denise Rowe, September 23, 2010) [PC-141 PH]

"So far, I've been very concerned by CPMC. The Tenderloin is a diverse community with a growing Filipino population. The recent exposure of CPMC's discrimination against hiring Filipino nurses is appalling."

(Denise Rowe, September 23, 2010) [PC-142 PH]

"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."

(Tina Shanf, September 23, 2010) [PC-310 PH]

"Good evening, Planning Commissioners. I am Tina Shanf 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 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 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."

(Commissioner Olague, September 23, 2010) [PC-380 PH]

"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."

Response PH-27

The comments claim that the project sponsor has engaged in improper hiring practices.

These comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. This C&R document is not the appropriate venue for discussion of these issues. The issues raised in these comments are regulated by federal, state, and local fair labor and anti-discrimination laws and ordinances. CPMC has provided a memorandum stating its position and indicating that its internal investigation determined that the allegations are incorrect and are not supported by any substantiating evidence.[78]

3.5.1.15 OTHER GENERAL COMMENTS

Comments [Project Support]

(SEIU United Healthcare Workers Bargaining Committee, September 23, 2010) [33-4 PH]

"**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.

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."

(Mary Sirakaryan, September 23, 2010) [PC-50 PH]

"Good afternoon, President Miguel and Commissioners. I am going to continue on 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."

(Joe Kim, September 23, 2010) [23-1 PH, duplicate comment provided in PC-220 PH]

"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. You can ask any of small business owners in this area and you will find out how

[78] Nelson, Geoffrey, California Pacific Medical Center, Memorandum to Brian Boxer, AECOM, March 23, 2011.

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."

(Kamani Hamid, September 23, 2010) [PC-229 PH]

"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."

(Lori Martins, September 23, 2010) [PC-240 PH]

"I 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;"

Response PH-28

The comments include various statements of support for the proposed project. The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments may be considered by the decision-makers as part of their deliberations on the project.

Comment [No Comments]

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-15 PH]

"3) POPULATION AND HOUSING: no specific comments."

Response PH-29

The comment reflects that the commenter has no comments on the population and housing analysis in the Draft EIR. The comment is noted. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.5.2 CATHEDRAL HILL CAMPUS

Comments specific to the Cathedral Hill Campus are responded to in Response PH-18 (page C&R 3.5-67).

3.5.3 PACIFIC CAMPUS

No comments pertaining to population, employment, and housing solely related to this campus were received during public review of the Draft EIR.

3.5.4 CALIFORNIA CAMPUS

No comments pertaining to population, employment, and housing solely related to this campus were received during public review of the Draft EIR.

3.5.5 DAVIES CAMPUS

No comments pertaining to population, employment, and housing solely related to this campus were received during public review of the Draft EIR.

3.5.6 ST. LUKE'S CAMPUS

No comments pertaining to population, employment, and housing solely related to this campus were received during public review of the Draft EIR.

3.6 CULTURAL AND PALEONTOLOGICAL RESOURCES

3.6.1 LRDP

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-166 CP, duplicate comment was provided in 30-166 CP]

"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 startup."

Response CP-1

The comment states concern that information regarding paleontological resources has not been made available to the public, and that potentially significant paleontological and archaeological resource discoveries may occur during proposed LRDP construction activities.

The exact locations of certain types of cultural resources, such as archaeological sites, are exempt from public disclosure so that the individual resource will not be subject to non-scientific disturbance such as looting or collecting (Public Records Act [PRA] Section 6254.10). The fact of the discovery or impact or potential impact to an archaeological site may, however, be publicly disclosed (although the location will remain undisclosed). The implementation of LRDP mitigation measures would be documented in the Mitigation Monitoring and Reporting Program (MMRP), and would be available for public review through the San Francisco Planning Department, Major Environmental Analysis, 1650 Mission Street, Suite 400, San Francisco, CA 94103. Through use of the MMRP, the public could verify if the mitigation measures were implemented and if any resources were discovered. The MMRP would include details of the mitigation implementation, a verification or monitoring schedule, including the frequency of monitoring or reporting to the decision-making body, to ensure that mitigation implementation was adequately completed to the satisfaction of the City.

Although under Impact CP-2 on page 4.4-37 the CPMC LRDP Draft EIR notes the potential exists for the proposed LRDP to significantly affect archaeological resources, the discussion clearly states that with implementation of the archaeological mitigation measures, this potential would be reduced to a less-than-significant level.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-11 CP]

"13.**I cannot comment** today on the sparse information on the paleontological and archaeological portions of this CPM C 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."

Response CP-2

The comment suggests that a lack of information on paleontological and archaeological resources exists in the Draft EIR and the document basically describes the procedures to be used by professionals in investigating and treating these resources.

As noted in Response CP-1 (page C&R 3.6-1), the location of known archaeological resources is protected from public disclosure under PRA Section 6254.10. The appropriate procedures for conducting archaeological investigations that are consistent with the archaeological research design and treatment plans (ARDTPs) for the proposed CPMC LRDP are discussed in Mitigation Measure M-CP-N2 in the Draft EIR, page 4.4-38, and Mitigation Measure M-CP-N3, page 4.4-47. These procedures would be used before and during LRDP construction, consistent with professional standards in California to practically and reliably identify and consider buried archaeological and paleontological remains that could be present at proposed LRDP sites. Please see Response CP-3 (page C&R 3.6-3) for further discussion of the ARDTPs for the proposed LRDP and the procedures that would be undertaken to ensure that any paleontological and archaeological resources that are encountered would be dealt with appropriately.

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-1 CP, duplicate comment was provided in 98-1 CP]

"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.

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."

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-7 CP, duplicate comment was provided in 98-7 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?

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.'"

Response CP-3

The comments state that, on receiving copies of the ARDTPs prepared for the development sites contemplated under the proposed CPMC LRDP, redacted information appeared not to be the type of information protected under PRA Section 6254.10. The comments request confirmation that the recommendations of the geoarchaeological analysis of the ARDTPs (prepared by a geoarchaeologist at Sonoma State University, which include continuous geoarchaeological core samples and archaeological monitoring) have been or will be done.

The information redacted from the archaeological background reports was restricted to information protected from public disclosure under PRA Section 6254.10, including information regarding the horizontal and vertical location of documented or potential archaeological deposits and documented or potential associations of archeological deposits and of any documentation ("reports") concerning the same. Information regarding the locations of archaeological sites is exempt from public disclosure, in part to prevent non-scientific disturbance of such sites as a result of looting or vandalism. In addition, indigenous peoples frequently request that information regarding indigenous sites be withheld from public disclosure because of the patrimonial, religious, or cultural significance of such sites to associated their communities. Also see Response CP-1 (page C&R 3.6-1) for further information.

In response to the concern that continuous geoarchaeological core samples and archaeological monitoring (as recommended in the ARDTPs) be undertaken, several points should be noted. Mitigation Measure M-CP-N2 (beginning on page 4.4-38 of the Draft EIR), addressing potential effects to archaeological resources, specifically requires preparation of an archaeological testing plan for each site (consistent with the ARDTP for the site, including undertaking of continuous geoarchaeological core sampling where deeply buried prehistoric deposits are expected). Secondly, no single archaeological investigation strategy (e.g., archaeological coring, trenching, hand-excavated test units, broad exposures, or monitoring) is the most appropriate (i.e., the most likely to discover an archaeological resource) in all situations. Implementation of Mitigation Measure M-CP-N2, requiring archaeological investigations to be consistent with the ARDTPs, would ensure that the archaeological investigation strategy most appropriate to the type of archaeological resource being investigated will be undertaken.

The possibility that remains could be discovered that could require more than 4 weeks to properly investigate is acknowledged in Mitigation Measure M-CP-N2. The Environmental Review Officer could determine that construction be suspended beyond 4 weeks if such a suspension was the only feasible means to reduce potential effects on a significant archaeological resource to a less-than-significant level.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-2 CP, duplicate comment was provided in 98-2 CP]

"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.'

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.

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."

Response CP-4

The comment references Impact CP-2 in the Draft EIR, the 2006 Sonoma State University documents that state some of the core samples were inadequate, and Mitigation Measure M-CP-N2. The comment suggests that because no drawings for alternative construction to the campus sites are included in the Draft EIR, it might be safe to assume that even if historic or paleontological findings were to occur during construction, after a delay of over 4 weeks, the project could go forward after all laws for such artifacts were followed. The comment suggests that the Draft EIR may not be complete because drawings of alternative construction within the campuses that could avoid any paleontological resources found were not included.

Mitigation Measures M-CP-N3 and M-CP-L3 in the Draft EIR, pages 4.4-47 and 4.4-48, would reduce potential LRDP impacts on paleontological resources at the proposed Cathedral Hill Campus and existing Pacific, Davies, and St. Luke's Campuses to less-than-significant levels because construction workers would be trained by a qualified paleontologist or archaeologist regarding the possibility of encountering paleontological resources, how to identify such resources, and the proper notification procedures should such resources be encountered. In the event that resources were encountered, Mitigation Measures M-CP-

N3 and M-CP-L3 also would require that the construction crew immediately cease work near the find, and CPMC would retain qualified professionals to assess the find and prepare a recovery plan. Construction activities at the site where paleontological resources were discovered would not resume until the recommendations determined by the City to be necessary and feasible were implemented.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-11 CP, duplicate comment was provided in 98-11 CP]

"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."

Response CP-5

The comment states uncertainty over pre-project sampling conclusions, whether additional monitoring and core samples would be taken, and whether, if a large paleontological resource was encountered, that would require a construction delay of more than 4 weeks, alternate building plans would commence. The comment further states that no such plans for this circumstance are included in the CPMC LRDP Draft EIR, and the comment suggest that a mitigation measure should be added as part of the project alternatives to address this possibility.

In response to the concern about the conclusions of the pre-project core sampling and whether additional sampling and monitoring would be performed, please see Response CP-3 (page C&R 3.6-3), which notes that Mitigation Measure M-CP-N2 (beginning on page 4.4-38 of the Draft EIR) requires preparation of an archaeological testing plan consistent with the ARDTP and that implementation of this measure would ensure that the archaeological investigation strategy undertaken is the most appropriate to the type of archaeological resource that is the subject of the investigation.

The discussion of the archaeological sensitivity of project sites under Impact CP-2 in the Draft EIR, beginning on page 4.4-36, acknowledges the potential for the presence of buried archaeological remains. Mitigation Measure M-CP-N2 in the Draft EIR, beginning on page 4.4-38, would provide for preconstruction testing, archaeological monitoring, and other tasks to be implemented for the purposes of identifying and evaluating buried cultural resources. Please see Response CP-3 (page C&R 3.6-3) for further information.

The possibility that paleontological remains could be discovered and could require more than 4 weeks to properly investigate is acknowledged in Mitigation Measure M-CP-N3 in the Draft EIR, beginning on page 4.4-47. This mitigation measure would ensure that the appropriate actions would take place if a potential paleontological resource discovery arose and would provide the procedures that would be implemented under such a scenario. As stated in this mitigation measure, "Recommendations in the recovery plan that are determined by the City to be necessary and feasible *shall be implemented before construction activities can resume* at the site where the paleontological resources were discovered" (emphasis added). This measure does not specify a time limit on how long construction might be held, but would require that it be held until the paleontological discovery was addressed according to the recovery plan. Also see Response CP-3 (page C&R 3.6-3) for further information. Because it would be speculative to assume that archaeological or paleontological resources would be found in any particular location based on known sites in the vicinity of the proposed development sites, no requirement exists under CEQA to provide alternative site configurations that would avoid such resources.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-12 CP, duplicate comment was provided in 98-12 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 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."

Response CP-6

The comment states concern that all possible indigenous people have been made aware of the proposed LRDP.

Native American contacts provided by the California Native American Heritage Commission were informed by letter regarding the proposed CPMC LRDP before release of the Draft EIR. Each letter invited the Native American contact to provide any information regarding sites important to Native American communities or any concerns the Native American community might have regarding the project to the Planning Department. In accordance with California Code of Regulations Section 15064.5, additional Native American consultation would be undertaken if Native American human remains were discovered or were suspected at a specific location before or during project construction, as discussed in Mitigation Measures M-CP-N2, M-CP-L2, M-CP-N4, and M-CP-L4 in the Draft EIR, beginning on page 4.4-38.

3.6.2 CATHEDRAL HILL CAMPUS

Comments

(Bob Hamaguchi—The Japantown BNP Organizing Committee, October 8, 2010) [47-1 CP, duplicate comment was provided in 50-1 CP]

"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."

(Bob Hamaguchi—The Japantown BNP Organizing Committee, October 8, 2010) [47-3 CP, duplicate comment was provided in 50-3 CP]

"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"

(Bob Hamaguchi—The Japantown BNP Organizing Committee, October 8, 2010) [47-10 CP, duplicate comment was provided in 50-10 CP]

"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.'"

(Hiroshi Fukuda, September 23, 2010) [PC-158 CP]

"Good afternoon, Commissioners. My name is Hiroshi Fukuda and I am the Board President of Konko-Kyo 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."

Response CP-7

The comments state concerns that the Historic Resource Evaluation Report (HRER) for the proposed Cathedral Hill Campus does not address the cultural significance of Japantown and that the CPMC LRDP Draft EIR fails to consider the impact of the proposed CPMC LRDP's construction and operation on the parking within and financial viability of Japantown. The comments also state concerns that the Draft EIR fails to recognize the cultural significance of Japantown as the "historical and cultural heart of the Bay Area's Japanese and Japanese American community."

Although the 2008 HRER did not include Japantown in its study area, a 2009 Japantown Historic Resource Survey (Japantown Survey) was prepared as part of the Japantown Better Neighborhood Plan (BNP) [1] and the findings were incorporated into the final 2010 HRER for the CPMC LRDP proposed development at the Cathedral Hill Campus.[2] The Japantown Survey covered approximately 40 city blocks in the Japantown-Fillmore neighborhood of San Francisco's Western Addition. The survey limits were Steiner Street to the west, California Street to the north, Gough Street to the east, and Ellis and O'Farrell Streets to the south. The proposed Cathedral Hill Campus and the 1375 Sutter Medical Office Building (MOB) buildings are located one full block east of the Gough Street survey limit; the other proposed MOB is one block further east.

The 2009 Japantown Survey focused on Japanese and Japanese-American ethnicity and culture, in an effort to address the unique cultural character of the neighborhood and to identify existing and potential historic and cultural resources within the boundaries of the Japantown BNP area. The intent of the Japantown Survey was to allow the Planning Department to integrate the results of this survey into Japantown BNP policies and utilize its findings to make appropriate decisions regarding new development and the preservation of historically and culturally important properties within the Japantown neighborhood.

Through this survey effort, the City identified a preliminary historic district of 95 properties along with a number of individual historically significant properties. However, the boundary of the preliminary historic district, as well as any of the individual historic properties in the preliminary historic district, each are at least three blocks away from the proposed LRDP site at Cathedral Hill.

The comment states concerns about potential impacts of the proposed CPMC LRDP development at the Cathedral Hill Campus to the Japantown historic district or individual historical resources that could be caused by increased LRDP-related traffic, increased parking demand, or financial pressures on existing properties. In relation to historical resources, the concern would be that if traffic or financial pressures resulted in vacancies that would, in turn, lead to demolition by neglect, the integrity of the historical resource could be compromised. This would be closely related to the concept of "urban decay" that is addressed in Response PH-20 (page C&R 3.5-71). Please refer to the Response PH-20 (page C&R 3.5-71) for a discussion of both urban decay and potential negative impacts from reduced parking availability. According to that analysis, the economic viability of Japantown is expected to remain relatively

[1] Glynn, M., and C. Harvey. 2009. 2009 Japantown Better Neighborhood Plan Historic Resources Survey Report. Prepared by Page & Turnbull, Inc. for the San Francisco Planning Department. Available: http://www.sf-planning.org/index.asp x?page=1692. Accessed December 2010.

[2] California Pacific Medical Center. 2010 (February). *Historic Evaluation Report for Cathedral Hill Campus: California Pacific Medical Center*. San Francisco, CA. Prepared by Knapp Architects, San Francisco, CA

unchanged and might benefit from increased activity at the Cathedral Hill Campus area. Thus, it would be unlikely that the buildings and features that make up the historic district would suffer from urban decay, and thus the integrity of the Japantown historic district would remain intact. See also Response TR-86 (page C&R 3.7-154) for a discussion of the potential circulation and parking impacts of the proposed CPMC LRDP development at the Cathedral Hill Campus on Japantown.

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-3 CP, duplicate comment was provided in 98-3 CP]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-4 CP, duplicate comment was provided in 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."

Response CP-8

The comments suggest that significant findings related to the history of children and orphans at the Cathedral Hill Campus site, as well as Mexican-American, Chinese, Japanese, and German settlements in San Francisco might be encountered by proposed LRDP construction at the Cathedral Hill Campus. The comments further suggest careful excavation in an area where a children's home was previously located, and also archaeological monitoring of the same area.

The discussion of the proposed Cathedral Hill Campus site under Impact CP-2 in the Draft EIR, beginning on page 4.4-36, acknowledges the potential for the presence of buried archaeological remains, and Mitigation Measures M-CP-N2 in the Draft EIR, page 4.4-38, would provide for preconstruction testing, archaeological monitoring, and other tasks to be implemented for the purposes of identifying and evaluating buried cultural resources. If, based on the findings of the archaeological testing program described in Mitigation Measure M-CP-N2, buried remains such as those described by the comments were found, an Archaeological Monitoring Program would be implemented in accordance Mitigation Measure M-CP-N2. Please see Response CP-3 (page C&R 3.6-3) for further information.

Comment

(Barbara Kautz—Bernal Heights Neighborhood Center and Cathedral Hill Neighbors Association, October 19, 2010) [87-52 CP, duplicate comment was provided in 108-52 CP]

"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."

Response CP-9

The comment states that the Draft EIR does not consider the historical resources impacts to the Unitarian Universalist Church or pay any particular attention to the effects of increased noise, traffic congestion, and reduced parking for church members, relevant to the long-term viability of the church.

The Unitarian Universalist Church, located at 1187 Franklin Street, is designated as City of San Francisco Landmark #40, and thus qualifies as a historical resource under CEQA. As discussed in Response CP-11 (page C&R 3.6-10), the 2010 HRER assessed both direct and indirect impacts of construction and demolition activities at the proposed Cathedral Hill Campus and concluded that no impacts would occur on adjacent historical resources. This is because the proposed Cathedral Hill Campus buildings would "repeat a common condition in the Van Ness corridor of buildings of differing scale, age, and architectural character being juxtaposed. The individual resources would not suffer impairment of their integrity of setting."[3]

The comment suggests that the proposed LRDP activities at the Cathedral Hill Campus could result in noise, traffic, and parking conditions that would make conditions no longer viable for the congregation to use the church building at 1187 Franklin Street. This further suggests that, if no longer viable as a church, this could result in building abandonment and eventual demolition. Demolition resulting from neglect happens incrementally through a lack of maintenance and exposure of the building to vandalism and natural forces such as weather and infestation.

It is highly speculative to presume that any worsening of noise, traffic, or parking conditions in the area surrounding the proposed Cathedral Hill Campus would result in a loss of viability that could lead to demolition of the Unitarian Universalist Church building resulting from neglect, and thus significantly impact this historical resource. Religious institutions currently exist and thrive in close proximity to hospitals throughout the City and the Bay Area; for example, the Congregation Sherith Israel is located on the block south of the CPMC Pacific Campus. No known evidence suggests that introduction of hospital land uses would be incompatible with the viability of churches, and thus the possible loss of viability would be purely speculative. Unfounded speculation is specifically excluded and addressed in Section 15145 of the State CEQA Guidelines, which states that if "a Lead Agency finds that a particular impact is

[3] California Pacific Medical Center. 2010 (February). *Historic Evaluation Report for Cathedral Hill Campus: California Pacific Medical Center*. Page 33. San Francisco, CA. Prepared by Knapp Architects, San Francisco, CA.

too speculative for evaluation, the agency should note its conclusion and terminate discussion of the impact."

Overall, no substantial evidence exists that the changes in noise, traffic, or parking caused by the proposed LRDP at the Cathedral Hill Campus, during either the construction or operational phase, would be the cause of substantial adverse changes to the historical resource at some future, unknown time. Because such speculative analysis is outside the scope of CEQA, discussion of this impact is not included in the Draft EIR.

Comment

(San Francisco Planning Commission Special Hearing—Commissioner Hisashi Sugaya, September 23, 2010) [PC-361 CP]

"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."

Response CP-10

The comment is noted. Please see Response CP-11 (page C&R 3.6-10), Response CP-12 (page C&R 3.6-12), Response CP-13 (page C&R 3.6-13), Response CP-22 (page C&R 3.6-20), and Response CP-16 (page C&R 3.6-15) for responses to specific comments regarding historical resources.

Comment

(Commissioner Hisashi Sugaya, October 15, 2010) [116-10 CP]

"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 and Post Street."

Response CP-11

The comment asks why the Knapp survey was limited to an evaluation of historic architectural resources located on the properties that comprise the site of the proposed Cathedral Hill Campus. The comment states that the survey should have included properties adjacent to the Cathedral Hill development site, such as the Goodman Building, two churches west across Franklin Street, and properties at the northeast and southeast corners of Van Ness and Post Street. The comment further states that adjacent properties surrounding the proposed Cathedral Hill Campus should be included as part of the survey, because of the potential for direct or indirect effects, such as LRDP-related construction impacts or vibration impacts.

The original scope of work for the HRER (prepared by Frederic Knapp) defined the survey area as the properties on the site of the proposed Cathedral Hill Campus. However, on review of the draft HRER document, the Planning Department technical specialist expanded the scope to include an area around the development site that would allow for identification of adjacent historical resources that could be adversely affected by the construction and operation of the proposed Cathedral Hill Campus under the LRDP.

This expansion of scope is shown in the February 2010 updated HRER,[4] which includes the results of a search of records on file with the California Office of Historic Preservation's California Historical Resources Information System. The search was conducted to identify previously surveyed historical resources within an area bounded by Sutter Street, Polk Street, O'Farrell Street, and Franklin Street (inclusive of all buildings facing the boundary streets) plus an extension along Van Ness Avenue south to Eddy Street. The search revealed that fourteen previously identified historical resources are located adjacent to the sites for the proposed Cathedral Hill Hospital and Cathedral Hill MOB buildings, including each of the buildings and areas listed in the comment. The following resources were identified:

- Don Lee Building, 1000 Van Ness Avenue, 1S rating (listed in NRHP as individual property); also recorded as City Landmark #41
- Emeric Building/St. Beryl Hotel/Goodman Building, 1117 Geary Street, 1S rating
- Hamilton Square Baptist Church, 1212 Geary Boulevard, 6Y rating (determined ineligible for NRHP by consensus)
- Hotel Merit, 1105 Post Street, 3D rating (appears eligible as contributor to a district)
- 1115 Post Street, 3D rating
- 1133 Post Street, 3D rating
- Yellowstone Apartments, 1141 Post Street, 3D rating
- Jack's Turkish Bath, 1143 Post Street, 3D rating
- Omar Apartments, 1151 Post Street, 3D rating
- Thomas Starr King Sarcophagus, 1187 Franklin Street, 3S rating (appears eligible for listing in NRHP as separate property)
- Baldwin Apartments, 1036 Polk Street, 1D rating (listed in NRHP as a contributor to a district)
- New Poodle Dog Restaurant and Hotel, 1115 Polk Street, 3D rating
- First Unitarian Universalist Church, 1187 Franklin Street, City Landmark #40
- St. Mark's Evangelical Lutheran Church, 1135 O'Farrell Street, City Landmark #41

As such, the Cathedral Hill Campus HRER and the analysis of the CPMC LRDP Draft EIR include an evaluation of sites adjacent to the proposed Cathedral Hill Campus that are consistent with this comment.

With regard to the concern for LRDP construction or vibration impacts on adjacent historical resources, several points are noted. The accepted standard for determining "excessive" vibration with regards to impacts on historical buildings has been established by the California Department of Transportation (Caltrans), which has conducted extensive study of the effects of heavy vehicle traffic, construction activity, and other sources of vibration. Vibrations exceeding the Caltrans-recommended standard of 0.25 inches/second peak particle velocity (PPV) have the potential to cause physical damage to historic and old buildings.

[4] California Pacific Medical Center. 2010 (February). *Historic Evaluation Report for Cathedral Hill Campus: California Pacific Medical Center*. San Francisco, CA. Prepared by Knapp Architects, San Francisco, CA.

As shown in Table 4.6-35 in the Draft EIR, page 4.6-29, the Hamilton Square Baptist Church would be 70 feet from the proposed Cathedral Hill Hospital construction activities and could be exposed to a maximum of 0.045 inches/second PPV, which would not exceed the 0.25 inches/second PPV threshold. The First Unitarian Universalist Church (1187 Franklin Street) and the Goodman Building (1117 Geary Street) are located the same or greater distance from proposed Cathedral Hill Hospital construction activities, and also would not experience excessive vibrational impacts. Similarly, the anticipated vibration levels along Cedar Street attributable to the construction of the proposed Cathedral Hill MOB would not exceed 0.074 inches/second PPV, which would not exceed Caltrans' recommended limit of 0.25 inches/second PPV. As such, no damage to the historic structures located on the north side of Cedar Street or south side of Post Street between Van Ness Avenue and Polk Street is anticipated with development of the Cathedral Hill Campus under the LRDP.

To address unanticipated impacts of the Cathedral Hill development construction under the LRDP, a construction vibration management plan would be prepared. The preexisting condition of all buildings within a 50-foot radius and historical buildings within the immediate vicinity of proposed Cathedral Hill construction activities would be recorded in the form of a preconstruction survey. This survey would be used to evaluate damage caused by construction activities, and buildings damaged would be repaired to their preexisting conditions. For more information about this measure, please see Mitigation Measure M-NO-N5 on page 4.6-93 of the Draft EIR. For additional information regarding potetntial significance of the Cathedral Hill Hotel (formerly Jack Tar Hotel), please see Appendix H: Modern Context Statement Memo.

Comment

(Commissioner Hisashi Sugaya, October 15, 2010) [116-11 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."

Response CP-12

The comment asks why the Cathedral Hill HRER survey was limited to historic architectural resources and notes that architectural significance is just one of the criteria for determining eligibility for listing in the California Register of Historical Resources (CRHR). The comment also suggests that an evaluation of Tommy's Joynt would be an example of an appropriate use of one of the non-architectural criteria for significance.

Eligibility for listing in the CRHR is based on a combination of historical significance and historical integrity. There are four categories of significance: 1) association with events, trends, or patterns of history; 2) association with people who played an important role in history; 3) important trends, styles, or innovations in architectural design; and 4) the potential to yield information about important research questions about the past. The fourth area of significance is typically applied to archeological sites and rarely to historic buildings and structures. Historical integrity is generally a significant resource's ability to convey its significance through retention of location, design, materials, workmanship, feeling, setting, and association.

The 2010 Historic Evaluation Report conducted by Frederick Knapp for the proposed Cathedral Hill Campus[5] applied the three applicable criteria to each of the buildings, structures, and objects surveyed. For each resource evaluated, the Report includes a discussion of the historical trends that form the context for the resource, any known associations with historically significant people, and a description of the

[5] Ibid.

construction and use of the building. This historical narrative is followed by an evaluation under CRHR criteria, which analyzes the building against each of the first three criteria and is followed by a discussion of the current condition and historical integrity of the building. The report was reviewed by the City's professionally qualified preservation planning staff, who deemed the HRER adequate for the purpose of identification of historical resources under CEQA and concurred with Knapp's findings that no buildings exist on the project sites that meet the CRHR criteria.

Identification of historical resources adjacent to the proposed Cathedral Hill sites under the LRDP was accomplished through a review of previously documented historical resources. This was deemed to be an appropriate level of investigation, considering the low potential for LRDP activities to adversely impact adjacent historical resources. Indirect impacts associated with construction and vibration would be mitigated through Mitigation Measure M-NO-N5 (beginning on page 4.6-93 of the Draft EIR), which applies to all buildings located within a 50-foot radius of LRDP construction activities.

Therefore, based on the review of substantial evidence that was prepared by a qualified historic resources professional under the guidance of the Planning Department preservation technical specialist and meets professional standards, the proposed LRDP development at the Cathedral Hill Campus would not have adverse effects on on-site or off-site historical resources.[6]

Comment

(Commissioner Hisashi Sugaya, October 15, 2010) [116-12 CP]

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

Response CP-13

The comment suggests that the newer survey of Van Ness Avenue by William Kostura[7] should be used in the Draft EIR, Section 4.4, "Cultural and Paleontological Resources."

The 2010 Kostura survey of a potential auto row historic district on Van Ness Avenue was being prepared at the same time that the 2010 HRER for the proposed Cathedral Hill Campus site was being prepared by Frederic Knapp.[8] The authors of the Knapp report contacted architectural historian William Kostura and obtained preliminary findings of Kostura's evaluation of automotive-related properties in the Van Ness Avenue corridor. These preliminary results were incorporated into the February 2010 HRER and thus informed the documentation that was used in the historic resources analysis in the CPMC LRDP Draft EIR. The final results of the Kostura survey are consistent with the preliminary findings incorporated into the 2010 HRER, and thus no change would be necessary to the Draft EIR analysis.

To better reflect the inclusion of the Kostura survey in the Draft EIR analysis of project impacts, and to clarify an erroneous characterization of the Van Ness Avenue Area Plan, the Draft EIR, page 4.4-31, second full paragraph will be revised as follows:

> The Van Ness Avenue Area Plan does not acknowledge any of the buildings on the proposed Cathedral Hill Campus referred to in this impact discussion as being historically significant <u>as defined by CEQA</u> ~~or contributing to the overall character of the area~~. The Van Ness Avenue corridor is characterized by remnant residential structures and distinctive automobile showrooms. The commercial buildings that also make up the streetscape are less significant because they tend

[6] San Francisco Planning Department. 2010 (March 18). *Historic Resource Evaluation Response: Cathedral Hill Campus, California Pacific Medical Center*. Case 2005.0555E. Major Environmental Analysis Division. San Francisco, CA.

[7] Kostura, William, 2010 Van Ness Auto Row Support Structures. Prepared for San Francisco Planning Department, 2010. Available: http://ohp.parks.ca.gov/pages/1054/files/van%20ness%20auto%20row.pdf. Accessed December 2010.

[8] Knapp, op. cit.

to later be used for commercial infill. The ~~Planning Department also~~ Knapp Architects survey identified the area as a potential district composed of a cohesive group of commercial buildings associated with the reconstruction period following the 1906 San Francisco Earthquake and Fire. The Planning Department determined that the buildings on the site of the proposed Cathedral Hill Medical Office Building (MOB) did not retain sufficient integrity to qualify as a district. The Knapp Architects survey also identified a potential historic district on Van Ness Avenue, associated with trends in automotive history. However, this district was also found to not meet the CRHR criteria because of a lack of integrity.

3.6.3 PACIFIC CAMPUS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-5 CP, duplicate comment was provided in 98-5 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?"

Response CP-14

The comment asks whether the Chinese Historical Society would be contacted in reference to potential Chinese cultural resources in the immediate vicinity of the Pacific Campus site. The Chinese Historical Society of America would be contacted, in the event of discovery of potentially CRHR-eligible Overseas Chinese archeological deposits. To ensure that any potential archaeological resources that might be encountered would be handled appropriately and as directed by mitigation measures in the Draft EIR, Mitigation Measure M-CP-N2 (beginning on page 4.4-38 of the Draft EIR) has been revised to include the following additional coordination with local organizations:

> *Chinese and Japanese Archaeological Sites.* In the event of discovery of a potentially CRHR-eligible Overseas Chinese or Japanese archaeological deposit, the appropriate descendent representative organization, that is, the Chinese Historic Society of America or the National Japanese American Historical Society, shall be notified and shall be allowed the opportunity to monitor and advise further mitigation efforts, including archaeological identification, evaluation, interpretation, and public interpretive efforts.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-6 CP, duplicate comment was provided in 98-6 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?"

Response CP-15

The comment asks if the Japanese National Historical Society would be contacted if cultural resources were found at the Pacific Campus site. The National Japanese American Historical Society would be contacted, in the event of discovery of potentially CRHR-eligible Japanese archeological deposits. To ensure that any potential archaeological resources that might be encountered would be handled appropriately and as directed by mitigation measures in the Draft EIR, the text of the Draft EIR has been revised as described above in Response CP-14 (page C&R 3.6-14).

Comments

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents Association, October 18, 2010) [67-16 CP]

"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)"

(Commissioner Hisashi Sugaya, October 15, 2010) [116-14 CP]

"Pg. 4.4-35. 1st paragraph. The last sentence says there are no physical impacts. What about indirect affects?" (The referenced sentence reads: The [2008 Knapp Architects] report also includes information regarding a nearby historic district, which would not be physically affected by implementation of the LRDP at the Pacific Campus.)

Response CP-16

The comments state that the CPMC LRDP Draft EIR does not address potential adverse impacts of the proposed LRDP-related demolition and construction at the Pacific Campus on the immediately adjacent Webster Street Historic District. The comments ask how the proposed LRDP construction would be managed to avoid damage to historic structures in neighboring and nearby lots. The comments also state that the Draft EIR should include an assessment of the LRDP's impact to buildings in the Webster Street Historic District caused by vibrations resulting from heavy vehicles used during LRDP Pacific Campus construction activities, which would be even greater than existing vibration caused by normal traffic. The comments ask whether the LRDP might have indirect impacts on the Webster Street Historic District.

The Webster Street Historic District includes parcels fronting on Webster Street between Clay Street and Jackson Street, except for the following: one parcel at the northwest corner of Clay and Webster (currently occupied by CPMC), the northwest half of the block north of Clay and Webster (currently occupied by CPMC buildings), and the east side of Webster Street between Washington Street and Jackson Street. The discussion provided in the Draft EIR, page 4.4-35, notes that no physical impacts to the Webster Street Historic District are anticipated because none of those parcels are slated for demolition.

There are two points to consider with regards to indirect impacts to the Webster Street Historic District: 1) whether an impact would occur to the setting of the district and 2) whether demolition/construction activities would result in physical damage, such as damage caused by excessive vibration. The setting of the historic district would effectively remain the same, because the setting currently includes the Pacific Campus. The only proposed new construction at the Pacific Campus under the LRDP in the immediate

vicinity of the Webster Street Historic District would be the North-of-Clay Aboveground Parking Garage, to be located on the northeast corner of Clay and Webster Streets immediately adjacent to one of the boundaries of the Webster Street Historic District. This corner is currently occupied by the CPMC Gerbode Research Building at the Pacific Campus, which would be demolished. The proposed North of Clay Aboveground garage would not have a significant adverse impact on off-site historic resources, including the Webster Street Historic District, because the proposed new buildings at the Pacific Campus site would not substantially change the existing scale and character of the site and would maintain the existing spatial relationship of the Pacific Campus with its surrounding residential areas.[9] As stated in the Draft EIR, pages 2-118 and 2-119, because construction of the parking facilities at the Pacific Campus would begin in the long term (approximately 2018) and are not anticipated to be completed before 2020, long-term project components at the Pacific Campus would undergo future design review and would be subject to separate, project-specific environmental review under CEQA. Therefore, additional consideration would be paid to compatibility of the North of Clay Aboveground garage with the surrounding Webster Street Historic District during project-level review in the future.

Regarding potential impacts from vehicle-induced or construction vibration related to Pacific Campus development under the LRDP, the accepted standard for determining "excessive" vibration with regards to impacts on historical buildings has been established by the Caltrans, which has conducted extensive study of the effects of heavy vehicle traffic, construction activity, and other sources of vibration. Vibrations exceeding the Caltrans-recommended standard of 0.25 inches/second PPV have the potential to cause physical damage to historic and old buildings. Properties adjacent to the Pacific Campus site, including resources in the Webster Street Historic District, are not anticipated to be exposed to vibrations exceeding the Caltrans-recommended standard maximum threshold of 0.25 inches/second PPV. As shown in Table 4.6-36 in the Draft EIR, page 4.6-95, structures located approximately 25 feet from construction could be exposed to a maximum of 0.21 inches/second PPV, which would not exceed the 0.25 inches/second PPV thresholds. Other buildings in the Webster Street Historic District that are further removed from this 25-foot radius would experience less vibration impact, and thus LRDP construction with respect to these structures would also not exceed the thresholds. However, considering the proximity of the historic district parcels to the proposed subsurface and surface demolition and construction, the need for construction monitoring of the historic structures would be considered during project-specific environmental review in the future.

The comments are noted, and they will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.6.4 CALIFORNIA CAMPUS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-108 CP, duplicate comment was provided in 30-108 CP]

"And 3698 California Street is also the problem of demolishing a potential historic resource."

Response CP-17

The comment states that at CPMC's California Campus a potential historic resource could be demolished by LRDP construction at 3698 California Street.

[9] San Francisco Planning Department. 2010 (March 18). *Historic Resource Evaluation Response: Cathedral Hill Campus, California Pacific Medical Center*. Case 2005.0555E. Major Environmental Analysis Division. San Francisco, CA.

Demolition of the existing building at 3698 California Street is not part of the proposed CPMC LRDP. As stated in the Draft EIR, CPMC anticipates selling the California Campus by 2020, after completion of other elements of the LRDP, and the relocation of that campus' inpatient services to the proposed Cathedral Hill Hospital and its other services to the Pacific Campus. Current expectations are that 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.

In the foreseeable future, any concern about the potential demolition of the 3698 California Street structure is speculative; the project description in the Draft EIR, page 2-131, notes, "[N]o substantial changes are proposed at the California Campus in the near term; no demolition or alteration of existing structures is proposed." The plans and future actions of a currently unknown future owner are speculative and cannot be known at this time. Although forecasting the future based on substantial evidence in the record is a key part of the CEQA process, unfounded speculation is specifically excluded and addressed in Section 15145 of the State CEQA Guidelines, which states that if "a Lead Agency finds that a particular impact is too speculative for evaluation, the agency should note its conclusion and terminate discussion of the impact."

As the future of the California Campus after it might be sold by CPMC is entirely speculative, no further discussion of this issue is presented in the Draft EIR.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-13 CP, duplicate comment was provided in 98-13 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.

Thank you for this opportunity to comment on the paleontological and archaeological portion of this CPMC DEIR."

Response CP-18

The comment notes that no additional paleontological or archaeological reports were provided for the California Campus site. The comment is noted. No excavation is planned for the California Campus, and thus, no impacts would occur to archaeological or paleontological resources.

3.6.5 DAVIES CAMPUS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-8 CP, duplicate comment was provided in 98-8 CP]

"**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 have had extensive activity. Also, please have increased security on this campus during and after breaking ground to protect the potential historic resources.

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."

Response CP-19

The comment suggests that because the location of the proposed Davies Campus appears to be on sensitive land, serious archaeological excavation and handling techniques might be warranted during LRDP development at this campus. The comment also suggests having an archaeological monitor on site at the Davies Campus.

The discussion of the Davies Campus site under Impact CP-2 in the Draft EIR, beginning on page 4.4-36, acknowledges the potential for the presence of buried archaeological remains, and Mitigation Measure M-CP-N2 in the Draft EIR, beginning on page 4.4-38, would provide for preconstruction testing, archaeological monitoring, and other tasks to be implemented for the purposes of identifying and evaluating buried cultural resources. The level of security in the event of the discovery of archaeological remains would be relative to the sensitivity of the remains. In addition to the requirements for security, safety protocols would require fencing or covering of open excavation pits. Specific security and safety protocols would be identified in the Archaeological Testing Plan/Archaeological Data Recovery Plan. Please see Response CP-3 (page C&R 3.6-3) for further information.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-9 CP, duplicate comment was provided in 98-9 CP]

"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?"

Response CP-20

The comment asks if more boring samples would be conducted, to determine if prehistoric deposits are present at Davies Campus.

The discussion of the Davies Campus site under Impact CP-2 in the Draft EIR, beginning on page 4.4-36, acknowledges the potential for the presence of buried archaeological remains, and Mitigation Measure M-CP-N2 in the Draft EIR, beginning on page 4.4-38, would provide for preconstruction testing, archaeological monitoring, and other tasks to be implemented for the purposes of identifying and evaluating buried cultural resources. Please see Response CP-3 (page C&R 3.6-3) for further discussion of the ARDTPs for the proposed LRDP and the procedures that would be undertaken to insure that any paleontological and archaeological resources encountered would be dealt with appropriately.

3.6.6 ST. LUKE'S CAMPUS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, October 14, 2010) [58-10 CP, duplicate comment was provided in 98-10 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.' report states a recommendation to perform subsurface coring or the use of an archaeological monitor.

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?"

Response CP-21

The comment suggests that further archaeological monitoring or sampling should be conducted at St. Luke's Campus under the LRDP and asks if this would be done.

The discussion of the St. Luke's Campus site under Impact CP-2 in the Draft EIR, beginning on page 4.4-36, acknowledges the potential for the presence of buried archaeological remains, and Mitigation Measure M-CP-N2 in the Draft EIR, beginning on page 4.4-38, would provide for preconstruction testing, archaeological monitoring, and other tasks to be implemented for the purposes of identifying and evaluating buried cultural resources. Please see Response CP-3 (page C&R 3.6-3) for further discussion of the ARDTPs for the proposed LRDP and the procedures that would be undertaken to ensure that any paleontological and archaeological resources encountered would be dealt with appropriately.

Comment

(Commissioner Hisashi Sugaya, October 15, 2010) [116-13 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."

Response CP-22

The comment references the discussion in the second paragraph in the Draft EIR, page 4.4-34, and asks about potential impacts from LRDP-related demolition to the 12-story hospital tower at the St. Luke's Campus that could impact the historic 1912 Building also on campus. The comment suggests that mitigation should be included in the Draft EIR, that the impact evaluation should be revised to reflect the potential for impacts to this 1912 Building, and that such impacts have been identified but can be mitigated.

As noted in the comment, if excessive vibration is caused by heavy vehicle traffic, pile driving, demolition of existing structures, and other construction activities at St. Luke's Campus under the LRDP, a potential would exist for such vibration to cause physical damage to nearby historic buildings. The accepted standard for determining "excessive" vibration with regards to impacts on historical buildings has been established by Caltrans, which has conducted extensive study of the effects of heavy vehicle traffic, construction activity, and other sources of vibration. Vibrations exceeding the Caltrans-recommended standard of 0.25 inches/second PPV would have the potential to cause physical damage to historic and old buildings.

The only CRHR-eligible historical resource located on the St. Luke's Campus is the 1912 Building. The 1912 Building is one building removed (approximately 100 feet) from the existing Hospital Tower, which would make it unlikely to suffer physical damage during demolition of the Hospital Tower or construction of the new St. Luke's Replacement Hospital or MOB/Expansion Building. Regarding potential impacts from vibration, Table 4.6-35 in the Draft EIR, page 4.6-35, shows that structures located approximately 55 feet from construction at the St. Luke's Campus could be exposed to a maximum of 0.064 inch/second PPV, which would not exceed the 0.25 inch/second PPV thresholds, which has the potential to cause damage to historic and old buildings. Buildings further removed from this, such as the 1912 Building located approximately 100 feet away from the demolition of the existing Hospital Tower and construction activity at the proposed St. Luke's Replacement Hospital and MOB/Expansion Building, would experience less vibration, and thus also would not exceed the vibration thresholds.

To address unanticipated potential impacts of LRDP construction, a construction vibration management plan would be prepared. The preexisting condition of all buildings within a 50-foot radius and historical buildings within the immediate vicinity of proposed LRDP construction activities would be recorded in the form of a preconstruction survey. This survey would be used to evaluate damage caused by construction activities, and buildings damaged would be repaired to their preexisting conditions. For more information about this measure, please see Mitigation Measure M-NO-N5 on page 4.6-93 of the Draft EIR.

Because the vibration levels related to LRDP development at St. Luke's Campus would not exceed the threshold which would have the potential to impact historic buildings, and because any potential vibration impacts would be purely speculative, no revision of the Draft EIR impact findings is necessary.

3.7 TRANSPORTATION

3.7.1 SETTING

3.7.1.1 STUDY AREA

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-16 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."

Response TR-1

The comment expresses concern about potential effects on traffic and pedestrian safety in the nearby Little Saigon area, in the Tenderloin, and along Post and Sutter Streets that would be associated with the proposed Cathedral Hill project, in particular "cut through" traffic or vehicles using alternate streets. Draft EIR Section 4.5, "Transportation and Circulation," identifies several cumulative traffic impacts on and near Post Street and Sutter Street that would be associated with proposed development of the Cathedral Hill Hospital and Cathedral Hill Medical Office Building (MOB): Impacts TR-101, TR-104, TR-108, TR-113, and TR-117 (pages 4.5-219, 4.5-221, 4.5-223, 4.5-226, and 4.5-228, respectively).

A supplemental analysis (C&R Appendix E) was prepared for intersections in the Tenderloin and Civic Center areas, as documented in the technical memorandum *Supplemental-Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA* (Fehr & Peers 2011). The purpose of this analysis was twofold: (1) to determine if implementation of the proposed CPMC LRDP at the Cathedral Hill Campus would result in any significant impacts to traffic, pedestrians, or bicycles in the Tenderloin/Little Saigon neighborhood that were not identified in the Draft EIR; and (2) to determine if an increase in the number of project-generated trips through the neighborhood beyond what was assumed in the Draft EIR would create additional transportation impacts. No additional impacts were identified, and the findings of the supplemental sensitivity analysis are summarized in Response TR-124 (C&R 3.7-207). For information on siren noise in the Tenderloin/Little Saigon neighborhood please also see Response NO-59 (page C&R 3.8-64). Potential impacts related to traffic-generated noise are addressed in Response NO-36 (page C&R 3.8-45).

3.7.1.2 GOLDEN GATE TRANSIT ROUTES

Comment

(Ron Downing—Golden Gate Bridge Highway & Transportation District, September 14, 2010) [11-1 TR]

"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."

Response TR-2

The comment requests that revisions be made to the description of Golden Gate Transit (GGT) bus service contained in the Transportation section of the Draft EIR. Including these additional GGT lines on Page 4.5-30 of the Draft EIR does not affect the results of the transit analysis presented in the Draft EIR. The analysis of the California Campus, where medical services would be reduced, did not assume any future changes to transit ridership on Golden Gate Transit related to the project, and including Route 92 in the transit description for California Campus would only provide additional details about lines that existing transit commuters from the North Bay might use to access the campus and would not alter the transit analysis for California Campus. The transit analysis for the Cathedral Hill Campus considers weekday peak-hour ridership; therefore, Route 80 would not be operating during the hour for which transit to and from Cathedral Hill Campus was analyzed. Discontinuation of Route 73, which occurred after the release of the Notice of Preparation, would reduce total transit capacity to and from the North Bay during the peak hour; however, the remaining GGT lines are expected to have sufficient remaining capacity to absorb additional ridership.

The following row and footnote has been added to Table 4.5-6 on page 4.5-30 of the Draft EIR:

Route 80[2]	Southbound	5:43 p.m.–9:56 p.m.	–	50-60
	Northbound	7:31 p.m.–11:31 p.m.	–	30-60

"Note 3: Since the issuance of the NOP, service on Route 73 has been discontinued, effective September 2010."

In addition, on page 4.5-30 of the Draft EIR, the last sentence in the first full paragraph is revised to read:

"Golden Gate Transit is operated by the Golden Gate Bridge, Highway and Transportation District. GGT provides bus and ferry service between the North Bay (Marin and Sonoma Counties) and San Francisco. GGT operates 22 commuter bus routes, nine basic bus routes, and 16 ferry feeder bus routes into San Francisco. Basic bus routes operate at regular intervals of 15–90 minutes, depending on time and day of week. GGT also operates ferry service between Larkspur and Sausalito in the North Bay and the Ferry Building in San Francisco during the morning and evening commute periods. GGT operates five lines near the Cathedral Hill Campus. The closest stop is located at Van Ness Avenue and Geary Street. GGT Routes 10 and 92 also operate~~s~~ in the vicinity of the California Campus~~, and has~~; both routes have a stop at the intersection of Geary and Arguello Boulevards**."**

3.7.1.3 MUNI ROUTES 3-JACKSON AND 4-SUTTER

Comment

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-5 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."

Response TR-3

The comment references text on page 4.5-61 of the Draft EIR that describes the *potential changes* to various transit lines within the CPMC study area as part of the San Francisco Municipal Transportation Agency's (SFMTA's) Transit Effectiveness Project (TEP). The text is not intended to describe existing

transit services or conditions, which are described in the Draft EIR beginning on pages 4.5-16. According to the SFMTA's TEP recommendations, the 3-Jackson would be discontinued and replaced by service on the 2-Clement and 4-Sutter lines. The 4-Sutter was discontinued as part of the fiscal emergency plan implemented by SFMTA/San Francisco Municipal Railway (Muni) on December 9, 2010. Changes to service on the 4-Sutter as a result of the fiscal emergency are considered temporary, and service on the 4-Sutter could be reinstated before implementation of the TEP. Regardless, the results of the transit impact analysis would not be affected by this service change, because the 3-Jackson and 4-Sutter provide similar service and capacity along similar routes and the screenline analysis assumed that the 4-Sutter was discontinued into the future (Draft EIR Tables 4.5-1, 4.5-2, and 4.5-21, pages 4.5-23, 4.5-24, and 4.5-25, respectively).

3.7.1.4 DAVIES CAMPUS AND ST. LUKE'S CAMPUS ANALYSES

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-15 TR, duplicate comment provided in 30-15 TR]

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

Response TR-4

The comment states concerns about traffic congestion, diversion, and parking that could result from the CPMC LRDP proposals for the Davies and St. Luke's Campuses. The comment also states similar concerns for the California Campus. At the Davies Campus, one cumulative traffic impact at the intersection of Church Street-14th Street/Market Street was identified, Impact TR-127 on page 4.5-233, which would be associated with the proposed development of the Neuroscience Institute and the 14th Street/Castro MOB. At the St. Luke's Campus, the Draft EIR found that the proposed LRDP impacts to traffic, transit, bicyclists, pedestrians, loading, emergency access, and construction would be less-than-significant; however, two improvement measures, I-TR-87 and I-TR-88, were identified to address pedestrian and bicycle circulation around the campus.

Regarding the California Campus, it is not clear whether the comment is referring to use of the California Campus under an alternative addressed in the Draft EIR, or use of the campus after the property is sold by CPMC. As noted on page 4.5-178 of the Draft EIR, as part of the CPMC LRDP, the facilities and operations of the California Campus would remain unchanged until 2015-2020, when the majority of existing activities would be relocated to the proposed Cathedral Hill Campus (hospital uses and inpatient care) and the Pacific Campus (medical offices and outpatient care). By 2020, the remaining CPMC services at the California Campus would consist of outpatient imaging and the lab site that supports the medical office building at 3838 California Street. These two remaining CPMC services would continue indefinitely, along with all or a portion of the skilled nursing facility (SNF) beds that are currently located at the California Campus; see Major Response HC-6, "Skilled Nursing Facilities (SNF)" (page C&R 3.23-25). Once the California Campus is sold and the majority of services are transferred to the proposed Cathedral Hill Campus and the Pacific Campus, the California Campus would no longer be considered a part of CPMC. Analysis of any potential reuse or future redevelopment of the site would be speculative. Any future proposals at the site would require separate environmental review.

It should be noted that the Draft EIR conservatively assumed that in the future, the California Campus would operate in a manner similar to current campus operations. It is reasonable to assume that as activities on the California Campus are reduced or relocated to other campuses, any traffic, transit, or parking issues associated with the current California Campus and Laurel Village would be reduced.

Alternative 2, as described in Chapter 6 of the Draft EIR, would result in continued and expanded operations at the California Campus. Transportation impacts near the California Campus that would result from implementing Alternative 2 are addressed on page 6-231 of the Draft EIR. As stated on Draft EIR page 6-231, under 2030 Cumulative plus Alternative 2 conditions, vehicle trips associated with the California Campus would cause the level of service (LOS) to deteriorate from LOS D to LOS F at four intersections in the California Campus vicinity during the weekday p.m. hour: Arguello Boulevard/Geary Boulevard, Arguello Boulevard/California Street, Cherry Street/California Street, and Maple Street/California Street. It is anticipated that under Alternative 2, CPMC would implement the Construction Worker Transportation Program, which would require construction contractors to encourage construction workers to carpool and take transit, and would discourage the use of private automobiles, thereby minimizing the impacts of construction activities on the adjacent neighborhoods.

3.7.2 METHODOLOGY

3.7.2.1 LEVEL OF SERVICE—TRAFFIC ANALYSIS SOFTWARE

Comment

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-21 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.

Cathedral Hill - AM Peak - Significant Delay/LOS Differences

2008 Study Intersection	Draft EIR Delay/LOS	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

2008 Study Intersection	Draft EIR Delay/LOS	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"

Response TR-5

The comment states that there are inconsistencies in the delay and level of service results between the 2008 CPMC Institutional Master Plan 2008 Transportation Study prepared by CHS Consulting Group and the 2010 CPMC LRDP *Cathedral Hill Campus Transportation Impact Study* prepared by Fehr & Peers (on file with the San Francisco Planning Department and available for public review), the second of which was prepared for use in the Draft EIR analysis. Both the intersection analysis for the IMP and Draft EIR were prepared using TRAFFIX software, which is the software commonly used by the Planning Department in preparing EIRs, such as the recently approved *Candlestick Point–Hunters Point Shipyard Phase II Development Plan*. The TRAFFIX software platform applies the methodologies described in Chapter 16, "Signalized Intersections," and Chapter 17, "Unsignalized Intersections," from the Institute of Transportation Engineers (ITE) *Highway Capacity Manual (HCM), 2000 Edition* (Transportation Research Board). Although the software calculates intersection delay, and thus level of service (LOS), consistent with HCM methodology, it allows for a high degree of user adjustment to better calibrate the model to observed field conditions.

The LOS results from the two studies vary because of different intersection parameter adjustments made within the software, specifically:

- Signal progression factors were not used in the IMP analysis. The signal progression factor accounts for the fact that traffic signal timings are often set to promote the efficient and relatively continuous movement of traffic along a corridor (such as Franklin Street);

- Adjustments for additional intersection capacity created by peak period tow-away lanes. The methodology varies as to how best to account for tow-away lanes during peak periods and other factors that affect capacity at intersections. For the Draft EIR analysis, observations were made at intersections to ensure that the existing condition was appropriately modeled.

The intersection delay results contained in the 2008 IMP were not reviewed by the Planning Department staff before its publication, and thus the direction to revise intersection parameters to be consistent with Planning Department protocol was not given. Before initiating the intersection analysis for the Draft EIR transportation studies, Planning Department staff communicated the proper user adjustments to make, so that the Draft EIR intersection analysis would be performed consistent with standard protocol and better represent existing intersection operating conditions.

When compared to the LOS results contained in the IMP traffic study (the IMP and Draft EIR share 17 common intersections), approximately 80–85 percent of the intersection LOS in the Draft EIR are improved. For example, at the intersection of Gough/Post during the p.m. peak hour, once the proper signal progression factor was input, the reported average delay per vehicle was reduced from 23.5 seconds (as reported in the IMP) to 8.8 seconds (as reported in the Draft EIR). It is important to note that properly reflecting the signal progression factor and peak period tow-away lanes does not always result in the reduction of delay and LOS. As an example, at the intersection of Gough/Geary, the reported average delay per vehicle during the a.m. peak hour increased from 67.7 seconds (as reported in the IMP) to > 80 seconds (as reported in the Draft EIR).

3.7.2.2 ECONOMIC/SEASONAL EFFECTS ON TRAFFIC VOLUMES

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-20C 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."

Response TR-6

The comment states that the current economic downturn has temporarily reduced traffic in many areas. Although it is correct that traffic volumes may have decreased in some areas of San Francisco over the last few years, the existing conditions for the transportation impact study reports were established in 2006, when the economy was substantially better than the last few years. To ensure that the 2006 data set was not outdated, supplemental traffic data was collected in 2009 during the economic downturn years. Control traffic counts from 2009 were compared to older counts to ensure that traffic volumes had not substantially changed since 2006. The 2006 traffic volumes were determined to be within 10 percent of the more recently collected control counts, and therefore appropriate for use in the transportation analysis. This comparison is summarized in *2006 and 2009 Traffic Count Comparisons for Select Intersections & Weekday/Weekend Peak-Hour Count Comparison for the California Pacific Medical Center (CPMC) Master Plan EIR* (Fehr & Peers 2009), which is on file with the San Francisco Planning Department and available for public review.

The transportation/traffic data for the analyses contained in the Draft EIR was collected in May, June, and August 2006; June 2008; May and June 2009; and on days when most schools were in session (the spring semester for public schools usually ends between the first and third week of June), there were no holidays, and during the spring/summer months to account for a higher number of people in San Francisco during the tourist season. Consistent with Planning Department protocol, counts were collected at midweek (Tuesday, Wednesday, or Thursday) and summarized in 15-minute intervals. The data summaries for the traffic counts are included in Appendix C of the *CPMC LRDP Transportation Impact Study Master Appendix* for each campus. Dates on which intersection turning movement counts were collected are shown in the tables below.

Cathedral Hill Campus Existing Conditions
Data Collection Days

Intersection	Date		Intersection	Date	
	AM Peak Hour	PM Peak Hour		AM Peak Hour	PM Peak Hour
Gough/Geary	5/23/06	5/24/06	Van Ness/Geary	5/18/06	5/18/06
Gough/Post	5/24/06	5/24/06	Van Ness/Post	5/18/06	5/18/06
Gough/Sutter	5/24/06	5/24/06	Van Ness/Sutter	5/18/06	5/18/06
Franklin/O'Farrell	5/23/06	5/23/06	Van Ness/Bush	5/18/06	5/18/06
Franklin/Geary	5/23/06	5/23/06	Van Ness/Pine	5/18/06	5/18/06
Franklin/Post	5/31/06	5/31/06	Van Ness/Broadway	5/23/06	5/23/06
Franklin/Sutter	5/31/06	5/31/06	Polk/O'Farrell	5/25/06	5/25/06
Franklin/Bush	5/24/06	5/24/06	Polk/Geary	5/25/06	5/25/06
Franklin/Pine	5/24/06	5/31/06	Polk/Post	5/25/06	5/25/06
Van Ness/Market	5/17/06	5/17/06	Polk/Sutter	5/25/06	5/25/06
Van Ness/Fell	5/17/06	5/31/06	Eighth/Market	6/1/06	5/31/06
Van Ness/Hayes	5/31/06	5/31/06	Octavia/Market/U.S. 101	5/31/06	5/31/06
Van Ness/O'Farrell	5/17/06	5/18/06	Polk/Cedar	5/25/06	5/25/06

CPMC PM Peak Hour Existing Conditions
Data Collection Days

Davies Campus		California Campus	
Intersection	Date	Intersection	Date
Divisadero/Haight	6/28/06	Arguello/Sacramento	1/3/07
Castro/Duboce	6/27/06	Arguello/California	6/8/06
Castro/14th	6/27/06	Arguello/Geary	6/13/06
Market/17th (Castro)[3]	8/15/06	Jordan/Cherry/California	6/8/06
Castro/Market (17th)[3]	8/15/06	Parker/Maple/California	6/8/06
Market/Church/14th	8/10/06	Spruce/California	6/13/06
Market/15th	8/10/06	Locust/California	6/13/06
Market/Sanchez	8/10/06	Palm/California	6/8/06
Scott/Duboce	6/27/06	Cherry/Sacramento	6/8/06
Noe/Duboce	6/27/06	Commonwealth/California	6/8/06
Noe/14th	6/27/06	Maple/Sacramento	6/13/06
Sanchez/Duboce	6/27/06	Spruce/Sacramento	6/13/06
Fillmore/Duboce	6/27/06	Locust/Sacramento	6/13/06
Church/Duboce	6/27/06	--	--

CPMC PM Peak Hour Existing Conditions
Data Collection Days

Pacific Campus		St. Luke's Campus	
Intersection	Date	Intersection	Date
Fillmore/California	6/1/06	Cesar Chavez/Dolores	5/27/09
Fillmore/ Sacramento	6/1/06	Guerrero/26th	5/27/09
Webster/California	6/1/06	Mission/29th	5/27/09
Buchanan/California	6/20/06	Guerrero/Cesar Chavez	6/10/08
Laguna/California	6/21/06	Valencia/Cesar Chavez	6/10/08
Fillmore/Clay	6/1/06	Mission/Cesar Chavez	6/10/08
Fillmore/Washington	6/20/06	S. Van Ness/Cesar Chavez	6/10/08
Webster/Sacramento	6/1/06	Guerrero/Duncan	6/10/08
Webster/Clay	6/1/06	Mission/Valencia	6/12/08
Webster/Washington	6/20/06	Valencia/26th	5/27/09
Buchanan/Sacramento	6/20/06	Guerrero/26th	6/12/08
Buchanan/Clay	6/20/06	Guerrero/28th	6/12/08
Buchanan/Washington	6/20/06	Valencia/Duncan	6/2/09
Laguna/Sacramento	6/21/06	--	--
Laguna/Washington	6/21/06	--	--

3.7.2.3 FUTURE SCOPE FOR THE REUSE OF CALIFORNIA CAMPUS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-99 TR, duplicate comment provided in 30-99 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. 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-102 TR, duplicate comment provided in 30-102 TR]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-103 TR, duplicate comment provided in 30-103 TR]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-104 TR, duplicate comment provided in 30-104 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."

Response TR-7

The comments raise concerns related to congestion, parking availability, the viability of traffic enforcement, and cut-through traffic in the Jordan Park area and Laurel Heights as well as the study area analyzed for the California Campus. Most of the analyzed intersections are within the immediate vicinity of the project site because intersections closest to the project site would be most likely to experience impacts. However, the analysis also includes the intersection of Geary Boulevard and Arguello Boulevard. As indicated on Draft EIR page 4.4-178, as part of the proposed CPMC LRDP, the facilities and operations of the California Campus (near Jordan Park) would remain unchanged until 2015 and then gradually decreased through 2020, when the majority of existing activities would be relocated to the proposed Cathedral Hill Campus and the reorganized Pacific Campus. Once the California Campus is sold and the majority of services are transferred to the proposed Cathedral Hill and Pacific Campus, the California Campus would no longer be considered part of CPMC.

Analysis of any potential reuse or future redevelopment on the California Campus site would be speculative. Any future proposals at the site would require a separate level of environmental review. With no planned changes in facilities or operations, transportation travel demand at the California Campus would be expected to remain similar to existing conditions until 2015, and then gradually decrease between 2015 and 2020. The proposed CPMC LRDP would not result in generation of any new vehicle trips at the California Campus and, therefore, would not add to existing traffic conditions, cut through traffic, or limit parking availability, as stated in the comment. Further, the project sponsor does not have the authority to enforce traffic laws or parking regulations. Those responsibilities fall to the San Francisco Police Department and San Francisco Parking Enforcement.

3.7.2.4 CONSISTENCY IN LEVELS OF SERVICE TABLES IN DRAFT EIR

Comments

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-22 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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-23 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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-24 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 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."

Response TR-8

The comments state that inconsistencies exist between the level of service tables contained in the Draft EIR. Review of the specific tables cited in Comment 92-22, Table 4.5-17 and Table 4.5-18, which present LOS at Cathedral Hill Study intersections during the a.m. and p.m. peak hour, respectively, did not reveal any inconsistencies.

Comment 92-23 and 92-24 express concern that a reduction in peak-hour average vehicle delay was reported at the intersections of Eighth/Market and Franklin/Sutter between the existing conditions and 2015 Modified Baseline/2030 Cumulative conditions. Please see the beginning of Response TR-10, page C&R 3.7-26 for a summary of the methodology that was used to forecast increases in background traffic to study intersections in future scenarios. The peak-hour delay reductions cited in the comment can be explained by a key component—the peak-hour factor—which factors into the determination of intersection delay. The peak-hour factor is a way to quantitatively express the relationship of the peak 15-minute traffic volume to the full hourly traffic volume (i.e., a measure of traffic demand fluctuations within the peak hour). The peak-hour factor used in the existing conditions was based on observed traffic counts. Because forecasted traffic volumes cannot be observed, any analysis of future intersection operations must assume a peak-hour factor. It was assumed that at intersections where the peak-hour factor was below 0.95 under the Existing conditions scenario, adding background traffic to study intersections would increase the uniformity (i.e., spread out traffic volumes throughout the peak hour). To reflect this condition, a peak-hour factor of 0.98 was assumed for 2015 Modified Baseline and 2030 Cumulative conditions. This is a standard approach used by the Planning Department because of the number of closely spaced intersections where traffic growth at adjacent intersections can have the effect of 'metering' traffic during congested periods, such as the peak hours. Under certain conditions, this can cause average delay at an intersection to improve in a future scenario, as it did at the intersection of Eighth/Market and Franklin/Sutter.

3.7.2.5 MODIFIED BASELINE FOR TRAFFIC ANALYSIS

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-23 TR, duplicate comment was provided in 108-23 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). Section l5l25(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)."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-24 TR, duplicate comment was provided in 108-24 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."

Response TR-9

Comment 87-24 claims that "[b]y using *projected* rather than *existing* traffic as the baseline, the Draft EIR minimizes the actual impacts" of the proposed LRDP. Comment 87-24 further states: "For instance, traffic generated by the [LRDP], 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 [LRDP] traffic and projected 2015 traffic (which may or may not occur) are added to existing traffic, the effect of [LRDP] traffic may be masked by projected traffic."

Contrary to Comment 87-24, the Modified Baseline approach in the Draft EIR analyzed traffic impacts by assuming certain other projected future traffic increases, as discussed in more detail below. Therefore, the Modified Baseline approach, as detailed below, would indicate either the same or a greater number of intersections operating at LOS E or F after implementation of the proposed LRDP than a more typical baseline approach analyzing existing conditions.

Supplemental Comparison of Existing to Existing Plus Project Conditions

In order to demonstrate that this is in fact the case, supplemental traffic and transit analysis was performed overlaying the trips generated by the proposed LRDP on top of Existing conditions (2006) as opposed to the Modified Baseline conditions (2015/2020). This supplemental analysis is presented in the following tables (C&R Tables 3.7-1 through 3.7-6 on pages C&R 3.7-13 through 3.7-19), which provide a comparison of Existing to Existing plus Project conditions for all study intersections (except the California campus because the proposed CPMC LRDP would essentially close services at this campus by about 2020) for transit capacity utilization and for transit delay at the Cathedral Hill Campus.

Generally, the impacts at each intersection are the same or lower under Existing plus Project conditions than under the 2015 or 2020 Modified Baseline plus Project conditions analyzed in the Draft EIR. Therefore, Comments 87-23 and 87-24 are incorrect to the extent that they suggest that use of a Modified Baseline could result in minimized impacts compared to use of existing conditions as the baseline.

At the proposed Cathedral Hill Campus, as shown in C&R Table 3.7-1, the only potentially significant impact that would occur under Existing plus Project conditions would be a level of service change from LOS D to LOS E at the Polk Street/Geary Street intersection during the a.m. peak hour. However, as explained in the discussion of Impact TR-2 on page 4.5-98 of the Draft EIR, the Polk/Geary intersection was already identified in the Draft EIR as experiencing a service change from LOS D under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions during the a.m. peak hour. Thus, the impact at the Polk/Geary intersection under the Existing plus Project analysis is essentially the same as the impact described in the Draft EIR. Similar to the analysis in the

Draft EIR, the proposed project's contributions to intersections that would operate at LOS E or F under Existing Plus Project conditions were found to be less than significant.

As shown in C&R Table 3.7-6, the Existing plus Project conditions would result in one potentially significant transit delay impact near the proposed Cathedral Hill Campus. An increased delay to the 19-Polk (northbound) bus route during the p.m. peak hour of 7 minutes and 12 seconds would occur under Existing plus Project conditions as compared to Existing conditions, which would be more than half of the existing headway and, therefore, would be above the significance threshold. However, as explained in the discussion of Impact TR-31 on page 4.5-123 of the Draft EIR, the 19-Polk bus route was already identified as experiencing an increased delay of approximately 8 minutes during the p.m. peak hour under 2015 Modified Baseline plus Project conditions. Thus, the impact to the 19-Polk bus route under the Existing plus Project analysis is essentially the same as the impact described in the Draft EIR.

Conversely, unlike the 2015 Modified Baseline plus Project conditions analyzed in the Draft EIR, the Existing plus Project analysis determined that impacts at the Van Ness/Market intersection would be less than significant. Similarly, unlike the Draft EIR's analysis of 2015 Modified Baseline plus Project conditions, the Existing plus Project analysis determined that impacts to the 49-Van Ness-Mission and 38/38-L Geary bus routes would be less than significant. Therefore, the modified baseline approach used in the Draft EIR identified additional transportation impacts of the proposed LRDP at the Cathedral Hill Campus that would not have been identified using existing conditions as the baseline.

C&R Table 3.7-1
Existing and Existing Plus Project Intersection Levels of Service – Cathedral Hill Campus

Intersection	Peak Hour	Existing			Existing Plus Project		
		Avg. Delay	LOS[1,2]	v/c Ratio	Avg. Delay	LOS[1,2]	v/c Ratio
1. Gough Street/ Geary Street	AM	**>80**	**F**	**1.17**	**>80**	**F**	**1.18**
	PM	29.9	C	--	34.1	C	--
2. Gough Street/ Post Street	AM	10.7	B		11.2	B	
	PM	8.6	A		9.1	A	
3. Gough Street/ Sutter Street	AM	9.5	A		10.5	B	
	PM	15.0	B		19.2	B	
4. Franklin Street/ O'Farrell Street	AM	**>80**	**F**	**1.23**	**>80**	**F**	**1.24**
	PM	30.7	C	--	30.1	C	--
5. Franklin Street/ Geary Street	AM	8.7	A		8.8	A	
	PM	22.1	C		20.6	C	
6. Franklin Street/ Post Street	AM	15.2	B		17.1	B	
	PM	12.3	B		12.7	B	
7. Franklin Street/ Sutter Street	AM	17.0	B		16.5	B	
	PM	**65.5**	**E**		**64.6**	**E**	
8. Franklin Street/ Bush Street	AM	**71.4**	**E**		**73.1**	**E**	
	PM	9.7	A		9.8	A	
9. Franklin Street/ Pine Street	AM	12.6	B		12.7	B	
	PM	16.8	B		20.2	C	
10. Van Ness Ave/ Market Street	AM	23.1	C		23.4	C	
	PM	49.1	D		49.1	D	
11. Van Ness Ave/Fell Street	AM	30.6	C		34.9	C	
	PM	23.3	C		23.2	C	

C&R Table 3.7-1
Existing and Existing Plus Project Intersection Levels of Service – Cathedral Hill Campus

Intersection	Peak Hour	Existing			Existing Plus Project		
		Avg. Delay	LOS[1,2]	v/c Ratio	Avg. Delay	LOS[1,2]	v/c Ratio
12. Van Ness Ave/ Hayes Street	AM	20.5	C		20.4	C	
	PM	23.3	C		24.0	C	
13. Van Ness Ave/ O'Farrell Street	AM	22.4	C		27.3	C	
	PM	26.3	C		26.8	C	
14. Van Ness Avenue/ Geary Street	AM	22.7	C		22.0	C	
	PM	26.3	C		24.5	C	
15. Van Ness Avenue/ Post Street	AM	15.3	B		15.5	B	
	PM	14.4	B		15.2	B	
16. Van Ness Avenue/ Sutter Street	AM	11.2	B		11.3	B	
	PM	16.9	B		17.1	B	
17. Van Ness Avenue/ Bush Street	AM	23.6	C		25.2	C	
	PM	26.6	C		34.0	C	
18. Van Ness Avenue/ Pine Street	AM	22.8	C		24.1	C	
	PM	23.2	C		26.5	C	
19. Van Ness Avenue/ Broadway	AM	28.0	C		28.5	C	
	PM	26.0	C		25.9	C	
20. Polk Street/ O'Farrell Street	AM	18.6	B		22.8	B	
	PM	18.3	B		25.0	C	
21. Polk Street/ Geary Street	AM	47.9	D		**55.2**	**E**	
	PM	28.6	C		51.2	D	
22. Polk Street/Cedar Street[3]	AM	14.6 (EB)	B		15.8 (EB)	C	
	PM	12.3 (EB)	B		25.2 (EB)	D	
23. Polk Street/Post Street	AM	18.3	B		20.8	C	
	PM	15.9	B		16.7	B	
24. Polk Street/Sutter Street	AM	27.5	C		37.4	D	
	PM	28.7	C		29.0	C	
25. Eighth Street/ Market Street	AM	**>80**	**F**	**0.87**	**>80**	**F**	**0.88**
	PM	**70.0**	**E**	--	**72.6**	**E**	--
26. Octavia Blvd/ Market /U.S. 101	AM	**>80**	**F**	**1.18**	**>80**	**F**	**1.17**
	PM	38.7	D	--	40.0	D	--
A. Polk Street/Ellis Street	AM	14.2	B		14.2	B	
	PM	16.3	B		17.8	B	
B. Larkin Street/Geary Street	AM	13.8	B		13.9	B	
	PM	15.3	B		15.3	B	
C. Hyde Street/O'Farrell Street	AM	12.6	B		12.7	B	
	PM	13.1	B		13.2	B	
D. Leavenworth Street/Geary Street	AM	12.4	B		12.5	B	
	PM	14.1	B		14.1	B	
E. Larkin Street/Grove Street	AM	13.4	B		13.5	B	
	PM	13.5	B		13.5	B	

C&R Table 3.7-1
Existing and Existing Plus Project Intersection Levels of Service – Cathedral Hill Campus

Intersection	Peak Hour	Existing			Existing Plus Project		
		Avg. Delay	LOS[1,2]	v/c Ratio	Avg. Delay	LOS[1,2]	v/c Ratio
F. 9th Street/Market Street	AM	14.0	B		14.1	B	
	PM	21.3	C		21.5	C	
G. 7th Street/Market Street	AM	16.7	B		16.9	B	
	PM	22.2	C		22.4	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 2011

C&R Table 3.7-2
Existing and Existing Plus Project PM Peak Hour Intersection Levels of Service – Davies Campus

Intersection	Existing			Existing Plus Near-Term Project (Neuroscience Institute)			Existing Plus Full Program (Near- and Long-Term)		
	Avg. Delay	LOS[1,2]	v/c Ratio	Avg. Delay	LOS[1,2]	v/c Ratio	Avg. Delay	LOS[1,2]	v/c Ratio
26. Octavia Blvd/ Market /U.S. 101	38.7	D		39.2	D		40.0	D	
56. Divisadero Street/Haight Street	**72.9**	**E**		**77.3**	**E**		**> 80**	**F**	**1.00**
57. Castro Street/Duboce Avenue	**> 80**	**F**	**0.87**	**> 80**	**F**	**0.87**	**> 80**	**F**	**0.88**
58. Castro Street/14th Street	45.7	D		47.7	D		50.6	D	
59. Castro Street/Market Street/17th Street	**> 80**	**F**	**2.14**	**> 80**	**F**	**2.14**	**>80**	**F**	**2.92**
60. Scott Street/Duboce Avenue	10.1	B		10.3	B		10.4	B	
61. Noe Street/Duboce Avenue	10.3	B		10.4	B		10.6	B	
62. Noe Street/14th Street	12.9	B		13.4	B		14.3	B	
63. Sanchez Street/Duboce Avenue	10.3	B		10.3	B		10.4	B	
64. Fillmore Street/Duboce Avenue	8.8	A		8.8	A		8.8	A	
65. Church Street/Duboce Avenue	12.6	B		12.6	B		12.6	B	
66. Church Street/Market Street/14th Street	**> 80**	**F**	**1.21**	**> 80**	**F**	**1.28**	**> 80**	**F**	**1.35**
67. Sanchez Street/Market St/15th Street	**> 80**	**F**	**1.22**	**> 80**	**F**	**1.22**	**> 80**	**F**	**1.22**

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 side-street stop-controlled intersections, the delay of the worst performing approach is presented.

Source: Fehr & Peers 2011

C&R Table 3.7-3
Existing and Existing Plus Project PM Peak Hour Intersection Levels of Service – Pacific Campus

Intersection	Existing		Existing Plus Long-Term Program	
	Average Delay[2]	LOS[3,4]	Average Delay[2]	LOS[3,4]
26. Octavia Boulevard / Market Street/ US101	38.7	D	40.0	D
28. Fillmore Street / California Street	16.8	B	18.4	B
29. Fillmore Street / Sacramento Street	17.2	B	18.1	B
30. Fillmore Street / Clay Street[5]	10.6(nb)	B	11.0(nb)	B
31. Fillmore Street / Washington Street[5]	9.0(sb)	A	9.1(sb)	A
32. Webster Street / California Street	20.2	C	22.5	C
33. Webster Street / Sacramento Street[5]	14.6(sb)	B	15.4(sb)	C
34. Webster Street / Clay Street[5]	10.8(nb)	A	10.5(nb)	B
35. Webster Street / Washington Street[5]	8.5(nb/sb)	A	8.7(nb)	A
36. Buchanan Street / California Street	11.2	B	12.0	B
37. Buchanan Street / Sacramento Street[5]	10.1(sb)	A	9.9(sb)	A
38. Buchanan Street / Clay Street[5]	8.5(sb)	A	8.5(sb)	A
39. Buchanan Street / Washington Street[5]	8.7(sb)	A	8.7(sb)	A
40. Laguna Street / California Street	14.6	B	14.8	B
41. Laguna Street / Sacramento Street[5]	11.5(sb)	B	11.6(sb)	B
42. Laguna Street / Washington Street[5]	10.1(sb)	A	9.9(sb)	A

Notes: **Bold** font indicates deficient LOS E or LOS F.

1. Signalized = Signal controlled; AWS (All-Way Stop) = 4-Way Stop Sign.
2. Average delay in seconds per vehicle.
3. LOS = Level of Service.
4. 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 side-street stop-controlled intersections, the delay of the worst performing approach is presented.
5. All-Way Stop Controlled intersection. If not noted, intersection is signalized.

Source: Fehr & Peers 2011.

C&R Table 3.7-4
Existing and Existing Plus Project PM Peak Hour Intersection Levels of Service – St. Lukes Campus

Intersection	Existing		Existing Plus Project	
	Avg. Delay[1]	LOS[2,3]	Avg. Delay[1]	LOS[2,3]
68. Cesar Chavez Street/Valencia Street[4]	38.1	D	53.2	D
69. Cesar Chavez Street/Guerrero Street[4]	37.9	D	38.1	D
70. Cesar Chavez Street/Bartlett Street[4,5]	12.4	B (sb)	12.5	B (sb)
71. Guerrero Street/27th Street[5]	**>80**	**F (eb)**	**>80**	**F (eb)**
72. Guerrero Street/28th Street [5]	**38.4**	**E (eb)**	**44.5**	**E (eb)**
73. Guerrero Street/Duncan Street	13.5	B	13.9	B
74. Mission Street/Valencia Street/Fair Avenue	11.0	B	39.5	D
75. Cesar Chavez Street/South Van Ness Ave[4]	24.8	C	28.9	C
76. Cesar Chavez Street/Mission Street[4]	22.6	C	22.7	C
77. Cesar Chavez Street/Dolores Street	38.8	D	39.5	D
78. Guerrero Street/26th Street	12.6	B	12.9	B
79. San Jose Avenue/29th Street	17.9	B	18.5	B
80. Valencia Street/26th Street	18.3	B	18.4	B
81. Valencia Street/Duncan Street/Tiffany Avenue[5]	9.0	A (nb)	9.3	A (nb)
82. Mission Street/29th Street	13.2	B	13.2	B

Notes: **Bold** font indicates LOS of LOS E or LOS F;

Signal = Signalized intersection, SSS = Side-Street Stop-Controlled.

1. Average delay in seconds per vehicle.
2. LOS = Level of Service.
3. For signalized intersections, LOS based on average intersection delay, based on the methodology in the *Highway Capacity Manual*, 2000 Edition. For side-street stop-controlled intersections, the delay of the worst performing approach is presented.
4. Cesar Chavez Streetscape Improvements assumed constructed at these intersections.
5. Side-Street Stop Controlled intersection. If not noted, intersection is signalized.

Source: Fehr & Peers 2011

C&R Table 3.7-5
Existing and Existing Plus Project Muni Transit Directional Corridor and Capacity Utilization

Direction	Peak Hour	Existing No Project			Existing Plus Project		
		Capacity	Ridership	Capacity Utilization	Project Trips	Ridership	Capacity Utilization
Cathedral Hill Campus							
Northbound[1]	AM	2,186	1,377	63%	188	1,565	72%
	PM	2,186	1,307	60%	74	1,381	63%
Southbound[1]	AM	2,186	1,242	57%	88	1,330	61%
	PM	2,186	1,176	54%	186	1,362	62%
Eastbound[2]	AM	5,737	3,687	64%	250	3,937	69%
	PM	4,657	2,408	52%	51	2,459	53%
Westbound[2]	AM	4,657	2,111	45%	60	2,171	47%
	PM	5,737	3,926	68%	238	4,164	73%
California Campus							
Northbound[3]	PM	1,008	382	38%	0	382	38%
Southbound[3]	PM	1,008	652	65%	0	652	65%
Eastbound[4]	PM	3,586	1,964	55%	0	1,964	55%
Westbound[4]	PM	4,497	3,228	72%	0	3,228	72%
Davies Campus							
Northbound[5]	PM	1,912	812	42%	26	838	44%
Southbound[5]	PM	1,912	1,421	74%	31	1,452	76%
Eastbound[6]	PM	9,066	3,122	34%	66	3,188	35%
Westbound[6]	PM	9,066	7,380	81%	15	7,395	82%
Pacific Campus							
Northbound[7]	PM	960	472	49%	28	500	52%
Southbound[7]	PM	960	550	57%	36	586	61%
Eastbound[8]	PM	3,586	1,964	55%	14	1,978	55%
Westbound[8]	PM	3,586	2,751	77%	10	2,761	77%
St. Luke's Campus							
Northbound[9]	PM	3,392	1,553	46%	29	1,582	47%
Southbound[9]	PM	3,862	2,157	56%	24	2,181	56%
Eastbound[10]	PM	630	442	70%	12	454	72%
Westbound[10]	PM	630	318	50%	6	324	51%

Notes:
1. 12 Pacific/Folsom, 19 Polk, 27 Bryant, 47 Van Ness, 49 Van Ness/Mission.
2. 1 California, 2 Clement, 3 Jackson, 5 Fulton, 16AX Noriega A Express, 16BX Noriega B Express, 31 Balboa, 38 Geary, 38L Geary Limited.
3. 33 Stanyan, 43 Masonic, 44 O'Shaughnessy.
4. 1 California, 1BX California B Express, 2 Clement, 3 Jackson, 38 Geary, 38L Geary Limited, 38BX Geary B Express.
5. 22 Fillmore, 24 Divisadero, J Church.
6. 6 Parnassus, 21 Hayes, 37 Corbett, 71 Haight, 71L Haight Limited, F Market, K Ingleside, L Taraval, M Ocean View, N Judah.
7. 22 Fillmore, 24 Divisadero.
8. 1 California, 2 Clement, 3 Jackson, 38 Geary, 38L Geary Limited.
9. 12 Pacific/Folsom, 14 Mission, 14L Mission Limited, 49 Van Ness/Mission, 67 Bernal Heights, J Church.
10. 27 Bryant, 48 Quintara.

Source: Fehr & Peers 2011

C&R Table 3.7-6
Existing and Existing Plus Project Transit Corridor Delay– Near Cathedral Hill Campus

Route	Peak Hour	Headway[1]	Existing		Project Increase in Travel Time	
			Northbound/ Eastbound Delay (min:sec)	Southbound/ Westbound Delay (min:sec)	Northbound/ Eastbound Delay (min:sec)	Southbound/ Westbound Delay (min:sec)
2 Clement	AM	10:00	2:24	1:48	+ 0:22	+ 0:15
	PM	10:00	2:06	2:48	+ 0:19	+ 0:21
3 Jackson	AM	10:00	2:24	1:48	+ 0:22	+ 0:15
	PM	10:00	2:06	2:48	+ 0:19	+ 0:21
19 Polk	AM	10:00	5:12	16:42	+ 0:31	+ 2:34
	PM	10:00	13:00	13:42	+ 0:26	**+ 7:12**
38 Geary	AM	8:00	11:12	3:06	+ 1:45	+ 0:35
	PM	6:00	2:36	2:18	+ 0:21	+ 0:52
38L Geary Limited	AM	7:00	11:12	3:06	+ 2:15	+ 0:24
	PM	6:00	2:36	2:18	+ 0:07	+ 1:26
47 Van Ness	AM	8:00	8:06	6:48	+ 0:41	+ 2:20
	PM	8:00	9:30	7:12	+ 1:38	+ 0:25
49 Van Ness/ Mission	AM	8:00	8:06	6:48	+ 3:04	+ 1:30
	PM	8:00	9:30	7:12	+ 0:32	+ 3:09

Notes:
1. Existing headways at the time of NOP (pre-December 2009). Based on information provided by the Planning Department on July 6, 2010.

Source: Fehr & Peers 2011

Similar to the Draft EIR, the Existing plus Project analysis did not identify any potentially significant impacts at intersections in the vicinity of the Pacific or St. Luke's Campuses.

At the Davies Campus, as shown in C&R Table 3.7-2, the proposed LRDP under Existing plus Project conditions would exacerbate existing LOS F conditions at the Church Street/Market Street/14th Street intersection during the p.m. peak hour by making a significant contribution of additional trips to the critical southeast-bound (14th Street) through movement. As similarly explained in the discussion of Impact TR-75 on page 4.5-186 of the Draft EIR, the Church/Market/14th Street intersection was determined under 2020 Modified Baseline plus Project conditions to contribute considerably to critical movements already operating at LOS F under 2020 Modified Baseline No Project conditions. The transportation analysis for the Davies Campus also indicated that this condition would only become significant after the construction of the Castro Street/14th Street MOB and would be less than significant

under 2015 conditions after construction of the Neurosciences Institute only.[1] Thus, the impact at the Church/Market/14th Street intersection under the Existing plus Project analysis is the same as the impact described in the Draft EIR.

As shown in C&R Table 3.7-2, under Existing plus Project conditions, a change from LOS E under Existing conditions to LOS F under Existing plus Project conditions would occur at the Divisadero Street/Haight Street intersection; and the intersection of Castro Street/Duboce Street would continue to operate at LOS F under Existing and Existing plus Project Conditions (with a volume to capacity ratio of 0.87 changing to 0.88 under Existing plus Project Conditions), with the project adding 52 trips to the critical northbound through movement. Similar to above, these changes would only occur under the program-level, long-term 2020 scenario with the implementation of the long-term project of the Castro Street/14th Street MOB, which would not commence construction before 2018 and would not be completed before 2020. As stated in the Draft EIR, future project approvals for long-term development would occur only after further project-level design and refinement and subsequent environmental review.[2] With the implementation of the Neuroscience Institute only, the LOS at the Divisadero Street/Haight Street intersection would remain at LOS E.

Thus, the findings at every case except for two, as described above, impacts would be similar and in many cases less under Existing plus Project conditions than under Modified Baseline plus Project conditions support the appropriateness of the use of the Modified Baseline analysis in the Draft EIR. The exceptions noted above might arise at the Davies Campus at a program-level analysis, but only after full buildout of the long-term program at Davies (i.e., only after completion of the Castro Street/14th Street MOB), sometime after 2020.

An exception to the finding that the Modified Baseline approach is equally or more conservative than use of an existing conditions baseline might arise at the Davies Campus, but only after full buildout of the long-term program at Davies (i.e., only after completion of the Castro Street/14th Street MOB), sometime after 2020. Existing plus Project conditions reflect a scenario that would never occur. The completion of both the near-term and the long-term projects at the Davies Campus would not occur before other anticipated growth in traffic that changes existing conditions, because the long-term project at the Davies Campus would not commence construction until at least 2018 under the Project description and would not be completed until at least 2020.

Nevertheless, since the intersection of Divisadero Street/Haight Street would deteriorate to LOS F with implementation of the Castro Street/14th Street MOB, an improvement measure has been identified to improve the post-2020 operating conditions to LOS D at the intersection of Divisadero/Haight (see text revisions to the Draft EIR discussion of Impact TR-128 in Chapter 4, "Draft EIR Text Changes," on page C&R 4-80). This would consist of re-striping the Divisadero/Haight intersection to accommodate a 125-foot northbound right-turn pocket. This capacity improvement would result in the loss of up to five on-street parking spaces but would decrease average delay at the intersection to acceptable levels. The

[1] The Davies Campus Transportation Impact Study stated that the Castro Street/14th Street MOB would contribute the majority (approximately 60 percent) of the proposed LRDP's new trips at the Davies Campus (with the Neuroscience Institute generating the remaining 40 percent of new trips). As described in the study, a sensitivity test was conducted to determine whether the occupation of only the Neuroscience Institute, anticipated to occur in 2015, would result in any significant impacts before construction of the Castro Street/14th Street MOB. Under 2015 Modified Baseline conditions, the Church/Market/14th Street intersection (the only intersection at which a significant impact would occur after full buildout of the proposed LRDP at the Davies Campus under future 2020 plus Project conditions) would operate at LOS F. Although the impacted intersection would operate unacceptably in 2015, the Neuroscience Institute would not contribute significantly to the critical eastbound movement on 14th Street at this intersection. Therefore, the sensitivity analysis concluded that construction of only the Neuroscience Institute would have a less-than-significant impact under 2015 Modified Baseline plus Project conditions. Source: California Pacific Medical Center, 2010 (June), *California Pacific Medical Center, Long Range Development Plan, Davies Campus, Transportation Impact Study*, prepared by Fehr & Peers, San Francisco, CA.

[2] The Existing plus Project analysis conducted by Fehr & Peers did not factor any reduction in the number of trips at the Divisadero/Haight intersection that could occur with the implementation of CPMC's proposed expansion of its current Transportation Demand Management (TDM) program.

project sponsor has agreed to fund this improvement measure, which would also prevent the LOS change from occurring under Existing plus Project conditions.

In sum, the information and analysis presented above regarding Existing plus Project conditions does not change the impact determination for any project approvals being sought in conjunction with the proposed CPMC LRDP; no new significant impacts would occur beyond what is presented in the Draft EIR under the Modified Baseline scenario. Together with the analysis in the Draft EIR, the above analysis results in a Final EIR that provides analysis under both a Modified Baseline and Existing Conditions plus Project approach.

Reasonable Use of Modified Baseline

The Modified Baseline approach was used to provide a more accurate representation of the transportation system at the time when either all or the most substantial portion of new construction work at each campus would be completed and occupied (i.e., the times at which new development would become operational or substantially operational and the majority of new project-generated transportation demand would occur).

As stated in Comment 87-23, "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." The Draft EIR provides a detailed and complete description of existing conditions. CEQA, however, distinguishes between the requirement to describe the environmental setting and the requirement to describe the effects of the proposed project on the environment. A better expression of the concern is to identify "the effects of projects on the actual environment upon which the proposal will operate."[3]

Under Section 15125(a) of the State CEQA Guidelines, the physical environmental conditions in the vicinity of the project at the time the NOP is published "will *normally* constitute the baseline physical conditions by which a Lead Agency determines whether an impact is significant" [emphasis added]. However, the State CEQA Guidelines allow flexibility to utilize a different approach. The use of the term "normally" provides the lead agency with discretion to deviate from the standard time-of-review baseline.[4] As the California Supreme Court recently explained in *Communities for a Better Environment v. South Coast Air Quality Management District*, "[A]n agency enjoys the discretion to decide, in the first instance, exactly how the existing physical conditions without the project can most realistically be measured. Neither CEQA nor the CEQA Guidelines mandates a uniform, inflexible rule for determination of the existing conditions baseline."[5]

As another court has explained, "in some cases it is necessary to consider conditions over a range of time periods. In some cases, conditions closer to the date the project is approved are more relevant to a determination whether the project's impacts will be significant. For instance, where the issue involves an impact on traffic levels, the EIR might necessarily take into account the normal increase in traffic over time. Since the environmental review process can take a number of years, traffic levels as of the time the project is approved may be a more accurate representation of the existing baseline against which to

[3] Envtl. Planning & Info. Council of W. El Dorado County, Inc. v. County of El Dorado, 131 Cal. App. 3d 350, 354 (1982).
[4] See Fat v. County of Sacramento, 97 Cal. App. 4th 1270, 1278 (2002).
[5] Cmtys. for a Better Env't v. S. Coast Air Quality Mgmt. Dist., 48 Cal. 4th 310, 328 (2010).

measure the impact of the project."[6] The key concern is to show the effects on the environment on which the proposal will operate, rather than a mechanical test that focuses on a particular point in time.

CEQA requires that the methodology used by the lead agency for determining the baseline condition "be supported by reasoned analysis and evidence in the record"[7] (e.g., the baseline should not assume the full buildout to the maximum extent allowed under the relevant jurisdiction's general plan).

Modified Baseline Rationale and Methodology

The decision to utilize a modified baseline for the analysis of the transportation impacts of the proposed LRDP was made based on the above baseline discussion and based on the nature and timing of the anticipated project approval process and the proposed CPMC LRDP's construction and phasing periods. Because of the relatively long approval and construction periods, an existing plus project scenario would not materialize. CEQA generally contemplates that an EIR will be completed within 1 year after publication of the NOP for an EIR, and in most cases consideration of entitlements for the project reviewed in an EIR and construction are completed shortly thereafter. In the case of the proposed CPMC LRDP, the environmental review, entitlement, and construction/phasing periods would be extended beyond what would normally occur.

After the publication of the Draft EIR, and well after the decision was made to utilize the modified baseline, the California Court of Appeal, Sixth District, published an opinion holding that the City of Sunnyvale had improperly used a modified baseline in an EIR analysis of transportation impacts.[8] Even more recently, the same court upheld the use of a modified baseline where data regarding existing conditions at the studied intersections was also provided (but without analyzing existing plus project conditions) and the methodology was supported by substantial evidence regarding anticipated future growth.[9] Unlike the modified baseline approach at issue in the earlier court decision (*Sunnyvale West*), but similar to the approach used in the subsequent decision (*Pfieffer*), the proposed CPMC LRDP's use of Modified Baseline conditions is supported by the substantial evidence in the record, relied on a tested, detailed and conservative SF-CHAMP model process. It did not assume full development of the City's General Plan or significant interim roadway improvements, and it included growth assumptions based on actual traffic counts at the study intersections. The Modified Baseline analysis provided the best description of conditions and analysis of resulting impacts that would exist at the time of the proposed LRDP would be implemented at each campus. Moreover, like the modified baseline approach upheld in the *Pfeiffer* decision, the modified baseline in the CPMC LRDP Draft EIR was based upon reasonable assumptions of growth added to data regarding existing conditions. The data regarding existing conditions is set forth in the Draft EIR in Tables 4.5-17, 4.5-18, 4.5-35, 4.5-37, 4.5-38 and 4.5-39 on pages, 4.5-94, 4.5-95, 4.5-169, 4.5-180, 4.5-185 and 4.5-202, respectively.

An NOP for the proposed CPMC LRDP, initially issued in July 2006, was updated on May 27, 2009, to incorporate the proposed Neuroscience Institute, which had been planned as a separate project, and other changes. The proposed CPMC LRDP also was required to undergo extensive review by the San Francisco Health Commission as part of the IMP process, which is a unique requirement for postsecondary and medical institution projects in San Francisco. CPMC filed an IMP update for the LRDP with the Planning Department in 2008. In addition to this review, a Blue Ribbon Panel was convened to discuss the future

[6] *Save Our Peninsula Committee v. Monterey County Bd. of Supervisors*, 87 Cal. App. 4th 99, 125–126 (2001). The *Save Our Peninsula Committee* court listed the date of project approval as an example of a potentially appropriate different baseline and did not establish the date of project approval as a standard or criteria for determining the appropriateness of a particular baseline for any given project.

[7] *See Save Our Peninsula Comm.*, 87 Cal. App. 4th at 120.

[8] *Sunnyvale W. Neighborhood Ass'n v. City of Sunnyvale City Council*, 190 Cal.App.4th 1351 (2010).

[9] *Pfeiffer v. City of Sunnyvale City Council*, 200 Cal. App. 4th 1552 (2011)

of the St. Luke's Campus. The Planning Commission closed the public hearing on the IMP in November 2009, thereby accepting the IMP. [10]

Certification of the Final EIR and approval of project entitlements are anticipated in late 2012. The proposed LRDP would then require several years of construction at each CPMC campus (other than the California Campus) and multiple relocations of various uses among the CPMC campuses. Given the unusual length of the environmental review and project approval processes, the lengthy construction period at multiple campuses and multiple phases (e.g., over 4 years for the Cathedral Hill Campus), and the scale and complexity of the project, the Modified Baseline approach was selected to more accurately describe the environmental conditions at the time the LRDP would be implemented at each campus and at the time impacts would be expected to occur.

The San Francisco County Transportation Authority's (SFCTA) SF-CHAMP travel demand model, on which the Modified Baseline was based[11], is a detailed forecast of anticipated future traffic conditions in San Francisco. The Planning Department updates and maintains a land use forecast to form the basis for testing the transportation impacts of new projects or plans. The land use forecast is based on citywide projections from the Association of Bay Area Governments (ABAG), which issues biennial projections of population, jobs, and households. The Planning Department takes the citywide population and employment growth targets (control totals) developed by ABAG for San Francisco and distributes them among 981 Travel Analysis Zones (TAZs) within city and county limits. The base year for this procedure is 2005, as that year represented the best disaggregated information for housing units, households and employment counts at the time the analyses were initiated.[12]

Each of the five CPMC campuses falls within one or more of the 981 TAZs.[13] The Planning Department predicted a relatively low amount of growth in the number of dwelling units, population, and employment expected to occur between 2005 and 2015, between 2005 and 2020, and overall between 2005 and 2030.[14] Overall, as described in detail in *Assessment of No Project Cumulative Traffic Conditions – Years 2015 and 2030 Traffic Estimates, Adavant Consulting, April 2010*, the modified baseline reflected minimal changes in the population and number of dwelling units between 2005, 2015, and 2020 in the study TAZs.[15] The California Campus was not included in this comparison, as the proposed CPMC LRDP would close services at this campus by 2020.

The Planning Department provides its land use forecasts using a classification system that reflects the distinct characteristics of a given economic activity. These land use categories are then used by the SF-CHAMP model maintained by SFCTA. The most recent land use forecasts prepared by the Planning Department at the time the analyses were initiated were based on ABAG's *Projections 2007* and were developed in 5-year increments from 2005 to 2030. The land use forecasts for 2015 and 2030 were then

[10] CPMC filed and additional IMP Update for the LRDP in November 2011

[11] Adavant Consulting. 2010 (April 9). Assessment of No Project Cumulative Traffic Conditions near Five CPMC Campus Sites in San Francisco—Years 2015 and 2030 Traffic Estimates. This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

[12] Ibid.

[13] Specifically, the western portion of the Cathedral Hill Campus is within TAZ no. 318, the eastern portion of the Cathedral Hill Campus is within TAZ no. 699, the Pacific Campus is within TAZ no. 336, the western portion of the California Campus is within TAZ no. 323, the eastern portion of the California Campus is within TAZ no. 718, the Davies Campus is within TAZ no. 564, and the St. Luke's Campus is within TAZ no. 124. Source: Adavant Consulting, 2010 (April 9), Assessment of No Project Cumulative Traffic Conditions near Five CPMC Campus Sites in San Francisco—Years 2015 and 2030 Traffic Estimates, p. 4, Table 2, "Existing and Future Land Use Data by CPMC Campus."

[14] Ibid, p. 4, Table 2, "Existing and Future Land Use Data by CPMC Campus," and p. 5, Table 3, "Future Land Use Growth Rates by CPMC Campus."

[15] Adavant Consulting, 2010 (April 9), *Assessment of No Project Cumulative Traffic Conditions near Five CPMC Campus Sites in San Francisco—Years 2015 and 2030 Traffic Estimates,* pp. 4-9.

used by SFCTA as its "standard model input" to perform travel demand analyses using the SF-CHAMP model.[16]

The Modified Baseline used in the Draft EIR was developed by applying the growth rates from the SF-CHAMP model to actual traffic counts collected at the study intersections under existing conditions, to obtain 2015 turning movement volumes.[17] The 2020 turning movement volumes were derived by adding one-third (representing 5 years) of the traffic growth increment, from 2015 to 2030, to 2015 traffic volumes.[18]

The traffic estimates developed and used in the 2015 and 2020 Modified Baseline represented 2015 No Project volumes at the Cathedral Hill, California, and St. Luke's Campuses (i.e., future weekday peak-hour turning movement volumes, assuming no changes to the existing uses at each campus) and 2020 No Project volumes at the Pacific and Davies Campuses. Future Modified Baseline plus project traffic estimates for each campus were developed by adding the number of net new trips that would be generated by each campus.

The assumed population and employment growth from 2005 to 2015 and, in the case of the Pacific and Davies Campuses, 2005 to 2020, was quite minimal, indicating that the 2015 and 2020 Modified Baseline conditions would have similar levels of traffic as reported for Existing conditions. Thus, the City's decision to use a modified baseline was reasonable, as 2015 and 2020 conditions are substantially similar to Existing conditions, although, in connection with the long-term projects at Davies Campus, an improvement measure has been identified at the Divisadero/Haight intersection. The impacts of the proposed CPMC LRDP as presented in the Draft EIR are not diluted or masked, and the Draft EIR analysis provides an accurate assessment of the impacts of the CPMC LRDP.

Comment 87-23 TR also questions the inclusion of the Cesar Chavez Street Streetscape Plan conditions in the St. Luke's campus traffic analysis. The vehicle capacity reductions associated with the Cesar Chavez Streetscape Improvements were assumed to take place because at the time of analysis the Cesar Chavez Streetscape project was considered a near term project, being reasonably foreseeable and capacity restrictive, thus making for a more conservative analysis. The Department of Public Works and the San Francisco Public Utilities Commission have begun construction of the sewer line improvements in and around Cesar Chavez Street with the Streetscape Plan improvements planned for implementation following the utility work (likely Spring 2012) .

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[16] Ibid. As explained in Footnote 19 on page 4.5-69 of the Draft EIR, the SF-CHAMP model is an activity-based travel demand model that has been validated to existing conditions and can be used to forecast future transportation conditions in San Francisco. Based on the criteria referenced above regarding growth in population, housing units, and employment, the model predicts person-travel by automobile, transit, pedestrian, and bicycle modes. The SF-CHAMP model also forecasts vehicular traffic on regional freeways, major arterial roads, and local roadway networks, taking into consideration the available roadway capacity, origin-destination demand, and congested travel speeds. The SF-CHAMP model travel demand estimates incorporate the ABAG land use and socioeconomic database and growth forecasts for 2030 (from ABAG *Projections 2007*), which provide forecasts of economic and population growth for San Francisco and the remaining eight Bay Area counties, as well as the Metropolitan Transportation Commission's *Regional Transportation Plan* and SFCTA's *Countywide Transportation Plan*.

[17] Ibid.

[18] Adavant Consulting used the SF-CHAMP standard model outputs containing traffic assignments for the a.m. and p.m. peak periods for 2005, 2015 or 2020, and 2030, in combination with traffic counts collected in the field to estimate future turning movement volumes for 2015 or 2020, and 2030 at the 83 study intersections. Weekday a.m. and p.m. peak-hour traffic growth rates were developed from the model output assignments for the 2005 to 2015, 2005 to 2020, and 2005 to 2030 horizon years, including the a.m. and p.m. peak periods for the Cathedral Hill Campus and the p.m. peak period for the Pacific, California, Davies, and St. Luke's Campuses. These growth factors were then applied to the existing a.m. and p.m. peak-hour turning movement volumes that were available from counts that had been previously collected in the file. Turning movement counts collected in May and June 2006 for the Cathedral Hill, Pacific, California, and Davies Campuses, and in May 2008 for the St. Luke's Campus were used. As discussed in Response TR-6, subsequent spot traffic counts collected in April 2009 in the vicinity of the CPMC campuses indicated that the 2006 and 2008 counts were generally higher (but still within an acceptable range – generally 10 percent or less) than April 2009 conditions, resulting in a more conservative approach for the analysis. (Ibid. p. 11.) This procedure is described in detail in *Assessment of No Project Cumulative Traffic Conditions – Years 2015 and 2030 Traffic Estimates*, Adavant Consulting, April 2010.

Please also see Response TR-14 (page C&R 3.7-33) for a discussion regarding the appropriateness of assuming implementation of the Muni TEP project.

3.7.2.6 PEAK-HOUR ANALYSIS

Comments

(Paul Wermer, September 23, 1010) [PC-261 TR]

"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 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-13 TR, duplicate comment provided in 30-13 TR]

"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?"

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-18A TR]

"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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-20B TR]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-21 TR, duplicate comment was provided in 108-21 TR]

"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."

(Margaret Kettunen Zegart , October 20, 2010) [97-15 TR]

"• 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 I 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."

(Stephanie Barton et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-38 TR]

"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]

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 would 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.

[85] Transportation Impact Analysis Guidelines, at 10.
[86] DEIR 4.5-215 to 4.5-232."

Response TR-10

The comments raise questions regarding the appropriateness of using peak-hour analysis for measuring the impacts of Cathedral Hill and other campus operations. The traffic analysis periods for each campus are consistent with the 2002 *Transportation Impact Analysis Guidelines for Environmental Review* (SF Guidelines), and the p.m. peak hour was determined and analyzed for all campuses. The SF Guidelines state on page 1, "In most cases, the department evaluates conditions in the p.m. peak hour of the p.m. peak period (4:00 to 6:00 PM). This period was chosen because it is the time period when the maximum use of much the transportation system occurs."

In addition, based on the CPMC campus surveys, the project's p.m. peak-hour demand was higher than demand during the a.m. peak hour, or other times of day, at every campus. This was confirmed by the

travel demand analysis calculations and traffic volumes observed presented in Appendix D, pages 119 and 121, of the report *CPMC LRDP: Travel Demand Estimation for the San Francisco Campuses* (Adavant Consulting, April 9, 2010). (The report is included as Appendix D of the CPMC LRDP *Transportation Impact Study Master Appendix*.)

However, for the Cathedral Hill Campus an a.m. peak-hour analysis was added for the following reasons:

- The project represented both a new and more intense land use on the site, rather than an expansion of an existing use;
- The site is adjacent to a state facility (U.S. Highway 101 [U.S. 101]);
- The California Department of Transportation (Caltrans) recommended this approach in a letter dated April 2006.

Other analysis periods were discussed for the Cathedral Hill site during the scoping process, including an afternoon peak analysis. The final decision, to not include additional analysis periods besides the weekday a.m. and p.m. peak periods, was made for the following reasons:

- A transit rider count at the Van Ness/Geary and Van Ness/Polk stops showed that the highest number of transit riders was found between 4 p.m. and 6 p.m.
- The number of hospital staff shift workers was relatively small compared to the number of employees working standard hours along with patient and visitor arrivals in the hours between 7 a.m. and 9 a.m. and between 4 p.m. and 6 p.m.

There was also discussion of a weekend analysis because of the site's location on Van Ness Avenue. However, a review of the weekend traffic volumes showed that the weekend peak-hour volumes were approximately 5 to 10 percent less than the weekday volumes (Fehr & Peers, September 2009, *2006 and 2009 Traffic Count Comparisons for Select Intersections& Weekday/Weekend Peak Hour Count Comparison for the California Pacific Medical Center Master Plan EIR*), and not all medical services are provided on the weekend. Therefore, no weekend analysis was performed.

The traffic analysis seeks to capture the most common levels of congestion in the transportation system. Analyzing "cultural congestion" does not fall into a clear pattern. The majority of large cultural events tend to occur on weekends and later on weekday evenings (i.e., at times when traffic volumes are lower than the weekday peak periods). In addition, the schedule of events varies throughout the year. For these reasons, event traffic is typically not analyzed for a project that does not hold special events. However, it should be noted that the traffic counts used for the analysis would have captured the effect of any weekday cultural events occurring at the time counts were made in the field. Additionally, although individual traffic increases may occur on local streets related to specific uses, such as schools, a p.m. peak hour analysis considers all traffic in the transportation network, which clearly increases during the p.m. peak hour from 4 p.m. to 6 p.m., with the addition of local and regional commute traffic. The 24-hour traffic volumes on Van Ness Avenue observed with the 2009 Traffic Count Comparisons analysis further confirmed that the weekday evening peak traffic volumes are, as anticipated, the highest during the p.m. peak period between 4:00 p.m. and 6:00 p.m.

The intent of analyzing the transportation network during the peak hour was to capture the network when the maximum use would occur; as such, any and all impacts that would occur during non-peak analysis time periods, weekday or otherwise, would be included in the impacts disclosed.

3.7.2.7 SECONDARY IMPACTS OF PEDESTRIAN/BICYCLE SAFETY MEASURES

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-21 TR]

"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."

Response TR-11

The comment raises a concern regarding Improvement Measure I-TR-87, which recommends installing lights and audible signals at the parking garage exits at the St. Luke's Campus as a way to improve pedestrian and bicycle safety when vehicles exit the parking garage. The proposed parking garage at the St. Luke's Campus would be located at the northeast corner of the campus, below the proposed MOB/Expansion Building. Vehicles would be able to exit onto Valencia Street and Cesar Chavez Street. As shown in Draft EIR Figure 2-59, "St. Luke's Campus—Proposed Site Plan" (page 2-197), both of the proposed garage exits would be located within about 150 feet of the intersection of Valencia and Cesar Chavez Streets. As shown in Draft EIR Figure 4.1-13, "St. Luke's Campus—Surrounding Land Uses" (page 4.1-29), the nearest adjacent residential uses are south and west of the campus, more than 350 feet from the nearest proposed garage exit. At this distance, the flashing lights and audible signals at the garage exits would be far enough away from residential uses to not be visible or heard, should these added safety features be installed. It should also be noted that this improvement measure is not required mitigation for the project, but represents an improvement measure that could enhance safety for bicycles and pedestrians.

3.7.2.8 INTERSECTION SIGNIFICANCE CRITERIA

Comments

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-7 TR]

"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.

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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-40 TR]

"**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.

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.

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

(Gloria Smith—California Nurses Association, October 20, 2010) [96-19 TR, duplicate comment was provided in 110-19]

"**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."

Response TR-12

The comments raise questions about the significance criteria used to determine impacts at intersections and raises a concern that only future intersection levels of service were used to determine impacts resulting from the proposed CPMC LRDP.

As stated on Page 4.5-56 of the Draft EIR,:

> The project was determined to have a significant traffic impact at an intersection if project-generated trips would cause an intersection operating at LOS D or better under No Project conditions to operate at LOS E or LOS F, or intersections operating at LOS E under No Project conditions to deteriorate to LOS F conditions. At intersections that would operate at LOS E or LOS F under No Project conditions, and would continue to operate at LOS E or LOS F under project conditions, the increase in project vehicle trips was reviewed at the critical movements to determine whether the increase would contribute considerably to critical movements operating at LOS E or LOS F.

As the traffic methodology above indicates, the analysis included an evaluation of whether additional vehicles generated by the proposed LRDP at intersections already operating at LOS E or LOS F would result in significant impacts. Specifically, for those intersections already operating at LOS E or LOS F under the Cumulative condition, project vehicle trips were reviewed to determine whether the increase

would contribute considerably to critical movements (see discussion on page 4.5-93 of the Draft EIR). This type of analysis addresses the incremental increases in delays added by a project at intersections that are already operating with high vehicle delays. Therefore, the comment is incorrect in stating 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."

The Draft EIR lists those intersections that are expected to operate at unacceptable levels of service (LOS E or LOS F) under the Cumulative condition at the beginning of the traffic analysis as well as in the level of service tables for each campus. For example, there are a number Cathedral Hill Campus study intersections that would operate at LOS E or F under the Cumulative condition. However, the Draft EIR states that less-than-significant impacts (i.e., less than significant project contributions to critical movements) would occur at these intersections (see Impact TR-102 on page 4.5-220 of the Draft EIR). The analysis for the Davies Campus, on the other hand, identifies a significant impact at one of the study intersections that is already operating at unacceptable levels (see Impact TR-127 on page 4.5-233 of the Draft EIR).

In light of the above, the significance thresholds and methodology clearly address incremental increases in delay at intersections already operating at unacceptable levels of service under both the Modified Baseline and the Cumulative scenarios.

Please also see Response TR-100 on page C&R 3.7-170 for a discussion regarding ambulance traffic and emergency access.

Additionally, the Draft EIR contains analyses of the proposed CPMC LRDP's effect on alternative modes, including transit, pedestrians, and bicyclists. The significance criteria for the respective modes are stated on pages 4.5-53 and 4.5-54 of the Draft EIR and excerpted below:

> **Transit**—The project would have a significant effect on the environment if it would cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of transit service; or cause a substantial increase in delays or operating costs such that significant adverse impacts on transit service levels could result.
>
> **Bicycles**—The project would have a significant effect on the environment if it would create potentially hazardous conditions for bicycles or otherwise substantially interfere with bicycle accessibility to the site and adjoining areas.
>
> **Pedestrians**—The project would have a significant effect on the environment if it would result in substantial overcrowding on public sidewalks, create potentially hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the site and adjoining areas.

3.7.2.9 ALTERNATIVE SIGNIFICANCE CRITERIA

Comments

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-19 TR]

"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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-23 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.

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."

Response TR-13

The comment requests that alternative significance criteria be used to assess the traffic operations. The use of intersection LOS criteria is established in the *SF Guidelines* as the primary means for assessing the traffic impacts of a project on intersection operations. (For a discussion of how the analysis time periods were selected, see Response TR-10 on page C&R 3.7-26). However, unlike other jurisdictions, which use traffic impacts as the primary factor determining overall project transportation impacts, the San Francisco Planning Department also requires assessment of project impacts on transit, pedestrians, bicycles, freight and passenger loading, emergency access, and construction-related transportation impacts (significance criteria is included on pages 4.5-53–54 of the Draft EIR). In addition, parking conditions are presented for informational purposes. Therefore, the Planning Department's significance criteria address all modes, and do not only rely on intersection operating conditions to determine the impacts of a project.

Furthermore, tools such as TIRE (Traffic Intrusion in a Residential Environment) or Portland's Impact Threshold Curve provide a method for measuring relative increases in traffic, but generally are applicable to lower-volume suburban residential streets. Resident perception of roadway traffic depends on many variables: ambient traffic levels, speed of traffic, mix of traffic (trucks), environment (urban, suburban), etc. While more jurisdictions are moving away from solely using vehicle LOS to determine impacts and toward a more multimodal LOS approach, the transportation consulting profession has not adopted any method that would be considered a consensus approach. Alternatively, as discussed above, the City of San Francisco does analyze a project's transportation impacts based on its effects on all modes of travel, not just vehicle traffic.

3.7.2.10 TRANSIT EFFECTIVENESS PROJECT FOR FUTURE TRANSIT IMPROVEMENTS

Comments

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-4 TR]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-25 TR, duplicate comment provided in 108-25 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-42 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 more frequent.'[24] From this, the DEIR assumed that increased Muni service would accommodate increased Project-related ridership thereby mitigating any potential transit impacts. But, as shown below, these assumptions are wrong; thus, the DEIR failed to calculate and disclose the Project's actual impacts on public transit.

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

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

[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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-10 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 be addressed and reevaluated through additional study in a revised and recirculated EIR as follows:"

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-13 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."

Response TR-14

Data collected during the TEP planning process was used to determine transit capacity and use for Modified Baseline and Cumulative conditions in the Draft EIR (Tables 4.5-21 & 4.5-22 , pages 4.5-119 and 4.5-121 in the Draft EIR). The TEP, which was developed in 2008 after extensive data collection and public comment, identifies proposed route changes, operational adjustments, and vehicle headway changes designed to improve transit service throughout San Francisco. The TEP has been endorsed for subsequent environmental review by the SFMTA Board of Directors, and the SFMTA recently published a TEP Implementation Strategy (April 5, 2011). The TEP Implementation Strategy anticipates that many of the service improvements would be implemented sometime between the end of Fiscal Year (FY) 2013 and FY 2015 and that the remainder of the service improvements would occur in FY 2016.[19]

Although the TEP has not been formally adopted, the service plans presented in the TEP represent the most likely changes to Muni service that would occur over the next several years. Furthermore, the TEP has been used to guide recent SFMTA Board decisions to implement recent budget-neutral service changes (i.e., the Muni service plan dated December 8, 2009), including the elimination of the 26-Valencia bus line that previously served the St. Luke's Campus. Finally, at the time of proposed LRDP scoping and analysis, it was not known that the SFMTA would declare a fiscal emergency for two consecutive years and reduce service. Therefore, the transit analyses in the Draft EIR assume that the TEP recommendations represent a reasonable transit operating plan for the time when the CPMC LRDP would become operational.

The comments suggest that using service changes planned by the TEP to project future capacity is inappropriate because of recent fiscal emergencies and service reductions at SFMTA/Muni. Despite the SFMTA declarations of fiscal emergency, implementation of the TEP service changes is expected to occur at about the same time as when construction of the Cathedral Hill Campus as well as other LRDP projects would be complete.

Nevertheless, in response to this comment, a supplemental transit analysis was conducted to compare the cumulative transit analysis presented in the Draft EIR with the transit capacity operating at the time that the NOP for the CPMC LRDP was released (May 27, 2009, i.e., before December 2009) as the baseline, rather than assuming implementation of the TEP. C&R Table 3.7-8 shows the cumulative transit capacity analysis for each of the CPMC campuses. C&R Table 3.7-9 evaluates the transit delay for each of the lines near the proposed Cathedral Hill Campus using the pre-December 2009 route headways.

As shown, only one directional screenline would operate in excess of Muni's established capacity standard of 85 percent. Under Cumulative No Project Conditions, the westbound transit screenline for the Davies Campus would operate at 89 percent. With the addition of the Davies Campus projects, the screenline would continue to operate at 89 percent. The proposed projects at the Davies Campus would add 15 new transit trips to the westbound direction during the p.m. peak hour. This represents approximately 0.2 percent of future westbound ridership. Therefore, the proposed projects at the Davies Campus would continue to have a less-than-significant impact on Muni if capacity were to be measured using the existing (pre-December 2009) transit service plan as opposed to the TEP.

The transit lines serving the proposed Cathedral Hill Campus were also evaluated to determine whether operation of the proposed Cathedral Hill Campus would result in any significant impacts related to transit delays. The transit-delay impacts were evaluated using the TEP-proposed headways for each of the transit

[19] SFMTA, Draft Transit Effectiveness Project Implementation Strategy, April 5, 2011, page 3-5.

lines. The Draft EIR identified that operation of the proposed campus would result in significant impacts related to transit delays along several transit lines.

As shown above, the proposed Cathedral Hill Campus would result in operational delays on the 19-Polk and the 49-Van Ness/Mission transit lines. The Draft EIR analysis concluded that significant impacts would occur to these two transit lines (see Impacts TR-31 and TR-29, respectively, on pages 4.5-123 and 4.5-120 of the Draft EIR). As demonstrated in the analysis above, the LRDP would result in the same impacts as identified in the Draft EIR irrespective of whether the pre-December 2009 or the TEP operational plans are assumed in the analysis.

C&R Table 3.7-8
Muni Transit Directional Corridors and Capacity Utilization with Existing Headways—Modified Baseline and Cumulative Conditions

Direction	Peak Hour	Capacity	Modified Baseline No Project		Modified Baseline Plus Project			Cumulative No Project		Cumulative Plus Project	
			Ridership	Capacity Utilization	Project Trips	Ridership	Capacity Utilization	Ridership	Capacity Utilization	Ridership	Capacity Utilization
Cathedral Hill Campus											
Northbound[1]	a.m.	2,186	1,415	65%	154	1,569	72%	1,458	66%	1,612	74%
	p.m.	2,186	1,397	64%	67	1,464	67%	1,702	68%	1,769	81%
Southbound[1]	a.m.	2,186	1,373	63%	72	1,445	66%	1,521	69%	1,593	73%
	p.m.	2,186	1,198	55%	168	1,366	62%	1,267	50%	1,435	66%
Eastbound[2]	a.m.	5,737	3,722	65%	204	3,926	68%	3,761	66%	3,965	69%
	p.m.	4,657	2,599	56%	46	2,645	57%	3,242	65%	3,288	71%
Westbound[2]	a.m.	4,657	2,510	54%	49	2,559	55%	2,964	60%	3,013	65%
	p.m.	5,737	3,975	69%	217	4,192	73%	4,143	72%	4,360	76%
California Campus											
Northbound[3]	p.m.	1,008	387	38%	0	387	38%	393	39%	393	39%
Southbound[3]	p.m.	1,008	682	68%	0	682	68%	746	74%	746	74%
Eastbound[4]	p.m.	3,586	2,147	60%	0	2,147	60%	2,764	77%	2,764	77%
Westbound[4]	p.m.	4,497	3,467	77%	0	3,467	77%	3,643	81%	3,643	81%
Davies Campus											
Northbound[5]	p.m.	1,912	908	47%	26	934	49%	988	52%	1,014	53%
Southbound[5]	p.m.	1,912	1,421	74%	31	1,452	76%	1,421	74%	1,452	76%
Eastbound[6]	p.m.	9,066	3,543	39%	66	3,609	40%	3,839	42%	3,905	43%
Westbound[6]	p.m.	9,066	**7,750**	**85%**	**15**	**7,765**	**85%**	**8,073**	**89%**	**8,088**	**89%**
Pacific Campus											
Northbound[7]	p.m.	960	514	54%	12	526	55%	549	57%	561	49%
Southbound[7]	p.m.	960	550	57%	15	565	59%	550	57%	565	50%
Eastbound[8]	p.m.	3,586	2,401	67%	6	2,407	67%	2,764	77%	2,770	76%
Westbound[8]	p.m.	3,586	2,871	80%	4	2,875	80%	2,969	83%	2,973	81%
St. Luke's Campus											
Northbound[9]	p.m.	3,392	1,690	50%	27	1,717	51%	2,054	61%	2,081	61%
Southbound[9]	p.m.	3,862	2,163	56%	23	2,186	57%	2,181	56%	2,204	57%
Eastbound[10]	p.m.	630	460	73%	11	471	75%	500	79%	511	81%
Westbound[10]	p.m.	630	319	51%	6	325	52%	321	51%	327	52%

C&R Table 3.7-8
Muni Transit Directional Corridors and Capacity Utilization with Existing Headways—Modified Baseline and Cumulative Conditions

Direction	Peak Hour	Capacity	Modified Baseline No Project		Modified Baseline Plus Project			Cumulative No Project		Cumulative Plus Project	
			Ridership	Capacity Utilization	Project Trips	Ridership	Capacity Utilization	Ridership	Capacity Utilization	Ridership	Capacity Utilization

Notes:
[1] 12-Pacific/Folsom, 19-Polk, 27-Bryant, 47-Van Ness, 49-Van Ness/Mission.
[2] 1-California, 2-Clement, 3-Jackson, 5-Fulton, 16AX-Noriega A Express, 16BX-Noriega B Express, 31-Balboa, 38-Geary, 38L-Geary Limited.
[3] 33-Stanyan, 43-Masonic, 44-O'Shaughnessy.
[4] 1-California, 1BX-California B Express, 2-Clement, 38-Geary, 38L-Geary Limited, 38BX-Geary B Express.
[5] 22-Fillmore, 24 Divisadero, J-Church.
[6] 6-Parnasus, 21-Hayes, 37-Corbett, 71/71L-Haight/Noriega, F-Market, K-Ingleside, L-Taraval, M-Ocean View, N Judah.
[7] 22-Fillmore, 24 Divisadero.
[8] 1-California, 2-Clement, 3- Jackson, 38-Geary, 38L-Geary Limited.
[9] 12-Folsom/Pacific, 14-Mission, 14L-Mission Limited, 67-Bernal Heights, 49-Van Ness/Mission, J-Church.
[10] 27-Bryant, 48-Quintara.

Source: Data provided by San Francisco Municipal Railway in 2008 and Fehr & Peers in 2010

C&R Table 3.7-9
Transit Corridor Delay with existing headways—Near Cathedral Hill Campus Cumulative Conditions

Route	Peak Hour	Existing Headway1 (min:sec)	TEP Headway (min:sec)	Project Increase in Travel Time (Modified Baseline)		Project Increase in Travel Time (Cumulative)	
				Northbound/ Eastbound Delay (min:sec)	Southbound/ Westbound Delay (min:sec)	Northbound/ Eastbound Delay (min:sec)	Southbound/ Westbound Delay (min:sec)
2 Clement	a.m.	10:00	12:00	+ 0:20	+ 0:15	+ 0:20	+ 0:15
	p.m.	10:00	12:00	+ 0:16	+ 0:21	+ 0:16	+ 0:21
3 Jackson	a.m.	10:00	10:00	+ 0:20	+ 0:15	+ 0:20	+ 0:15
	p.m.	10:00	10:00	+ 0:16	+ 0:21	+ 0:16	+ 0:21
19 Polk	a.m.	10:00	10:00	+ 0:31	+ 2:05	+ 0:31	+ 1:53
	p.m.	10:00	10:00	+ 0:28	**+ 8:22**	+ 0:28	**+ 8:18**
38 Geary	a.m.	8:00	7:30	+ 0:51	+ 0:27	+ 0:51	+ 0:27
	p.m.	6:00	6:00	+ 0:27	+ 1:34[2]	+ 0:27	+ 0:54
38L Geary Limited	a.m.	7:00	5:00	+ 1:22	+ 0:16	+ 1:22	+ 0:16
	p.m.	6:00	5:00	+ 0:12	+ 1:27	+ 0:12	+ 1:28
47 Van Ness	a.m.	8:00	7:30	+ 1:34	+ 1:29	+ 1:58	+ 1:38
	p.m.	8:00	7:30	+ 2:20	+ 0:55	+ 2:37	+ 0:49
49 Van Ness/ Mission	a.m.	8:00	7:30	**+ 3:56**	+ 0:40	**+ 4:21**	+ 0:49
	p.m.	8:00	7:30	+ 1:14	+ 3:39	+ 1:31	+ 3:32

Notes:
[1] Existing headway at the time of NOP (pre-December 2009). Based on information provided by the Planning Department on July 6, 2010.
[2] Includes delay taken from the Planning Department's VISSIM model of the Geary Street section near the proposed MOB and Hospital.

Source: Fehr & Peers 2010

3.7.2.11 MUNI SERVICE REDUCTIONS NOT INCLUDED IN TRANSIT ANALYSES

Comment

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-11 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.'

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."

Response TR-15

The transit service baseline used in the analysis was developed to represent conditions at the time at which the NOP for the proposed CPMC LRDP was released (May 27, 2009). This represents a time before the implementation of fiscal emergency service reductions by SFMTA, which were partially restored , such as Owl Service and capacity on 13 weekday, three weekend, and nine evening routes, by September 2010. At the time of project analysis, it was not known that SFMTA would declare a fiscal emergency and reduce service, and based on SFMTA's commitment to restore service where temporary service reductions were made, the transit analysis presented in the Draft EIR is reasonable. Thus, no new analysis is required.

3.7.2.12 CUMULATIVE ANALYSIS LAND USE ASSUMPTIONS

Comments

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-24 TR]

"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."

(Hiroshi Fukuda [phon], September 23, 2010) [PC-161 TR]

"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."

Response TR-16

The comments raise concerns about other future projects near the Pacific Campus and the potential for cumulative impacts. The cumulative traffic volumes were developed using the City's travel demand forecast model, which takes into account reasonably anticipated traffic growth, based on increases in population, housing units, and employment as forecasted by ABAG and the San Francisco Planning Department. It also factors in development that could occur under existing zoning, approved area plans, an area's potential zoning capacity, and anticipated redevelopment. Therefore, to the extent that future uses around the Pacific Campus site either are reflected in approved plans or are in the development pipeline, and thus are assumed as part of the SF-CHAMP background vehicle travel forecasts, they were addressed as part of the cumulative traffic analysis. Section 4.1.3, "Cumulative Conditions," of the Draft EIR notes that there are no large-scale vacant sites in the Pacific Campus vicinity where considerable construction could occur in the future. The Smith-Kettlewell Eye Research Institute and the Arthur A. Dugoni School of Dentistry are already developed sites. To the extent that these facilities could expand beyond what is anticipated in background population and employment growth, such expansion would be considered once there is a proposed project. Newcomer High School is not located near any of the CPMC campuses. Furthermore, no proposals to redevelop any of the above sites have been submitted to the Planning Department for review, and thus, the approach to determining cumulative land use assumptions should not be altered based on speculation.

The 1481 Post Street Project is proposed, but has not yet been approved. However, to the extent that the 1481 Post Street Project would fit within the City's current or potential zoning capacity, the potential traffic effects are captured by the cumulative analysis since increases in population growth are assumed in the background traffic growth in the SF-CHAMP model. At this time, the 1481 Post Street Project is at the conceptual stage of development, thus the timing of its construction is unknown. Therefore, analysis of cumulative construction impacts relative to proposed construction at the California Campus would be too speculative for consideration.

3.7.2.13 2006–2007 TRANSIT DATA

Comment

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-12 TR]

"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 capacity that serve the five campuses. Without proper baseline data, the transit analysis is flawed."

Response TR-17

The comment suggests the analysis is flawed because transit ridership data is old and does not reflect recent Muni service reductions. The detailed transit volume data by bus stop used for the transit analysis were the most recent at the commencement of the analysis. This level of data was collected to prepare the TEP; however, data at this level of detail are not collected on a regular basis. Therefore, there was no alternate source of information to perform a detailed comparison of the bus stop boardings between the 2006–2007 data and transit use in 2009, when the transportation analysis commenced. Thus, the 2006–2007 data represented the best source of information for performing the transit analysis.

C&R Table 3.7-10 shows the annual weekday bus ridership for Muni at the system level and for the routes that serve the CPMC campuses. The table shows that while there were increases in the ridership in Fiscal Year (FY) 2007 and FY 2008, there has been a decrease in ridership in FY 2010.

C&R Table 3.7-10
Muni Weekday Passenger Boardings by Fiscal Year

Fiscal Year	Weekday Passenger Boardings	Annual Growth	Boardings on CPMC Lines	Annual Growth
2006	654,292	–	455,495	–
2007	650,874	-0.5%	453,686	-0.4%
2008	687,172	5.6%	491,914	8.4%
2009	704,635	2.5%	504,016	2.5%
2010	676,780	-4.0%	485,589	-3.7%

Source: San Francisco Municipal Transportation Agency 2010, *Federal Transit Administration's National Transit Database Report*

The TEP data set is far more robust than any other data set, and thus allows for a much more comprehensive transit impact analysis than otherwise could have been performed for the Draft EIR. Additionally, the TEP data set was collected more closely to the time of the issuance of the NOP than any other subsequent data set.

3.7.2.14 ADEQUACY OF THE TRANSPORTATION IMPACT ANALYSES

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-7 TR, duplicate comment provided in 108-7 TR]

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

(Sue Hestor, October 19, 2010) [89-3 TR]

"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."

(Sue C. Hestor—Attorney at Law, October 19, 2010) [89-10 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."

(Stephanie Barton et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-49 TR]

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

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]

[114] DEIR 6-1 & 6-2.
[115] Id
[116] DEIR 6-3 & 6-4.
[117] *See* CEQA Guidelines §15093."

Response TR-18

The comments question whether the analysis of transportation impacts meet the requirements of CEQA and concerns regarding traffic impacts in the vicinity of the Cathedral Hill Campus. The transportation impact analyses presented in the Draft EIR evaluate the direct, indirect, and cumulative impacts of the projects proposed for the respective CPMC campuses on all modes of transportation in the study areas around the campus sites. The scope of the analyses conforms to the requirements of the *SF Guidelines*, which were developed to address CEQA requirements. The analysis considers the impacts on pedestrians, bicycle traffic, transit, and vehicles as well as ongoing transportation improvements projects such as the proposed Van Ness and Geary Bus Rapid Transit (BRT) projects. Because of the scale of the proposed CPMC LRDP, the Draft EIR included a specific section on the potential impacts of construction activities on the transportation network. The Draft EIR discloses the impacts on various transportation modes, identifies potential mitigation measures, and identifies impacts that are significant and unavoidable, which is the intent of the environmental document.

The comments note that a goal of the proposed LRDP should be to seek the simultaneous or consecutive construction of both the proposed Van Ness and Geary BRT projects, in concert with other LRDP construction, and this concurrent construction should be analyzed in the Draft EIR. As stated previously, the goal of the transportation impact analyses presented in the Draft EIR is to evaluate impacts of the proposed LRDP as defined in the NOP, not to bond one proposed aspect or project to another. The proposed Van Ness BRT project is currently under environmental review by the SFCTA, but the Draft EIS/EIR has not been released. The CPMC LRDP Draft EIR does analyze the impact of the project if both the proposed Van Ness and Geary BRT projects were implemented under both Modified Baseline (pages 4.5-111–114 of the Draft EIR) and Cumulative conditions (pages 4.5-228–229 of the Draft EIR).

Additionally, the comments note that the Draft EIR identifies a number of significant and unavoidable traffic and transit impacts but that it does not provide evidence as to why such impacts are acceptable.

State CEQA Guidelines Section 15093 (to which the comment refers) states that, "when a lead agency approves a project which will result in the occurrence of significant effects which are identified in the final EIR but are not avoided or substantially lessened, the agency shall state in writing the specific reasons to support its action based on the final EIR and/or other information in the record." This statement is referred to as the Statement of Overriding Considerations and is typically adopted by the decision-making body after EIR certification, in light of the whole record. It is not required by CEQA nor would it be appropriate for a Draft EIR to set forth the reasons as to why some or all of the identified significant, unavoidable impacts would be acceptable or unacceptable. Furthermore, it is the responsibility of the decision-makers (i.e., Planning Commission, Board of Supervisors, etc.), should they choose to approve the proposed LRDP, and not the responsibility of the Draft EIR to make findings regarding overriding considerations. Such findings must be based on substantial evidence in the record, which would include, but would not be limited to, the Draft EIR.

3.7.2.15 CEQA CHECKLIST

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-34 TR, duplicate comment provided in 30-34 TR]

"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)?

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."

Response TR-19

The comment lists the prior contents of the CEQA checklist which were updated in 2007 and 2009, including the transportation section (Appendix G of the State CEQA Guidelines, can be found at www.ceres.ca.gov). Transportation-related updates included: changes to questions a) and b), listed above, to expand the analysis to other travel modes, and refer the reviewer to local/regional performance measures of the circulation system (not just Level of Service standards); and the deletion of question f) related to parking. The comment states that the CPMC LRDP would answer "yes" to most, if not all the checklist items. The CEQA checklist is used to determine whether a project would result in a significant impact and to establish whether there is a need to prepare an EIR. The Planning Department determined that an EIR would be prepared for the proposed CPMC LRDP; the Draft EIR prepared for the LRDP identified transportation impacts (including significant and unavoidable impacts) that would result from project implementation, as well as mitigation measures for those impacts, where feasible. Items a, b, c, and d of the checklist were analyzed as part of the traffic impacts section of each respective campus; item e of the checklist was analyzed as part of the emergency access impacts section of each respective campus; item f above, is no longer part of the State CEQA checklist and does not constitute a transportation impact, but a discussion regarding parking was included on pages 4.5-162 through 4.5-166 of the Draft EIR for informational purposes, and item g from the above checklist was analyzed as part of the alternative modes (including pedestrians, bicycles, and transit) section of the Draft EIR.

Specifically, the comment notes that traffic impacts would occur on Van Ness Avenue, including the intersection of Van Ness/Market and the intersection of Polk/Geary, and that transit impacts would occur on the 38/38L Geary bus line, all of which were discussed in the Draft EIR.

As noted in Section 4.5.3 of the Draft EIR on page 4.5-53, the transportation significance thresholds used for the transportation analysis follow the environmental checklist (Appendix G of the State CEQA Guidelines), which has been adopted and modified by the San Francisco Planning Department. In addition, Chapter 3 of the Draft EIR includes a discussion of the project's conformance with adopted policies, plans, and programs supporting alternative transportation.

3.7.3 TRIP GENERATION

3.7.3.1 DRIVE ALONE/CARPOOL ASSUMPTIONS

Comments

(Lisa Carboni, Caltrans (Regional), September 9, 2010) [6-1 TR, duplicate comment provided in 7-1 TR]

"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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-20A 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 pattern are very dependent on actual services to be provided. For the Pacific site, comparisons of daily averages now (when the hospital is a 24 hour operation) with daily averages in the future (when operations will primarily be 7am - 6 pm is misleading."

Response TR-20

The comments question the assumptions used for the travel demand analysis. The travel demand methodology developed for the CPMC transportation impact study reports is based on the techniques outlined in the *SF Guidelines*, which are used to analyze the transportation impacts of development projects throughout the City. The approach estimates the person trips for each campus and applies mode-choice factors to determine the number of vehicle, pedestrian, bicycle, and transit trips. The mode-choice factors reflect the characteristics of the existing CPMC campuses and the travel characteristics within a given area of San Francisco. The characteristics considered for the individual campuses included the types of medical services provided; the numbers of employees, patients, and visitors; and travel data collected through a series of travel surveys, interviews, and field counts. The surveys, interviews, and field counts were used to collect information on employee, patient, and visitor arrivals at the four existing campuses. The employee data included shift information and the category of employees, including physicians, medical staff, administrative staff, and visiting physicians. The data were also broken down by hospital, medical office, and ambulatory care functions.

These data were used to develop mode-choice factors for each existing campus (Pacific, Davies, California, and St. Luke's) by type of user (employee, patient, or visitor). These mode choice factors were used to estimate the existing trip generation for each existing campus. The trip generation for the existing campuses was compared to traffic counts. This comparison showed that during the a.m. peak hour, the trip generation estimates were close to the traffic counts, but that in the p.m. peak hour, automobile use tended to be overestimated. Therefore, the traffic analysis would be more conservative. The mode-choice factors for the proposed Cathedral Hill Campus were taken from the factors for the Van Ness Commercial District that are presented in the *SF Guidelines*. The assumptions, methodology, and results of this analysis are summarized in the report *CPMC LRDP: Travel Demand Estimation for the San Francisco Campuses* (Adavant Consulting, April 9, 2010). The report is included in Appendix D of the *Cathedral Hill Transportation Impact Study*.

Future mode choice patterns for each campus were adjusted based on the services/functions that would be provided at each location. As indicated in the comment, on-site parking would be provided for all physicians; therefore, it was assumed that 100 percent of physicians would drive alone to the campus. The vehicle occupancy rates used for staff, patients, and visitors were based on the mode choice assumptions and compared to surveys at existing campuses. The vehicle occupancy rates of 1.32 for staff and 1.14 for patients reasonably reflect that (1) on-site staff parking is not guaranteed, so there would be an incentive to carpool or use alternate travel modes, and (2) patients are commonly driven by others to medical facilities. The visitor auto occupancy of 1.14, calculated from the *SF Guidelines* mode choice data, is substantially below the auto occupancy rates of 1.39 to 1.43 from the existing campus surveys conducted at Pacific, California, and Davies Campuses, and thus provides a conservative analysis in terms of vehicle trip generation. With the approach described above, the travel demand estimates for the CPMC campuses were not based solely on the land use, but also on the characteristics of existing CPMC operations and the

future uses that would be located on each campus. Similarly, the analysis based the parking demand on the existing mode choice rather than applying standard parking ratios to estimate the demand, which could have overestimated the demand in an urban area with high transit accessibility.

3.7.3.2 TRIP DISTRIBUTION

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-20 TR, duplicate comment provided in 30-20 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."

Response TR-21

The comment requests clarification of the Draft EIR's assumptions about trip distribution and assignment of CPMC staff, particularly vehicle and transit trips. The project-generated person-trips were assigned to local and regional origins and destinations: four San Francisco superdistricts (northeast, northwest, southeast, and southwest San Francisco), the East Bay, the North Bay, the South Bay, and areas outside the region. For most development projects in San Francisco, person-trips are distributed according to average trip patterns of San Francisco residents and employees, as summarized in the *SF Guidelines*. However, hospitals and medical facilities often have trip patterns that are unique to the populations that they serve. Therefore, the trip distribution for the Cathedral Hill analysis was determined using information collected by CPMC in origin-destination surveys of employees, patients, and visitors taken at CPMC's Pacific Campus in February 2001 and April 2003. Using the results of these surveys is appropriate because the emergency services and many of the other medical services that are currently located on the Pacific Campus would be transferred to or provided at the proposed Cathedral Hill Campus. The assumptions, methodology, and results of the trip generation and distribution analysis are summarized in the report *CPMC LRDP: Travel Demand Estimation for the San Francisco Campuses* (Adavant Consulting, April 9, 2010). The report is included in Appendix D of the *Cathedral Hill Transportation Impact Study*.

The transportation analysis assumed that over 50 percent of all CPMC employees would be coming from within San Francisco. The remaining employees would arrive from other regions of the Bay Area. This assumption was based on CPMC employee survey data. Furthermore, it was assumed that 50 percent of CPMC employees would use transit to access the Cathedral Hill Campus, based on the work trip patterns to the Van Ness Commercial District per *SF Guidelines*. Therefore, the analysis reasonably accounts for employees living outside San Francisco and for the CPMC employee's use of transit to access the Cathedral Hill Campus.

3.7.3.3 JAPANTOWN PARKING AND TRIP DISTRIBUTION

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-24 TR, duplicate comment provided in 30-24 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 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."

Response TR-22

The comment presents concerns regarding the use of the Japan Center Garage by CPMC staff members. CPMC currently leases 400 spaces at the Japan Center Garage for off-site employee parking and provides an employee shuttle between the Japan Center Garage and the existing campuses. There is no proposal to allow construction workers or visitors to use these spaces. The 400 spaces were assumed to remain in use by CPMC in the future, but the specific campus employees who would use these spaces would change somewhat. The parking supply at the Pacific Campus would increase to accommodate the parking demand, but the proposed Cathedral Hill Campus would have a parking shortfall for staff members; therefore, as many as 162 of the 400 spaces that CPMC leases in the Japan Center Garage may be assigned to Cathedral Hill employees in the future. The overall parking deficit for the combined CPMC campuses was 41 spaces.

As stated in the parking discussion on page 4.5-162 of the Draft EIR, San Francisco does not consider parking supply as part of the permanent physical environment. Therefore, San Francisco does not consider changes in parking conditions to be environmental impacts as defined by CEQA. Parking conditions are not static, as parking supply and demand varies from day to day, from day to night, from month to month, etc. Thus, the availability of parking spaces (or lack thereof) is not a permanent physical condition but changes over time as people change their modes and patterns of travel. Parking deficits are considered to be social effects rather than impacts on the physical environment as defined by CEQA. Under CEQA, a project's social impacts need not be treated as significant impacts on the environment.

Based on the available survey data, over 50 percent of CPMC employees reside within San Francisco. For the traffic analysis, it was assumed that this pattern would continue into the future. Although transit use will vary by campus, the transit use for all CPMC employees is 39 percent. Based on the *SF Guidelines*, 50 percent of CPMC employees in the Van Ness Commercial District use public transit. Therefore, it was assumed that 50 percent of the employees at the Cathedral Hill Campus would use public transit (excluding physicians who, it was assumed, would drive) because this would be a new campus and could not be surveyed. The assumptions, methodology, and results of the trip generation, mode choice, and trip distribution analysis are summarized in the report *CPMC LRDP: Travel Demand Estimation for the San Francisco Campuses* (Adavant Consulting, April 9, 2010). The report is included in Appendix D of the *Cathedral Hill Transportation Impact Study*.

The price that a project sponsor pays for parking is not typically included in the environmental analysis, and the price that CPMC pays for parking spaces at the Japan Center Garage does not affect the transportation analysis of the proposed CPMC LRDP and would not affect any of the conclusions reached in the Draft EIR. However, for informational purposes, CPMC pays monthly rates of $135 per space and charges its employees $60 per space per month for use. The non-CPMC monthly rate is $165 per space.

3.7.3.4 HOTEL DRIVEWAY COUNTS/TRANSPORTATION DEMAND MANAGEMENT ASSUMPTIONS

Comment

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-6 TR]

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."

Response TR-23

The comment questions the use of the existing Cathedral Hill Hotel driveway counts. The statement on page 4.5-73 of the Draft EIR related to inbound and outbound vehicle counts at the Cathedral Hill Hotel referred to the driveway counts that were collected to determine the amount of existing traffic accessing hotel parking. In the traffic analysis these traffic volumes were considered as automobile trips that would be removed from roadways in the study area after the hotel's closure. These volumes were not considered in the parking analysis for the proposed CPMC Cathedral Hill Campus. The mode choice for the proposed Cathedral Hill Campus was taken from the Van Ness Commercial District factors that are presented in the *SF Guidelines*, described in Response TR-20 on page C&R 3.7-42.

Parking demand considered the mode splits for each campus. The traffic analysis assumed that the future CPMC Transportation Demand Management (TDM) program would be similar to the current program; however, CPMC has proposed enhancing the existing TDM program by adding new incentives (and disincentives in the form of parking fees) to encourage use of alternative travel modes. The proposed CPMC TDM Plan, prepared by Nelson-Nygaard & Associates (2011), is provided in Appendix F. The proposed CPMC TDM Plan includes expansion or implementation of new programs to reduce drive-alone trips by 15 percent over the existing conditions. Some of the key new programs would include:

- provision of a full-time TDM coordinator to monitor the TDM program and institute improvements as needed to meet the needs of the various users;
- increased marketing and outreach efforts to employees, patients and visitors;
- improving/expanding existing transit subsidies to all campuses and increased subsidy levels;
- provision of carpool and vanpool preferential parking;
- promotion of a vanpool program with financial incentives;
- monitoring bicycle parking and creation of additional spaces as needed; and
- provision of signage to improve wayfinding for campus users.

Therefore, the future TDM program should increase the use of alternative modes over the existing levels. As is standard, the traffic analysis did not assume any additional reduction in driving (vehicle trips) as the result of the proposed enhancements to the TDM program.

3.7.3.5 PARKING AVAILABILITY AND TRIP GENERATION

Comments

(Howard Strassner—Sierra Club, October 12, 2010) [51-2 TR]

"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."

(Howard Strassner—Sierra Club, October 12, 2010) [51-3 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."

Response TR-24

The comments question the mode-choice assumptions used in the travel demand analysis that are based on current travel patterns and suggests that parking reductions would reduce vehicle travel demand. The travel demand analysis assumed that 50 percent of the employee trips to the Cathedral Hill Campus site would be by public transit. Another 13 percent of the employees would walk or use other non-automobile modes to access the site. For the proposed Cathedral Hill Campus, it was assumed that 60 percent of patients and visitors would arrive in an automobile (driving alone or carpooling). The parking demand analysis methodology considered the population (i.e., employees, patients, and visitors) projected for each campus, then applied the appropriate mode-choice factor for driving alone and carpooling for employees, patients, and visitors. Therefore, the parking demand for each campus was estimated based on the travel characteristics of each campus and the populations they would support (i.e., physicians, staff, patients, and visitors).

Table 4.5-13 of the Draft EIR, page 4.5-80, includes the estimated parking demand by campus for the LRDP. Additional information on the parking supply and demand is provided in Responses TR-69 and TR-70 (pages C&R 3.7-129 and 3.7-135, respectively).

Draft EIR 4.5 Transportation and Circulation impact analysis, pages 4.5-111 through 4.5-114, and pages 4.5-228 through 4.5-232, and Section 5.1 on page 176-189 of the *Cathedral Hill Transportation Impact Study* (Fehr & Peers 2010) evaluates the effects that the Van Ness and Geary BRT projects would have on the area around the proposed Cathedral Hill Campus. Implementation of the Geary Street/Boulevard BRT project would have less of an impact on traffic operations because there is an existing dedicated bus lane within the study area. Implementation of the Van Ness BRT project would have a more substantial effect on traffic operations because it would reduce the number of lanes on Van Ness Avenue, which in turn would increase delays for vehicles using the remaining lanes.

Each of these BRT projects will be subject to its own planning, analysis, environmental review, and approval process. Because of the City's Transit First Policy and the resources invested to date in the BRT projects, it is unlikely that these projects would not be completed as a result of the construction of the proposed CPMC LRDP. Instead, the City could view the BRT projects as even higher priority to help serve a new institution. In any event, the viability of the BRT because of a change in the political climate is speculative.

3.7.3.6 OUTDATED SURVEY DATA

Comment

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-22 TR, duplicate comment was provided in 108-22 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."

Response TR-25

The comment questions the travel demand analysis' use of survey data that are taken from different years. When developing trip generation estimates for a proposed project, it is desirable to have survey information either from an existing facility or from facilities similar to those included in the proposed project. A diverse set of travel data for the CPMC campuses has been collected over a number of years. These data included information on the mode of travel, origins/destinations, parking locations, and parking costs. This information was collected for employees, patients, and visitors to the site. The earliest surveys were collected at the three then-existing CPMC campuses (Pacific, California, and Davies) in 2001, and additional data were collected in both 2002 and 2003. The St. Luke's Campus was surveyed in 2009, 2 years after the campus became a part of the CPMC system. Although the travel survey data are several years old, they provide important details about the specific travel characteristics of CPMC employees, patients, and visitors that are not available from other sources. The economic and seasonal effects on the intersection turning movement count data used for the Draft EIR is discussed in Response TR-6, page C&R 3.7-6.

CPMC prepared a memorandum summarizing the changes in employment and in the TDM programs at the existing campuses between 2001 and 2008. This memorandum, *CPMC Employment and Other Factors Contributing to Trip Generation, 2001-present (*December 13, 2010) is on file and available for review at the San Francisco Planning Department. C&R Table 3.7-11 below summarizes the employment levels and number of annual visits at the existing campuses. Based on this data, the campuses have remained relatively stable between 2002 and 2008 in terms of the employment and level of care provided. The largest increase in the number of employees occurred when St. Luke's joined the CPMC system in 2007. Therefore, surveys and counts conducted over this time period, including pedestrian and bicycle counts were examined and determined to be appropriate for the transportation analysis, with the exception of the St. Luke's campus where some data was missing and updated counts, including pedestrian and bicycles, were taken in 2009.

C&R Table 3.7-11
CPMC Employee Data for 2002, 2004, and 2008

Employees	Year[1]		
	2002	2004	2008
Pacific Campus	2,857	2,856	2,790
California Campus	1,315	1,283	1,540
Davies Campus	724	868	831
St. Luke's Campus	NA	NA	1,012
Total[2]	**4,895**	**5,007**	**6,173[3]**
MD/Visits			
MD Staff	1,600	1,450	1,855[4]
Acute Volume	27,329	26,452	30,405[5]
Emergency Department Visits	50,164	46,949	70,219[6]
Employee Residence			
San Francisco/Other	49%/51%	52%/48%	49%/51%

Notes:
NA = Not applicable.
[1] Years 2002, 2004, and 2008 are the dates in the source *Institutional Master Plan* document. In some cases, data were the most current available, typically from the prior year.
[2] Campus totals do not include off-campus employment (e.g., research, hospice).
[3] St. Luke's employment for 2008 was 1,012 persons. CPMC began to operate the campus in 2007.
[4] St. Luke's MD staff = 361, all other campuses = 1,644. Approx. 100 MDs assumed on both rosters, resulting in 1,855 total CPMC MD staff.
[5] St. Luke's acute discharges = 4,604, all other campuses = 25,801.
[6] St. Luke's Campus Emergency Department visits = 23,697, all other CPMC campuses = 46,522 visits.
Source: California Pacific Medical Center 2010, *CPMC Employment and Other Factors Contributing to Trip Generation, 2001-Present*

Although changes to roadways, transit service, and bicycle facilities have occurred that might make alternative modes more attractive, changes to the CPMC employee TDM program would likely have the highest potential to change commuter behavior. Since 2001, no substantial changes have been made to the CPMC TDM program, only changes to parking fees (because of increased costs) and the modification of shuttle schedules. The TDM program consists of a variety of activities, including an annual transportation fair, transit pass sales and subsidies, car-sharing/carpool facilities (parking) and promotions, vanpool subsidies and parking; private shuttles connecting to the Civic Center BART station, and an active parking pricing program. For a discussion of planned transit improvements (TEP), transit data use and how Muni service changes were addressed in the analysis, see Response TR-14 on page C&R 3.7-33 and Response TR-15 on page C&R 3.7-36.

Finally, as an additional reasonableness check to confirm that the trip generation rate estimates being proposed for this analysis were appropriate, comparable rates and travel demand data were gathered from other medical-related transportation impact study reports and sources. Specifically, trip generation data from the following sources were gathered and reviewed:

- University of California, San Francisco (UCSF) Medical Center at Mission Bay (2008);
- *San Francisco General Hospital Medical Center Master Plan* (2008);
- *Kaiser San Francisco Medical Center Master Plan* (1996);

- *Trip Generation Report, 8th Edition*, from ITE;
- *San Diego Traffic Generators* from the San Diego Association of Governments (SANDAG); and
- *Trip Ends Generation Research Counts* from Caltrans.

The results of the comparison showed that the rates generated from the CPMC data were either comparable to or slightly more conservative than the rates presented in these sources. The assumptions, methodology, and results of the trip generation analysis are summarized in the report *CPMC LRDP: Travel Demand Estimation for the San Francisco Campuses* (Adavant Consulting, April 4, 2010). The report is included in Appendix D of the *Cathedral Hill Transportation Impact Study*.

3.7.3.7 CPMC EMPLOYMENT GROWTH

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-41 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.

[22] DEIR at page 5-16.
[23] *Id.* At page 4.3-31"

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-9 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."

Response TR-26

The comments suggest that the EIR did not adequately analyze the effects of employment growth that would result from the project, and the resulting increases in transit use and vehicle miles traveled. In developing the travel demand forecasts for the transportation analysis, the travel demand associated with the five study sites (Cathedral Hill, Pacific, California, Davies, and St. Luke's) was estimated on a weekday daily, a.m. and p.m. peak-hour basis using population (employees, visitors, patients). Because site population, including employees, patients, and visitors, was used as the primary basis for the trip generation, the future increase in employment is captured in the travel demand for each site. Further, the transportation impact analysis prepared for each CPMC campus included the traffic generated by each of the other CPMC campuses in the background traffic growth. Therefore, travel demand for all campuses was accounted in the analysis for each individual campus, and the transportation impact analyses considered the additional traffic on the roadways and transit use generated by the increase in employment on all of the CPMC campuses. In terms of the adequacy of the transit analysis, see Response TR-53, page C&R 3.7-80.

The project vehicle miles traveled (VMT) is referenced in Section 4.8, "Greenhouse Gas Emissions," of the Draft EIR. Total VMT were calculated by multiplying the number of trips by the average trip length for each type of trip. Vehicle trip counts were obtained from the traffic analyses prepared for each campus. URBEMIS default values for trip-type percentages (e.g., commuting, non-work, customer) and their corresponding urban trip lengths were used to determine total mileage.

3.7.3.8 RETAIL AND SERVICE COMMERCIAL TRIP GENERATION

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [93-32 TR]

"• 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."

Response TR-27

The comment questions the inclusion of retail and other commercial uses in the travel demand calculations. The proposed Cathedral Hill Campus would include 3,100 square feet (sq. ft.) of retail space on the site of the proposed hospital and several small shops totaling 7,825 sq. ft. of retail space on the site of the proposed Cathedral Hill MOB. A total of 10,925 sq. ft. would be provided on the two sites. The retail space would front onto adjacent streets and would include uses that generally support the services provided by the hospital and MOB, including small cafes. The analysis assumed that these retail spaces would not generate a substantial amount of new trips to the area because of their relatively small size. Rather, they would primarily serve the employees, patients, and visitors at the proposed Cathedral Hill Campus and from other adjacent buildings.

3.7.3.9 LABOR AND DELIVERY TRIP GENERATION

Comment

(Barbara Savitz, September 23, 2010) [PC-337 TR]

"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."

Response TR-28

The comment provides information about travel demand based on experience at CPMC's California Campus. The travel demand estimates for the proposed CPMC LRDP were developed based on the existing characteristics of the CPMC campuses, the types of functions at each campus, and the population of each campus (employees, patients, and visitors); therefore, the trip generation analysis captured the type of activity described in the comment. The estimates of travel demand assumed that parking would be generally available on- or off-site for staff, patients, and visitors who choose to drive. The available survey data indicates that the number of vehicles would not necessarily be a one-to-one correspondence with the number of people in a given area.

3.7.3.10 PARKING FEES TO PROMOTE TRANSIT USE

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-22 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."

Response TR-29

The comment states that the CPMC TDM plan is flawed and that high parking fees would encourage patients and visitors to park on the street in the neighborhoods. Where the CPMC TDM plan suggests higher parking fees, these fees are coupled with incentives to switch from single-occupancy vehicle usage to other modes of transport. Many factors in addition to parking fees would be anticipated to influence travel mode choice of visitors and patients. Travel demand for each individual campus for the transportation analysis, as described in "CPMC LRDP Travel Demand Estimation for the San Francisco Campuses" (Appendix D of the Traffic Impact Study), was based on surveys and counts of patients and visitors at each existing CPMC campus. CPMC has developed a systemwide TDM plan that was provided to the City, and is included in Appendix G. A discussion of specific items in the planned CPMC TDM plan is included in Response TR-23, page C&R 3.7-45. The CPMC TDM plan parking fee structure would be designed to discourage long-term parking at the facilities. The parking rates at the campuses would need to be high enough that a patient or visitor would use the parking to attend to their medical or business needs at the CPMC campus, but would generally choose not to use the parking for non-CPMC activities. This approach to managing the parking fees would ensure sufficient turnover in the patient and visitor parking areas to accommodate the demand. Conversely, the TDM program would use higher parking fees for employees to park on campus to encourage people to carpool if arriving by vehicle and to encourage transit use and other modes of transportation by employees. Furthermore, the TDM plan is not proposed as a mitigation measure for any of the CPMC LRDP transportation impacts. As discussed in the Draft EIR Section 4.5.3, "Significance Criteria – Person Trip Generation, Page 4.5-75," although the TDM plan would be anticipated to encourage the use of alternate travel modes, the transportation analysis did not assume any additional reduction in driving (vehicle trips) as the result of the proposed enhancements to the TDM program.

The comment also expressed a concern for increased patient and visitor vehicle trips resulting in an increased amount of blocked travel lanes and double parking from patient/passenger loading and unloading. Passenger loading demand and analysis for each campus is contained in the Draft EIR, pages 4.5-82 through 4.5-84; 4.5-141 (Cathedral Hill); 4.5-174 (Pacific); 4.5-189 (Davies); and 4.5-206 (St. Luke's). New passenger loading and unloading zones have been designed for the Pacific, Cathedral Hill, Davies and St. Luke's Campuses, which improve passenger loading and unloading conditions at all new buildings.

3.7.3.11 MEDICAL SERVICES DATA

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [93-33 TR]

"• 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 regarding impacts such as cumulative impacts on transit and traffic generated by patients having to travel greater distances for services. Details including total projected psychiatric admissions is essential for impact analyses as well."

Response TR-30

The comment indicates that information about the projected number of emergency room, ambulance, and psychiatric admissions is essential for estimating travel demand associated with the CPMC LRDP. The comment is noted. As described in Response TR-20 (page C&R 3.7-42), the trip generation and mode choice were determined based on the number of employees, patients, and visitors. These data were used to perform the transportation analyses. These person-trips included patients for all types of medical treatment, including emergency admissions, general admissions, and medical office appointments. In addition, CPMC provided information about the number of daily existing and projected future ambulance trips and data on the existing daily distribution of ambulances at the existing emergency departments. These data were used to analyze the ambulance loading areas.

The relocation of medical services between the campuses may increase trip length for some patients and shorten trip lengths for others. As noted above, it is speculative to estimate the variation in patient trip length because the location of the patients would vary over time. Therefore, the focus of the analysis was on the net new trips generated by patients and visitors to and from the campuses and the effects of these trips on the transportation network. Additional discussion of the medical services provided and the distribution of those services to the various campuses is included in the Major Response HC-8 on page C&R 3.23-32.

3.7.4 TRAFFIC IMPACTS

3.7.4.1 ADEQUACY OF TRANSPORTATION ANALYSIS

Comments

(Merle Easton, October 18, 2010) [66-1 TR, duplicate comment was provided in 73-1a TR])

"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.

(Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-1 TR]

"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. 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.

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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-33 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 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."

(Linda Chapman [76-17 TR duplicate comment was provided in 111-17 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."

(Gloria Smith—California Nurses Association, March 8, 2011) [121-2 TR]

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.

Response TR-31

The comments raise concerns about intersection and transit-delay impacts that would occur as a result of implementing the proposed Cathedral Hill Campus project. The Draft EIR addresses each category contained in the comments. To summarize:

- Impact TR-1 and Impact TR-99 identify significant and unavoidable impacts that would occur at the intersection of Van Ness/Market under 2015 Modified Baseline and 2030 Cumulative conditions, respectively. No feasible mitigation was identified through the course of analysis and in consultation with the SFMTA. Potential mitigation measures that were discussed include, but were not limited to, increasing right-of-way to provide additional travel lanes, removing pedestrian walk phases to allow for overlap turning patterns, and the conversion of bus-only lanes to mixed-flow travel lanes. Through discussion with SFMTA staff, mitigation measures were deemed infeasible.

- Impact TR-2 and Impact TR-101 identify significant and unavoidable impacts that would occur at the intersection of Polk/Geary under the 2015 Modified Baseline and 2030 Cumulative conditions, respectively. No feasible mitigation was identified through the course of analysis and in consultation

with the SFMTA. Potential mitigation measures that were discussed include, but were not limited to, increasing right-of-way to provide additional travel lanes and the conversion of bus-only lanes to mixed-flow travel lanes. Through discussion with SFMTA staff, these measures were deemed infeasible.

- Impact TR-100 identifies a significant and unavoidable impact that would occur at the intersection of Van Ness/Pine under the 2030 Cumulative conditions. No feasible mitigation was identified through the course of analysis and in consultation with the SFMTA. Potential mitigation measures that were discussed include, but were not limited to, increasing right-of-way to provide additional travel lanes and the removal of on-street parking to provide additional travel lanes. Through discussion with SFMTA staff, these measures were deemed infeasible.

- Impact TR-3 and Impact TR-102 identify intersections that would operate at unacceptable peak-hour LOS before and after implementation of the proposed Cathedral Hill Campus project under 2015 Modified Baseline and 2030 Cumulative conditions, respectively. The project's contribution to the intersections' poor operating conditions was determined not to be significant, and therefore, the impacts were identified as less than significant.

- Impact TR-4 and Impact TR-103 identify intersections that would operate at acceptable peak-hour LOS before and after implementation of the proposed Cathedral Hill Campus project under 2015 Modified Baseline and 2030 Cumulative conditions, respectively, and thus the impacts were identified as less than significant.

- Impact TR-29 and Impact TR-134 identify significant impacts (increased delay) on transit vehicle operation on Van Ness Avenue as a result of increased traffic congestion and transit ridership with implementation of the proposed Cathedral Hill Campus project under 2015 Modified Baseline and 2030 Cumulative conditions, respectively. Mitigation Measure MM-TR-29 was identified to reduce the project's impact to a less-than-significant level. However, because of uncertainty about SFMTA's ability to provide the additional transit service identified in the mitigation measure, the project's impact was determined to be significant and unavoidable. Please refer to Responses TR-54 and TR-55 (page C&R 3.7-86 and 3.7-89) for a detailed discussion regarding transit corridor delay impacts and identified mitigation measures.

- Impact TR-30 and Impact TR-135 identify significant impacts (increased delay) on transit vehicle operations on Geary Street as a result of increased traffic congestion and transit ridership with implementation of the proposed Cathedral Hill Campus project under 2015 Modified Baseline and 2030 Cumulative conditions, respectively. Mitigation Measure MM-TR-30 was identified to reduce the project's impact to a less-than-significant level. However, because of uncertainty about SFMTA's ability to provide the additional transit service identified in the mitigation measure, the project's impact was determined to be significant and unavoidable. Please refer to Response TR-54 (page C&R 3.7-86) for a detailed discussion regarding transit corridor delay impacts and identified mitigation measures. Impact TR-31 and Impact TR-136 identify significant impacts (increased delay) on transit vehicle operations on Polk Street as a result of increased traffic congestion and transit ridership with implementation of the proposed Cathedral Hill Campus project during 2015 Modified Baseline and 2030 Cumulative conditions, respectively. Mitigation Measure MM-TR-31 was identified to reduce the project's impact to a less-than-significant level. However, because of uncertainty about SFMTA's ability to provide the additional transit service identified in the mitigation measure, the project's impact was determined to be significant and unavoidable. Please refer to Response TR-54 (page C&R 3.7-86) for a detailed discussion regarding transit corridor delay impacts and identified mitigation measures.

- Impact TR-40 summarizes the pedestrian impact assessment. With implementation of the proposed Cathedral Hill Campus project, the effect on the pedestrian environment would not be substantial enough to result in a significant impact. The analyses presented include evaluations of sidewalk and crosswalk capacity and conditions and potential improvements the City could pursue to improve pedestrian conditions. Improvement Measure I-TR-40, wherein the project sponsor could provide funding for the study and possible implementation of additional streetscape, pedestrian, and related improvements in the vicinity of the proposed LRDP campuses, is included as a staff-initiated text change to the Draft EIR. Please refer to Response TR-63 (page C&R 3.7-110) for a detailed discussion regarding pedestrian safety included in the Draft EIR.

- Comment 66-1 expresses concern that vehicles entering and exiting the proposed Cathedral Hill Campus buildings (Hospital, MOB, and 1375 Sutter MOB) would add to any existing gridlock. As shown in Figure 4.5-19, page 4.5-101 of the Draft EIR, the parking ticket gates would be located within the garage to accommodate internal queuing. Furthermore, as discussed on pages 4.5-100 through 4.5-103 of the Draft EIR, a vehicle queuing analysis was performed to identify whether the potential would exist for queues to spill back from the proposed Cathedral Hill Campus building driveways and affect traffic operations of the adjacent streets. The analysis showed that this would not occur, even during peak times of use of the parking garages, such as during shift changes at the facilities. Furthermore, vehicles entering and exiting the proposed Cathedral Hill building access points were shown not to have a detrimental effect on the operation of bus lines that travel on the adjacent streets, the 38/L- Geary and 19-Polk bus lines.

Additionally, Comment 66-1, which states that Van Ness Avenue and Geary Boulevard/Street would be gridlocked for both cars and buses, is conjecture. As shown in Table 4.5-18 on page 4.5-95 of the Draft EIR, during the 2030 cumulative p.m. peak-hour scenario, 70 percent (9 of 13) of study intersections on Van Ness Avenue or Geary Boulevard/Street would operate at level of service D or better, which would be considered acceptable in the City of San Francisco. In other words, during the time when the transportation network was used the most, the p.m. peak hour, with 20 years' worth of development assumed as background growth, and with the construction and operation of the proposed Cathedral Hill Campus as part of the proposed CPMC LRDP, many of the study intersections on Van Ness Avenue and Geary Street/Boulevard would still operate acceptably.

- Comment 76-17 expresses concern that the proposed location is not ideal because of the delays that would be caused to transit service by congestion on the Van Ness Avenue corridor. In an effort to remedy this existing transit delay, the SFCTA and SFMTA are proceeding forward with two projects, the Van Ness BRT and Geary BRT, that would increase both corridors' transit performance and reliability by converting two of the current six vehicle travel lanes on Van Ness Avenue for Van Ness BRT to separate transit-only lanes, making transit use more efficient and more attractive as a travel mode.

Additionally, Comment 76-17 states that the peak-period nature of the transportation analysis does not take into account "irregular congestion." The peak period was selected for study in the Draft EIR because it is the time at which there is the greatest demand on the transportation network, and thus represents the most conservative scenario upon which to analyze transportation impacts on a network-wide basis. By its nature, "irregular" congestion is difficult to define and quantify for inclusion in transportation analyses. Please refer to Response TR-10 (page C&R 3.7-26) for a detailed discussion regarding the peak hour analysis included in the Draft EIR.

The adequacy of the transportation impact analyses in the Draft EIR, as raised in Comment 67-1 TR, is also addressed in Response TR-18, page C&R 3.7-39. EIR scoping comments received from the public were considered along with City Guidelines and professional practice to develop the transportation analysis contained in the Draft EIR Section 4.5 "Transportation and Circulation."

3.7.4.2 CALIFORNIA CAMPUS INTERSECTION IMPACTS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-16 TR, duplicate comment was provided in 30-16 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.

Many 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."

Response TR-32

The comment raises concerns whether it is appropriate or logical to determine that an impact of a project would be less than significant at an intersection that already operates poorly (LOS E or LOS F conditions). The transportation analysis performed in the Draft EIR is based on the methodology as set forth in the *SF Guidelines* and the determination of significance is based on established quantitative thresholds that are applied equally to all substantial development projects throughout the City. Furthermore, the Draft EIR does not say that the proposed CPMC LRDP would have no impact at the intersections that are already failing under 2015 or 2020 baseline conditions. Rather, it states that the additional traffic generated by the proposed LRDP, in some cases, would be below a quantitative threshold of significance at some of these failing intersections. Furthermore, it is possible to add vehicles to an already failing intersection without deteriorating its overall operations, which is why the City has quantitative thresholds for determining when the addition of new vehicles does in fact result in exacerbating already poor operating conditions.

3.7.4.3 PACIFIC CAMPUS

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-10 TR]

"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 use public transit. Without this assessment, it is not possible to determine whether the new operations are appropriate to this neighborhood."

Response TR-33

The comment identifies concerns about new vehicle trips at the Pacific Campus. The Pacific Campus projected daily population would be less than the population under existing conditions. Acute-care medical services would be transferred to the proposed Cathedral Hill Campus and other planned changes (i.e., expanded ambulatory care services) would be made to the campus under the CPMC LRDP, which would lessen the intensity of daily traffic at the Pacific Campus. As stated in Impact TR-59 on Draft EIR page 4.5-168, implementing the Pacific Campus project would result in a net increase of 71 vehicle trips during the p.m. peak hour. With the addition of the new vehicle trips, the 16 study intersections around the Pacific Campus would continue to operate at acceptable LOS conditions. Therefore, the impact of the traffic increase that would result from project implementation would be less than significant. Also, an additional 648 parking spaces would be added to the Pacific Campus by 2020 (Draft EIR page 4.5-168) to accommodate the parking demand on site. The additional parking spaces would reduce the number of CPMC-related drivers parking on the street in the adjacent neighborhoods, and would reduce the amount of vehicles circling around the neighborhood by patients and visitors looking for parking. The comment also expresses concerns that the Draft EIR did not evaluate other growth near the Pacific campus, specifically small businesses in the vicinity that could result from CPMC transitioning to an Ambulatory Care Center at this location. Employment growth, including medical use, is part of the land use growth projections incorporated into the transportation analysis. Furthermore, a portion of any growth in the area would replace existing businesses and would not necessarily represent new employees or person trips. The potential or extent of expanded medical-related employment in the surrounding area beyond that already projected or beyond existing business growth would be speculative in nature.

As stated in Impact TR-62 on Draft EIR page 4.5-171, the proposed LRDP would result in an increase in pedestrian traffic at the Pacific Campus. Overall, implementing the Pacific Campus project would add about 64 net new pedestrian trips to the surrounding streets during the p.m. peak hour (Draft EIR page 4.5-173). The new pedestrian trips generated by the project could be accommodated on nearby sidewalks without substantially affecting pedestrian conditions. New pedestrian access to the main entrance of the Ambulatory Care Center (ACC) would be provided at the new Campus Drive entrance. Existing pedestrian conditions on sidewalks and crosswalks were observed to be acceptable, with adequate space to accommodate additional pedestrians. Additionally, the proposed LRDP would include several improvements to the sidewalk network. The net new pedestrian trips would not result in substantial overcrowding on the sidewalks or hazardous conditions; therefore, the impact of the Pacific Campus project on pedestrian conditions would be less than significant.

The Pacific Campus project is a long-term CPMC LRDP project, and as such, would be subject to additional project-specific environmental review under CEQA.

3.7.4.4 CATHEDRAL HILL CAMPUS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-36 TR, duplicate comment was provided in 30-36 TR]

"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). 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."

Response TR-34

The comment states that because of the intersection and transit impacts associated with the Cathedral Hill Campus or project variants identified in the Draft EIR, it would be prudent to commence with traffic calming measures on residential streets within all five campus areas. No nexus is provided between the finding of transportation impacts at Cathedral Hill Campus and the need to provide mitigation or improvement measures at other campuses where corresponding transportation impacts would not occur. In addition, the transportation impacts listed in the comment are from different scenarios/variants, and thus would not happen concurrently. Furthermore, the project sponsor is committed to a proposed Cathedral Hill Campus Streetscape Plan, which would be consistent with San Francisco's *Better Streets Plan* standards and many of the recommendations contained in the *Little Saigon Report*. As part of the project approval process, the streetscape plan has been reviewed by City agencies to ensure that it would be consistent with the City's goals and policies related to the pedestrian environment. If approved, the project sponsor would be committed to the elements identified in the streetscape plan for the campus. See Response TR-126 (page C&R 3.7-220) for a list of the proposed streetscape improvements at the Cathedral Hill Campus.

The project sponsor, through the proposed development agreement, would also provide funding for the City to study and potentially implement additional streetscape, pedestrian, and related improvements in the vicinity of the proposed LRDP campuses that would provide benefits to the communities. The community benefits could, for example, include improvements identified in the *Little Saigon Report* as well as other sidewalk widenings, bulb-outs, and pedestrian lighting. These community benefit improvements would be permitted, designed and constructed by the City. They would not be related to any environmental impacts of the proposed LRDP and would undergo separate environmental reviews, as needed.

Comment

(Donald Scherl, October 18, 2010) [74-4 TR]

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

Response TR-35

The comment states that the proposed Cathedral Hill Hospital, if constructed, would create numerous significant impacts. The comment states that "CPMC complains that changing sites would delay the process beyond the State deadline." Please refer to Major Response HC-2 (page C&R 3.23-8) for a detailed discussion regarding the basis for the location and size of the proposed Cathedral Hill Campus and the St. Luke's Campus. The comment is correct that implementing the proposed Cathedral Hill Campus would result in a significant and unavoidable impact at the intersection of Van Ness Avenue/Market Street. As stated on page 4.5-98 of the Draft EIR, and further discussed in Response TR-31 (page C&R 3.7-53), no feasible mitigation measures exist that would reduce impacts at the Van Ness Avenue/Market Street intersection to a less-than-significant level.

Impact TR-44 regards the operation of the proposed Cathedral Hill Hospital's off-street loading facility. As described on pages 4.5-138 through 4.5-139 of the Draft EIR, the impact of loading operations for trucks larger than 46 feet in length, at the off-street loading facility on Franklin Street would be potentially significant. However, this impact would be less than significant with implementation of Mitigation Measure M-TR-44 (page 4.5-139 of the Draft EIR), which would require loading dock restrictions, ongoing monitoring, and an attendant.

Noise and air quality impacts are analyzed in Sections 4.6 and 4.7 of the Draft EIR, respectively.

Please note that the project approval process occurs after certification of the Final EIR by the City decision-makers and is separate from the environmental review process. The project approval process can only occur after certification of the Final EIR and is procedurally separate from the environmental review process. The decision-makers may select the project variants or one of the alternatives presented in the document if determined feasible, or may approve, modify, or disapprove the project as proposed.

3.7.4.5 FRANKLIN STREET IMPACTS

Comment

(Galen Workman, October 14, 2010) [55-3 TR]

"Finally, the report does not adequately address the impact on traffic flow on Franklin. Franklin is 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.)"

Response TR-36

The comment identifies concerns about existing traffic conditions on Franklin Street and impacts during construction of the proposed Cathedral Hill Hospital. The comment correctly notes that construction of proposed Cathedral Hill Campus would disrupt traffic operations. The traffic analysis evaluated six intersections along the Franklin Street corridor from O'Farrell Street to Pine Street. Impact TR-3 on Draft EIR page 4.5-99 indicated that three of the six intersections on Franklin Street would operate at LOS E or LOS F under 2015 Modified Baseline No Project and plus Project conditions; however, the project traffic would not contribute significantly to the poor operations of three of the six intersections; Franklin/O'Farrell, Franklin/Sutter, and Franklin/Bush. As identified in Impact TR-4 on Draft EIR page 4.5-100, the other three intersections on Franklin Street would operate at acceptable LOS D or better under 2015 Modified Baseline plus Project conditions (Franklin/Geary, Franklin/Post, and Franklin/Pine).

The traffic analysis also evaluated the same six intersections along the Franklin Street corridor for 2030 Cumulative plus Project conditions. Impact TR-102 on Draft EIR page 4.5-220 indicated that three of the six intersections on Franklin Street would operate at LOS E or LOS F under 2030 Cumulative plus Project conditions; however, the project traffic would not contribute significantly to the poor operations (Franklin/O'Farrell, Franklin/Sutter, Franklin/Bush). As identified in Impact TR-103 on Draft EIR page 4.5-220, the other three intersections would operate at an acceptable LOS D under 2030 Cumulative plus Project conditions (Franklin/Geary, Franklin/Post, Franklin/Pine).

Impact TR-55 on Draft EIR page 4.5-147 identifies that there would be a significant and unavoidable transportation impact during construction of the proposed Cathedral Hill campus. Mitigation Measure MM-TR-55 (on page 4.5-159 of the Draft EIR) requires that CPMC prepare a construction transportation management plan before beginning construction. This plan would be reviewed by the appropriate City agencies to reduce the impacts on traffic, transit, and the adjacent neighborhood during the construction period. However, the Draft EIR concluded that this impact would remain significant and unavoidable after implementation of Mitigation Measure MM-TR-55 because of the extent and duration of construction activities. Additional information about construction impacts and the construction worker transportation plan is provided in Response TR-106 on page C&R 3.7-185.

Comments

(Barbara Kautz- CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-26 TR, duplicate comment was provided in 108-26 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-76 TR]

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

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

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."

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-4 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."

(Sue Hestor, October 19, 2010) [89-1 TR]

"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')."

(Donald Scherl, October 18, 2010) [74-14 TR]

"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 (Impacts, TR-106) - none of which can be mitigated or avoided.

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)."

Response TR-37

The comments raise concerns that the Draft EIR either did not properly identify mitigation measures or provide an analysis of their feasibility. Comments 87-26, 90-76, and 92-4 sum the number of transportation impacts contained in Draft EIR as a means of overstating the transportation impacts generated by the proposed CPMC LRDP, without noting that the transportation impacts that are being grouped together are from different scenarios/variants, and thus could not happen concurrently. For example, Comment 87-26 states that on pages 4.5-93 through 4.5-116 of the Draft EIR, 26 significant impacts are identified. This total groups together significant and less than significant transportation impacts associated with the proposed Cathedral Hill Campus, MOB Access Variant, Two-Way Post Variant and consideration of the project in combination with BRT projects. As a point of reference, the number of transportation impacts generated by the proposed LRDP at the Cathedral Hill Campus in the same referenced pages of the Draft EIR (4.5-93 through 4.5-116) is five significant and less than significant impact statements. In total, not considering the cumulative analysis, there are 17 traffic impact statements related to the proposed LRDP development at Cathedral Hill and of those 17, eight are significant and unavoidable impacts and nine are less than significant impacts. Comments 89-1 and 74-14 are slightly different in that they do not state the Draft EIR did not identify feasible mitigation measures, but state that the Draft EIR includes significant impacts without feasible mitigation measures.

Comment 90-76 also references CPMC's proposal to enhance its existing TDM program. CPMC has proposed this as part of the proposed LRDP and not as part of a mitigation or improvement measure. The enhanced TDM program might be required by City decision-makers as a condition of approval, but it has been integrated as a component of the proposed LRDP.

Appendix F of the *CPMC LRDP Transportation Impact Study Master Appendix* contains intersection LOS analysis calculations that document intersection geometry—the combination of through/turn lanes by approach and Muni-only lanes, peak-hour intersection traffic volumes, signal timing, etc.—for all scenarios evaluated in the Draft EIR. This document is on file with the San Francisco Planning Department and available for public review.

In all cases where significant project impacts were identified, authors of the Draft EIR, in consultation with the SFMTA, explored options to mitigate the impact. This included examination by a traffic engineer of the intersection geometry, signal timing, turn restrictions and related operational aspects, at every location where an impact was identified, to determine what mitigations, if any, could be made. Options that did not require additional right-of-way, such as removal of parking or implementation of time-limited parking restrictions, were considered. In most cases, however, peak-period parking restrictions are already in place to provide the maximum capacity on the major streets such as Franklin Street and Geary Street. Similarly, although signal timing adjustments at intersections were considered, peak-period signal timing is already optimized for the congested vehicular movements. In general, substantial physical impediments (such as narrowing of sidewalks and/or demolition of adjacent private property) and City policy (the City's Transit-First Policy, wherein alternative modes of travel are promoted over private vehicles)

rendered many improvements infeasible, such as adding vehicle capacity at intersections or arterials; thus, the project impacts were determined in the Draft EIR to be significant and unavoidable. This conclusion was reached largely because the project is located within the urban core of San Francisco, where space allocation for travel modes (pedestrians, bicycles, transit, and automobiles) is constrained by existing development. Given the project's urban location, providing additional through lanes or turning lanes is infeasible without incurring substantial cost, land acquisition, and potentially compromising the environment for other modes of travel.

Under CEQA, using the term "unavoidable" to describe an impact means that the impact would be significant even after application of all feasible mitigation. The methodology used to analyze the potential traffic impacts associated with the proposed CPMC LRDP and project variants is presented on Draft EIR pages 4.5-93 through 4.5-247. Each impact determination was based on the significance criteria presented in Section 4.5.4, "Impact Evaluations," of the Draft EIR. Significant traffic impacts were determined to be "unavoidable," as defined by CEQA, if the mitigation measure(s) included in the Draft EIR would not reduce the identified impact of the LRDP to a less-than-significant level or if no feasible mitigation measure was available to reduce the impacts.

3.7.4.6 MITIGATION—FAIR SHARE CONTRIBUTION (CALTRANS)

Comment

(Lisa Carboni, California Department of Transportation, September 9, 2010) [6-2 TR, duplicate comment was provided in 7-2 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-l). 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."

Response TR-38

The comment requests a fair-share contribution to improvements at the intersection of Van Ness/Market. On Draft EIR page 4.5-93, Impact TR-1 identifies a significant and unavoidable impact at the intersection of Van Ness/Market. Under 2015 Modified Baseline plus Project conditions, operating conditions at the intersection would change from LOS D to LOS E. To mitigate the poor operating conditions at this intersection, it would be necessary to provide additional capacity through the intersection. Increasing the number of lanes is infeasible without creating additional right-of-way area to maintain adequate pedestrian facilities. Because there are no currently planned or programmed improvements at this intersection, there is no basis for calculating a fair-share contribution. Therefore, it is not possible to estimate the amount of the project's contribution for future undefined improvements.

3.7.4.7 MITIGATION—VAN NESS AVENUE CORRIDOR INTERSECTIONS

Comment

(Lisa Carboni, California Department of Transportation, September 9, 2010) [6-3 TR, duplicate comment was provided in7-3 TR]

"In addition, in Tables 4.5,17 and 4.5c 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"

Response TR-39

The comment requests the implementation of mitigation measures at six intersections along Van Ness Avenue. On Draft EIR page 4.5-93, Impact TR-1 identifies a significant and unavoidable impact at the intersection of Van Ness Avenue/Market Street. Under 2015 Modified Baseline plus Project conditions, operating conditions at the intersection would change from LOS D to LOS E. Providing additional capacity through this intersection would be necessary to mitigate the poor operating conditions at the intersection. Increasing the number of lanes is infeasible without creating additional right-of-way area to maintain adequate pedestrian facilities. Additionally, signal timing changes are not feasible because of required minimum timing for pedestrians and coordinated timing along the corridor, and these changes alone would not fully mitigate the impact on the intersection. Therefore, this impact would be significant and unavoidable.

On Draft EIR page 4.5-100, Impact TR-4 indicates that under 2015 Modified Baseline plus Project conditions, the remaining study intersections on Van Ness Avenue (Van Ness/Fell, Van Ness/Hayes, Van Ness/O'Farrell, Van Ness/Geary, and Van Ness/Pine) would operate at LOS D or better. Therefore, based on the intersection significance criteria, the impacts of the proposed Cathedral Hill Campus project at these intersections would be less than significant. Because project-specific impacts at these intersections were not identified, the project would not be required to provide mitigation measures.

3.7.4.8 MITIGATION—VAN NESS AVENUE/MARKET STREET TRAFFIC CIRCLE

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-32 TR, duplicate comment was provided in 30-32 TR]

"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?"

Response TR-40

The comment suggests reconfiguring the intersection of Van Ness/Market to a traffic circle. Because of the heavy volume of traffic using this intersection (more than 5,000 existing vehicles during both the a.m. and p.m. peak hours) and existing streetcars along Market Street, converting this intersection to a roundabout (traffic circle) would require a multilane roundabout with a diameter of approximately 200 feet. Therefore, the roundabout would require the taking of right-of-way, land acquisition, and probably the removal of at least one existing building. Further, large roundabouts are generally not conducive to pedestrian, bicycle, and transit access, because they make it more difficult for these alternative modes to easily cross the flow of traffic without introducing designated additional facilities for these modes and additional traffic control devices. Therefore, a roundabout would likely be incompatible with the existing streetcar use on Market Street and the proposed Van Ness Avenue BRT project. Therefore, a roundabout at this location would be considered infeasible, and the project impact at this intersection would remain significant and unavoidable.

3.7.4.9 MITIGATION—CHURCH STREET/MARKET STREET/14TH STREET

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-46 TR, duplicate comment was provided in 30-46 TR]

"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 2020 Modified 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-47 TR, duplicate comment was provided in 30-47 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.

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

Response TR-41

The comments indicate concerns about the existing operations and significant impacts associated with the Davies Campus project at the intersection of Church/Market/14th. This intersection currently operates at LOS F during the p.m. peak hour. The increase in delay, and thus degradation of level of service under 2020 Modified Baseline and 2030 Cumulative conditions, can be attributed primarily to the increase in the forecasted background traffic and traffic generated by implementation of the Davies Campus project. Although other potential improvements were considered at this 5-leg intersection, such as revision to traffic signal timings and expansion or reconfiguration of travel lanes to reduce the peak-hour average vehicle delay, additional right-of-way for vehicle travel lanes would have to be added to the intersection to accomplish this. Because of the presence of Class II bicycle lanes on the eastbound and westbound approaches, a passenger boarding island for the historic F-Market & Wharves streetcar on the eastbound approach, passenger boarding islands for Muni bus lines on the northbound and southbound approaches, and Muni Metro subway portals located at the northwest and southwest quadrants of the intersection, providing additional right-of-way or conversion of the intersection to a traffic circle was determined to be infeasible. Traffic signal timing is already maximized and coordinated along Market Street to allow vehicles, pedestrians and transit to move efficiently. Therefore, the impact of the Davies Campus project at this intersection would be significant and unavoidable.

3.7.4.10 MITIGATION—VAN NESS AVENUE/PINE STREET

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-49 TR, duplicate comment was provided in 30-49 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-50 TR, duplicate comment was provided in 30-50 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."

Response TR-42

The comments indicate concerns about significant cumulative impacts associated with the proposed Cathedral Hill Campus project at the intersection of Van Ness/Pine. Although potential improvements were considered, such as a second northbound left-turn lane, the removal of on-street parking on Pine Street, and traffic signal timing revisions to allow for more green time for vehicles on Van Ness Avenue, it was decided in consultation with the SFMTA that these measures were infeasible. To mitigate the poor operating conditions at the intersection, additional capacity would be necessary. Additionally, traffic signals on Van Ness Avenue are coordinated to allow for efficient vehicle progression (one green light after the other) through the corridor, and thus revising signal timings at an isolated intersection would be at the detriment of the corridor. Providing additional lanes would reduce the available sidewalks (and also increase pedestrian crossing distances) and/or require demolition of existing adjacent buildings. Further, adding vehicular capacity to the intersection would conflict with the goals and physical improvements that are a part of the Van Ness Avenue BRT project, which is currently undergoing environmental analysis. The goal of the Van Ness Avenue BRT project is to increase the corridor's transit performance and reliability by converting two of the current six vehicle travel lanes on Van Ness Avenue to separate transit-only lanes. For these reasons, no feasible mitigation measure was identified, and this cumulative transportation impact was determined to be significant and unavoidable.

3.7.4.11 MITIGATION—FRANKLIN STREET/POST STREET

Comments

(Helene Dellanini, DBC MOA, October 18, 2010) [71-2 TR, duplicate comment was provided in 72-2]

"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.

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."

(Helene Dellanini, DBC MOA, October 18, 2010) [71-24 TR, duplicate comment was provided in 72-24]

"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."

(Helene Dellanini, DBC MOA, October 18, 2010) [71-5 TR, duplicate comment was provided in 72-5]

"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.

TR-103 Comment: Same as comment for TR-4."

Response TR-43

The comments state that the proposed Cathedral Hill Campus would not result in significant traffic impacts, but request extending the existing p.m. peak hour curb right-turn-only lane to occur at all times at the approach of Franklin Street to Post Street. The comments correctly state that under Impact TR-4 and Impact TR-103, no mitigation measures would be required at the intersection of Franklin/Post under either 2015 Modified Baseline plus Project or 2030 Cumulative plus Project conditions because these impacts are less-than-significant. During off-peak periods, when there are no parking restrictions, four lanes are available on Franklin Street in the northbound direction. Adding a 24-hour right-turn lane on Franklin Street at the approach to Post Street, as suggested by the comment, would require removing three to four on-street parking spaces now available to the public during off-peak hours between the Emergency Department driveway and Post Street. Although this improvement was considered by Planning and SFMTA staff, it is not recommended, as the intersection currently operates and is projected to continue to operate at an acceptable level of service during both a.m. and p.m. peak hours with the proposed LRDP in place.

3.7.4.12 MITIGATION—FRANKLIN STREET/BUSH STREET

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-66 TR, duplicate comment was provided in 30-66 TR]

"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."

Response TR-44

The comment correctly states that significant and unavoidable cumulative project impacts would occur at the intersection of Gough/Geary (Impact TR-104) with implementation of the proposed Cathedral Hill

Campus Two-Way Post Street Variant, and the intersections of Franklin/Bush (Impact TR-106) and Van Ness/Pine (Impact TR-112) with implementation of the proposed Cathedral Hill Campus MOB Access Variant and Two-Way Post Street Variant, respectively. Although potential improvements were considered, such as traffic signal timing revisions to allow for more green time for vehicles on Geary Boulevard (Geary/Gough), Franklin Street (Franklin/Bush) and Van Ness Avenue (Van Ness/Pine), a second northbound right-turn lane (Franklin/Bush), and the removal of on-street parking on the northern leg of Franklin/Bush, it was decided in consultation with the SFMTA that these measures were infeasible. Geary Boulevard, Van Ness Avenue and Franklin Street's traffic signals are coordinated to allow for efficient vehicle progression (one green light after the other) through the corridors, and thus revising signal timings at isolated intersections would be to the detriment of the corridor. To mitigate the project variant impacts, additional travel lanes would be required. Providing additional lanes would reduce the available sidewalks (and thus increase pedestrian crossing distances) and/or require demolition of existing adjacent buildings.

At the Gough/Geary intersection, the approach that operates at an unacceptable LOS is the eastbound approach. Because no left turns are permitted from Geary Boulevard to Laguna Street, traffic would not be able to shift to Laguna Street to avoid the Gough/Geary intersection. During the evening commute, the northbound approach operates at LOS A because of the coordination of traffic signals on Franklin Street and the peak period tow-away lane, thus it would be unlikely anyone traveling north would divert to Laguna Street. Furthermore, in the San Francisco General Plan, Gough Street, Geary Boulevard, Van Ness Avenue and Franklin Street are classified as Major Arterials in the Congestion Management Plan Network, and as such are designed to accommodate evening and morning commuter traffic.

3.7.4.13 MITIGATION—TRANSPORTATION DEMAND MANAGEMENT PLAN

Comments

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-25 TR, duplicate comment was provided in 90-77 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.

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'."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-77 TR, duplicate comment was provided in 92-25 TR]

"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

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.'"

(Barbara Kautz (1)) [87-27 TR, duplicate comment was provided in 108-27]

"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."

Response TR-45

The comments request that the transportation analysis evaluate the potential effectiveness of CPMC's proposed TDM Plan and discuss all feasible mitigation measures. A similar comment and response related to the consideration of feasible mitigation measures is provided in Response TR-37 on page C&R 3.7-62.

As the comments note, the Draft EIR included an explanation that CPMC would expand its TDM program with the implementation of the proposed CPMC LRDP in order to reduce the number of private vehicles driven to the campuses (see Draft EIR pages 5-14 to 5-15). However, it is important to note that CPMC already has a TDM program in place for its employees (see Draft EIR pages 4.5-74 to 4.5-75), including a shuttle system that serves employees, patients, and visitors. Since the trip generation used for the transportation analyses was based on CPMC travel surveys, the traffic analysis already assumes some reduced level of private vehicle use by employees, patients and visitors because of the continued implementation of existing TDM measures. Based on the surveys and the *SF Guidelines*, it was assumed that 20 to 40 percent of employees and 30 percent of the patients would use public transit for their trips to CPMC campuses, depending on their destination campus. Due to the types of services provided at hospitals, medical office buildings, and other health care service facilities, there is a limit to the number of

patient, staff, and visitor trips that can be reduced or diverted from single-occupant vehicles. The Draft EIR recognizes that the TDM program would be expanded, but does not assume an increase in effectiveness (vehicle trip reduction) of that program.

Please see Response TR-23 (page C&R 3.7-45), Response TR-45 (page C&R 3.7-69), and Response AQ-12 (page C&R 3.9-36), for additional discussion on the effectiveness of CPMC's proposed expanded TDM program, prepared and documented in a memorandum by Nelson-Nygaard & Associates (2011) and provided in Appendix G.

Comment

(Madlyn Stein—Seniors of Cathedral Hill, October 5, 2010) [45-5 TR]

"-have all entrances on Van Ness and Geary coordinated so that traffic flow from the current campus, proposed as an outpatient facility, will come down Van Ness Blvd and NOT ON POST STREET."

Response TR-46

The comment requests that the proposed Cathedral Hill Campus entrances be located on Van Ness Avenue and Geary Boulevard/Street and be designed to minimize the use of vehicles traveling to the campus on Post Street and maximize the use of Van Ness Avenue. With the exception of vehicles that would enter or exit the Cathedral Hill Hospital, which represent approximately 25 percent of the Cathedral Hill Campus project-generated vehicle trips during the a.m. peak hour or 15 percent of the project-generated vehicle trips during the p.m. peak hour, there is no evidence to support the notion that Post Street would be unduly impacted by the proposed LRDP. This is confirmed by the fact that all Post Street study intersections, as documented in Tables 4.5-17 and 4.5-18 located on pages 4.5-103 and 4.5-104 of the Draft EIR, operate at acceptable LOS B or better in the 2030 Project Cumulative Conditions scenario.

The Two-Way Post Street Variant would result in a slightly higher percentage of project-generated vehicles on Post Street, but all Post Street study intersections, as documented in Tables 4.5-19 and 4.5-20 on pages 4.5-103 and 4.5-104 of the Draft EIR, operate at acceptable LOS D or better in the 2030 Two-Way Post Street Variant Cumulative conditions scenario.

Comments requesting that the Cathedral Hill Campus project Two-Way Post Street Variant not be adopted will be transmitted to decision-makers as part of the administrative record proceeding the project approval process.

3.7.4.14 TWO-WAY POST STREET OPERATION

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-48 TR, duplicate comment was provided in 30-48 TR]

"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?"

(Helene Dellanini, DBC MOA, October 18, 2010) [71-6 TR, duplicate comment was provided in 72-6]

"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."

(Helene Dellanini, DBC MOA, October 18, 2010) [71-27 TR, duplicate comment was provided in 72-27]

"TR-6, TR-7, TR-23,

TR-8, TR-22, TR-23,

TR-26, TR-104, TR-105,

TR-106, TR-107, TR-108,

TR-120, TR-12 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."

Response TR-47

The comments state that implementing the Two-Way Post Street Variant when the proposed Cathedral Hill Campus is under construction would result in additional congestion. The comments further state this access variant would result in a significant impact at the intersection of Franklin/Bush, and that the variant should not be approved as part of the proposed Cathedral Hill Campus project.

The Two-Way Post Street Variant was one of two access variants analyzed in the Draft EIR. The Two-Way Post Street Variant was designed to provide full access (in both the eastbound or westbound directions) on Post Street from the Hospital driveway; ingress from Geary Boulevard would continue to be allowed. If this access variant were selected, Post Street would not be converted to two-way operation until construction of the proposed Cathedral Hill Hospital is completed, and the full width of Post Street would be available for vehicular traffic. The comment is correct that if the access variant were implemented, the project would result in one new significant and unavoidable impact (Impact TR-106, Draft EIR page 4.5-222), when compared to the number of transportation impacts generated by the proposed Cathedral Hill Campus project. However, it is important to note that during the a.m. peak hour the Franklin/Bush intersection without the project (Modified Baseline 'No Project') is already operating at the high end of the LOS E range, with only 1.7 additional seconds of delay remaining before operations become LOS F. The Two-Way Post Street variant adds 2.3 seconds of delay to the intersections operations, , a small amount, but which would trigger the identification of a significant impact. Essentially, any differences in the intersection operating conditions of the Proposed Project, the Two-Way Post Street, and the MOB Access Variant would be imperceptible.

Comments requesting that the Cathedral Hill Campus project Two-Way Post Street Variant not be adopted will be transmitted to decision-makers as part of the administrative record proceeding the project approval process.

3.7.4.15 TRAFFIC IMPACTS AND BUS RAPID TRANSIT OPERATIONS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-67 TR, duplicate comment was provided in 30-67 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."

Response TR-48

The comment notes that the structure of presenting the impacts of the proposed Cathedral Hill Campus project with implementation of the Van Ness Avenue and Geary Corridor BRT projects is different from presenting conditions without the BRT projects. Also, the comment notes that the BRT projects may shift traffic to other streets. Because detailed information about the BRT design and impacts on the transportation network were not available from SFCTA at the time the analysis for the proposed Cathedral Hill Campus project was conducted, a sensitivity analysis of traffic impacts was conducted to assess the potential combined effects of the proposed Cathedral Hill Campus and the two BRT projects. The analysis methodology for the sensitivity analysis is presented on Draft EIR page 4.5-112. The same approach was taken to this sensitivity analysis as was for the project, wherein less-than-significant impacts for the selected intersections would be presented within one impact statement, and that intersections where the combined effects were identified as significant would be called out as separate impacts. Therefore, for both 2015 Modified Baseline plus Project and 2030 Cumulative plus Project conditions, the less-than-significant combined impacts of the BRT projects and CPMC LRDP are presented in Impacts TR-18 and TR-116 for the proposed Cathedral Hill Campus project, including Impacts TR-21 and TR-119 for the Two-Way Post Street Variant and Impacts TR-24 and TR-122 for the MOB Access Variant.

The comment also states that cumulative effects could occur if CPMC and both the Van Ness and Geary BRT projects were under construction concurrently. Neither of the BRT projects have been approved, nor have their construction plans been identified. At the time that these projects overlap, all project sponsors, including CPMC, would be required to coordinate with SFMTA, the Planning Department, and the SFCTA to ensure that elements of each project's Construction Transportation Management Plan (TMP) were effective and what coordination would be required to ensure that construction impacts, including construction worker parking, on surrounding areas was minimized. This coordination process is described further in Response TR-105 (page C&R 3.7-180).

At the time of analysis, detailed information was not available regarding the BRT design and impacts on the transportation network; however, the environmental review of the BRT projects would, in the case of the Geary BRT project, and does, in the case of the Van Ness BRT, analyze the potential shift of traffic to

other streets. Similar to the environmental analysis for the CPMC LRDP, the environmental analysis for the BRT projects would need to consider planned and reasonably foreseeable projects.

3.7.4.16 MOTOR VEHICLE CODE ENFORCEMENT

Comment

(Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-28 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."

Response TR-49

The comment raises a concern that there is an existing problem with enforcement of the Motor Vehicle Code (i.e., the California Vehicle Code) in the area around the Pacific Campus. Although it is not within CPMC's ability to enforce the California Vehicle Code, CPMC has worked over the years to address the community's concerns within site constraints. As part of the design development process for the CPMC LRDP, the Pacific Campus was designed to proactively reduce impacts on the adjacent neighborhood. For example, the project would add new parking spaces on the campus to reduce patient, visitor, and staff reliance on on-street parking in the neighborhood; would expand on-site loading facilities (the Draft EIR includes additional improvement measures to minimize the potential for impacts); and would provide for additional on site and on-street passenger loading zones to accommodate the projected demand for the new program. Similarly, efforts were made to integrate features into the design of other campuses that would proactively minimize impacts to the surrounding neighborhood, specifically: internal drop-off zones and loading docks, on-site parking, a TDM program, and an enhanced shuttle program.

Additionally, non-compliance with traffic laws is not an environmental impact, nor is it ultimately the responsibility of CPMC to enforce. No evidence exists that employees, patients, or visitors to the Pacific Campus would be any more likely to violate traffic laws than drivers to any other proposed project or existing building in San Francisco.

3.7.4.17 NOISE AND AIR QUALITY

Comment

(Linda Chapman October 19,2010) [76-28, duplicate comment was provided in 111-28]

"Automobile noise and air pollution will multiply when cars are trapped in congestion, or circulate in residential areas."

Response TR-50

The comment raises concerns about an increase of noise and degradation of air quality in the areas adjacent to the proposed Cathedral Hill Campus as a result of traffic congestion. Project impacts related to noise and air quality are addressed in Sections 4.6 and 4.7 of the Draft EIR. The noise and air quality analyses used the traffic volume data and intersection analysis results as inputs into the analysis. The assessment of impacts of additional traffic on noise levels determined that future traffic noise levels

would not exceed the significance thresholds, and that impacts on noise levels at the proposed Cathedral Hill Campus would be less than significant (see Impact NO-4 on pages 4.6-58 to 4.6-60 of the Draft EIR). Similarly, operations of the proposed Cathedral Hill Campus under the LRDP would not exceed the significance thresholds for air quality impacts related to toxic air contaminants, and the impact would be less than significant (see Impact AQ-12 on Draft EIR page 4.7-73).

3.7.4.18 MITIGATION AND MONITORING

Comments

(Helene Dellanini, DBC MOA, October 18, 2010) [71-4 TR, duplicate comment was provided in 72-4]

"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."

(Helene Dellanini, DBC MOA, October 18, 2010) [71-26 TR, duplicate comment was provided in 72-26]

"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."

Response TR-51

The comments request that a mitigation measure be added to require additional mitigation measures if the intersection LOS deteriorates to LOS E or LOS F at the intersections of Franklin/Post and Post/Geary. The comments refer to the intersection of Post/Geary, which does not exist. It is assumed that the comment intends to refer to the intersection of Post/Gough. Under 2015 Modified Baseline plus Project and 2030 Cumulative plus Project conditions, the intersections of Franklin/Post and Gough/Post are anticipated to operate at LOS D or better (see Impact TR-4 on Draft EIR page 4.5-100 and Impact TR-103 on Draft EIR page 4.5-220). The same is true of the Cathedral Hill Campus variant scenarios. Because the intersections are projected to operate at acceptable LOS under both 2015 buildout conditions and 2030 Cumulative conditions scenarios, mitigation measures are not required; therefore, including monitoring activities is not needed.

Additionally, the commenter indicates they want the City to hold CPMC accountable for validating its environmental review. The project sponsor is not responsible for the environmental analyses contained in the Draft EIR. The City, with the SF Planning Department acting as the Lead Agency, is responsible for the contents of the Draft EIR.

3.7.4.19 GENERAL TRANSPORTATION STATEMENTS

Comments

(Diane and Richard Wiersba, October 11, 2010) [49-3 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. 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."

(Charles Freas (1), October 19, 2010) [79-1 TR, duplicate comment was provided in 100-1]

"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 proposed 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."

(Wallace Cleland, October 19, 2010) [86-3 TR]

"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.)"

(Linda Chapman October 19, 2010) [76-14 TR, duplicate comment was provided in 111-14]

"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.

Circulation on streets of the Polk Street Neighborhood Commercial District (NCO), 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."

(Maria (last unknown), September 19, 2010) [PC-117 TR]

"And also, I want to talk about the traffic."

(Linda Chapman, September 23, 2010) [PC-282 TR]

"It [the Van Ness Plan] 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 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."

(Linda Chapman, September 19, 2010) [PC-284 TR]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-51 TR, duplicate comment was provided in 30-51 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.

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 11 p.m., for example, just as 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."

(Hiroshi Fukuda) September 23, 2010 [PC-164 TR]

"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."

(Joel Koppell) September 23, 2010 [PC-224 TR]

"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 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."

Response TR-52

The comments express personal experience with traveling in San Francisco, concerns regarding the siting and size of the proposed Cathedral Hill Campus, existing and future congestion levels, and the number of significant impacts associated with the proposed project. The proposed Cathedral Hill Campus project is located in a centralized area of the City where existing traffic conditions are on occasion congested because adjacent streets are major thoroughfares. Siting a project in an area served by major arterials and abundant transit options encourages the use of transit and reduces the use of local streets for vehicular access. Additionally, the Construction Transportation Management Plan that CPMC must develop as part of the project approval process, and as required by Mitigation Measure TR-55, would seek to minimize the impacts of construction activities on adjacent neighborhoods, including promoting the use of transit by construction workers.

Comment PC-282 shares a personal anecdote regarding an unpredictable circumstance in traveling from the general area of the Cathedral Hill Campus to the Mission District, and then asks how quickly patients could travel from the Mission District to the Cathedral Hill Hospital. It is not the goal of the transportation analyses contained in the Draft EIR to predict or capture every potential trip origin or destination in analyzing the impacts of the proposed CPMC LRDP. Trip distribution methodology for the analysis was based on the SF Guidelines, as discussed in more detail in C&R Response TR-21. Several modes of transport, of varying speeds, would be available to travel from the Mission District to the proposed Cathedral Hill Campus, including private vehicles, transit, taxis, etc.

Comment PC-282 states that the Planning Department believes that because of SF's Transit First Policy, almost everyone is expected to travel in the City via transit. This is not the stated intention of the policy; rather, the policy seeks to inform modal equity decisions in the City and prioritize the movement of people rather than the movement of private vehicles. Furthermore, the Transit First Policy did not play a role in the transportation analyses contained in the Draft EIR, as data collected in San Francisco, including mode shares, formed the basis for analyzing the transportation impacts of the proposed CPMC LRDP.

The remainder of the comments are noted; however, they do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.7.5 TRANSIT IMPACTS

3.7.5.1 TRANSIT SCREENLINE CAPACITY METHODOLOGY

Comments

(Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-25 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.

Furthermore, it is unclear that MUNI will increase capacity to meet increased service demands at peak periods."

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-14 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."

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-15 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."

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010)
[92-16 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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010)
[92-17 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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010)
[92-18 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..."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010)
[92-19 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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010)
[92-20 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 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."

(Stephanie Barton et al. Hastings Civil Justice for the Good Neighbor Coalition, October 19, 2010) [104-39 TR]

"**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]

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]

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*."

(Stephanie Barton et al., Hastings Civil Justice for the Good Neighbor Coalition, October 19, 2010) [104-40 TR]

"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 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]

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).
98 *Id*."

(Stephanie Barton et al., Hastings Civil Justice for the Good Neighbor Coalition, October 19, 2010) [104-41 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."

(Stephanie Barton et al., Hastings Civil Justice for the Good Neighbor Coalition, October 19, 2010) [104-42 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."

(Carol and Michael Stack, October 17, 2010) [62-3 TR]

"It [The project] 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."

Response TR-53

The comments raise concerns about the screenline methodology used to assess impacts on transit capacity and the location of the maximum load points used in the transit analysis. The comments also identify discrepancies in the number of transit trips generated by the individual campuses and reflected in the screenline analysis. The transit analysis presented in the Draft EIR was developed consistent with the methodology for transit analyses presented in the City's *Transportation Impact Analysis Guidelines for Environmental Review* ("SF Guidelines") and in consultation with the SFMTA. The *SF Guidelines* allow analysis of transit based on the location and character of the development, including the direction and distribution of trips to and from a project site. A project's impact on transit capacity may be analyzed using a screenline and/or direction link analysis, both of which assume that certain transit lines are grouped together by a common characteristic—most typically direction of travel. The rationale for using this type of capacity analysis is that someone traveling on transit in a certain direction will choose one of the transit lines that collectively serve the corridor or that direction of travel. It also assumes that if one line is overloaded, the transit user could shift to another line headed in the same general direction.

All of the CPMC projects are located outside of the downtown area (for which the *SF Guidelines* presents established screenlines); therefore, to tailor the transit analysis to the proposed LRDP, the transit analysis in the Draft EIR grouped Muni transit routes located within one-half mile of each campus by direction (i.e., northbound, southbound, eastbound, westbound). These groupings reflect that persons riding transit to each of the campuses may choose a transit route based on frequency of service and usage, as well as whether a certain line connects to a transfer point for other Muni or regional transit providers. For example, BART transit riders to and from the Davies Campus may take BART to the Civic Center station and transfer to the N Judah to reach the campus; transit riders from the Richmond District may take the 24 Divisadero north and transfer to another east-west line such as the 1 California. Furthermore, the transit analysis assumed that some project-generated transit trips would use Muni to access regional transit hubs, even though CPMC plans to operate private shuttles between the proposed Cathedral Hill Campus and existing Pacific Campus and the Civic Center BART/Muni Metro station, and between the St. Luke's Campus and the 24th Street BART station.

Each directional screenline represents the sum of the total ridership at the maximum load point (MLP) during the peak hour for each route, obtained from SFMTA's TEP. The data set from SFMTA's TEP

includes ridership data, including boardings and alightings, at each stop along each Muni transit lines. The MLP represents the point along the line with the largest number of riders, and therefore, the highest capacity utilization during the a.m. and p.m. peak hours being analyzed. The MLP may not necessarily fall within the one-half-mile transit study area because project-generated transit riders may continue to ride a line beyond that radius; however, the MLP represents the highest utilization of the Muni route that the project could be contributing to. Utilization of the line at points other than the MLP is indeed lower and additional riders would not necessarily cause capacity utilization issues at points farther from the MLP.

Comment 104-42 suggests that the Draft EIR should have evaluated the project's impact on individual lines in the Tenderloin because several transit lines have MLPs located in or near the Tenderloin. An individual line(versus directional) analysis would be difficult and speculative because it would require assigning a certain number of trips to lines that might or might not serve streets where employees or patients lived, i.e., a substantial amount of data would need to be collected about transit preferences of future and unknown hospital and MOB patients, visitors, and employees. As discussed in Response TR-21 (trip distribution) (page C&R 3.7-43), the distribution of the project's transit trips were based on known data that is based on larger areas or regions from where employees, patients, and visitors would commute to the campus. Because many transit lines serve each area or region, the screenline analysis presents a more reasonable transit capacity impact analysis for the project; transit riders would likely ride different lines. The transportation impact studies do, however, present the MLP for each line for informational purposes.

As indicated in Comments 104-39 and 104-41 and in the transportation impact studies for each campus, several of the MLPs for individual lines near the proposed Cathedral Hill Campus are located east of Van Ness Avenue, within the Tenderloin neighborhood. The transit analyses account for this by including these MLP ridership statistics within the study area as part of the directional screenline analysis. As discussed in the Draft EIR, implementing the proposed Cathedral Hill Campus project would not cause any screenline to exceed Muni's established standard, 85 percent capacity. Some individual lines may reach 85 percent capacity during the peak hours, but riders have several transit options heading in the same direction. Therefore, the screenline represents that at any time during the peak hour, some capacity is available for passengers headed northbound, southbound, eastbound, or westbound. Because capacity exists in all directions, overcrowding on any one line was not considered to affect overall transit use and capacity utilization.

Comment 104-41 states that the MLP screen line analysis does not acknowledge disabled and elderly residents who depended on transit would be disproportionally affected by over-crowding on transit lines because they would be less able to walk to other less crowded lines; however, the comment does not note any specific transit lines where this would be of particular concern. Muni buses have designated priority seating, identified by blue decals above the seats, located at the front of each bus, and these seats are to be surrendered for seniors and people with disabilities. For people with more severe disabilities, Muni operates a paratransit service, available to those who request such service.

Furthermore, as shown in Tables 5 and 6 of the *Cathedral Hill Transportation Impact Study*, on file and available for review at the San Francisco Planning Department, only one bus line—the 38L-Geary—has an individual capacity utilization that exceeds available capacity at its MLP; the remaining bus lines through the Tenderloin generally operate below 82 percent of available capacity in all directions during the peak hours, suggesting that available space would exist for bus riders on all lines.

Several comments identified inconsistencies in the transit corridor analysis for each of the CPMC campuses. Discrepancies between the transit trip generation, as prepared by Adavant Consulting, and the project transit trip assignment were identified in Draft EIR Tables 4.5-21 and 4.5-36 (pages 4.5-119 and 4.5-172, respectively). Specifically, there was an error in the reported number of net new transit trips generated by the St. Luke's Campus project, and an error in ridership under the p.m. peak-hour 2030

Cumulative No Project scenario for the proposed Cathedral Hill Campus project. Additionally, the assumptions for transit ridership were not clearly outlined in the Draft EIR in a way that would enable a reader to recreate the transit analysis using the net new project trip generation.

The transit corridor analysis discussion for each CPMC campus has been updated to clarify the analysis.

Cathedral Hill Campus—As presented in the Draft EIR, the proposed Cathedral Hill Campus would generate 551 net new a.m. peak-hour transit trips and 586 net new p.m. peak-hour transit trips. However, the transit corridor analysis presented in the Draft EIR assumed that the proposed Cathedral Hill Campus project would add 479 and 498 net new transit trips during the a.m. and p.m. peak hours, respectively, to the screenlines near the campus. This difference is partially the result of a reasonable transit analysis assumption that some CPMC transit riders would use the CPMC shuttles to travel between the Civic Center BART/Muni Station and the campus, and would thereby not cross the Muni screenlines. Altering Table 4.5-21 in the Draft EIR to assume employees and visitors would not take advantage of the CPMC shuttle, does not substantially alter the capacity utilization percentages which would continue to operate at less than Muni's 85 percent capacity utilization standards under Modified Baseline plus Project or Cumulative 2030 plus Project conditions, as stated in Impact TR-27, page 118) in the Draft EIR.

Comment 92-16 notes a discrepancy between 2015 and 2030 project transit trips during the p.m. peak hour. Table 4.5-21 incorrectly stated 2030 No Project ridership for the eastbound and westbound screenlines. The table has been revised to show 3,242 eastbound riders and 4,143 westbound riders under Cumulative 2030 No Project conditions. This revision does not affect the results of the analysis. This update to Table 4.5-21 in the Draft EIR would slightly lower the capacity utilization numbers under Cumulative 2030 No Project and Cumulative 2030 Project conditions and would therefore, not alter the cumulative impact analysis presented in the Draft EIR.

St. Luke's Campus—Table 4.5-11 on page 4.5-77 of the Draft EIR indicates that the St. Luke's Campus project would generate 39 net new p.m. peak-hour transit trips. As shown in the trip generation forecasts prepared by Adavant Consulting and included in Appendix D of the *St. Luke's Campus Transportation Impact Study*, the St. Luke's Campus project would generate 71 net new p.m. peak-hour transit trips. This change does not alter the analysis conclusion in the Draft EIR, which were drawn from the Transportation Impact Study that correctly analyzed the higher amount of transit trips. The transit corridor analysis presented in the Draft EIR assumes that the St. Luke's Campus project would add 67 net new transit trips to the screenlines near the campus. This difference is the result of the reasonable assumption that because a shuttle would be available, some CPMC transit riders would use the CPMC shuttles to travel between the 24th Street BART Station and the St. Luke's Campus, and would thereby not cross the Muni screenline. Table 4.5-21 on page 4.5-119 of the Draft EIR, has been updated to reflect 71 net new transit trips, instead of the 39 net new transit trips previously reported. Table 4.5-11 in the Draft EIR (page 4.5-77) has been revised as shown below to clarify transit trips.

In addition, page 4.5-204 of the Draft EIR is revised as follows:

> The St. Luke's Campus project would result in an increase in pedestrian activity in the vicinity of the campus, including walk trips to and from the proposed uses, plus walk trips to and from Muni bus stops and 24th Street BART Station. Overall, during the p.m. peak hour the project would add about 64 net-new pedestrian trips (an increase of 25 walk trips, and ~~39~~ 71 net-new trips that account for walk trips to and from the transit stops) to the surrounding streets (see Table 4.5-11, page 4.5-77).

Table 4.5-11
Net-New Peak-Hour Person Trips by Mode and Vehicle Trips by Campus [1]

	Person Trips by Mode					
Campus	Auto	Transit	Walk	Other 2	Total	Vehicle Trips
Cathedral Hill Campus						
a.m. peak hour	682	586	108	54	1,430	593
p.m. peak hour	689	551	107	50	1,399	609
Pacific Campus						
p.m. peak hour	114	37	27	20	198	71
Davies Campus						
p.m. peak hour	224	138	10	34	406	202
St. Luke's Campus						
p.m. peak hour	~~251~~223	~~39~~71	~~25~~23	~~6~~9	~~321~~326	207

Notes:
[1] The analysis does not assume any new travel demand at the California Campus because campus activities would remain unchanged until 2015, and would then be gradually relocated to the Pacific and Cathedral Hill Campuses. By 2020, almost all CPMC-related uses at the California Campus are expected to cease.
[2] "Other" includes bicycle, motorcycle and taxi trips.
Source: Data compiled by Adavant Consulting and Fehr & Peers in 2010

Pacific Campus—Table 4.5-36 on Draft EIR page 4.5-172 indicates that the Pacific Campus project would generate 190 net new p.m. peak-hour transit trips. As shown in Table 4.5-11 on Draft EIR page 4.5-77, the Pacific Campus project would actually generate 37 net new p.m. peak-hour transit trips. Table 4.5-36 in the Draft EIR (page 4.5-77) has been revised as shown below to clarify the Muni Corridor Analysis for the Pacific Campus.

The change would not substantially affect the results of the analysis, and the capacity utilization would slightly decrease. The impacts of the Pacific Campus project on transit capacity would continue to be less than significant.

Davies Campus—Table 4.5-36 on Draft EIR page 4.5-172 assumed that the Davies Campus project would generate 138 net new p.m. peak-hour transit riders. This is consistent with the trip generation forecasts prepared by Adavant Consulting and presented in the Draft EIR. No change is required to address the transit analysis for this campus.

Some of the comments note that the Draft EIR assumed little to no growth between Modified Baseline and Cumulative conditions on certain transit screenlines, specifically at the Davies and California Campuses. Cumulative transit ridership growth was based on output from the SFCTA's SF-CHAMP model, which accounts for projected land use changes and growth in the City, including increases and decreases in population, housing unit, and employment forecasts from the Association of Bay Area Governments (ABAG) that have been refined by the City. The model also considers available capacity, congestion, and travel speed when assigning ridership to specific routes. Although ridership along many routes might increase in the future, that ridership growth likely would be spread over the entire length of the line and would not be concentrated at the MLP. Overall ridership at the MLP might remain relatively stable. For more information about how transit ridership under Modified Baseline and Cumulative Conditions was determined, see Response TR-9 (page C&R 3.7-11).

Table 4.5-36 (Revised)
Muni Corridor Analysis—Pacific and Davies Campuses—P.M. Peak-Hour Conditions

	Existing		Modified Baseline 2020 No Project		Modified Baseline 2020 Project			Cumulative 2030 No Project		Cumulative 2030 Project	
	Ridership	Capacity Utilization	Ridership	Capacity Utilization	Project Trips	Ridership	Capacity Utilization	Ridership	Capacity Utilization	Ridership	Capacity Utilization
Pacific Campus											
Northbound	472	49%	514	45%	12	~~542~~526	~~48~~46%	549	48%	~~577~~561	~~51~~49%
Southbound	550	57%	550	49%	15	~~586~~565	~~52~~50%	550	49%	~~586~~565	~~52~~50%
Eastbound	1,964	55%	~~2,417~~2,401	66%	6	~~2,415~~ 2,407	~~66~~65%	2,764	76%	~~2,778~~ 2,770	~~77~~76%
Westbound	2,751	77%	2,871	79%	4	~~2,881~~ 2,875	79%	2,969	81%	~~2,979~~ 2,973	~~82~~81%
Davies Campus											
Northbound	812	42%	908	39%	26	934	40%	988	43%	1,014	44%
Southbound	1,421	74%	1,421	61%	31	1,452	62%	1,421	61%	1,452	62%
Eastbound	3,122	34%	3,543	35%	66	3,609	36%	3,839	38%	3,905	39%
Westbound	7,380	81%	7,750	77%	15	7,765	77%	8,073	80%	8,088	80%

Notes:
Capacity utilization calculations reflect capacity changes associated with the TEP project. Service changes resulting in capacity increases are proposed for the 5-Fulton, 12-Folsom-Pacific, 19-Polk, 21-Hayes, 22-Fillmore, 24-Divisadero, 27-Bryant, 31-Balboa, 38L-Geary Limited, 44-O'Shaughnessy, 47-Van Ness, 49-Van Ness-Mission, F-Market & Wharves, J-Church, L-Taraval, and N-Judah.
Service changes resulting in decreases in capacity are proposed to occur on the 1BX-California Express, 2-Clement, 16AX/BX-Noriega Expresses, 38BX-Geary Express, 48-Quintara-24th Street, and M-Ocean View
Source: Data compiled by Fehr & Peers in 2011

Upon review of the transit tables, the transit ridership identified for the California Campus in Table 4.5-21 of the Draft EIR was incorrect for Southbound, Eastbound, and Westbound directions. Table 4.5-21 on Draft EIR page 4.5-119 was be updated for the California Campus as shown below. Overall, transit ridership is lower than what was shown in the Draft EIR, and therefore, no new impacts would result from the change.

Table 4.5-21 Revised
Muni Corridor Analysis—California Campus—P.M. Peak-Hour Conditions

	Existing		Modified Baseline 2015 No Project		Modified Baseline 2015 Project		Cumulative 2030 No Project		Cumulative 2030 Project	
	Passengers	Capacity Utilization	Passengers	Capacity Utilization	Passengers	Capacity Utilization	Passengers	Capacity Utilization	Passengers	Capacity Utilization
California Campus										
Northbound	382	38%	387	32%	387	32%	393	32%	393	32%
Southbound	~~1,421~~652	~~74~~65%	~~1,421~~682	~~61~~56%	0	682~~1,452~~	56%~~62%~~	~~1,421~~746	~~61~~62%	746~~1,452~~
Eastbound	~~3,122~~1,964	~~34~~55%	~~3,543~~2,147	~~35~~59%	0	2,147~~3,609~~	59%~~36%~~	~~3,839~~2,764	~~38~~76%	2,764~~3,905~~

Table 4.5-21 Revised
Muni Corridor Analysis—California Campus—P.M. Peak-Hour Conditions

	Existing		Modified Baseline 2015 No Project		Modified Baseline 2015 Project		Cumulative 2030 No Project		Cumulative 2030 Project	
	Passengers	Capacity Utilization	Passengers	Capacity Utilization	Passengers	Capacity Utilization	Passengers	Capacity Utilization	Passengers	Capacity Utilization
Westbound	~~7,380~~3,228	~~81~~72%	~~7,750~~3,467	~~77~~79%	0	3,467~~7,765~~	79%~~77%~~	~~8,073~~3,643	~~80~~83%	3,643~~8,088~~

Notes:
Capacity utilization calculations reflect capacity changes associated with the TEP project. Service changes resulting in capacity increases are proposed for the 5-Fulton, 12-Folsom-Pacific, 19-Polk, 21-Hayes, 22-Fillmore, 24-Divisadero, 27-Bryant, 31-Balboa, 38L-Geary Limited, 44-O'Shaughnessy, 47-Van Ness, 49-Van Ness-Mission, F-Market & Wharves, J-Church, L-Taraval, and N-Judah.
Service changes resulting in decreases in capacity are proposed to occur on the 1BX-California Express, 2-Clement, 16AX/BX-Noriega Expresses, 38BX-Geary Express, 48-Quintara-24th Street, and M-Ocean View
Source: Data compiled by Fehr & Peers in 2010

3.7.5.2 TRANSIT DELAY

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-126 TR, duplicate comment was provided in 30-126 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 38/38LGeary 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 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."

(Linda Chapman, October 19, 2010) [76-15 TR, duplicate comment was provided in 111-15]

"The campus is ideally situated for its vehicle traffic to impede transit services: 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."

(Linda Chapman, October 19, 2010) [76-19, duplicate comment was provided in 111-19]

"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."

Response TR-54

These comments address the transit delay impact of the Cathedral Hill Campus on Van Ness Avenue and Geary Street, potential traffic spillover to adjacent streets because of congestion, and shuttle routes on local residential streets. Traffic spillover onto adjacent streets is discussed in Responses TR-5 and TR-31 (Methodology and Traffic Impacts, respectively, pages C&R 3.7-5 and 3.7-53). Shuttle routing is discussed in Response TR-56 (CPMC Shuttle Service, page C&R 3.7-93).

As discussed in the Draft EIR, a transit-delay analysis was conducted for Muni transit lines near the Cathedral Hill Campus because of the complexity and scale of the development, and because of the location of the proposed medical campus at a transit hub. The amount of new development would be greater at the proposed Cathedral Hill Campus than at any other CPMC campus. In addition, because of the site's location along major transit lines along Van Ness Avenue and Geary Street/Boulevard, more existing transit lines would carry more daily passengers near the proposed Cathedral Hill Campus than near the other CPMC campuses. Finally, the Cathedral Hill Campus is the only location where the proposed CPMC LRDP would introduce a local and regional medical center as an entirely new land use.

The transit-delay analysis in the Draft EIR identified transit-delay impacts on several Muni lines which included such inputs as: project-generated vehicles navigating around the campus on roadways with transit lines, background traffic and traffic growth between existing conditions, Modified Baseline conditions and Cumulative 2030 conditions, and passenger boarding delays associated with CPMC transit riders. The transit-delay calculation for the 38/38L-Geary also includes adjustments to account for delays associated with the project driveway on Geary Street. The SFMTA also analyzed the impact of the project on operational costs of transit lines in the transit study area.

Impacts were identified where the added transit delay would increase transit travel times by more than half of the scheduled headway or where SFMTA's Muni cost/scheduling tool showed that the project would result in increased operational costs associated with running additional vehicles. The impact analysis indicates that the proposed Cathedral Hill Campus project would increase transit delay, requiring Muni to operate additional transit vehicles along the 3-Jackson, 19-Polk, 38/38L-Geary, 47-Van Ness, and 49-Van Ness-Mission bus lines.

3.7.5.3 TRANSIT MITIGATION MEASURES

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-53 TR, duplicate comment was provided in 30-53 TR]

"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.

Any amount of money paid to SFMT A 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-54 TR, duplicate comment was provided in 30-54 TR]

"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 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-55 TR, duplicate comment was provided in 30-55 TR)]

"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 rerouting/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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-56 TR, duplicate comment was provided in 30-56 TR]

"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.

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."

(Sue Hestor, October 19, 2010) [89-7 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."

(Barbara Kautz, CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-28 TR, duplicate comment was provided in 108-28 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 DEIR identifies no mitigation measures that could reduce traffic generation from the project."

(Lois Scott, September 23, 2010) [PC-25 TR]

"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."

(Felicidad Afenir, October 23, 2010) [PC-34 TR]

"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 commute daily in their respective destinations will experience hardship. There are solutions to be made by CPMC to mitigate the problems."

(Donald Scherl, October 18, 2010) [74-15 TR]

"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."

(Sue Hestor, October 19, 2010) [89-2 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 buses.

There needs to be a much STRONGER analysis and requirement."

(Sue Hestor, October 19, 2010) [89-4 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.

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."

Response TR-55

The comments raise concerns about the transit impacts related to increased delays to transit lines in the proposed Cathedral Hill Campus vicinity, and the effectiveness of the transit mitigation agreement required under Mitigation Measure MM-TR-29 (on page 4.5-122 of the Draft EIR).

The Planning Department, in consultation with SFMTA, is responsible for determining appropriate mitigation measures to address the transit impacts of a proposed project. The SFMTA sets forth its recommendations using a cost/scheduling tool that determines the costs required to provide the level of transit service needed to accommodate future transit demands and the cost to maintain the proposed Muni transit headways along the length of the affected Muni route. The SFMTA cost/scheduling tool has been developed and calibrated by Muni and accounts for the maintenance and operational costs, as well as capital costs, for each line analyzed. As described in the Draft EIR, the cost/scheduling tool accounts for transit travel delay, passenger boarding delay, and operational needs (e.g., bus layovers, driver breaks).

The Draft EIR and *Cathedral Hill Transportation Impact Study* identify Mitigation Measures MM-TR-29 through MM-TR-31 (Draft EIR pages 4.5-122, 4.5-123, and 4.5-124), MM-TR-134 (Draft EIR page 4.5-238), and MM-TR-137 (Draft EIR page 4.5-240). These mitigation measures would ensure that CPMC would financially compensate SFMTA for the cost of providing additional service along these bus lines.

As explained on Draft EIR page 4.5-117, although this mitigation measure would reduce the impact to a less-than-significant level, the ability of SFMTA to provide additional service for the project is uncertain. Therefore, the Draft EIR concluded that the transit impacts of the CPMC LRDP would be significant and unavoidable.

CPMC's financial contribution to mitigate the transit-delay impacts on the bus lines identified above would be calculated and applied in a manner that is consistent with SFMTA's existing cost/scheduling tool. The final financial compensation package would include CPMC's fair share of costs associated with operating additional transit vehicles along certain lines over an extended amount of time, operation costs to cover any additional transit drivers, maintenance of transit vehicles along impacted lines, and capital costs to purchase new vehicles where needed (including costs allocated for construction of additional transit vehicle storage facilities). The financial compensation provided to SFMTA by CPMC would also be used, in part, to fund implementation of the BRT projects, including CPMC's fair share of funding the cost of BRT improvements along the proposed Cathedral Hill Campus frontage. SFMTA would retain discretion for how to best accommodate the additional ridership and delay created by the project.

Pursuant to the Draft EIR mitigation measures identified above, the amount and schedule for payment related to the proposed CPMC LRDP would be set forth in a transit mitigation agreement between CPMC and SFMTA or other appropriate documentation, and may be included in the development agreement between CPMC and the City of San Francisco.

3.7.5.4 CPMC SHUTTLE SERVICE

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-37 TR, duplicate comment was provided in 30-37 TR]

"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 drop offs. 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 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-38 TR, duplicate comment was provided in 30-38 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-39 TR, duplicate comment was provided in 30-39 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-40 TR, duplicate comment was provided in 30-40 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. 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 services from 12:15 pm to 1:15 pm)
-Davies first services at 8:30 am and last Davies service at 3:30pm
-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)

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-110 TR, duplicate comment was provided in 30-110 TR]

"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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-117 TR, duplicate comment was provided in 30-117]

"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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-118 TR, duplicate comment was provided in 30-118 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 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-6 TR]

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)"

(Bob Hamaguchi—Japantown BNP Organizing Committee, October 8, 2010) [47-8 TR, duplicate comment was provided in 50-8 TR (Richard Matsuno, October 12, 2010]

"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?"

(Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-27 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."

(Helene Dellanini, DBC Master Owner Association, October 18, 2010) [71-3 TR, duplicate comment was provided in 72-3 TR]

"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 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."

(Helene Dellanini, DBC Master Owner Association, October 18, 2010) [71-25 TR, duplicate comment was provided in 72-25 TR]

"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, nonemergency, 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 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."

Response TR-56

The comments generally express concern about the impact of the CPMC shuttle service. Specifically, the comments address: existing shuttle service; shuttle demand and planned capacity; the use of shuttle service rather than Muni; conflicts at shuttle loading/unloading areas; shuttle routing within residential neighborhoods; and the use of shuttles to serve off-site parking lots.

Comments 18-40 and 18-110 discuss existing shuttle service. As described on page 4.5-31 through 4.5-32 of the Draft EIR, CPMC currently provides free shuttle bus service during daytime operating hours (approximately 5 a.m. to 9 p.m.) for doctors, staff, visitors, and patients: between the Davies, California, and Pacific Campuses; off-site parking at the Japantown Garage and Geary Mall Garage (1600 Geary); Civic Center BART/Muni Metro station; 24th Street BART Station; and the future site of the proposed Cathedral Hill Campus (existing Cathedral Hill Hotel and office building), where some administrative offices are currently located. Shuttles run every 15 to 30 minutes between approximately 5 a.m. and 6 p.m. After 6 p.m., extended service (until 9:00 pm) is provided to the Japan Center Garage.

Seven existing "full-service" fixed shuttle routes operate through the day and three limited service shuttle routes operate during employee shift changes. A detailed map of the existing system can be found in Appendix F of the *CPMC LRDP Transportation Impact Study Master Appendix*. These shuttles are part of CPMC's TDM program, which is designed to reduce private vehicle trips between campuses and encourage transit ridership by serving regional transit hubs. As summarized in Table 4.5-8 on page 4.5-32 of the Draft EIR, the existing shuttles have a daily capacity utilization from 17 percent (CH-Line between the existing Pacific Campus and Cathedral Hill administrative offices) to 63 percent (D-Line between the Pacific Campus, the Japantown Garage, and the Davies Campus).

Several comments express concern about the ability of the proposed shuttle system to accommodate the expected demand. With the shifting of primary hospital and inpatient-care uses from the Pacific Campus to the proposed Cathedral Hill Campus, the CPMC shuttle system would be reconfigured with several new routes serving the site (see Appendix F). The system would include eight routes that would serve the four future campuses—Cathedral Hill, Pacific, Davies, and St. Luke's—and BART and Caltrain. The following routes, as described on page 4.5-85 of the Draft EIR, are proposed and routes shown in C&R Figure 3.7-1 (page C&R 3.7-96) which follows:

- The Pacific-BART line would serve the Pacific campus, the Japantown Garage, the proposed Cathedral Hill campus, and the Civic Center BART station at approximately 6-minute headways. The route is assumed to operate between approximately 5:30 a.m. and 7 p.m. (similar to the existing BV-Line). Approximately five shuttles would be needed to operate the shuttle route at 6-minute headways, depending on traffic conditions.

- The Cathedral Hill-BART line would serve the proposed Cathedral Hill Campus and the Civic Center BART station at approximately 3-minute headways. The route is assumed to operate between approximately 5 a.m. and 11 a.m. and between 2:30 p.m. and 9 p.m. (similar to the existing JC-Express shuttle route serving commuting hours). Approximately five shuttles would be needed to operate the shuttle route at 3-minute headways, depending on traffic conditions.

- The Folsom/Caltrain line would serve the proposed Cathedral Hill Campus, the Fourth Street Caltrain Station, and CPMC offices located at 633 Folsom Street at approximately 30-minute headways. This route is assumed to operate between approximately 6 a.m. and 9 a.m. and between 3 p.m. and 6 p.m. and would require one shuttle to operate the route at 30-minute headways.

- The Cathedral Hill-Davies line would serve the proposed Cathedral Hill Campus and the Davies Campus at approximately 30-minute headways. This route is assumed to operate between approximately 6 a.m. and 6.p.m. (similar to the existing D-Line). One shuttle would be needed to operate the shuttle route at 30-minute headways.

- The Cathedral Hill-St. Luke's line would serve the proposed Cathedral Hill Campus and the St. Luke's Campus at approximately 30-minute headways. This route is assumed to operate between approximately 6 a.m. and 6 p.m. (similar to the existing SL-Line). One shuttle would be needed to operate the shuttle route at 30-minute headways.

- The Davies-St. Luke's line would serve the Davies and St. Luke's Campuses and the 24th Street BART station in San Francisco at approximately 30-minute headways. One shuttle would be needed to operate the shuttle route at 30-minute headways.

- The Davies-Pacific line would serve the Pacific Campus and the Davies Campus at approximately 30-minute headways. One shuttle would be needed to operate the shuttle route at 30-minute headways.

For the future shuttle system, CPMC is considering use of a system fleet with individual shuttle capacities of 14, 20, or 35 passengers per shuttle. It was assumed that an individual shuttle capacity of 14 passengers per shuttle for the entire fleet would be used for all routes. As discussed in Impact TR-97 on page 4.5-213 of the Draft EIR, the proposed shuttle system was designed to and could accommodate the proposed ridership demand of the proposed LRDP (7,542–8,001 daily trips, including intra-campus trips), and therefore, would be a less-than-significant impact. As shown in Table 4.5-40 on page 4.5-214 of the Draft EIR, the proposed shuttle routes would operate at approximately 60 percent of proposed shuttle capacity.

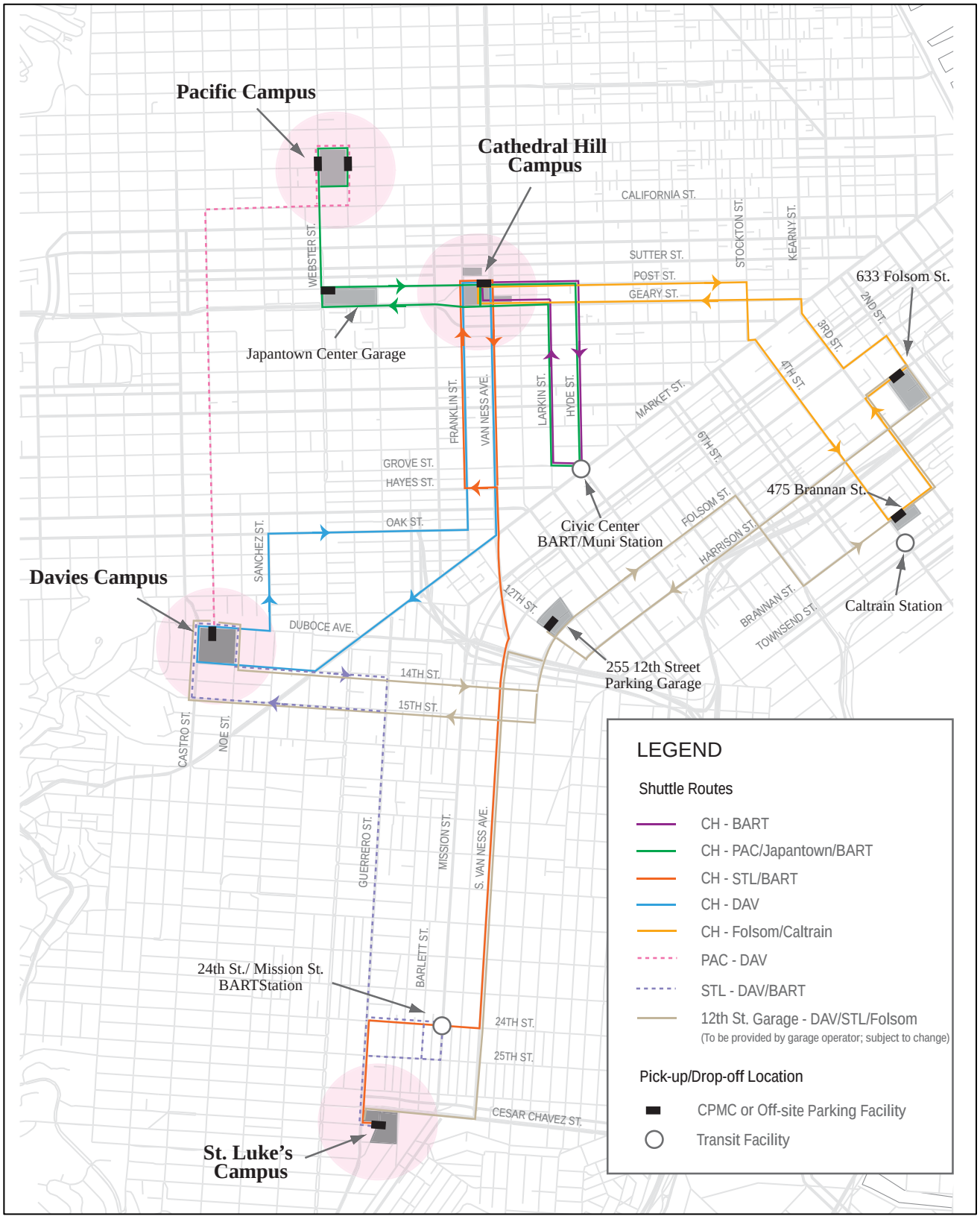
Comment 18-118 specifically addresses the increase in demand for the CH-Line serving the Cathedral Hill Campus, Pacific Campus, Japantown Garage, and Civic Center BART. This shuttle route, the Pacific-BART line described above, would operate at approximately 60 percent of its available capacity. CPMC actively monitors its shuttle fleet and maintains extra shuttles that can be used to meet observed increases in shuttle demand.

In general, the CPMC shuttle routes would be set routes and would continue to use major city streets to access the various destinations and nearby transit hubs, including Post Street, Geary Street, Larkin Street, Hyde Street, Van Ness Avenue, Franklin Street, Oak Street, Market Street, 14th Street, 15th Street, Guerrero Street, Cesar Chavez Street, 24th Street, California Street, Third Street, and Fourth Street. Due to the location of some of the CPMC campuses, shuttles would continue to use some neighborhood streets immediately adjacent to the campuses, including Scott Street, Duboce Street, Sanchez Street, and Webster Street. The shuttle's use of residential streets surrounding each campus is an existing condition that would not change as a result of the changes to the CPMC shuttle system. A map showing the routes of the proposed shuttle system is on file and available for review at the San Francisco Planning Department.

Shuttles would continue to operate primarily between 5 a.m. and 6 p.m., with limited service between 6 p.m. and 9 p.m. The system would not operate "24/7" as described in Comment 18-118. Currently, the City has no restrictions on private shuttle service operations; however, it is recommended that shuttle services coordinate with SFMTA. The San Francisco County Transportation Authority is currently investigating ways to manage private shuttle routes and their impact on residential neighborhoods throughout the City, including CPMC's existing service. Therefore, shuttle impacts on residential streets are expected to be less than significant.

As described in the Draft EIR, each campus would have a dedicated passenger loading area for CPMC shuttles, to permit shuttles to pull out of traffic to load and unload, and these facilities were determined to be adequate to accommodate the shuttle demand. Shuttle loading areas would be provided at the following locations:

- Cathedral Hill Campus—Post Street near Van Ness Avenue (approximately 100 feet) and within the interior passenger drop-off/pick-up area
- Davies Campus—Interior to the campus between the existing 45 Castro Street MOB and Davies Hospital North Tower
- Pacific Campus—Webster Street between Sacramento Street and Clay Street, and Buchanan Street between Sacramento Street and Clay Street
- St. Luke's Campus—San Jose Avenue at 27th Street (approximately 40 feet)



Source: CPMC 2011

Proposed CPMC Shuttle Routes **C&R Figure 3.7-1**

Comments 67-27, 71-3, and 71-25 express concern about on-street conflicts between CPMC shuttles, Muni vehicles, private vehicles, and pedestrians. All shuttle loading at the Davies Campus would occur interior to the site; therefore, minimal on-street conflicts would occur, aside from shuttles entering and exiting the site via Duboce Avenue as occurs at present. The St. Luke's Campus would have one shuttle arriving per hour, as at present; therefore, minimal conflicts would occur with other roadway users. Comment 67-27 is particularly concerned about shuttle conflicts on the Pacific Campus. The Pacific Campus currently serves as the hub of the existing CPMC shuttle system. After construction, the proposed Cathedral Hill Campus would become the hub of the CPMC shuttle system. The proposed shuttle plan includes one shuttle between the Pacific Campus, Japantown Garage, Cathedral Hill Campus, and BART at 6-minute headways, and one shuttle between the Pacific Campus and Davies Campus at 30-minute headways. This would be a net reduction in shuttle service to the Pacific Campus; therefore, impacts to pedestrian and vehicle traffic in the area would be less than what occurs at present.

The proposed Cathedral Hill Hospital would have a shuttle loading zone, located on the south side of Post Street near Van Ness Avenue. This zone would be the main staging area for the six shuttle routes serving the Cathedral Hill Campus. During the morning and afternoon peak periods, an average of one shuttle would arrive at the zone every 3 minutes. These shuttles would have to cross the transit-only lane on Post Street; however, once in the zone, the shuttles would not conflict with Muni transit on Post Street.

The Cathedral Hill Hospital shuttle loading zones is located approximately 25 feet east of the hospital parking garage driveway/egress. and set into the sidewalk to separate stopped shuttles from transit on Post Street. The shuttle loading zone is separated from the driveway by a curb extension. While some conflicts may occur between vehicles exiting the garage and shuttles pulling into the loading zone, exiting vehicles would be required to yield. Based on the project trip assignment, this exit from the hospital parking garage would serve 43 vehicles during the a.m. peak hour and 157 vehicles during the p.m. peak hour. During these peak hours, traffic exiting the garage may have to yield to through traffic onto Post Street, including transit and shuttle vehicles. During the a.m. peak hour, less than one vehicle per minute would exit the garage, and substantial conflicts or internal queuing is not expected to occur. During the p.m. peak hour, two to three vehicles exiting the garage per minute may need to yield to traffic on Post Street and some queuing internal to the parking garage may occur; however, there would be sufficient distance within the building for this to occur.

Comments 18-38 and 37-6 suggest that one method for CPMC to reduce the impact of shuttles on local residents would be to stage shuttles at major transit stops outside of San Francisco and require employees to use Muni to access each campus. The CPMC shuttle system serves two purposes. First, it allows employees who take regional transit to San Francisco to avoid the need to transfer to Muni to access the campus. Because CPMC employees live throughout the Bay Area, it would be infeasible for CPMC to operate a shuttle system in outlying cities that serve a limited number of employees. Providing the shuttle service within San Francisco allows CPMC to serve a critical mass of its employees who choose to take transit rather than drive. Second, the shuttle system allows patients, visitors, and employees to travel between campuses for free. Even with a system outside of San Francisco, CPMC would still likely operate a shuttle system between campuses, and shuttles would continue to use streets immediately surrounding the campuses. Intercampus shuttle frequency would be no different than what is described in the Draft EIR.

Several comments note that many shuttle routes would serve off-site parking garages where CPMC would lease parking spaces for its employees. One comment notes that as CPMC increases its use of shuttles and TDM measures, demand for these parking spaces may increase. As shown in Table 4.5-34 on page 4.5-164 of the Draft EIR, CPMC would lease 400 parking spaces at the Japantown Garage; 180 spaces at the Geary Street Garage; and 43 spaces within a garage at 2015 Steiner Street. These are the same number of parking spaces that CPMC leases in these facilities today; therefore, there would be no substantial change in demand for shuttle service to these parking facilities. Implementation of the proposed LRDP also

would not impact availability of parking in these garages to local residents and business because CPMC has the same number of lease parking spaces at present. CPMC employees without parking permits at these facilities would not be allowed to park unless they paid for parking without assistance from CPMC. For a discussion of how CPMC parking at off-campus lots impacts local parking supply and demand, see Response TR-69 (page C&R 3.7-129).

Comment 30-117 notes the Draft EIR discussion that CPMC would lease 375 parking spaces at the Kissling Street Garage (255 12th Street). At the time the Draft EIR was being prepared, CPMC was negotiating to lease spaces in a parking garage in this area of South of Market to meet the forecast parking demand at St. Luke's and Davies Campuses. Shuttle service to a garage in this area would be operated by a private shuttle service or by the parking garage operator. However, to be conservative, Table 4.5-40 on page 4.5-214 of the Draft EIR assumed that CPMC would provide this service. As shown, CPMC shuttles would continue to have adequate capacity.

The total fleet would operate with 15 active shuttles. When not in service, CPMC shuttles would be parked on CPMC property. Comment 18-118 notes that these spaces should be available to the general public and shuttles should park in leased garages. CPMC currently proposes to have approximately 15 shuttles in active service and some reserve shuttles. Greatest shuttle storage demand generally overlaps with periods of greater parking supply availability (7 p.m.–7 a.m.) and, depending on parking availability at various campuses, shuttles may be parked where capacity exists. Therefore, using these parking spaces for shuttles would not result in a substantial change in the visitors, employees, or patients parking availability (15 to 20 spaces, which would represent less than 2 percent of available parking supply at the Cathedral Hill Campus).

3.7.5.5 IMPACT ON GEARY STREET/BOULEVARD MUNI SERVICE

Comment

(Quivner Zabeles, October 19, 2010) [77-1 TR, duplicate comment was provided in 81-2 TR]

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

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

1) Moving the bus to the far side would add delay to Muni because it now has to sit through the light before stopping again on the far side

2) Cars entering the hospital garage will have to turn in front of the bus. This will lead to collisions with Muni vehicle

3) The bus would have to start from a much steeper grade, which decreases the acceleration of the bus, and also causes undue wear on the bus motor and transmission.

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."

Response TR-57

The comment states concerns about relocating the bus stop on Geary Street, and about the locations of the proposed Cathedral Hill Hospital and Cathedral Hill MOB garage driveways. The project sponsor has indicated that provision of vehicular ingress into the MOB and Hospital Parking Garages from Geary Street (in addition to vehicular access from Cedar and Post streets, respectively) is an important aspect of the project. As part of the traffic and transit analysis conducted for the CPMC LRDP, CPMC met with the San Francisco Planning Department, SFMTA, and SFCTA to evaluate potential options for accommodating the existing bus stops alongside the proposed new driveways on Geary Street/Boulevard. As described in the Draft EIR, the Planning Department developed a microsimulation of Geary Street, the project entrances, and nearby cross streets. The results of that analysis, presented in Impact TR-17 on Draft EIR pages 4.5-10 and 4.5-11, describes the significant impacts on pedestrians and traffic that would result from the Cathedral Hill MOB's driveways onto Geary Street. The same simulation was also used to evaluate the location of transit stops along Geary Boulevard and included vehicles turning into proposed campus facility driveways. The analysis showed that buses loading on the near (east) corner of Van Ness Avenue (which was the originally proposed bus stop location) would experience some delay as a result of queued vehicles turning right onto Van Ness Avenue.

Relocating the bus stop to the far side of the intersection was conceived to address this delay problem, although the Planning Department did note the issues the comment addresses, including signal timing, vehicles entering the hospital, and the grade of the roadway. None of these issues were considered to create as substantial an impact as not relocating the bus stop from the near corner of the intersection. At this intersection, the far side stop would reduce delays by allowing the bus to bypass the right-turn queue onto Van Ness Avenue. Although vehicles would enter the hospital in front of the bus stop, only 55 vehicles are expected to use this driveway during the a.m. peak hour (12 in the p.m. peak hour), and the analysis presented in the Draft EIR confirms that a queue is not expected to form that would block the bus at the stop. Although restarting on a hill after making a stop would require additional startup time by the bus, this would be similar to other diesel buses that operate on steep hills throughout the city, such as the 27 Bryant.

A discussion of the revocable nature of the MOB and Hospital driveways and curb cuts on Geary Street can be found in Response TR-80, page C&R 3.7-149.

Based on the results of the simulation, SFMTA and the San Francisco Planning Department determined that relocating the existing transit stop to the far side of Van Ness Avenue would minimize impacts to Muni while providing vehicular access for the MOB and Hospital from Geary Street.

3.7.5.6 FUNDING OF OTHER TRANSIT PROJECTS

Comment

(Sue Hestor, October 19, 2010) [89-8 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."

Response TR-58

The comment states that the proposed Cathedral Hill Campus project must be tied to and significantly fund the proposed Van Ness Avenue BRT and Geary Corridor BRT projects. Although the Van Ness BRT service is currently being studied by a project team including SFCTA and SFMTA, substantial elements of the project's planning, design, and environmental review have not yet been completed. The transit analysis included an assessment of the capacity of the transit system to accommodate the demand

generated by CPMC LRDP and, as presented in Impact TR-27 on Draft EIR page 4.5-118, determined that the impact of the added demand would be less than significant.

However, the Draft EIR did identify transit-delay impacts associated with occupation of the proposed Cathedral Hill Campus. The impacts indicate that the proposed Cathedral Hill Campus project would increase transit delay, requiring Muni to operate additional transit vehicles along the 3-Jackson, 19-Polk, 38/38L-Geary, 47-Van Ness, and 49-Van Ness-Mission bus lines. As described in Mitigation Measures MM-TR-29 through MM-TR-31 (Draft EIR pages 4.5-122, 4.5-123, and 4.5-124), MM-TR-134 (Draft EIR page 4.5-238), and MM-TR-137 (Draft EIR page 4.5-240), CPMC would be required to financially compensate SFMTA for the cost of providing some additional services along these bus lines. As explained on Draft EIR page 4.5-117, although this mitigation measure would reduce the impact to a less-than-significant level, the ability of SFMTA to provide additional service for the project is uncertain. Therefore, the Draft EIR concluded that the LRDP's transit impacts would be significant and unavoidable.

Planning for the Van Ness Avenue BRT project is progressing; however, the final design has not been selected. Some details about the project are known, and thus, the transit analysis included an assessment of traffic conditions at the study intersections with implementation of both BRT projects based on available information. Under conditions with the proposed Cathedral Hill Campus project and Van Ness Avenue BRT and Geary Corridor BRT operations, average vehicle delays at intersections would increase, and the proposed Cathedral Hill Campus project was determined to contribute to significant traffic impacts at three study intersections. However, no new project-specific impacts were identified.

The financial compensation provided to SFMTA by CPMC could, in part, be used to fund implementation of the BRT projects. SFMTA would retain discretion for how to best accommodate the additional ridership and delay created by the project.

3.7.5.7 GENERAL MUNI COMMENTS

Comments

Linda Chapman, October 19, 2010 [76-16 TR, duplicate comment was provided in 111-16 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 22nd 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)."

Response TR-59

These comments are noted; they do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.7.5.8 GOLDEN GATE TRANSIT

Comments

(Golden Gate Bridge Highway and Transportation District, September 14, 2010) [11-2 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."

(Golden Gate Bridge Highway and Transportation District, September 14, 2010) [11-3 TR]

"Impacts TR-l00, 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.

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."

(Linda Chapman, September 23, 2010) [PC-283 TR]

"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."

Response TR-60

These comments suggest that the Draft EIR should consider how project traffic could affect Golden Gate Transit (GGT) routes on Van Ness Avenue. The transit-delay analysis in the Draft EIR identified transit-delay impacts on several Muni lines as a result of increased traffic along transit routes and because of increased transit ridership. Impacts were identified where the added transit delay would increase transit travel times by more than half of the scheduled headway, resulting in increased operational costs associated with running additional vehicles (as calculated using SFMTA's Muni cost/scheduling mode). Although GGT routes operating along Van Ness Avenue (GGT Routes 10, 70, 73, 93, and 101) would experience similar increases in delay as a result of traffic increases and ridership increases, a transit-delay analysis for these routes was not completed. GGT typically operates its vehicles at much longer headways (e.g., 30–60 minutes) that would not be substantially affected by much smaller increases in delay at relatively few intersections.

Based on the transit-delay analysis that was completed for the Muni routes running along Van Ness Avenue, the increase in vehicle trips on Van Ness Avenue would result in an increase in delay for GGT routes of less than 1 minute in either direction during both the a.m. or p.m. peak hour, and most delay would be incurred during passenger boarding. Assuming that all transit trips to and from the North Bay used one of the GGT routes near the campus, the proposed LRDP would increase delay for GGT vehicles in the peak direction during the peak hour, as shown in C&R Table 3.7-12. However, these increases in travel time delay would not be significant because they would be less than half of the route's headway.

C&R Table 3.7-12 Transit Corridor Delay Analysis—Golden Gate Transit		
	Increase in Travel Time between Modified Baseline No Project and Project Conditions (minutes:seconds)	
Peak Hour	Northbound	Southbound
a.m. p.m.	1:24 3:24	2:36 0:25
Source: Fehr & Peers 2011		

3.7.6 BICYCLE

3.7.6.1 ST. LUKE'S CAMPUS

Comment

Francis Taylor, October 29, 2010 [117-2 TR]

"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!"

Response TR-61

The comment expresses a concern that the proposed project at St. Luke's Campus will have a parking garage with ingress and egress driveways on Cesar Chavez Street and Valencia Street. Bicycle traffic observed in the area as part of the analysis during the p.m. peak period indicated a much higher amount of bicycle traffic on Valencia Street than Cesar Chavez Street. The analysis completed as part of the Draft EIR assumes that the bike lane improvements identified in the Cesar Chavez Streetscape Improvement Project would be in place by the time the proposed new facilities at St. Luke's, including the proposed parking garage, were operational. As discussed in Impact TR-87 on page 4.5-203 of the Draft EIR, project-generated vehicle trips to this facility would result in increased vehicle/bicycle conflicts on a street that is designed to facilitate bicycle travel. During the p.m. peak hour, more project vehicles would be exiting from the Cesar Chavez Street driveway than the Valencia Street driveway of the MOB. As noted in the document, these conflicts, although greater, would be similar to those that occur at the existing hospital driveways on both Cesar Chavez Street and Valencia Street, and the impact was considered to be less than significant. Although bicycle impacts would be less than significant, the Draft EIR identified Improvement Measure I-TR-87 on Draft EIR page 4.5-204 to further reduce less-than-significant impacts, by requiring pedestrian and bicycle warning signals at the proposed garage exits, warning signage for drivers, and a colored bicycle lane treatment on Cesar Chavez Street near the St. Luke's Campus driveway.

3.7.6.2 BICYCLE PARKING

Comment

(Ryan Bresnick, August 1, 2010) [57-3 TR]

"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."

Response TR-62

As part of the proposed CPMC LRDP, CPMC would provide both Class 1 and Class 2 bicycle parking spaces at all of the campuses. CPMC would provide Class 1 facilities for use by employees, which would include a fenced-off secured storage area, and secured bicycle parking rooms. Class 1 bicycle parking includes facilities that protect the entire bicycle, its components, and accessories against theft and against inclement weather, including wind-driven rain. Examples of Class 1 spaces include lockers, check-in facilities, monitored parking, restricted access parking, and personal storage. Class 2 bicycle parking spaces include bicycle racks that permit the rider to lock the bicycle frame and one wheel to the rack and that support the bicycle in a stable position without damage to wheels, frame, or components.

The proposed Cathedral Hill Hospital would have 150 bicycle parking spaces, of which 100 would be for staff in a secured facility, located on Level 1/P1 of the parking garage and accessible from Post Street. At the proposed Cathedral Hill MOB, 62 bicycle parking spaces would be provided, of which 34 would be for staff in a secured facility, on Level 1 of the parking garage and accessible from Cedar Street. Twelve bicycle parking spaces would be provided at the proposed 1375 Sutter MOB.

St. Luke's Campus would provide a secure bicycle room, sufficient to contain space for 20 bicycles in the proposed MOB/Expansion Building and accessible from Valencia Street. Seven bicycle parking spaces would be available in the Campus Plaza between the existing St. Luke's building at 1570 Valencia Street and existing building at 555 San Jose Avenue, and accessible from San Jose Avenue, Cesar Chavez Street, and Valencia Street. The Duncan Street Parking Garage would contain seven bicycle parking spaces, accessible from San Jose Avenue. After construction, the St. Luke's Campus would have a total of 34 bicycle parking spaces.

The Davies Campus currently has 26 bicycle parking spaces, located on Level 1 of the existing Castro Street/14th Street Parking Garage and accessible from Castro Street and Duboce Avenue. Bicycle parking would remain in this location after construction of the Neuroscience Institute. The Neuroscience Institute would provide 25 new bicycle parking spaces in the main plaza by the building's entrance. As the second element of the Davies Campus project, the Castro/14th Street MOB would be a long-term project that would replace the existing parking garage on the campus. This project would be required to replace the existing parking spaces removed when the parking garage was demolished, as well as provide bicycle parking as required by the SF *Planning Code* at the time of its project-level approval by the Planning Department.

The proposed Pacific Campus would be a long-term project and details on bicycle parking would be required at the time that project-level environmental review was conducted. Bicycle parking would be included on site to at least meet the Planning Code requirements, which would be an increase over existing conditions.

3.7.7 PEDESTRIAN IMPACTS

3.7.7.1 PEDESTRIAN SAFETY

Comments

(Marvis Phillips—Alliance for a Better District 6, August 6, 2010) [4-4 TR]

"3) Foot traffic going between Pacific outpatient services and 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 is run espe. if that make out the island for the Van Ness line (SFMTA). Senior + persons with disabilities will have no where to stand if caught in the middle of the street."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-43 TR, duplicate comment was provided in 30-43 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."

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-9 TR]

"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."

(Jane Seleznow, October 8, 2010) [48-4 TR]

"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.

I do not believe the current DEIR adequately addresses all the issues."

(Merle Easton, October 18, 2010) [66-1 TR, duplicate comment was provided in 73-1b TR])

"Pedestrian safety isn't even addressed."

(Rev. Fred Rabidoux—First Unitarian Universalist Church, October 14, 2010) [59-1 TR]

"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. Increase 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.

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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-21 TR]

"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 I examples, standard assumptions about how quickly pedestrians can cross a street fail to consider those with disabilities of various sorts.

2) The Pacific Campus' new design calls for high-volume traffic crossings 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."

(Donald Scherl, October 18, 2010) [74-16 TR]

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

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-30 TR, duplicate comment was provided in 108-30 TR]

"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.

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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-31 TR, duplicate comment was provided in 108-31 TR]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-39 TR, duplicate comment was provided in 108-39 TR]

"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."

(Margaret Kettunen Zegart, October 20, 2010) [97-6 TR]

"Smaller scale / mass and height of structures with increased setbacks from property lines and Class I bicycle lanes should be added in planning as well as transit pull outs."

(Stephanie Barton, et al.,—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-36 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.

[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.*"

(Lower Polk Neighbors, October 19, 2010) [103-33 TR, duplicate comment was provided in 113-33 TR]

"**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.

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."

(Lower Polk Neighbors, October 19, 2010) [103-36 TR, duplicate comment was provided in 113-36 TR]

"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 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). <u>Pedestrians and bicyclists</u>

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:
10. Replace street surfaces with special pavement that slows traffic
11. Relocate curbs to increase sidewalk width, provide bulb-outs, midblock crossing, etc.
12. Pursue other designs recommended in the Better Streets Plan"

(Lower Polk Neighbors, October 19, 2010) [103-39 TR, duplicate comment was provided in 113-39 TR]

" 3) Site-specific proposals

a. Polk Street

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
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"

(Lower Polk Neighbors, October 19, 2010) [103-40 TR, duplicate comment was provided in 113-40 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."

(Paul Wermer, September 23, 2010) [PC-262 TR]

"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."

(Commissioner Moore, September 23, 2010) [PC-369 TR]

"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."

Response TR-63

The comments state concerns regarding pedestrian safety in the vicinity of the proposed Cathedral Hill Campus and other campuses, and the adequacy of the pedestrian analysis included in the Draft EIR. The pedestrian impact analysis included in the Draft EIR assessed the projected increase in pedestrian, transit, bicycle, and vehicle trips associated with the proposed Cathedral Hill Campus within the existing transportation network, and also considered the proposed improvements that would be part of the proposed LRDP. The impact analysis identified additional improvements that would further enhance pedestrian and bicycle conditions in the Cathedral Hill Campus vicinity. Therefore, the analysis adequately considers the anticipated interaction between pedestrians, bicyclists, and vehicles. The increase in pedestrian trips at nearby intersections are presented on pages 4.5-133 and 4.5-134 of the Draft EIR, and traffic volume data is provided on pages 4.5-94 and 4.5-95 of the Draft EIR.

As described in the Cathedral Hill Campus pedestrian impact analysis on pages 4.5-130 to 4.5-132 in the Draft EIR, the proposed Cathedral Hill Campus would include the following improvements to sidewalks in the vicinity of the campus:

- Along Van Ness Avenue, sidewalks would be widened into the adjacent parking lane. On the west side of Van Ness Avenue, sidewalks would be widened from 16 feet to 22–24 feet.

- Along Geary Boulevard between Van Ness Avenue and Franklin Street, sidewalks would be widened into the adjacent parking lane to 19 feet in width for approximately 130 feet west of the intersection of Geary Boulevard with Van Ness Avenue. This widening would accommodate the proposed bus stop that would be relocated from the east side of Van Ness Avenue.

- Along Geary Street between Van Ness Avenue and Polk Street, sidewalks would be widened into the parking lane to 12 feet because the existing midblock bus stop would be removed, and the sidewalk on this portion of Geary Street would be a uniform 12 feet in width.

- Along Post Street between Van Ness Avenue and Franklin Street, the sidewalk would be widened into the adjacent parking lane, from 10 feet to 17 feet.

- At the intersection of Cedar Street with Van Ness Avenue and with Polk Street, a raised crosswalk, creating a level street crossing, would be provided to facilitate pedestrian crossings, increase driver visibility of pedestrians, and reduce vehicle speeds across the crosswalk.

These improvements were developed as part of an extensive public outreach process to community groups and public agencies, including those shown in C&R Figure 3.7-2. These improvements were developed to facilitate pedestrian travel, including reducing pedestrian-vehicle conflicts at intersections, consistent with policies contained in San Francisco's *Better Streets Plan* and *General Plan*. The proposed improvements support, and do not conflict with, designation in the General Plan of Van Ness Avenue as a Citywide Pedestrian Network Street. Provision of Class I off-street bicycle paths adjacent to the project site, as suggested, would not be appropriate as they would not connect with any existing or planned bicycle routes identified in the San Francisco Bicycle Plan and would reduce the sidewalk area available to pedestrians. Bicycle lanes (Class II facilities) are provided on Polk Street for Bike Route 25, and Sutter and Post Streets are designated as Class III (signed routes only) bicycle facilities (Bike Route 16).

As part of the proposed Cathedral Hill Campus, a pedestrian tunnel under Van Ness Avenue would be constructed between the proposed hospital and MOB. The process for review and approval of the pedestrian tunnel within the Caltrans right-of-way is underway. In January 2011, CPMC and Caltrans concluded a formal Highway Improvement agreement, which laid out the terms of Caltrans review and oversight of the design and approval process. CPMC has retained an engineering firm to prepare a Project Report/Project Study Report consistent with Caltrans requirements which would contain all of the rationale and engineering for the proposed tunnel project. The purpose of the proposed pedestrian tunnel under Van Ness Avenue is to provide a convenient internal connection between the proposed hospital and MOB. The Van Ness pedestrian tunnel is not proposed because the surface street crossing of Van Ness Avenue represents a significant obstacle to pedestrians. The tunnel is anticipated to be used by patients, visitors, physicians, and CPMC staff members, allowing them a direct connection between the two buildings. It would also be used for the movement of records, equipment and materials.

As part of the improvements at Polk Street, one parking space on Polk Street directly north of Cedar Street would be eliminated, and a sidewalk extension would be constructed to improve sight distance and reduce the potential for bicycle-vehicle conflicts. In addition, as part of Improvement Measure I-TR-40, the project sponsor could provide funding for the study and possible implementation of additional streetscape, pedestrian, and related improvements in the vicinity of the proposed LRDP campuses that would improve the less-than-significant impacts to the pedestrian and bicycle environment.

Workshop Attendees

Workshop #1 – Design Professionals
May 21, 2009

David Baker, David Baker & Partners Architects – Design Professional
John Bela, Rebar Group – Design Professional

Workshop #2 – Design Professionals
June 15, 2009

Ron Case, Case & Abst Architects – Design Professional
Carolyn Abst, Case & Abst Architects – Design Professional
Merle Easton, Unitarian Church – Design Professional
Peter Winkelstein, Design Professional
Madeleine Zayas-Mart, Solomon etc WRT, Design Professional

Workshop #3 – City Agencies
June 17, 2009

Elizabeth Watty, SF Planning
Scott, Mayor's Office
Joshua Switzey, SF Planning
Andres Power, SF Planning
Rachel Hiatt, San Francisco Transportation Authority
Zabe Bent, San Francisco Transportation Authority
Paul Bignardi, SFMTA
Nick Carr, SFMTA – Planning
Astrid Haryati, Mayor's Office

Workshop #4 – City Agencies
July 22, 2009

Joshua Switzky, SF Planning
Colin Burgett, Fehr & Peers
Christine Fitzgerald, Fehr & Peers
Greg Riessen, Planning MEA
Ron Miguel, Planning and Commission
John Kwong, SF DPW
Yatman Kwan, Caltrans
Paul Bignardi, SFMTA
Rachel Hiatt, SFCTA
Sophie Hayward, SF Planning
Elizabeth Watty, SF Planning
Devyani Jain, SF Planning

Workshop #5 - Neighbors
August 5, 2009

Shawn Houghtaling, Walgreens
Helene Dellanini, Daniel Burnham Court
Melinda LaValle, Daniel Burnham Court
Roland Andersen, Daniel Burnham Court
Frank Baldanzi, Daniel Burnham Court
Jon Cosner
Ron Case, Lower Polk Neighbors
Nick Mironov, Gayner Engineers
Henry Johns, Concordia Argonaut
Wallace Cleland, Unitarian Universalist Society
Alan Wofsy, Emeric Goodman Building
Derrick Chang, Van Ness Post Center, LLC
Joseph Fang, Van Ness Post Center, LLC
Maria Fang, Van Ness Post Center, LLC
Judith Mana, Emeric Goodman Building

Workshop #6 – City Agencies
August 24, 2009

Jerry Robbins, SFMTA
Rachel Hiatt, SFCTA
John Kwong, DPW
Colin Burgett, Fehr and Peers
Christine Fitzgerald, Fehr and Peers
Devyani Jani, Planning MEA
Greg Riessen, Planning MEA
Yatman Kwan, Caltrans – Planning
Paul Bignardi, SFMTA

Workshop #7 – City Agencies
September 23, 2009

Rachel Hiatt, SFCTA
Eric Womeldorff, Fehr and Peers
Robert Eckols, Fehr and Peers
Greg Riessen, SF Planning
Joshua Switzky, SF Planning
Anh Nguyen, Caltrans
Paul Bignardi, SFMTA

Source: CPMC; SmithGroup, 2010

Cathedral Hill Streetscape Workshops Held & Attendees **C&R Figure 3.7-2**

Although these pedestrian improvements would facilitate travel for all users on the sidewalk, additional improvements to accommodate senior citizens and people with disabilities could be implemented by SFMTA. Some pedestrian improvements along Van Ness Avenue would occur with the Van Ness BRT project. Senior citizens and people with disabilities face challenges at intersections with multiple travel lanes, especially on streets where median refuges are not available. On Van Ness Avenue, the existing median provides refuge for pedestrians with slower walking speeds than the standard the signal timing allows. Seniors and persons with disabilities would be able to cross one direction of traffic and could remain on the median within a safe zone while waiting for the next signal for pedestrians. Recent installations of pedestrian countdown signals throughout San Francisco have improved pedestrian crossings by providing pedestrians with an indication of the available time at the start of the green signal phase.

Any such signal timing modifications would affect traffic and bus operations at the intersections by reducing green time available for vehicles (e.g., because of a leading pedestrian interval) or by redistributing green time from one approach to another to accommodate the extended minimum green times, and would need to be approved by SFMTA. Other design solutions similar to the special signage that school zones receive (as part of SFMTA's School Area Safety Program) could assist senior citizens and people with disabilities by calling drivers' attention to their presence. Determination of the need and extent of changes in signal timing or other improvements would be conducted and implemented by SFMTA as part of the agency's Livable Streets Program. A substantial number of patients and visitors are not anticipated to walk between the Pacific Campus and the proposed Cathedral Hill Campus, as the campus sites are located about a mile apart and a shuttle service would be provided. For those pedestrians that do choose to walk between the sites, adequate pedestrian facilities would connect the two campuses.

See Response TR-63 (page C&R 3.7-110) regarding pedestrian conditions in the Tenderloin-Little Saigon neighborhood.

Impact TR-40, beginning on page 4.5-130 in the Draft EIR, presents the pedestrian impact assessment for the proposed Cathedral Hill Campus. Based on the impacts assessment of the proposed Cathedral Hill Campus project on the pedestrian environment, the project would not result in substantial overcrowding on sidewalks or crosswalks, or result in hazardous conditions. In general, the addition of pedestrians, vehicles, and bicycles to the roadway network would result in increased conflicts; however, it would not result in significant safety impacts or result in increased hazardous driver behavior.

Impact TR-42, beginning on page 4.5-135 of the Draft EIR, identifies a significant pedestrian hazard impact for the for the MOB Access Variant at the proposed Cathedral Hill Campus. The MOB Access Variant would reconfigure the proposed Cathedral Hill MOB access driveway on Geary Street to permit both ingress and egress. The proposed LRDP would provide MOB garage egress onto Cedar Street only, and therefore would not result in this pedestrian hazard condition.

Convenient and properly placed passenger zones are essential components of medical facilities to support patients and visitors, and to ensure pedestrian safety. Passenger zones provide a protected place for passengers to get into and out of vehicles. The passenger zones for the proposed Cathedral Hill Campus were located and designed with input from SFMTA to address safety concerns. The Van Ness Avenue passenger zone would be within the existing recessed bay and would support taxis so that vehicles would not double park on Van Ness Avenue or Geary Street. The hospital drive-through would take the passenger loading function out of the public right-of-way and reduce pedestrian-vehicle conflicts. The functions associated with the Emergency Department and loading were placed on Franklin Street because this street would have lower pedestrian volumes than other streets and would minimize conflicts with pedestrians. Driveways and loading facilities are expected in urban areas and, therefore, they would not represent unusual conflicts or unsafe conditions. The loading facilities at the Cathedral Hill Hospital would be actively managed and most deliveries would occur during non-peak periods. Pedestrians

walking northbound on Franklin Street would be able to see vehicles exiting the project site as they approached the driveway. Because of the relatively low volume of trips to and from the driveways on Franklin Street, additional measures are not recommended or required. Impacts of increased noise in the vicinity of the proposed Cathedral Hill Campus are discussed in Impact NO-2 on pages 4.6-57 and 4.6-68 in the Draft EIR. The use of emergency sirens, horns, and lights could cause a temporary elevation of ambient noise levels on an intermittent basis at nearby noise-sensitive land uses. See Response NO-59 (page C&R 3.8-64) regarding noise impacts related to emergency response vehicles.

Comments 103-33, 103-36, 103-39, and 103-40 provide suggestions for public realm improvements both directly adjacent Cathedral Hill Campus and the surrounding neighborhood. As previously mentioned at the beginning of this response, the Project Sponsor has developed a set of improvements to the public realm in the vicinity of the campus as part of an extensive public outreach process to community groups and public agencies. While not linked to specific impacts caused by the Proposed Project (see discussion of Impact TR-40 on previous page and in Response TR-64, below) or conditions changed by the Proposed Project, potential improvements the City could implement include additional streetscape elements or amenities in and around Polk Street and the Tenderloin neighborhood to improve upon pedestrian safety (including considering more pedestrian lighting, bulbouts, and pavement treatments), and calm traffic, and other suggestions may be considered by the City as funding sources, typically grants, are identified.

Comment 59-1 describes an existing condition wherein parents or guardians picking up children on Geary Boulevard from the House of Montessori School or the Up On Top afterschool program must cross with their children to/from the north side of Geary Boulevard during the p.m. peak period due to the hour restrictions on the two existing passenger loading areas near the school**.** Operating hours of the Montessori School are from 9 a.m. to 3 p.m., with an afternoon daycare program from 2:30 p.m. to 6:00 p.m., so a majority of the passenger drop-off/pick-up activity related to the school would be anticipated to be able to use existing passenger zones (36 feet on the west side of Franklin Street, 36 feet on Geary Boulevard, plus a small (1 space) inset area on Geary Boulevard when they are available during off-peak hours. However, the commenter is correct that these zones and passenger zones on the north side of the Geary Boulevard are restricted (tow-away zones) during the p.m. peak period (4 p.m.–6 p.m.). Observations indicate that some traffic still attempts to use these zones during p.m. peak hour restrictions, a traffic violation, causing a hazardous traffic condition.

The commenter also suggests the traffic following the CPMC LRDP would potentially double on Geary Boulevard and Franklin Street. Traffic generated by the Cathedral Hill Campus will contribute 4 percent and 3 percent to the westbound traffic on Geary Boulevard during the p.m. peak hour under the Modified Baseline and Cumulative scenarios, respectively. Additionally, assuming the Cathedral Hill Campus is constructed and occupied under the Modified Baseline (year 2015) and Cumulative (year 2030) scenarios, the Geary Boulevard westbound approach at Franklin Street is expected to increase in total by 48 vehicles per peak hour (from 996 to 1044 vehicles) between existing conditions and year 2015 and by 211 vehicles per peak hour (from 1044 to 1255 vehicles) between year 2015 and year 2030. This represents a total growth increase in westbound traffic of 5 percent and 20 percent, respectively, not a doubling, as the comment suggests.

Since it is unlikely that the p.m. peak hour tow-away lanes along Geary Boulevard and Franklin Street would be altered to address the commenter's concern, the school and afterschool program, could request that SFMTA install signage to advise motorists that children are present in order to alert drivers to this condition, such as "watch for children" or "children crossing" traffic safety signs. However, this is an existing condition that is part of the baseline for the project, and the Draft EIR concluded that the project's impact on pedestrians, including at the intersection in question (Franklin/Geary), would be less than significant.

Although the project's impact on pedestrians was found to be less than significant at this (Franklin Street/Geary Boulevard) intersection, as part of I-TR-40, the project would improve the pedestrian crossing at this intersection by installing pedestrian countdown signals.

Comment 67-21 states the vehicular traffic data contained in the draft EIR is inadequate. As part of the transportation impact analysis, traffic data was collected at each campus and at 70+ intersections for the LRDP campus areas. This data collection effort included observations of the existing vehicle/pedestrian interactions on each campus and at each study intersection. The study was thus quantitative in nature, as it accounted for not only the growth in traffic generated by each campus, but also the increase in background traffic between the existing condition and the years 2015 and 2030. As such, the analysis contained sufficient data to inform the analysis and determine project- related impacts in the Draft EIR. See Response TR-49 (page C&R 3.7-73) for a discussion of drivers responsibility to obey traffic laws.

See Response AE-4 (page C&R 3.4-7) regarding the level of massing and height of structures that currently exists in the project area and how implementation of the proposed CPMC LRDP would result in the development of similarly scaled structures. As such, the need to provide smaller scale/mass and height of structures with increased setbacks is not considered necessary to reduce aesthetic impacts to less than significance. Also, as noted above, adjacent to the proposed Cathedral Hill Hospital and MOB, the sidewalks would be widened along Van Ness Avenue and Geary Street/Boulevard.

At the Pacific Campus, the overall number of pedestrians and vehicle trips destined to and from the campus on a daily basis would decrease once the acute-care hospital and related uses were relocated to the proposed Cathedral Hill Campus. As indicated in Table 4.5-10 on page 4.5-76 of the Draft EIR, on a daily basis about 4,700 fewer person-trips would be generated by Pacific Campus LRDP uses. However, during the p.m. peak hour, the number of pedestrian and vehicle trips would increase slightly over existing conditions, to about 27 more walk trips and 71 more vehicle trips. The Pacific Campus proposed design addresses the inadequate existing parking supply, which results in patients and visitors circling in the vicinity trying to locate on-street parking (which is metered or subject to residential permit parking restrictions) and walking to CPMC facilities. The proposed provision of on-site parking to meet the demand and the proposed internal passenger loading/unloading within the new North-of-Clay Parking Garage would reduce the bicycle-vehicle and pedestrian-vehicle conflicts at nearby intersections that are associated with vehicles circling around the campus looking for parking and patients and visitors walking from those parking spaces. Although the number of vehicles crossing the sidewalk would increase at some locations, overall, the pedestrian and vehicle trips would be reduced. The labor actions referenced in one of the comments refers to picketing activity that has occasionally taken place. Future activity of this type, if any, would likely be similar, occurring occasionally and not on a daily basis, and would not worsen with implementation of the proposed LRDP.

3.7.7.2 TENDERLOIN–LITTLE SAIGON NEIGHBORHOOD CONDITIONS

Comments

(Bobbi Lopez—La Voz Latina, September 23, 2010) [20-3 TR]

"Latino families often walk around the neighborhood, often to drop their children to and from school or at afterschool 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.'"

(Stephanie Barton, et al.,—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-34 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.

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."

(Stephanie Barton, et al.,—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-35 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 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.

70 Transportation Impact Analysis Guidelines, at 14.
71 *Id*. at 54.
72 *Id*. at 2."

(Sister Elaine Jones, September 23, 2010) [PC-27 TR]

"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 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."

(Erin Chin, September 23, 2010) [PC-71 TR]

"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."

(Peggy Lindrod, September 23, 2010) [PC-100 TR]

"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 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,"

(Margarita Mena, September 23, 2010) [PC-113 TR]

"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 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?"

(Catalina Dean, September 23, 2010) [PC-155 TR]

"Good day, my name is Catalina Dean. And I would like to I guess jut recap because everything that everybody has said has already been said, so the first gentleman that spoke, he thanked 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."

(Catalina Dean, September 23, 2010) [PC-156 TR]

"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."

(Barbara [Unidentified Last Name], September 23, 2010) [PC-269 TR]

"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 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?"

Response TR-64

The comments state that the Draft EIR fails to adequately analyze the impacts of the proposed Cathedral Hill Campus project on pedestrian conditions in the Tenderloin-Little Saigon neighborhood and identifies existing pedestrian concerns in the Tenderloin-Little Saigon neighborhood. The issues associated with travel within the Tenderloin-Little Saigon neighborhood have been assessed by the San Francisco Transportation Authority and documented in the *Tenderloin-Little Saigon Neighborhood Transportation Plan*.[20] The comments refer to this transportation plan and additional information in the comments underscores existing concerns related to pedestrian safety in the Tenderloin-Little Saigon neighborhood. The *Tenderloin-Little Saigon Neighborhood Transportation Plan* identified transportation needs related to improved pedestrian safety, improved public transit service reliability and accessibility, and reductions in vehicular travel speeds through the neighborhood.

Through a process involving both community outreach and technical analysis, the *Tenderloin-Little Saigon Neighborhood Transportation Plan* identified a number of priority improvements and actions. Some specific improvements and actions proposed in this transportation plan include:

- Improve pedestrian safety: Construct intersection bulb-outs to reduce crossing distances, make crosswalks more visible with improved markings, install red light runner cameras to reduce travel speeds, install pedestrian countdown signals at intersections, and install on-street Class II (separate bicycle lane) or Class III (within travel lane) bicycle lanes when possible.

- Calm traffic: Narrow travel 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 (four per block).

- Improve public transit service: Install bus bulb-outs to decrease bus reentry times and improve reliability, add colored pavement for Geary Street and O'Farrell Street bus-only lanes, alter the street circulation network (one-way to two-way streets) to consolidate bus routes, and upgrade and improve bus stops.

- Enhance the streetscape: Install pedestrian-scale sidewalk lighting, widen sidewalks, plant trees at uniform distances within the parking lane (four per block), and install pedestrian-scale directional signs to improve wayfinding.

Since publication of the Tenderloin-Little Saigon Neighborhood Transportation Plan in 2007, a number of improvements have been implemented (e.g., corner bulb-out at the intersection of McAllister/Jones, and sidewalk extension on C J Brenham Place), several improvements are currently under construction (e.g., sidewalk bulbs at Ellis/Hyde, Eddy/Hyde, Ellis/Mason, and Eddy/Jones, and road diets on Eddy and Ellis Streets), and funding for additional improvements is being pursued. In response to comments on the Draft EIR, additional analysis was conducted to clarify the impact of the proposed Cathedral Hill Campus project on traffic, bicycle, and pedestrian conditions at additional intersections in the Tenderloin-Little Saigon neighborhood, and to conduct a sensitivity analysis of the transportation impacts if a higher percentage of motorists traveling to the Cathedral Hill Campus were to travel through the South of Market and the Tenderloin neighborhoods, rather than the routes assumed in the Draft EIR. The assessment is documented in the technical memorandum included as C&R Appendix E: *Supplemental-Sensitivity*

[20] SFCTA, 2007 (March), Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report.

Transportation Impact Analysis for the CPMC Cathedral Hill Campus in San Francisco[21] and is also addressed in Responses TR-124 (page C&R 3.4-207) and TR-125 (page C&R 3.4-214).

Pedestrian trips associated with the proposed Cathedral Hill Campus would generally be limited to the area in the immediate vicinity of the campus, with the exception of walk trips between the new facility and residences in adjacent neighborhoods. Pedestrian trips would primarily be along Van Ness Avenue, Geary Street, Polk Street, and Post Street, and would primarily include trips to and from the nearby public transit stops; however, they would also include trips to nearby restaurants, parking facilities, and other area businesses. Because of the area topography, a substantial number of pedestrian trips that would include pedestrians walking through the Tenderloin-Little Saigon neighborhood are not anticipated to be generated by the proposed Cathedral Hill Campus project.

The discussion on page 4.5-132 in the Draft EIR presents the pedestrian volumes generated by the proposed Cathedral Hill Campus project. During the a.m. peak hour, the project would add about 694 new pedestrian trips—an increase of 108 walk trips, and 586 trips that would account for walk trips to and from public transit stops. During the p.m. peak hour, the project would add about 660 new pedestrian trips—an increase of 107 walk trips and 553 walk trips to public transit stops. The proposed Cathedral Hill Campus project would result in increased traffic volumes as drivers traveled through the Tenderloin-Little Saigon neighborhood to and from the campus.

The increase in traffic volumes at the supplemental study intersections and the percent contribution to the total traffic volumes are documented in the technical memorandum *Supplemental-Sensitivity Transportation Impact Analysis for the CPMC Cathedral Hill Campus in San Francisco* and further discussed in C&R Response TR-124 (page C&R 3.4-207). Based on the supplemental analysis, the number of Cathedral Hill Campus project-generated vehicles at the Tenderloin-Little Saigon Report study intersections would range between five and 31 vehicles during the a.m. peak hour, and between two and 77 vehicles during the p.m. peak hour. The greatest number of CPMC-related vehicles would be on Polk Street. At intersections along Market Street at Ninth/Larkin and Seventh Street, an additional 10 to 14 vehicles would travel in the a.m. peak hour, and three to four vehicles in the p.m. peak hour. At the intersection of Leavenworth/Geary, an additional 31 vehicles would travel in the a.m. peak hour and six vehicles in the p.m. peak hour.

Similar to the conclusion in Impact TR-40 on page 4.5-130 of the Draft EIR, the supplemental and sensitivity analysis found that the proposed Cathedral Hill Campus project impacts on bicyclists and pedestrians would be less than significant. In general, under the supplemental analysis, the Cathedral Hill Campus would increase vehicle trips through the supplemental study area, which could increase the number of conflicts between vehicles, pedestrians, and bicyclists; however, this increase would not be substantial enough to result in significant impacts. Continued implementation of the recommendations included in the *Tenderloin-Little Saigon Neighborhood Transportation Plan*, and additional improvements such as curb extensions, leading pedestrian intervals, installation or increased all-red phases, and high-visibility crosswalks by SFDPW and SFMTA would serve to alleviate the existing deficiencies identified in the comments and enhance safety in this neighborhood. Although impacts on the pedestrian (Impact TR-40 identified in the Draft EIR) and bicycle environment were determined to remain less than significant, the project sponsor has agreed as part of the development agreement negotiations to provide certain funding for the study and possible implementation of additional streetscape, pedestrian, and related improvements in the vicinity of the proposed Cathedral Hill Campus, beyond what is being done immediately adjacent to the project site as part of the proposed project, that would improve the less-than-significant impacts to the pedestrian and bicycle environment. Improvements would be consistent with those identified in the Little Saigon Report as well as other potential sidewalk improvements such as bulb-outs, lighting and pedestrian signal modifications, advance stop bars, right

[21] Fehr and Peers, 2011 (April 27), Supplemental-Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA.

turn vehicle turn restrictions and other safety facilities, at such intersections as Polk Street/Ellis Street, Larkin Street/Geary Street, Larkin Street/Grove Street, Larkin Street/9th Street, Hyde Street/O'Farrell Street, and Leavenworth Street/Geary Street. Funding would allow City agencies, including the San Francisco Planning Department, SFMTA, and DPW, to conduct additional investigations, analyze and possibly implement these or other similar improvements.

Improvement Measure I-TR-40 on page 4.5-134 of the Draft EIR has been revised as follows:

Improvement Measure I-TR-40 Pedestrian Improvements

As an improvement measure to facilitate pedestrian movements, SFMTA should install pedestrian countdown signals for all directions at the signalized intersections of Franklin/Sutter, Franklin/Post, Franklin/Geary, Van Ness/Sutter, Van Ness/Post, and Polk/Post.

In addition to the above, although the project would have less than significant impacts on the pedestrian and bicycle environment, the project sponsor has agreed as part of the development agreement negotiations to provide certain funding for City agencies, including Planning, SFMTA, and DPW to study and possibly implement additional streetscape, pedestrian, and related improvements in the vicinity of the proposed Cathedral Hill Campus that would improve the less-than-significant impacts to the pedestrian and bicycle environment. Improvements under consideration by the City would be consistent with those identified in the Little Saigon Report as well as other potential sidewalk improvements such as bulb-outs, lighting and pedestrian signal modifications, advance stop bars, right turn vehicle turn restrictions and other safety facilities, at such intersections as Polk Street/Ellis Street, Larkin Street /Geary Street, Larkin Street /Grove Street, Larkin Street /9th Street, Hyde Street /O'Farrell Street, and Leavenworth Street/Geary Street. The City would have sole authority to determine whether to proceed with the Tenderloin and Little Saigon neighborhood area improvements and to issue required permits and authorizations. The City would also retain the discretion to modify or select feasible alternatives to the improvements to avoid any identified impacts or concerns that arise in connection with their further review, including any required environmental review under CEQA.

Also see Response AQ-22 (page C&R 3.9-61) regarding the public health effects of air quality impacts related to the proposed project, and Response TR-63 (page C&R 3.7-110) above, related to the safety of senior citizens and people with disabilities at intersections. In addition, CPMC and the City have been in negotiations regarding the terms and conditions of a development agreement, that would, among other things, provide certain assurances and benefits, subject to the terms and conditions of the development agreement, with respect to the delivery of health care services. Please see Section 3.23.1.2 "Development Agreement" on page C&R 3.23-41 for additional details regarding the development agreement.

3.7.7.3 BETTER STREETS PLAN POLICIES

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-41 TR, duplicate comment was provided in 30-41 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 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-68 TR, duplicate comment was provided in 30-68 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."

Response TR-65

The comments state concerns that the proposed Cathedral Hill Campus project would be in violation of Better Streets Plan policies and that Mitigation Measure M-TR-17 (on page 4.5-111 of the Draft EIR) is not sufficient to address all pedestrian conflicts, particularly from the garage driveways on Geary Street. The proposed Cathedral Hill Campus project, which would provide MOB garage egress onto Cedar Street only, would not result in this traffic hazard impact. Impact TR-17 on pages 4.5-110 and 4.5-111 in the Draft EIR identifies a traffic hazard impact at the Geary Street driveway under the MOB Access Variant, not the proposed LRDP project, related to peak period queuing on Geary Street at the approach to Van Ness Avenue, increased pedestrians on Geary Street, and peak period vehicles entering and exiting the MOB garage at this location.

The proposed LRDP is not anticipated to substantially increase the number of hearing- and visually impaired people in the vicinity of the proposed Cathedral Hill Campus or at the other campuses. No warning devices (such as a vibrating device, noted in the comment) are currently in place at any driveways in San Francisco for persons that are both hearing- and visually impaired, and SFMTA is not aware of any requirements for such technology. Hearing- and visually impairedpersons walking in the area are anticipated to have assistance, such as the use of a support service provider (SSP) who would be trained to relay visual and environmental information to a hearing- and visually impairedperson, or a service dog that would be specially trained to recognize audible and visual alerts. Considering the above, no additional mitigation measures are required or improvement measures are proposed. Also see Response TR-63 (C&R 3.7-110), related to the safety of senior citizens and people with disabilities at intersections.

The transportation analysis determined (on pages 4.5-100 through 4.5-102 of the DEIR) the average and maximum lengths of queues of cars entering both the MOB and Hospital garage entrances, as a result of the ticket dispensing machines. The analysis concluded that the driveway length of both buildings, from the sidewalk to the ticket dispensing machine, would be long enough to contain vehicle queues.

However, queues could potentially result if the garage were to be fully occupied and appropriate actions were not taken to redirect incoming cars elsewhere, which the comment states occurs at the Kaiser hospital (on Geary Street west of Divisadero Street). To ensure that queues would not spill onto the street if the garage were to become full, an improvement measure, I-TR-5, has been developed which would require the operator of the garage to take appropriate actions to ensure that such queues would not occur. (See Response TR-89 on page C&R 3.7-157 for the added improvement measure I-TR-5.)

Furthermore, the curb cuts and associated driveways on Geary Street could be revoked by the City if it was determined that they substantially interfered with street operations (including transit and pedestrian movements). See Response TR-80 on page C&R 3.7-149.

Pedestrian crossing of Van Ness Avenue would occur within the crosswalks currently provided at the adjacent intersections at Geary Street and at Post Street, and pedestrians would not block any travel lanes on Geary Street. Therefore, pedestrian crossings would not conflict with any Better Streets Plan or General Plan policies related to public transit or pedestrians.

3.7.7.4 PORTE COCHERE CLARIFICATION

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-129 TR, duplicate comment was provided in 30-129 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."

Response TR-66

The comment notes concern about pedestrian and vehicle conflicts within passenger loading zones. The on-site Emergency Department drop-off area on Franklin Street and curb passenger loading zone for the MOB on Cedar Street would be designed to safely accommodate passenger loading/unloading activities, and would not result in significant impacts. CPMC has indicated that the MOB drop-off area would have a staff person to assist with vehicle circulation. (Additional information regarding the Emergency Department loading area is provided in Response TR-88, page C&R 3.7-156.) Therefore, mitigation measures would not be required. The flashing lights and audible signals proposed in Mitigation Measure MM-TR-17 on page 4.5-111 in the Draft EIR would be for the MOB garage driveway on Geary Street under the MOB Access Variant, where peak period congestion on Geary Street and vehicles entering and exiting the driveway would result in a traffic hazard impact. Flashing lights and audible signals would not be appropriate for curbside or internal on-site passenger zones.

3.7.7.5 MIDBLOCK CROSSING ON POST STREET AT FORMER OCTAVIA STREET

Comment

(Madlyn Stein—Seniors of Cathedral Hill, October 7, 2010) [45-6 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."

Response TR-67

The comment's request to provide a flashing yellow light at the unsignalized midblock crosswalk on Post Street between Gough Street and Laguna Street (at former Octavia Street) has been reviewed with SFMTA. SFMTA has reviewed the community request for flashing yellow lights, in-street pedestrian crossing signs, STOP signs, and consolidation of crosswalks, and has indicated that installation of a solar-powered, push button-activated flashing beacon on existing poles would be possible. SFMTA is exploring funding possibilities for installation of the flashing beacon. The pedestrian impact analysis for the proposed Cathedral Hill Campus, as presented in Impacts TR-40 through TR-42 on pages 4.5-130 through 4.5-136 of the Draft EIR, did not identify any significant pedestrian impacts along Post Street. Therefore, providing a flashing yellow light at the existing midblock crosswalk is not required as a mitigation measure.

3.7.7.6 CALIFORNIA CAMPUS CONDITIONS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-105 TR, duplicate comment was provided in 30-105 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."

Response TR-68

The comment states concerns related to congestion and cut-through traffic in the Jordan Park area. As indicated on page 4.4-178 in the Draft EIR, as part of the proposed LRDP, the facilities and operations of the California Campus (in the vicinity of Jordan Park) would remain unchanged until 2015, when the majority of existing activities would be relocated to the Pacific Campus and the proposed Cathedral Hill Campus. Once the majority of services are transferred to the proposed Cathedral Hill and Pacific Campuses, the California Campus would no longer be considered part of CPMC. Analysis of any potential reuse or future redevelopment on the site would be speculative. Any future proposals at the site would require a project-specific, project-level environmental review. With no planned changes in facilities or operations, transportation travel demand at the California Campus would be expected to remain similar to existing conditions until 2015, and then gradually decrease after 2015. The proposed LRDP would not result in any new vehicle trips and, therefore, would not add to existing traffic congestion or cut-through traffic in the area.

3.7.8 PARKING

Comments

3.7.8.1 PARKING – GENERAL CPMC LRDP

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-31 TR, duplicate comment was provided in 30-31 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)

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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-111 TR, duplicate comment was provided in 30-111 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-154 TR, duplicate comment was provided in 30-154 TR]

"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...

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. 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.)"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-155 TR, duplicate comment was provided in 30-155 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			
	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			
	1200 Webster	400				
	2333 Buchanan	27				
	???					
	TOTAL	1115	sh/b **1510**			
		EXISTING				
	2100 Webster	400				
	2333 Buch	11				
	2405 Clay	411				
	220 Webster	25				
	SUB-TOTAL	847	structure	(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 6-6	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			

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-5 TR]

"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."

(Linda Chapman, October 19, 2010) [76-23 TR, duplicate comment was provided in 111-23]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-51 TR]

"Off-street loading space dimension: the proposed Cathedral Hill campus would also require Conditional Use authorization to exceed the allowable parking."

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-30 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 SI. 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."

(Stephanie Barton, et al.,—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-43 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 social effects, which would include cars circling and looking for a parking space in neighboring streets.'[103]

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

Stephanie Barton, et al.,—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-44 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] *CEQA* Guidelines §15131(b).
[105] *San Franciscans Upholding the Downtown Plan v. City and County of San Francisco,* 102 Ca. App. 4th 656, *697* (1st Dist. 2002).
[106] *Id.*"

(Charles Freas, October 19, 2010) [79-2 TR, duplicate comment was provided in 100-2]

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

(Commissioner Antonini, September 23, 2010) [PC-348 TR]

"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!"

Response TR-69

The comments summarize information contained in the Draft EIR regarding the CEQA analysis of the CPMC LRDP parking demand and supply, express concern related to the parking supply and accommodation of demand, and request provision of fewer or more parking spaces at the CPMC campuses.

Significance Criteria—As explained on pages 4.5-162 and 4.5-163 in the Draft EIR, San Francisco does not consider parking supply as part of the permanent physical environment and, therefore, does not consider changes in parking conditions to be environmental impacts as defined by CEQA. The San Francisco Planning Department acknowledges, however, that parking conditions may be of interest to the

public and the decision-makers. Therefore, a parking analysis and discussion for the proposed LRDP is presented in the Draft EIR for informational purposes.

Parking conditions are not static, as parking supply and demand varies from day to day, from day to night, from month to month, etc. Hence, the availability of parking spaces (or lack thereof) is not a permanent physical condition, but changes over time as people change their modes and patterns of travel. Parking deficits are considered to be social effects, rather than impacts on the physical environment as defined by CEQA. Under CEQA, a project's social impacts need not be treated as significant impacts on the environment. Environmental documents should, however, address the secondary physical impacts that could be triggered by a social impact. (State CEQA Guidelines, Section 15131[a])

The social inconvenience of parking deficits, such as having to hunt for scarce parking spaces, is not an environmental impact, but there may be secondary physical environmental impacts, such as increased traffic congestion at intersections, air quality impacts, safety impacts, or noise impacts caused by congestion. In the experience of San Francisco transportation planners, however, the absence of a ready supply of parking spaces, combined with available alternatives to auto travel (e.g., public transit service, taxis, bicycles, or travel by foot) and a relatively dense pattern of urban development, induces many drivers to seek and find alternative parking facilities, shift to other modes of travel, or change their overall travel habits. Any such resulting shifts to public transit service in particular would be in keeping with the City's "Transit-First" policy. The City's Transit-First Policy, established in the City's Charter Article 8A, Section 8A.115, provides that "parking policies for areas well served by public transit shall be designed to encourage travel by public transportation and alternative transportation."

The transportation analysis and the traffic assignments used to prepare the intersection analysis accounts for potential secondary effects, such as cars circling and looking for a parking space in areas of limited parking supply, by assuming that all drivers would attempt to find parking at or near the proposed CPMC campuses and then would seek parking farther away if convenient parking was unavailable. Moreover, the secondary effects of drivers searching for parking typically would be offset by a reduction in vehicle trips because of others who would be aware of constrained parking conditions in a given area. As a conservative assumption, the transportation analysis did not account for this reduction in vehicle trips traveling to the study area. Any secondary environmental impacts which might result from a shortfall in parking in the vicinity of the proposed LRDP would be minor, and the traffic assignments used in the transportation analysis, as well as in the associated air quality, noise and pedestrian safety analyses, reasonably address potential secondary effects.

As noted above, the effect of patients, visitors and staff accessing CPMC parking facilities was assessed as part of the traffic impact analysis, and therefore the impacts of parking on traffic flow are reflected in the intersection LOS analysis. In addition, at the proposed Cathedral Hill Campus garages, a queuing analysis was conducted for the three parking garages to determine whether vehicles accessing the garages would queue out into the adjacent travel lanes and impact traffic flow. The discussion of parking operations on traffic flow is presented in Impact TR-5 on page 4.5-100 to 4.5-102 in the Draft EIR, and the potential impact from garage operations on traffic flow was determined to be less than significant. Even though impacts were found to be less than significant, an improvement measure, I-TR-5, has been developed which would require the operator of the garage to take appropriate actions to ensure that such queues would not occur. See Response TR-89 (page C&R 3.7-157).

CPMC LRDP Parking Supply—The parking supply at each campus is presented in Table 4.5-34 in the Draft EIR on page 4.5-164. This supply would include vehicle parking spaces, including wheelchair-accessible spaces. The parking spaces would not include motorcycle, carshare, or bicycle spaces. Each CPMC garage would provide the Planning Code-required number of bicycle and carshare spaces or more, and would meet the requirements regarding dimensions of parking and loading spaces. Although motorcycle spaces would be provided, the Planning Code does not specifically require motorcycle spaces.

None of the CPMC campuses are located in zoning districts that have vehicle parking maximums, and the Planning Department does not have any proposed changes to zoning districts in which the campus sites are located to specify maximum permitted parking requirements (for example, such as within the Eastern Neighborhood Mixed Use zoning districts), with the exception of legislation currently pending before the Planning Commission (File No. 110859) which would potentially establish a maximum permitted parking requirement applicable only to residential projects within the Van Ness Special Use District. While the total number of accessory parking spaces at the Cathedral Hill Campus would be within the maximum currently allowed under the Planning Code; the legislation (File No. 110859) currently pending before the Planning Commission would reduce amount of permitted accessory parking, which the Cathedral Hill Campus would exceed. If applicable to the CPMC LRDP, revisions to Draft EIR Table 2-3, "Project Approvals", are included in Chapter 4, "Draft EIR Text Changes," on page C&R 4-38, in which CPMC has requested an amendment to Planning Code Section 243 that would allow modification of accessory parking requirements here through a CU authorization, provided that the amount of parking at the Cathedral Hill Campus does not exceed the current accessory parking maximum of 150 percent of the number of spaces otherwise required by the Planning Code. If the pending legislation is applicable to the CPMC project, CPMC would seek a CU authorization to allow any spaces that would exceed the accessory use threshold as modified by the legislation.[22] This authorization could be denied or approved as part of the Planning Department and Planning Commission review of the project. At the St. Luke's Campus, as part of the PUD approval process, CPMC would seek an exception to the Planning Code to provide fewer than the minimum required number of parking spaces, since parking is already provided on-site.

As part of the proposed CPMC LRDP, three of four existing campuses would have an increase in off-street parking supply. In addition, the proposed Cathedral Hill Campus will provide off-street parking. The estimated amount of off-street parking was based on the Planning Code requirements, the projected parking needs generated by the programs at each individual campus (based on existing experience), consideration of existing conditions related to parking supply and needs at the four existing campuses, and site constraints associated with each campus. The CPMC LRDP development process, including the determination of parking supply, was conducted in consultation with the Planning Department and with input from the community through various workshops related to the proposed LRDP.

It is reasonable to assume that the identified CMPC LRDP parking supply would be available for use by patients, visitors, staff, and doctors, and it would be speculative to assume that the off-street parking facilities leased by CPMC would be converted to other uses.

In addition to parking supply provided on the campuses, CPMC also has long-standing arrangements in place to lease parking spaces in nearby garages. To use the proposed Cathedral Hill Campus as an example; long-term leases are in place at the Japantown Center and 855 Geary Street (described in Response TR-56). CPMC has from time to time confirmed the presence and commercial availability of additional parking both in the neighborhood of the campus. More fully described in Response TR-86, a survey of available parking within walking distance of the Cathedral Hill Campus revealed approximately 480 spaces, over and above existing garage volumes, that were potentially available for lease. CPMC also has access to more distant reserves of parking., such as the Jazz Center, and the 12th /Kisling garage, at which CPMC has recently leased 375 spaces.If the spaces at the Japantown garage were no longer available, CPMC would contract a comparable amount of off-site parking in whatever the most convenient physical location and favorable lease terms were available.

Convenient and readily available off-street parking for patients and visitors is a critical component of any medical facility to ensure that the patient and visitor experience at the facility supports the patient and

[22] Under the current Planning Code provisions, per Section 204.5, accessory parking equivalent to 150 percent of the required supply could be provided without special authorization.

contributes to the patient's well-being (e.g., walking long distances between a garage and medical office or circling around the neighborhood to find on-street parking does not support a patient's or visitor's well-being). Similarly, providing parking for some physicians and staff, particularly when these individuals are on-call, also is required to support their ability to serve patients. In general at hospitals and medical facilities, however, parking is not provided for the majority of staff, primarily to encourage alternate modes of travel. Therefore, taking the City's Transit-First policy into consideration, each campus would provide parking for patients, visitors, and some staff and physicians. By policy, CPMC would provide the most convenient and nearest parking spaces to its patients and visitors, then to physicians, and lastly to staff.

3.7.8.2 PARKING – CATHEDRAL HILL CAMPUS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-17 TR, duplicate comment was provided in 30-17 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-25 TR, duplicate comment was provided in 30-25 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 LeveI1/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 should be 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-26 TR, duplicate comment was provided in 30-26 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?

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 Pi 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 and 72 below in this document."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-27 TR, duplicate comment was provided in 30-27 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-3 TR]

"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 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."

(Diane and Richard Wiersba, October 11, 2010) [49-2 TR]

"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 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."

(Carol and Michael Stack, October 17, 2010) [62-5 TR]

"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."

(Linda Chapman, October 19, 2010) [76-18 TR, duplicate comment was provided in 111-18 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 offsite 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."

(Linda Chapman, October 19, 2010) [76-21 TR, duplicate comment was provided in 111-21 TR]

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

Alternative 3 proposes reducing the Cathedral Hill campus- essential for traffic impacts. However, with proposed garages, traffic impacts will inevitably remain significant. Traffic impacts can be reduced by limiting CPMC parking, on-site and off-site. CPMC proposes spaces for 1,055 cars at the Van Ness/Geary site-- where the existing hotel and office building total 405. Two large garages are not needed, in addition to spaces for CPMC at the Sutter Street MOB."

(Linda Chapman, October 19, 2010) [76-24 TR, duplicate comment was provided in 111-24 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).

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."

(Beth Pewthur, October 19, 2010) [80-1 TR]

"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."

(Linda Chapman, September 23, 2010) [PC-285 TR]

"so we don't need to have a lot of extra parking there, which will only bring in more cars."

(Paul Grech, September 23, 2010) [PC-329 TR]

"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."

Response TR-70 (Parking – Cathedral Hill Campus)

The comments summarize information contained in the Draft EIR regarding parking supply, express concern related to the parking supply and accommodation of demand, and request provision of fewer or more parking spaces at the CPMC campuses. The comments also suggest that the problem of vehicle queuing at garages needs to be addressed.

Detailed engineering plans for the campus were not developed, nor are they required to be developed, as part of the environmental review analysis. The plans included for the below-grade levels of the proposed structures are illustrative, with sufficient detail developed to ensure that adequate circulation space is provided and that the proposed number of parking spaces could be accommodated. Precise floor-by-floor designation of parking spaces have not been finalized, and will be included in the construction plans when submitted for building permit approval. With implementation of the proposed CPMC LRDP, the proposed Cathedral Hill Campus would provide a total of 1,227 parking spaces, including 513 spaces at the proposed Cathedral Hill Hospital, 542 spaces at the proposed Cathedral Hill MOB, and 172 spaces at the 1375 Sutter MOB. Of the total of 1,227 parking spaces, 620 would be reserved for patients and visitors, 260 would be reserved for physicians, and 347 would be reserved for staff.

Approximately 161 of the 513 vehicle parking spaces in the proposed Cathedral Hill Hospital garage would be reserved for staff, and an additional 107 spaces would be reserved for physicians. The proposed hospital garage would include 316 full-size parking spaces, 144 compact spaces, 46 wheelchair-accessible spaces, and 7 van-accessible spaces. In addition, 18 motorcycle parking spaces and 150 bicycle parking spaces (100 staff bicycle spaces and 50 public bicycle spaces) would be provided. Precise floor-by-floor designation of parking spaces have not been finalized, and will be included in the construction plans when submitted for building permit approval.

The 17 vehicle parking spaces (13 standard and 4 handicapped-accessible) proposed to be provided on Level 1/P1 of the Cathedral Hill Hospital garage would be available for patients and visitors, and not for hospital support uses. The van parking spaces identified on Level 1/P1 would be part of the 161 parking spaces that would be provided for staff, and would be part of the 513 parking spaces proposed for the Cathedral Hill Hospital garage that would be included as part of the CU authorization. Truck loading spaces are also not included as part of the 513 vehicle parking spaces proposed for the Cathedral Hill Hospital garage.

Approximately 113 of the 542 parking spaces in the proposed Cathedral Hill MOB garage would be reserved for staff, and an additional 114 spaces would be reserved for physicians. This MOB garage would include 244 full-size parking spaces, 269 compact spaces, 25 wheelchair-accessible spaces, and 4 van-accessible spaces. In addition, 18 motorcycle parking spaces and 66 bicycle parking spaces (34 staff bicycle spaces and 32 public bicycle spaces) would be provided.

The 1375 Sutter Street garage currently contains 172 parking spaces, and these spaces would be retained. Approximately 73 of the 172 parking spaces in the 1375 Sutter Street garage would be reserved for staff, 39 spaces would be reserved for physicians, and 60 would be available for patients and visitors. No staff from the 1375 Sutter MOB would be accommodated at the proposed Cathedral Hill Hospital garage. However, as indicated on page 4.5-163 of the Draft EIR, some visitors to the 1375 MOB who were unable to find parking in the building would likely park at the proposed Cathedral Hill Campus MOB garage and walk to the 1375 Sutter MOB.

Table 4.5-34 in the Draft EIR, page 4.5-164, presents a comparison of the proposed supply to the estimated parking demand by population, including physicians and employees as well as patients and visitors. At buildout, the peak parking demand would be about 1,389 spaces, compared with a total supply of 1,227 spaces. At the proposed Cathedral Hill Campus, an overall parking shortfall of 162 spaces would occur, including a parking shortfall of 212 spaces for employees and an overall surplus of 50 spaces for patients and visitors (and would include a parking shortfall at the proposed 1375 Sutter MOB). It is anticipated that short-term visitors to the 1375 Sutter MOB who were unable to find parking within the building would likely park at the proposed Cathedral Hill Hospital and walk to the 1375 Sutter MOB, or park in any available on-street parking space around the campus, although some visitors also might choose to take public transit, use a bicycle, or walk instead of driving. Employees who were unable to park at the campus could take public transit, use a bicycle, walk to the campus, or park off-site at the Japan Center Garage at existing CPMC leased spaces. As analyzed, employees who chose to park at the Japan Center Garage would increase the demand for CPMC shuttle services. The effect of patients, visitors and staff accessing the proposed Cathedral Hill Campus garages on traffic operations was assessed as part of the traffic impact analysis. In addition, a queuing analysis was conducted for the three proposed Cathedral Hill Campus garages to determined whether vehicles accessing the garages would queue out into the adjacent travel lanes, and the potential impact from garage operations on traffic flow was determined to be less than significant (see discussion in Impact TR-5 on page 4.5-100 of the Draft EIR).

See Response TR-121(page C&R 3.7-200) regarding use of Cedar Street for access to the proposed MOB garage. As part of the proposed LRDP, Cedar Street would be converted to two-way operations west of the proposed MOB garage driveway.

3.7.8.3 PARKING – PACIFIC CAMPUS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-18 TR, duplicate comment was provided in 30-18 TR]

"10. 0n 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. 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-19 TR, duplicate comment was provided in 30-19 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 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-23 TR, duplicate comment was provided in 30-23 TR]

"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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-28 TR, duplicate comment was provided in 30-28 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:

- 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?"

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-26 TR]

"Parking: 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's operations can have a significant and adverse impact on the viability of Japantown – a significant f cultural resource. ·Both of these are CEQA concerns, yet the DEIR fails to address these issues."

(Arthur and Jacqueline Cimento, October 19, 2010) [78-8 TR, duplicate comment was provided in 99-8]

"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).

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.

- 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."

Response TR-71 (Parking – Pacific Campus)

The comments summarize information contained in the Draft EIR regarding parking supply, express concern related to the parking supply and accommodation of demand, and request provision of fewer or more parking spaces at the Pacific Campus.

The Pacific Campus currently contains 939 off-street parking spaces, 847 in structured parking and 92 in surface lots. With implementation of the proposed CPMC LRDP, a total of 1,587 off-street parking spaces would be provided: 715 spaces would be in the proposed Webster/Sacramento and North-of-Clay Parking Garages, 41 spaces in the existing 2300 California Street lot, 11 spaces in the existing 2323 Sacramento Street lot, nine spaces in the existing 2329 Sacramento Street lot, 411 spaces in the existing 2405 Clay Street garage, and 400 spaces in the existing 2100 Webster Street garage. Therefore, with the proposed CPMC LRDP, 61 parking spaces would be provided within surface lots (41 parking spaces at

the 2300 California Street lot, 11 spaces at the 2323 Sacramento Street lot, and nine spaces in the 2329 Sacramento Street lot). The former Clay Street Hill parking lot (the Clay Street stub east of Webster Street) does not currently contain any parking spaces. The Clay Street stub is used for access to the off-street loading facilities, and staging for temporary loading activities.

As indicated in Table 4.5-34 on page 4.5-164 in the Draft EIR, approximately 721 of the 1,587 total spaces proposed at the Pacific Campus would be reserved for staff, and an additional 260 spaces would be reserved for physicians. In the proposed Webster/Sacramento and North-of-Clay Parking Garages containing a total of 715 spaces (248 spaces in the Webster/Sacramento Underground Parking Garage and 467 in the North-of-Clay Parking Garage), 341 spaces would be reserved for staff, and 374 spaces would be provided for patients and visitors. No other campuses would use the parking facilities at the Pacific Campus. The Pacific Campus would have a peak parking demand of about 1,577 spaces, compared with a total supply of 1,587 spaces. Overall, the Pacific Campus would have a small parking surplus of 10 spaces.

The increase in the number of on-site parking spaces under the proposed LRDP for the Pacific Campus is proposed to ensure that adequate on-site parking would be provided for patients, visitors, staff and physicians. Under existing conditions, the parking demand exceeds the existing parking supply, which results in patients, visitors and staff parking on-street where parking spaces are metered or subject to residential permit parking restrictions. Therefore, no inconsistency would exist between an increase in the parking supply to address an existing shortfall in on-site parking spaces and a minimal increase in vehicle trips to the area. The purpose of the additional parking supply at the Pacific Campus, whether it was aboveground or below grade, would be to accommodate the parking demand generated by the proposed LRDP uses at the Pacific Campus, and it would not be intended for use as a commercial parking business. An alternative that did not include additional parking supply would perpetuate the parking shortfall and, therefore, was not considered by CPMC. Also refer to Response ALT-1 on page C&R 3.22-11 regarding discussion of a reasonable range of alternatives addressed in the DEIR.

As indicated on page 4.5-167 in the Draft EIR, implementation of the Pacific Campus project would include changes to the street network in terms of new driveways and shuttle stops that would require the removal of nine on-street parking spaces. In addition, six on-street parking spaces on Buchanan Street would be converted to a time-limited (e.g., between 8 a.m. and 6 p.m.) curb-side passenger loading and unloading zone.

Also refer to Response TR-75 on page C&R 3.7-145 regarding a discussion of capacity utilization at the Japan Center Garage, and Response TR-129 (beginning on page C&R 3.7-227) regarding the impact of the proposed Cathedral Hill Campus on transportation conditions in Japantown.

Consistent with Comment 18-19, the paragraph below, which appears on page S-11 and page 2-117 of the Draft EIR, is revised to read as follows:

> A total of 715 new ~~structured~~ parking spaces (Webster Street/Sacramento Street Underground Parking Garage and North-of-Clay Aboveground Parking Garage combined, 688 spaces; Buchanan Street surface parking lot, 27 spaces)[23] would be <u>added</u> ~~provided~~ at the Pacific Campus by about 2020. Twenty-five (25) existing structured spaces (associated with 200 Webster) would be demolished. The project would ~~also~~ reduce the total number of surface parking spaces at the Pacific Campus by 15 spaces. ~~This~~ <u>These changes</u> would bring the parking total at the Pacific Campus to 1,587 spaces by 2020, 648 more parking spaces than existing conditions. In addition, six on-street parking spaces currently located on Buchanan Street, between Clay and Sacramento Streets, would be converted to a white-zone curb-side passenger loading and unloading zone.

[23] The existing Clay Street/Webster Street Parking Garage and the other surface parking spaces that would be retained at 2300 California Street (41 spaces) would not change.

3.7.8.4 PARKING– CALIFORNIA CAMPUS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-29 TR, duplicate comment was provided in 30-29 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).

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

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [PC-150 TR]

"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 CPMC20 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 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.'"

Response TR-72 (Parking – California Campus)

The comments summarize information contained in the Draft EIR regarding parking supply, and express concern related to the parking supply and accommodation of demand at the California Campus.

As indicated on page 4.4-178 in the Draft EIR, as part of the proposed CPMC LRDP, the facilities and operations of the California Campus (in the vicinity of Jordan Park) would remain unchanged until 2015, when the majority of activities would be relocated to the Pacific Campus and the proposed Cathedral Hill

Campus. Once the California Campus, including on-site parking facilities, was sold and the majority of services were transferred to the proposed Cathedral Hill Campus and the Pacific Campus, the California Campus would no longer be considered part of CPMC. Analysis of any potential reuse of future redevelopment on the site would be speculative. Any future proposals at the site would require a project-specific, project-level environmental review.

The discussion on page 2-132 of the Draft EIR indicates that determining potential reuse of the California Campus facilities would be speculative; however, it notes that only modest changes and entitlements might be required for some buildings, including the 460 Cherry Street and 3773 Sacramento Street Parking Garages. The discussion in the Draft EIR does not indicate that parking spaces within these garages would be the only parking spaces retained for future uses.

As indicated on page 4.5-182 of the Draft EIR, with implementation of the proposed CPMC LRDP, vehicle trips to and from the California Campus, and associated parking demand, might decrease. Implementation of the proposed CPMC LRDP would not substantially change parking conditions in the California Campus vicinity.

SFMTA is not aware of any proposals to take away residential permit parking (RPP) zones in the vicinity of the California Campus or nearby Richmond neighborhoods.

3.7.8.5 PARKING – DAVIES CAMPUS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-21 TR, duplicate comment was provided in 30-21 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-30 TR duplicate comment was provided in 30-30 TR]

"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."

Response TR- 73 (Parking – Davies Campus)

The comments summarize information contained in the Draft EIR regarding parking supply, and request clarification of parking supply at the Davies Campus.

The Davies Campus currently contains 496 off-street parking spaces, including 290 in structured parking and 206 in surface lots. With implementation of the proposed CPMC LRDP, a total of 626 parking spaces would be provided, including 490 spaces provided in the 14th Street/Castro Street MOB parking structure, and 136 spaces in Noe Street surface lots. Of the 626 parking spaces, 105 spaces would be reserved for physicians, 307 spaces would be reserved for staff, and 214 spaces would be available for patients and visitors. No other campus would use the parking facilities at the Davies Campus.

At buildout, the Davies Campus would have a peak parking demand of about 833 spaces, compared with a total supply of 626 spaces. Overall, a shortfall of 207 spaces would occur, including a shortfall of 171 spaces for employees and 36 spaces for patients and visitors. Short-term visitors to the Davies Campus who were unable to find parking on the campus would be likely to park in any available on-street parking space around the campus, although some might also choose to take public transit, use a bicycle, or walk instead of driving. Employees who were unable to park at the campus could take public transit, use a bicycle, or walk to the campus, or park in one of CPMC's other campus parking facilities or within other facilities such as the Japan Center Garage, where CPMC is anticipated to continue to lease 400 parking spaces. Employees who chose to park in off-site facilities might increase the demand for CPMC shuttle services.

3.7.8.6 PARKING– ST. LUKE'S CAMPUS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-22 TR, duplicate comment was provided in 30-22 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?

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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-27 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 arid 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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010)) [101-28 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."

(Francis Taylor, October 29, 2010) [117-1 TR]

"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.

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."

Response TR-74 (Parking – St. Luke's Campus)

The comments summarize information contained in the Draft EIR regarding parking supply, demand, request clarification of the parking supply, and express concern related to the parking supply and accommodation of demand at the St. Luke's Campus.

As presented on pages 2-179 and 2-180 of the Draft EIR, under the proposed CPMC LRDP, St. Luke's Campus would contain an 80-bed hospital and a 201,000 square foot MOB. The proposed CPMC LRDP facilities would replace the existing hospital containing 229 licensed beds, 139 of which are operational. The proposed CPMC LRDP would result in an increase in the daily population at the St. Luke's Campus by about 1,260 persons (see Table 4.5-10 on page 4.5-76 in the Draft EIR), which would increase the parking demand at the campus. As shown on Table 4.5-10 on page 4.5-80 in the Draft EIR, parking demand would increase from about 520 spaces under Existing conditions (for the 229-bed hospital), to about 760 spaces under the proposed CPMC LRDP (80-bed hospital, plus 201,000 square feet of MOB)—an increase of 240 spaces.

The St. Luke's Campus currently contains 329 off-street parking spaces, including 215 parking spaces in the Duncan Street Garage, and 114 spaces in the existing surface lots and reserved on-street spaces. At buildout of the St. Luke's Campus, a total of 450 parking spaces would be provided. Of the total of 450 parking spaces, 98 spaces would be reserved for physicians, 165 spaces reserved for staff, and 187 spaces would be available for patients and visitors. As indicated in Response TR-69 (page C&R 3.7-129), which responds to comments related to the Planning Code, as part of the PUD process for St. Luke's Campus, CPMC would seek an exception to the Planning Code to provide fewer than the minimum required number of parking spaces (i.e., 450 parking spaces proposed, versus 559 parking spaces required).

- With implementation of the proposed CPMC LRDP, a new parking structure containing 220 spaces would be constructed under the proposed MOB/Expansion Building. About 29 spaces would be reserved for physicians, 50 spaces would be reserved for staff, and 141 parking spaces would be available for patients and visitors.

- Within the existing Duncan Street garage containing 215 parking spaces, 54 spaces would be reserved for physicians, 115 spaces would be reserved for staff, and 46 parking spaces would be available for patients and visitors.

- About 15 surface parking spaces would be reserved for physicians.

No other campus would use the parking facilities at the St. Luke's Campus. In addition, to facilitate traffic flow within the garages and reduce around-the-block movements, CPMC would install electronic "FULL" signs near all garage entrances, and directional signage within the proposed MOB garage, directing drivers to use the Cesar Chavez Street exit for access to U.S. 101. To ensure that queues would not spill onto the street if the garage were to become full, an improvement measure, I-TR-5, has been developed which would require the operator of the garage to take appropriate actions to ensure that such queues would not occur. See Response TR-89 (page C&R 157).

At buildout of the St. Luke's Campus, a peak parking demand of about 759 spaces would occur, compared with a total supply of 450 spaces. Overall, a parking shortfall of 309 spaces would exist, including 172 spaces for employees, and 137 spaces for patients and visitors. Since parking would be used by employees, visitors and patients, parking spaces would be used to meet both long- and short-term demand. Short-term visitors to the campus who were unable to find parking on the campus would be likely to park in any available on-street parking space in the campus vicinity, but because of the difficulty in finding on-street parking in the area, some also might choose to take public transit, use a bicycle, or walk instead of drive. On-street parking adjacent to the proposed LRDP site is currently well-utilized, with parking occupancy ranging between 80 and 100 percent between 1 p.m. and 5 p.m., and about 70 percent occupied at 8 p.m. However, transit lines in the St. Luke's Campus vicinity (e.g., the 12-Folsom, 14-Mission, 27-Bryant, and the nearby BART lines) have available capacity to accommodate additional riders, and some patients and visitors may shift to transit to access the campus. Employees who were unable to park at the campus could switch travel modes to public transit, use a bicycle, or walk to the campus, or park in one of CPMC's off-site parking facilities. Employees who chose to park in off-site facilities might increase demand for CPMC shuttle services.

As indicated in Response TR-69, changes in parking conditions are considered to be social impacts rather than impacts on the physical environment. The transportation analysis accounts for potential secondary effects on the physical environment, such as cars circling and looking for a parking space in areas of limited parking supply, by assuming that all drivers would attempt to find parking at or near the St. Luke's Campus and then would seek parking farther away if convenient parking was unavailable. Moreover, the secondary effects of drivers searching for parking typically would be offset by a reduction in vehicle trips because of others who would be aware of constrained parking conditions in a given area. Hence, any secondary environmental impacts which might result from a shortfall in parking in the vicinity of St. Luke's would be minor, and the traffic assignments used in the transportation analysis, as well as in the associated air quality, noise and pedestrian safety analyses, reasonably address potential secondary effects.

The proposed LRDP for St. Luke's Campus would include a new hospital and medical office space, as well as a new underground parking structure containing 220 spaces. The medical office space is a component of the proposed LRDP at the St. Luke's Campus, and the Draft EIR does not state, as implied in Comment 101-28, 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."As discussed in the Draft EIR, the peak parking demand would be 759 spaces and a supply of 450 spaces, resulting in a shortfall of 309 spaces. The parking supply that would be provided if the proposed MOB was not constructed would include the 215 parking spaces in the Duncan Street Garage and a portion of the 114 spaces on existing surface lots. As indicated in the comment, if the proposed parking garage was not constructed, the parking shortfall would increase from 309 spaces to

approximately 360 spaces. The reason for this modest increase is that if the parking garage was not constructed the new medical office building also would not be constructed. This would reduce total parking demand at the campus because the parking demand associated with the new medical office building doctors, staff, and patients would be removed from the demand equation.

3.7.8.7 PARKING – OFF-CAMPUS PARKING FACILITIES

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-119 TR, duplicate comment was provided in 30-119 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'F arrell Garage
- Sutter-Stockton Garage
- Union Square Garage
- Other City-owned surface parking lots
- Port properties
- City public school parking lots (when not being used)

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."

Response TR-75 (Parking – Off-Campus Facilities)

The comment expresses concerns related to the continued use of the Japan Center Garage as a off-campus parking facility for staff, and suggests use of other City-owned facilities.

The 623 off-campus parking spaces identified in Table 4.5-34 in the Draft EIR, page 4.5-164, would be dedicated to CPMC uses. CPMC currently has a lease at the Japan Center Garage for 400 parking spaces through 2015, and a lease at the 855 Geary Street Garage for 180 parking spaces through 2020. CPMC intends to continue these leases and staff would continue to park at these two facilities. The 2105 Steiner Street facility, containing 43 parking spaces, is owned by the Sutter Pacific Medical Foundation, a non-profit organization affiliated with CPMC. Therefore, 623 off-campus spaces would be available for exclusive CPMC use. Staff at the proposed Cathedral Hill Campus and the Davies Campus could park at the Japan Center Garage. However, the St. Luke's Campus would have a staff parking shortfall of 172 spaces, and some St. Luke's staff also might choose to park at these facilities.

The CPMC shuttle currently makes stops at the Japan Center Garage and, therefore, its operations are reflected in existing conditions. Based on information contained in the Japantown Better Neighborhood Plan, capacity is available throughout the day in the garage to accommodate additional vehicles and, therefore, consideration of leases by CPMC at alternate facilities would not be warranted. Because capacity would be available within the Japan Center Garage, parking demand generated by private businesses in Japantown would be adequately accommodated. CPMC does not have plans to lease more than 400 spaces at the Japan Center Garage, and if additional off-site parking was needed, CPMC would seek to lease additional facilities elsewhere. The use of other City-owned parking facilities would not be practical because

parking supply would be available at the nearby Japan Center Garage and other City-owned facilities would be located substantially further away. Because most facilities would be smaller than the Japan Center Garage, it is unlikely that 400 parking spaces in City-owned facilities would be available for CPMC use on a daily basis. Also refer to Response TR-129 (beginning on page C&R 3.7-227) regarding the impact of the proposed Cathedral Hill Campus on transportation conditions in Japantown.

3.7.8.8 AVAILABILITY OF JAPAN CENTER GARAGE

Comment

(Hiroshi Fukuda, September 23, 2010) [PC-160 TR]

"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 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."

Response TR-76

The comment requests clarification regarding CPMC's use of the Japan Center Garage. CPMC currently has a lease for 400 parking spaces (of the 920 parking spaces in the garage) through 2015. Additional parking spaces beyond the 400 parking spaces would not be leased. An overlap of parking at the Japan Center Garage by construction workers and staff at the Pacific Campus is not anticipated. The Construction Worker Transportation Program (CWTP) prepared by CPMC in December 2010, following publication of the Draft EIR outlines measures that would be required by the construction contractors to encourage construction workers to carpool and take public transit, and to discourage the use of private auto. Thirteen parking facilities in the vicinity of the proposed Cathedral Hill Campus and two satellite parking facilities were identified for use by construction workers driving to the site. Also refer to Response TR-106 (page C&R 3.7-185) for information regarding the use of area parking facilities during construction.

Please refer to Response TR-69 (page C&R 3.7-129) for a discussion of other potentially available parking within the vicinity of the Cathedral Hill Campus that CPMC could seek to contract with if the parking spaces in the Japan Center Garage were no longer available.

3.7.8.9 NORTH-OF-CLAY GARAGE

Comments

(Arthur and Jacqueline Cimento, October 19, 2010) [78-1 TR, duplicate comment was provided in 99-1 TR]

"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."

(Arthur and Jacqueline Cimento, October 19, 2010) [78-4 TR, duplicate comment was provided in 99-4 TR]

"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."

(Arthur and Jacqueline Cimento, October 19, 2010) [78-7 TR, duplicate comment was provided in 99-7 TR]

"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."

Response TR-77

The comments request information regarding the North-of-Clay parking facility at the Pacific Campus, express concerns regarding potential induced development, ask about the purpose of the parking facility, and also request mitigation measures. The purpose of the North-of-Clay Parking Garage would be to serve as an accessory parking facility to the medical services provided at the Pacific Campus. Providing adequate on-site parking supply would reduce the number of visitors and staff parking on-street, where parking spaces are metered or subject to residential permit parking restrictions. Similar to existing conditions, CPMC would continue its commitment to adjacent residents and nearby businesses and would allow use of the parking spaces at night and on weekends. Visitors to the area would be able to park within the North-of-Clay garage. CPMC would not intentionally limit the hours of operations at the facility or have garage users prove that they were destined to CPMC-related uses. Although CPMC-related overnight parking demand would be substantially lower than during the day, the parking facility would need to remain open to accommodate the demand.

The shift from inpatient to outpatient medical care or the provision of parking spaces to serve the Pacific Campus uses are not anticipated to result in substantial economic changes or induced development in the area. In response to the specific concerns raised in the comment:

- As indicated in Table 4.5-34 in the Draft EIR, page 4.5-164, the Pacific Campus parking demand of 1,577 spaces would be adequately accommodated within the proposed supply of 1,587 spaces. Because the demand would be met within the supply, with a limited surplus of 10 spaces, the proposed supply would not exceed what would be needed by anticipated uses.

- Visitors parking at the proposed North-of-Clay Garage would likely be similar to those currently using the 2405 Clay Street Parking Garage that is located on the southwest corner of the intersection of Clay/Webster. The change from a hospital and inpatient facility to providing predominantly ACC would not substantially alter the evening parking demand at the existing and proposed facilities, and no reason exists to presume that it would alter the character of the visitors using the parking garage during the evening hours.

- The parking rates at the proposed North-of-Clay garage would be similar to those at the existing 2405 Clay Street garage (currently a maximum daily rate of $20 per day), and it is unlikely that a substantial number of commuters to downtown would pay that rate to park and then take a bus downtown. No supporting evidence indicates that the existing garage is used for commuter parking.

Please also see Response PH-25 (page C&R 3.5-82) regarding the discussion of indirect and induced employment and development resulting from the proposed CPMC LRDP.

Mitigation measures are warranted when a project results in a significant impact. As described in Response TR-69 (page C&R 3.7-129), San Francisco does not consider parking supply as part of the permanent physical environment and, therefore, does not consider changes in parking conditions to be environmental impacts as defined by CEQA. Therefore, mitigation measures are not required. In general in San Francisco, parking deficits are considered to be social impacts. The social inconvenience of parking deficits, such as having to hunt for scare parking spaces, is not an environmental impact, but secondary physical environmental impacts might occur, such as increased traffic congestion at intersections, air quality impacts, safety impacts, noise impacts caused by congestion, or transit impacts associated with a shift in mode. Because the Pacific Campus demand would be adequately accommodated within the proposed supply, secondary physical environmental impacts would not result and, therefore, mitigation measures would not be required.

3.7.8.10 CPMC OFF-CAMPUS PARKING FACILITIES

Comment

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-31 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."

Response TR-78

The comment requests information regarding the status of off-campus parking facilities. The 623 off-campus parking spaces identified in Table 4.5-34 in the Draft EIR, page 4.5-164, would be dedicated to CPMC uses. CPMC has a lease at the Japan Center Garage through 2015, and a lease at the 855 Geary Street Garage through 2020. Presumably the leases at these two facilities would be extended before expiration, and CPMC employees would continue to park at these facilities. The 2105 Steiner Street facility is owned by the Sutter Pacific Medical Foundation, a non-profit organization affiliated with CPMC and, therefore, the 623 off-campus spaces are available for exclusive CPMC use. The existing CPMC shuttle serves the Japan Center Garage, and the 855 Geary Street and 2015 Steiner Street facilities are within walking distance of the proposed Cathedral Hill Campus site and the Pacific Campus, respectively.

As part of its "Transit First" policy, the City and County of San Francisco do not require the supply of parking spaces to equal the demand. If the proposed LRDP were not to include provision for these off-campus parking facilities, a parking shortfall would result. However, this shortfall would not be considered a significant environmental effect because it would be considered a social impact and, therefore, no mitigation measures would be required under CEQA.

3.7.8.11 CONSTRUCTION WORKER PARKING

Comment

(Gloria Smith/Tom Brohard & Associates —California Nurses Association, October 19, 2010) [92-32 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."

Response TR-79

The comment suggests a conflict in the Draft EIR regarding availability of on-street parking during construction. Although on-street parking in the vicinity of a number of the proposed CPMC campuses would be well-utilized, many of the parking spots would be time limited (either metered or with residential permit parking restrictions), which would result in turnover of parking spaces. Although parking spaces might be difficult to find, they would generally be available, although drivers might need to park further from their destinations.

The Construction Worker Transportation Program (CWTP) developed by CPMC would be required to be implemented by the construction contractors. The program outlines measures that would be required to encourage construction workers to carpool and take public transit, and to discourage the use of private autos. Also refer to Response TR-106 (page C&R 3.7-185) for information regarding the use of area parking facilities during construction.

As indicated on page 4.5-162 in the Draft EIR, San Francisco does not consider parking supply as part of the permanent physical environment and, therefore, does not consider changes in parking conditions to be environmental impacts as defined by CEQA. The parking analysis and discussion of the proposed CPMC LRDP is presented for informational purposes, and mitigation measures are not required.

3.7.8.12 REVOCABLE PERMITS

Comment

(Quevner Zabeles, October 19, 2010) [81-1 TR]

"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?"

Response TR-80

The comment requests clarification regarding revocable permits. Because of concerns regarding driveway operations on Geary Boulevard, the Planning Department specified on page 4.5-87 in the Draft EIR 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." All permits issued by the Department of Public Works are revocable at the will of the Director of Public Works.

If the Geary ingress driveway for the hospital were to be revoked, the ingress driveway would become an emergency-only ingress driveway (similar to the adjacent emergency-only egress driveway). Access would be restricted by a gate or similar mechanism, and non-emergency ingress and egress to the hospital

garage would continue to be provided via Post Street. If the Geary ingress driveway for the MOB were to be revoked, DPW would request the project sponsor to return the sidewalk and curb in the public right-of-way to conditions that existed before the permit.

Should the City pursue revocation of one or both of the Geary Street driveways and driveway permits at the proposed Cathedral Hill Campus, CPMC could appeal this decision. However, CPMC is expected to proactively work to ensure that conflicts with transit, traffic, and pedestrians would be minimized at these driveways.

3.7.8.13 HOSPITAL PARKING SUPPLY REQUIREMENTS

Comment

(Linda Chapman, October 19, 2010) [76-22 TR, duplicate comment was provided in 111-22 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?"

Response TR-81

The comment states that the off-street parking requirements in New York City limit parking for hospitals to 100 spaces, and the comment poses questions regarding similar restrictions for the proposed CPMC LRDP. While it is correct that the New York City Zoning Resolution specifies that for hospitals in Manhattan community districts, a maximum parking supply of 100 spaces is permitted, the requirements for community districts outside of Manhattan (e.g., in Brooklyn or Queens which both have a population density that is greater than San Francisco) are similar to the *San Francisco's Planning Code* requirements. Manhattan has very unique conditions related to density, daytime population, and availability of public transit that are not found in any other city in the United States. Therefore, comparisons in parking requirements between Manhattan and San Francisco are not appropriate.

The New York City Zoning Resolution's off-street parking requirements for hospitals outside of Manhattan community districts range between one space per five beds to one space for 10 beds, depending on the commercial district in which the hospital is to be located.[24] The San Francisco Planning Code requirement for hospitals is one space for each eight beds or one for each 2,400 square feet of gross square feet devoted to sleeping rooms, whichever results in the greater requirement. The Planning Code requirements for hospitals are therefore comparable to New York City, outside of Manhattan.

3.7.8.14 CATHEDRAL HILL NEARBY RELIGIOUS SERVICES AND COMMUNITY ACTIVITIES

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-139 TR, duplicate comment was provided in 30-139 TR]

"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)?"

[24] City of New York, Zoning Resolution, Off-Street Parking for Hospitals.

(Galen Workman, October 14, 2010) [55-2 TR]

"[The plan] 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."

Response TR-82

The comments question the impact (on-going and construction-related) of the proposed Cathedral Hill Campus project on existing parking conditions on Sundays and weekday evenings. Similar to existing conditions at the proposed site, the off-street parking facilities at the proposed Cathedral Hill Hospital and MOB would be available for use by residents and visitors to the area during operating hours. The discussion on page 4.5-163 in the Draft EIR identifies the effect of the proposed Cathedral Hill Campus project on the on-street parking supply. Proposed sidewalk widening and other pedestrian improvements would result in the displacement of 26 standard metered spaces, one wheelchair-accessible space, and 10 commercial loading spaces. The parking demand associated with the permanent displacement would be accommodated on other streets in the campus vicinity and would result in increased parking occupancies (the parking occupancy of the existing on-street spaces adjacent to the project sites varies throughout the day, ranging between 57 percent in the mid-afternoon to about 77 percent at 8 p.m.). Some residents and visitors to the area would have to walk further between their parking spaces and destinations.

Additional field surveys were conducted in December 2010 and January 2011 on Sunday mornings to assess on-street parking utilization. During field surveys, on-street parking spaces were readily available on the east-west streets (e.g., Geary Boulevard, Post Street, O'Farrell Street, Ellis Street) between Van Ness Avenue and Gough Street, and along Van Ness Avenue. Before church services, some on-street parking spaces also were available on Franklin Street (LCW Consulting, 2011). CPMC hospital-related parking demand on Sundays and evenings would be substantially lower than on weekdays, and would be accommodated by the on-site parking supply. Some visitors might park on a street, which would reduce the on-street supply that would be available for religious services and other community activities; however, as indicated above, parking supply would be available in the proposed hospital and MOB garages in the evenings and on weekends.

Although construction of the proposed Cathedral Hill Campus project would not occur on Sundays when services were held at nearby churches/synagogues or at the Buddhist Church on Pine Street, construction activities would require the use of parking lanes adjacent to the proposed hospital (as described on pages 4.5-152 and 4.5-153 in the Draft EIR). The parking demand on Sundays, currently accommodated by these spaces, would need to be accommodated elsewhere in the area and would increase the parking utilization of on-street parking on Sundays, which, based on field surveys described above, would be lower than on weekdays. Visitors who drove to the area for Sunday services might have a longer distance to walk from their parking spaces to their destinations.

3.7.8.15 TENDERLOIN-LITTLE SAIGON CONDITIONS

Comments

(Lower Polk Neighbors, October 19, 2010) [103-27 TR, duplicate comment was provided in 113-27 TR]

"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.)"

(Lower Polk Neighbors, October 19, 2010) [103-17 TR, duplicate comment was provided in 113-17 TR]

"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)"

(Hiroshi Fukuda, September 23, 2010) [PC-162 TR]

"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."

Response TR-83

The comments state a need and recommend additional mitigation for parking in the Tenderloin-Little Saigon and Lower Polk neighborhoods. As described in Response TR-69 (C&R 3.7-129), San Francisco does not consider parking supply as part of the permanent physical environment and, therefore, does not consider changes in parking conditions to be environmental impacts as defined by CEQA. Table 4.5-34 in the Draft EIR, page 4.5-164, presents the parking supply and demand for the proposed CPMC LRDP facilities. Overall, the projected parking demand would be accommodated within the proposed parking supply. At the proposed Cathedral Hill Campus, the parking shortfall associated with employees that drive could be accommodated at off-campus parking facilities (i.e., the Japan Center Garage) and additional parking facilities would not be required. Furthermore, the CPMC TDM Plan would encourage employees to take public transit or other modes, and would discourage auto use. The parking supply for visitors at the proposed Cathedral Hill Campus would be adequate to meet the demand and, therefore, it is not anticipated that visitors would need to rely on on-street parking. Because the campus parking supply would accommodate the demand, it is unlikely that other parking facilities in the vicinity would be affected or that potential customers to neighborhood businesses would be discouraged from driving to the area. Therefore, the need, as a result of the proposed LRDP, would not exist for additional public parking facilities in the area, or the need for the project to help fund additional public parking. Employees of and visitors to the proposed Cathedral Hill Campus would likely patronize businesses in the vicinity of the campus, and these potential customers would be walking to the businesses.

As part of its "Transit First" policy, the City and County of San Francisco does not require the supply of parking spaces to equal the demand. If the Cathedral Hill Campus were to provide fewer parking spaces, a parking shortfall would result. This shortfall would not be considered a significant environmental effect because it would be considered a social impact and, therefore, no mitigation measures would be required under CEQA.

3.7.8.16 LAUREL VILLAGE AND JORDAN PARK CONDITIONS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-4 TR]

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.

Response TR-84

The comment states concerns related to parking and traffic conditions in the Laurel Heights/Jordan Park area. As indicated on page 4.4-178 in the Draft EIR, as part of the proposed LRDP, the facilities and operations of the California Campus (in the vicinity of Jordan Park) would remain unchanged until 2015, when the majority of existing activities would be relocated to the Pacific Campus and the proposed Cathedral Hill Campus. Once the California Campus was sold and the majority of services were transferred to the proposed Cathedral Hill Campus and the Pacific Campus, the California Campus would no longer be considered part of CPMC. Analysis of any potential reuse of future redevelopment on the site would be speculative. Any future proposals at the site would require a project-specific, project-level environmental review. With no planned changes in facilities or operations, transportation travel demand at the California Campus would be expected to remain similar to existing conditions until 2015, and then

gradually would decrease between 2015 and 2020. The proposed LRDP would not result in any new vehicle trips, and, therefore, would not add to existing traffic congestion as within the Laurel Heights or Jordan Park areas.

3.7.8.17 POLK STREET CONDITIONS

Comment

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-29 TR, duplicate comment was provided in 114-29 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."

Response TR-85

The comment states concern regarding displacement of one on-street parking space on Polk Street and negative impact to business at 1033-1037 Polk Street. As indicated on page 4.5-165 in the Draft EIR, to improve sight distance for drivers exiting Cedar Street eastbound at Polk Street of southbound bicyclists, one metered parking space immediately north of Cedar Street on the west side of Polk Street would be removed and converted into a sidewalk extension. On Polk Street between Post Street and Geary Street, four metered and three unmetered parking spaces are on the west side of the street, and five metered parking spaces are on the east side of the street. Displacement of one parking space to improve sight distances would reduce the parking supply, and the demand would need to be accommodated elsewhere, thereby increasing the occupancy of other spaces. However, because on-street parking spaces are available to all drivers and not just to those patronizing the businesses in front of which the parking spaces are located, the displacement of one space on Polk Street would not substantially reduce client parking availability over existing conditions for businesses at 1033–1037 Polk Street.

3.7.8.18 JAPANTOWN CONDITIONS

Comment

(Nihonmachi Terrace, October 18, 2010) [75-1 TR]

"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."

Response TR-86

The comment states concerns related to traffic impacts on Japantown streets, and location of construction worker parking, and incorrectly states that the transportation impact analysis only addresses peak commute impacts during demolition and construction. The Draft EIR includes an assessment of construction-related transportation impacts as well as operation impacts of the proposed LRDP. The transportation analysis conducted for the Draft EIR included analysis of traffic and transit conditions for 2015 Modified Baseline and 2030 Cumulative conditions, both with and without the proposed CPMC LRDP. The impacts associated with intersection operations are presented in Impact TR-1 through Impact TR-23 for 2015 conditions (Draft EIR, pages 4.5-93 through 4.5-115), and Impact TR-99 through Impact TR-124 for 2030 Cumulative conditions (Draft EIR, pages 4.5-216 through 4.5-232). The impacts on traffic operations during the peak of the construction activities are described in Impact TR-55 (Draft EIR, pages 4.5-147 through 4.5-160). Also please refer to Response AQ-27 (page C&R 3.9-71) for air quality, and Response NO-36 (page C&R 3.8-45) for noise.

Concerns regarding unsignalized midblock crosswalks and the request in Comment 45-6 TR in Response TR-67 (page C&R 3.7-124) to provide a flashing yellow light at the unsignalized midblock crosswalk on Post Street between Gough Street and Laguna Street (at former Octavia Street) was forwarded to SFMTA for its review, which would address the issue identified in the comment regarding existing failure to yield to pedestrians at this location. As indicated in Response TR-129 (page C&R 3.7-227), the majority of vehicle trips destined to and from the proposed Cathedral Hill Campus would use major arterials to access the site, including Van Ness Avenue, Franklin Street, Gough Street, and Geary Boulevard. West of Gough Street, Sutter and Post Streets are local streets, and CPMC LRDP-generated vehicles would be dispersed over multiple streets. The nominal increase in vehicles on local streets in Japantown would not substantially affect operating conditions at the two unsignalized midblock crossings on Post Street and Octavia Street. SFMTA has reviewed the community request for flashing yellow lights, in-street pedestrian crossing signs, STOP signs, and consolidation of crosswalks, and has indicated that installation of a solar-powered, push button-activated flashing beacon on existing poles would be possible. SFMTA is exploring funding possibilities for installation of the flashing beacon. The pedestrian impact analysis for the Cathedral Hill Campus, as presented in Impacts TR-40 through TR-42 on pages 4.5-130 to 4.5-136 of the Draft EIR, did not identify any significant pedestrian impacts along Post Street. Therefore, providing a flashing yellow light at the existing midblock crosswalk is not required as a mitigation measure.

CPMC and its contractors would develop the CWTP to ensure that the parking demands for construction workers were met without impacting parking availability for patients, employees, visitors, or other local merchants and residents near each campus. The goal of the CWTP would be to reduce the number of workers driving to construction sites and to manage the use of available parking supply so as to not unreasonably impact parking availability for patients, employees, local merchants, residents, and visitors. Workers would be encouraged to use public transportation, carpool, or vanpool, or use shuttles to access construction sites, consistent with the City's Transit-First policy. The implementation of the CWTP would minimize the potential that construction workers would park in residential neighborhoods. CPMC has indicated that all construction personnel would be instructed not to park on-street, and penalties would be assigned where this was not followed.

Following publication of the Draft EIR, CPMC identified and contacted 13 parking facilities within walking distance of the proposed Cathedral Hill Campus to determine parking availability during construction of the campus. In aggregate, the facilities contained about 480 available spaces, of which approximately 75 percent, or 360 spaces would be pursued for construction parking use.[25] CPMC would work with garage management to monitor overall garage occupancies, and if maximum capacities were exceeded, CPMC would redirect its parking demand to other facilities, further from the campus site.

[25] EIR Construction Data Report (Revised 2011), Sheet CO-5- Parking Locations, prepared by Herrero Boldt.

CPMC envisions the use of parking passes to be issued to individual drivers with staggered start times between 6:30 a.m. and 8:30 a.m., spreading out arrivals. Any lot within walking distance but greater than a 10-minute walk from the construction site would be linked to the site by shuttle service, provided by CPMC. Two satellite parking facilities have been identified to supplement facilities closer to the proposed Cathedral Hill Campus. The Performing Arts Garage and the 12th Street/Kissling Garage have a combined capacity of 1,400 spaces, and approximately 800 of these spaces were identified by the operators to be available on a regular basis. CPMC has long-term leases at these facilities for use in its operations as well as for construction projects. In the event that these facilities would need to be used, shuttles between these facilities and campus sites would be provided.

3.7.8.19 CATHEDRAL HILL CAMPUS PARKING SUPPLY AND VEHICLE TRIPS

Comments

(Jack Scott, September 23, 2010) [19-3 TR, duplicate comment was provided in 40-3 TR]

"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."

(Lois Scott, September 23, 2010) [PC-7 TR]

"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."

Response TR-87

The comments state concern over the supply of off-street parking spaces at the proposed Cathedral Hill Campus and the number of vehicle trips generated by the proposed campus project. The Cathedral Hill Campus project would provide a total of 1,227 off-street parking spaces, including 513 spaces at the Hospital, 542 spaces at the MOB facility, and 172 spaces at 1375 Sutter Street. The Cathedral Hill Campus project would displace 405 parking spaces at 1133 Van Ness Avenue that are part of the existing Cathedral Hill Hotel uses on the project site. The Cathedral Hill Campus project, including the 1375 Sutter MOB, was estimated to create 8,220 net new daily vehicle trips (inbound and outbound). The proposed Cathedral Hill Campus project would generate 593 a.m. peak hour vehicle trips, and 609 p.m. peak hour vehicle trips. The impact of the additional vehicle trips for the project and variant access options is presented in Impact TR-1 through Impact TR-26 on pages 4.5-93 to 4.5-116 in the Draft EIR.

The proposed Cathedral Hill Campus project would result in significant and unavoidable impacts at the intersections of Van Ness/Market and Polk/Geary, and feasible mitigation measures have not been identified. At six intersections that would operate poorly under 2015 No Project and 2015 plus Project conditions, the project contributions to the poor operating conditions would be less than significant. At 18 of the 26 study intersections, operating conditions would remain at LOS D or better under 2015 plus Project conditions. Therefore, although the proposed Cathedral Hill Campus project would increase the number of vehicles and average delay per vehicle at nearby intersection, the majority of the intersections would continue to operate at acceptable levels of service.

3.7.9 LOADING

3.7.9.1 PASSENGER LOADING

Cathedral Hill Hospital Parking Structure—Loading Area

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-115 TR, duplicate comment was provided in 30-115 TR]

"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? 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)?"

Response TR-88

The comment states concerns regarding the internal passenger loading/unloading facilities at the proposed Cathedral Hill Hospital. The passenger loading demands for the proposed hospital, presented in Table 4.5-15 in the Draft EIR (page 4.5-84), would be 60 linear feet during the a.m. peak hour and 75 linear feet during the p.m. peak hour. An analysis of the passenger loading is also presented in Section 4.7.2 on pages 104–105 of the *Cathedral Hill Transportation Impact Study*, which is on file and available for public review at the San Francisco Planning Department. The length of the proposed passenger drop-offs are shown in Figure 19, on page 117 of the study. As shown in Figure 19, the passenger drop-off would be located approximately 150 feet from the entrance at Geary Street and the dedicated passenger drop-off area would have 125 linear feet of curb, which would exceed the projected peak demand of 75 linear feet. Drop-offs would not be allowed on the median island that would separate the drop-off area from the parking circulation lanes. The drop-off area would have two lanes so that vehicles could exit once their passengers were dropped off. This design would improve the efficiency of drop-offs. Furthermore, CPMC proposes to use attendants at their drop-off areas, to manage vehicles that would be loading and unloading patients as well as to provide assistance to patients once they were dropped off. If drop-offs took more time and a queue formed, CPMC would be required to address any queue issues to meet the requirements of Improvement Measure I-TR-5 (Queue Abatement). For more information on this Mitigation Measure, see Response TR-89. The proposed hospital design would conform to the American with Disabilities Act (ADA) design standards; therefore, the loading areas would be designed with the appropriate lighting and safety and include ADA ramps. The final configuration of the passenger loading area would be submitted to the City, and ADA compliance would be part of the plan review process. Also see Response TR-65 (page C&R 3.7-122), which addresses concerns regarding hearing- and visually impaired individuals.

Cathedral Hill Hospital Geary Access—Queue Spillback

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-116 TR, duplicate comment was provided in 30-116 TR]

"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."

Response TR-89

The comment states concerns related to queue spillback from the proposed Cathedral Hill Hospital Parking Garage that could impact local street operations. The transportation analysis considered the potential of queuing at the ticket dispensers and at the passenger loading area as shown in Figure 4.5-19, page 4.5-101 of the Draft EIR, and how these activities could affect traffic operations on the adjacent streets. The detailed analysis summarized in the Draft EIR, of the ticket dispenser operations is included in the *Cathedral Hill Transportation Impact Study* (Section 4.6.4, "Queuing at Parking Garage Entrances due to Ticket Machine," pages 119–121). The ticket dispenser analysis indicated that a maximum of three vehicles would queue behind the ticket dispenser at the hospital parking structure. Because the ticket dispenser would be located on Level P-1(first parking level below grade) of the parking structure (more than 450 feet within the hospital building), queue spillback from the ticket dispensers would not encroach onto Geary Boulevard. As summarized in Response TR-88 (page C&R 3.7-156), the passenger loading area would have sufficient space to accommodate the loading/unloading demand, and thus, no queue spillback would occur from the hospital passenger loading area that would cause a spillback onto Geary Street. Although some vehicles might encounter interruptions because of pedestrian activity, they would be short in duration and then the vehicle would be free to enter the parking structure without further delay. Therefore, the Draft EIR properly concluded that the traffic impact of spillback into adjacent traffic lanes from garage operations would be less than significant. To further insure that queuing would not adversely affect traffic operations on adjacent streets, the an improvement measure is proposed, which identifies specific actions that would be taken in the event that queues form on adjacent public streets.

Page 4.5-102 of the Draft EIR is revised to include the following the text and improvement measure related to Impact TR-5:

<u>Although the impact of queuing (queue spillback) from the Cathedral Hill parking garages would be less than significant, implementation of Improvement Measure I-TR-5 below would further reduce the less-</u>

than-significant impact by specifying actions that would be required should queues form on adjacent streets.

Improvement Measure I-TR-5 – Off-Street Parking Queue Abatement

It shall be the responsibility of the owner/operator of any off-street parking facility primarily serving a non-residential use, as determined by the Planning Director, with more than 20 parking spaces (excluding loading and car-share spaces) to ensure that recurring vehicle queues do not occur on the public right-of-way. A vehicle queue is defined as one or more vehicles blocking any portion of any public street, alley or sidewalk for a consecutive period of three minutes or longer on a daily or weekly basis.

If a recurring queue occurs, the owner/operator of the parking facility shall employ abatement methods as needed to abate the queue. Suggested abatement methods include but are not limited to the following: redesign of facility layout to improve vehicle circulation and/or on-site queue capacity; employment of parking attendants; installation of LOT FULL signs with active management by parking attendants; use of valet parking or other space-efficient parking techniques; use of off-site parking facilities or shared parking with nearby uses; use of parking occupancy sensors and signage directing drivers to available spaces; travel demand management strategies such as additional bicycle parking, customer shuttles or delivery services; and/or parking demand management strategies such as parking time limits, paid parking or validated parking.

If the Planning Director, or his or her designee, suspects that a recurring queue is present, the Department shall notify the property owner in writing. Upon request, the owner/operator shall hire a qualified transportation consultant to evaluate the conditions at the site for no less than seven days. The consultant shall prepare a monitoring report to be submitted to the Department for review. If the Department determines that a recurring queue does exist, the facility owner/operator shall have 90 days from the date of the written determination to abate the queue.

Cathedral Hill Campus Emergency Department Passenger Loading Area

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-128 TR, duplicate comment was provided in 30-128 TR]

"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?"

Response TR-90

The comment requests clarification related to proposed Cathedral Hill Hospital operations along Franklin Street. As stated in the comment, three driveways would be located along on Franklin Street between Geary Boulevard and Post Street. The two southern driveways would provide access and egress to the off-street truck loading area. The northern-most driveway would provide public access by private vehicles to the Emergency Department. Emergency vehicles (ambulances) would have a separate loading area that would be accessed via Post Street (see Figure 4.5-16 on page 4.5-91 in the Draft EIR).The CPMC intercampus shuttles would utilize the shuttle loading area located within a recessed passenger loading bay on Post Street, and would not therefore be utilizing the Emergency Department loading area. Figure

4.5-21 on page 4.5-143 in the Draft EIR is revised to clarify the types of activities allowed in each loading area and the emergency vehicle (ambulance) loading area is added to the figure. The revised figure shows that the Emergency Department drop-off area would have five angled parking spaces, one accessible drop-off space along the curb, and room for two additional vehicles to allow drop offs at the curb. CPMC would have an attendant monitor the loading area to maintain access for patients. A sidewalk would be provided for pedestrians to access the Emergency Department lobby directly from Franklin Street.

In addition to this drop-off area, the Emergency Department would have 10 dedicated parking spaces located on Level 1 in the parking structure (see Figure 2-17 on page 2-73 in the Draft EIR). These spaces would be located immediately below the Emergency Department, which would be easily accessible via a nearby elevator. These spaces would be used by private vehicles; emergency vehicles would use the Post Street access. Two of the spaces would be designated for 5-minute parking for drop-off and pick-up of patients. The other eight spaces would be designated for Emergency Department use only, without specific time restrictions.

3.7.9.2 SERVICE LOADING

Pacific Campus Truck Loading Peak

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-18B TR]

"5) TRANSPORTATION AND CIRCULATION:

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."

Response TR-91

The comment expresses concern that the worst traffic impacts at the Pacific Campus occur at times other than the p.m. peak hour. The comment is correct that the peak truck loading activity at the Pacific Campus, similar to city-wide conditions, would occur outside the p.m. commuter peak. Based on truck loading surveys conducted at the Pacific Campus (*Pacific Campus Transportation Impact Study*, Appendix C5), and as described under Impact TR-63, page 4.5-173 of the Draft EIR, the existing peak loading demand (13 percent of daily activity) occurred between 10 a.m. and 11 a.m., outside the commuter morning and evening peak periods and school peak periods. During the afternoon school peak periods of 2 p.m. to 4 p.m., 10 percent of the daily activity occurs between 2 p.m. to 3 p.m. and 8 percent of the daily trips occur between 3 p.m. and 4 p.m. The truck loading analysis for the Pacific Campus considered the number of daily trucks that would access the site, based on the *SF Guidelines* and the size of the project. The daily truck trips were used to determine that the maximum number of trucks at the site would be nine trucks during the peak hour and that the average hourly truck loading demand would be seven vehicles per hour. For the overall transportation network, the p.m. peak hour is generally considered the time period when maximum use and the most traffic congestion occurs and, therefore, generates the greatest number of potential traffic impacts. See Response TR-10, page C&R 3.7-26, for additional information on the p.m. peak-hour analysis period.

A new truck loading area would be constructed as part of the proposed renovations to the campus. A total of nine commercial parking spaces would be provided, either within the loading area or on the street. Additionally, with the change in services at the facility, it was estimated that fewer large trucks would need to access the facility and deliveries could be performed with smaller trucks. CPMC currently

maintains receiving facilities off-site to serve the CPMC campus system. The off-site facilities accommodate large truck loading/unloading and warehousing. Many deliveries to the CPMC campuses would be consolidated at the receiving center and loaded onto smaller, single-unit trucks (35 feet long) for delivery.

The creation of a new off-street loading area with nine loading spaces and the use of smaller trucks would reduce the potential for interactions between CPMC trucks and private autos on the public streets during the afternoon school pick-up period.

Truck Entry Maneuvers Blocking Traffic

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-11 TR, duplicate comment was provided in 30-11 TR]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-42 TR, duplicate comment was provided in 30-42 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 oncoming 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-45A TR, duplicate comment was provided in 30-45 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."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-7 TR, duplicate comment was provided in 72-7 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 traffic controller should be required to be stationed in the area to facilitate the safe entry and exit of such trucks at all times."

Response TR-92

The comments state concerns about the operations of the proposed Cathedral Hill Hospital off-street loading area located off Franklin Street. The centralized truck loading area on Franklin Street would contain one loading space for trucks up to 55 feet in length, and three spaces for trucks up to 45 feet in length. In addition, 14 spaces for vans and smaller vehicles 20 feet or shorter would be provided in the Level 1 parking garage. The Franklin Street loading area also would include two dedicated trash loading docks. Mitigation Measure MM-TR-44 on page 4.5-139 of the Draft EIR requires that trucks longer than 46 feet would only be allowed to access the loading area during the off-peak hours between 10 p.m. and 5 a.m., when traffic volumes on Franklin Street would be lower. This mitigation measure would reduce the number of large vehicles at the loading area during peak traffic periods on Franklin Street and Geary Street. Mitigation Measure MM-TR-44 also would require that CPMC provide attendants at the loading area on a 24-hour basis to monitor truck loading activity and report to the City on loading operations.

The Franklin Street loading area was designed to allow trucks of all sizes to enter the loading area from Franklin Street cab first. Therefore, slower backing maneuvers would only occur once the truck was inside the loading area and not on Franklin Street, where trucks could potentially block traffic on Franklin and Geary Streets. CPMC provided a summary of the proposed Cathedral Hill loading dock operations that included turning templates, showing how trucks of various sizes would access the loading docks. (Memorandum from CHS Consultants, April 14, 2010, *CPMC LRDP Transportation Impact Study*, Appendix I.)

Because trucks would be able to enter cab first and turn around within the loading area, the amount of time that a large truck would block the flow of traffic on Franklin Street or Geary Street would be minimized. CPMC would staff the loading area 24 hours per day and would have an attendant available to control traffic on Franklin Street when a large vehicle entered or exited the loading area. Because of the anticipated short durations of traffic interruption and the relatively low traffic volume on Franklin Street during the off-peak hours, a relatively small number of vehicles using Franklin Street, if any, might choose to take an alternate route because of the presence of a truck entering or exiting the proposed Cathedral Hill Hospital loading area. Therefore, no impact would occur to Japantown because of the CPMC truck activity at the Franklin Street loading area.

Oxygen Tank Access/Recharging

Comment

(Hisashi Sugaya—Planning Commission, October 15, 2010) [116-1 TR]

"1. Pg. 2-53, Figure 2-4 and Pg. 2-77, Figure 2-19. The O2 Tank is shown as being on Level 3. Please clarify how the O2 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 O2 deliveries at this site."

Response TR-93

The comment requests clarification on how deliveries of oxygen would occur at the proposed Cathedral Hill Campus. The oxygen delivery truck would occupy the right lane of Franklin Street near the corner of Geary Boulevard. Oxygen replenishment delivery would occur at most twice each week. The complete process would takes less than an hour, with pumping taking place for approximately 20-25 minutes. CPMC would be notified 72 hours in advance of a needed delivery and would restrict delivery and filling to the hours when church activities do not typically take place. Restricting this activity to times when church activities do not typically take place, and outside peak travel periods would limit local vehicle and transit disruptions at this location. For further information on truck loading hours, see Response TR-94, below.

Truck Loading Hours

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-28 TR, duplicate comment was provided in 72-28 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."

Response TR-94

The comment states that after construction activities, normal operational deliveries to the proposed Cathedral Hill Hospital should be restricted. The Truck Management Plan for the proposed Cathedral Hill Campus was designed to minimize the impact of truck operations on the adjacent streets. The description of the plan is included as Appendix I, Loading Analysis in the *Cathedral Hill Transportation Impact Study*. The Truck Management Plan includes several key features; including maximizing the use of the loading areas, including 24-hour use when feasible; actively managing loading areas; and allowing evening deliveries of some services, including those from a centralized-CPMC distribution center.

In addition to the Truck Management Plan, Mitigation Measure MM-TR-44 would require that large trucks (longer than 46 feet) use the loading area between 10:00 p.m. and 5:00 a.m., to reduce the potential for interruptions of traffic on Franklin Street. By operating 24 hours per day and restricting many of the deliveries to the evening hours, the Truck Management Plan would minimize the number of trucks accessing the campus during commuter peak periods or in the middle of the day when traffic volumes on the adjacent streets would be at their highest levels. Restricting deliveries to between 8 a.m. and 5 p.m., as

suggested by the comment, would concentrate the truck activity and increase the traffic impacts on the adjacent roadways during the peak travel periods.

Truck Loading Operations Mitigation

Comments

(Donald Scherl, October 18, 2010) [74-17 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.'"

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-33 TR, duplicate comment was provided in 108-33 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."

Response TR-95

The comments state concerns regarding assessment of loading impacts and Mitigation Measure MM-TR-44 in the Draft EIR, page 4.5-139. Impacts of increased noise in the vicinity of the proposed Cathedral Hill Campus are discussed in Impact NO-2 on pages 4.6-57 and 4.6-68 in the Draft EIR. Regarding the analysis of the impacts of small and single unit trucks entering and exiting the loading facility at the proposed Cathedral Hill Campus, the Truck Management Plan is designed to minimize the number of trucks that would make deliveries during normal weekday commute peak periods. Based on surveys at the existing CPMC campuses, the peak delivery periods tend to occur in the late morning or early afternoon. Although the peak loading demand is 19 vehicles, these vehicles would typically arrive and depart at different times within a given hour. Therefore, although some interruption of traffic could occur when these delivery vehicles entered or exited the facility, the level of interruption would be considered normal occurrence in an urban environment.

The proposed Truck Management Plan also would allow CPMC to manage when their vehicles arrive from the central warehouse locations. Therefore, although the peak demand was determined to be 19 vehicles based on the current conditions at existing facilities, the arrival patterns could be altered in the future to reduce the number of peak truck deliveries. It is estimated that 60 percent of the truck traffic would be less than 20 feet in length. The remaining 40 percent of the vehicles would be between 25 and 55 feet in length.

Mitigation Measure MM-TR-44 would require CPMC to limit hours of delivery for large trucks (greater than 46 feet in length) and to monitor deliveries between 10:00 pm and midnight. The required monitoring of deliveries between 10:00 p.m. and midnight is not a deferment of mitigation. The restriction of large truck deliveries between 10 p.m. and 5 a.m. was selected based on existing evening

traffic patterns measured on Franklin Street, which were found to substantially decrease after 10 p.m., and even more after midnight. Additional monitoring of deliveries between 10 p.m. and midnight was added to the mitigation to further document deliveries that occur, effects on travel lanes, and operations of the Franklin/Geary intersection between the hours of 10 p.m. and midnight. The City, on review, might further limit delivery times. If the City desired, independent monitoring of the truck activity could be included in the Mitigation Monitoring Program. The Mitigation Monitoring Program would be used by the City to track the compliance of the proposed CPMC LRDP in terms of the mitigations identified in the Final EIR. Considering the restricted hours, provision of an attendant, and monitoring, the impacts from truck deliveries would be mitigated.

Cathedral Hill MOB Delivery Truck Parking

Comment

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-26 TR, duplicate comment was provided in 114-26 TR]

"This problem [MOB deliveries shown to be next to the parking entry] will be magnified because the DEIR identifies that the loading space demand for 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."

Response TR-96

The comment states that the number of loading spaces for the proposed Cathedral Hill MOB would not be adequate to meet the demand, further amplifying the associated traffic, noise and exhaust effects. With the proposed Cathedral Hill Campus project, two off-street loading spaces would be provided within the MOB parking structure and two on-street loading spaces would remain on Cedar Street. As discussed under Impact TR-43, page 4.5-136 of the Draft EIR, during the peak delivery period, trucks could meet demand through the use of available on-street loading areas for their delivery or, if no on-street spaces were available, these deliveries could use the two off-street spaces in the MOB parking structure. For more information on the noise and air quality analyses, please also see Response TR-50 (C&R 3.7-73) and Sections 4.6 "Noise" and 4.7 "Air Quality" of the Draft EIR, respectively.

Cathedral Hill Trash Pickup

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-113 TR, duplicate comment was provided in 30-113 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)?"

Response TR-97

The comment requests information related to waste pickup. Trash haulers are flat bed trucks that lift a trash compactor onto the bed and drive it to a transfer station, empty it, and return it to be refilled. Trash pickup is collected using tipper trucks that are commonly used in residential areas. The proposed Cathedral Hill MOB would require trash pickup only. Both trash hauling and trash pickup (composting) would be required for the proposed Cathedral Hill Hospital. The area east of Franklin Street is considered a non-residential zone by the trash collection provider, Recology, and is not restricted by specific

collection times. However, CPMC would have some flexibility in selecting pickup hours that would meet hospital needs and accommodate adjacent neighbors. Trash pickup would occur once daily, Monday through Saturday. Trash hauling (hospital only) would occur once daily, Monday through Saturday.

Truck Management Plan

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-45B TR, duplicate comment was provided in 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)."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-112 TR, duplicate comment was provided in 30-112 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?"

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-32 TR, duplicate comment was provided in 108-32 TR]

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

Response TR-98

The comments request clarification regarding the proposed Truck Management Plan and loading operations at the proposed Cathedral Hill Hospital loading area accessed from Franklin Street. This centralized loading area would include four loading docks for large trucks (greater than 25 feet in length) and two dedicated trash loading docks. In addition, 14 spaces for vans and smaller vehicles 20 feet long or shorter would be provided within the first below-grade level of the hospital garage. The purpose of the proposed Truck Management Plan is to ensure that trucks, particularly large trucks, would have a loading dock or parking space available when they arrived at the proposed Cathedral Hill Campus. The proposed Truck Management Plan would also have CPMC manage when their vehicles arrived from the central warehouse locations. Therefore, the arrival patterns could be altered to ensure loading space availability and to reduce the number of peak truck deliveries. Implementation of this plan would minimize the

number of trucks that would access the site during the hours between 7 a.m. and 7 p.m., when traffic on the adjacent street would be highest. With 24-hour management of the loading facility, trucks would not need to double-park on adjacent residential streets. As a part of the 24-hour management plan, and as required by Mitigation Measure MM-TR-44 (on page 4.5-139 of the Draft EIR), CPMC would provide an attendant who would control traffic when large trucks arrived or departed. The Truck Management Plan and a description of the truck loading operations at the Cathedral Hill Campus are summarized under Impact TR-43, page 4.5-136–139 in the Draft EIR and in more detail in Appendix I of the *Cathedral Hill Transportation Impact Study*.

To estimate future truck activity volume at the proposed Cathedral Hill Campus, CPMC provided an analysis of truck activity at the existing California and Pacific Campuses because the proposed Cathedral Hill Campus would combine functions that are currently performed at these existing campuses. These estimates were compared to the truck loading rates from the *SF Guidelines*. The Truck Management Plan (*CPMC LRDP Transportation Impact Study*, Appendix I) describes the analysis process used to estimate the demand and how many truck deliveries could be reduced with the creation of the proposed Cathedral Hill Campus. The following paragraph from the plan describes the analysis approach:

> "The CPMC Materials Management staff and its consultants reviewed the list of vendors who are currently serving the hospitals in the Pacific and California Campuses and identified A) potential vendors who could consolidate two separate trips into one trip to CH Hospital, and B) the deliveries that would be shifted to the West Bay Distribution Center in Burlingame and services that would no longer be needed at the CH Campus because of operational changes. Such vendors in the "A" category included FedEx, Office Depot, Ownes Minor, and Aramark, and the trips generated by these vendors were reduced by half and were subtracted from the total truck trips. The vendors in the "B" category included USPS, Stericycle and Angenlica, and their trips were removed from the total truck trips. It should be noted that the USPS mail deliveries to the CH Hospital would be directed to the West Bay Distribution Center in Burlingame where many of the hospital deliveries would come from."

The truck analysis assumed the needs of all the functional departments and operations that would be located in the proposed hospital and MOB. The results of this process reduced the combined deliveries at the existing Pacific and California Campuses from a total of 206 average daily trips to 113 average daily trips that would be needed to access the proposed Cathedral Hill Campus. The 113 average daily trips would be nine trips fewer than the current 122 average daily trips to the Pacific Campus. Consolidation of loads would occur at the West Bay Distribution Center in Burlingame to minimize the number of truck trips and maximize the loads on each truck. The Truck Management Plan uses an analysis methodology that is based on available data for the CPMC operations. Therefore, no need exists for a more conservative approach to be developed.

One of the primary purposes of the Truck Management Plan is to reduce the need for, and number of, large trucks accessing the proposed Cathedral Hill Campus. The plan uses remote warehousing as a means to move only the needed medical supplies to the proposed Cathedral Hill Campus, which would minimize the load that individual trucks would carry. Therefore, no need would exist to use larger trucks for medical supply deliveries to the proposed Cathedral Hill Campus. Furthermore, Mitigation Measure MM-TR-44 would limit trucks larger than 46 feet to using the loading facility during evening hours.

In order to ensure that trucks larger than 46 feet would not arrive concurrently, CPMC would invest in a communication system (using cell phones and two-way radios) that would provide direct communication between the truck drivers and the Materials Management staff at the Cathedral Hill Campus site. If the loading dock area is unable to receive a truck larger than 46 feet, due to the unavailability of dock space, drivers would be informed in advance and would be instructed to stage at an off-site/available location

until directed by the CPMC Materials Management staff to proceed to the Cathedral Hill Campus site. If for some reason, the communication system failed and a truck greater than 46 feet arrived at the Cathedral Hill Campus site and was unable to be received, the shuttle pick-up area on Post Street could be used as a temporary wait station until it could be received (with engines turned off for up to 45 minutes), since deliveries by trucks of this size would be limited to between the hours of 10 p.m. and 5 a.m (when shuttles are not in operation).

Truck Management Plan—Truck Loading Noise

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-22 TR]

"Pages 4.5-82 and 4.5-83: The DEIR indicated 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 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."

Response TR-99

The comment states concern about the effects of truck loading noise on sensitive residential uses near the St. Luke's Campus and specifically mentions the number of trucks (66) that are expected at the St. Luke's Campus each day, as noted in Table 4.5-14 on page 4.5-83 of the Draft EIR. Noise impacts associated with loading activities at the St. Luke's Campus are addressed on page 4.6-76 of the Draft EIR. The St. Luke's Replacement Hospital would have an enclosed loading dock located off Cesar Chavez Boulevard. To reduce the impact of large trucks accessing the loading area during commute hours, large trucks would be scheduled for deliveries in the evening hours and would enter an enclosed loading area. The discussion also addresses noise impacts associated with the Alternative Emergency Department Location Variant, which would locate the loading area adjacent to 25th Street (see page 4.6-78 of the Draft EIR). Under both the proposed LRDP and the Variant, all truck maneuvering and loading/unloading would occur within the enclosure. This would reduce the impacts of noise on the adjacent residents. See Response NO-75, page C&R 3.8-80, for additional information regarding noise impacts associated with loading activities at the St. Luke's Campus.

3.7.10 EMERGENCY ACCESS

3.7.10.1 EMERGENCY VEHICLE ACCESS AND TRAFFIC CONGESTION

Comments

(Marvis Phillips—Alliance for a Better District 6, August 6, 2010) [4-3 TR]

"2) Emergency vehicle access during evening and morning commute periods.

(Diane and Richard Wiersba, October 11, 2010) [49-4 TR]

"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. Ambulances will no doubt run into traffic snarls as they try to reach CPMC, also."

(Linda Chapman, October 19, 2010) [76-29 TR, duplicate comment was provided in 111-29 TR]

"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.

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 all the important doctors) heading for Cathedral Hill from Marin."

(Patrick Carney, October 19, 2010) [83-6 TR]

"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 standstill. 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-24B TR]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-83 TR]

"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.

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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-8 TR]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [96-20A TR, duplicate comment was provided in 110-20 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 significant 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.

[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://artjcles.sfgate.com/2009-07-16/bay-area/17217311 1 power-line-pg-e-underground-fire."

(Merle Easton, October 18, 2010) [66-1 TR, duplicate comment was provided in 73-1c TR])

"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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-26 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.

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."

(Margaret Kettunen Zegart, October 20, 2010) [97-18 TR]

"Emergency vehicles cannot meander - or speed - through present traffic jams."

(Hossein Sepas, October 19, 2010) [82-6 TR, duplicate comment was provided in 107-4 TR]

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

(Peggy Lindrod, September 23, 2010) [PC-99 TR]

"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 EMTs 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."

(Gloria Smith—California Nurses Association, March 8, 2011) [121-3 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.

Response TR-100

The comments state concern that patient and emergency vehicle access to the hospital would be compromised because of existing and future traffic conditions on the roadways surrounding the proposed Cathedral Hill Campus. As described in Impact TR-52 in the Draft EIR (page 4.5-145), development of the proposed Cathedral Hill Campus would not result in a significant emergency vehicle access impact. Patients that required emergency transport typically would be delivered to the nearest emergency room provided the receiving hospital has available space and capability to address that patient's need for medical care (e.g., burn victims divert almost exclusively to St. Francis Memorial Hospital because of that hospital's capability to treat that type of injury). The proposed Cathedral Hill Campus site is centrally located along major routes to many neighborhoods, and these roadways would facilitate access from any point in the City, should a patient require care at the proposed Cathedral Hill Hospital. Patients in the Richmond District would continue to be served by emergency rooms at St. Mary's Hospital, Kaiser Medical Center, and UCSF Parnassus Campus. Patients in the southeastern portion of the City would be served by emergency rooms at San Francisco General Hospital and UCSF Mission Bay Medical Center, as well as the St. Luke's Campus. The Davies Campus would also retain its emergency room.

In the event of an emergency or natural disaster, which are by their nature not predictable, protocol exists to prioritize the use of roadways. Emergency services, such as the Fire Department, Police, or other first responders use of roadways are prioritized. Patients needing emergency care would be taken to the closest available emergency room. Emergency vehicles typically choose travel routes based on several factors, including congestion, speed, and terrain. As described in the Draft EIR and *Cathedral Hill Transportation Impact Study*, emergency vehicles coming to the proposed Cathedral Hill Campus would likely use Franklin Street, Gough Street, or Van Ness Avenue as north-south routes and Geary Street, O'Farrell Street, Pine Street, or Bush Street as east-west routes. These streets are multi-lane arterial roadways that typically allow emergency vehicles to travel at higher speeds because roadway width allows other vehicles to move out of their paths. The California Vehicle Code, Section 21806, requires that vehicles yield to emergency vehicles and remain stopped until an emergency vehicle passes with active sirens and emergency lights, as follows:

> 21806. Upon the immediate approach of an authorized emergency vehicle which is sounding a siren and which has at least one lighted lamp exhibiting red light that is visible, under normal atmospheric conditions, from a distance of 1,000 feet to the front of the vehicle, the surrounding traffic shall, except as otherwise directed by a traffic officer, do the following:
>
> (a) (1) Except as required under paragraph (2), the driver of every other vehicle shall yield the right-of-way and shall immediately drive to the right-hand edge or curb of the highway, clear of any intersection, and thereupon shall stop and remain stopped until the authorized emergency vehicle has passed.
>
> (2) A person driving a vehicle in an exclusive or preferential use lane shall exit that lane immediately upon determining that the exit can be accomplished with reasonable safety.
>
> (b) The operator of every street car shall immediately stop the street car, clear of any intersection, and remain stopped until the authorized emergency vehicle has passed.
>
> (c) All pedestrians upon the highway shall proceed to the nearest curb or place of safety and remain there until the authorized emergency vehicle has passed."
>
> (Amended Sec. 68, Ch. 1154, Stats. 1996. Effective September 30, 1996.)

In addition, as stated in the TransOptions report,[26] the San Francisco Fire Department (SFFD) staff does not have preferred routes to minimize the traffic impact of 911 ambulances; however, they do follow a general route selection process, but crews could and would vary the streets used. SFFD's basic tenet is that they "…dynamically deploy, and then converge over the route of least impedance to the hospital emergency department of choice."

During peak times of the day (7:00 a.m.–9:00 a.m., 4:00 p.m.–6:00 p.m.), major arterials near the proposed Cathedral Hill Campus, such as Geary Boulevard, Van Ness Avenue, Franklin Street, and Gough Street, are sometimes congested. If an emergency vehicle was en route to the proposed Cathedral Hill Campus when congestion was most severe, it would likely use less congested, parallel routes, such as Polk Street (north-south) and Post Street, Sutter Street, or Ellis Street (east-west).

Additionally, according to California Vehicle Code ,Section 21055, when responding to an emergency , authorized emergency vehicles are exempt from California Vehicle Code, Section 21657, which governs that vehicles travel in the proper direction of the roadway. This exemption allows emergency vehicles to

[26] TransOptions, 2010, *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses*, Cathedral Hill Campus Transportation Impact Study, Appendix J, available on file at the San Francisco Planning Department as part of Case File No. 2005.0555, 1650 Mission Street #400, San Francisco, CA 94103.

travel opposite the flow of traffic to bypass congestion. For example, if southbound Van Ness Avenue became too congested, emergency vehicles could travel southbound in the northbound lanes. Emergency vehicles also could travel contraflow on a one-way route. For example, emergency vehicles could travel westbound on Post Street to bypass congestion on Geary Street.

With the grid street layout around the proposed Cathedral Hill Campus, emergency vehicles would have multiple routes to access the proposed hospital and would be able to avoid the most congested routes. The TransOptions report also addresses the approach followed by SFFD crews in selecting a route to the site of a 911 call and the follow-up transport to the hospital Emergency Department, is generally guided by these basic principles:

- Routes with the least traffic and fastest travel time—this differs based on time of day, day of week, and whether it is a holiday or shopping day as determined by each crews' personal knowledge of the City, because GPS systems do not address these issues on a dynamic basis;
- Flatter streets are preferred over hilly streets to minimize the effect of gravitational forces on patients—for example, despite California Street being a fast east-west route to the Pacific Campus, alternate streets such as Turk Street or Clay Street are preferred for Code 2 transports;
- For Code 3 emergency light and siren transports crew prefer streets with more traffic lights, major thoroughfares over residential streets, and the least amount of travel time possible—this is done to reduce the risk of harming anyone in the oncoming path of the ambulance;
- Less turns are preferred and left-hand turns in front of oncoming traffic are always avoided—patient safety and comfort are critical; and
- SFFD crew prefer easy flow of traffic, less lights, and short-cuts that avoid traffic and shorten drive time—less eventful and less challenging transport routes are always preferred. Additional information on how emergency services would be provided is included in Major Response HC-5, page C&R 3.23-20.

3.7.10.2 EMERGENCY ACCESS—TRAVEL DISTANCE

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-20B TR, duplicate comment was provided in 110-20 TR]

"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.

[25] San Francisco Chronicle, PG&E Says 1920s Power Line Sparked SF Fire, July 16, 2009; http://artjcles.sfgate.com/2009-07-16/bay-area/17217311 1 power-line-pg-e-underground-fire."

Response TR-101

The comment states concerns related to the location of the proposed Cathedral Hill Campus and provision of emergency health care in San Francisco. As described in Impact TR-52 on page 4.5-145 in the Draft EIR, development of the proposed Cathedral Hill Campus would not result in a significant emergency access vehicle impact. With implementation of the proposed CPMC LRDP, the Emergency Department at the proposed Cathedral Hill Hospital would replace existing emergency care services at the California and Pacific Campuses. However, St. Luke's and Davies Campuses would continue to provide emergency care. Therefore, patients coming from San Mateo County could continue to receive emergency services at St. Luke's.

Patients in emergency transport are typically delivered to the nearest emergency room with available space and capability to address a patient's need for medical care. For example, not all hospitals can treat trauma, neurological, or stroke patients. The proposed Cathedral Hill Campus site is centrally located along major routes to many neighborhoods, and it would be accessible from any point in the City, should a patient require care at the proposed Cathedral Hill Hospital Emergency Department. Response TR-100, page C&R 3.7-170 provides additional information on emergency vehicle access to the proposed Cathedral Hill Campus.

Although the proposed Cathedral Hill Hospital Emergency Department would replace or relocate some existing emergency care services, it would not reduce access to emergency care facilities. The proposed Cathedral Hill Hospital would be slightly less than three-quarters mile from the existing Pacific Campus Emergency Department, which it would be functionally replacing. Patients in the Richmond District would continue to be served by emergency rooms at St. Mary's Hospital, Kaiser Medical Center, and UCSF Parnassus Campus. Patients in the southeastern portion of the City would be served by emergency rooms at San Francisco General Hospital and UCSF Mission Bay Medical Center. Both the Davies Campus and St. Luke's Campus also would retain their emergency care services. Additional information on how emergency services would be provided is included in Major Response HC-5, page C&R 3.23-20.

3.7.10.3 EMERGENCY DEPARTMENT ACCESS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-44 TR, duplicate comment was provided in 30-44 TR]

"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."

(Sister Elaine Jones, September 23, 2010) [PC-29 TR]

"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?"

Response TR-102

The comments request clarification regarding Emergency Department operations at the proposed Cathedral Hill Hospital, and expresses concerns for emergency and other traffic on Franklin Street and Van Ness Avenue. The Emergency Department would be located in the northwest quadrant of the proposed hospital, as shown in Figures 2-4 and 2-19 in the Draft EIR (pages 2-53 and 2-77, respectively). The private vehicle (public) drop-off and parking area would have inbound access from Franklin Street and outbound egress to Post Street. Ten parking spaces on Level 1 of the proposed parking garage would be designated for the Emergency Department use, with access via an elevator. Emergency vehicles would have a separate loading area, accessed via their own driveway located on Post Street. This design would eliminate the potential for conflicts between pedestrians, private vehicles, and emergency vehicles at the Emergency Department driveways on both Franklin Street and Post Street. Emergency vehicles would have their own loading area off Post Street with a separate access driveway; therefore, emergency vehicles would not use the Franklin Street driveway to access the hospital Emergency Department. Therefore, queuing of emergency vehicles on Franklin Street when accessing the ambulance loading area would not occur. Response TR-100, page C&R 3.7-170 provides additional information on emergency vehicle access to the proposed Cathedral Hill Campus.

3.7.11 CONSTRUCTION

3.7.11.1 METHOD USED TO SUPPORT FINDINGS OF SIGNIFICANCE

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-6 TR, duplicate comment was provided in 30-6 TR]

"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 10ft.
- 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)) From the Administrative documents to the DEIR, only the above lanes will be closed."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-130 TR, duplicate comment was provided in 30-130 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."

(Donald Scherl, October 18, 2010) [74-18 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.

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."

(Donald Scherl, October 18, 2010) [74-20 TR]

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

(Sheila Mahoney and James Frame, October 19, 2010) [88-11 TR]

"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.'"

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-26 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 DElR 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 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."

(Marianna Ferris, September 23 2010) [PC-18 TR]

"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 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."

(Marianna Ferris, September 23 2010) [PC-20 TR]

"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."

Response TR-103

The comments question the conclusion of the Draft EIR to identify construction-related transportation impacts at the proposed Cathedral Hill Campus as "significant and unavoidable," while impacts at St. Luke's Campus are labeled as less than significant. In San Francisco, construction-related impacts generally would not be considered significant because of their temporary and limited duration. However,

depending on a project's location and timing, in circumstances involving large development plans where construction occurs over long periods of time, construction-related impacts may be considered significant. Transportation impacts related to construction at the proposed Cathedral Hill site were identified as significant and unavoidable because of the complex transportation environment around the proposed Cathedral Hill Campus; the proposed 54-month construction period (approximately 4.5 years); the nighttime lane closures related to the construction of the pedestrian tunnel; and because construction would require the entire campus (one city block for the hospital and a quarter of a city block for the MOB) to be constructed simultaneously.

As described in Impact TR-55 (in the Draft EIR, beginning on page 4.5-147), the transportation system surrounding the proposed Cathedral Hill Campus would be significantly impacted during simultaneous construction of the hospital and MOB. The analysis presented in this impact statement is based on intersection operations during the excavation phase of construction—the phase that would experience the greatest number of truck trips. As shown in Table 4.5-31 in the Draft EIR, page 4.5-151, the construction site would generate an average of 185 trucks during each shift, or about 28 trucks per hour. As identified in Impact-55, the construction project would result in significant impacts at nine study intersections.

In addition, Impact TR-55 identified that the sidewalk closures required for construction would result in a significant impact to pedestrians; that transit-only lane closures near the construction site would result in significant impacts to Muni transit lines on Geary Street and Post Street; and that parking lane closures on Geary Street, Post Street, Franklin Street, and Van Ness Avenue would impact parking in the area.

Although the traffic impacts identified in Impact TR-55 would be a result of truck trips generated by project construction activities, the sidewalk closures and lane closures that would result in impacts to pedestrians and public transit would be required to maintain a safe worksite for both construction workers and nearby residents. Closure of sidewalks and parking lanes would not impact mixed-flow traffic (or congestion as noted in Comment 30-6). Closure of transit-only lanes would require buses to use a mixed-flow lane for one block as they passed the construction site. This was described in Impact TR-55 as a significant impact. Although closure of a transit-only lane would impact transit in the area, it would not have a substantial impact on vehicle traffic in the area because this traffic already uses two mixed-flow lanes on Geary Street.

Therefore, as per the mitigation measures described in the Construction Transportation Management Plan, no feasible mitigation exists that would result in a less-than-significant impact at the Cathedral Hill Campus construction site.

As described in Impacts TR-66, TR-73, TR-83 and TR- 94 (on pages 4.5-175, 4.5-182, 4.5-192, and 4.5-208, respectively, of the Draft EIR), construction at the Pacific, California, Davies, and St. Luke's Campuses would result in less-than-significant impacts. Construction of the Pacific Campus would be phased to occur over 4 years and would be required to develop a construction management plan as part of a project-level environmental document (Impact TR-66). No construction would occur at the California Campus; therefore, no construction-related impacts would occur in the area surrounding the campus (Impact TR-73). Construction at the Davies Campus would occur in two separate phases (Impact TR-83). The first phase would be construction of the Neuroscience Institute on the northeast quadrant of the campus. This construction would occur over a 2-year period and construction staging would be contained within the campus boundaries. Construction of the Castro/14th Street MOB would occur on the southwest quadrant of the campus after construction of the Neuroscience Institute and would last approximately 2 years. Construction of the St. Luke's Campus would occur in separate phases over 7 years (Impact TR-94). Construction on these four campuses would be contained primarily to CPMC property; except where sidewalks and/or parking lanes would need to be closed for safety reasons. Pedestrian detours around these campuses would be signed and in place during construction, as described in the Herrero-Boldt construction management plans for each campus. No vehicular traffic detours, lane closures, or

emergency access issues are anticipated with construction of these projects. Because construction of these campuses would occur in phases; and only portions of each campus would be under construction at any given time; and because construction would be contained on site except for the adjacent sidewalk closures for safety purposes, impacts at other campuses, including St. Luke's Campus, would be less than significant.

3.7.11.2 CUMULATIVE CONSTRUCTION IMPACTS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-7 TR]

"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."

(Bob Hamaguchi—The Japantown BNP Organizing Committee, October 8, 2010) [47-6 TR, duplicate comment was provided in 50-6 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."

(Lisa Carboni (Caltrans (Regional)), September 9, 2010) [6-6 TR, duplicate comment was provided in 7-6 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?"

(Sue Hestor, October 19, 2010) [89-6 TR]

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 the north-south lines that connect to other campuses) to the massive work CPMC contemplates for their own benefits.

Response TR-104

The comments express concern about the effect of simultaneous construction at CPMC campuses, construction of other nearby proposed projects, and the cumulative impacts of construction on the surrounding neighborhoods.

As described in Impact TR-98 on page 4.5-213 of the Draft EIR, construction at Cathedral Hill Campus, Davies Campus, and St. Luke's Campus might overlap with one another. However, because each of these campus locations is in relative isolation from the others, each one would rely on different access routes for construction vehicles. Therefore, overlapping construction at these campuses is considered to be less than significant. The proposed Cathedral Hill Campus and the existing Pacific Campus are located near one another and would share access routes; however, construction at the Pacific Campus would not begin until after construction at the Cathedral Hill Campus was complete and inpatient acute care and emergency services could be transferred from Pacific Campus to the Cathedral Hill Campus. Construction at these two campuses would not overlap, nor would construction staging areas be shared.

Comments 47-6 and 6-6 refer to the potential for the construction projects at the proposed Cathedral Hill and existing Pacific Campuses to overlap with Van Ness BRT and Geary BRT project construction as well as construction at 1481 Post Street. The non-CPMC projects have not yet been approved, nor have their construction plans been identified. If these projects were to overlap, all project sponsors, including CPMC, would be required to coordinate with SFMTA and the Planning Department to ensure that elements of each construction TMP was effective and that coordination would occur to ensure that construction impacts, including construction worker parking, on surrounding areas would be minimized. Construction worker parking management at the Cathedral Hill Campus is discussed further in Response TR-79 (page C&R 3.7-149).

To maintain traffic flow on Van Ness Avenue during construction, three travel lanes would be maintained in each direction except during hours when trenching is done for the subterranean pedestrian tunnel, as discussed in Response TR-105 (page C&R 3.7-180). The unacceptable levels of service at intersections near the Cathedral Hill Campus during construction would be the result of construction trucks arriving to and departing from the site. To minimize this impact, the Construction Transportation Management Plan proposes to coordinate truck deliveries, as described below in Response TR-105 (page C&R 3.7-180).

3.7.11.3 CONSTRUCTION TRANSPORTATION MANAGEMENT PLAN

Comments

(Lisa Carboni (Caltrans (Regional)), September 9, 2010) [6-4 TR, duplicate comment was provided in 7-4 TR]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-57 TR, duplicate comment was provided in 30-57 TR]

"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.'"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-63 TR, duplicate comment was provided in 30-63 TR]

"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."

(Alan Wofsy—Emeric-Goodman Associates, September 23, 2010) [26-2 TR]

"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:

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 rafter-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

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 7AM 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 resident 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 compensate the property

owner for lost income due to the impacts of the project and/or to have to compensated tenants who are willing to remain in the building during the construction period."

(Sue Hestor, October 19, 2010) [89-9 TR]

"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."

Response TR-105

The comments state concerns with Mitigation Measure MM-TR-55 (Construction Transportation Management Plan) in the Draft EIR, page 4.5-159. Mitigation Measure MM-TR-55 was developed in response to the finding that construction activity at the proposed Cathedral Hill Campus would result in several significant impacts (Impact TR-55 in the Draft EIR, beginning on page 4.5-147), including impacts to traffic, pedestrians, and public transit. Given the magnitude of the proposed construction activities and the location of the project, construction impacts of the proposed Cathedral Hill Campus would be significant and unavoidable. To reduce these impacts to the extent possible, CPMC and its contractors would be required to develop a Construction Transportation Management Plan (TMP). As stated in Mitigation Measure MM-TR-55:

"CPMC shall develop and implement a Construction Transportation Management Plan (TMP) to anticipate and minimize impacts of various construction activities associated with the Proposed Project."

The Plan would disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation is maintained to the extent possible, with particular focus on ensuring pedestrian, public transit, and bicycle connectivity. The 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.

Specifically, the plan would:

- Identify construction traffic management best practices in San Francisco, as well as others that, although not being implemented in the City, could provide valuable information for the project. Management practices include, but are not limited to

  - 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 wayfinding signage or temporary walkways.

  - Identifying ways to accommodate public transit stops located at sidewalks slated for closure during construction. This may include identifying locations for temporary bus stops, as well as signage directing riders to those temporary stops.

  - Identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility.

  - 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. This may include coordination with Caltrans on appropriate traffic management practices and lane closure procedures.

- Describe procedures required by different departments and/or agencies in the city for implementation of a Construction TMP, such as reviewing agencies, approval processes, and estimated timelines. For example,

  - CPMC shall coordinate temporary and permanent changes to the transportation network within the City of San Francisco, including traffic, street and parking changes and lane closures, with the SFMTA. Any permanent changes may require meeting with the SFMTA Board of Directors or one of its sub-Committees. This may require a public hearing. Temporary traffic and transportation changes must be coordinated through the SFMTA's Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT) and would require a public meeting. As part of this process, the Construction Plan may be reviewed by SFMTA's Transportation Advisory Committee (TASC) to resolve internal differences between different transportation modes.

  - Caltrans Deputy Directive 60 (DD-60) requires TMP and contingency plans for all state highway activities. These plans should be part of the normal project development process and must be considered during the planning stage to allow for the proper cost, scope and scheduling of the TMP activities on Caltrans right-of-way. These plans should adhere to Caltrans standards and guidelines for stage construction, construction signage, traffic handling, lane and ramp closures and TMP documentation for all work within Caltrans right-of-way.

- Require consultation with other Agencies, including 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 blocks are addressed within the construction TMP for the project.

- Identify construction traffic management strategies and other elements for the project, and present a cohesive program of operational and demand management strategies designed to maintain acceptable levels of traffic flow during periods of construction activities. These include, but are not limited to, construction strategies, demand management activities, alternative route strategies, and public information strategies.

- Develop a public information plan to provide adjacent residents and businesses with regularly-updated information regarding project construction, including construction activities, peak construction vehicle activities (e.g., concrete pours), travel lane closures, and other lane closures.

The Construction Transportation Management Plan shall be submitted to SFMTA, SFDPW, and the Planning Department for review and approval."

Several elements of this Construction TMP have already been developed by CPMC and its construction management company, Herrero-Boldt. Based on the construction plan prepared by Herrero-Boldt,[27] the Construction TMP would include the following elements that specifically relate to comments about construction work hours, truck management, pedestrian way-finding signage, and vehicle signage:

- Construction on both the Hospital and MOB would occur during one shift between 7 a.m. and 7 p.m. on Monday through Friday and between 7 a.m. and 5 p.m. on Saturday. Work extending past 7:00 p.m. will be limited to activities such as concrete finishing, steel detailing, and general production preparation, and will be communicated with the neighbors on a weekly basis. Second shift work (work occurring between 4:00 p.m. and Midnight) is anticipated, pursuant to City approval, only during the interior build out phase of the hospital. Second shift work is not anticipated on the MOB project. Excavation of the Van Ness pedestrian tunnel would occur between 7 p.m. and 5 a.m.,

[27] Revised Construction Plan prepared by Herrero-Boldt dated February 2011 on file with the Planning Department.

pursuant to Caltrans approval, to reduce impacts associated with lane closures required to complete the work.

- CPMC and Herrero-Boldt have developed a truck management plan to coordinate truck deliveries to and from the construction site. In summary, up to eight trucks could be accommodated within the construction site. If delays occur, a logistics manager would be in communication with off-site trucks and would request any trucks not able to enter the construction site to hold at or return to their construction yard. The logistics manager would be in constant communication with both trucks and the construction job site.

- Construction would require the closure and pedestrian detours on all sidewalks immediately adjacent to the construction site. To accommodate pedestrians, temporary covered pedestrian walkways would be constructed within the parking lane along both sides of Van Ness Avenue. Wayfinding signage and required pedestrian facilities would be provided. As mentioned in Response TR-123 (page C&R 3.7-203), although some pedestrians might have special needs, the SFMTA is not aware of special technologies that could further aid these pedestrians, and these pedestrians typically would have devices that would aid them in navigating city streets, including poles and trained guide dogs.

- During construction of the hospital, one parking lane would be closed and all travel lanes on Van Ness Avenue would remain open, and construction of the Van Ness Avenue pedestrian tunnel would require closure of up to two travel lanes in addition to the parking lane. As discussed in Impact TR-55, the closure of the peak hour travel lane/parking lane on Franklin Street between Geary Street and Post Street would result in increased delay at Franklin/Geary and Franklin/Post intersections. Construction of the pedestrian tunnel under Van Ness Avenue would require sequential lane closures of two lanes at a time between 7 p.m. and 5 a.m., when traffic is typically lighter. As discussed in Impact TR-55, vehicle delay would increase at the intersections of Van Ness/Post and Van Ness/Geary. No other vehicle travel lanes would be closed during construction. CPMC and Herrero-Boldt would work with the City of San Francisco to identify appropriate locations for signage alerting drivers to these construction closures.

- The transit-only lane on Post Street between Franklin Street and Van Ness Avenue would be closed during construction for safety reasons. As a result, Muni would be required to share a mixed-flow travel lane for one block. Muni's overhead wires would be relocated to the north side of the street. Conflicts between construction vehicles and Muni vehicles would be minimal because construction vehicles would enter the construction site from the southern-most lane on Post Street. This mitigation measure would be coordinated with Muni to ensure that impacts to public transit would be minimal.

Several comments refer to the potential for construction of the proposed Cathedral Hill Campus to overlap with other major projects in the area, including the Van Ness Avenue BRT and Geary Corridor BRT routes. These projects have not yet been approved, nor have their construction plans been identified. CPMC and Herrero-Boldt would be required to consult with the SFMTA, DPW, SFCTA, Caltrans, and Planning Department during construction to ensure that the elements of the TMP would be effective, and any coordination between these projects and the proposed CPMC LRDP to minimize construction impacts would be addressed when a construction plan for the BRT projects was developed. These cumulative traffic impacts related to construction are addressed in Response TR-104 on page C&R 3.7-177.

The comment further states that the Draft EIR does not analyze the environmental and health impacts on the resident and businesses near the Emeric-Goodman Building. Please see Response INTRO-7 on page C&R 3.1-17 for further discussion of this issue.

3.7.11.4 CONSTRUCTION WORKER TRANSPORTATION PROGRAM

Comments

(Bernard Choden, September 20, 2010) [13-3 TR, duplicate comments were provided in 14-3 TR and 38-3 TR]

"**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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-59 TR, duplicate comment was provided in 30-59 TR]

"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'?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-120 TR, duplicate comment was provided in 30-120 TR]

"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.)"

(Rose Hillson—Jordan Park Improvement Association, September 23, 2010) [18-131 TR, duplicate comment was provided in 30-131 TR]

"71.ln 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:

- 680 at Hospital
- 158 at MOB
- 35 at Tunnel

The total of workers maximum per day equals 873 workers."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-132 TR, duplicate comment was provided in 30-132 TR]

"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:

- 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 onstreet parking spaces around Japantown."

(Bob Hamaguchi—The Japantown BNP Organizing Committee, October 8, 2010) [47-4 TR, duplicate comment was provided in 50-4 TR]

"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.

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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-24 TR]

"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 DElR relying on ambiguous and inadequately detailed description of important components of the proposed project to conclude an impact would be less than significant. The DElR states that '[c]arpooling and transit use by construction workers would be encouraged throughout the construction to reduce parking demand,' and '[e]xisting offsite public parking garages and lots would be utilized.' The DElR acknowledges that, '[specific 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 offsite 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 DElR must be revised to include this information and analysis."

(Bernard Sherman, September 23 2010) [PC-11 TR]

"A demonstrated commitment in means of mitigation of 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."

Response TR-106

The comments state concerns about the adequacy of transportation demand management measures developed by CPMC and Herrero-Boldt to address construction worker parking needs. The comments also request clarifications regarding the number of construction workers that would be on site during construction. Herrero-Boldt, in conjunction with CPMC, would develop a CWTP to ensure that the parking demands for construction workers would be met without impacting parking availability for patients, employees, visitors, or other local merchants and residents near each campus. The goal of the CWTP would be to reduce the number of workers driving to construction sites and to manage the use of available parking supply so as to not unreasonably impact parking availability for patients, employees, local merchants, residents, and visitors.

Workers would be encouraged to use public transportation, carpool, or vanpool, or use shuttles to access construction sites, consistent with the City's Transit-First Policy. To encourage this behavior, the CWTP would:

- Provide subsidized or reduced-cost public transit passes to workers who use public transportation, bicycle, or walk;
- Provide secure bicycle parking on job sites;
- Designate special priority parking areas for carpools and vanpools;
- Provide a rideshare matching program operated by the project sponsor to match drivers and riders;
- Fully or partially subsidize tolls, gas, and parking for carpools or vanpools based on the number of occupants per vehicle;
- Provide lunch vouchers to workers using public transportation or who walk or bike; and
- Provide a shuttle between off-site parking lots and the job site at 15 minute headways between 6 and 9 a.m. and 2 and 4 p.m.

Parking for construction workers driving or participating in a carpool or vanpool would be provided in off-site public parking lots within the vicinity of each job site and, if necessary, in satellite parking lots served by shuttles at times scheduled with phases and shifts of the construction activities. The off-site parking lots identified for construction workers would be separate from the parking lots used by CPMC employees. Construction workers who drove, carpooled, or vanpooled would be given parking passes for these off-site garages.

All personnel (administrative, skilled trade, and labor) would be instructed that available on-street parking near campus was not to be used during the day, and that penalties would be assigned if anyone was found to be parking on the street. All proposed CPMC campuses would be located within residential parking permit zones or surrounded by on-street metered parking. Therefore, any construction worker who chose to park on the street would remain subject to any posted parking regulation in effect during that worker's shift.

At the proposed Cathedral Hill Campus, the maximum number of workers at the construction site during the 54-month construction period is expected to be 735 workers. One comment notes that the sum of the maximum number of construction workers would exceed 735; however, because of project phasing at the proposed Cathedral Hill Campus, the maximum number of workers for the proposed hospital, MOB, and tunnel would not occur simultaneously. Exclusive of the Japan Center Garage and the 1375 Sutter garage, CPMC has identified 13 parking lots containing a total of 480 available monthly spaces, within walking distance of the construction site that could be used for construction worker parking. Construction workers would not be permitted to use parking areas, including the Japan Center Garage that would be reserved for CPMC employees. Approximately 360 spaces would be used initially for construction worker parking. The construction site also would have about 20 on-site spaces reserved for essential personnel.

At the St. Luke's Campus, the maximum number of construction workers at the construction site during the phased 4-year construction period is expected to be about 150 workers. CPMC has identified 50 available monthly parking spaces within walking distance of the St. Luke's Campus at 3500 Cesar Chavez Street that could be used for construction worker parking. Approximately 35 spaces would be used initially for construction parking. The construction site also would have about 10 on-site spaces reserved for essential personnel.

At the Davies Campus, the maximum number of workers at the construction site during construction of the Neuroscience Institute building is expected to be about 105 workers. CPMC has identified 190 available monthly parking spaces within walking distance of the Davies Campus that could be used for construction worker parking. Approximately 70 spaces would be used initially for construction parking. The construction site also would have about 10 on-site spaces reserved for essential personnel.

CPMC would negotiate with garage management at the off-site parking garages where it would lease spaces to monitor overall garage occupancies, and would determine if maximum capacities would be exceeded. If demand exceeded supply, CPMC would redirect its construction workers to other parking lots with available supply. Any lot within walking distance but greater than a 10-minute walk from the jobsite would be linked to the jobsite by a shuttle, contracted by the project sponsor. When not in use, shuttles would not park at the jobsite but would be stationed in the contractor's shuttle yard.

In additional to the parking garages located near each campus, satellite parking garages at the intersections of 12th Street/Kissling and Franklin/Grove (Performing Arts Center Garage) have capacity to provide up to 800 additional spaces for construction worker parking. CPMC already maintains leases with these facilities, and a shuttle could be provided to construction workers parked at them. Because of these existing leases, CPMC would not need to pursue additional parking leases at the 5th and Mission Garage, Candlestick Park, or the Port of San Francisco.

The construction phases of the proposed LRDP are expected to occur over multiple years, and no phase where the maximum number of workers for each campus would be reached is anticipated to occur simultaneously. Even if construction on the campuses did overlap, CPMC would operate or lease approximately 1,265 parking spaces exclusively for construction workers. If the most intense construction period on all the campuses occurred simultaneously, approximately 990 construction workers would be on CPMC property. Therefore, although the CWTP would provide measures to reduce the number of workers driving to construction sites, CPMC would be able to accommodate all construction workers without displacing patient, visitor, employee, or local merchant or resident parking.

Construction of the Pacific Campus and the 14th Street/Castro Street MOB at the Davies Campus would be long-term projects that would occur only after completion and occupation of the proposed Cathedral Hill Campus, the St. Luke's Campus, and the proposed Neuroscience Institute building at the Davies Campus. Given that those projects would be long-term projects, the availability, pricing, and supply of

parking available during their construction phases would be different, and an analysis at this time would be speculative and would not necessarily represent an accurate assessment.

As described in the Draft EIR, supply and lack of parking is not considered a significant impact; however, information about parking is provided for informational purposes.

3.7.11.5 VAN NESS AVENUE TUNNEL CONSTRUCTION LANE CLOSURES

Comments

(Lisa Carboni (Caltrans (Regional)), September 9, 2010) [6-5 TR, duplicate comment was provided in 7-5 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."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-10 TR, duplicate comment was provided in 72-10 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."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-30 TR, duplicate comment was provided in 72-30 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."

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-29 TR]

"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."

Response TR-107

The comments state concern regarding the impact and timing of travel lane closures on Van Ness Avenue during construction of the proposed pedestrian tunnel. Construction of the proposed underground pedestrian tunnel between the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be a "cut and cover" project and would occur over a period of 18 months, with only 10 months of work affecting Van Ness Avenue. Tunneling using boring techniques was considered and rejected because of site constraints and the soils and geology in the tunnel area.

At the proposed pedestrian tunnel location, Van Ness Avenue has three travel lanes and a parking lane in each direction. Construction of the proposed pedestrian tunnel would require sequential closures of no

more than two lanes at a time in 100-foot segments of the lane along Van Ness Avenue, between 7 p.m. and 5 a.m. All travel lanes on Van Ness Avenue would reopen at 5 a.m. each day, and construction would not recommence until the end of the p.m. peak traffic period at 7 p.m. The interior tunnel work would occur between 7 a.m. and 7 p.m.;[28] however, the interior work would not require any lane closures along Van Ness Avenue.

Comments 71-10, 71-30 and 92-29 suggest that, based on the Van Ness Avenue traffic volumes presented in Table 4.5-32 of the Draft EIR, construction of the underground tunnel be restricted to later hours (ranging from after 9:00 p.m. to after midnight), to minimize impacts to surrounding neighborhoods. As shown in Table 4.5-32 on page 4.5-157 of the Draft EIR, traffic volumes between 7:00 p.m. and 8:00 p.m. are 86 percent of traffic volumes during the p.m. peak hour. Seven p.m. was chosen because it is the earliest hour in which traffic on Van Ness Avenue substantially decreases compared to the peak hour. As shown in Table 4.5-33 on page 4.5-158 of the Draft EIR, when construction occurred on the northbound side of Van Ness Avenue, the intersections of Van Ness/Geary and Van Ness/O'Farrell would operate at LOS F and the intersection of Van Ness/Post between 7:00 p.m. and 8:00 p.m. The intersection of Van Ness/Geary would operate at LOS F until 9:00 p.m. in the northbound direction. After 9:00 p.m., all intersections impacted by construction would operate at acceptable levels of service. When construction occurred on the southbound side of Van Ness Avenue, the intersection of Van Ness/Geary would operate unacceptably until midnight. The intersection of Van Ness/Post would operate at LOS E until 8:00 p.m. The other intersections along Van Ness Avenue would not be substantially impacted by the construction of the tunnel, and as shown in Table 4.5-33, Van Ness/Bush and Van Ness/Sutter intersections would operate at LOS B after 7:00 p.m. The tunnel's construction would only impact one side of Van Ness at any given time and would be localized to the segments immediately adjacent to the construction site. Although restricting certain construction activities such as material deliveries to after 9 p.m., 10 p.m., or midnight could improve later evening traffic operations at some intersections, the construction impacts identified in the EIR would not substantially change the significant and unavoidable impact identified in Draft EIR. Through the City review of the CMP, the TASC may further reduce construction hours or activities.

Construction-related impacts of the pedestrian tunnel construction were identified as significant and unavoidable in the Draft EIR, with Mitigation Measure MM-TR-55 (on page 4.5-159 of the Draft EIR) identified, and the Construction Transportation Management Plan would include the best management practices for overseeing this localized traffic impact.

The proposed construction hours and lane closure periods would be subject to City and Caltrans review and approval. In general, lane and sidewalk closures as a part of construction activity must meet *City's Requirements for Working in San Francisco Streets* (SFMTA Blue Book) and are subject to review and approval by the City's Transportation Advisory Staff Committee (TASC) which is chaired by an SFMTA Traffic Engineering staff member and consists of representatives of other City departments (including Public Works, Fire, Planning, Police, Public Health, Port and the Taxi Commission).

3.7.11.6 TRUCK MANAGEMENT

Comments

(Charles Freas, October 19, 2010) [79-3 TR, duplicate comment was provided in 100-3]

"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

[28] Revised sheets submitted for Construction Plan prepared by Herrero-Boldt dated December 13, 2010 and January 11, 2011 on file with the Planning Department

engineering and construction management - is fiction. Particularly true for such a congested and compact construction site."

(Alan Wofsy, September 23, 2010) [PC-300 TR]

"During part of the project, there's going to be 370 trucks coming during that 17-hour period, which means one truck every three minutes, for 17 hours a day."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-61 TR, duplicate comment was provided in 30-61 TR]

"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.

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 offloaded 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"

Response TR-108

The comments address concerns about the amount of construction truck trips and how the construction site would manage trips to and from the site. Comments 79-3 and PC-300 suggest that truck deliveries to

the proposed Cathedral Hill Campus would occur every 3 minutes; however, this is not correct. The planned frequency of truck deliveries to the campus is discussed below.

The Construction Transportation Management Plan indicates that the proposed Cathedral Hill Campus construction site would generate 185 truck trips per day—135 to the Cathedral Hill Hospital construction site and 50 to the MOB construction site. Although an average of over 20 trucks would travel to both sites during each hour, it is incorrect to estimate 3 minutes per load time because some trucks would be traveling to the hospital construction site and others would be traveling to the MOB construction site.

The hospital construction site would generate 135 truck trips over a 9-hour day, or 15 truck trips per hour. The hospital construction team would require use of two loaders for the hospital. Each loader would load an average of 7.5 trucks per hour (15 trucks/two loaders); therefore, the duration for a truck on the hospital construction site would be 8 minutes per load (60 minutes/7.5 trucks).

The MOB construction site would generate 50 truck trips over a 10-hour day, or five truck trips per hour. If one loader was used for the MOB, the loader would load an average of five trucks per hour, and the duration for each truck on the MOB construction site would be 12 minutes per load (60 minutes/five trucks).

To maximize the efficiency of each truck's run and prevent queuing of trucks outside the construction site, as Comment 18-61 notes, a logistics superintendent would be in constant radio contact with the construction site to coordinate truck routes. This person would be responsible for monitoring truck locations, traffic reports, and GPS to reduce delays, and for maintaining communication between construction yards, the site, and truck drivers. In the case of unforeseen delays, the site would be designed to accommodate up to eight trucks. Any trucks that could not make it to the site in the appropriate scheduled slot would be redirected back to the construction yard. This logistics support would be an element of the Construction Transportation Management Plan (Mitigation Measure MM-TR-55 summarized on page 4.5-159 of the Draft EIR and in Response TR-105, page C&R 3.7-180).

3.7.11.7 OTHER SPECIFIC COMMENTS

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-9 TR, duplicate comment was provided in 72-9 TR]

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).

- 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 intersection 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 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.

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-29 TR, duplicate comment was provided in 72-29 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.

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 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)."

Response TR-109

The comment states that the Construction Transportation Management Plan should include tangible requirements for proof that the plan is working. The comment also lists alternative mitigation measures.

As discussed in Response TR-105 (page C&R 3.7-180), the Construction Transportation Management Plan includes a list of action items that CPMC would have to address. Because of the complexity of constructing a medical facility in a dense urban environment, after being prepared by CPMC's construction management company, Herrero-Boldt, the plan would be submitted to the SFMTA, SFDPW, and Planning Department, among other departments for review and approval. During this review, City departments would ensure that plan elements addressed safety and traffic concerns and are consistent with City requirements. As discussed in the Draft EIR and the *Cathedral Hill Transportation Impact Study*, the plan details the hours of work, truck management plans, lane and sidewalk closures, and lane and sidewalk detour plans, including wayfinding signage. At the time of approval, City departments could require that the project sponsor submit monitoring reports that document specific traffic flow or safety concerns.

The following bullets respond directly to each of the mitigation measures proposed in the comment.

- **Restricting construction hours for truck activities to non-peak hours (9 a.m. to 5 p.m.):** Although restricting certain construction activities such as material deliveries to off peak hours, such as 9 a.m. to 5 p.m. could improve the peak operations at some intersections, overall truck trips nor other vehicle traffic, or related vehicle/parking lane closures would not be reduced or altered and would therefore not substantially change the significant and unavoidable impact identified in TR-55 of the Draft EIR. Staging of trucks on the site would occur in the parking or transit lanes proposed to be closed as part of the Construction Transportation Management Plan, and barricades closing these lanes would remain in place during the duration of construction (i.e., parking lanes would still be closed when construction was not occurring). Through the City review of the CMP, the TASC may further construction hours or activities.

- **Restricting construction traffic and activities on Post Street to occur during non-peak hours to reduce the construction impact to Franklin/Post and dispersing construction traffic to intersections operating at LOS D or better:** The intersection that the comment references is located immediately adjacent to the construction site and would operate at LOS F during the peak hours under construction conditions. Restricting truck activity along Post Street to non-peak hours would require all trucks to enter or exit the site via Geary Street, Franklin Street, or Van Ness Avenue.

Unacceptable operations at this intersection primarily would be caused by the closure of the peak-hour tow-away lane on the east side of Franklin and adjacent to the construction site. This lane closure would be required to accommodate construction activities on the site and would already be in place during non-peak hours, irrespective of whether or not trucks were entering or exiting the site.

- **Dispatching trucks from a central staging facility to avoid truck queues:** As discussed on page 4.5-152 of the Draft EIR, the Construction Transportation Management Plan includes a logistics superintendent who would be responsible for coordinating truck deliveries to and from the construction site. This person would be responsible for monitoring truck locations, available space, and for maintaining communication between construction yards, the site, and truck drivers. In the case of unforeseen delays, the site would be designed to accommodate up to eight trucks. This logistics support is summarized in Mitigation Measure MM-TR-55 on page 4.5-159 of the Draft EIR and in Response TR-105, page C&R 3.7-180).

- **Requiring trucks to use the closed transit-only lane on Post Street, rather than mixed-flow travel lanes:** The comment requests clarification regarding the use of the closed transit-only lane on Post Street. The comment suggests that the closed transit-only lane on the south side of Post Street be used for truck traffic and not construction staging. The transit-only lane on Post Street would be utilized by construction truck traffic during construction, however trucks proceeding to this block would still use other vehicle travel lanes, so truck traffic patterns outside the immediate vicinity of the project site would remain and the impacts identified in the EIR would not change.

- **Requiring a flagman at the intersection of Franklin/Post:** It is unclear how this measure would improve operations at the intersection of Franklin/Post Streets. The signal timing at this intersection is coordinated with the Franklin Street corridor and optimized to make movements as efficient as possible during the p.m. peak period. As indicated in the Draft EIR discussion, unacceptable operations would primarily be caused by closure of a peak-hour tow-away lane on Franklin Street. Although a flagman could ensure that potential queuing would not block the intersection during peak hours, no basis exists to assume that queuing from downstream intersections would occur. The intersections of Franklin/Bush and Van Ness/Post are expected to operate at acceptable levels of service during peak hours under construction conditions.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-25 TR]

"The DElR 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."

Response TR-110

The comment questions whether the Construction Transportation Management Plan in place at St. Luke's Campus would schedule construction deliveries in such a way that would minimize the impact construction traffic would have on emergency access to the hospital. Although the comment correctly states that emergencies are never scheduled, construction deliveries and traffic would be scheduled and managed to maintain emergency access at all times, including ground personnel directing traffic on 27th Street and scheduling of deliveries during times of day with fewer on average emergency admissions (TransOptions, 2009). The construction team and the hospital operations staff would have regularly scheduled meetings to address and correct any issues that might occur during construction.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-7 TR, duplicate comment was provided in 30-7 TR]

"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 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."

Response TR-111

The comment requests clarification regarding the impact of parking lane closures on Post Street and Geary Boulevard during construction. Six existing metered parking spaces and four existing metered loading zone spaces on the south side of Post Street would be impacted by the 400-foot closure. On Geary Boulevard, the construction closure would remove eight metered parking spaces. Existing parking demand resulting from the temporary loss of these fourteen (plus four loading zone) spaces could be accommodated on adjacent streets. Although some people could shift to parking on Polk and Larkin Streets, it is unlikely that they would park on Japantown streets because Japantown, west of Octavia Street, is over a quarter-mile away from the campus. This would not be considered to be a reasonable walking distance to the Van Ness corridor.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-65 TR, duplicate comment was provided in 30-65 TR]

"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?"

Response TR-112

The comment identifies a misprint in the text of the Draft EIR. Consistent with this comment, Mitigation Measure MM-TR-55 is amended to revise the following bullet on pages S-50 and 4.5-160 of the Draft EIR as shown below:

> Require 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~~ blocks addressed within the construction TMP for the project.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-8 TR, duplicate comment was provided in 72-8 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)**

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 Avenue. However, trips from that part of the construction were not factored into the analysis of the overall construction traffic impact."

Response TR-113

The comment questions the construction phasing used in the traffic analysis. The proposed Cathedral Hill Campus project would include renovations to the existing medical office building at 1375 Sutter Street. However, this facility would undergo a phased renovation, and CPMC-affiliated physicians and their practices would occupy space in the building as existing tenants vacated. The new tenant improvements and interior renovations proposed would not require extensive demolition or excavation. No substantial changes to the exterior of the building, beyond routine maintenance and window systems, are anticipated. Because of the low level of construction activity anticipated at any one time at 1375 Sutter Street, construction traffic to the building is not expected to result in any significant impacts not identified as part of Impact TR-55 in the Draft EIR, page 4.5-147. Any construction activity at 1375 Sutter Street that would require work within the public right of way, including lane and sidewalk closures as a part of construction activity, would meet the *City's Regulations for Working in San Francisco Streets (SFMTA Blue Book)* and would be subject to review and approval by the Department of Public Works (DPW) and the City's TASC.

Comment

(Donald Scherl, October 18, 2010) [74-19 TR]

"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."

Response TR-114

The comment states that the pedestrian tunnel connecting the proposed Cathedral Hill Hospital and MOB is not essential, and that traffic impacts associated with its construction would be severe. The comment is noted. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. The pedestrian tunnel would be used by patients, visitors, physicians, and CPMC staff, allowing them direct connection between the two buildings, particularly during inclement weather. It also would be used for the movement of records and materials. Although the pedestrian tunnel would primarily serve patients, visitors, and employees of CPMC, the tunnel would reduce the pedestrian demand at the intersection of Van Ness/Geary. Without the tunnel, CPMC patients, visitors, and employees would cross at street-level at the intersection of Van Ness/Geary, which would increase the number of pedestrians within the crosswalk.

Comment

(Lisa Carboni (Caltrans (Regional)), September 9, 2010) [6-7 TR, duplicate comment was provided in 7-7 TR]

"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."

Response TR-115

The comment suggests that approval from Caltrans would be required before construction of the proposed pedestrian tunnel under Van Ness Avenue. This approval process was noted in Table 2-3 on page 2-15 of the Draft EIR.

Comment

(Sheila Mohoney and James Frame, October 19, 2010) [88-3 TR]

"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."

Response TR-116

The comment suggests that the Draft EIR should analyze construction-related circulation impacts on Duncan Street. The proposed underground work for Duncan Street includes:

- sewer relocation due to abandoned San Jose Avenue street section;
- relocation of electrical lines due to abandoned San Jose Avenue street section; and
- new AT&T service for new hospital (starts at manhole in front of the Monteagle Medical Center).

As proposed in the St. Luke's Campus Construction Management Plan, trucks would primarily access the construction site via Cesar Chavez Street, Guerrero Street, and 27th Street. Construction material will also be delivered off Guerrero and 27th Streets, as indicated in the Material Delivery and Offloading Plan (Sheet M1 of the St. Luke's Construction Management Plan). CPMC has indicated that trucks will be split between 27th and Duncan Streets, subject to review and approval by the Department of Public Works.

As described in the Construction Management Plan, the site would generate a maximum of 35 trucks per day during the excavation phase and exterior phase construction (13 weeks) of the hospital and 80 trucks per day during the excavation phase construction (13 weeks) of the MOB. Even if half of the trucks used Duncan Street during the day, this would equate to about one truck every 30 minutes during construction of the hospital and one truck every 15 minutes during construction of the MOB. The site would generate fewer trucks during other phases of construction. The proposed route for construction vehicles will not be limited to Duncan Street and will be reviewed and approved by DPW and the City's TASC before the start of construction.

Comment

(Gloria Smith/Tom Brohard & Associates—California Nurses Association, October 19, 2010) [92-27 TR]

"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 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."

Response TR-117

The comment states that the Draft EIR must analyze traffic impacts that would occur without any overlap in construction of the proposed hospital and MOB, to reduce or eliminate the significant traffic impacts. As noted in the comment, the transportation analysis of construction activities at the proposed Cathedral Hill Campus focuses on a 4½ -month construction period when an overlap would occur in excavation between the proposed Cathedral Hill Hospital and MOB, consistent with the construction schedule proposed by CPMC. This period also represents the most conservative scenario with respect to potential traffic impacts. If the hospital and MOB were excavated separately, the number of truck trips that would result from excavation of just the proposed hospital site or the MOB site individually would be less than what was analyzed in the Draft EIR; however, they would still be considered significant and unavoidable because of the other construction-related impacts occurring for the duration of construction.

Comment

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-14 TR, duplicate comment was provided in 114-14 TR]

"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."

Response TR-118

The comment states concerns regarding the need for construction workers to drop off their equipment and tools at the proposed Cathedral Hill Campus construction site. Construction workers generally would not be allowed to drop off equipment at the construction site before proceeding to off-site parking areas. Because of the complex nature of medical center construction, most tools and equipment would be kept in secure storage on site permanently during the various phases of construction. When work was occurring inside the building, the garage levels and loading docks would be utilized for the movement of tools and equipment. Additional information related to construction worker parking at the Cathedral Hill Campus and Construction Transportation Management Plan as it relates to construction worker travel patterns and impacts is provided in Response TR-79 and Response TR-105, respectively.

3.7.12 CEDAR STREET

3.7.12.1 MAINTAINING ACCESS AND ROAD CONDITION

Comments

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-9 TR, duplicate comments were provided in 103-5 TR, 113-5 TR, and 114-9 TR]

"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]"

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-17 TR, duplicate comment was provided in 114-17 TR]

"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."

(Lower Polk Neighbors, October 19, 2010) [103-9 TR, duplicate comment was provided in comment 113-9 TR]

"LPN is concerned that as construction progresses the streets and alleys will become somewhat torn up causing wear and tear to our own vehicles. (work and living issue)."

Response TR-119

The comments state concerns regarding the use of Cedar Street during construction of the proposed Cathedral Hill MOB, and the potential damage to the Cedar Alley and other adjacent streets because of construction activity.

As stated on pages 4.5-132 of the Draft EIR, construction activities would likely require sidewalk, parking lane, and bus-only lane closures during construction. The comments state concern with access to garage/storage areas on the north side of Cedar Street (the opposite side of construction). As discussed on page 4.5-133 in the Draft EIR, the construction plan calls for the closure of the southern side parking lane and sidewalk of Cedar Street for the duration of construction activity, leaving the northern portion of the street open to eastbound vehicular traffic. The MOB construction site would feature four gates through which materials or deliveries might access the site, two on Cedar Street, and two on Geary Street. Should any construction-generated delivery truck hinder the access of garage/storage area on the north side Cedar garage, a trained flagman, whose duty would be to assure the safety of workers and movement of material and equipment into and out of the project site, would coordinate the movement of the truck to an alternate location on Cedar Street or into the site via a construction site gate. The combination of having the northern portion of Cedar Street open to vehicular traffic and having a trained flagman at the construction site would allow users access to the garage in question at all times.

CPMC would be responsible for following the rules established in the SFMTA Blue Book, the City's manual for City agencies, utility crews, private contractors, etc. while working in City streets. As such they would be responsible for repairing any damage to city streets or sidewalks in accordance with the policies outlined in the Blue Book caused directly by construction of the proposed Cathedral Hill Campus, including on Cedar Street.

3.7.12.2 INADEQUATE QUEUING ANALYSIS

Comments

(Nick Mironov—Gayner Engineers , September 27, 2010) [43-1 TR]

"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.

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."

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-19 TR, duplicate comment was provided in 114-19 TR]

"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.

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

(Lower Polk Neighbors, October 19, 2010) [103-11 TR, duplicate comment was provided in 113-11 TR]

"II. Comments directed at the long term affects 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 the evenings we will experience this problem continually."

Response TR-120

The comments state concerns about the proposed Cathedral Hill MOB project's impact on Cedar Street. A queuing analysis of the proposed MOB Cedar Street Parking Garage entry is shown on Figure 4.5-19, page 4.5-101 of the Draft EIR, and details provided in Section 4.6.4 of the *Cathedral Hill Transportation Impact Study*. To summarize a worst-case scenario 95th percentile vehicle queue analysis was performed for all garage entry points based on the speed with which tickets would be processed, location of entry ticket machines (approximately 100 feet from vehicle entry), and number of entering vehicles during the a.m. peak period. The a.m. peak period was selected as it represents the time when the most vehicles would enter the MOB garage. The analysis for the Cedar Street entry showed that more than enough storage length would exist internal to the garage to prevent any queue from forming external to the entry, on Cedar Street. As stated, this analysis was for a worst-case scenario in which all vehicle trips associated with the Cathedral Hill Campus were assumed to enter CPMC garages, when it would be likely that a percentage would be patients/visitors who would be dropped-off/picked-up external to CPMC garages.

As stated on page 4.5-142 in the Draft EIR, the Cedar Street passenger loading/unloading zone would be actively managed, and if demand exceeded supply, drivers would be instructed to enter the MOB garage on Cedar Street to avoid a queue or block of access to other Cedar Street garages.

Although the queuing analysis shows that vehicle queues into the parking garages on the proposed Cathedral Hill Campus would not back up into the public right of way, CPMC would be subject to a condition of approval requiring them to address any queue that continually extended into the public right-of-way. If such a queue occurred, CPMC would be required to institute measures that would reduce the queue length, including but not limited to actively managing the queue (as is already proposed), to instituting measures that would discourage driving to the proposed Cathedral Hill Campus, including adjusting the price of parking.

3.7.12.3 MOB GARAGE ACCESS OPTIONS – CEDAR TRAFFIC METERING MITIGATION

Comments

(Nick Mironov—Gayner Engineers, September 27, 2010) [43-3 TR]

"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)."

(Patricia Rosenberg—Concordia Argonaut, October 18, 2010) [64-1B TR]

"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.

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."

Response TR-121

The comments reference information related to proposed MOB garage access options at the Cathedral Hill Campus. These options (proposed CPMC LRDP and MOB Access Variant) are described on pages 4.5-88 and 4.5-90of the Draft EIR.

The proposed CPMC LRDP would provide vehicle ingress to the Cathedral Hill MOB from Geary Street and Cedar Street and egress onto Cedar Street. As part of the proposed LRDP, Cedar Street would be converted to two-way operations west of the MOB garage access point, allowing egress towards both Polk Street and northbound Van Ness Avenue. The Post Street Variant described in the Draft EIR would not change the access to the Cathedral Hill MOB. The MOB Access Variant would allow ingress and egress from both Geary Street and Cedar Street. As part of this variant, Cedar Street would remain one-way eastbound, as under existing conditions. Each of these variants, as well as their corresponding impacts, are addressed in the Draft EIR. Therefore, City decision-makers would be able to approve either the access proposed by the CPMC LRDP or the MOB Access Variant without further environmental review.

Comment 63-1B suggests that the MOB Access Variant would be superior to the proposed LRDP access plan because it would more evenly distribute vehicle traffic exiting the site, and that less vehicle traffic on Cedar Street would make the street more pedestrian friendly. Although the MOB Access Variant would reduce the number of vehicles exiting the site using Cedar Street, it would result in a significant and unavoidable impact (Impact TR-17) and traffic hazard, including pedestrian-vehicle conflicts on Geary Street at the project's driveway. Neither the proposed LRDP nor the MOB Access Variant would have a significant impact on pedestrians along Cedar Street because both the proposed LRDP and the MOB Access Variant would provide similar pedestrian accommodations along Cedar Street.

Cedar Street Analysis

Comments

(Nick Mironov—Gayner Engineers, September 27, 2010) [43-2 TR]

"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."

(Nick Mironov—Gayner Engineers, September 27, 2010) [43-4 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."

(Nick Mironov—Gayner Engineers, September 27, 2010) [43-5 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."

Response TR-122

The comments reference potential impacts to Cedar Street and state concerns regarding business access along Cedar Street. As described on page 4.5-89 of the Draft EIR, the proposed LRDP includes construction of raised sidewalks at the unsignalized intersections of Cedar at Van Ness Avenue and Polk Street and the removal of one parking space on Polk Street north of Cedar Street to improve sight distances for vehicles exiting Cedar Street. As described in the Draft EIR, these project elements are designed to benefit pedestrians, bicyclists and vehicles at Cedar Street intersections.

The comments mention potential "stacking" of vehicles within the MOB Parking Garage to address potential queues onto nearby streets. As discussed in the Draft EIR, the ticket gate would be located 100 feet from the vehicle entry and under the worst-case scenario, the 95th percentile queue into the MOB would not extend back to the street at the entrance, and the impact would be less than significant.

The comments identify the potential for metered lights in lieu of traffic signals at the intersections of Polk/Post, Cedar/Polk, and Polk/Geary to reduce the possibility of vehicle queues on Cedar Street: The stop-controlled intersection of Polk/Cedar was analyzed during the a.m. and p.m. peak hours for all access scenarios and was found to operate at an acceptable level of service (LOS C). This analysis included some vehicles making a left turn; however, the analysis determined that most vehicles would make a right turn because of the configuration of the intersection and because of the proposed LRDP's trip distribution. As stated previously, the intersection of Polk/Cedar was analyzed during the a.m. and p.m. peak hours for all access scenarios and found to operate at LOS C. Because the intersection of Cedar/Polk is anticipated to operate at an acceptable levels of service, no further mitigation was identified.

However, in the event that queuing did occur on Cedar Street, a condition of approval/improvement measure has been developed that would require the garage operator to abate any reoccurring vehicle queues blocking driveways and access to businesses on Cedar Street. A revision to page 4.5-102 of the Draft EIR, includes Improvement Measure I-TR-5 – Offstreet Parking Queue Abatement, in which CPMC would be required to abate any reoccurring queue of one or more vehicles blocking Cedar Street for three minutes or longer on a daily or weekly basis. CPMC would be required to hire a qualified transportation consultant to evaluate the conditions occurring on the site, develop and implement a set of abatement strategies within 90 days of being notified that a reoccurring queue is blocking the public right of way. CPMC would also be required to submit monitoring reports to the Planning Department for review. Potential abatement methods for queues exiting the garage include installing metering lights at the exit gate that hold vehicles in the garage until queues on Cedar Street clear the right of way. If non-CPMC vehicles could not use designated loading spaces remaining on Cedar Street, the abatement plan would need to address alternative loading areas, such as relocating the spaces onto Van Ness Avenue or Polk Street. See Response TR-89 on page C&R 3.7-157 for the added Improvement Measure I-TR-5.

The comments note a diversion of exiting vehicle traffic from the Cedar Street exit to Geary Street exit if queuing occurred on Cedar Street: This would only be possible under the MOB Access Variant because egress onto Geary Street would be prohibited under the proposed LRDP and the Post Street Variant. As noted previously, the MOB Access Variant was analyzed in the Draft EIR.

The comments are concerned that the proposed LRDP did not analyze and would impede access to parking garages on Cedar Street. As discussed in Response TR-121 (page C&R 3.7-200) and on page 4.5-

88 of the Draft EIR, the proposed LRDP would convert Cedar Street to two-way operations west of the MOB garage entrance and maintain one-way access east of the garage entrance to Polk Street. Therefore, the proposed LRDP would not prohibit or change how visitors or employees would access the Gayner Engineers' garage because access from Van Ness Avenue would be maintained as a public right-of-way.

The comments are concerned that changes to Cedar Street may affect existing on-street loading and unloading operations on Cedar Street. Cedar Street currently includes one wide eastbound travel lane with some parking, including commercial parking on the south side of Cedar Street. Existing deliveries on Cedar Street were observed to both use the commercial loading spaces (for smaller vehicles) and park within at least part of the existing travel lane and/or north sidewalk to load/unload. While it is not legal to block a vehicle travel lane or sidewalk, the current alley width does allow for this activity since traffic can traverse this activity. Continuation of this type of loading activity (blocking travel lanes and/or sidewalks) is not recommended and would be far more difficult without blocking vehicle traffic and/or the sidewalk after the proposed Cedar Street conversion to two-way operations west of the MOB garage. However, other commercial loading parking spaces are available (several on Van Ness Avenue and one on adjacent Polk Street block). As discussed under Impact TR-43 beginning on page 4.5-136 of the Draft EIR, the MOB loading demand shortfall was a less-than-significant impact, with active management and availability of other commercial spaces in the area. The MOB would have two loading spaces located interior to the parking garage. The proposed LRDP includes a Truck Management Plan for the Cathedral Hill Campus to manage loading facilities and ensure that demand would be accommodated. As identified in the plan, a majority of service deliveries would occur at the hospital's loading dock off Franklin Street; CPMC distributions (to and from the central distribution facility) would be consolidated and would occur only between 7:00 p.m. and 7:00 a.m., and loading zones would be actively managed to ensure that loaded vehicles would not remain in loading spaces for an extended period of time so as to impact nearby streets.

Because impacts to Cedar Street and at proposed LRDP driveways are expected to be less than significant, mitigation measures are not required. Mitigation measures, reviewed by City decision makers as part of the CEQA review process, are only required in the event that a significant impact would result from the proposed LRDP. The comments do not identify any significant impact that would require mitigation measures. The recommendations contained in the comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Traffic Impacts

Comments

(Patricia Rosenberg—Concordia Argonaut, October 18, 2010) [64-1A TR]

"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.

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 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.

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."

(Linda Chapman, October 19, 2010) [76-20 TR, duplicate comment was provided in 111-20 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.

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."

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-27 TR, duplicate comment was provided in 114-27 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."

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-28 TR, duplicate comment was provided in 114-28 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."

Response TR-123

The comments state concerns (traffic, congestion, loading access, pedestrian and bicyclist safety) related to the proposed Cathedral Hill MOB access. The proposed Cathedral Hill MOB's initial vehicle access plan included full access via Geary Street and via one-way eastbound Cedar Street. As part of the transportation impact analysis of the proposed LRDP, the San Francisco Planning Department completed an analysis and recommended a series of project design changes intended to (1) address potentially significant pedestrian/vehicle conflicts on Geary Street; (2) address potential conflicts to future transit operations on Geary Street; and (3) address potential conflicts associated with the LRDP's egress and ingress. In response to this analysis, CPMC altered access to the MOB, including restricting egress from Geary Street and converting Cedar Street to two-way operations.

As stated on page 4.5-132 of the Draft EIR, the proposed LRDP would include several improvements to address pedestrian safety including improvements at the crosswalk on Van Ness Avenue, crossing Cedar Street, as is noted in the comment. The crosswalk would be shortened by installing bulb-outs, the sidewalk would be raised to increase drivers' ability to see pedestrians, and the sidewalk would be widened into what is now an adjacent parking lane.

As stated in Impact TR-37 on page 4.5-129 of the Draft EIR, the proposed LRDP would include the removal of one on-street parking space on the west side of Polk Street immediately north of Cedar Street, to ensure visibility for drivers and bicyclists at the intersection of Polk/Cedar. This project feature would minimize the potential for vehicle-bicycle conflicts.

Vehicles exiting the MOB garage onto Cedar Street and intending to proceed west on Geary Street would not add to congestion at the intersection of Van Ness/Geary, in a way that would otherwise not occur if egress was permitted from Geary Street as the comments state, because under both scenarios they would be approaching Van Ness Avenue from Geary Street. The operation of Van Ness Avenue/Geary Street does not substantially improve under the MOB Access Variant (where similar to the project it is a less than significant impact).

As stated previously, the stop-controlled intersection of Polk/Cedar was analyzed for a.m. and p.m. peak hour conditions for all access scenarios (including the MOB Access Variant which allows for egress onto Geary Street), and intersection operations were LOS C. Similarly, as discussed in Impact TR-13 on page 4.5-108 of the Draft EIR, a significant unavoidable impact would still occur at the intersection of Polk Street/Geary Street under the MOB Access Variant.

With respect to the comment that Cedar Street would bear the brunt of any vehicle queuing, no evidence suggests that this situation would occur. However, as stated on page 4.5-162 in the Draft EIR, the transportation analysis accounts for potential secondary effects, such as cars circling and looking for a parking space in areas of limited parking supply, by assuming that all drivers would attempt to find parking at or near the project site and then seek parking farther away if convenient parking was unavailable. In addition, the associated air quality and noise analyses reasonably address potential secondary effects associated with cars circling and looking for parking in the area; the same traffic assignments used in Section 4.5, "Transportation and Circulation" in the Draft EIR were used for air quality and noise modeling. Additional information about traffic circulation on Cedar Street, including existing loading operations and the parking garage exit is provided in Response TR-122 (page C&R 3.7-201). In summary, a condition of approval has been developed for the project that requires CPMC to implement measures that eliminate any reoccurring vehicle queue from its parking structure that blocks the public right of way, including access to any existing vehicle loading spaces on Cedar Street.

3.7.13 TENDERLOIN-LITTLE SAIGON

3.7.13.1 SUPPLEMENTAL ANALYSIS

Comments

(Sandra Manning, September 23, 2010) [31-1 TR]

"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."

(Stephanie Barton, et al.,—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-32 TR]

"**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.

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 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.

[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.
[58] 2007 CMP Report, Appendix III. See www.sfcta.org/content/view301/147
[59] General Plan, Transportation Element."

(Stephanie Barton, et al.,—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-37 TR]

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

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 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 convening 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]

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 liability, 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.

[79] General Plan, Transportation Element, Policy 15.1
[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, at 10.
[86] DEIR 4.5-215 to 4.5-232."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-47 TR]

"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."

(Sandra Manning, September 23, 2010) [PC-120 TR]

"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."

(Nella Manuel, September 23, 2010) [PC-133 TR]

"Additionally, traffic impacts in the Tenderloin will be huge because of the CPMC."

(Mike Williams, September 23, 2010) [PC-136 TR]

"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,…"

(Mike Williams, September 23, 2010) [PC-137 TR]

"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 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."

(Magdalena Marcias, September 23, 2010) [PC-165 TR]

"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 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."

(Commissioner Olague, September 23, 2010) [PC-374 TR]

"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."

Response TR-124

The comments state concerns regarding the impact of the proposed Cathedral Hill Campus project on the Tenderloin-Little Saigon neighborhood. In response to written and oral comments regarding the depth of analysis as related to the Tenderloin and Civic Center neighborhoods included in the Draft EIR, a supplemental transportation impact analysis was conducted. This supplemental analysis was performed for traffic, pedestrian, and bicycle conditions using the same analysis scenarios (project and variants for 2015 Modified Baseline and 2030 Cumulative conditions) analyzed in the Draft EIR. The supplemental analysis is documented in the "*Supplemental-Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA,*" which is located in Appendix E of the C&R document.

In the original analysis for the Draft EIR, traffic was assumed to pass through the Tenderloin Neighborhood consistent with trip distribution methodology in the *SF Guidelines*. Similarly, analysis intersections were selected based on the proposed project's diffusion of traffic. Due to their location

farther from the Cathedral Hill Campus, no intersections in the Tenderloin Neighborhood were therefore, selected for analysis. In general, impacts to intersections east of or more distant than those analyzed in the Draft EIR would be anticipated to be less due to the further diffusion of project related traffic. However, in response to comments received and for informational purposes, as part of the supplemental analysis, seven additional study intersections located in the Tenderloin and Civic Center neighborhoods were analyzed. The specific intersections that were studied were: Polk/Ellis, Larkin/Geary, Hyde/O'Farrell, Leavenworth/Geary, Larkin/Grove, Ninth/Larkin/Market, and Seventh/Market.

The supplemental analysis did not revise the vehicle trip distribution or assignment assumed in the Draft EIR; rather, it included additional intersections further from the project area, but along routes by which project-generated vehicle trips to and from the freeway and the southeastern quarter of San Francisco might travel. Approximately 10 and 18 percent of project-generated vehicle trips during the a.m. and p.m. peak hours, respectively, are expected to travel through the Tenderloin-Little Saigon neighborhood. A separate analysis was performed to alter and determine the sensitivity of the trip distribution of the project trips and is described in TR-125, page C&R 3.7-214.

The supplemental traffic analysis evaluated the operational characteristics during the weekday a.m. (between 7 and 9 a.m.) and p.m. (between 4 and 6 p.m.) peak hours at the seven additional study intersections. Weekday a.m. and p.m. peak hour intersection turning movement counts and pedestrian and bicycle condition observations were conducted at the additional study intersections in October and November 2010. It is standard procedure in San Francisco to perform analysis of transportation impacts during the p.m. peak hour, as this time period would best represent when the maximum use of the transportation network occurs. The a.m. peak hour was also analyzed because of the proposed campus's location next to a state facility (U.S. 101) and the large conversion of land use that the project would represent on the site. Care was taken to select days during 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 events in San Francisco.

A comparison of intersection turning movement counts between those conducted in 2006 and November 2010 at the intersection of Eighth/Market shows that the total number of eastbound vehicles has decreased approximately 15 and 40 percent in the a.m. and p.m. peak hours, respectively. Additionally, an increase was observed in eastbound vehicles turning right at Eighth Street, and a decrease in southbound vehicles turning left onto Market Street from Hyde Street, particularly during the a.m. peak hour.[29] These changes are likely the direct result of SFMTA's actions to reduce the number of vehicles traveling eastbound on Market Street through a number of forced right turns.

Levels of service were calculated at each supplemental study intersection for the weekday a.m. and p.m. peak hours for Existing, 2015 Modified Baseline (with and without the project), 2015 Modified Baseline plus Post Street Variant, and 2015 Modified Baseline plus MOB Access Variant scenarios.

As noted, the existing pedestrian and bicycling environment near the supplemental study intersections was observed. Pedestrian facilities include sidewalks, crosswalks, curb ramps, and pedestrian signals and countdown timers. Bicycle facilities include bike routes, bike lanes, and sharrows. Pedestrian and bicycle facilities and conditions were qualitatively analyzed for the supplemental study area. The original Draft EIR describes three bike routes that pass through the study area: Route 16, 20, and 25.However, the two following bicycle routes were identified for consideration as part of the supplemental analysis:

[29] It should be noted that at the time that the original existing conditions for the Draft EIR were completed, the 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 trial, eastbound drivers are required to turn right at Tenth Street, and vehicles entering eastbound Market Street between Tenth Street and Seventh Street are required to turn right at Sixth Street. This effort is not expected to alter westbound Market Street or cross Market Street traffic. The trial is expected to become a permanent installation in 2011.

- *Route 23* on Eighth Street (southbound) and Seventh Street (northbound) south of Market Street (Class II facility)

- *Route 50* on Market Street between 17th Street–Steuart Street.
  Between Van Ness Avenue and Ninth Street–Larkin Street this route is a Class II facility (painted green); between Ninth Street–Larkin Street and Eighth 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 Eighth Street–Hyde Street it is a Class III facility.

The following observations were made at the supplemental study intersections during the a.m. and p.m. peak hours:

Polk/Ellis: 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 a.m. and p.m. 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.

Geary/Larkin: This intersection has crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. A bus stop is located on the west side of the intersection. In general, pedestrian volumes were low to moderate, with about 5 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.

Hyde/O'Farrell: This intersection has crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. A bus stop is located 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.

Leavenworth/Geary: 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 a.m. and p.m. 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.

Larkin/Grove: 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 a.m. and p.m. 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 a.m. peak hour. Vehicles yielded to pedestrians and bicyclists, and no substantial conflicts were observed.

Ninth/Larkin/Hayes/Market Street: This intersection has wide decorative crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. In-lane bus boarding islands are on both the east and west sides of the intersection. In general, pedestrian volumes were moderate during both the a.m. and p.m. 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 a.m. peak hour and westbound during the p.m. peak hour along Market Street. During the a.m.

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 Tenth Street and Ninth Street as part of the temporary forced right turns discussed earlier; therefore, bicyclists tended to use the entire lane when heading eastbound. During the p.m. peak hour, vehicles turning right from Market Street onto either Hayes Street or Larkin Street tended to block bicyclists who were proceeding westbound on Market Street, causing the cyclists to weave through queued vehicles at the approach.

Seventh/Market: This intersection has wide decorative crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. In-lane bus boarding islands are on the east, west, and south sides of the intersection, and a bus bulb-out is on the north side of the intersection. In general, pedestrian volumes were moderate to high during both the a.m. and p.m. 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 heading eastbound during the a.m. peak hour and westbound during the p.m. peak hour along Market Street. During the a.m. 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 before stopping; however, most yielded to pedestrians in the crosswalk.

Traffic: In general, with the addition of project-generated vehicle traffic, only minor changes in the average delay per vehicle at the supplemental study intersections resulted, and all study intersections continued to operate at the same acceptable level of service as under 2015 Modified Baseline and 2030 Cumulative No Project conditions, resulting in no significant project impacts. Under 2015 Modified Baseline conditions for the project and project variants, all seven of the supplemental study intersections operate at LOS C or better during both the a.m. and p.m. peak hours.

One of the supplemental study intersections, Seventh/Market, would operate at LOS E during the p.m. peak hour under 2030 Cumulative No Project and Cumulative plus Project Conditions. The critical northbound through movement operates at LOS E. The project would add one vehicle trip to the critical northbound through movement at the intersection during the p.m. 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*. As stated earlier, a separate analysis was performed to determine the sensitivity of the trip distribution of the project trips which is described in Response TR-125, page C&R 3.7-214.

Bicycle: As presented in the Draft EIR, the proposed Cathedral Hill Campus 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 Cathedral Hill Campus project would add vehicle trips to the supplemental study intersections. As discussed earlier, some cyclists travel through these intersections, particularly along Polk Street. Aside from the additional trips through the intersections, the vehicle-bicycles conflict would be similar to existing conditions. Along the bicycle routes with the heaviest observed bicycle volumes—Market Street and Polk Street—the proposed Cathedral Hill Campus project would increase traffic volumes less than three percent, which would not be considered significant. Specifically, during the a.m. and p.m. peak hours, the project would add vehicle trips 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; and
- 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 supplemental intersections (e.g., northbound on Ninth Street, southbound on Eighth 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 Report. Therefore, the proposed Cathedral Hill Campus project would have a less-than-significant impact to bicyclists in the supplemental study area.

Pedestrian: As presented in the Draft EIR, the proposed Cathedral Hill Campus project would have a significant impact on 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.

C&R Table 3.7-13
Existing, Modified Baseline, and Cumulative Intersection LOS – Supplemental Intersection Analysis

Intersection	Peak Hour	Existing		Modified Baseline No Project		Modified Baseline 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]
A. Polk Street/Ellis Street	a.m.	14.2	B	13.7	B	13.8	B	13.6	B	13.7	B
	p.m.	16.3	B	17.8	B	19.2	B	32.8	C	33.7	C
B. Larkin Street/Geary Street	a.m.	13.8	B	14.1	B	14.1	B	15.0	B	15.1	B
	p.m.	15.3	B	16.8	B	16.9	B	20.1	C	20.2	C
C. Hyde Street/O'Farrell Street	a.m.	12.6	B	12.5	B	12.5	B	12.7	B	12.7	B
	p.m.	13.1	B	13.3	B	13.4	B	13.9	B	14.0	B
D. Leavenworth Street/Geary Street	a.m.	12.4	B	12.5	B	12.5	B	12.5	B	12.5	B
	p.m.	14.1	B	14.2	B	14.3	B	15.1	B	15.1	B
E. Larkin Street/Grove Street	a.m.	13.4	B	13.8	B	13.8	B	15.1	B	15.2	B
	p.m.	13.5	B	13.9	B	13.9	B	16.5	B	16.6	B
F. 9th Street/Market Street	a.m.	14.0	B	14.3	B	14.3	B	15.6	B	15.7	B
	p.m.	21.3	C	23.5	C	23.7	C	39.2	D	39.5	D
G. 7th Street/Market Street	a.m.	16.7	B	17.2	B	17.4	B	20.1	C	20.5	C
	p.m.	22.2	C	25.6	C	25.8	C	**61.7**	**E**	**62.3**	**E**

C&R Table 3.7-13
Existing, Modified Baseline, and Cumulative Intersection LOS – Supplemental Intersection Analysis

Intersection	Peak Hour	Existing		Modified Baseline No Project		Modified Baseline 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 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, 2011

As discussed under existing conditions, the supplemental study intersections have low to moderate levels of pedestrian activity and vehicles generally yielded to pedestrians as required by the California Vehicle Code. Aside from the general increase in vehicle traffic that would result from the proposed Cathedral Hill Campus project, it would not create unsafe conditions for pedestrians at these intersections. Furthermore, with the proposed LRDP, traffic volumes would increase at the supplemental study intersections by less than 5 percent. Therefore, the proposed Cathedral Hill Campus project would result in a less-than-significant impact to pedestrians.

Polk/Ellis is the only supplemental study intersection that does not currently have pedestrian countdown signals; however, new ADA-mandated curb ramps were being installed at the time of field observations. Although additional pedestrian improvements, such as bulb-outs, leading pedestrian intervals, or "NO RIGHT TURN ON RED" restrictions could be installed along Geary Street or O'Farrell Street, these improvements would need to be coordinated with the Geary BRT project to ensure that these improvements do not preclude future transit or traffic lane improvements. The Geary BRT project is currently considering several options for public transit stops along these streets and would improve public transit service and pedestrian conditions through the Tenderloin. The additional traffic generated by the project that would pass through the Tenderloin Neighborhood would not preclude the implementation of the improvements proposed in the Little Saigon Report.

In summary, the analysis in the Draft EIR assumed that trips destined to and from the Cathedral Hill Campus would travel through the Tenderloin neighborhood. However, this was not readily apparent because the Draft EIR did not include any study intersections through this neighborhood. In response to comments made during the Draft EIR public review period, the Planning Department added seven supplemental study intersections to the original 26 Cathedral Hill Campus study intersections. The inclusion of these intersections allowed Planning Department staff to illustrate that the Cathedral Hill Campus would increase vehicle trips through the Tenderloin neighborhood study area and as a result, could increase the number of conflicts between vehicles, pedestrians, and bicyclists. However, as the discussion above indicates, this increase would not result in significant impacts. Nevertheless, examples of improvements at the study intersections were identified that could reduce conflicts between various modes (see C&R Response TR-64). Although the impacts on pedestrians (Impact TR-40 identified in the

Draft EIR) were determined to remain less than significant, as part of implementation of Improvement Measure I-TR-40, the project sponsor could provide funding for the study and possible implementation of additional streetscape, pedestrian, and related improvements in the vicinity of the Cathedral Hill Campus that would improve the less-than-significant impacts to the pedestrian and bicycling environment. The City would have sole authority to determine whether to proceed with the Tenderloin and Little Saigon neighborhood area improvements and to issue required permits and authorizations. The City would also retain the discretion to modify or select feasible alternatives to the improvements to avoid any identified impacts or concerns that arise in connection with their further review, including any required environmental review under CEQA.

Further, the analysis of the intersections revealed that under 2015 Modified Baseline plus Project conditions, all seven study intersections would operate at an acceptable level of service. Under the 2030 Cumulative plus Project conditions, one intersection (Seventh/Market) would be expected to operate at an unacceptable LOS E during the p.m. peak hour; however, the proposed project's contribution to the failing conditions at this intersection would not be considered cumulatively significant. The six remaining supplemental intersections would operate at acceptable levels of service during the 2030 Cumulative plus Project conditions.

Trip Distribution Sensitivity Analysis

Comments

(Jeff Buckley, September 23, 2010) [PC-64 TR]

"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 the Tenderloin will be spared from massive increased traffic really is ignorant of reality."

(Randy Shaw, September 23, 2010) [PC-94 TR]

"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."

(Retilah [phon] Patel, September 23, 2010) [PC-109 TR]

"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 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."

(Commissioner Antonini, September 23, 2010) [PC-357 TR]

"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."

(Commissioner Antonini, September 23, 2010) [PC-362 TR]

"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 that already, so I don't need to go into that too much."

(Commissioner Moore, September 23, 2010) [PC-368 TR]

"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, 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."

(Commissioner Miguel, September 23, 2010) [PC-383 TR]

"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 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."

Response TR-125

The comments state concerns regarding the number of vehicle trips routed on Van Ness Avenue and through the Tenderloin-Little Saigon neighborhood, and states that the Draft EIR vehicle trip assignment is not accurate. In response to written and oral comments regarding the transportation analysis included in the Draft EIR with respect to the South of Market (SoMa) and Tenderloin-Little Saigon neighborhoods, a trip distribution sensitivity analysis was conducted.

As described in Response TR-124 (page C&R 3.7-207), the Draft EIR transportation analysis assumed that traffic would use the roadways in the Tenderloin neighborhood consistent with trip distribution methodology in the *SF Guidelines*. Due to their location farther from the Cathedral Hill Campus, no intersections were analyzed within the Tenderloin neighborhoods. Response TR-124 describes the results of a supplemental analysis of vehicle, bicycle, and pedestrian traffic in the Tenderloin assuming the trip distribution used for the original analysis. While the Draft EIR trip distribution assumptions are reasonable for the original analysis, and consistent with trip distribution methodology in the *SF*

Guidelines, a sensitivity analysis was conducted to determine what effect, if any, would be generated if a higher percentage of motorists traveling to the proposed Cathedral Hill Campus from Superdistrict 1, Superdistrict 3, and the freeway were to use alternate routes, primarily through the SoMa and Tenderloin, rather than those assumed in the Draft EIR. The sensitivity analysis was prepared for informational purposes only; therefore, the trip distribution used in the Draft EIR was not changed because the analyses remains reasonable and accurate. The sensitivity analysis is located in the second half of the memo entitled, "*Supplemental-Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA*," which is included in Appendix E of the C&R document.

Based on the trip distribution and trip assignment used in the Draft EIR, approximately 9 percent of all northbound vehicle trips and 17 percent of all southbound vehicle trips generated by the campus were assigned to routes through the SoMa and Tenderloin neighborhoods to reach the Cathedral Hill Campus. This represents approximately 51 and 100 of project-generated vehicle trips in the a.m. and p.m. peak hour, respectively, assigned to routes through SoMa and the Tenderloin neighborhoods. For the sensitivity analysis, it was assumed that 25 percent of all northbound vehicle trips were assigned to the Tenderloin and SoMa roadways, an increase of 64 percent above what was assumed in the EIR. The reassignment was based on the general geographic areas of each Superdistrict or Region in relation to the SoMa/Tenderloin alternative routes and in such a way as to determine how sensitive the analysis is to the trip distribution and assignment. The result was an analysis in which 108 and 112 of all project-generated northbound and southbound vehicle trips in the a.m. and p.m. peak hour, respectively, were assigned to routes that traveled through SoMa and the Tenderloin neighborhoods.

Travel behavior is affected by several factors, including travel time, travel distance, and general knowledge of potential routes to and from a destination. For example, employees familiar with multiple routes to and from the proposed Cathedral Hill Campus area might be more likely to choose secondary routes to the campus to avoid congestion. Patients or visitors who might be less familiar with the area might be more likely to chose major roadways or rely on online directions which would direct drivers to major roadways. The percentages assigned to SoMa/Tenderloin streets for the purposes of the sensitivity analysis therefore, presents a reasonable scenario of the split of traffic between streets in the Tenderloin and other streets because many East Bay, South Bay, and out of region drivers would still use the Central Freeway, Van Ness Avenue, Franklin Street, and Gough Street to access the campus.

The sensitivity analysis was conducted and potential impacts assessed using the City of San Francisco significance thresholds, as described in the Draft EIR. The sensitivity analysis adjusted the proposed Cathedral Hill Campus net-new a.m. and p.m. peak hour vehicle trips as described above, which were then added to both Modified Baseline and Cumulative No Project intersection volumes to determine if the proposed campus would lead to intersection impacts using the adjusted traffic assignment for Tenderloin neighborhood study intersections. It should be noted that 2015 Modified Baseline and 2030 Cumulative No Project intersections volumes were developed consistent with the approach and methodology presented in the Draft EIR.

In general, the sensitivity analysis addition of project-generated traffic resulted in minor changes in the average delay per vehicle at the Tenderloin supplemental study intersections, and most of the study intersections continued to operate at the same levels of service as under the 2015 Modified Baseline and Cumulative No Project conditions, as shown in C&R Table 3.7-14. Under Modified Baseline No Project and Modified Baseline plus Project ten of the 13 study intersections (Franklin/Geary; Van Ness/Post; Polk/O'Farrell; Polk/Post; Larkin/Geary; Hyde/O'Farrell; Leavenworth/Geary; Larkin/Grove; 9th Street/Larkin/Market Street; and 7th Street/Market Street) operated at the same acceptable service level during both the a.m. and p.m. peak hours. Similarly the intersection of Polk Street/Geary Street would continue to operate unacceptably (LOS E during both the a.m. and p.m. peak hours).

C&R Table 3.7-14
Existing, Modified Baseline, and Cumulative Intersection LOS – Sensitivity Test Intersection Analysis

Intersection	Peak Hour	Existing		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	a.m.	8.7	A	9.1	A	9.2	A	10.5	B	10.7	B
	p.m.	22.1	C	28.8	C	26.1	C	47.7	D	44.4	D
15. Van Ness Avenue/Post Street	a.m.	15.3	B	15.0	B	15.1	B	15.9	B	16.1	B
	p.m.	14.4	B	14.8	B	15.6	B	16.7	B	17.5	B
20. Polk Street/O'Farrell Street	a.m.	18.6	B	19.0	B	22.3	C	20.6	C	25.6	C
	p.m.	18.3	B	20.0	B	28.7	C	21.1	C	30.4	C
21. Polk Street/Geary Street	a.m.	47.9	D	50.0	D	**77.4**	**E**	**59.1**	**E**	**>80 (1.04) F**	
	p.m.	28.6	C	34.4	C	**60.6**	**E**	54.8	D	**77.9 E**	
23. Polk Street/Post Street	a.m.	18.3	B	17.2	B	19.0	B	17.2	B	18.8	B
	p.m.	15.9	B	16.1	B	16.9	B	17.9	B	19.1	B
25. 8th Street/ Hyde Street/Market Street	a.m.	**>80 (0.87) F**		**78.8 E**		**79.6 E**		**76.4 E**		**77.2 E**	
	p.m.	**70.0 E**		**>80 (1.18) F**		**>80 (1.19) F**		**>80 (1.28) F**		**>80 (1.29) F**	
A. Polk Street/Ellis Street	a.m.	14.2	B	13.7	B	13.8	B	13.6	B	13.7	B
	p.m.	16.3	B	17.8	B	19.2	C	32.8	C	33.7	C
B. Larkin Street/Geary Street	a.m.	13.8	B	14.1	B	14.6	B	15.0	B	15.7	B
	p.m.	15.3	B	16.8	B	17.0	B	20.1	C	20.5	C
C. Hyde Street/O'Farrell Street	a.m.	12.6	B	12.5	B	12.5	B	12.7	B	12.7	B
	p.m.	13.1	B	13.3	B	13.4	B	13.9	B	14.0	B
D. Leavenworth Street/Geary Street	a.m.	12.4	B	12.5	B	12.6	B	12.5	B	12.6	B
	p.m.	14.1	B	14.2	B	14.3	B	15.1	B	15.2	B
E. Larkin Street/Grove Street	a.m.	13.4	B	13.8	B	14.3	B	15.1	B	15.8	B
	p.m.	13.5	B	13.9	B	14.0	B	16.5	B	16.7	B
F. 9th Street/Market Street	a.m.	14.0	B	14.3	B	14.5	B	15.6	B	15.9	B
	p.m.	21.3	C	23.5	C	23.8	C	39.2	D	40.1	D
G. 7th Street/Market Street	a.m.	16.7	B	17.2	B	17.5	B	20.1	C	20.7	C
	p.m.	22.2	C	25.6	C	25.9	C	**61.7**	**E**	**62.6**	**E**

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

The intersection of 8th Street/Hyde Street/Market Street, with the sensitivity analysis traffic assignment, would continue to operate unacceptably at LOS E during the a.m. peak hour and LOS F during the p.m. peak hour and project's contribution to these unacceptable operating conditions under the sensitivity analysis traffic assignment would still be less than significant. Under the sensitivity analysis one intersection, Polk/Ellis Street, operations would degrade from LOS B during the p.m. peak hour to LOS C with a slight increase in average delay. However, this would still represent acceptable operating conditions at this intersection.

Under Cumulative No Project and Cumulative plus Project ten of the 13 study intersections (Franklin/Geary; Van Ness/Post; Polk/O'Farrell; Polk/Post; Polk/Ellis; Larkin/Geary; Hyde/O'Farrell; Leavenworth/Geary; Larkin/Grove; and 9th Street/Larkin/Market Street) operated at the same acceptable service level during both the a.m. and p.m. peak hours. The intersection of 8th Street/Hyde Street/Market Street, with the sensitivity analysis traffic assignment, would continue to operate unacceptably at LOS E during the a.m. peak hour and LOS F during the p.m. peak hour. The proposed project's contribution to these unacceptable operating conditions under the sensitivity analysis traffic assignment was therefore examined, and found to still be less than significant. Similarly the intersection of 7th Street/Market would continue to operate unacceptably (LOS E during the p.m. peak hour).

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 p.m. peak hour under 2015 Modified Baseline Plus Project and 2030 Cumulative Conditions with the Draft EIR trip assignment. As described under Modified Baseline and Cumulative Conditions in the Draft EIR, this was identified as a significant and unavoidable project impact (Impact TR-2 & Impact TR-101). Under Cumulative Plus Project Conditions with the sensitivity analysis trip assignment, the intersection would operate at LOS F during the a.m. peak hour and LOS E during the p.m. peak hour. Although a worsening of intersection operations, this would be a similar significant impact as identified in the Draft EIR, and the sensitivity analysis would therefore, not result in any additional impacts to the intersection.

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.

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 Tenderloin-Little Saigon Transportation Plan.

Therefore, similar to the Draft EIR analysis, the proposed project with the sensitivity analysis trip assignment would have a less-than-significant impact to bicyclists in the supplemental study area.

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, 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 movements at the supplementary study intersections; however, its contribution would not expected to be significant . 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. The previously presented recommendations/improvements are not subject to change in light of the sensitivity test trip assignment.

In summary, the sensitivity analysis considered how a 64 percent increase in the number of northbound project vehicle trips routed through SoMa and the Tenderloin would impact traffic, bicycle and pedestrians. The adjustments tested in the sensitivity analysis only affect northbound vehicle trips because the location of the Project egress would not result in a substantial number of vehicles driving to the southeast through the Tenderloin or SoMa. The sensitivity test results indicate that the Project would still result in impacts to the intersection of Polk/Geary; however, the impact would be similar to impact identified in the Cathedral Hill Draft EIR. Impacts to bicycles and pedestrians are expected to be less than significant. The supplemental analysis did not result in any new significant project impacts at study intersections that are not already identified in the Draft EIR. Please refer to Response TR-64 (page C&R 3.7-119) for a detailed discussion regarding pedestrian safety and Improvement Measure I-TR-40 included in the Draft EIR.

3.7.13.2 TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

Comments

(Sandra Manning, September 23, 2010) [31-4 TR]

"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."

(Lower Polk Neighbors, October 19 , 2010) [103-25 TR, duplicate comment was provided in 113-25 TR]

"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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-33 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.

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.

[60] SFCTA, Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report 1-1 (2007) (attached hereto as "Appendix A").
[61] *Id* at 3-1.
[62] DEIR 3-24.
[63] *CEQA Guidelines 15125(d)."*

(Jeff Buckley, September 23, 2010) [PC-63 TR]

"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."

(Jeff Buckley, September 23, 2010) [PC-68 TR]

"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."

(Randy Shaw, September 23, 2010) [PC-95 TR]

"Fortunately, we have this Little 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."

(Randy Shaw, September 23, 2010) [PC-96 TR]

"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."

(Retilah [phon] Patel, September 23, 2010) [PC-111 TR]

"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 do that, and I would appreciate that. Thank you."

(Sam Patel, September 23, 2010) [PC-112 TR]

"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."

(Sandra Manning, September 23, 2010) [PC-123 TR]

"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 only divert traffic away by reducing the time that drivers can save by using Larkin and Leavenworth Street, rather than Van Ness."

Response TR-126

The comments state that CPMC should fund the recommendations of the Tenderloin-Little Saigon Neighborhood Transportation Plan, or other similar improvements, and that the Draft EIR does not identify inconsistencies between the project's impacts and the Tenderloin-Little Saigon Transportation Plan or Better Streets Plan. The need to improve the pedestrian, bicycle, and public transit user experience in the Tenderloin-Little Saigon area is also addressed in C&R Response TR-64.

As described in TR-124 and TR-125, two supplemental analyses of the Tenderloin Neighborhood were conducted to address comments received during the public review period of the Draft EIR. The first supplemental analysis added seven new intersections in the Tenderloin and Civic Center to the locations studied for potential project impacts. The second supplemental analysis tested the sensitivity of the local trip distribution and assignment assumptions used in the Draft EIR through the supplemental study area for potential project impacts to supplemental study intersections. Neither of these two supplemental analyses identified new project impacts related to vehicular traffic, pedestrians, or bicycles within the Tenderloin study area. Further, the development of the project does not preclude the implementation of the proposed Tenderloin-Little Saigon improvements, so the project is consistent with the current planning for the area. No CEQA nexus exists within the environmental report that could be used to require the project to pay for the improvements identified in the Tenderloin-Little Saigon Study as a mitigation measure. However, as discussed below, it is proposed as part of the CPMC LRDP Development Agreement that CPMC fund improvements within the Tenderloin area as a supplemental community benefit.

As background, the March 2007 the *Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report* ("Little Saigon Report") was prepared by the San Francisco County Transportation Authority ("SFCTA"). 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.

Through a process involving both community outreach and technical analysis, the Little Saigon Report identified a number of priority improvements and actions ranging in benefits and costs to improve

pedestrian safety, calm traffic, improve public transit service, and enhance the streetscape. Some specific improvements or actions proposed in the plan included:

> **Improve 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 signals at intersections, and install on-street Class II (separate bicycle 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 (four per block).
>
> **Improve public transit service**: Install bus bulb-outs to decrease bus reentry times and improve reliability, add colored pavement for Geary Street and O'Farrell Street bus-only lanes, alter the street circulation network (one-way to two-way streets) to consolidate bus routes, and upgrade and improve bus stops.
>
> **Enhance the streetscape**: Install pedestrian-scale sidewalk lighting, widen sidewalks, plant trees at uniform distances within the parking lane (four per block), and install pedestrian-scale directional signs to improve wayfinding.

A list of the proposed improvements from the Little Saigon Report is provided in the supplemental analysis report, which is Appendix E to the C&R document. The list includes the specific improvements, categorized by near-term, mid-term, and long-term phases, that were proposed in the report.

The SFMTA confirmed the status of the following improvements, as identified in the Tenderloin-Little Saigon Study, which have been or are being implemented:

The following improvements identified in the Tenderloin-Little Saigon Study have been implemented:

- Curb extensions have been installed on the northwest corner of McAllister Street/Jones Street; and
- A bus bulb-out was installed on the east side of 7th Street between Market Street and McAllister Street

The following improvements 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; and
- 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

In connection with other near term projects, CPMC has offered to contribute to City's possible future implementation of some or all of the following types of public improvements in the vicinity of the Cathedral Hill Campus, including in the Little Saigon Neighborhood. CPMC and the City have been in negotiations regarding the terms and conditions of a development agreement, that would, among other things, provide certain assurances and benefits, subject to the terms and conditions of the development agreement, with respect to the delivery of health care services. Please see Section 3.23.1.2 "Development Agreement" on page C&R 3.23-41 for additional details regarding the development agreement.

- Corner pedestrian bulb-outs;
- Pedestrian lighting;
- Colored concrete "safe passages" pathways;
- Sidewalk widening and curb repairs or improvements;
- Landscape;
- Median extensions;
- Undergrounding utilities; and
- Select changes in one way to two way streets (such as on Ellis and Eddy Streets).

CPMC is not seeking environmental clearance for any of these possible improvements since they are not part of the project nor are these improvements required as mitigation for any impacts of the project. The City would be responsible for obtaining future environmental clearances and for the design, scheduling, and construction of the improvements, and for any necessary supplemental funding. The City would have sole authority to determine whether to proceed with the Tenderloin and Little Saigon neighborhood area improvements and to issue required permits and authorizations. The City would also retain the discretion to modify or select feasible alternatives to the improvements to avoid any identified impacts or concerns that arise in connection with their further review, including any required environmental review under CEQA.

The streetscape plan proposed for the Cathedral Hill Campus is consistent with many of the recommendations contained in the Little Saigon Report and conforms to the City of San Francisco's Better Streets Plan standards. As a result, the proposed CPMC LRDP would improve the pedestrian experience in the Cathedral Hill Campus area. Specifically, the proposed streetscape plan[30] identifies the following improvements:

Geary Boulevard and Van Ness Avenue (Commercial Throughways)

Standard Improvements for block faces and intersections directly adjacent to project site:

- Marked crosswalks with curb ramps

[30] WRT, 2010. Memorandum to Vahram Massehian Re Better Streets Plan Elements at CPMC Campus at Van Ness and Geary. This memo is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for review as part of the project file, in Case No. 2005.0555E.

- Pedestrian signals
- Corner curb extensions: provided wherever possible while meeting vehicular circulation needs
- Street trees
- Sidewalk planters: extensive "seasonal gardens" on Van Ness to also serve as stormwater management zones
- Site furnishings: on Van Ness, proposed extensive seating within the "seasonal garden" and "kiosk market" areas, and on Geary, a proposed bus shelter at the bus stop
- Pedestrian-scale lighting: building-mounted fixtures on Geary and historic-style, pole-mounted lights on Van Ness
- Special paving in furnishings zone: permeable paving proposed along the tree strip (i.e., furnishings zone)
- High visibility crosswalks at Geary/Van Ness: in addition to standard crosswalk markings across Geary, decorative concrete crosswalks proposed across Van Ness
- Extended bulb-out: extended bulb-out along the full length of the west side of Van Ness (i.e., the sidewalk would be widened) between Post and Geary and on the east side between Cedar Street and Geary
- Improvements to the existing center median on Van Ness
- Improvements to the existing pedestrian refuge island on Van Ness
- Transit bulb-out (on Geary, just west of Van Ness)

Franklin Street (Residential Throughway)

Standard Improvements (for block faces and intersections directly adjacent to project site):

- Marked crosswalks with curb ramps
- Pedestrian signals
- Street trees: street trees proposed to be planted in a trench with "structural soil" and permeable paving to support healthy root growth in the restricted sidewalk width.
- Stormwater control measures: permeable paving proposed along the tree-planting strip
- Pedestrian-scale lighting: building-mounted fixtures

Post Street (Neighborhood Commercial)

All of the standard improvements listed in the Better Streets Plan are proposed for block faces and intersections directly adjacent to project site:

- Marked crosswalks with curb ramps
- Pedestrian signals
- Corner curb extensions: provided at Van Ness but not feasible at Franklin because of required vehicular turning movements
- Street trees
- Sidewalk planters

- Stormwater control measures: all sidewalk planters proposed on Post also would serve as stormwater control zones; special paving also would serve as permeable paving
- Pedestrian-scale lighting: provided as building-mounted fixtures
- Special paving in furnishings zone: permeable paving proposed along the tree strip (i.e., furnishings zone)
- Site furnishings: seatwalls proposed in the shuttle drop-off area

Cedar Street (Alley)

Standard Improvements:

- Curb ramps
- Street trees
- Stormwater control measures: permeable paving proposed along the tree-planting strip
- Pedestrian-scale lighting: lighted bollards and pole-mounted fixtures proposed
- Special paving (entire roadway): unit pavers proposed

All of the standard improvements listed in the Better Streets Plan are proposed in the design, though corner curb extensions would be limited to locations where they would not affect traffic flow, per the City's requirements.

3.7.13.3 CATHEDRAL HILL CAMPUS PEDESTRIAN TUNNEL

Comments

(Linda Chapman, October 19, 2010) [76-31 TR, duplicate comment was provided in 111-31 TR]

"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 post conflicts for the subway entries near the Van Ness/Geary intersection.

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."

(Linda Chapman, October 19, 2010) [76-32 TR, duplicate comment was provided in 111-32 TR]

"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 this outcome, when a published long-range goal was deferred for funding consideration."

(Linda Chapman, October 19, 2010) [76-33 TR, duplicate comment was provided in 111-33 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."

(Commissioner Antonini, September 23, 2010) [PC-389 TR]

"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 on 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 from that. It certainly doesn't have anything to do with 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."

Response TR-127

The comments state concerns related to potential conflicts between the proposed Van Ness Avenue pedestrian tunnel and a potential future Van Ness Avenue subway system, and references that such a subway system is called for the by the Van Ness Avenue Area Plan (VNAP). Specifically, the comments state that the proposed pedestrian tunnel could pose a conflict with a future entry point to a Van Ness/Geary subway station, that a Bus Rapid Transit (BRT) system on Van Ness Avenue, currently under study by the SFCTA and SFMTA, would be an inferior option for transit separation when compared to a subway system, and that the proposed pedestrian tunnel precludes any future subway system along Van Ness Avenue because of the required depth of the tunnel.

The VNAP stated that a subway option for Van Ness Avenue should be explored for feasibility and desirability. Currently, no known plans exist to conduct such a study; therefore, the statement that a pedestrian tunnel could conflict with an entry point to a future unplanned, or unstudied subway station is speculative. Further, presumably any subway entry point, should it ever be necessary, could be located south of Geary.

The comment that subway systems are superior to BRT systems is noted. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR for the CPMC LRDP.

As noted on Draft EIR page 2-32, the bottom of the proposed pedestrian tunnel would be approximately 25 feet below ground level of Van Ness Avenue. As a point of reference, the top of the Muni Metro subway beneath Market Street is 25 feet below ground level. Similarly, the Central Subway tunnel design, currently under construction, would be 40 feet below ground level at its high point, descending in location to approximately 100 feet below ground level.

3.7.13.4 ORGANIZATION OF DRAFT EIR SECTION 4.5 TRANSPORTATION AND CIRCULATION

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-13 TR]

"The DEIR's structural and organizational flows 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [92-3 TR]

"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 for each of the five campuses."

Response TR-128

The comments state that Section 4.5, "Transportation and Circulation" in the Draft EIR is difficult to understand and unnecessarily complex. Because the transportation assessment covers multiple topics, it was determined that the result of the analysis would be best presented by campus, rather than by topic. This organization was intended to make it easier for a reader interested in one particular campus to find the analysis of all modes or circulation issues related to a specific campus in one section rather than having to search for the discussion of a particular campus in each topic section. For example for the proposed Cathedral Hill Campus, traffic impacts are presented in Impacts TR-1 through TR-23, immediately followed by transit impacts (Impacts TR-24 through TR-36), bicycle impacts, etc.

3.7.14 JAPANTOWN

3.7.14.1 ANALYSIS WEST OF CATHEDRAL HILL

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-12 TR, duplicate comment was provided in 30-12 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-14 TR, duplicate comment was provided in 30-14 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-96 TR, duplicate comment was provided in 30-96 TR]

"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 1/2-mile radius around the campus but the parking study area only extends from Eddy to Pine between Laguna and Hyde. The parking study needs to include the intersections that fall within the 1/2-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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-123c TR, duplicate comment was provided in 30-123 TR]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-125 TR, duplicate comment was provided in 30-125 TR]

"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."

(Bob Hamaguchi—The Japantown BNP Organizing Committee, October 8, 2010) [47-7 TR, duplicate comment was provided in 50-7 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 other planned major projects within or adjacent to the Japantown Planning Area, such as the Geary BRT, Van Ness BRT, and 1481 Post Street."

(Hiroshi Fukuda, September 23, 2010) [PC-159 TR]

"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."

Response TR-129

The comments state that the Draft EIR fails to adequately analyze the impacts of the proposed CPMC LRDP (specifically, the proposed Cathedral Hill Campus) on Japantown, and that streets and intersections in Japantown should have been included in the traffic impact analysis. Comment 18-96 TR also refers to intersections on Leavenworth and Jones Streets. Intersections in this area were addressed in C&R Responses TR-124 and TR-125, related to traffic through the Tenderloin neighborhood. The 26 study intersections were selected for analysis for the proposed Cathedral Hill Campus project because they would be most likely to experience increases in peak-hour traffic associated with the proposed CPMC LRDP, and because they typically would be congested during peak periods. Franklin Street and Gough Street are major arterials that would serve as the primary north-south routes to the proposed Cathedral Hill Campus. The north-south streets to the west of Gough Street in Japantown are local streets,

predominantly with one travel lane in each direction and, in some cases such as Octavia and Buchanan Streets, are not continuous; they would not be expected to serve longer distance traffic from north and south of the campus. Geary, Pine and Bush Streets are the major east-west routes, and intersections on these streets west of Gough Street operate at acceptable levels. Traffic associated with the proposed Cathedral Hill Campus on these east-west streets would be through trips, and because of signal progression on these streets, the additional trips would be accommodated without substantially altering intersection operations.

East of Gough Street, Post Street is one-way eastbound, with two mixed-flow lanes and one bus-only lane. West of Gough Street, Post Street is a local street and serves the Japantown commercial area. Traffic traveling southbound on Gough Street, or northbound on Franklin Street destined for the proposed Cathedral Hill Campus, would turn onto Post Street eastbound, and both of the intersections with Post Street are included in the traffic analysis. Similarly, vehicles leaving the proposed campus via Geary Boulevard and destined to the north would turn onto Franklin Street northbound, and this intersection is included in the traffic analysis. Because left turns are not permitted from Geary Boulevard westbound onto Gough Street southbound, vehicles destined to the south would travel on Van Ness Avenue or would access Gough Street north or south of Geary Boulevard.

During the a.m. peak hour, the transportation analysis assumed that the proposed Cathedral Hill Campus project would add 12 eastbound through vehicles on Post Street at the approach to Gough Street, and one westbound through vehicle on Sutter Street at the approach to Gough Street. During the p.m. peak hour, there would be two eastbound through vehicles on Post Street at the approach to Gough Street, and 11 westbound through vehicles on Sutter Street at the approach to Gough Street. During both the a.m. and p.m. peak hour, with the proposed Cathedral Hill Campus project increases in eastbound and westbound volumes (as well as southbound volumes on Gough Street), the intersections of Gough/Post and Gough/Sutter would continue to operate at LOS C or better under both 2015 Modified Baseline and 2030 Cumulative conditions. West of Gough Street, the project-generated vehicles would be more dispersed, and the nominal increase in project vehicle trips would not substantially alter intersection operating conditions. Based on the low number of project vehicle trips that would travel on streets within Japantown, additional analysis of intersections within Japantown is, therefore, not warranted.

The Japan Center Garage, containing 920 parking spaces, is a public parking garage owned by the City of San Francisco, open for all users. Because it is located about one-half mile from the proposed Cathedral Hill Campus, it is very unlikely that patients and visitors would park at the Japan Center Garage and walk or take the shuttle to the campus. Instead, visitors would likely park within the on-site parking garages at the proposed Cathedral Hill Hospital and MOB. These garages would provide a total of 620 spaces for visitors, 347 spaces for staff, and 260 spaces for physicians. As indicated in Table 4.5-34 on page 4.5-164 of the Draft EIR, the proposed Cathedral Hill Campus would experience a shortfall of 163 spaces, primarily because of a shortfall in employee parking spaces. Employees would likely continue to park at the Japan Center Garage, primarily during the daytime shift.

Visitors unable to find parking within the proposed hospital and MOB garages would likely park in any available on-street parking spaces around the campus, although some visitors might also choose to take public transit, use a bicycle, or walk instead of driving. Employees who were unable to find parking at the campus could take public transit, use a bicycle, or walk to the campus, or park off-site at the Japan Center Garage. CPMC has held a lease at the Japan Center Garage for 400 spaces for the past 6 years and has a lease through 2015. It can be presumed that the lease would be extended beyond 2015, and that employees would continue to park at the Japan Center Garage.

The loading facilities for the proposed Cathedral Hill Hospital on Franklin Street, ambulances, or the shuttle service are not anticipated to substantially affect operations on streets in Japantown. As noted above, multi-lane arterials in the immediate vicinity of the proposed Cathedral Hill Campus would be

used to access the campus. CPMC shuttles currently travel to the Japan Center Garage, and operations would not change substantially from existing conditions. See Responses TR-90, TR-92, and TR-93 (pages C&R 3.7-158 through 3.7-161) regarding service loading.

CPMC's ongoing operations are included in the description of existing conditions, and CEQA does not require mitigation for impacts of existing operations that are part of the environmental baseline. The combined impacts associated with the development at multiple campuses under the proposed CPMC LRDP are presented for traffic, transit, shuttle service, and construction impacts on pages 4.5-211 and 4.5-212 in the Draft EIR. The combined impacts of overlapping construction activities and project travel demand on traffic and transit conditions were determined to be less than significant.

Future year 2030 cumulative impacts of the proposed CPMC LRDP for traffic, transit, and construction impacts are presented on pages 4.5-215 through 4.5-247 in the Draft EIR (the proposed Cathedral Hill Campus impacts are presented on pages 4.5-215 through 4.5-232 in the Draft EIR). The approach to the impact analysis, including the transportation improvements assumed for cumulative conditions, is presented on pages 4.5-55 through 4.5-86 in the Draft EIR.

3.7.14.2 CONSTRUCTION

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-97 TR, duplicate comment was provided in 30-97 TR]

"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.

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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-98 TR, duplicate comment was provided in 30-98 TR]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-123b TR, duplicate comment was provided in 30-123 TR]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-135 TR, duplicate comment was provided in 30-135 TR]

"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 pm; 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."

(Bob Hamaguchi—Japantown BNP Organizing Committee, October 8, 2010) [47-5 TR, duplicate comment was provided in 50-5 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."

(Caryl Ito—Japantown Task Force, October 18, 2010) [70-1 TR]

"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.

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."

Response TR-130

The comments state concerns regarding impacts during construction of the proposed Cathedral Hill and Pacific Campuses and suggest that cumulative construction impacts are not adequately analyzed. Impact TR-55, presented on pages 4.5-147 to 4.5-160 in the Draft EIR, provides the assessment of impacts associated with construction of the proposed Cathedral Hill Campus. Because of the magnitude of the proposed LRDP, and the duration of the construction period, the project's transportation-related construction impacts were found to be significant and unavoidable. Mitigation Measure MM-TR-55 on

page 4.5-159 in the Draft EIR, development and implementation of a Construction Transportation Management Plan, would minimize impacts of various construction activities, but not to a less-than-significant level.

In general, construction impacts would be most noticeable in the immediate vicinity of the proposed hospital and MOB. Figure 4.5-22, "Cathedral Hill Campus—Construction Activity Summary" on page 4.5-149 in the Draft EIR, presents the sideway and travel lane closures as well as the truck routes to and from the sites. Trucks would arrive to the site from regional freeways and from within San Francisco via Van Ness Avenue northbound (rather than local streets such as Laguna Street), to Geary Boulevard or to Cedar Street, and would also leave the sites via Van Ness Avenue. Construction trucks would not travel through Japantown to access the project sites.

Impact TR-152 on page 4.5-247 of the Draft EIR presents the assessment of cumulative transportation-related construction impacts. The overlapping construction activities would increase the number of construction worker vehicles and trucks traveling to and from the vicinity of the proposed Cathedral Hill Campus. In addition, implementation of the BRT improvements on Van Ness Avenue would require travel lane closures that would temporarily and permanently affect roadway capacity. These impacts would be evaluated as part of the ongoing environmental review for the BRT projects. Impacts TR-95 through TR-98 on pages 4.5-211 to 4.5-215 of the Draft EIR present the assessment of the combined impacts associated with multiple campuses under the proposed CPMC LRDP related to traffic, transit, shuttle service, and construction activities. The combined impacts were determined to be less than significant, including those related to construction activities at the Cathedral Hill Campus and the Pacific Campus. Although the Pacific Campus and Cathedral Hill Campus are in relatively close proximity and would share some of the same construction vehicle access routes such as Geary Street and Van Ness Avenue, the construction schedules of work at these two campuses would not overlap; namely, the construction at the Pacific Campus would not begin until construction at the Cathedral Hill Campus was completed. Neither campus would share construction staging areas or have concurrent sidewalk or travel lane closures.

Implementation of Mitigation Measure TR-55 would minimize impacts associated with the proposed Cathedral Hill Campus project and reduce the project's contributions to cumulative impacts in overlapping areas. However, given the magnitude of these projects, some disruption and increased delays would still occur, even with implementation of the mitigation measure, and it is possible that temporary, but significant construction-related transportation impacts on roadways in the vicinity of the proposed Cathedral Hill Campus would still occur. As noted above, the majority of impacts associated with the construction activity would be localized to the immediate vicinity of the proposed hospital and MOB sites; however, some diversion of vehicles could be anticipated to occur to other arterials, such as Pine Street, Bush Street, and Franklin Street. Through traffic using Geary Boulevard and Van Ness Avenue would not be anticipated to divert to local streets.

The localized congestion associated with temporary construction activities and potential diversion of vehicles to other corridors would not be considered to conflict with General Plan policies.

In San Francisco, traffic volume counts for an EIR analysis are typically conducted for a 1-day period and also are based on 2-hour counts to identify the peak hour. Intersection turning movement traffic volume counts are not conducted over a 7-day period for EIRs in San Francisco, but they could be if warranted for unusual conditions (such as at locations where, because of adjacent land uses, traffic volumes vary significantly from day to day); however, such conditions do not apply to the proposed LRDP. For further discussion of the logic behind using peak hour traffic counts see Response TR-10 (page C&R 3.7-26). Traffic volumes during the p.m. peak hour, the hour of analysis, vary throughout the week but are generally greatest and consistent midweek—Tuesday, Wednesday, Thursday—on the days that the SF Guidelines recommend that traffic counts be conducted for p.m. peak-hour analyses. The traffic volume

counts are reviewed to ensure conservation of flow between adjacent intersections. Traffic volume counts conducted for the proposed LRDP were reviewed and determined adequate for the analysis by the San Francisco Planning Department.

3.7.14.3 REVOCABLE DRIVEWAYS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-121 TR, duplicate comment was provided in 30-121 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. 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-122 TR, duplicate comment was provided in 30-122 TR]

"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. 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."

Response TR-131

The comments state concerns regarding impacts on Japantown in the event that the proposed Cathedral Hill Hospital's Geary Boulevard Parking Garage curb cut is revoked and vehicular access to the proposed Cathedral Hill Hospital garage would be provided only from Post Street. In addition, the comment notes that a similar situation would occur if the MOB's Geary Street parking curb cut was revoked.

The proposed Cathedral Hill Hospital is designed to allow for ingress-only on Geary Boulevard, and ingress and egress on Post Street. In the event that the Geary Boulevard driveway permit was revoked and access into the garage via Geary Boulevard was no longer permitted, traffic would need to access the garage via Post Street. For vehicles accessing the site from the east or from northbound or southbound Van Ness Avenue via Geary Boulevard, drivers would continue to Franklin Street northbound, to Post Street eastbound to access the site. Access from Franklin Street northbound, Gough Street southbound via Post Street would remain unchanged. If the driveway permit was revoked, the number of vehicles on Post

Street between Franklin Street and Van Ness Avenue and at the intersections of Geary/Franklin and Post/Franklin would increase; however, traffic volumes at intersections further away would remain similar to those analyzed for the proposed Cathedral Hill Campus project in the Draft EIR. An increase in traffic on streets in Japantown (i.e., on streets west of Gough Street) would not occur.[31]

A discussion of the revocable nature of the driveway/curb cut can be found in Response TR-80, page C&R 3.7-149. The proposed Cathedral Hill MOB Parking Garage entrance on Geary Street would be inbound only; all vehicles exiting the garage would exit onto Cedar Street. The traffic impact analysis of driveway operations did not indicate that entering vehicles would result in queues on Geary Street, nor would Geary Street operations be reduced to one westbound lane. If the Geary Street driveway was closed, drivers destined to the MOB garage would drive around the block (continue on Geary Street westbound to Van Ness Avenue northbound, to Cedar Street eastbound) to the Cedar Street entrance. Neither Post Street nor any streets in Japantown would be affected by closure of the Geary Street driveway, as the closure would only affect the streets directly adjacent to the MOB (i.e., Cedar Street, Polk Street, Geary Street, and Van Ness Avenue). As indicated in the transportation analysis, Polk Street would serve traffic generated by the proposed Cathedral Hill Campus, and impacts are discussed in Section 4.5, "Transportation and Circulation" in the Draft EIR.

3.7.14.4 POST STREET VARIANT

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-123a TR, duplicate comment was provided in 30-123 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."

Response TR-132

The comment states concerns regarding operations on Geary Street and Post Street under the proposed Cathedral Hill Campus Project and the Two-Way Post Street Variant. Potential queuing of vehicles onto Geary Street from the Cathedral Hill Hospital garage under the proposed project is addressed in Response TR-88 (page C&R 3.7-156). Under the Two-Way Post Street Variant, Post Street between Van Ness Avenue and Gough Street would be revised from one-way eastbound to two-way operations. For vehicles exiting the site and destined to the north or south, drivers would be able to travel westbound on Post Street, and would turn on either Franklin Street to go northbound or to Gough Street to go southbound. Drivers destined to the west would be able to travel westbound on Post Street to Gough Street, turn left onto Gough Street, and then right onto Geary Boulevard westbound. Alternatively, drivers headed westbound could turn right onto Post Street, right onto Van Ness Avenue, and then right onto Geary Boulevard.

With the exception of local trips destined to Japantown, which would be facilitated under the Two-Way Post Street Variant, drivers would be unlikely to use Japantown streets to access their destinations. Under the Two-Way Post Street Variant, the number of vehicles on Post Street between Gough Street and Van Ness Avenue would increase; however, traffic volumes at intersections further away would remain similar to those analyzed for the proposed Cathedral Hill Campus project in the Draft EIR. An increase in traffic

[31] Fehr & Peers. 2011 (March 31). Technical Memorandum. Cathedral Hill Campus Revocable Driveways on Geary Street/Boulevard. This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

on streets in Japantown (i.e., on streets west of Gough Street) is not anticipated. Similar to the Two-Way Post Street Variant, the proposed project and the MOB Access Variant would be unlikely to increase traffic on streets in Japantown. In fact, because Post Street would remain one-way eastbound in both scenarios, the likelihood of any increase in traffic in Japantown will be even less.

Under the Two-Way Post Street Variant, shuttles would continue to stop within the recessed passenger loading bay on Post Street west of Van Ness Avenue, and shuttles would not be anticipated to conflict with the operation of the adjacent travel lane. The Two-Way Post Street Variant would result in additional intersection impact at Gough Street/Geary Boulevard that is further described in Response TR-47 (page C&R 3.7-71).

3.8 NOISE

3.8.1 LRDP

3.8.1.1 CONSTRUCTION NOISE

Comments

(Lower Polk Neighbors, October 19, 2010) [103-4 NO, duplicate comment was provided in 113-4 NO]

"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)."

(Lower Polk Neighbors, October 19, 2010) [103-35 NO, duplicate comment was provided in 113-35 NO]

"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"

Response NO-1

The comments raise general concerns about noise impacts on adjacent sensitive receptors. Impacts NO-1 and NO-5 in the Draft EIR address noise and groundborne vibrations that would be caused by LRDP-related construction. Significant construction noise impacts were identified at sensitive receptors adjacent to proposed construction activities under the LRDP. Mitigation Measures M-NO-N1a and M-NO-N1c involve implementing noise reduction measures to reduce exterior construction noise at adjacent sensitive receptors. With the reduction of exterior construction noise, interior construction noise levels would also be reduced. The Draft EIR analysis determined that implementing the mitigation measures outlined in the construction noise impact discussion would reduce construction noise impacts to a less-than-significant level. A daytime representative noise level of 80 A-weighted decibels (dBA) at a distance of 100 feet or an equivalent sound level at another representative distance and a nighttime construction noise level that does not exceed ambient noise levels by 5 dB are considered acceptable by the City, as shown in the City and County of San Francisco Police Code, Article 29, Section 2907, "Construction Noise." Implementation of Mitigation Measures M-NO-N1a–c would require on-site measures to be implemented that would limit the ability for project-related noise to be perceived by adjacent receptors. These include, but are not limited to, regular and proper maintenance of construction equipment, limitations (no more

than 5 minutes) on idling of equipment, shielding and staging of stationary equipment away from sensitive receptors, temporary noise barriers (e.g., temporary walls or fencing with noise insulating material), and a community liaison to address noise complaints that may occur during construction. As such, exterior construction-related noise levels would be reduced; therefore, interior noise levels would be reduced, resulting in a less-than-significant impact. See also Responses NO-8, NO-13, and NO-26 on pages C&R 3.8-6, 3.8-20, and 3.8-35, respectively, for further discussion of potential increases in ambient noise levels associated with construction under the proposed LRDP.

Comment

(Alan Wofsy, September 23 2010) [PC-301 NO]

"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."

Response NO-2

The comment requests that CPMC review an analysis of unmitigated impacts and suggests that reimbursement be provided to affected parties for these impacts. In response to the comment regarding noise analysis and impacts, Draft EIR Impacts NO-1 and NO-5 address noise and groundborne vibrations that would be caused by construction of the proposed CPMC LRDP. The LRDP construction period proposed is 4.5 years in duration, not 5.5 years as stated by the commenter. It is also worth noting, although not specifically raised in this comment, that LRDP construction, per revisions to the construction schedule since issuance of the Draft EIR, would generally occur between the hours of 7 a.m. and 7 p.m. Monday through Friday, and 7 a.m. to 5 p.m. on Saturdays. Nighttime construction noise would be limited to the activities and period of construction pertaining to the Van Ness Avenue Pedestrian Tunnel and interior finishings for the buildings.[1] Refer to Response NO-8 (page C&R 3.8-6) for additional details.

Impact NO-1 in the Draft EIR determined that construction noise impacts would be less than significant with incorporation of feasible mitigation and adherence to the San Francisco Noise Control Ordinance. The most intrusive noise levels to which nearby residents would be exposed would occur during the LRDP-related demolition, excavation, and foundation phases, or during the first 1.5 years of LRDP construction. It is anticipated that for the majority of the demolition phase, nearby residents would be shielded from noise by the existing building shell, while internal fixtures and nonload-bearing walls are removed. Noise levels during the LRDP-related excavation stage would be potentially reduced by the excavated pit that would be formed as excavation activities progress. The foundation stage of LRDP construction would also experience some noise reduction from the excavated pit formed for the foundation itself, because the pit would restrict the line of sight, thereby reducing noise levels at those sensitive receptors that do not have a line of sight toward construction activities. Mitigation Measures M-NO-N1a–c involve implementing noise reduction measures to reduce construction noise at adjacent sensitive receptors. Implementing Mitigation Measures M-NO-N1a through M-NO-N1c, which are briefly summarized in Response NO-1 (page C&R 3.8-1), would reduce construction noise impacts to less-than-significant levels. See also Responses NO-8, NO-13, and NO-26 on pages C&R 3.8-6, 3.8-20, and 3.8-35, respectively, for further discussion of potential increases in ambient noise levels associated with construction under the proposed LRDP.

[1] Revised sheets submitted for Construction Plans prepared by Herrero-Boldt dated December 13, 2010 and January 11, 2011 on file with the Planning Department.

The comment further states how CPMC can reimburse, or compensate the people who can't live in their apartments because of noise during construction activities. As is addressed in Response PH-15 (page C&R 3.5-56) and in Response PH-23 (page C&R 3.5-79), construction is a periodic activity that is part of the normal course of activity in a major city like San Francisco. Construction effects, including those that are described taking place at nearby apartments adjacent to the proposed LRDP campuses, are temporary in nature, using different types of equipment at different locations on a project site, and are not expected to create long-term disturbances that would be expected to cause long-term vacancies. Thus, such effects would be unlikely to create long-term problems that could create physical environmental effects requiring mitigation.

Mitigation of Construction Noise

Comment

(Ed Vitsitch, September 23, 2010) [PC-226 NO]

"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."

Response NO-3

The comment acknowledges the two types of mitigation measures (physical and operational) that are included in the Draft EIR and required for the proposed CPMC LRDP to reduce noise and vibration levels related to the project. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.8.1.2 CONSTRUCTION VIBRATION

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-83 NO, duplicate comment was provided in 30-83 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."

Response NO-4

The comment expresses concern regarding the potential for LRDPconstruction-related vibration damage at properties adjacent to all CPMC campuses and whether the 50-foot radius construction damage zone would also apply to those campuses. There are sensitive receptors adjacent to CPMC campuses—identified in Tables 4.6-35 and 4.6-36 on pages 4.6-92 and 4.6-95, respectively, of the Draft EIR—that would be exposed to LRDP construction-induced vibration levels that exceed applicable thresholds. Mitigation Measure M-NO-N5 in the Draft EIR requires that the preconstruction survey for buildings located within 50 feet of proposed LRDP construction activities at all CPMC campuses (Cathedral Hill ,St. Luke's and Davies) be documented as well. Mitigation Measure M-NO-L5 would require preconstruction surveys for the long-term projects at the Pacific and Davies Campuses.

Comment

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-2 NO]

"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."

Response NO-5

The comment states that Table 4.6-17 in the Draft EIR does not provide information on how a detailed vibration analysis would be completed. Table 4.6-17 is a vibration reference table that presents information developed by the Federal Transit Administration (FTA) regarding acceptable vibration levels for different types of receptors. The note referenced by the comment is related to FTA Category 1 receptors, which represent buildings where vibration would interfere with operations. The note is intended to illustrate that for this general category of vibration-sensitive receptors, an additional vibration study may be required to determine the level of vibration that would adversely affect a specific use or operation. Mitigation Measure M-NO-N5 in the Draft EIR has been modified to include provisions for and monitoring of construction-related vibration that could disturb the operation of potentially sensitive equipment. Refer to Response NO-31 (page C&R 3.8-42) for a more detailed discussion of the additional analysis that would be conducted to prevent disturbance of vibration-sensitive equipment in the vicinity of each development site.

3.8.1.3 OPERATIONAL NOISE

Comment

(Reverend Arnold Townsend, September 23, 2010) [PC-200 NO]

"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,..."

Response NO-6

The comment acknowledges that in an urban environment, certain types and levels of noise—including those associated with hospital activities—are to be expected. The comment is noted and may be considered by the decision-makers as part of their deliberations on the project.

3.8.2 CATHEDRAL HILL CAMPUS

3.8.2.1 CONSTRUCTION NOISE AND VIBRATION

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-138 NO, duplicate comment was provided in 30-138 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)."

Response NO-7

The comment states that the Hamilton Square Church, First Unitarian Universalist Church, and the church office on Sutter Street and Van Ness Avenue would experience noise and vibration impacts during construction activities conducted for the proposed LRDP. The potential noise and vibration impacts on adjacent sensitive receptors are addressed as part of the Draft EIR analysis. For example, Tables 4.6-22 and 4.6-35 on pages 4.6-44 and 4.6-92 of the Draft EIR, respectively, state the projected noise and vibration levels that could occur at the Hamilton Square Church and First Unitarian Church during construction activities, including demolition. Office uses are not considered sensitive receptors and as noted in Response NO-21 (page C&R 3.8-29), it is appropriate to consider the closest sensitive receptors, and the most substantial change that would occur at those receptors as a result of project implementation. The church office is not one of the closest receptors. Table 4.6-35 of the Draft EIR was not intended to present a list of only the nearby uses that would experience noise and vibration impacts from project construction. However, Table 4.6-35 does include all nearest sensitive receptors, as well as a selection of other nearby uses that could experience noise and vibration impacts. Based upon the information in the table, it can be generally concluded for the Cathedral Hill Campus, for example, that no buildings near the site would experience physical damage, but uses within approximately 75 feet of the site could experience noise levels that exceed human annoyance thresholds during portions of the construction period. Uses at a distance of 80 feet or further from the Cathedral Hill Campus site are not expected to experience noise in excess of human annoyance thresholds. Furthermore, the Draft EIR acknowledges that construction vibration impacts would remain significant and unavoidable after implementation of feasible Mitigation Measure M-NO-N5.

Comments

(Helene Dellanini—DBC Master Owner's Association, October 12, 2010) [71-1 NO, duplicate comment was provided in 72-1 NO]

"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.

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 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."

(Diane Smith, September 23, 2010) [PC-311 NO]

"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."

(Helene Dellanini, Daniel Burnham Court Association, September 23 2010) [PC-38 NO]

"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."

(Helene Dellanini, Daniel Burnham Court Association, September 23 2010) [PC-39 NO]

"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 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."

(Helene Dellanini, September 23, 2010) [PC-41 NO]

"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."

Response NO-8

The comments express concerns regarding potential vibration, construction and operational noise from implementation of the proposed LRDP, including noise associated with second-shift construction activities. The area around Daniel Burnham Court would be exposed to exterior construction noise at the proposed Cathedral Hill Hospital site, and to a lesser extent, the site of the proposed Cathedral Hill Medical Office Building (MOB). The anticipated effects of project construction noise on Daniel Burnham

Court occupants is discussed on pages 4.6-43 through 4.6-47 of the Draft EIR. Renovation of the existing Pacific Plaza Office Building (1375 Sutter Street) to become the 1375 Sutter MOB would be completed within the interior of the building. Exterior construction that could be attributable to the 1375 Sutter MOB would consist of typical maintenance activities. No substantial exterior construction is proposed for 1375 Sutter Street. Mitigation Measures M-NO-N1a–c involve implementing both physical (e.g., M-NO-N1a—noise shielding) and operational (e.g., M-NO-N1b—construction complaints coordinator) impact reduction measures that are considered practical and feasible. Mitigation Measure M-NO-N1c requires that long-term and short-term noise measurements be taken during each major construction phase, and that additional mitigation measures identified in the construction noise management plan be implemented if noise levels from construction activities are found to exceed City standards and result in complaints provided to the community liaison. As such, mitigation measure M-NO-N1c allows for adaptability in the mitigation that would most benefit those sensitive receptors most affected by construction activities.

Operational impacts associated with the proposed Cathedral Hill Campus are discussed in Impact NO-3 on pages 4.6-64 through 4.6-72. Mitigation Measures M-NO-N3a–e involve implementing physical (e.g., M-NO-N3a—mechanical equipment design) and operational (e.g., M-NO-N3e—truck delivery schedule to minimize noise) impact reduction measures that are considered practical and feasible. These measures are intended to reduce operational noise levels of the LRDP for the residences adjacent to and near the proposed Cathedral Hill Campus.

With respect to nighttime construction noise, the comments expressed concern about noise that would be generated from project construction activities at the proposed Cathedral Hill Campus, especially from the construction of the proposed Cathedral Hill Hospital, the nearby medical office building (proposed Cathedral Hill MOB), and the proposed Van Ness Avenue Pedestrian Tunnel. In particular, comments requested further consideration of issues related to proposed nighttime construction and made a number of suggestions for additional mitigation measures that they believe could reduce nighttime construction noise effects.

The Draft EIR identified the standard of significance for construction noise impacts as occurring if "noise generated by construction were to violate Sections 2907 and 2908 of the San Francisco Noise Control Ordinance."

As noted on page 4.6-41 of the Draft EIR, construction activities for development projects under the proposed CPMC LRDP would include site preparation (e.g., demolition, excavation, grading, and clearing), basement excavation, trenching, pouring of concrete foundations, paving, erection of steel structures and exterior enclosures, interior buildout, equipment installation, finishes, and cleanup. The noisiest construction activities would be demolition and excavation, although no pile driving or rock blasting would occur.

Construction of the proposed Cathedral Hill Campus is anticipated to begin in 2012 and conclude in 2016, with the loudest noise (i.e., greatest potential increase in ambient noise levels) occurring during the demolition and excavation phases of construction, which would occur during the first 13 months of construction activities at the proposed Cathedral Hill Campus. The Draft EIR stated that:

"[h]ours of operation during construction phases would extend from 7 a.m. to midnight on all typical work days, using two shifts. Saturday work would occur from 7 a.m. to 5 p.m.; work is not expected to be done on Sunday. The hours of operation would vary slightly during the development projects' various stages."

As stated on page 4.6-41 of the Draft EIR, construction noise between the hours of 7 a.m. and 8 p.m. would be considered significant if it would exceed 80 dB at 100 feet. In addition, any construction work conducted between 8 p.m. and 7 a.m. would be considered significant if it exceeds ambient noise levels

by 5 dBA unless a special permit is granted before such work by the Director of Public Works or the Director of Building Inspection.

The Draft EIR identified that noise levels generated during the aforementioned construction activities would be approximately 81 dBA L_{eq} when measured at a distance of 100 feet, which would be in excess of the San Francisco Noise Control Ordinance's 80 dBA maximum continuous noise level. Further, construction noise would exceed the ambient noise level by more than 5 dBA. Therefore, this impact was identified as potentially significant.

Mitigation Measure M-NO-N1 in the Draft EIR requires the implementation of both physical (e.g., noise shielding) and operational (e.g., construction complaints coordinator) impact reduction measures to be instituted between the hours of 7 a.m. and 8 p.m. before and during construction to reduce noise levels, in compliance with the San Francisco Noise Control Ordinance. As shown in Chapter 4 of this C&R document, Mitigation Measure M-NO-N1 has been slightly modified as follows to provide additional clarification detail regarding the measures that would be implemented to reduce construction noise:

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. These measures shall be required in each contract agreed to between CPMC and a contractor under the LRDP and shall be applied to all projects and programs covered by th~~is~~e CPMC LRDP EIR.

- Construction equipment shall be properly maintained in accordance with manufacturers' specifications and shall be fitted with the best available noise suppression devices (e.g., mufflers, silencers, wraps). All hand-operated impact tools shall be shrouded or shielded, and all intake and exhaust ports on power equipment shall be muffled or shielded.
- Construction equipment shall not idle for extended periods of time (no more than 5 minutes) near noise-sensitive receptors.
- Stationary equipment (compressors, generators, and cement mixers) shall be located as far from sensitive receptors as feasible. Sound attenuating devices ~~enclosures~~ shall be ~~used~~ placed adjacent to individual pieces of stationary source equipment located within 100 feet of sensitive receptors during noisy operations ~~on-site~~ to prevent line-of-sight to such receptors, where feasible.
- Temporary barriers (noise blankets or wood paneling) shall be placed around the construction site parcels and, to the extent feasible, they should break the line of sight from noise sensitive receptors to construction activities. If the use of heavy construction equipment is occurring on-site within 110 feet of an adjacent sensitive receptor, the temporary barrier located between source and sensitive receptor shall be no less than 10 feet in height. For all other distances greater than 110 feet from source to receptor, the temporary noise barrier shall be no less than 8 feet in height. For temporary sound blankets, the material shall be weather and abuse resistant, and shall exhibit superior hanging and tear strength with a surface weight of at least 1 pound per square foot. ~~Placement~~ Procedures for the placement, orientation, size, and density of acoustical barriers shall be reviewed and approved by a qualified acoustical consultant.
- When temporary barrier units are joined together, the mating surfaces shall be flush with each other. Gaps between barrier units, and between the bottom edge of the barrier panels and the ground, shall be closed with material that would completely close the gaps, and would be dense enough to attenuate noise.

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. The community liaison shall keep a log of all relevant and appropriate complaints and responses to those

complaints through a website that can be accessed and viewed by the public. The log or a copy of the log shall also be available upon request to any affected citizen or their representative. The community liaison shall produce a weekly and six-week schedule of construction operations and shall provide this schedule in advance and upon request to any affected citizens or their representatives. Contact information for the community liaison shall be posted in a ~~conspicuous~~ location ~~so~~ that ~~it~~ is clearly visible to the nearby receptors most likely to be disturbed. The community liaison shall be responsible for ensuring that reoccurring noise complaints are evaluated by a qualified acoustical consultant to determine and implement appropriate noise control measures that would be taken to meet applicable standards. The community liaison shall contact nearby noise-sensitive receptors and shall advise them of the construction schedule.

M-NO-N1c A construction noise management plan shall be prepared by a qualified acoustical consultant. The noise management plan shall include, but shall not be limited to, the following tasks:

- A detailed evaluation of nighttime tunnel construction at noise-sensitive receptors shall be prepared. The evaluation shall include calculations of construction noise levels based on detailed information regarding construction methods and duration. If it is determined that construction noise levels would exceed City noise ordinance standards, a qualified acoustical consultant shall review and approve additional mitigation measures to minimize prolonged sleep disturbance (e.g., using acoustical treatments to existing buildings, such as upgraded weatherstripping, or determining the feasibility of constructing a cantilevered overhang along temporary barriers around the construction area to reduce construction noise levels at elevated receptors).
- Long-term (24-hour) and short-term (15-minute) noise measurements shall be conducted at ground level and elevated locations to represent the noise exposure of noise-sensitive receptors adjacent to the construction area. The measurements shall be conducted for at least 1 week during the onset of each of the following major phases of construction: ~~(i.e., demolition, excavation, and structural steel erection)~~. Measurements shall be conducted during both daytime and nighttime hours of construction, with observations and recordings to document combined noise sources and maximum noise levels of individual pieces of equipment.
- If noise levels from construction activities are found to exceed City standards (daytime [80 dB at a distance of 100 feet] or nighttime [5 dB over ambient]) and result in complaints that are lodged with the community liaison, ~~A~~additional noise mitigation measures that will bring the project into compliance with the City Noise Control Ordinance standards shall be identified. These measures shall be prepared by the qualified acoustical consultant and shall identify the noise level exceedance created by construction activities and identify the anticipated noise level reduction with implementation of mitigation. ~~provided if noise levels from construction activities are found to exceed City standards and result in complaints that are lodged with the community liaison.~~ These measures may include, among other things, ~~erecting~~ additional temporary noise barriers at either the source or the receptor; operational restrictions on construction hours or on heavy construction equipment where feasible; ~~building large~~ temporary enclosures to shield receptors from the continuous engine noise of delivery trucks during offloads (e.g., concrete pump trucks during foundation work); or lining temporary noise barriers with sound absorbing materials. Measures such as these have been demonstrated to be effective in keeping construction noise levels within 80 dB at a distance of 100 feet.

As required by Mitigation Measure M-NO-N1a, temporary noise barriers would be placed around the construction site to break line of site from nearby sensitive receptors to construction activities. Installation of a temporary noise barrier, 8 to 10-feet in height depending on distance from the noise source and adjacent buildings, would yield a reduction of 5–8 dBA. This reduction would decrease noise levels at

sensitive receptors located on upper floors, as required by Mitigation Measure M-NO-N1a, which would result in a 2.2-5.0 dBA reduction in noise levels at elevated sensitive receptors. As noted above, unmitigated construction noise levels would be approximately 81 dBA during demolition and excavation phases, which would occur for approximately the first 13 months of LRDP construction. With installation of the aforementioned noise barrier, noise levels would be reduced to less than 80 dB at a distance of 100 feet, in accordance with the thresholds established by the San Francisco Noise Control Ordinance, and impacts would be considered less than significant with mitigation, as noted in the Draft EIR.

During public review of the Draft EIR and continued planning of the proposed LRDP, CPMC—in consultation with its construction partners—further evaluated the proposed construction plan for the project and has updated and refined the proposed schedule for construction activities.[2] These refinements would allow the proposed CPMC LRDP to meet statutorily required deadlines, as well as implement strategies and work schedules to ensure that construction practices minimize construction noise at night and do not create violations of the San Francisco Noise Control Ordinance.

The refinements to the construction management plan clarify that the potential second shift of construction activity would only occur during interior finishing to the proposed structures at the Cathedral Hill Campus and during the construction of the proposed Van Ness Avenue Pedestrian Tunnel. The second shift would not take place during demolition, excavation, or erection of the proposed buildings, and would only start after the building shell has been completed.

Nighttime construction of interior finishes would occur within the previously constructed shell of each proposed structure and would not involve the use of heavy construction equipment, including on-site haul trucks or loading/unloading equipment. Assuming a 20-dBA reduction afforded by the shells of the proposed structures and a distance of 100 feet (based on the proposed location of structures in relation to existing receptors) from a receptor and interior construction activity, nighttime construction noise levels at adjacent sensitive receptors would not be expected to exceed 60 dBA. The typical noise levels of equipment—including pneumatic tools, man lifts, and compressors—that could be used for internal finishes are presented in Table 4.6-21 of the Draft EIR. All equipment utilized during the interior phase would be electric or propane powered. This would represent a 0.9-dBA increase from the lowest hourly L_{eq} (59.1 dBA) observed in the vicinity of the proposed Cathedral Hill Campus during 24-measurements. Potential construction noise associated with these activities would not be considered perceptible, would not exceed the 5-dBA threshold for nighttime activities established in the City of San Francisco Noise Control Ordinance, and thus, would be less than significant.

With respect to nighttime tunnel underground construction, the Draft EIR also acknowledged that a special permit that allows proposed construction activities to be conducted after 8 p.m. would need to be issued by the Director of Public Works or the Director of Building Inspection because construction noise could exceed ambient noise levels by more than 5 dBA. The Draft EIR stated that by including the aforementioned mitigation and receiving the special permit, the impact of project construction noise during the first and second shifts would be reduced to a less-than–significant level.

Noise generated by surface excavation during construction of the proposed Van Ness Avenue Pedestrian Tunnel would occur periodically between the hours of 7 p.m. and 5 a.m. Nighttime work is considered necessary in this location because construction requires the closure of traffic lanes on Van Ness Avenue; conducting this work during the day would be highly disruptive to the traffic network and would cause additional impacts. Nighttime construction of the open-cut tunnel would allow for closure of the Van Ness Avenue lanes during periods of time when traffic volumes are relatively low.

[2] Revised sheets submitted for Construction Plans prepared by Herrero-Boldt dated December 13, 2010 and January 11, 2011 on file with the Planning Department.

In total, approximately 102 nights of surface work would be required for construction of the proposed pedestrian tunnel, and would be conducted as follows:

1. At the commencement of tunnel construction, there would be 11 nights of site preparation work followed by 25 nights of temporary utility support work.

2. Over a period of approximately 21 nights, holes would be drilled into the street and steel beams (soldier beams) lowered into the holes. Concrete would then be placed into the holes to hold the beams in place. This operation would not require extended lane closures as the traffic lanes would be reopened to traffic each morning.[3]

3. After the soldier beams are installed across all lanes, the surface excavation would commence. First, the existing road surface of Van Ness Avenue would be removed, the soil below the road bed would be excavated to 4 feet below the street surface, and a sheet of very thick steel would be installed and welded in place over the excavation, creating a temporary road bed capable of handling the existing traffic loads for the remainder of tunnel construction. This phase would require approximately 25 nights of activity. Construction activities would then move below the roadway surface.

4. Once the surface layer is removed from above, soil would be excavated from below, removed from the tunnel via the hospital construction site with a loader, and placed onto trucks. No nighttime surface work would be needed during this phase, nor would any lane closures be required.

5. After the pedestrian tunnel has been completed, restoration of the road surface to preconstruction conditions would require approximately 20 nights of surface work.

At various points during these activities—primarily the second, third, and fifth phases—it is anticipated that an excavator, an air compressor, a skid steer, a fork lift, a mobile crane, a paver, and/or a roller may be required to be in operation at varying points. When in operation, these types of equipment typically generate between 80 and 85 dBA at a reference distance of 50 feet, which would be equivalent to 74 to 79 dBA at 100 feet. However, as is required under Section 2708 of the San Francisco Noise Control Ordinance, this equipment would be maintained and fitted with best available noise suppression devices, and would be turned off instead of left idling for extended periods.

Additional feasible noise suppression measures and temporary sound barriers, such as sound-insulating blankets(where appropriate), would be used around the construction area to reduce further potential increases in ambient noise levels, as required by Mitigation Measure M-NO-N1a. It should also be noted that because of the timing of construction activities during this period of the day, potential increases in temporary traffic would be minimized and impacts from associated mobile-source noise increases (such as those caused by horns) attributable to increased congestion would be reduced. If during the implementation of M-NO-N1c (monitoring) additional measures are determined to be necessary, they will be implemented in cooperation with the City and disclosed by the community liaison. (See Mitigation Measure M-NO-N1b.)

Thus, as noted above, implementation of Mitigation Measure M-NO-N1a through M-NO-N1c would ensure that construction activities occurring between the hours of 7 a.m. and 7 p.m. for the proposed Van Ness Avenue Pedestrian Tunnel, would implement feasible noise attenuation to reduce impacts to a less than significant level, as required by the San Francisco Noise Control Ordinance. The Draft EIR also acknowledged that a special permit from the Director of Public Works or the Director of Building

[3] As the soil is removed, wood beam material (called lagging) would be installed to support each side of the road where the soils have been removed. Lagging is a daytime activity that would not require lane closures. The activity would take approximately 40 days.

Inspection would be required to conduct construction activities after 8 p.m. As is specifically noted in section 2708 of the San Francisco Noise Control Ordinance, a special permit is appropriately granted when circumstances unique to a construction site make daytime construction impractical or undesirable. The need to maintain traffic flow on Van Ness Avenue is representative of the type of situation that was anticipated in the San Francisco Noise Control Ordinance, which states that a special permit should be granted "…if construction noise in the vicinity of the proposed work site would be less objectionable at night than during daytime because of different population levels or different neighboring activities if obstruction and interference with traffic, particularly on streets of major importance, would be less objectionable at night than during daytime;…" It should be noted that the special permit, if granted, could include additional provisions that may require stopping unshielded equipment operation after 8 p.m. to ensure compliance with the San Francisco Noise Control Ordinance. See also Response NO-13 on page C&R 3.8-20.

The revisions to the planned activities for the second shift of construction included in the updated construction data sheets, as they relate to interior construction, in combination with implementation of Mitigation Measure M-NO-N1 and the required application for and receipt of a special permit from the Director of Public Works or the Director of Building Inspection. This would ensure that noise levels would not create significant noise impacts and would be in compliance with the San Francisco Noise Control Ordinance.

With respect to transparency and accountability, Mitigation Measure M-NO-N1c requires a construction management plan as part of the project's mitigation monitoring and reporting program (MMRP). The MMRP requires monitoring and reporting on field findings regarding the effectiveness of mitigation measures implemented and this would be made available to the public at the San Francisco Planning Department. If noise standards are exceeded, as determined through noise monitoring and declared by the City to be an exceedance of City standards, an acoustical consultant would work with CPMC and its contractors to implement additional measures for noise reduction. This procedure would provide a process to respond to issues raised by the community through the community liaison and the project Web site, as described in more detail under Response NO-23 on page C&R 3.8-32.

Please refer to Response NO-31 on page C&R 3.8-42 for a description of the clarifications to Mitigation Measure M-NO-N5 that include specific considerations of vibration sensitive equipment at nearby medical office facilities. See Response TR-43 on page C&R 3.7-67 in Section 3.7, "Transportation and Circulation," for a discussion of potential traffic impacts to the adjacent Daniel Burnham Court development. Please also refer to Response NO-27 (page C&R 3.8-37) regarding construction-related vibration impacts.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-11 NO, duplicate comment was provided in 72-11]

"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 6dl)

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:"

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

Response NO-9

The comment states that 1 Daniel Burnham Court (DBC) is located 75 feet from the project site, not 100 feet as stated in the Draft EIR, and could be exposed to noise levels of approximately 82 dBA equivalent noise energy level (L_{eq}) instead of the stated 81 dBA L_{eq}. As requested by the comment, the data in Table 4.6-22 pertaining to 1 Daniel Burnham Court has been amended to reflect a distance of 75 feet and a modeled construction noise level of 82 dB, as shown below and also included in Chapter 4 of this C&R document.

Table 4.6-22
Exposure of Sensitive Receptors near the Proposed Cathedral Hill Campus to Demolition/Excavation/Construction Noise

Sensitive Receptor	Existing Noise Level (dB, L_{eq})	Distance (feet)	Modeled Construction Noise Level (dB, L_{eq})	Exceeds Ambient (dB)
1 Daniel Burnham Court (residential/mixed use)	68	~~100~~75	~~81~~82	+1~~3~~4

It should be noted that although some project construction activities may occur within 100 feet of 1 DBC, because the Cathedral Hill Campus site is more than 275 feet deep and more than 385 feet in length, it is also true that much of the construction would occur at distances much farther than 100 feet, toward the center of the block. The 81 dBA L_{eq} as reported in the DEIR exceeds the threshold of significance for construction noise at Daniel Burnham Court during daytime construction. Thus, the impact would be potentially significant at Daniel Burnham Court, however, would be mitigated to a less-than-significant level with the implementation of mitigation measures M-NO-N1a through M-NO-N1c. This finding would not change whether using 81 or 82 dBA L_{eq} at 75 or 100 feet in distance.

The 100-foot measurement is also relevant because it reflects the threshold established in the San Francisco Noise Control Ordinance. Page 4.6-36 of the Draft EIR reports that Section 2907(a) of the San Francisco Noise Control Ordinance limits noise levels from construction equipment as specified under the ordinance to 80 dB [decibels] L_{eq} at 100 feet (or other equivalent noise level at a convenient distance) from construction equipment between 7 a.m. and 8 p.m. It should be noted that a threshold of 80 dB L_{eq} at 100 feet is equal to a higher dB L_{eq} threshold at a shorter distance and a lower dB L_{eq} threshold at a further distance. Thus, a slightly higher level of noise observed at a distance of less than 100 feet does not necessarily indicate a greater level of exceedance over the San Francisco Noise Control Ordinance threshold. Rather, as it pertains to Daniel Burnham Court, construction noise levels up to 82.5 dB L_{eq} at a distance of 75 feet would be considered in compliance with the San Francisco Noise Control Ordinance.

Comments

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-12 NO, duplicate comment was provided in 72-12]

"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')."

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

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-31 NO, duplicate comment was provided in 72-31 NO]

"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-l. 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.'

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 [Veneklasen Associates], 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 DSC, is that the L_{max} from powered construction equipment measured at the nearest exterior façade of DBC should not exceed 82 dBA."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-34 NO, duplicate comment was provided in 72-34 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.)"

Response NO-10

The comments state that the Draft EIR incorrectly assessed the type of noise level that could occur by using a metric of L_{eq} versus L_{max}. Section 2901(g) of the San Francisco Noise Control Ordinance states that a noise level is defined as "the maximum *continuous* sound level or *repetitive* peak sound level," not the instantaneous maximum sound level. Also, as noted in FTA's *Transit Noise and Vibration Impact Analysis* manual on page 12-3, "[t]he *descriptor* used for construction noise is the L_{eq}." As such, and for the purposes of assessing significance under CEQA in compliance with the direction of the San Francisco Noise Control Ordinance, using L_{eq} as a metric is considered appropriate. Furthermore, the measured equipment noise levels used in the Draft EIR analysis are based on FTA's *Transit Noise and Vibration Impact Analysis* manual, which is commonly used throughout the state as the basis for determining noise impacts with respect to construction. Please refer to Response NO-9 (page C&R 3.8-13) for additional clarification of the 100-foot source-to-sensitive receptor distance expressed in the Draft EIR and the 75-foot distance expressed in this comment.

Comments

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-13 NO, duplicate comment was provided in 72-13 NO]

"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 percent 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 percent, 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."

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%

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-18 NO, duplicate comment was provided in 72-18]

"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."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-32 NO, duplicate comment was provided in 72-32 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.'"

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-35 NO, duplicate comment was provided in 72-35 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.

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)."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010)[71-36 NO, duplicate comment was provided in 72-36]

"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 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-l should be modified to indicate that the impact will remain significant and unavoidable with mitigation (considering only mitigation measures on construction operations)."

(Donald Scherl, October 15, 2010) [74-21 NO]

"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."

Response NO-11

The comments state that noise levels from construction would exceed applicable standards and require mitigation. The significance criteria used in the Draft EIR outlined by the comments do not appear to follow established guidance of the San Francisco Noise Control Ordinance by the City. As explained on page 4.6-39 of the Draft EIR, which is based on the significance criteria in Appendix G of the CEQA Guidelines, a short-term construction noise impact would occur if noise generated by construction were to violate Sections 2907 and 2908 of the San Francisco Noise Control Ordinance. Section 2907(a) of the San Francisco Noise Control Ordinance states that construction noise should be limited to 80 dBA L_{eq} at a distance of 100 feet. The day-night average noise level (L_{dn}) metric is typically used only for transportation noise sources and would not be applicable to an hourly standard, such as that for construction. As stated on page 4.6-45 of the Draft EIR, noise levels would exceed the San Francisco Noise Control Ordinance requirements and Mitigation Measures M-NO-N1a–e on pages 4.6-46 through 4.6-48 would be required to reduce LRDP-related construction noise to a less-than-significant level during construction. The aforementioned mitigation measures represent actions to be taken during construction of the proposed LRDP, consistent with the City's direction, and would reduce construction noise levels to below the San Francisco Noise Control Ordinance threshold of 80 dB L_{eq} at 100 feet. See also Response NO-8 (page C&R 3.8-6) for a description of clarifications to construction-related mitigation, Response NO-9 (page C&R 3.8-13) for a discussion of equivalent noise level thresholds at 75 feet and 100 feet as established in the San Francisco Noise Control Ordinance, and Response NO-10 (page C&R 3.8-15) for a discussion of why the use of L_{eq} is appropriate when assessing construction noise. See Response NO-13 (page C&R 3.8-20) for further explanation of the City's use of the Noise Control Ordinance in its CEQA documents.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-33 NO, duplicate comment was provided in 72-33 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)."

Response NO-12

The comment states that the construction noise prediction method is acceptable and that ambient noise levels created by project activities would exceed existing ambient noise levels. This comment is noted. The comment and the Draft EIR concur on predicted construction noise levels that would exceed ambient noise levels. Furthermore, at a distance of 75 feet, it is reasonable to conclude that construction noise level could be 82 dBA L_{eq}. Refer to Response NO-9 (page C&R 3.8-13) for a discussion of what an equivalent construction noise limit would be other than 80 dB at 100 feet in accordance with the San Francisco Noise Control Ordinance.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-14 NO, duplicate comment was provided in 72-14 NO]

"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. 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.

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 percent with windows closed and 61 percent with windows open.

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

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."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-40 NO, duplicate comment was provided in 72-40 NO]

"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.

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).

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."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-41 NO, duplicate comment was provided in 72-41 NO]

"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)."

(Sheila Mahoney and James Frame, October 19, 2010) [88-4 NO]

"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."

Response NO-13

Some of the comments state that interior noise levels at DBC from construction were not considered as part of the Draft EIR and would result in a significant and unavoidable impact to interior noise levels at DBC and potentially sleep disturbance. The comments also state proposed alternate methodologies for assessing construction-related noise impacts. The comments appear to have misinterpreted that the construction of the proposed Cathedral Hill Campus would result in daytime noise levels in excess of the EPA's and World Health Organization's daytime acceptable interior noise level of 45 dBA. The "EPA-Recommended Noise Level Standards" shown in Table 4.6-16 reflect 24-hour standards (L_{dn}), not daytime standards. In addition, in order to implement CEQA, local jurisdictions are given the authority to establish reasonable and appropriate standards and thresholds for significant impact determinations, particular to each jurisdiction. In San Francisco, given that the City is a dense urban place, where construction activity in proximity to adjacent residents is a frequent occurrence, the City adopted its Noise Control Ordinance which, among other things, establishes criteria that place limits on construction noise, balancing the realities and necessities of construction activity against the health and safety needs of the public. The City has a long established practice of using the criteria established within the Noise Control Ordinance as the threshold for determining significant impacts in its CEQA documents. This is in recognition of the fact that construction noise at any one location is not a permanent condition, San Francisco is a dense urban place where construction in close quarters is oftentimes a necessity, and construction noise in proximity to residences and other sensitive receptors has occurred in the City for decades without any established substantial adverse health or safety impacts to the general public.

As noted by the commenter in Comment 71-37, which is addressed by Response NO-19 (page C&R 3.8-27), the observed interior L_{dn} with windows open at DBC is 50 dBA L_{dn}, which does not meet the interior noise level criteria of 35 to 44 dBA that the comment requests be used to assess significance of the LRDP's noise impacts. The EIR is responsible for assessing the significance of impacts against existing/baseline conditions rather than using a more general noise standard that does not take into account differences between rural, suburban, and urban environments. The use of the term stress-induced diseases appears to be out of context. The Draft EIR states on page 4.6-7 that noise may contribute to stress-based disease. However, the impact analysis in the Draft EIR, pages 4.6-39 through 4.6-53 ultimately concluded that with mitigation measures described in the Draft EIR, the project would not result in significant noise impacts and therefore, stress-induced disease related to construction noise is not anticipated for this project. See also Responses NO-8 through NO-12 on pages C&R 3.8-6 through 3.8-18, above.

As stated in Response NO-8 (page C&R 3.8-6) and as part of the ongoing planning process, the proposed schedule of construction activities has been updated and refined. The need for construction activities to extend to the more noise sensitive hours of the day (after 7 p.m.) has been largely removed. with the exception of construction work associated with the proposed underground Van Ness Pedestrian Tunnel.

Extended construction hours would be required for this portion of the project, because it is a major thoroughfare and nighttime construction is more conducive for accommodating traffic. Other construction activities would occur internal to the proposed Cathedral Hill Campus facilities and would not be anticipated to require the use of heavy equipment in close proximity to adjacent sensitive receptors. Any noise that could occur during these activities would be shielded from adjacent receptors by the external walls of the respective structure. Nighttime construction would predominantly involve the completion of interior finishes. As a result, potential sleep disturbance/deprivation is not anticipated from this type of internal building construction under the LRDP.

Construction of the proposed underground Van Ness Pedestrian Tunnel would occur no less than 300 feet from the property boundary at Daniel Burnham Court. Based on the unmitigated noise levels identified for tunnel construction, which is described in Response NO-8 (page C&R 3.8-6), estimated noise levels are anticipated between 74 and 79 dB at a distance of 100 feet, and as such, exterior noise levels at the DBC property boundary would not be expected to exceed 70 dB. Assuming a similar exterior-interior noise reduction with windows open as observed by Veneklasen Associates and noted in Comment 71-37, interior nighttime noise construction levels would not exceed 50 dB. As noted by Veneklasen Associates in Comment 71-40, the method by which to calculate potential sleep disturbance from construction activities is not precise. However, using the sleep disturbance calculations shown in "A Predictive Model of Noise Induced Awakenings from Transportation Noise Sources" (Finegold and Bartholomew, 2001) and assuming that noise levels due to construction of the proposed tunnel would not exceed 79 dBA at a distance of 100 feet, there would be a less than 1 percent chance that a sleeping individual at DBC would be awakened by construction of the proposed tunnel. There is a stronger possibility that a DBC resident could be awoken by a San Francisco Municipal Bus which can have sound levels of approximately 80 dB at a distance of 50 feet. As such, the LRDP-related potential for sleep disturbance at Daniel Burnham Court, even without calculation of the potential reductions afforded by implementation of Mitigation Measure M-NO-N1, would be considered a less-than-significant impact. See Response NO-8 (page C&R 3.8-6) for further clarification and additional description of nighttime construction activities and hours.

As noted above, the comments also recommend American National Standards Institute (ANSI) S12.9 Part 6 (2008), "Methods for Estimation of Awakenings Associated with Outdoor Noise Events Heard in Homes." This method evaluates the propensity of sleep awakenings resulting from noise events. Sleep disturbance issues would be mitigated as stated on page 4.6-47 of the Draft EIR in Mitigation Measure M-NO-N1c. As acknowledged by the commenter, the method is not always precise in terms of defining what an event is and the sensitivities experienced per individual may vary; thus, additional mitigation measures would have to be developed and implemented by CPMC if exceedances were determined.

By using the typical noise levels at 50 feet presented in Table 4.6-21 and applying a usage factor of 20 percent and a duration of 10 seconds, an SEL may be calculated. SEL calculations utilize the calculated L_{eq} expected from a noise source and then compress the event into a 1-second interval. When compressing all the noise energy into a 1-second noise event (i.e., SEL), the calculation is usually about 8–10 dBA higher than the actual L_{max} produced by the noise source. Long-term operation of heavy construction equipment adjacent to the DBC building is not expected to occur. It is expected that short-term operation of heavy construction equipment would occur adjacent to the Daniel Burnham Court building and that a reasonable distance to evaluate exterior construction noise at the proposed Cathedral Hill Campus would be 100 feet because of site restrictions and the amount of space required to operate large pieces of heavy-duty construction equipment and because that is the significance criteria based on the San Francisco Noise Ordinance. Noise levels at a distance of 100 feet versus 50 feet would be 6 dBA lower; Mitigation Measures M-NO-N1a–e involve implementing both physical and operational impact reduction measures that are considered practical and feasible, and the wall of the proposed new structure would help further shield noise levels.

The City does not specify an interior noise level standard, but the Draft EIR does consider the impact of construction noise to be potentially significant prior to implementation of mitigation. The Draft EIR also takes into account the "worst-case" scenario when evaluating impacts. The construction noise levels presented in the Draft EIR are conservative in that they anticipated the majority of heavy construction equipment usage towards the outer limits of the site rather than internal to the site, which is more likely to occur. Consistent with this methodology, noise attenuation from the building façade of Daniel Burnham Court would be approximately 30 dB, consistent with the information provided on Draft EIR page 4.6-6 due to its masonry construction. Thus, construction noise levels during daytime hours could potentially reach as high as 52 dBA in a residence with closed windows, assuming no more than a 30 dB exterior-to-interior level of attenuation. It should be noted that this assumes the 82 dBA construction noise levels, as noted by the commenter in Comment 71-13. Thus, as stated in the Draft EIR, the impact would be potentially significant. Mitigation Measures M-NO-N1a through M-NO-N1e would be implemented to reduce construction noise levels by approximately 5–8 dB, through the use of noise-attenuating features such as a temporary noise wall and temporary enclosures for stationary equipment that would limit line-of-sight to nearby receptors and thereby noise levels. As a result, daytime noise levels associated with construction activities would be reduced to 44-47 dBA in a residence at DBC with closed windows.

Another comment expresses concern about the secondary impacts on physical and mental health caused by the noise and air pollution and states it should be addressed and mitigated. This response and Response NO-8 on page C&R 3.8-6 describe the noise mitigation proposed and Response AQ-9 on page C&R 3.9-20 discusses potential health impacts evaluated as part of the Draft EIR.

Comment

(Donald Scherl, October 15, 2010) [74-22 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.

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."

Response NO-14

The comment states that sensitive receptors are mainly residents and concludes that the noise effects would be unreasonable. It further states that that the significance of construction noise is understated in the Draft EIR, and would be significant and unavoidable. The Draft EIR recognizes that sensitive receptors include residents and describes the residential and non-residential uses in buildings adjacent to and nearby the proposed Cathedral Hill Campus and how they were analyzed. As stated in the Draft EIR, the construction noise impact would be less than significant with implementation of the proposed mitigation measures and City permits are obtained by CPMC. Please refer to Response NO-8 on page C&R 3.8-6 for a additional discussion on refinements to the schedule of construction activities and how construction noise levels would be mitigated in accordance with the requirements of the San Francisco Noise Control Ordinance.

Comment

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-59 NO, duplicate comments was provided in 108-59 NO]

"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."

Response NO-15

The comment states that the significance criteria of 80 dBA L_{eq} used is insufficient. The comment states that noise environments for churches and residences are typically considered normally unacceptable at 65 dBA. The term "normally unacceptable" originates from the State of California Office of Planning and Research (OPR) General Plan Guidelines, which have been incorporated into numerous General Plans across the State. The 2003 General Plan Guidelines prepared by OPR are the most recent version of the guidelines. As shown in Figure 2 of Appendix C of that OPR document, "normally unacceptable" conditions are considered an appropriate designation at 70 dB, not 65 as stated in this comment. Furthermore, it is worth noting that the terminology used in this comment and as applied in OPR's General Plan Guidelines refers to a measure of 24-hour average noise levels or L_{dn}. L_{dn} is typically used for transportation impacts, which are long-term and represent a permanent change in the ambient noise environment in which people live and work. Construction impacts, which are not permanent, are analyzed using hourly L_{eq}. Because the noise is not permanent, most communities—including San Francisco—typically allow a higher level of noise from temporary construction than long-term traffic conditions. Construction noise standards are set by City policy. Pursuant to section 15064(b) of the State CEQA Guidelines, the determination of whether a project may have a significant effect on the environment calls for careful judgment on the part of the public agency involved, based on scientific and factual data. An ironclad definition of significant effect is not always possible because the significance of an activity may vary with the setting. In this case, the City's use of standards (80 dB at a distance of 100 feet or other equivalent noise level at some other convenient distance) established in its San Francisco Noise Control Ordinance is appropriate and consistent with the City's established practice. Furthermore, construction hours have been refined since issuance of the Draft EIR. Refer to Response NO-8 on page C&R 3.8-6 for a discussion of revisions to planned activities that would occur during the second shift of construction and the anticipated noise levels associated with those activities.

Comment

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-7 NO, duplicate comment was provided in 114-7 NO]

"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]."

Response NO-16

The comment states that the work/live space does not have acoustical windows and construction noise would make performing daily tasks difficult. The work/live space referenced in the comment is located at 1033 Polk Street. This work/live space is approximately 100 feet from the proposed construction activity.

As shown in Table 4.6-22 on page 4.6-44 of the Draft EIR, construction noise levels at 100 feet would result in a noise level of 81 dBA L_{eq}. Mitigation measures for construction noise would result in a noise reduction of 5–8 dBA and would be required to operate within the City's exempted hours or obtain an exemption permit. Furthermore, the work/live space at 1033 Polk Street would also benefit from shielding provided by intervening structures as this address would not have a direct line of sight to construction noise, reducing noise levels by another 3 dBA. Implementation of construction mitigation measures and accounting for the lack of line of site to the live/work space would result in an 8-18 dBA reduction of construction noise levels, resulting in construction-related noise levels that range between 63 and 73 dBA L_{eq}. It should be noted that these noise levels would be under the significance criterion for daytime construction noise of 80 dBA L_{eq} at 100 feet established under the San Francisco Noise Ordinance. Furthermore, as shown in Table 4.6-4 on Draft EIR page 4.6-14, these noise levels would not be inconsistent with ambient noise levels (60.8–74.4 dBA L_{eq}) that currently exist in the vicinity of the proposed Cathedral Hill Campus. Refer to Response NO-8 (page C&R 3.8-6) for further discussion of the refined construction period and modified nighttime construction activities.

Comment

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-8 NO, duplicate comment was provided in 114-8 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 proposed 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.

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-N 1C, 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."

Response NO-17

The comment restates project construction information and associated noise levels reported in the Draft EIR and requests that the construction management plan be available to the public for review and commenting opportunities. The construction management plan is in the process of development based on feasibility, actual reduction of noise levels, and public reaction to the Draft EIR and proposed construction schedule and activities. As noted in Response NO-8 (page C&R 3.8-6), Mitigation Measure M-NO-N1 has been amended to provide additional clarifications with regard to implementation and effectiveness of mitigation, as requested in this comment. Mitigation Measures M-NO-N1a and b identify standard construction noise mitigation that is considered feasible. Mitigation Measure M-NO-N1c specifically requires measurement of construction noise levels at adjacent sensitive receptors and modification of on-site measures, if necessary, to maintain the project's compliance with the San Francisco Noise Control Ordinance. The recommended noise measurements are intended to verify the conservatively predicted construction noise levels reported in the Draft EIR and then develop additional noise reduction measures based on actual noise levels to which residences are exposed during the construction of the proposed Cathedral Hill Campus. Also refer to Response NO-8 on page C&R 3.8-6 for a discussion of revisions to planned activities that would occur during the second shift of construction.

Alternative Equipment

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-9 NO, duplicate comment was provided in 30-9 NO]

"How much noise would the helicopter generate? Would it be less than the cranes at 88 dBA?"

Response NO-18

The comment inquires as to the potential noise levels from a helicopter and how those levels would compare to a construction crane as it pertains to installation of rooftop equipment. The use of a helicopter for construction is not part of the proposed LDRP. Tower cranes generate noise levels equivalent to 76 dBA at a distance of 50 feet.[4] The comment inquires as to whether using helicopters for rooftop equipment placement would generate less noise than operating cranes. Per the FAA's 2004 Nonmilitary Helicopter Urban Noise Study, helicopter flyovers typically generate noise levels ranging from 81–85 dBA at a distance of more than 1,000 feet.[5] This would be considered much greater than noise levels generated by cranes (76 dBA at 50 feet) and would thus be considered a greater noise impact due to the intensity of helicopter noise and the consistent generation of that noise. Cranes operate for short periods of time at their peak noise level, whereas helicopters operate at a consistent high level for their entire period of operation. Furthermore, an airborne helicopter's noise levels would not benefit from line-of-sight restrictions and attenuation of noise levels provided by existing structures to the extent that a crane would. Thus, the use of a helicopter would have the potential to affect a greater number of receptors at higher noise levels than the proposed crane operations.

[4] Legris M., Poulin P. Noise exposure profile among heavy equipment operators, associated laborers, and crane operators. American Industrial Hygiene Association. 1998.

[5] Federal Aviation Administration, Nonmilitary Helicopter Urban Noise Study, 2004.

Interior Noise Levels

Comments

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-37 NO, duplicate comment was provided in 72-37 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.

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."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-38 NO, duplicate comment was provided in 72-38 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 L_{eq} 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.

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."

Response NO-19

The comments provide additional ambient noise level monitoring data and state that interior noise levels at DBC would exceed 45 dBA L_{dn} as a result of construction of the proposed CPMC LRDP and would interfere with speech intelligibility. Based on the results of the noise monitoring conducted for the Draft EIR analysis, the monitoring results shown in this comment appear reasonable and accurate. Please see Response NO-13 on page C&R 3.8-20 for a description of projected interior noise levels as a result of construction activities and the potential impacts to residents at DBC (expected to be in the range of 44-47 dBA with windows closed). Response NO-13 also provides an explanation of the City's use of its Noise Control Ordinance when determining potential impact significance. In addition, the comment infers that L_{max} construction noise level attenuation from exterior-to-interior would be approximately 2-6 dBA (See "Table 1: Existing Noise Levels at Residences" in Comment 71-37 NO), which would be much less than a masonry building built in 1988 would be expected to provide. Please also see Response NO-8 on page C&R 3.8-6 regarding the conclusion that construction noise levels would be mitigated to a less-than-significant level. Refer to Response NO-9 (page C&R 3.8-13) for an explanation of why assessing construction noise against a threshold of 80 dB at a distance of 100 feet or an equivalent noise level at a more convenient distance (i.e., 82.5 dBA at 75 feet) is considered appropriate.

To clarify, as stated by the EPA in their Protective Noise Levels study, the highest noise level that permits relaxed conversation with 100 percent sentence intelligibility throughout a room is 45 dBA L_{eq}. It should also be noted that 95 percent of sentence intelligibility is maintained during relaxed conversation at 65 dBA L_{eq}.[6] The Draft EIR analysis is consistent with this statement.

[6] Environmental Protection Agency, Protective Noise Levels Study, available at http://www.nonoise.org/library/levels/levels.htm, accessed September 2011.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-39 NO, duplicate comment was provided in 72-39]

"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.

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."

Response NO-20

The comment states that existing daytime interior noise levels measured 41 dBA (no descriptor, such as L_{dn}, L_{eq}, L_{max}, is provided within the comment) and 47 dBA with windows open. It was stated in Comment 71-37, which is addressed by Response NO-18 (page C&R 3.8-25), that exterior noise levels were also measured to be 67 dBA L_{eq}. This demonstrates a 26-dBA exterior-to-interior reduction with windows closed and a 20-dBA reduction with windows open, because of the existing wall façade and materials. Construction noise at the site of the proposed Cathedral Hill Campus was considered potentially significant in the Draft EIR, as stated on page 4.6-45. Furthermore, Mitigation Measures M-NO-N1a through M-NO-N1e, as amended and shown in Response NO-8 (page C&R 3.8-6), would reduce construction exterior noise levels by approximately 5–8 dB, reducing the impact to a less-than-significant level. The measure also requires exterior and interior noise level measurements at the onset of differing phases of proposed Cathedral Hill Campus construction; in the event that construction noise levels remain above the City's significance criteria, Mitigation Measure M-NO-N1c requires that additional considerations be developed and implemented by the project expeditiously.

The comment appears to misunderstand the different thresholds of significance that are used when referring to operation-related impacts and construction impacts. Reliance on the City's Noise Control Ordinance together with the temporary and intermittent nature of construction noise is considered a valid and appropriate justification for the conclusion that construction noise would be contained to the extent practicable, comparable to other construction projects in the City, and less than significant, especially when additional mitigation measures are incorporated into the project to further reduce construction noise impacts on surrounding properties.

It should also be noted that while the construction activities or equipment at any of the sites to be developed under the proposed CPMC LRDP may not be unique or atypical, it is also true that the proposed CPMC LRDP is a large project and that construction activities will continue for extended periods of time. Nevertheless, construction noise would remain a temporary impact, as opposed to an ongoing operational impact. The noise levels identified under Impact NO-1 of the Draft EIR, beginning on page 4.6-41, would not occur for the entire construction period, nor would they occur at any one location for the entire construction period. These activities would be intermittent and temporary, though, as acknowledged in the Draft EIR, they would occur over the course of the construction period.

Mitigation of Construction Noise

Comment

(Rose Hillson—Member Jordan Park Improvement Association, September 23, 2010) [18-69 NO, duplicate comment was provided in 30-69 NO]

"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, 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?"

Response NO-21

The comment inquires about the availability of the proposed construction noise liaisons, the identification of the surrounding noise-sensitive receptors, and whether Draft EIR Table 4.6-35 is inclusive of all Cathedral Hill noise sensitive receptors. The noise liaison would have a working number for lodging noise complaints available 24 hours per day during all construction activities. When assessing significance under CEQA, it is considered appropriate to assess the most substantial change that would occur as a result of implementation of a particular project. With respect to construction noise, the impact of the proposed CPMC LRDP as a whole is determined by assessing impacts at those receptors that would be most substantially affected, which typically occurs at those closest to a project site. Noise monitoring locations were chosen based on observations of the area's noise sources and their proximity to project components and existing noise-sensitive receptors. The receptors identified in Tables 4.6-22 and 4.6-35 are not all-inclusive but are considered appropriate representative sensitive receptors for the purposes of determining significance. Additional receptors in the project area may experience construction noise generated by the LRDP, but to a lesser degree than those presented in Tables 4.6-22 and 4.6-35 because of a variety of factors, including greater distance between source and receptor and intervening structures. Construction noise impacts at such receptors would also be considered less than significant with mitigation. Such receptors would be able to contact the community liaison if noise complaints arise, regardless of whether or not they are specifically listed in Tables 4.6-22 and 4.6-39.

Comments

(Alan Wofsy—Emeric-Goodman Associates, September 23, 2010) [26-4 NO]

"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

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."

(Donald Scherl, October 15, 2010) [74-23 NO]

"The draft conceives that the huge increase in noise that will occur is less than significant given the suggested mitigation steps (Impact NO-l). 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."

Response NO-22

The comment states that the Mitigation Measures M-NO-N1a and M-NO-N1b do not have specific goals that all receptors should be identified, and that construction mitigation plans should be identified prior to construction and CPMC should compensate affected receptors financially.

Sensitive receptors are defined on page 4.6-9 and 4.6-10 of the Draft EIR. Specifically, for the proposed Cathedral Hill Hospital site, the Draft EIR recognizes that "the noise- and vibration-sensitive land uses located near the proposed Cathedral Hill Campus are the residential buildings on all four blocks surrounding the campus." While the Emeric-Goodman building is not explicitly identified in the Draft EIR, it is recognized as a sensitive receptor along with other residential buildings surrounding the project site. When assessing significance under CEQA, it is considered appropriate to assess the most substantial change that would occur as a result of implementation of a particular project. Additional receptors in the project area may experience construction noise generated by construction of the proposed CPMC LRDP, but to a lesser degree than those presented in Tables 4.6-22 and 4.6-35 because of a variety of factors, including greater distance between source and receptor and intervening structures. Construction noise impacts at such receptors would also be considered less than significant with mitigation. See Response NO-21 (page C&R 3.8-29) for further clarification.

Mitigation Measure M-NO-N1a identifies specific equipment and noise abatement measures and how they should be used for maximum effectiveness, and ensures compliance with the requirements of the San Francisco Noise Control Ordinance. Under Mitigation Measure M-NO-N1a, temporary noise barriers would be erected along the exterior of the project site to shield adjacent sensitive receptors from heavy construction equipment operating close to the boundaries of the construction site. In addition, temporary devices would be erected around stationary equipment to reduce potential noise levels associated with their operation. Based on these two noise abatement measures from Mitigation Measure M-NO-N1a, noise levels would be reduced between 5–8 dBA, depending on the height of the receptor, but should ensure that noise levels do not exceed the daytime construction noise limits (80 dB at 100 feet or other equivalent noise level at a representative distance) of the San Francisco Noise Control Ordinance.

The comments also request clarification as to where equipment, such as generators, could be placed during construction to reduce noise levels. Areas internal to the site and away from surrounding receptors could reduce noise levels, although the degree to which this could be achieved is dependent on which

parts of the proposed Cathedral Hill Campus are under construction at a particular time. This measure is considered feasible, and as noted on page 4.6-5 of the Draft EIR, noise would attenuate to a lower level by 6 dB for every doubling of distance (e.g., a stationary source that generates 70 dBA of noise at 75 feet would generate 64 dBA at 150 feet.)

Mitigation Measure M-NO-N1b identifies a community liaison that would be available to all affected sensitive receptors, including the residents of the Emeric-Goodman building. The purpose of the liaison is to ensure that citizen complaints are heard and that feasible mitigation is put in place to reduce construction noise to a less-than-significant level; this may include the additional mitigation outlined in Mitigation Measure M-NO-N1a and Mitigation Measure M-NO-N1c.

Construction mitigation measures, including noise barriers and operational restrictions, are identified in M-NO-N1a. The purpose of Mitigation Measure M-NO-N1c is to ensure that the proposed LRDP would monitor noise levels during each phase of construction and implement feasible measures to control and reduce construction noise to a less-than-significant level from the very beginning to the very end of construction. It allows for adaptability in the mitigation that would benefit those sensitive receptors most affected by construction activities, and establishes the significance criteria under the San Francisco Noise Control Ordinance as the performance standard that must be met.

Because Mitigation Measures M-NO-N1a through M-NO-N1c would reduce the potentially significant construction noise impact to a less-than-significant level, additional mitigation, such as financial compensation, is not required. Further, under CEQA, financial compensation would not be considered a mitigation measure as it would not avoid or reduce the magnitude of a significant effect. Lastly, since the CPMC LRDP would comply with San Francisco Noise Control Ordinance requirements with respect to its established limits for construction noise levels, no financial compensation would be required under City statute, unless otherwise stipulated as part of a special permit request from the City Department of Public Works.

Comments

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-15 NO, duplicate comment was provided in 72-15 NO]

"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.

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."

(Donald Scherl, October 15, 2010) [74-24 NO]

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

(Donald Scherl, October 15, 2010) [74-26 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."

(Diane Smith, September 23, 2010) [PC-312 NO]

"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 the construction industry and development managers and real estate. So we hope that those considerations are adopted. Thank you."

Response NO-23

The comments recommend clarification and enhancement of Mitigation Measure M-NO-N1b to include a website for comments and additional specificity on how comments are addressed and how area receptors are notified of construction activities. The ideas recommended under comment 71-15 would be feasible and would assist the project with reducing noise complaints. Therefore, Draft EIR Mitigation Measure M-NO-N1b, listed on page 4.6-47, is revised to state:

> 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. The community liaison shall keep a log of all relevant and appropriate complaints and responses to those complaints through a website that can be accessed and viewed by the public. The log or a copy of the log shall also be available upon request to any affected citizen or their representative. The community liaison shall produce a weekly and six-week schedule of construction operations and shall provide it in advance and upon request to any affected citizen or their representative. Contact information for the community liaison shall be posted in a ~~conspicuous~~ location ~~so~~ that ~~it~~ is clearly visible to the nearby receptors most likely to be disturbed. The community liaison shall be responsible for ensuring that reoccurring noise complaints are evaluated by a qualified acoustical consultant to determine and implement appropriate noise control measures that would be taken to meet applicable standards. The community liaison shall contact nearby noise-sensitive receptors and shall advise them of the construction schedule.

These revisions would expand the roles already designated for the community liaison. The intent of the creation of a community liaison is to provide transparency about implementation of noise and vibration mitigation measures, and to provide a process for nearby residents to ask questions or to receive information about project construction activities. The community liaison would also be responsible for coordination with a qualified acoustical consultant to implement appropriate implementable noise and vibration control measures to meet applicable standards once a complaint is received. The intent of Mitigation Measure M-NO-N1b is to ensure that noise impacts are identified and addressed on an on-going basis.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-16 NO, duplicate comment was provided in 72-16 NO]

"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."

Response NO-24

The comment recommends modifying a mitigation measure to include additional noise monitoring for various construction activities. The comment expresses a concern that the minimum 1-week monitoring period during each major phase of construction would not be adequate to capture the maximum noise levels from different types of equipment that may be used. It is important to note that the mitigation calls for "at least" 1 week of monitoring and does not place a maximum limit on the amount of time that noise is monitored. However, to address the concern raised by the comment, the following revision is made to the second bullet under Mitigation Measure M-NO-N1c on page 4.6-47 of the Draft EIR:

> Long-term (24-hour) and short-term (15-minute) noise measurements shall be conducted at ground level and elevated locations to represent the noise exposure of noise-sensitive receptors adjacent to the construction area. The measurements shall be conducted for at least 1 week during the onset of each of the following major phases of construction: ~~(i.e.,~~ demolition, excavation, and structural steel erection~~)~~. Measurements shall be conducted during both daytime and nighttime hours of construction, with observations and recordings to document combined noise sources and maximum noise levels of individual pieces of equipment.

Comments

(Helene Dellanini—DBC Court Master Owner's Association, October 18, 2010) [71-17 NO, duplicate comment was provided in 72-17 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, jack hammering, hoe ramming and all demolition activities, arid Welding, sawing and pneumatic tools (prior to the building skin being installed).

- 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.)"

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-42 NO, duplicate comment was provided in 72-42 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 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.

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."

Response NO-25

The comments recommend additional mitigation measures, including additional restrictions on construction hours and more stringent maximum noise levels beyond those established by the San Francisco Noise Control Ordinance for various construction activities. As stated on page 4.6-34 of the Draft EIR, the City of San Francisco, through its Noise Control Ordinance, recognizes noise as an environmental pollutant that must be managed and mitigated through the planning and development process, and the ordinance is intended to maintain noise levels through all practicable means to preserve community health. Compliance with the San Francisco Noise Control Ordinance would be expected to adequately address the potential effects of construction noise. As stated in Section 2908 of the San Francisco Noise Control Ordinance, time between the hours of 8:00 p.m. and 7:00 a.m. is considered to be outside of daytime construction hours. Therefore, it is reasonable to conclude that any construction activities conducted between the hours of 7:00 a.m. and 8:00 p.m. are subject to the requirements of Section 2907 of the San Francisco Noise Control Ordinance and do not require further time restrictions, as suggested by the commenter, in order to achieve the goals and intent of the San Francisco Noise Control Ordinance and insure that impacts would be less than significant with incorporation of Mitigation Measure N-NO-N1.

The comments also suggest additional restrictions with respect to equipment location and coordination with DBC. Stationary equipment, such as generators, would be required under Mitigation Measure M-NO-N1a to be located as far as practicable from nearby receptors, consistent with this comment. With respect to the additional coordination with DBC specifically, as noted above in Response NO-23 on page C&R 3.8-32, CPMC will maintain a community liaison who will be available to address issues raised by affected neighbors and who will keep a log of complaints received and produce a schedule of construction operations. The additional suggested measures concentrate on reducing potential noise impacts by locating all construction noise producing equipment and activities as far from residents as possible. This recommendation does not take into account that there are similar receptors adjacent to suggested relocation areas for the concentration of construction activities. Mitigation Measure M-NO-N1a would require the location of stationary equipment as far away as feasible from all sensitive receptors adjacent to the project, and the incorporation of local barriers for stationary equipment inside the recommended construction site parcel. In addition, as part of its compliance with the San Francisco Noise Control Ordinance, Mitigation Measure M-NO-N1c would require regularly monitoring of construction noise levels and adjustment of noise abatement measures, as necessary, to insure that, in the event of a momentary exceedance of the Noise Control Ordinance occurs, noise levels are regular maintained in accordance with City requirements. As a result, construction noise impacts were determined to be less than significant in the Draft EIR (page 4.6-48) and further mitigation is not considered necessary to

maintain noise levels through all practicable means to preserve community health in accordance with the requirements of the San Francisco Noise Control Ordinance.

Comment

(Barbara Kautz - CHNA and Bernal Heights Neighborhood Center, October 19, 2010)
[87-55 NO, duplicate comment was provided in 108-55 NO]

"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."

Response NO-26

The comment states that mitigation measures for construction noise are insufficient and that impacts would be significant and unavoidable without further mitigation. As stated above in Response NO-8 (page C&R 3.8-6), the mitigation measures for construction noise shown in the Draft EIR, beginning on page 4.6-46, would result in a noise reduction of 5–8 dBA and would require construction to occur within the hours permitted by the San Francisco Noise Control Ordinance. The Draft EIR acknowledges that noise from construction would be potentially significant without mitigation, and that by implementing Mitigation Measure M-NO-N1a through c and obtaining required permits, noise from construction would be controlled. The comment references the 80 dB standard as being too high; however, the threshold of 80 dB is identified as part of the San Francisco Noise Control Ordinance, which establishes the City's significance criteria for analyzing impact of noise from construction equipment. Reliance on the City's Noise Control Ordinance together with the temporary and intermittent nature of construction noise is considered a valid and appropriate justification for the conclusion that construction noise would be contained to the extent practicable, comparable to other construction projects in the City, and less than significant, especially when additional mitigation measures are incorporated into the project to further reduce construction noise impacts on surrounding properties.

Furthermore, as explained in Response NO-8 (page C&R 3.8-6), the schedule of construction activities has been updated and refined and no exterior nighttime construction activities, other than certain activities related to the Van Ness Tunnel, would occur. Therefore, with the exception of the tunnel (which would require a special permit), construction associated with the proposed project would comply with the restrictions of the San Francisco Noise Control Ordinance, which establishes the daytime period for construction as the hours between 7 a.m. and 8 p.m. Further restriction of hours beyond those required by the San Francisco Noise Control Ordinance is not considered necessary to achieve the goals and intent of the San Francisco Noise Control Ordinance, as long as the noise level standards of the ordinance are achieved.

It should also be noted that while the construction activities or equipment at any of the sites to be developed under the proposed CPMC LRDP may not be unique or atypical, it is also true that the proposed CPMC LRDP is a large project and that construction activities will continue for extended periods of time. Nevertheless, construction noise would remain a temporary condition, as opposed to an ongoing operational condition. The noise levels identified under Impact NO-1 of the Draft EIR, beginning on page 4.6-41, would not occur for the entire construction period, nor would they occur at any one location for the entire construction period. These activities would be intermittent and temporary, though, as acknowledged in the Draft EIR, would occur over the course of the construction period.

The comment also demonstrates a misunderstanding of Mitigation Measure M-NO-N1c by stating that the construction noise mitigation plan requires that nighttime construction noise be evaluated. Rather, the construction noise mitigation plan requires on-going monitoring of nighttime activities (i.e., tunnel construction) to ensure that, as construction activities continue, no additional noise abatement measures are necessary to insure compliance with the Noise Control Ordinance. M-NO-N1c , at page 4.6-47, states that in addition to study:

> "If it is determined that construction noise levels would exceed City noise ordinance standards, a qualified acoustical consultant shall review and approve additional mitigation measures to minimize prolonged sleep disturbance (e.g., using acoustical treatments to existing buildings, such as upgraded weather stripping, or determining the feasibility of constructing a cantilevered overhang along temporary barriers around the construction area to reduce construction noise levels at elevated receptors)."

Furthermore, the construction noise mitigation plan would not only apply to nighttime construction activities, but also to daytime construction activities. In summary, Mitigation Measure N-NO-N1c would establish a mitigation program, which would require regular evaluations of on-site construction noise, such that the project applicant could determine if additional noise abatement measures are necessary and implement those measures to insure that construction noise complies with the City's Noise Control Ordinance.

3.8.2.2 CONSTRUCTION VIBRATION

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-78 NO, duplicate comment was provided in 30-78 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-79 NO, duplicate comment was provided in 30-79 NO]

"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 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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-9 NO]

"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."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010)[18-81 NO, duplicate comment was provided in 30-81 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 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."

(Margaret Kettunen Zegart, October 20, 2010) [97-22 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."

Response NO-27

The comments state that very few buildings would fall within the 50-foot radius required under Mitigation Measure M-NO-N5. Table 4.6-35 identifies the closest sensitive receptors to each of the proposed campuses, and identifies the modeled vibration levels due to project construction activities. As noted in Impact NO-5, beginning on Draft EIR page 4.6-89, none of the modeled locations (i.e., closest sensitive receptors) would experience construction vibration levels close to or exceeding the Caltrans thresholds for building damage (0.5 in/sec PPV for new residential buildings, and 0.25 in/sec PPV for older or historically significant buildings). As an example, the modeled results for construction vibration at the 1142 Van Ness Avenue Concordia Club building, located 40 feet at the nearest point from proposed construction activities, indicate vibration levels of 0.104 in/sec PPV, less than half of the threshold for older and historically significant buildings, and only 20 percent of the threshold for new residential buildings. Based on the modeled analysis, building damage from construction activities is not expected and Mitigation Measure M-NO-N5 provides additional protection by requiring a construction vibration management plan and monitoring of all buildings within a 50-foot radius and any historical structures in the project vicinity. The 50-foot radius has been established because acoustical and vibration experts believe that this represents the maximum distance at which vibration could potentially impact nearby structures. While only a few buildings exist within this radius, Mitigation Measure M-NO-N5 will help ensure that buildings are not damaged by construction operations. These building include the Concordia Club at 1142 Van Ness Avenue (Cathedral Hill Campus vicinity), the Stern Building at 2330 Clay Street (Pacific Campus vicinity), the Smith Kettleman Eye Research Institute (Pacific Campus vicinity), and several multi-family residences along Washington Street (Pacific Campus vicinity). No churches or other religious structures were identified as being located within 50 feet of the limits of construction at any of the proposed development sites and thereby not subject to potential construction vibration damage.

Comments furtherrequest that a bond to finance the refurbishing of stained glass of the churches in the event that vibration causes damage. No churches or other religious structures were identified as being located within 50 feet of the limits of construction at any of the proposed development sites and thereby not subject to potential construction vibration damage.

As required by Mitigation Measure M-NO-N5, a survey documenting fixtures and finishes potentially subject to damage from project-related construction activities would be conducted prior to the initiation of construction activities, but has yet to occur. Under Mitigation Measure M-NO-N5, if damage were to occur as a result of construction vibration associated with implementation of the CPMC LRDP, structures that are damaged would be repaired to their pre-existing condition by the project sponsor.

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-80 NO, duplicate comment was provided in 30-80 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)

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."

"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 70 dB is 11 dB. This is a 367 percent 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 17 dB. This is a 567 percent 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 66 dB is 17 dB. This is also a 567 percent 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.'

(Sheila Mahoney and James Frame, October 19, 2010) [88-2 NO]

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

Housing Stock and Population

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

Response NO-28

The comments state that the Hamilton Square Baptist Church may be exposed to excessive vibration exceeding the Caltrans-recommended standard of 0.25 in/sec PPV for historic and old buildings. Construction vibration effects were specifically modeled for the Hamilton Square Baptist Church. As shown in Table 4.6-35 on page 4.6-92 of the Draft EIR, the Hamilton Square Baptist Church is reported to be 70 feet from proposed construction activities and could be exposed to a maximum vibration of 0.045 in/sec PPV, which would not exceed the 0.25 in/sec PPV threshold for older and historically significant buildings.

The comments also state that the 50-foot radius stated in the construction vibration mitigation should be extended to include those buildings that are within the 80-VdB radius. The 50-foot radius refers only to the radius where structural damage could occur from construction operations. The VdB scale is used for human annoyance vibration assessment, not for structural damage, and therefore a pre-construction building survey related to structural damage is not warranted. The buildings referenced by the comment are not anticipated to be structurally impacted because they are not within the radius where structural damage could occur from construction operations. The mitigation for these buildings (Hamilton Square Baptist Church, Concordia Club, and Episcopal Services) is designed to reduce human annoyance only; these buildings would not be impacted by vibration that could cause structural damage, and impacts would be less than significant. Please also see Response NO-27 on page C&R 3.8-37 for a discussion of structural damage as a result of construction.

In addition, the comments state that the noise levels generated by construction of the proposed Cathedral Hill Campus would exceed a threshold of +3 dB increase by 367-567 percent. The comment is correct in that construction noise would increase ambient noise levels in the project vicinity. However, the standard

to which the comment refers is expressed in terms of L_{dn}, which is a 24-hour noise measurement. As stated on page 4.6-36 of the Draft EIR, Section 2907 of the San Francisco Noise Control Ordinance establishes L_{eq} as the standard of measurement for assessing construction noise because it measures average noise levels over a stated time period, usually one-hour. In general, a 24-hour noise measurement will be much lower than a periodic (L_{eq}) noise measurement because it includes those hours where human activity is dramatically less. Furthermore, as stated in Impact NO-1, construction noise between 7 a.m. and 8 p.m. in the City of San Francisco is regulated by limiting the noise levels generated at the source. Therefore, the +3 dB standard at the receptor does not apply to project-generated construction noise. For construction that would take place between 8 p.m. and 7 a.m., Mitigation Measure M-NO-N1a through M-NO-N1c would reduce construction noise levels to the extent feasible and require the project sponsor to seek and obtain a special permit from the Director of DPW if the project is not able to comply with the San Francisco Noise Control Ordinance's requirements for construction at night. The construction liaison designated by Mitigation Measure M-NO-N1b would address citizen complaints and assist in mitigating any unforeseen construction noise issues that would arise to ensure that community activities could proceed with limited disturbances. See also Response NO-13 on page C&R 3.8-20 regarding anticipated noise levels at nighttime from construction of the Van Ness Avenue Pedestrian Tunnel. As a result and as stated in Impact NO-1 (Draft EIR page 4.6-41), noise impacts associated with construction activities would be less than significant with mitigation.

Please also see Response AQ-9 on page C&R 3.9-20 for a discussion of potential construction impacts associated with the proposed project.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-82 NO, duplicate comment was provided in 30-82 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."

Response NO-29

The comment recommends that the façade of the proposed Cathedral Hill Hospital should be modified to reduce vibration levels (stated on page 4.6-91) in the area surrounding the project. The vibration levels stated on page 4.6-91 are for construction activities only and would be temporary in nature. Changing the façade of the hospital would have no effect on construction-generated vibration levels since the sources of those vibration levels (demolition, excavation, etc.) would be completed prior to application of the exterior surfaces of the proposed structures, and would cease entirely once hospital construction has been completed. With respect to the types of materials to be used for the building's exterior, the design and selection of materials of the proposed structures are ongoing. However, it should be noted that the future noise levels associated with the proposed project were determined to be less than significant (refer to Impacts NO-2, NO-3, and NO-4.) When noise is reflected by a particular surface, a portion of the noise is absorbed by the reflecting material. In addition, noise reflection is considered a part of any existing urban environment where typically hard surfaces, such as roadways, concrete sidewalks, and buildings, reflect ambient noise to a greater extent than an area dominated by soft surface, such as lawns or other permeable surfaces. Furthermore, the proposed project would include substantial landscaping, which would aid in the reduction of reflected noise.

Comment

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010)
[102-11 NO, duplicate comment was provided in 114-11 NO]

"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]."

Response NO-30

The comment states that vibration levels attributable to the proposed Cathedral Hill Campus construction would result in a significant and unavoidable impact, as stated in the Draft EIR. Construction vibration impacts are discussed on pages 4.6-90 through 4.6-94 of the Draft EIR and a significant and unavoidable impact would remain with implementation of all feasible mitigation measures. The comment is noted.

Mitigation of Construction Vibration

Comments

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-19 NO, duplicate comment was provided in 72-19 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.

- 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."

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-48 NO, duplicate comment was provided in 72-48 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.

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."

Response NO-31

The comments express concern about potential construction vibration effects on uses sensitive to vibration, and recommends additional mitigation that would ensure that sensitive uses and medical equipment at Daniel Burnham Court would not be exposed to excessive vibration. Consistent with this comment, Mitigation Measure M-NO-N5 is amended to include the following bullet on page 4.6-93 of the Draft EIR:

> As part of the vibration management plan, vibration levels shall be monitored at the nearest interior location of adjacent medical uses containing vibration-sensitive equipment, to monitor potential impacts from the project site. In the event that measured vibration levels exceed 65 VdB and would disturb the operation of sensitive medical equipment, additional measures shall be implemented to the extent necessary and feasible, including provision of notice to medical tenants in order to coordinate the timing of construction activities showing vibration levels above 65 VdB, possible temporary relocation of medical tenants with sensitive equipment, and/or installation of isolation equipment.

The following text has also been added to the bottom of Draft EIR page 4.6-91, immediately preceding the last sentence on the page:

> Furthermore, as shown in Table 4.6-35 (page 4.6-92), construction-related vibration could exceed 65 VdB, which, as stated previously, could affect the operation of certain types of sensitive equipment, including medical equipment. Nearby land uses that may include potential vibration-sensitive medical equipment include 1 Daniel Burnham Court adjacent to the proposed Cathedral Hill Campus.

In addition, the following discussion has been added to the first full paragraph on page 4.6-95 of the Draft EIR:

> Predicted groundborne noise and vibration levels would range from 77 to 94 VdB, and up to 0.210 in/sec PPV, at the Pacific Campus and would range from 58 to 79 VdB, and up to 0.037 in/sec PPV, at the Davies Campus. As a result, for both campuses, attenuated vibration-inducing construction activities at the locations of on-site and off-site sensitive receptors would not exceed Caltrans's building damage threshold of 0.25 in/sec PPV. However, predicted groundborne noise and vibration levels would exceed FTA's standard for human response (i.e., annoyance) at nearby on-site and off-site vibration-sensitive uses. Furthermore, as shown in Table 4.6-36 (page 4.6-95),

construction-related vibration could exceed 65 VdB, which, as stated previously, could affect the operation of certain types of sensitive equipment, including medical equipment. Nearby land uses that currently may include potential vibration-sensitive medical equipment include the University of the Pacific School of Dentistry adjacent to the Pacific Campus[7]. Therefore, **this impact would be significant.**

With respect to potential nighttime construction vibration impacts that may cause sleep disturbance, the planned nighttime construction activities, as discussed in Response NO-8 on page C&R 3.8-6, have been substantially revised such that potential vibration causing activities have been reduced. During nighttime construction of the proposed pedestrian tunnel, the use of a vibratory roller would be located no less than 250 feet from Daniel Burnham Court, which would be equivalent to 64 VdB and would not require modified/clarified mitigation to insure that residents at Daniel Burnham Court would not be disturbed from sleep.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-45 NO, duplicate comment was provided in 72-45 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.

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."

Response NO-32

The comment concurs with the vibration criteria used in the Draft EIR. The comment is noted.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-46 NO, duplicate comment was provided in 72-46 NO]

"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."

Response NO-33

The comment concurs with the level of vibration predicted at DBC presented in the Draft EIR. The comment is noted.

[7] The University of Pacific Dental School is currently in planning to move its facilities to the South of Market neighborhood in San Francisco.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-47 NO, duplicate comment was provided in 72-47 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."

Response NO-34

The comment concurs with the results of the vibration impact assessment presented in the Draft EIR. The comment is noted.

3.8.2.3 NOISE MEASUREMENTS

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-49 NO, duplicate comment was provided in 72-49 NO]

"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 facade 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

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 L_{eq} 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 facade 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 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

"

Response NO-35

The comment provides background information on the noise measurements conducted for the Daniel Burnham Court Master Owner's Association comment letter. The comment is noted.

3.8.2.4 OPERATIONAL NOISE

Land Use Compatibility

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010)[18-70 NO, duplicate comment was provided in 30-70 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 65 dB means that new construction or development should be discouraged. And for 'schools, churches, libraries, hospitals and nursing homes,' any project over 65 dB 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."

Response NO-36

The comment inquires about the noise environment in the Cathedral Hill vicinity, and the noise effects of the proposed Cathedral Hill Campus construction and operation, stating that noise levels from the project would cause the ambient noise levels to exceed City noise land use compatibility standards for residential uses. As shown in Table 4.6-4 and 4.6-5, the existing ambient noise levels in the Cathedral Hill neighborhood exceed the City's noise land use compatibility standards by 5–10 dB. Noise sources in the vicinity of the proposed Cathedral Hill Campus are typical of urban areas in San Francisco, and include vehicular traffic, emergency vehicle sirens, activity at loading docks, and operation of HVAC systems. Existing noise source measurements taken in the vicinity of the proposed Cathedral Hill Campus range

from approximately 61 dB L_{eq} to 74 dB L_{eq}, with L_{max} ranges from 74 dB to 96 dB (see Table 4.6-4, "Existing Ambient Noise Levels—Cathedral Hill Campus," on page 4.6-14 of the Draft EIR).

The primary intent of the 'City and County of San Francisco Land Use Compatibility Chart for Community Noise' is to inform the evaluation of whether each proposed development site is an appropriate site for locating a hospital due to existing noise levels and whether additional measures pertaining to noise insulation would be required for CPMC-related structures. As noted in Impact NO-4 (Draft EIR page 4.6-84), this impact would be considered potential significant based on existing noise monitoring in the vicinity of the existing and proposed CPMC campuses. However, with the incorporation of Mitigation Measure M-NO-N4, additional on-site sound insulating features would be determined during the further planning of the proposed facilities and incorporated into the design of each structure, and such that interior noise levels would not exceed acceptable interior noise levels (45 dBA L_{dn}). As such, impacts would be considered less than significant with mitigation.

It should also be noted that, and as detailed in the discussions for Impacts NO-2 and NO-3, the proposed Cathedral Hill project would not cause a substantial perceptible increase in L_{dn} roadway noise levels due to project-related traffic or stationary sources. Furthermore, the proposed project includes Mitigation Measures M-NO-N3a through M-NO-N3e, which serve to limit potential noise-generating activities associated with the proposed Cathedral Hill Campus. As shown on page 4.6-71 of the Draft EIR, these measures include monitoring and additional shielding, as necessary, of exterior equipment, scheduling of hospital deliveries to accommodate neighborhood noise-sensitive periods, and additional noise attenuation measures at loading/unloading areas. These measures are consistent with the City's direction, as shown in Table 4.6-19, to include noise insulation/reduction features in the design of a project when noise levels exceed "satisfactory" L_{dn} levels. Therefore, the overall neighborhood noise levels that exceed land use compatibility standards are generated by existing sources and not an impact resulting from the construction of the proposed Cathedral Hill development.

Loading Dock/Refuse Collection Noise

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-75 NO, duplicate comment was provided in 30-75 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."

Response NO-37

The comment inquires about the noise levels from deliveries at adjacent interiors of buildings and whether additional mitigation similar to that proposed for oxygen deliveries could be proposed for all deliveries. Most deliveries would use the enclosed parking and loading areas and would not exceed noise standards at surrounding buildings. The only activities that would take place outside of the loading dock facility would be the delivery of liquid oxygen. The Draft EIR (page 4.6-70) recognizes this as a potentially significant impact by stating that "delivery of liquid oxygen would expose church users to periodic increases in ambient noise levels and may result in excessive interior noise levels that would exceed applicable noise standards, if oxygen deliveries and church services coincide." The postponement of other loading dock activities to "off-peak traffic hours" is not considered necessary to ensure a less-than-significant impact with respect to operational noise. Please also see Response NO-40 (page C&R 3.8-49).

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-76 NO, duplicate comment was provided in 30-76 NO]

"43. On Page S-61, M-NO-N3c, what is an 'Aduromed' operation?"

Response NO-38

The comment inquires about the definition of an Aduromed. As stated in footnote 40 on page 4.6-65 of the Draft EIR, an Aduromed is a medical waste disposal system composed of an autoclave sterilizer, a shredder with a cart lift, a dumpster, a floor scale, and controls.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-114 NO, duplicate comment was provided in 30-114 NO]

"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?"

Response NO-39

The comment inquires about the frequency and levels of noise from street sweeping, garbage collection, deliveries, and other loading dock activities. The existing street sweeping schedule is determined by the City and would not be changed due to the implementation of the proposed project. Implementation of the proposed project would not increase the frequency or duration of street sweeping activities in the project area, and as such, no increase in noise levels associated with street sweeping would be anticipated with implementation of the proposed project. With respect to refuse collection and as noted in Response TR-97 (page C&R 3.7-164), CPMC would have some flexibility in selecting pickup hours that would meet hospital needs and accommodate adjacent neighbors. Trash hauling (hospital only) would occur once daily, Monday through Saturday. As stated in Impact NO-3, loading dock and waste collection activities typically generate noise levels ranging from 60 to 65 dB L_{eq}. With respect to the proposed Cathedral Hill Campus, these activities would occur within the enclosed loading dock area and would not exceed applicable standards from the San Francisco Noise Control Ordinance (e.g., Section 2904) or increase noise substantially in the project area. Therefore, project noise is anticipated to generate lower noise levels than existing garbage and street sweeping activities.

Comments

(George Mayer, September 23, 2010) [32-1 NO]

"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.

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.

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."

(George Mayer, September 23, 2010) [32-3 NO]

"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."

(Galen Workman, October 14, 2010) [55-1 NO]

"I am writing to express my concern about the inadequacies of the draft Environmental Impact Report prepared for the CMPC building plans.

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."

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-10 NO]

"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. MNO-N3b calls for a noise absorptive material to be applied to the interior of the loading dock area <u>only</u> 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?"

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-11 NO]

"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 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?"

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-22 TR]

"<u>Pages 4.5-82 and 4.5-83</u>: The DEIR indicated 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 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."

(George Mayer, September 23, 2010) [PC-85 NO]

"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 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 U.U. 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."

(George Meyer, September 23, 2010) [PC-87 NO]

"…mandating that sealing surfaces inside the loading 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."

Response NO-40

The comments state that noise from the proposed Cathedral Hill Hospital loading dock would adversely affect worship services at the adjacent Unitarian Universalist Church. Unlike the "bandshell" design suggested by the comment, the loading dock area–which is depicted in Figure 2-4 on page 2-53 of the Draft EIR—would be fitted with doors that would be closed during noise-generating activities. As stated on Draft EIR page 4.6-68, loading dock activities (including Aduromed operations) would take place within the enclosed loading dock area and loading dock doors would be closed during all loading/unloading activities that take place at the proposed Cathedral Hill Hospital. In addition, Mitigation Measures M-NO-N3b would ensure that loading dock bay doors are closed to the extent feasible while Aduromed operations are taking place. In the event that loading dock bar doors are unable to be closed prior to operation of Aduromed operations, a noise-absorptive material with a minimum Noise Reduction Coeffecient of 0.75 would be applied to the entire ceiling structure of the loading dock area to ensure that loading dock noise does not exceed the standards established by the San Francisco Noise Control Ordinance.

Furthermore, Mitigation Measures M-NO-N3b and M-NO-N3c have been clarified to demonstrate that, first and foremost, the loading dock bay doors would remain closed, but in the unlikely event that they had to remain open during Aduromed operations, a noise-absorptive material would be installed prior to operations to insure that noise levels do no exceed 70 dB at the CPMC property line. Mitigation Measures M-NO-N3b and M-NO-N3c on DEIR page 4.6-68 have been modified as follows:

M-NO-N3b Bay doors shall be required to be closed during Aduromed operations, to the extent feasible.

M-NO-N3c In the event that it is determined to be infeasible for bay doors to be closed ~~If bay doors are open~~ during Aduromed operation, a noise-absorptive material shall be applied (prior to initiation of Aduromed operations with open bay doors) to the entire ceiling structure of the loading-dock area to reduce noise levels from Aduromed operations. The material shall have a minimum Noise Reduction Coefficient of 0.75.

The only activities that would take place outside of the loading dock facility would be the delivery of liquid oxygen. The Draft EIR (page 4.6-70) recognizes this as a potentially significant impact by stating that "delivery of liquid oxygen would expose church users to periodic increases in ambient noise levels and may result in excessive interior noise levels that would exceed applicable noise standards, if oxygen deliveries and church services coincide." Mitigation Measure M-NO-N3e would ensure that oxygen delivery would only occur during times that the church is not typically in use. Mitigation Measure M-NO-N3e also requires that oxygen delivery be coordinated with surrounding places of worship (including the Unitarian Universalist Church) so that disturbance of services would not occur.

There is no need to apply similar coordination requirements to the operation of the Aduromed equipment because it would be operated only after loading dock doors are closed to the extent feasible (as required by Mitigation Measure M-NO-N3b), reducing noise generation to levels that would not be disruptive of nearby church functions. Furthermore, if bay doors were to be open during Aduromed operation, mitigation measure M-NO-N3c would require that a noise-absorptive material with a minimum Noise Reduction Coefficient of 0.75 be applied to the entire ceiling structure of the loading dock area to reduce noise levels from Aduromed operations. Refer to Response NO-28 (page C&R 3.8-39) for a description of potential vibration impacts to the First Unitarian Church. As noted in this response, implementation of the proposed CPMC LRDP would not exceed established thresholds for structural damage or human annoyance, as enumerated by Caltrans, and impacts would be less than significant.

The comments inquire as to why inclusion of a reverberation-reducing material referred to by Geoffrey Nelson was not included as part of the suggested mitigation on page 4.6-71 of the Draft EIR. The reverberation-reducing material to which the commenter refers to is the noise-absorptive material referred to in Mitigation Measure M-NO-N3c.

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-50 NO, duplicate comment was provided in 108-50 NO]

"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."

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-25 NO, duplicate comment was provided in 114-25 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."

(Lower Polk Neighbors, Oct 19, 2010) [103-13 NO, duplicate comment was provided in 113-13 NO]

"C. With the MOB deliveries shown to be next to the parking entry this will be an additional traffic, noise and exhaust issue."

Response NO-41

The comments state that loading dock impacts from the proposed Cathedral Hill MOB and the renovation of the 1375 Sutter Street building were not addressed. However, as part of the analysis shown in Impact NOI-3, the Draft EIR (page 4.6-68) evaluated the potential impacts associated with loading dock activities from the proposed Cathedral Hill MOB and 1375 Sutter Street building, including those associated with CPMC's Burlingame facility. Table 4.5-14 of the Draft EIR, page 4.5-83, identifies 70 service vehicles/trucks that would be associated with operation of the Cathedral Hill MOB and 1375 Sutter MOB. 1375 Sutter is an existing medical office space and would be upgraded under the proposed CPMC LRDP. It would continue to function as medical offices upon completion of construction. The Cathedral Hill MOB site is currently occupied with retail uses, nightclubs, a restaurant, residential units, and two hotels, as stated on Draft EIR page 2-24. The existing uses at both MOB sites currently generate service vehicle/truck trips to and from their respective sites. Furthermore, as stated on page 4.6-68 of the Draft EIR, no changes to loading activities would occur at the 1375 Sutter MOB; the loading activities at the proposed Cathedral Hill MOB would occur within the garage near the service entrance accessed from Cedar Street, and would be comparable to the activities that occur at the site under existing conditions.

As such, no additional service/vehicle truck trips would occur with implementation of the proposed LRDP at either the 1375 Sutter MOB or the Cathedral Hill MOB sites, and no substantial increases in ambient noise levels attributable to loading dock activities associated with either MOB would occur. Operation of the MOBs' loading docks would not render nearby residences' windows "unusable." See Response AQ-30 on page C&R 3.9-74 for a discussion of potential loading dock air quality and Response TR-98 on page C&R 3.7-165, for a discussion of potential loading dock transportation issues including the potential for commercial vehicles to block traffic during loading/unloading periods.

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-57 NO, duplicate comment was provided in 108-57 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.

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

Response NO-42

The comments state that loading dock activities are not mitigated sufficiently. Mitigation Measure M-NO-N3 contains measures that would limit loading dock noise to required noise standards. The proposed LRDP design includes an enclosure (sound wall) for the Aduromed operations and the ceiling of the loading dock area would be treated with a sound-absorbing material if the bay doors were left open during Aduromed operations, as described in Mitigation Measure M-NO-3c. However, as required by Mitigation Measure M-NO-N3b, unless required due to physical constraints or mechanical failure, the loading dock

bay doors would remain closed during Aduromed operation. No additional mitigation is necessary to comply with the standards established by the City of San Francisco with inclusion of these measures, and a less-than-significant impact would occur.

The commenter suggests installing larger oxygen tanks to minimize the number of deliveries of re-stock oxygen and restricting delivery times. However, the refill capacity of the tanks are matched to the capacity of delivery trucks. Therefore, increasing the size of the tanks would not necessarily result in decreased number of deliveries. Oxygen deliveries to the proposed Cathedral Hill Campus would occur on Franklin Street, across from the existing Hamilton Square Baptist Church at 1212 Geary Boulevard. As noted on page 4.6-69 of the Draft EIR, delivery trucks would rev their engines during the pumping of liquid oxygen supplies to the proposed hospital, which would generate noise levels equivalent to 81 dB at 50 feet. Such pumping is expected to occur for less than a 30 minute period, once or twice per week. The nearest receptors to and within direct line of site of potential oxygen delivery activities include the Hamilton Square Baptist Church (65 feet west of the project site) and the First Unitarian Universalist Church (110 feet southwest of the project site) and, as noted on Draft EIR page 4.6-69, periodic increases in ambient noise levels could occur. Due to the potential for disturbance associated with these activities to church-goers and church services, CPMC would restrict the period during which oxygen deliveries to the site could occur in accordance with Mitigation Measure M-NO-3e, as shown on Draft EIR page 4.6-71, which requires that oxygen deliveries not be scheduled during hours when church activities are typically taking place.

No other receptors are located in proximity to or within direct line of sight of the proposed oxygen delivery location such that periodic increases in noise above Noise Control Ordinance standards are expected to occur at any receptors beyond the two aforementioned churches. As such, this activity is not expected to cause noise levels within the closest residential units that would exceed the limits established in the City's Noise Control Ordinance, as stated on Draft EIR page 4.6-37. Based on the information discussed above, increasing the capacity of the tanks is not necessary.

As stated on page 4.5-82 of the Draft EIR, a delivery plan would be implemented to consolidate truck trips and distribute them throughout the day, consistent with the commenter's request to sequester certain deliveries to particular days and hours. The truck management plan would allow delivery times to be staggered to reduce potential traffic and noise impacts in the vicinity of the loading dock. The timing of deliveries is intended to reduce the number of times the operable doors would be opened, allowing for doors to be closed during loading and unloading activities. Further restriction of delivery times is not considered necessary to insure that loading and unloading operations do not substantially affect local receptors and could contribute to queuing and associated vehicle noise along Franklin Street should oxygen delivery be restricted to Monday through Friday from 9 a.m. to 5 p.m., as suggested by the commenter. With respect to the commenter's request for a revolving truck turnaround, the space required for such a facility makes this option infeasible due to space considerations for all activities and operations deemed necessary by the project sponsor at the proposed Cathedral Hill Campus. Furthermore, OSHA requirements necessitate the use of back-up beepers for commercial vehicles. Therefore, the elimination of their use is not considered feasible. In addition, the proposed Cathedral Hill Campus was designed in such a manner that the impact of truck loading and unloading activities would be reduced to the extent possible. The area surrounding the proposed Cathedral Hill Campus includes sensitive receptors in several directions, as acknowledged in Section 4.6 "Noise." Therefore, redesigning the project to relocate the proposed loading dock would not likely yield a different result in terms of significance. The mitigation measures listed on page 4.6-71 would ensure a less-than-significant impact to nearby receptors due to loading and unloading activities. Additional mitigation measures would not be required to ensure a less-than-significant impact.

Comment

(Lower Polk Neighbors, Oct 19, 2010) [103-14 NO, duplicate comment was provided in 113-14 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 pickups and reverse beeping will happen per hour, per daytime, per nighttime, per week."

Response NO-43

The comment states that an increase in back-up beeper noise attributable to garbage removal at the Cathedral Hill MOB would occur as a result of the proposed project, and requests truck circulation data. Based on the project description for the proposed Cathedral Hill MOB, discussed on page 2-31 of the Draft EIR, parking level G1 would be located underground at Van Ness Avenue, but aboveground farther east because of sloping topography. The loading area would be within the G1 level of the building structure, and as shown in Figure 2-32 on page 2-96 of the Draft EIR, internal circulation provided within the G1 level would allow garbage trucks to circulate through the MOB garage without need to reverse direction. Therefore the use of backup beepers would not occur. Furthermore, the analysis assumes that trash removal would be conducted within the G1 level and not on the street, and as noted in Response TR-97 (page C&R 3.7-164), trash hauling would occur no more than once daily, Monday through Saturday. As such, the noise associated with trash collection at the proposed MOB would be restricted to vehicles moving forward when entering and exiting the MOB. As a result, substantial increases in ambient noise levels as a result of garbage removal are not anticipated.

Mechanical Equipment Noise

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010)[18-71 NO, duplicate comment was provided in 30-71 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?"

Response NO-44

The comment inquires about noise levels generated by HVAC systems at the proposed Cathedral Hill Campus, and how much above ambient conditions they would be. According to the Shen Milsom and Wilke (SM&W) report prepared for the CPMC LRDP Draft EIR, noise levels from HVAC systems would be approximately 70 dB L_{eq} at the Cathedral Hill property line. In comparing this noise level to those presented in Tables 4.6-4 and 4.6-5, noise levels would not exceed 8 dB above ambient levels, in accordance with the requirements of San Francisco Noise Control Ordinance 2909(b).

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-73 NO, duplicate comment was provided in 30-73 NO]

"On Page 4.6-66, how often will the generators be run for scheduled testing for the 'typical 30 minutes' of testing?"

Response NO-45

The comment inquires about how often emergency electrical generators would be tested. Based on similar facilities at existing CPMC campuses and standard CPMC practices, each emergency generator would typically be tested twice per month (for 30 minutes and an estimated 15 minute cool down), which would be equivalent to three times per month at the proposed Cathedral Hill Campus and one time per month at the proposed Cathedral Hill MOB.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-43 NO, duplicate comment was provided in 72-43 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 (L_{eq}). 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 5 M&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."

Response NO-46

The comment agrees with the information provided in the Draft EIR related to the stationary noise source assessment. This comment is noted.

Comment

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-44 NO, duplicate comment was provided in 72-44 NO]

"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."

Response NO-47

The comment recommends additional mitigation for the proposed Cathedral Hill Hospital cooling towers to ensure that nighttime noise standards are met. Mitigation Measure M-NO-N3a addresses operations of operating exterior equipment, including cooling towers, and would ensure that any necessary additional mitigation to reach applicable noise standards would be installed, including installation of additional barriers surrounding the cooling towers. In order to clarify that the mitigation measure would ensure compliance with both daytime and nighttime noise standards, Mitigation Measure M-NO-N3a on page 4.6-71 of the DEIR is revised to read as follows:

> CPMC shall retain the services of a qualified acoustical consultant to measure the sound levels of operating exterior equipment within 30 days after installation. If exterior equipment meets daytime and nighttime sound-level standards, no further action is required. If exterior equipment does not meet sound-level standards, CPMC shall replace and/or redesign the exterior equipment to meet the City's noise standards. Results of the measurements shall be provided to Hospital Facilities Management/ Engineering and the City to show compliance with daytime and nighttime standards.

Comment

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-56 NO, duplicate comment was provided in 108-56 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, 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."

Response NO-48

The comment states that noise from stationary sources would not meet interior noise standards at adjacent sensitive receptors. Interior noise levels at adjacent sensitive receptors are discussed on page 4.6-67 of the Draft EIR. Based on the Shen Milsom and Wilke (SM&W) report prepared for the CPMC LRDP Draft EIR, noise levels from HVAC systems would be approximately 70 dB L_{eq} at the Cathedral Hill property line. Assuming a conservative exterior-to-interior noise level reduction of 25 dB for existing structures with windows closed, noise levels would not exceed 45 dB L_{dn}. It should be noted that the assumed reduction shown above is less than the reduction measured by Veneklasen Associates (71 dB L_{dn} to 45 dB L_{dn}), who submitted comments on behalf of Daniel Burnham Court. Furthermore, measured ambient noise levels conducted by Veneklasen Associates under existing conditions identify an interior noise level of 50 dB L_{dn} with windows open. As the measured exterior L_{dn} at Daniel Burnham Court under the same conditions is 71 dB and stationary source noise levels associated with the proposed CPMC LRDP would not exceed 70 dB L_{eq} at the CPMC property line, stationary source noise associated with the operation of the proposed Cathedral Hill Campus would not substantially increase interior noise levels at adjacent sensitive receptors. As the ambient noise measurements conducted by Veneklasen Associates are similar to those conducted for the Draft EIR, it is reasonable to conclude that the analysis of stationary source noise shown in the Draft EIR on pages 4.6-65 through 4.6-67 is reasonable and accurate. Furthermore, since the City regulates noise by limiting the noise levels generated at the source, measurements conducted within the limits of the CPMC property are considered appropriate for verification purposes. Noise measurements conducted off-site can be influenced by sources, including transportation sources, other than the source intended to be measured. As such, implementation of Mitigation Measure M-NO-N3a as identified in the analysis of the Draft EIR and verified by the measurements conducted by

Veneklasen Associates, would insure that adjacent sensitive receptors do not experience substantial increases in ambient noise levels as a result of the proposed CPMC LRDP, and impacts would be less than significant.

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-62 NO, duplicate comment was provided in 108-62 NO]

"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.'

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-63 NO, duplicate comment was provided in 108-63 NO]

"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."

Response NO-49

The comments state that an 8 dB or greater increase in ambient noise level from stationary noise sources is a substantial audible increase. The Draft EIR recognizes that noise increases of 8 dBA are audible. However, the 8-dB noise standard referred to by the commenter is measured at the property line of the project, unlike the 3 dB traffic noise standard, which is measured at the receptor, and, as stated on page 4.6-72 of the Draft EIR, mechanical equipment at the site of the proposed Cathedral Hill Campus will be designed—as required by Mitigation Measure M-NO-N3a through M-NO-N3e—such that that noise levels would not exceed applicable standards at adjacent properties. This may include modifications to installation locations and barrier construction, if determined necessary, during implementation of Mitigation Measure M-NO-N3a. Furthermore, the noise standard used for stationary sources is taken directly from the City's Noise Control Ordinance. As the measurement for stationary source noise is taken at the source and not the receptor, an 8-dB threshold does not account for any distance or topographic features that may occur between source and receptor and serve to attenuate stationary source noise. As noted in Response NO-48 (page C&R 3.8-55), by limiting stationary source noise to 70 dB when measured at the project site boundary, interior residential noise levels in the area would not be expected to exceed existing ambient noise levels (or 45 dB L_{dn} with windows closed), and as such, the impact of the proposed stationary equipment would be considered less than significant.

Comment

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-24 NO, duplicate comment was provided 114-24 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."

Response NO-50

The comment states that mitigation measures for interior operational noise levels at the work/live space located at 1033 Polk Street should be implemented. As currently configured, the limits of the proposed stationary source equipment (including screening) at the proposed Cathedral Hill MOB, which is the closest structure to the property referred to by the commenter, would be located approximately 120 feet west of the structure's eastern boundary and 20 feet from its northern and southern boundaries. Taking into account the Shen Milsom and Wilke (SM&W) report prepared for the CPMC LRDP, which stipulates that the stationary equipment shall not exceed 70 dB at any property line, the mechanical equipment located on site would be shielded so as to achieve 70 dB at a distance of 20 feet. Taking into account attenuation for doubling of distances, this noise level would correspond to approximately 58.2 dB at the receptor identified in this comment. As noise levels associated with the on-site stationary mechanical equipment would not exceed ambient noise levels (60.8 dBA L_{eq}) that were measured along Cedar Street during preparation of the Draft EIR (refer to Table 4.6-4 on Draft EIR page 4.6-14), the proposed stationary source noise would not be considered perceptible and would not increase ambient levels at the receptor in question. As a result, impacts would be considered less than significant. Further, Mitigation Measure M-NO-N3a requires monitoring of installed equipment to ensure that the equipment meets the noise standards established by the City. If necessary, additional shielding can be implemented to reduce noise levels to within the standards of the San Francisco Noise Control Ordinance.

Mobile Source Noise

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-77 NO, duplicate comment was provided in 30-77 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 45 db 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?"

Response NO-51

The comment inquires about why, under Impact NO-4, additional interior noise insulation for adjacent buildings exposed to excessive traffic noise is not proposed as mitigation for the project. The Draft EIR describes a variety of noise impacts related to project construction as well as long-term noise generated by traffic and from stationary operations of the project. In particular, Impact NO-4 describes the noise impacts on the sensitive receptors (patients, visitors, and employees) located in the area of the proposed Cathedral Hill Campus. The purpose of Impact NO-4 is to evaluate effects of the noise environment on new sensitive receptors by comparing the modeled future noise levels to the land use compatibility standards of the City's Noise Element. Impact NO-2 evaluates the noise effects of future traffic levels on existing sensitive receptors in the project vicinity. As noted in Table 4.6-26 on page 4.6-59 of the Draft EIR, noise levels under existing conditions already exceed the land use compatibility standards for residential uses, and the project would not substantially contribute to that exposure. Therefore, because the project contribution to excessive noise at surrounding sensitive receptors would not meet the City's threshold of significance, Impact NO-2 is deemed to be less than significant, and no additional mitigation—such as upgrades to other buildings surrounding the site of the proposed Cathedral Hill Campus—is required.

Comments

(Carol and Michael Stack, October 17, 2010) [62-1 NO]

"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.

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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-51 NO, duplicate comment was provided in 108-51 NO]

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

Response NO-52

The comments raise concerns regarding the level of increased traffic along Geary Boulevard as a result of the construction of the proposed Cathedral Hill Campus. As noted on page 4.5-59 of the Draft EIR, the proposed LRDP would increase ambient noise levels along local roadways, including Geary Boulevard, as a result of increased vehicle trips to and from the proposed Cathedral Hill Campus but would not increase ambient noise levels in excess of 3 dB, which would be considered significant and adverse. During the course of evaluating the potential impacts of the proposed CPMC LRDP, the Draft EIR took into consideration both near-term (2015) and long-term (2030) conditions that would occur along local roadways, including Geary Boulevard, and found that ambient noise levels would increase by no more than 2.3 dB (along Cedar Street between Polk Street and Van Ness Avenue). As such, traffic noise level impacts would be considered less than significant, contrary to the comments' statements. It should be noted that Table 4.6-26 on Draft EIR page 4.6-59 has been amended to correct two typographical errors. Refer to Chapter 4 of this C&R document for further clarification.

The comments also state that emergency vehicle noise is already a problem in the area and that the proposed LRDP would dramatically increase ambient noise levels that could affect the health of seniors and children. Refer to Response NO-59 on page C&R 3.8-64 for a description of the level to which ambient noise levels would be affected by sirens associated with the proposed Cathedral Hill Campus. Sirens are currently used along Geary Boulevard and those associated with the proposed LRDP would not substantially affect noise levels in the area; therefore, the potential for health effects attributable to the use of sirens are not anticipated. See also Responses NO-8 (page C&R 3.8-6) for a discussion of nighttime construction impacts and Responses TR-120 and TR-122 on pages C&R 3.7-199, and 3.7-201, respectively, for additional discussion of traffic issues, including the potential for extended queuing of commercial vehicles to block traffic. Please also see Responses PD-12 (page C&R 3.2-15), LU-4 (page C&R 3.3-19), and Major Responses HC-1 and HC-2 (pages C&R 3.23-1 and C&R 3.23-8) for a discussion of the size and location of the proposed Cathedral Hill Campus.

Comment

(Donald Scherl, October 15, 2010) [74-25 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.' 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."

Response NO-53

The comment states that traffic noise and stationary noise would be substantial and recommends additional construction and operational mitigation. As explained in Impact NO-2, existing traffic noise in the Cathedral Hill neighborhood already exceeds noise standards and the project would not cause a substantial increase (in excess of 3 dB) above existing noise levels. Operational stationary noise sources would be enclosed, screened, or muffled to ensure that exposure to excessive noise levels would not occur. Further, in accordance with Mitigation Measure M-NO-N3a, CPMC would validate the ability of the screening to reduce noise levels in accordance with San Francisco Noise Control Ordinance requirements and make adjustments as necessary to insure compliance.

The padding of haul trucks, as suggested by the comment, is not considered standard industry practice or a conventional way of mitigating construction noise. The volume of padding material added to a truck bed will replace some volume of off-haul debris in that truck bed, resulting in less off-haul per truck trip and generate additional debris (padding material) to dispose. This will extend the construction debris/material hauling stage and add additional truck trips to local roadways, which would have secondary air quality, GHG, noise, and transportation impacts. The loudest part of loading concrete and brick debris occurs during the first placement of material within the bed of each truck, which in turn cushions and dampens the sound of the remaining fill activity. Therefore, the period of time that could be mitigated by padding a truck bed would only occur during the initial loading of each truck. Further, the introduction of padding material(s) could contaminate the soil or debris, triggering removal to a controlled landfill rather than a conventional re-use site, again adding substantial cost. As such, the padding of haul trucks is not considered a feasible measure for reducing potential construction noise due to its limited effect at reducing noise compared to the potential secondary effects that could occur with its implementation.

In addition, construction Mitigation Measure M-NO-N1a in the Draft EIR requires enclosing or shielding generators, turning off idling equipment, and restricting construction operations to those allowed by the San Francisco Noise Control Ordinance. Please refer to Response NO-23 on page C&R 3.8-32 for a description of the community liaison complaint responsibilities and to Response NO-8 on page C&R 3.8-6 for a description of daytime hours of construction, which would be in compliance with the San Francisco Noise Control Ordinance. The comment suggests that idling cement mixers be stored outside of the "neighborhood." Mitigation Measure M-NO-N1a states that idling construction equipment shall be located away from nearby sensitive receptors on site. As cement mixers may be required at varying times during a particular day and are required to idle while continually stirring cement, sending an idling cement mixer off-site during periods of idling would result in additional air emissions due to engine revving, and could result in further traffic impacts beyond those identified in the Draft EIR. As such, it is considered infeasible to include storage of mixers outside the neighborhood as additional mitigation for the LRDP and would not reduce impacts associated with implementation of the proposed LRDP.

Comment

(Linda Chapman, October 19, 2010) [76-26 NO, duplicate comment was provided in 111-26 NO]

"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."

Response NO-54

The comment expresses concern about traffic noise generated by motor vehicles associated with the proposed CPMC LRDP. As noted in Impact NO-2 on page 4.6-57 of the Draft EIR, the proposed LRDP was evaluated for its potential impact on local roadway volumes and associated roadway noise, taking into account cumulative growth in the project area. As stated under Impact NO-2, the proposed LRDP would not result in a substantial increase (3+ dB) in ambient roadway noise. See Response NO-59 on page C&R 3.8-64 for a discussion of siren noise.

Comments

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-20 NO, duplicate comment was provided in 114-20 NO]

"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."

(Lower Polk Neighbors, Oct 19, 2010) [103-12 NO, duplicate comment was provided in 113- 12 NO]

"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."

(Lower Polk Neighbors, Oct 19, 2010) [103-15 NO duplicate comment was provided in 113-15 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."

Response NO-55

The comments state that if the proposed MOB parking is open in the early morning and evening hours, the commenters would endure noise generated by people travelling to and from their cars, and car noise emissions, all day. Currently there are 10 access points along Cedar Street serving existing building occupants. The proposed LRDP would eliminate all but three of these access points along Cedar Street, which would serve the underground parking lot. Adjacent residences would be exposed to noise from vehicles accessing the proposed MOB underground parking; however, these residents are currently exposed to vehicles accessing parking at the existing property. As noise associated with people travelling to and from their vehicles would be enclosed and located underground, potential noise levels at nearby receptors associated with such activities would be minimal. Furthermore, as noted in Response NO-52 (page C&R 3.8-58), the proposed CPMC LRDP would not cause a substantial increase (more than 3 dB) in ambient noise levels associated with motor vehicle usage along Cedar Street between Van Ness Avenue and Polk Street. Impacts would be less than significant, as stated on page 4.6-60 of the Draft EIR.

As noted in the Draft EIR, page 4.5-166, the secondary effect of drivers circling the area, potentially 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. Therefore, mode shifts by commuters to and from CPMC facilities would offset any potential additional air emissions or noise associated with vehicles that might travel additional distances in the vicinity of a particular hospital campus. See also Response TR-69 (page C&R 3.7-129) for a discussion of operational parking provisions

and Response AQ-3 (page C&R 3.9-2) for a further discussion of potential air emissions associated with vehicles circling the vicinity of a particular hospital campus.

Comment

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-21 NO, duplicate comment was provided in 114-21 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."

Response NO-56

The comment states that increased traffic noise attributable to proposed MOB operation would be perceivable at existing nearby noise sensitive receptors, such as residences and commercial buildings. As demonstrated in Table 4.6-26 on page 4.6-59 of the Draft EIR, because measured noise levels along Cedar Street were considerably higher than modeled traffic noise levels based on daily traffic volumes, the measured noise level is used for evaluation of traffic noise increases due to the project. When accounting for the difference in measured to modeled noise levels by applying a corrective noise level offset built into existing noise models, the increase of traffic noise due to the project is 2.3 dBA when compared to ambient noise levels for the roadway segment. The increase would be less than the significance threshold of 3 dBA, and therefore, would be considered less than significant. Please see Response NO-57 (page C&R 3.8-61) for additional information regarding the analysis methodology.

Comments

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-22 NO, duplicate comment was provided in 114-22 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."

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-23 NO, duplicate comment was provided in 114-23 NO (Carolyn Abst and Ron Case, October 19, 2010]

"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."

Response NO-57

The comments state that the Draft EIR should have identified mitigation measures that are applicable to minimize the impact of a 10.3-dBA actual increase along Cedar Street and that the modeled traffic noise level along Cedar Street (52 dBA L_{dn}) should be used as the baseline level versus the measured ambient noise level on Cedar Street (60.8 dBA L_{dn}). As stated in the land use compatibility chart for community noise under transportation noise in the City's General Plan, "since the sound levels shown on the maps

are estimates based on both traffic data and on a sample of sound level readings, actual sound levels for the site, determined by accepted measurement techniques, may be substituted for them." The methodology used to evaluate traffic noise increases along Cedar Street is consistent with the General Plan guidelines for establishing existing conditions. When the measured noise level is higher than the modeled noise level using traffic data and appropriate assumptions, it is considered the actual ambient noise level. Modeling then requires an offset to account for the difference between actual and modeled noise levels. There would not be an actual increase of 10.3 dBA from existing conditions. As explained on page 4.6-59 of the DEIR, the existing ambient noise level is 60.8 dBA L_{eq}, which encompasses all noise sources in the area of the measurement site. Therefore, only a 2.3-dBA increase in noise would be experienced, which would not be considered a substantial increase in ambient noise levels. As such, impacts would be less than significant, as stated in the Draft EIR.

It should also be noted that because the Draft EIR evaluated the potential impact of the proposed CPMC LRDP against 2015 traffic conditions without the project, a minor supplemental analysis was performed subsequent to the issuance of the Draft EIR to insure that these impacts would not substantially increase in severity or significance if existing, rather than Modified Baseline, conditions were used. The use of Existing Plus Project versus Modified Baseline (2015) Plus Project conditions would result in a maximum 0.2 dB increase in the level of impact attributable to implementation of the proposed LRDP. This would occur at Clay Street between Webster Street and Buchanan Street, where the total increase in ambient roadway noise levels would be 1.6 dB under Existing Plus Project conditions, compared to 1.4 dB under Modified Baseline Plus Project conditions. The increases in noise associated with the implementation of the proposed CPMC LRDP would not exceed 3 dB under either the Existing Plus Project or Modified Baseline (2015) Plus Project scenarios. Impacts would remain substantially the same under Existing Plus Project conditions as those acknowledged in the Draft EIR. It should be noted that the majority of roadway segments modeled as part of the Draft EIR analysis exhibit less than a 0.05 dB increase in ambient roadway noise levels when evaluating Existing Plus Project versus Modified Baseline (2015) Plus Project conditions. Therefore, and as noted in Response TR-9 (page C&R 3.7-11), the use of the Modified Baseline (2015) in the Draft EIR is considered appropriate based on the dates at which project-related traffic would be added to the local street networks and based upon traffic conditions that are reasonably anticipated at such times.

Patient Drop-Off Noise

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-74 NO, duplicate comment was provided in 30-74 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 45 dB in the interior of adjacent buildings. Would the audible backup alarms on the shuttles and other delivery vehicles increase the dB measurement higher than 45 dB. If so, by how much?"

Response NO-58

The comment inquires about whether or not audible backup alarms were accounted for in the proposed Cathedral Hill Campus drop-off noise levels evaluation and if not, how much of an increase in interior noise levels could occur for nearby adjacent buildings from the proposed Cathedral Hill Campus drop-off activity. As stated on page 4.6-68 of the Draft EIR, measurements of similar noise levels at the site of the proposed Cathedral Hill Campus were observed to have a 71-dB SEL at a distance of 50 feet. The activities observed included passenger and shuttle drop-offs (vehicle arrival and vehicle departure) similar to what would occur at the site of the proposed Cathedral Hill Campus, including back-up beeps from

larger shuttle vehicles. As such, an increase or exceedance at nearby receptors would not be expected to exceed interior noise levels of 45 dB, as noted in the Draft EIR.

Siren Noise

Comments

(Diane and Richard Wiersba, October 11, 2010) [49-6 NO]

"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."

(Barbara Kautz - CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-60 NO, duplicate comment was provided in 108-60 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 of traffic noise increases due to the Long Range Plan cannot accurately reflect future conditions unless it includes these significant sources of future noise."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-39 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 8 dB. 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."

Hossein Sepas, October 19, 2010 [82-7 NO, duplicate comment was provided in 107-5 NO]

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

(Patrick Carney, October 19, 2010) [83-7 NO]

"Noise:

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

Response NO-59

The comments state that emergency vehicle noise would represent a substantial increase in ambient noise levels and would make their neighborhood less livable. The comments also state that the additional ambient noise would represent a new significant impact and require mitigation and recirculation of the Draft EIR. As stated on page 4.6-15 of the Draft EIR, traffic noise is the dominant existing noise source in the campus area and is expected to remain the dominant noise source in the future. As noted by the Federal Highway Administration (FHWA), roadway traffic noise is generally dependent on three factors: (1) the volume of the traffic; (2) the speed of the traffic; and (3) the number of trucks/buses in the flow of traffic. The loudness of traffic noise is increased during periods of heavier traffic volumes, higher speeds, and greater numbers of trucks/buses. Individual vehicle noise involves a combination of engine noise, tire friction noise, and noise associated with a vehicle's exhaust.[8] In the vicinity of the proposed Cathedral Hill Campus and during preparation of the Draft EIR, two 24-hour noise measurements were taken in order to accurately depict the existing noise environment in the project area and to better characterize the level of vehicle noise under existing conditions. C&R Table 3.8-1 identifies the hourly L_{eq} values and the L_{dn} value for the two 24-hour monitoring events taken in the project area. As stated on page 4.6-6 of the Draft EIR, L_{eq} is an average noise level over a selected period, which in this case is a 1-hour interval. L_{dn} is a 24-hour average noise level that accounts for the period between 10 p.m. and 7 a.m. as being "noise-sensitive."

As shown in C&R Table 3.8-1, the existing noise environment in the vicinity of the proposed Cathedral Hill Campus is typical of an urban environment and generally experiences noise levels in excess of the suggested levels shown in Table 4.6-19 (City and County of San Francisco Land Use Compatibility Chart for Community Noise) of the Draft EIR.

As stated in the Draft EIR, depending on the severity of a particular patient's medical emergency, ambulances accessing the proposed Cathedral Hill Campus could require the use of their sirens. The use of emergency sirens could cause a temporary elevation of ambient noise levels on an intermittent basis at nearby noise-sensitive land uses adjacent to the ambulance route. As noted on page 4.6-70 of the Draft EIR, emergency vehicle sirens can generate intermittent L_{max} noise levels up to 106 dB.

Emergency services are prevalent throughout the City under existing conditions, and the use of sirens is a common element of the urban noise environment in the City of San Francisco, including the neighborhoods around the site of the proposed Cathedral Hill Campus. As stated in Chapter 4.11 of the Draft EIR, the proposed Cathedral Hill Campus would be located approximately 1.5 blocks west of the existing San Francisco Fire Department (SFFD) Station 3 (Battalion 2), which is located at 1067 Post Street. The San Francisco Police Department's (SFPD) Northern District Station is located approximately 1.0 mile southwest of the proposed Cathedral Hill Campus. These public services utilize the streets in the project area when responding to calls for emergency service, as well as (in the case of the SFPD), when patrolling their respective service area. This is particularly true of Van Ness Avenue, Franklin Street, and Gough Street, major north-south connectors through the north of Market area of the City.

[8] FHWA. Highway Traffic Noise. Available: http://www.fhwa.dot.gov/environment/htnoise.htm. Accessed December 5, 2010.

C&R Table 3.8-1
Monitored Noise Levels in the Vicinity of the Proposed Cathedral Hill Campus

Period of Measure	Noise Descriptor	Along Geary Street	Along Post Street
Hourly			
12:00 a.m. to 12:59 a.m.	L_{eq}	65.6	61.4
1:00 a.m. to 1:59 a.m.	L_{eq}	64.4	60.3
2:00 a.m. to 2:59 a.m.	L_{eq}	62.9	59.9
3:00 a.m. to 3:59 a.m.	L_{eq}	63.3	60.2
4:00 a.m. to 4:59 a.m.	L_{eq}	60.8	59.1
5:00 a.m. to 5:59 a.m.	L_{eq}	64.7	61.9
6:00 a.m. to 6:59 a.m.	L_{eq}	70.1	64.6
7:00 a.m. to 7:59 a.m.	L_{eq}	72.0	66.1
8:00 a.m. to 8:59 a.m.	L_{eq}	72.0	66.6
9:00 a.m. to 9:59 a.m.	L_{eq}	70.4	66.3
10:00 a.m. to 10:59 a.m.	L_{eq}	69.4	65.4
11:00 a.m. to 11:59 a.m.	L_{eq}	68.5	68.4
12:00 p.m. to 12:59 p.m.	L_{eq}	67.1	65.8
1:00 p.m. to 1:59 p.m.	L_{eq}	67.3	66.2
2:00 p.m. to 2:59 p.m.	L_{eq}	76.6	65.5
3:00 p.m. to 3:59 p.m.	L_{eq}	67.7	65.4
4:00 p.m. to 4:59 p.m.	L_{eq}	68.2	66.2
5:00 p.m. to 5:59 p.m.	L_{eq}	68.5	66.3
6:00 p.m. to 6:59 p.m.	L_{eq}	73.3	65.4
7:00 p.m. to 7:59 p.m.	L_{eq}	67.3	71.4
8:00 p.m. to 8:59 p.m.	L_{eq}	68.8	65.4
9:00 p.m. to 9:59 p.m.	L_{eq}	66.4	64.0
10:00 p.m. to 10:59 p.m.	L_{eq}	66.2	64.6
11:00 p.m. to 11:59 p.m.	L_{eq}	66.1	64.2
Average Daily			
12:00 a.m. to 11:59 p.m.	**L_{dn}[1]**	**74.9**	**70.3**

Notes:
[1] As stated on page 4.6-6 of the Draft EIR, L_{dn} represents the 24-hour L_{eq} with a 10-dB "penalty" for noise events that occur during the noise-sensitive hours between 10 p.m. and 7 a.m. In other words, 10 dB is "added" to noise events that occur in the nighttime hours.
Source: AECOM, 2009

The use of ambulance sirens is common in the proposed LRDP area, and is considered a necessary part of negotiating traffic congestion on local roadways when responding to public needs within an urban environment within appropriate emergency response times. SFFD ambulances deploy, after patient assessment and pickup, to other hospitals near the proposed Cathedral Hill location such as Kaiser's Geary Street facility, St. Francis (especially for burn victims), the existing CPMC Pacific Campus, and, to a lesser extent, Chinese Hospital.

CPMC, as part of the planning process for the proposed LRDP, undertook a comprehensive evaluation of emergency transports associated with the CPMC facilities considered in the LRDP. This evaluation involved the tabulation of all SFFD emergency transports to CPMC campuses between January 1, 2008 and February 2009. This data was then compared against data from a similar study that evaluated the period from January 1, 2004 through February 2005 and used to project emergency calls for service attributable to the CPMC facilities considered as part of the proposed LRDP. It should be noted that the proposed LRDP is not anticipated to increase the total number of emergency transport requests within the City, as those are driven by of San Francisco residents and businesses, and not the location or availability of emergency facilities.

Following the response to a 911 call, the SFFD staff on site will assess the patient's medical conditions, and generally assign one of two code designations to distinguish the type of call for service. The two most common designations are Code 2 and Code 3.

The number of Code 2 responses significantly outnumber Code 3 responses. A Code 2 call for service generally requires an expedited response but does not necessitate the use of sirens and lights from the patient location to a hospital emergency department. A Code 3 response, however, is associated with a potential risk to human life and warrants the use of lights and sirens for the patient's transport. It is only during a Code 3 response that residents and businesses adjacent to the proposed Cathedral Hill Campus would experience potentially elevated noise levels associated with the use of a siren.

Only 3.5 percent to 5.6 percent of the total emergency calls for service to all CPMC facilities between January 2008 and February 2009 were Code 3 responses per the SFFD records supplied for this analysis. This is fewer than two Code 3 emergency transports per day (1.7) that are routed to all CPMC facilities. Furthermore, the Pacific and California Campuses—which together experienced the highest number of existing emergency transports—averaged fewer than one emergency transport per day (0.94) over the 14-month period that was evaluated (approximately 420 days). C&R Table 3.8-2 provides the observed emergency transports associated with CPMC facilities in San Francisco.

C&R Table 3.8-2
Emergency Transports to CPMC Facilities[1]

Facility	Emergency Transports		Percentage of Total Calls for Service that were Code 3
	Code 3	Total	
Pacific/California Campuses	396	7,088	5.6
Davies Campus	111	2,899	3.8
St. Luke's Campus	195	5,623	3.5
Total (across CPMC facilities)	**702**	**15,610**	**4.5**

Note
[1] Data presented in this table corresponds to a 14-month period (420 days) between January 1, 2008 and February 2009. As such, it should be noted that this table presents a greater number of emergency transports than were actually received on an annual basis.
Source: TransOptions4Healthcare. 2011 (February 28). City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015.

It is expected that the proposed Cathedral Hill Campus would accept the emergency transports currently directed to the Pacific and California Campuses. Based on the projected emergency medical service needs associated with the proposed Cathedral Hill Campus, the number of Code 3 emergency transports which require the use of a siren would average less than 1.5 Code 3 transports per day. This calculation reflects a

high-end estimate (9,562) of the total number of emergency transports projected for the proposed Cathedral Hill Campus in 2015. Assuming that the highest percentage (5.6 percent) shown in C&R Table 3.8-2 of this total would consist of Code 3 emergency transports, up to 535 Code 3 transports could reasonably be anticipated on an annual basis with operation of the proposed Cathedral Hill Campus.

Further, the data provided by TransOptions and summarized above in C&R Table 3.8-2 indicate that approximately 153 of the 702 Code 3 emergency transports to CPMC facilities between January 2008 and February 2009 took place between the hours of 10 p.m. and 7 a.m., considered by most to be the most noise-sensitive period of the day. This equates to approximately 21.8 percent of the total number of Code 3 emergency transports. Applying this percentage to the projected number of annual Code 3 emergency transports at the proposed Cathedral Hill Campus, approximately 117 emergency transports would be reasonably anticipated to occur between the hours of 10 p.m. and 7 a.m. on an annual basis, which is equivalent to fewer than one emergency transport every three nights during the aforementioned period.

Assuming that a receptor in the vicinity of the proposed Cathedral Hill Campus would experience siren-related noise for no more than 15 seconds per emergency transport, L_{dn} noise levels would experience less than a 0.1-dBA increase, and hourly L_{eq} would experience an increase of up to approximately 0.4 dBA, as shown in C&R Table 3.8-3. These estimates are based on the hourly L_{eq} values obtained at Site B on Post Street during noise monitoring conducted for the Draft EIR analysis. Refer to Figure 4.6-3 of the Draft EIR for clarification regarding the selected noise-monitoring location. Furthermore, the estimates provided above represent the greatest potential change in hourly L_{eq} by evaluating siren noise during the quietest observed hourly period along Post Street (59.1 dBA L_{eq}).

As noted above, Post Street and other immediately adjacent roadways such as Van Ness Avenue, Geary Street, and Franklin Street are heavily travelled urban arterials which are regularly travelled by SFPD and SFFD vehicles, and by emergency medical vehicles traveling to emergencies or to existing hospitals.

As described above, the proposed LRDP would add approximately one emergency vehicle travelling under siren and lights (Code 3) per 24-hour day, of which nighttime events would number fewer than one per three nights. While the proposed LRDP would represent an increase in the annual frequency of events, the level of siren-related noise that would be experienced by sensitive receptors located in the vicinity of the proposed Cathedral Hill Campus would not be distinguishable from the level of urban noise in the project vicinity.

The proposed location of the Cathedral Hill Campus is actually more optimal for 911 transports than the Pacific and California Campuses. This is supported by an SFFD-supplied dot map of all 911 incoming transports to the current CPMC campuses where a red letter “N” represents each hospital in San Francisco, not just CPMC campuses. It illustrates that the proposed Cathedral Hill Hospital location is more central to sites of 911 origin than the Pacific Campus. This implies shorter transport times and less SFFD ambulance traffic on streets and roads in 2015 than exists today.

C&R Table 3.8-3
Change in Ambient Noise Levels Associated with Siren Usage in Cathedral Hill Campus Area

	L^{eq}	L^{dn}
Existing[1]	59.1	70.3
With Project	59.5	70.3
Change	*0.4*	*< 0.1*
Significant Impact	No	No

Notes:
[1] Lowest measured hourly L_{eq} was used to allow for the greatest potential change in hourly L_{eq} as a result of a 30-second siren event. Noise measurements taken on May 29, 2009.

Furthermore, as noted on page 4.6-17 of the Draft EIR, it is common for ambulances to discontinue the use of their sirens within a few blocks of emergency access at other hospitals within the City of San Francisco. This is dependent on traffic flow and other factors, and such practice could reasonably be assumed to occur at the proposed Cathedral Hill Campus. As such, in consideration of the potential change in ambient noise levels, the frequency of emergency transports that could occur, and historic

practice by ambulance service providers in the City, impacts would be considered less than significant, consistent with the findings of the Draft EIR.

It should also be noted that in San Francisco ambulance and other emergency medical transport services are regulated by the San Francisco Department of Public Health (SFDPH) and 911 services are provided by the San Francisco Fire Department Division of Emergency Services (EMS), not individual hospitals or health care providers such as CPMC. Any findings and recommendations regarding the use of lights and sirens by emergency providers must first be reviewed and approved by these two city agencies. Any restrictions that could be imposed on the use of ambulance sirens would be in direct conflict with San Francisco Emergency Medical Services (EMS) Agency policy and would violate California Department of Motor Vehicle codes. Healthcare providers like CPMC have no direct authority over a dispatcher or emergency responder's use of sirens.

As such, the level of siren-related noise that would be experienced by receptors located in the vicinity of the proposed Cathedral Hill Campus is similar to the level that currently exists in this part of the City and therefore, would not make the neighborhood less livable, and impacts would be considered less than significant, consistent with the findings of Impact NO-2 (Draft EIR page 4.6-57). See also Response INTRO-6 (page C&R 3.1-11) for a discussion of the requirements for recirculation of an environmental document under CEQA. It should also be noted that the text of the Draft EIR has been amended to reflect the analysis shown above. Please refer to Chapter 4 of this C&R document for further clarification. Please also see page C&R 4-15 for text changes to the Draft EIR, page 4.6-70, last sentence of the last paragraph on the page, which has been amended to include clarification of potential siren noise levels in the vicinity of the proposed Cathedral Hill campus, as requested under Comment 87-60.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-19 NO]

"Sirens penetrating the neighborhood and the churches, noises of loading docks and oxygen can be reduced by 9 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."

Response NO-60

The comment states that sirens, loading docks, and oxygen delivery would disturb places of worship and that the mitigation proposed is insufficient. Siren noise was addressed as part of Impact NO-3 on page 4.6-70 of the Draft EIR; however, additional clarification of the Draft EIR's conclusion of less than significant is provided in Response NO-59 on page C&R 3.8-64. Further, it should be noted that the potential use of sirens in the vicinity of places of worship currently exists in the proposed CPMC LRDP area, and is determined by individual need. With respect to loading/unloading activities at the proposed Cathedral Hill Campus, loading docks would be located inside enclosed structures and would not disturb worship services. Furthermore, as required by Mitigation Measure M-NO-N3e, the delivery of oxygen would be coordinated with local places of worship so that disturbance does not occur, regardless of time or day of worship. Refer to Response NO-40 (page C&R 3.8-49) for further clarification.

Comment

(Lower Polk Neighbors, Oct 19, 2010) [103-20 NO, duplicate comment was provided in 113-20 NO]

"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). In addition, help create a 'siren free' zone. This 'free' zone establishes a 4 block radius around the hospital where emergency vehicles cannot use sirens."

Response NO-61

The comment recommends noise reduction for sirens. See Response NO-59 on page C&R 3.8-64 for a discussion of sirens. Sirens are required to be sounded under law (California Vehicle Code, Section 27000–27007) for emergency operations and have minimum noise requirements:

3.8.2.5 SENSITIVE RECEPTORS

Comment

(Donald Scherl, October 15, 2010) [74-5 NO]

"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."

Response NO-62

The comment states that the use of the term "receptor" to refer to those who would hear noise generated by the proposed CPMC LRDP is inappropriate and that none of the mitigation measures are sufficient for reducing noise. The comment further suggests that Alternative 3A would produce slightly less noise than the proposed LRDP.

The term "sensitive receptor" is employed by experts in the environmental noise industry to describe any person or use that would be sensitive to increased noise or vibration. The range of feasible mitigation measures that are proposed for noise and vibration impacts would reduce noise generated from construction of the proposed Cathedral Hill Campus by approximately 5-8 dB from the anticipated noise levels shown in Table 4.6-22 and would not exceed the noise limits established within the San Francisco Noise Control Ordinance for construction activities (80 dB at a distance of 100 feet or other equivalent noise level at a similarly representative distance between the hours of 7 a.m. and 8 p.m. and 5 dB above ambient at nearby receptors between the hours of 8 p.m. and 7 a.m.). Included in Mitigation Measures M-NO-N1a through M-NO-N1e are requirements that community liaisons and acoustical consultants be continually involved in the construction and operation of the proposed CPMC LRDP to ensure that feasible mitigation measures are undertaken to reduce noise to less-than-significant levels and assist area citizens in resolving noise complaints resulting from perceived violations of the San Francisco Noise Control Ordinance.

With respect to construction of Alternative 3A, a reduction in the overall square footage of the proposed Cathedral Hill Campus—attributed to a reduced building height—would require less construction in terms of overall effort and would reduce the period of time required for construction. However, as noted

on page 6-312 of the Draft EIR, the loudest construction phases (demolition, excavation, and land preparation) would likely require the same amount of time and equipment because the building footprints are similar and the existing structures that occupy the site of the proposed Cathedral Hill Campus would still be demolished. Therefore, the construction of Alternative 3A would not be anticipated to significantly reduce noise levels in the vicinity of the proposed Cathedral Hill Campus when compared to the proposed LRDP, but may reduce the overall time period associated with construction noise.

Comments

(Margaret Kettunen Zegart, October 20, 2010) [97-21 NO]

"The Catholic school complex, Up on Top, and Montessori Schools require minimal noise. New Sutter Health structures are able to provide sound resistant glazing."

(Lower Polk Neighbors, Oct 19, 2010) [103-22 NO, duplicate comment was provided in 113-22 NO]

"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)"

Response NO-63

The comments state that certain land uses, including local schools (Catholic and Montessori) and residences (such as those located along O'Farrell Street, Alice B. Toklas Place/Myrtle Street, Geary Boulevard, Cedar Street, Post Street, Hemlock Street, Sutter Street, Fern Street, and Pine Street) are more sensitive to noise levels than other uses, such as commercial and office buildings and should be considered to receive funding for acoustic shielding of their windows. The Draft EIR acknowledges that residents, places of worship, and schools are sensitive receptors and identifies feasible mitigations that would reduce project-related noise to less-than-significant levels. The requested mitigation of providing sound glazing or sound-dampening windows identified by the commenters is not necessary in order to reduce the impacts of the proposed CPMC LRDP to a less-than-significant level. The proposed CPMC LRDP would design, construct, and maintain the proposed facilities in accordance with the requirements of the San Francisco Noise Control Ordinance so as to not expose adjacent receptors to substantial increases in noise levels, and therefore, mitigation, such as that suggested in the comments, is not required.

3.8.3 PACIFIC CAMPUS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-137 NO, duplicate comment was provided in 30-137 NO]

"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?"

Response NO-64

The comment inquires about the Congregation Sherith Israel Synagogue and why it is not considered a sensitive receptor in the Draft EIR. The vacant building at 2018 Webster Street (formerly retail use) would be converted to administrative offices (approximately 5,300 square feet) for the Institute for Health and Healing. Although page 4.6-54 states that of long-term projects at the Pacific Campus, construction may occur on select Saturdays from 7 a.m. to 5 p.m., no work related to the conversion of the 2018 Webster Street building to office uses would be scheduled to occur on Saturdays or Sundays. With respect to the comment's statement that the synagogue is not listed as a sensitive receptor, please refer to Response NO-21 (page C&R 3.8-29). As stated in that response, when assessing significance under CEQA, it is considered appropriate to assess the most substantial change that would occur as a result of implementation of a particular project. With respect to construction noise, the impact of the proposed CPMC LRDP as a whole is determined by assessing impacts at those receptors that would be most substantially affected, which typically occurs at those closest to a project site. The receptors identified in Tables 4.6-36 are not all-inclusive but are considered appropriate representative sensitive receptors for the purposes of determining significance. Additional receptors in the project area may experience construction noise generated by the LRDP, but to a lesser degree than those presented because of a variety of factors, including greater distance between source and receptor and intervening structures.

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-29 NO]

"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."

Response NO-65

The comment states that noise from construction and operation of the Pacific Campus, including worker strikes, have historically resulted in excessive noise. The comment further states that more detailed site plans are necessary to accurately evaluate the potential noise impacts of the proposed CPMC LRDP. Noise generated at the Pacific Campus is discussed at the program level in Impacts NO-1 through NO-5 on pages 4.6-79 to 4.6-82. The program-level portions of the Draft EIR contain analysis and evaluation at an appropriate level of detail; changes to the Pacific Campus would not occur until after 2015. Under CEQA, encouragement is provided to conduct environmental analysis at the earliest possible stage in project development. In program-level EIRs (as is the analysis of the Pacific Campus in the Draft EIR, impact analysis and the identification of mitigation is required only as far as is feasible based on the amount of detail currently known about the project. Because certain aspects of the project description are expected to be unknown, the preparation of a program-level EIR anticipates that there will be subsequent CEQA environmental analysis on the later details of project design, and that the subsequent analysis would contain any additional mitigation required at that time. A separate project-level CEQA analysis would be performed in the future once more detailed plans have been developed, and would be commensurate with the level of detail required for approval, in accordance with the comment's request.

Comment

(Arthur and Jacqueline Cimento, October 19, 2010) [78-6 NO, duplicate comment was provided in 99-6 NO]

"As a minimum, we expect the facility will comply with existing noise regulations at the property boundary."

Response NO-66

The comment states that noise levels from the Pacific Campus should meet noise standards at the property boundary. As stated in Impacts NO-1 through NO-4, noise associated with the proposed LRDP would, after the mitigation measures have been incorporated, meet the standards and requirements of the San Francisco Noise Control Ordinance. As a result, noise impacts at the Pacific Campus would be less than significant with mitigation.

3.8.4 CALIFORNIA CAMPUS

Comment

(Joel Koppell, September 19, 2010) [PC-223 PD]

"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."

Response NO-67

The comment is a statement regarding existing issues with the loading docks at both the California and Pacific Campuses. Neither construction activities nor new loading dock operations are proposed for the California Campus under the CPMC LRDP. The Draft EIR discussed proposed noise impacts related to loading dock operations at the Pacific Campus (please see Draft EIR, pages 4.6-80 through 4.6-82) and determined that implementation of the proposed CPMC LRDP at the Pacific Campus would not cause a substantial increase in ambient noise levels as a result of loading dock activities. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.8.5 DAVIES CAMPUS

No comments pertaining to noise and solely related to this campus were received during public review of the Draft EIR.

3.8.6 ST. LUKE'S CAMPUS

3.8.6.1 CONSTRUCTION NOISE

Comment

(Sheila Mahoney and James Frame, October 19, 2010) [88-1 NO]

"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.

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."

Response NO-68

The comment states that noise and vibration impacts would occur at their home on Duncan Street and that the analysis of the Draft EIR is inadequate for not considering receptors along Duncan but focusing solely on busier streets, such as Cesar Chavez, Guerrero, and Valencia. Duncan Street is recognized as having sensitive receptors, and noise levels and mitigation are presented for this location in Section 4.6 in the Draft EIR, which includes discussions of the St. Luke's Campus and associated Impacts NO-1 through NO-5. During construction, residences along Duncan Street between Guerrero and Valencia Streets would experience construction noise levels equivalent to 69 dB, which would be less than the 80 dB maximum noise level/threshold established in the San Francisco Noise Control Ordinance, and impacts were determined to be less than significant. With respect to operational noise, Table 4.6-28 evaluates the potential increases in roadway noise levels along Duncan Street between Guerrero and Valencia Streets and determined, based on projected roadway volumes, that receptors along Duncan Street would experience up to a 0.1 dBA increase in L_{dn}, which would be considered less than significant (i.e., it would not exceed 3 dB, which would be considered a perceivable increase.) With respect to stationary source operational noise, these noise levels are evaluated at the source, not the receptor, and mitigation measures were imposed in order to insure that noise levels in excess of the standards established in the San Francisco Noise Control Ordinance do not expose adjacent receptors, including those along Duncan Street, to substantial increases in ambient noise levels. As it pertains to vibration, the 0-100 block of Duncan Street was evaluated for potential impacts resulting from project construction in Table 4.6-35 of the Draft EIR, page 4.6-92. As shown in this table, construction-related vibration associated with implementation of the proposed CPMC LRDP would not expose receptors along Duncan Street to vibration thresholds associated with potential structural damage or human annoyance. As such, the analysis of the Draft EIR evaluates the potential impacts to the 0-100 block of Duncan Street and is considered adequate for the purposes of CEQA. See also Response INTRO-6 for a discussion of adequacy of analysis under CEQA.

The comment is correct that the block adjacent to the St. Luke's Campus was mislabeled in Tables 4.6-24 and 4.6-35 of the Draft EIR. These tables have been amended as part of the Final EIR to reflect "0-100 Duncan Street." This change is included in the Section 4, "Draft EIR Text Changes," of this document.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-31 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."

Response NO-69

The comment states that construction operation hours are inconsistent and should be clarified. Work shifts at the St. Luke's Campus would be from 7 a.m. to 5 p.m. Monday through Friday and from 7 a.m. to 5 p.m. on select Saturdays, with no work conducted on Sundays. No work past 5 p.m. would occur at the St.

Luke's Campus. Nighttime construction at the St. Luke's Campus is not proposed. As part of Mitigation Measure M-NO-N1, area residences would have access to a community liaison for information and to discuss construction issues. Notifications of construction schedules would be provided as requested. In order to clarify the proposed construction hours at the St. Luke's Campus, the first paragraph on page 4.6-52 is revised to read as follows:

> The proposed St. Luke's Replacement Hospital would be completed and occupied by 2015. As stated above, the loudest construction noise would occur during excavation, land preparation, and demolition. Demolition would include removal of trees and pavement at the existing parking lot. Excavation of a pit for the hospital foundation and lower floor would follow and include removal of 15,200 cubic yards of material. About 7,800 cubic yards of soils would be excavated and hauled away for the utilities. Thus, the loudest noise during construction of the St. Luke's Replacement Hospital would occur in the first 20 months. The next phases of activities (structural work, exterior finishing, and interior finishing) would occur for 32 months, and would have lower noise levels, because activities would be shielded by the structure and use of heavy-duty construction equipment would be limited. Demolition of the existing St. Luke's Hospital tower would occur during the last 5 months. All construction work for the proposed St. Luke's Replacement Hospital is proposed to occur between 7 a.m. and 5 p.m., Monday–Friday, excluding holidays~~. Work may continue to 8 p.m. on typical work days and select Saturdays, as required. Saturday shifts would be from 7 a.m. to 5 p.m., if needed.~~ Construction may also occur on select Saturdays from 7 a.m. to 5 p.m., if needed. Work is not expected to be done on Sundays. The hours of operation would vary slightly during the project's various stages. Construction of the MOB/Expansion Building would begin after the St. Luke's Replacement Hospital construction is completed. Excavation for the MOB/Expansion Building would be much deeper than that for the St. Luke's Replacement Hospital, with removal of 42,000 cubic yards of soil.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-32 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."

Response NO-70

The comment states that the San Francisco Noise Control Ordinance is not adequate as the basis for noise impact standards because of the level and duration of the project effects and because of the sensitivity in the vicinity of the St. Luke's Campus. The San Francisco Noise Control Ordinance is used as the basis for thresholds of significance and for impact analysis consistently across the City. Reliance on the City's Noise Control Ordinance together with the temporary and intermittent nature of construction noise is considered a valid and appropriate justification for the conclusion that construction noise would be contained to the extent practicable. This is comparable to other construction projects in the City, and less than significant, when mitigation measures are incorporated into the project to further reduce construction noise impacts on surrounding properties.

It should also be noted that while the construction activities or equipment at any of the sites to be developed under the proposed CPMC LRDP may not be unique or atypical, it is also true that the proposed CPMC LRDP is a large project and that construction activities will continue for extended periods of time. Nevertheless, construction noise would remain a temporary impact, as opposed to an ongoing operational impact. The noise levels identified under Impact NO-1 of the Draft EIR, beginning on page 4.6-41, would not occur for the entire construction period, nor would they occur at any one location for the entire construction period. These activities would be intermittent and temporary; athough,

as acknowledged in the Draft EIR, they would occur over the course of the construction period. See Responses NO-8 and NO-13 on pages C&R 3.8-6 and 3.8-20, respectively, for further clarification regarding the appropriateness of the thresholds established in the City's Noise Control Ordinance.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-33 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?"

Response NO-71

The comment states that the assumed location of noise-generating construction equipment is unclear and that the assessment of existing ambient noise levels is insufficient. Construction noise levels (L_{eq}) were assessed by locating noise-generating equipment at a measured distance of approximately 30 feet from the property boundary in addition to the distance from the property boundary to nearby sensitive receptor locations. As the majority of construction activities would occur more central to a particular development site, the use of 30 feet from the property boundary is considered conservative in that it accounts for multiple pieces of equipment operating simultaneously at that location, and based on the size of each proposed development site, the ability for two pieces of equipment to operate simultaneously in one location is limited.

Contrary to the claim of the comment, existing ambient noise levels were established from short-term measurements taken on Valencia and Cesar Chavez Streets (in May and June 2009, respectively) and from review of the San Francisco Department of Public Health (SFDPH) noise map (see discussion on page 4.6-29 of the Draft EIR) and are considered representative of ambient noise levels in the project area. The short-term noise measurements were used to confirm the noise levels shown in the SFDPH noise map because traffic noise was determined to be the dominant noise source in the project vicinity. If the short-term measurements had differed substantially from the levels shown in the SFDPH noise map, additional monitoring at the locations suggested by the comment would have been warranted and performed as part of the Draft EIR analysis. Both Cesar Chavez Street and Guerrero Street are four-lane streets that carry a considerable amount of daily traffic, exposing residences to traffic noise from both roadways.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-34 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 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 80 dB, 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.

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."

Response NO-72

The comment states that the Draft EIR is insufficient in its analysis of construction noise impacts, specifically at the St. Luke's Campus and proposed Cathedral Hill Campus, and that obtaining a special permit from the City is not sufficient to mitigate impacts to a less-than-significant level. Mitigation measures for construction noise would result in a noise reduction of 5–8 dBA and the only exterior work proposed at any campus that would require a permit to operate outside the hours of 7:00 a.m. to 8:00 p.m. would be certain construction work related activities for the Van Ness Tunnel at the proposed Cathedral Hill Campus. Nighttime work is not proposed at the St. Luke's Campus and construction work is anticipated to be conducted during daytime hours only.

While the construction activities or equipment at any of the sites to be developed under the proposed CPMC LRDP may not be unique or atypical, it is true that the proposed CPMC LRDP is a large project and that construction activities will continue for extended periods of time. Nevertheless, construction noise would remain a temporary condition, as opposed to an ongoing operational condition. The noise levels identified under Impact NO-1 of the Draft EIR, beginning on page 4.6-41, would not occur for the entire construction period, nor would they occur at any one location for the entire construction period. These activities would be intermittent and temporary, though, as acknowledged in the Draft EIR, would occur over the course of the construction period.

The Draft EIR acknowledges that noise from construction would be potentially significant without mitigation; however, with the implementation of Mitigation Measure M-NO-N1, noise from construction would be reduced to a less-than-significant level. Installing temporary barriers around the construction site parcels would effectively reduce construction noise levels by 5–8 dBA at adjacent residences. Sound attenuating devices for stationary equipment would provide additional construction noise level reductions. Incorporating these mitigation measures into the proposed LRDP would effectively reduce construction noise levels to less than the 80 dB at 100 feet threshold established by the San Francisco Noise Control Ordinance. It should be noted that, as stated in Response NO-8 (page C&R 3.8-6) and as permitted by the San Francisco Noise Control Ordinance, an equivalent noise level at some other convenient distance equates to a noise threshold of 86 dB at 50 feet and 74 dB at 200 feet for compliance with the City's noise standards. It should also be noted that the noise levels evaluated in the Draft EIR represent the noisiest activities on site and within an average distance of 30 feet from the project boundary. This is considered a conservative evaluation of potential impacts as the majority of daily construction activities between 7 a.m. and 7 p.m. would be located at a much greater distance than that from a particular receptor. Additional discussion of potential construction noise levels during the limited nighttime construction period at the proposed Cathedral Hill Campus and further justification for the determination of a less than significant impact with respect to construction noise can be found in Responses NO-8 and NO-13 on pages C&R 3.8-6 and 3.8-20, respectively.

Mitigation of Construction Noise

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-35 NO]

"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."

Response NO-73

The comment states that mitigation measures for construction noise are vague, unenforceable, and insufficient. Mitigation measures for construction noise would result in a noise reduction of 5–8 dBA, and construction noise levels would be restricted to the parameters established by the City of San Francisco Noise Control Ordinance. The Draft EIR acknowledges that noise from construction would be significant; however, by implementing Mitigation Measure M-NO-N1, noise from construction would be reduced to a less-than-significant level. Recognizing that there are certain uncertainties regarding construction noise, Mitigation Measure M-NO-N1c requires ongoing monitoring at new phases of construction, and the identification and implementation of additional noise-mitigating measures if the monitoring measurements indicate that construction noise exceeds City standards. The mitigation measures listed in the Draft EIR require proper maintenance of on-site equipment (to be stated in construction specifications and monitored/enforced by the construction contractor and the City), idling restrictions (to be stated in construction specifications and BAAQMD rules and monitored/enforced by the construction contractor and the City), staging of equipment away from receptors (to be stated in construction specifications and monitored/enforced by the construction contractor and the City), erection and maintenance of temporary noise barriers between local receptors and construction activities (to be stated in construction specifications and monitored/enforced by the construction contractor and the City.) The level of specifity provided is appropriate and typical at this stage of project review (i.e., prior to final project consideration/decision or permit issuance.) Each of these measures are considered enforceable and feasible for the purposes of yielding quantifiable reductions in ambient noise levels, which, when monitored, would yield between 5–8 dBA reductions in construction noise levels, depending on the location of the receptor. Further discussion can be found in Response NO-8 on page C&R 3.8-6.

3.8.6.2 NOISE MEASUREMENTS

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-30 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 3 dB and 5 dB 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."

Response NO-74

The comment states that existing ambient noise measurements are insufficient for the St. Luke's Campus. The noise measurements conducted at the St. Luke's Campus were consistent with traffic noise modeling results and with the SFDPH noise map, and therefore, are considered representative of ambient noise levels in the project area and reasonable for the purpose of impact determination. The short-term noise measurements conducted as part of the Draft EIR analysis were used to confirm the noise levels shown in the SFDPH noise map because traffic noise was determined to be the dominant noise source in the project vicinity. If the short-term measurements had differed substantially from the levels shown in the SFDPH noise map, additional monitoring at the locations suggested by the comment would have been warranted and performed as part of the Draft EIR analysis. As such, the two short-term noise measurements with verification via the SFDPH map represent an adequate baseline against which to evaluate impacts, therefore, additional noise measurements, including 24-hour measurements at and around the St. Luke's Campus, are not required to adequately evaluate the potential noise impacts of the proposed CPMC LRDP at this location.

3.8.6.3 OPERATIONAL NOISE

Ambulance Entrance/Exit

Comments

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-5 NO]

"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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-15 NO]

"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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-38 NO]

"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 I—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."

Response NO-75

The comments state that the noise impact assessment for the St. Luke's Campus used different site plans for assessment of loading dock and ambulance bay noise than those presented in the Project Description of the Draft EIR (Figures 2-59 and 2-60, Draft EIR pages 2-197 and 2-199, respectively). On pages 4.6-76 through Page 4.6-78 of the Draft EIR, the potential impacts to surrounding receptors caused by loading dock and ambulance bay noise are discussed and evaluated under both the currently proposed site plan and variant conditions. Current site plans (as shown in Figure 2-59, Draft EIR page 2-197) were used during the analysis of impacts; the figure referenced by the comment (Figure 4.5-26, Draft EIR page 4.5-207) was not used to determine the noise impacts associated with the St. Luke's Hospital Proposed Site Plan or St. Luke's Campus Variant 1-Alternate Emergency Department presented in the Draft EIR. Furthermore, the discrepancies cited by the commenter pertain to the addition of a second lane for ingress/egress into the emergency department and the extension of a pedestrian loading/unloading area. These changes would not affect the analysis presented on pages 4.6-76 through Page 4.6-78 of the Draft EIR as they do not represent a change in capacity or future activities beyond those identified within the text of the Draft EIR. The figure cited by the comment is located in the transportation and traffic section of the Draft EIR and has been amended as shown in Chapter 4 of this C&R document to be consistent with Figure 2-59 of the Draft EIR.

Loading docks would be located in an internal area on Level 1 of the north side of the building, with access to Cesar Chavez Street, and have operable bay doors. The analysis of loading dock noise on page 4.6-76 of the Draft EIR determined that operation of the loading dock (48 to 53 dBA L_{eq}) would not exceed applicable standards at sensitive receptors. Short-term measurements conducted along Caesar Chavez Street measured the dominant noise source—traffic—at 64.6 dBA L_{eq}. Because the loading dock would be located inside of the building, would include operable bay doors, and would face Caesar Chavez Street (perpendicular to adjacent residences), loading dock noise would be minimal. Loading dock noise would travel in the direction of Caesar Chavez Street. The existing noise level attributed to traffic on Cesar Chavez Street is 11 to 16 dBA above predicted loading dock noise at adjacent residences; therefore, any loading dock noise would likely be masked by existing and future traffic noise.

Ambulance bay noise is evaluated on Page 4.6-77 of the Draft EIR. Ambulance sirens are not expected to be required when in close proximity of residences along 27th Street as they would be entering the hospital at this poin,t and the need to use a siren for traffic control purposes would be considered minimal. Furthermore, use of a siren would not be required for ambulances idling or parked at the hospital. Noise associated with ambulance bays would be generated by patient drop-off events consisting of vehicle arrival, idling, occupants exiting the vehicle, door closures, conversations among passengers, occupants entering the vehicle, startup, and departure of the vehicle. As noted in Response NO-59 on page C&R 3.8-64, ambulance noise, including siren use, would not exceed applicable City standards and would not increase ambient noise levels by 8 dBA at adjacent sensitive receptors, in accordance with the San Francisco Noise Control Ordinance. The potential for random siren use does exist; however, these events would be isolated and short term, and would not result in a substantial increase in the 24-hour land use compatibility noise metric (L_{dn}) applied at residential uses because of the anticipated isolated and infrequent occurrence of such events. The existing Emergency Department (located in St. Luke's 1957 Building) is accessed from 27th Street or San Jose Avenue, and the implementation of the proposed LRDP would result in similar noise conditions for residences located along 27th Street and San Jose Avenue.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-36 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 represents an inadequate evaluation under CEQA. This evaluation must be revised to consider the aggregate impacts of these noise sources."

Response NO-76

The comment states that project-generated noise from various transportation and stationary noise sources should be analyzed together. Because stationary noise sources are separated by frequency spectrum, height, distance, barriers, and enclosures, their combined noise levels would be similar to individual noise levels. Similarly, transportation noise levels are inherently different from stationary noise levels (line source versus point source) and cannot be combined because of location, frequency, and intervening structures. Furthermore, stationary noise sources are evaluated using an hourly standard while transportation noise sources are evaluated using a 24-hour standard.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-37 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.

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."

Response NO-77

The comment states that the noise characteristics of ambulance loading and unloading, even without the use of sirens, would not be comparable to parking lot noise as stated in the Draft EIR, and that the proposed St. Luke's Replacement Hospital patient loading zone should be analyzed for adjacent sensitive receptors. Ambulance bay activities are assumed to be similar to parking lot noise because of the nature of the events. These would be short-term events because of the urgency to get the patient into the hospital. See Response NO-59 on page C&R 3.8-64 for further clarification. Furthermore, as shown in Figure 2-59, Draft EIR page 2-197, the ambulance bay would be located on Level 2, underneath the diagnostic and treatment unit. This location would block the open emergency doors from the sight of adjacent residences, as well as reduce idling noise levels at these locations. Impact NO-3 discussed the effect of the proposed St. Luke's Replacement Hospital patient loading zone on the nearest sensitive receptors and determined the impact to be less than significant. Therefore, impacts to any other sensitive receptors at farther distances would also be less than significant.

3.8.6.4 SENSITIVE RECEPTORS

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-29 NO]

"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 the campus on the west, on 27th Street, Guerrero Street and Cesar Chavez Street. The analysis must be revised accordingly."

Response NO-78

The comment states that sensitive receptors on 27th Street and Cesar Chavez have not been identified by the Draft EIR. While receptors on 27th Street and Cesar Chavez are not explicitly stated in the environmental setting, they are assessed in the impact analysis (see Tables 4.6-24 and 4.6-35 of the Draft EIR). The text in the Draft EIR, page 4.6-27, the second sentence of the second full paragraph, has been amended to reflect the inclusion of residential uses along 27th Street and Cesar Chavez Avenue in the Draft EIR analysis as follows:

> The noise- and vibration-sensitive land uses located near the campus are the surrounding residential buildings and units on San Jose Avenue and <u>Cesar Chavez, 27th,</u> Duncan<u>,</u> and Guerrero Streets.

3.9 AIR QUALITY

3.9.1 LRDP

3.9.1.1 CONSTRUCTION EMISSIONS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-5 AQ, duplicate comment was provided in 30-5 AQ]

"What are the additional ROG, NO_x, PM_{10} and $PM_{2.5}$ emissions that will be generated from this crane? or [sic] 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?"

Response AQ-1

The comment requests additional information regarding potential air emissions associated with the use of a crane or helicopter during LRDP-related construction (at various CPMC campuses) to install rooftop equipment. Emissions generated by cranes used during LRDP construction (including the installation of rooftop equipment at Cathedral Hill, Davies, and St. Luke's Campuses) were included in the Draft EIR construction air quality analysis, and as such, would not result in additional emissions beyond those already acknowledged in the Draft EIR. See Table 4.7-12 in the Draft EIR, page 4.7-63, for a summary of the criteria pollutant emissions that would occur during LRDP construction at Cathedral Hill, Davies, and St. Luke's Campuses, including the operation of a crane.

The use of a helicopter is not part of the plan for construction of any of the proposed LRDP facilities and, therefore, was not included in the EIR analysis.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-134 AQ, duplicate comment was provided in 30-134 AQ]

"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?"

Response AQ-2

This comment requests information about measures that would be employed to reduce the amount of construction debris or dust being spread by workers for development of the LRDP (at various CPMC campuses). During LRDP construction, to limit potential exposure of construction workers to dust and/or other construction debris, standard construction practices related to dust suppression would be implemented and monitored, as required by Mitigation Measure M-HZ-N1a in the Draft EIR, beginning on page 4.16-46. Furthermore, Mitigation Measures M-HZ-N1a and M-HZ-N1b would require sampling of potential contaminants before excavation, to ensure that soil could be transported directly off-site rather than stockpiled on site. If contaminated soils were discovered, they would be treated as hazardous material in accordance with the site mitigation plan required by Mitigation Measure M-HZ-N1a, and removed from the site (Cathedral Hill, Davies, and St. Luke's Campuses) using special handling procedures. This approach would minimize worker exposure on site.

Additionally, Mitigation Measure M-AQ-N1a would require the regular removal of visible mud or dirt trackout onto adjacent public roads by the use of street cleaning equipment. All paved access roads, parking areas, and staging areas for development of the LRDP (at various CPMC campuses) would be swept daily to minimize potential dirt trackout. Implementation of these measures would prevent the migration of construction debris and dust by construction workers or otherwise into surrounding areas, including shuttles and enclosed structured garages.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-8 AQ]

"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.**"

Response AQ-3

This comment requests additional analysis for greenhouse gas emissions, air quality impacts associated with street lane and parking closures, and existing and proposed parking spaces. The construction emissions analysis for the LRDP for all CPMC campuses accounts for criteria pollutant emissions and greenhouse gas (GHG) emissions associated with worker vehicles as they travel to and from the LRDP construction sites. In addition, the LRDP operational emissions analysis for all CPMC campuses accounts for criteria pollutant emissions and GHG emissions associated with future employee commuting. As noted in the Draft EIR, page 4.5-162, any "environmental impacts which may result from a shortfall in parking in the vicinity of the proposed project would be minor, and the traffic assignments used in the transportation analysis, as well as in the associated air quality, noise, and pedestrian safety analyses, reasonably addresses potential… effects." This would include potential impacts during LRDP construction. Furthermore, as noted in the Draft EIR, page 4.5-166, "[t]he 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." Therefore, mode shifts by commuters to and from CPMC facilities would offset any potential additional emissions associated with vehicles that might travel additional distances while searching for a parking space. See also Response TR-69 (page C&R 3.7-129) for a discussion of operational parking provisions and Response TR-79 (page C&R 3.7-149) for a description of construction parking demand and availability and current plans for addressing parking needs during LRDP construction. Furthermore, lane closures that may occur during LRDP construction would be coordinated and planned through the Construction Transportation Management Plan for each CPMC campus to maintain the flow of traffic in and around the proposed LRDP development at various CPMC campuses. As noted in Chapter 2, "Project Description" in Table 2-5 (see page 2-21 of the of the Draft EIR), 513 structured parking spaces are proposed for the Cathedral Hill Hospital. The loading spaces for the proposed Cathedral Hill Hospital, which includes 14 van spaces, would not be included in the required number of off-street parking spaces.

Comments

(Helene Dellanini—Daniel Burnham Court Master Owner's Association, October 18, 2010) [71-20 AQ, duplicate comment was provided in 72-20 AQ]

"**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."

(Helene Dellanini—Daniel Burnham Court Master Owner's Association, October 18, 2010) [71-21 AQ, duplicate comment was provided in 72-21 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.

- 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."

Response AQ-4

The comments refer to management of the potential generation and off-site migration of airborne dust during LRDP construction activities at various CPMC campuses involving fill soil that might contain elevated levels of lead. The Draft EIR adequately and accurately assessed the potential effects of construction-generated airborne dust from the proposed LRDP.

In clarifying the analysis contained in the Draft EIR, several items should be noted. First, soil excavation at the proposed Cathedral Hill Campus would occur during fewer than 10 months of the total 4.5-year construction period. Second, several of the construction air quality mitigation measures proposed in the comment are already incorporated in the CPMC LRDP Draft EIR and the September 2009 Environmental Contingency Plan (ECP), for the proposed Cathedral Hill Medical Campus.

Comment 71-21 expresses concerns regarding enforcement of mitigation measures at the proposed construction sites and recommends specific additional requirements. With respect to the commenter's enforcement concern, the discussion provided in the Draft EIR, page 4.7-30, states, "[t]o ensure that BAAQMD's Basic and Optional Control Measures included in the project's construction management plan would be legally binding under CEQA, these measures have been included as Mitigation Measure M-AQ-N1a." Mitigation Measure M-AQ-N1a (in the Draft EIR, beginning on page 4.7-31) would require the proposed LRDP to implement BAAQMD's Basic Control Measures, Optional Control Measures, and Additional Construction Mitigation Measures (as specifically set forth in the Draft EIR, pages 4.7-31 through 4.7-32) at the proposed Cathedral Hill Campus, as well as at all other CPMC sites of near-term projects under the proposed LRDP. Therefore, the inclusion of BAAQMD's Optional Control Measures and Additional Construction Mitigation Measures in Mitigation Measure M-AQ-N1a makes these measures mandatory, consistent with the commenter's recommendation.

The comment recommends wheel washing and suspending operations during gusty winds as "minimum best practices" for controlling dust migration. As stated on page 4.7-30 of the Draft EIR, the Operational Control Measures required under Mitigation Measure M-AQ-N1a include the following: "Install wheel washers for all exiting trucks, or wash off the tires or tracks of all trucks leaving the site" and "Suspend excavation and grading activity when winds (instantaneous gusts) exceed 20 mph." Additionally, as explained on page 4.7-33 of the Draft EIR, all requirements of the San Francisco Construction Dust Control Ordinance would also be implemented as part of the project, per CPMC"s construction management plan. As stated on page 4.7-19 of the Draft EIR, installation of wheel washers to clean truck tires and termination of construction activities when winds exceed 25 mph are measures that are required to be included in the site-specific dust control plan that must be approved by the director of the San Francisco Department of Public Health pursuant to the Construction Dust Control Ordinance. Therefore, these measures have been included and made mandatory as part of Mitigation Measure M-AQ-N1a and would also be included in CPMC's construction management plan as required to comply with the City's Construction Dust Control Ordinance.

The commenter also recommends that all stockpiles that are not in use for more than two days should be tarped and covered. This recommendation is not included in Mitigation Measure M-AQ-N1a. The Construction Dust Control Ordinance requires that inactive stockpiles be tarped and covered when not in use for more than seven days, rather than two days. A more stringent requirement for tarping and covering stockpiles is not required because, as explained on pages 4.7-33 and 4.7-61 of the Draft EIR, implementing Mitigation Measures M-AQ-N1a and M-AQ-N1b at the proposed Cathedral Hill Campus, as well as the Davies and St. Luke's Campuses, would reduce fugitive dust impacts to a less-than-significant level under both the 1999 and 2010 BAAQMD CEQA Guidelines. As shown in the updated version of Table 4.7-12 included in Chapter 4, "Draft EIR Text Changes" of this Comments and Responses document (page C&R 4-92), after implementation of the mitigation measures identified in the EIR, PM_{10} and $PM_{2.5}$ emissions associated with construction at the Cathedral Hill Campus each would be reduced to 1.8 lbs/day, well below the BAAQMD significance threshold under the 2010 BAAQMD CEQA Guidelines of 82 lb/day for PM_{10} and 54 lb/day for $PM_{2.5}$. Further, overall emissions from the proposed near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would be reduced to 2 lbs/day for both PM_{10} and $PM_{2.5,}$ well below the BAAQMD significance thresholds. Therefore, the additional mitigation suggested by the commenter is not necessary in order to reduce the project's impacts related to construction dust to a less than significant level.

The commenter recommends that the City assign an inspector to monitor the project during earthwork operations to enforce the required mitigation measures. An additional inspector to monitor earthwork is not necessary because the Construction Dust Control Ordinance already requires a designated dust control monitor and because, as explained above, the mitigation measures included in the Draft EIR will be mandatory and enforceable conditions of approval. The Construction Dust Control Ordinance requires that the project sponsor designate a person or persons who will be responsible for monitoring compliance

with dust control requirements. The designated person(s) must be on the site or available by telephone or other means during all times that site preparation, demolition, or construction activities may be in progress. Upon receipt of complaints, the Director of Building Inspection may enforce the provisions of the Construction Dust Control Ordinance by any lawful means available, and the Department of Building Inspection has established a fee for compensating the Department for the costs of enforcement.

The commenter also recommends that CPMC's dust management plan should include total particulate dust monitoring, with continuous measures taken throughout demolition until building erection, retention of a third party environmental consultant to conduct the testing and evaluation of data, to establish thresholds of particlute dust conscetration and the toxicity of any hazardous substances found in the fill material, and to report results to the City on a weekly basis, with construction operations generating dust above the threshold suspended until mitigations are added. Monitoring and reporting of particulate dust from construction in this manner would go beyond the requirements of the mitigation measures identified in the Draft EIR and the San Francisco Construction Dust Control Ordinance. As explained above, these requirements are not necessary because the EIR air quality analysis has determined that with the imposition of Mitigation Measures M-AQ-N1a and M-AQ-N1b, particulate matter emissions from construction of the near-term projects under the LRDP would be well below the BAAQMD significance thresholds.

Furthermore, the Environmental Contingency Plan ("ECP") for the project would require that the performance of dust control measures related to hazardous substances found in fill material be observed and documented by a third party. As explained in the Draft EIR, page 4.16-43, to address potential hazards related to known contaminated soil and groundwater conditions at the proposed Cathedral Hill Campus, including earthquake fill containing elevated levels of lead at the proposed Cathedral Hill Hospital and Cathedral Hill MOB development sites (see Draft EIR, page 4.16-42), the Phase I/II environmental site assessments (ESAs) for these sites recommended the preparation of an ECP for the Cathedral Hill Campus. The ECP that has been prepared for these LRDP development sites specifically addresses the management of potential health impacts associated with chemically impacted soil, including lead. The ECP states that a health and safety plan would be prepared by a certified industrial hygienist for implementation by the site contractor and would address potential threats to the health and safety of both site construction workers and the public during LRDP related excavation and grading. Air monitoring would be implemented, if required, by the Health and Safety Plan. The ECP also states that dust suppression measures would be implemented when chemically impacted soil was being managed; these measures might include wetting or treating with dust suppressants, covering stockpiles when not being actively worked, and covering of surfaces of impacted soil when not being worked.

Additionally, Mitigation Measure M-HZ-N1a, as set forth in the Draft EIR, beginning on page 4.16-46, would require the ECP to be submitted to the San Francisco Department of Public Health (SFDPH) for review and approval as a site mitigation plan (SMP) for the proposed Cathedral Hill Campus. The SMP would need to include certain measures and procedures specified in the Draft EIR, pages 4.16-46 to 4.16-47, including a requirement that "[f]ill shall be sampled and analyzed before excavation to allow excavation, loading, and transportation off-site without stockpiling, which would minimize soil handling." Mitigation Measure M-HZ-N1a also includes requirements for the handling, hauling, and disposal of contaminated soils, including specific requirements for work practices, dust suppression, surface water runoff control, and soils replacement. Finally, Mitigation Measure M-HZ-N1a would require the project sponsor to prepare and submit a closure/certification report to SFDPH after LRDP construction activities at Cathedral Hill Campus were complete. The report would need to include the mitigation measures in the SMPs for handling and removing contaminated soils from the Cathedral Hill Campus development, a discussion of whether the construction contractor modified any of these mitigation measures, and how and why any such modifications occurred. The Draft EIR concluded on page 4.16-49 that "adherence to the site-specific health and safety plans (i.e., the ECP and SMP) and

implementation of Mitigation Measure M-HZ-N1a would reduce impacts related to known soil . . . conditions at the Cathedral Hill, Davies, and St. Luke's Campuses to a less-than-significant level."

Comment

(Donald Scherl, October 18, 2010) [74-28 AQ]

"4.7: Air Quality

Impact AQ-l: 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."

Response AQ-5

The comment requests clarification regarding fugitive dust emissions during construction and how the feasibility of limiting the idling time is determined. The Draft EIR does not claim that there would be no increase in fugitive dust, but rather, that the proposed LRDP would not generate increases in fugitive dust that would exceed the BAAQMD CEQA significance criteria used in the Draft EIR (1999 BAAQMD Guidelines).

Fugitive dust emissions are associated with earth movement and not with machine engine idling time. It is important to note that BAAQMD 1999 significance thresholds assessed potential construction impacts of a project based on fugitive dust control measures, as noted in the Draft EIR, page 4.7-30. In an effort to further reduce construction emissions, the Draft EIR included mitigation (i.e., idling restriction) as part of Impact AQ-1 (Draft EIR, page 4.7-29) that was not solely related to a reduction in fugitive dust emissions. Please see Response AQ-4 (page C&R 3.9-3) regarding fugitive dust mitigation, Response AQ-28 (page C&R 3.9-71) regarding truck idling controls, and Response AQ-9 (page C&R 3.9-17) regarding construction equipment mitigation measures.

With respect to the length of time that a particular piece of equipment would be permitted to idle and who determines whether it would be 5 or 2 minutes, a 5-minute limit on equipment idling time, as stated in Mitigation Measure M-AQ-N1a on Draft EIR page 4.7-32, is required by Title 13, Section 2485 of the California Code of Regulations (CCR). In order to further reduce potential criteria pollutant emissions associated with fuel use, a 2-minute limit on equipment idling time would be implemented to the extent feasible. The on-site construction contractor would be responsible for enforcing the 5-minute restriction in compliance with CCR requirements and for determining the feasibility of implementing the 2-minute idling restriction measure. The degree of feasibility of this measure will be largely determined by the type of equipment in question and the activity that is being undertaken at that time.

Comments

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-2 AQ, duplicate comment was provided in 114-2 AQ]

"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]."

(Lower Polk Neighbors, October 19, 2010) [103-2 AQ, duplicate comment was provided in 113-2 AQ]

"Comments directed at the construction effects 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]"

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-10 AQ, duplicate comment was provided in 114-10 AQ]

"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]"

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-12 AQ, duplicate comment was provided in 114-12 AQ]

"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]."

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-16 AQ, duplicate comment was provided in 114-16 AQ]

"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]"

(Lower Polk Neighbors, October 19, 2010) [103-3 AQ, duplicate comment was provided in 113-3 AQ]

"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]"

(Lower Polk Neighbors, October 19, 2010) [103-6 AQ, duplicate comment was provided in 113-6 AQ]

"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]"

(Lower Polk Neighbors, October 19, 2010) [103-7 AQ, duplicate comment was provided in 113-7 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]"

(Lower Polk Neighbors, October 19, 2010) [103-8 AQ, duplicate comment was provided in 113-8 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]"

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-4 AQ, duplicate comment was provided in 114-4 AQ]

"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.

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."

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-6 AQ, duplicate comment was provided in 114-6 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."

Response AQ-6

The comments express concerns regarding fugitive dust as a result of the LRDP's Cathedral Hill Campus construction and construction-related traffic. Impacts TR-55 through TR-58 (in the Draft EIR, beginning on page 4.5-147) address impacts from construction traffic. Impacts AQ-1 and AQ-8 (in the Draft EIR, beginning on pages 4.7-29 and 4.7-59, respectively) address impacts associated with dust generated by construction. Impacts NO-1 and NO-5 (in the Draft EIR, beginning on pages 4.6-41 and 4.6-89, respectively) address noise and groundborne vibrations that would be caused by construction. The evaluation of air quality impacts (Impact AQ-1) concludes that implementation of all feasible

construction dust control measures would reduce impacts related to construction fugitive dust emissions to less-than-significant levels. Therefore, the proposed LRDP would not create adverse health effects related to fugitive dust emissions, and no reason exists that windows could not be left open; however, individual residents might want to keep their windows closed to reduce perceived noise, exhaust, and dirt. For a discussion of potential construction-related concerns about health risks from equipment exhaust at Cathedral Hill Campus under the LRDP, please see Responses AQ-9 (page C&R 3.9-17) and AQ-10 (page C&R 3.9-20).

Furthermore, the significance conclusions for the proposed Cathedral Hill Campus and all existing CPMC campuses were based on guidance and significance thresholds developed by the applicable air quality management district (i.e., the BAAQMD). As discussed in the Draft EIR, the 1999 and 2010 BAAQMD CEQA Guidelines recommend that all projects implement a minimum level of fugitive dust mitigation to reduce impacts to less-than-significant levels. The Draft EIR prescribes Mitigation Measure M-AQ-N1a (in the Draft EIR, beginning on page 4.7-31) to reduce impacts related to Cathedral Hill Campus construction-related fugitive dust emissions to less-than-significant levels, which would fulfill the requirements of the 1999 and 2010 BAAQMD CEQA Guidelines. Therefore, pursuant to the BAAQMD guidance, Impact AQ-1 and AQ-8 would be considered less-than-significant impacts.

Mitigation Measures M-AQ-N1a, M-AQ-N1b, and M-AQ-N2 (in the Draft EIR, beginning on page 4.7-35) would reduce on-site construction-related air quality impacts to receptors adjacent to the proposed Cathedral Hill Campus as well as receptors in proximity of LRDP development sites. Measures contained within Mitigation Measure M-AQ-N1a would require best management practices (BMPs) for actions occurring on these development sites as well as transport of soil materials to off-site locations. Mitigation of fugitive dust and exhaust emissions on Cathedral Hill development sites would reduce the amount of air pollutant emissions dissipating from these development sites that could affect nearby receptors. Therefore, the on-site mitigation measures also would reduce construction air quality impacts on residents and businesses located in immediate proximity to Cathedral Hill construction sites under the LRDP.

With respect to the potential for the accumulation of off-site debris, as discussed under Impact UT-6 in the Draft EIR, page 4.12-37, solid waste, such as wood, scrap metal, or plasterboard that would be generated at the CPMC campuses during LRDP-related demolition of existing structures on site and the construction of new structures would be transported off-site and delivered to a registered construction recycling facility. Trucks carrying this type of debris would have their loads covered or tied down to prevent spillage onto streets surrounding LRDP development sites. Furthermore, as noted in the Draft EIR, pages 4.7-31 and 4.7-32, surrounding streets would be maintained regularly as part of Mitigation Measure M-AQ-N1a to ensure that debris, fugitive dust, or other loose material from construction activities associated with the proposed LRDP would not accumulate on local roadways.

In addition, Mitigation Measure M-HY-N3 (in the Draft EIR, beginning on page 4.15-36) would require CPMC to submit a storm water pollution prevention plan (SWPPP) for each LRDP construction site before initiating construction activities. The SWPPPs would employ best management practices (BMPs) to minimize erosion and discharge of sediment from LRDP construction sites. Vehicle and equipment washing would take place on the construction sites, and tracking controls would be used to stabilize the LRDP construction site entrances to prevent tracking of sediment onto public roads by construction vehicles. Therefore, the potential for accumulated debris and fugitive dust to occur near each proposed construction site under the LRDP would be minimal with implementation of the mitigation measures listed in the Draft EIR.

In addition, the project sponsor has committed to implementing the BAAQMD's Basic and Optional Dust Control Measures from the 1999 CEQA Guidelines and the BAAQMD's 2010 Basic Construction Mitigation Measures, which would be provided by Mitigation Measures M-AQ-N8a and M-AQ-N8b in the Draft EIR, page 4.7-60. As discussed in Impact AQ-1 and Impact AQ-6 (in the Draft EIR, beginning

on page 4.7-53), construction activities would be intermittent, temporary, and short-term in nature. Therefore, it is unlikely that a constant plume of exhaust emissions and fugitive dust would be generated from Cathedral Hill development sites throughout the entire Cathedral Hill Campus construction period. Rather, construction emissions would occur incrementally throughout the construction period and would cease following buildout of the Cathedral Hill Campus. The incremental generation of emissions would allow emissions to be diluted and transported with varying wind directions and speeds. The nature of construction emissions (i.e., intermittent, varying locations on Cathedral Hill development sites, at various intensities) would also cause them to occur such that a single source in proximity to Cathedral Hill development would not be exposed to 100 percent of all emissions.

The comments also state concerns regarding potential construction noise impacts on local receptors that open their windows. Please see Response NO-10 on page C&R 3.8-15 for a discussion of how the construction of the proposed Cathedral Hill Campus would not exceed San Francisco Noise Control Ordinance standards. In addition, the comments state that additional traffic congestion that would occur in the vicinity of the proposed Cathedral Hill Campus could impact local receptors. Please see Response TR-31 on page C&R 3.7-53 for a discussion of potential traffic congestion in the vicinity of the proposed Cathedral Hill Campus.

Comment

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-13 AQ, duplicate comment was provided in 114-13 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]"

Response AQ-7

The comment states that 1033-37 Polk Street will be coated with construction dirt and dust, which would damage the finishes of the existing structure and hasten the durable life of the building and its components. As is described in detail in Response AQ-4 (page C&R 3.9-3), implementation of Mitigation Measure M-AQ-N1a (in the Draft EIR, beginning on page 4.7-31) would reduce construction-related fugitive dust to a less-than-significant level through the implementation of an array of measures to control construction-generated particulate matter. These measures would prevent dust that could result from construction of the proposed Cathedral Hill MOB from affecting buildings in the vicinity. Because the effects would be less-than-significant, no evidence is shown in the record to substantiate that adverse fugitive dust effects would occur to nearby buildings and their building systems, such as HVAC.

The durable life of a building is a social and economic issue. Under CEQA, social and economic effects are evaluated only insofar as they provide a linkage between the proposed project and significant adverse environmental effects or are used to measure the significance of an adverse physical effect. No evidence is shown in the record to support the assertion that construction dust and other emissions would lead to short- or long-term business disruption, vacancies, or building abandonment. As such, the concern about the durable life of buildings is a purely social and economic matter and not subject to analysis under CEQA. Please also see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate considerations of social and economic impacts under CEQA, and Response PH-14 (page C&R 3.5-53) in regards to business displacement and commercial impacts.

3.9.1.2 CONSTRUCTION-RELATED TOXIC AIR CONTAMINANTS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-84 AQ, duplicate comment was provided in 30-84 AQ]

"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 [sic] 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 [sic] 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 [sic] Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.'"

(Nihonmachi Terrace, October 18, 2010) [75-2 AQ]

"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.

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."

(Sheila Mahoney and James Frame, October 19, 2010) [88-5 AQ]

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

(Gloria Smith—California Nurses Association, October 19, 2010) [90-78 AQ]

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

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. 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 emission 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]

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]

[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 Reason 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-79 AQ]

"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 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.[48]

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 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.

[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 N-AQ-N2 and M-AQ-N9.

[48] Draft EIR at pages 4.7-36 – 4.7-37."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-80 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 emission 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]

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.

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

(Gloria Smith—California Nurses Association, October 19, 2010) [91-3 AQ]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-53 AQ]

"**VII. The Draft EIR Fails Adequately Mitigate Significant Health Risks Associated with Toxic Air Contaminant Emissions from Diesel-Powered Construction Equipment**

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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-54 AQ]

"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]

[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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-55 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 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 oId.[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 wellbeing 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]

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]

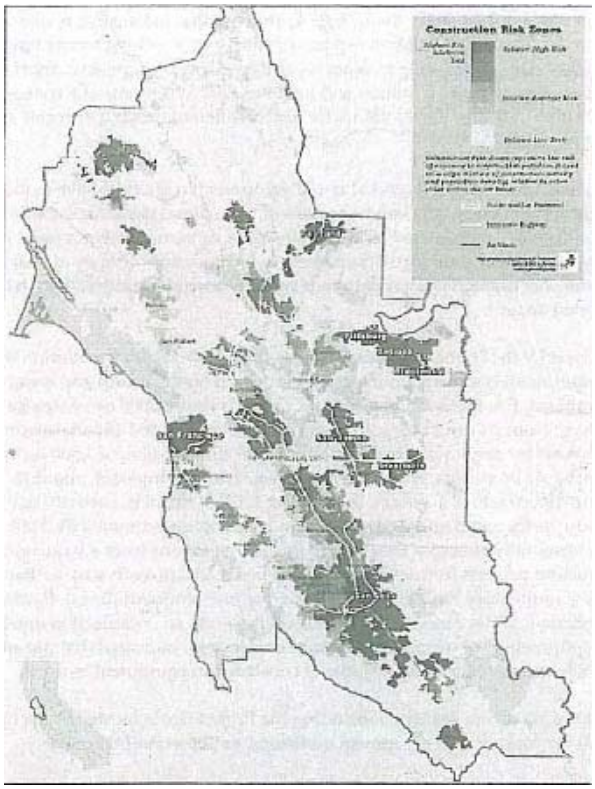


Figure 7: Construction Pollution Health Risk in the San Francisco Bay Area Air Basin

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.

[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-rrouble.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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-56 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 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-AQ10c, 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]

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:

► 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]

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.

[67] Draft EIR, Table 4.7-14, p. 4.7-67 (the table fails to include 'per million'), and Memorandum from Sharon Libicki, Elizabeth Miesner, Michael Keinath, and Jennie Louie, ENVIRON, to Vahram Massehian, Sutter Health, Re: CPMC Construction Health Risk Analysis, July 2, 2010; provided as administrative record PDF file '33 08010089.AQ.ENVIRON.2010.'
[68] Draft EIR, pp. 4.7-36 - 4.7-37.
[69] Draft EIR, p. 4.7-36.
[70] Bay Area Air Quality Management District, California Environmental Quality Act, Air Quality Guidelines, June 2010, Table B-3, p. B-5."

(Jean Roggenkamp—Bay Area Air Quality Management District, October 20, 2010) [109-3 AQ, duplicate comment was provided in 112-3 AQ]

"*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)

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."

(Jean Roggenkamp—Bay Area Air Quality Management District, October 20, 2010) [109-4 AQ, duplicate comment was provided in 112-4 AQ]

"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."

Response AQ-8

Several comments above express concern about the production of diesel particulate matter (DPM) from construction activities on proposed LRDP development sites at various CPMC campuses. They suggest several additional mitigation measures should be included in the Draft EIR.

The BAAQMD's guidance on construction mitigation measures has been continually evolving over the past year (2010-2011). In the BAAQMD CEQA Guidelines that were adopted on June 2, 2010, the BAAQMD presented a tiered mitigation approach, starting with 45 percent control on DPM and ending with the requirement of best available control technology (BACT) for all sources. However, no guidance was provided on how to calculate the emissions baseline to allow the quantification of the 45 percent reduction, and no description of BACT was provided. In their comment letter received October 20, 2010 (Letter 109), the BAAQMD requested the following, different set of mitigation measures specific to the proposed LRDP:

- Tier 4 or equivalent equipment for all uses where such equipment is available;
- replacement of diesel generator power by power from the electricity grid or by solar power generation (When neither of these options was available, BAAQMD requested the cleanest diesel generators and control technology available); and
- restriction for on-road haul trucks utilized during construction to model year 2007 engines, equipped with diesel particulate filters (DPFs) or newer engines.

Based on the BAAQMD's evolving guidance, BAAQMD comment letter, and other comments, CPMC's construction partners re-evaluated the construction equipment assumptions for the proposed LRDP at the existing campuses at St. Luke's, Davies, and Pacific, and at the proposed Cathedral Hill Campus site where construction would take place, to determine whether assumptions regarding equipment usage could be refined to reduce emissions. This re-evaluation, which included a detailed assessment of the type, horsepower, quantity, fuel, use schedule, and hours of operation for each type of equipment, led to a number of refinements to the construction plan and reduced the emission estimates for DPM, the major contributing factor to public health risk at construction sites. These refinements include: (1) electrification of certain types of equipment; (2) greater usage of propane-fueled equipment instead of diesel-fueled models; and (3) reduction in estimated operating hours for certain equipment, based on a detailed review of planned construction operations. Additional factors that substantially refined the construction emissions estimate, as well as the potential risk effects associated with implementing the proposed mitigation measures are discussed in Response AQ-10 (page C&R 3.9-20). It should be noted that construction at any particular campus would be less than 20 years in duration.

The feasibility of the latest BAAQMD mitigation request was evaluated. The evaluation included analysis of 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. Furthermore, the requested mitigation has been added to Mitigation Measure M-AQ-N2 to provide additional clarification regarding the timing/use of accelerated emission control devices on LRDP-related construction equipment. As shown in Chapter 4 of this C&R document (page C&R 4-17), Mitigation Measure M-AQ-N2 has amended to include a second, third, and fourth bullet as follows:

- <u>Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&E. Where sufficient</u>

electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used.

- During any construction phase for near-term projects, at least half of each of the following equipment types shall be equipped with Level 3-verified diesel emission controls (VDECs): backhoes, concrete boom pumps, concrete trailer pumps, concrete placing booms, dozers, excavators, shoring drill rigs, soil mix drill rigs, and soldier pile rigs. If only one unit of the above equipment types is required, that unit shall have Level 3 VDECs retrofits.
- For long-term projects, which are presumed to begin when Tier 4 equipment would be widely available, all diesel equipment of all types shall meet Tier 4 standards.

It should be noted that this clarification of the Draft EIR's mitigation is consistent with the mitigation requested in Comment 91-56 above. Please see Appendix C of this document for an amended construction analysis that identifies the criteria pollutant emissions inventory as a result of implementation of the revised mitigation plan for the CPMC LRDP.

Explanation for Revised Mitigation Measure:

Diesel Generators

Most electricity needs would be met with temporary grid power from PG&E, avoiding the need for powered generators. Where sufficient electricity to meet short-term power needs for specialized equipment would not be available from the grid, temporary diesel generators that could meet Tier 3 (with VDECs) or Tier 4 requirements would be used. The use of solar powered generation would not be feasible for applications that would require reliable, uninterrupted power supply at the scale required for construction of the proposed LRDP.[1]

Off-Road Diesel Construction Equipment

After consultation with CPMC's construction partners, the following equipment types are considered the most suitable for retrofits, based on their operating modes and on the DPM emission reductions that would result from their use:

- Excavators
- Backhoes
- Dozers
- Concrete boom pumps
- Concrete trailer pumps
- Concrete placing boom
- Soil mix drill rigs
- Soldier pile rigs
- Shoring drill rigs

For near-term construction projects at various CPMC campuses under the LRDP, typically no more than one unit from each equipment group listed would be scheduled for use during a given construction phase. Under these circumstances, those individual units would be retrofitted to meet emission standards for

[1] Solar panels typically supply 150 watts of electricity. Some construction equipment power requirements are in excess of 400 horsepower, which converts to 300 kilowatts. Accordingly, over 2,000 panels would be required to supply electricity. The panels are approximately 1 square meter in size. Such an installation would require 2,000 square meters of horizontal space, or an area of 44 meters squared. In addition, the energy supply would only be possible during peak solar periods. Typical energy supply would be lower, necessitating even large solar arrays. Furthermore, in winter when solar insulation would be low, the power supply would be unreliable and, therefore, infeasible.

Tier 2 plus California Air Resources Board-certified Level 3 verified diesel emission controls (VDECs), which would reduce DPM emissions by a minimum of 85 percent. When multiple units of a given equipment type would be required, at least half of the equipment from each group listed above would be retrofitted. This stipulation would be intended to give the construction managers some flexibility in the event that the control devices malfunctioned and needed to be replaced, or that controlled equipment was difficult to find. These measures would effectively control approximately 75 percent of these types of equipment for all near-term projects. Refer to Response AQ-10 (page C&R 3.9-20) for further clarification.

For long-term projects, which are presumed to begin during a time period when Tier 4 equipment would be widely available, all diesel equipment of all types would meet Tier 4 standards.

As the BAAQMD acknowledges in its comment letter (Comment 109-3), uncertainty exists about when specific types of equipment equipped with Tier 4 and interim Tier 4 engines would be available. For mitigation during near-term projects, because of the uncertainty surrounding availability, it would not be feasible to require Tier 4 equipment. A realistic alternative would be for contractors to retrofit a portion of their existing fleet with Level 3 VDECs, which would reduce particulate matter (PM) emissions from retrofitted units by at least 85 percent.

The availability and suitability of Level 3 VDECs for off-road construction equipment would vary by equipment type and engine size. Their effectiveness also would be dependent on the operational characteristics of a given equipment type. Diesel particulate filters (DPFs) are the most common type of VDEC. Active and passive DPFs allow the gaseous component of the exhaust to pass through while the solid DPM particles are trapped on the walls. Both require high temperatures to regenerate the filter by oxidizing the material collected on the filter walls. DPFs cannot be used on all engines. The exhaust temperature is a significant factor in determining whether and what type of DPF can be used on a specific vehicle or type of equipment.[2] An active DPF differs from a passive device in that it can raise the temperature of the exhaust stream. Although active DPFs are technically more reliable for off-road equipment applications, they require periodic off-line maintenance to remove the non-combustible components collected as ash on the filter.

On-road Trucks

Diesel emissions from on-road hauling trucks would be equivalent to the emissions performance of model year 2007 vehicles or later.

The revised construction emissions and risk analysis described in Response AQ-9 (page C&R 3.9-20) found that on-road haul trucks would contribute from one-quarter to one-half of DPM emissions relative to off-road equipment. However, most of the emissions associated with on-road trucks would be emitted distant from LRDP construction sites and would be highly dispersed among the travel routes to the LRDP construction sites from trip origins around the Bay Area. These emissions would not add appreciably to public health risks at or near the LRDP construction sites. Accordingly, more stringent controls on these engines would do little to reduce air-related construction public health risks at or near the construction sites. As stated previously, Appendix C of this document includes an amended construction analysis that identifies the resultant criteria pollutant emissions inventory as a result of implementation of the revised mitigation plan for the CPMC LRDP. Therefore, as noted above and quantified in Appendix C, the proposed LRDP would incorporate all feasible mitigation to reduce potential impacts related to the LRDP's construction emissions, including DPM. However, consistent with the conclusion in the Draft EIR, even with the implementation of all feasible mitigation, this impact would remain significant and unavoidable.

[2] United States Environmental Protection Agency. Tips for a Successful Diesel Retrofit Project. Updated on January 15, 2010. Accessed December 6, 2010. http://www.epa.gov/otaq/diesel/retrofit-tips.htm

Please also see Responses AQ-10 (page C&R 3.9-26) and AQ-11 (page C&R 3.9-27) for information regarding potential operational emissions impacts.

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-85 AQ, duplicate comment was provided in 30-85 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-88 AQ, duplicate comment was provided in 30-88 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."

Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-142 AQ, duplicate comment was provided in 30-142 AQ]

"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."

Response AQ-9

Several comments express concern about the emission of toxic air contaminants (TACs), raise questions about the criteria used to determine significance of the effects, and question the adequacy of the mitigation measures presented in the Draft EIR.

The assessment of the cancer risk from emitted TACs that is included in the Draft EIR was based on the best available methodology at the time the analysis was conducted and the Draft EIR was prepared. In particular, the calculations presented in the Draft EIR were based on the construction mitigation plan initially proposed by CPMC, and were assessed during a period when no specific guidance regarding construction health risk methodology was available from the BAAQMD.

Subsequent to publication of the Draft EIR, construction health risk impacts were re-evaluated for multiple reasons: (1) to refine the cancer risk estimates, based on revised equipment load factors from the California Air Resources Board (ARB); (2) to quantify the change in risk associated with the updated and refined construction plan and updated mitigation measures (as set forth in Response AQ-8 (page C&R 3.9-17) and on page 4-17 in Chapter 4, Text Revisions); and (3) to present acute, non-cancer hazard

estimates, based on an updated methodology approved by the BAAQMD immediately before the Draft EIR was released. The updating of the proposed mitigation measures is described as part of Response AQ-8 (page C&R 3.9-17).

More specifically, a refined analysis of construction TAC emissions and related health impacts was deemed necessary for several reasons, as summarized below:

- *Bay Area Air Quality Management District (BAAQMD) adoption of revised CEQA Guidelines.* In June 2010, the revised BAAQMD CEQA Guidelines were adopted, of which evolving 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/manuals were not available before the bulk of the previous construction analysis was conducted in early 2010. Therefore, the revised analysis reflects the guidance that was published in May and June 2010 to support the thresholds of significance approved by BAAQMD in June 2010, including the evaluation of certain mitigation measures and analysis of acute health impacts. As noted in Response AQ-23 (page C&R 3.9-64), the Draft EIR identified that, based on specific guidance from the BAAQMD, the 1999 BAAQMD significance criteria was used in the Draft EIR for the proposed LRDP. However, in the interests of full disclosure, the Draft EIR also included an analysis of the proposed LRDP's potential effects compared to updated June 2010 BAAQMD significance criteria. The analysis in the Draft EIR uses both the 1999 guidelines and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed Project.[3] Although BAAQMD adoption of the significance thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[4] The use of both the 1999 and the updated June 2010 BAAQMD CEQA Air Quality Guidelines in both the Draft EIR and the subsequent refined analysis of construction TAC emissions therefore continues to represent a conservative approach that provides full disclosure regarding the potential air quality impacts of the proposed LRDP.

- *Refinements to construction timeline and assumptions*. CPMC's construction partners re-evaluated the construction equipment assumptions at the existing campuses at St. Luke's, Davies, and Pacific, and at the proposed Cathedral Hill Campus site where construction would take place. This re-evaluation led to a number of refinements to the construction plan and reduced construction emission estimates. The refinements, as described in Response AQ-8 (page C&R 3.9-17), were based on a detailed review of construction operations, in consultation with CPMC's construction partners, and included (1) electrification of certain types of equipment; (2) greater usage of propane-fueled equipment; and (3) refinement in estimated operating hours for certain equipment.

- *Correction of California Air Resources Board (ARB) overestimates*. In September 2010, ARB announced that its recommended methods used to estimate the load factor for off-road equipment were incorrect and had led to an overestimate of emissions by a factor of at least 33 percent. ARB is currently revising its emissions model, OFFROAD, which has not yet been released. In the meantime, the City has received direction from ARB to reduce the load factors by a minimum of 33 percent to

[3] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

[4] Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Theresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx

correct this overestimate. Refer to Appendix C of this C&R document for a detailed description of the interim methodology that was used to calculate off-road equipment emissions.

- *Removal of emission factor adjustments associated with the ARB In-Use, Off-Road, Diesel Vehicle Rule*. Per ARB's February 2010 Regulatory Advisory (No. 10-414), ARB delayed the enforcement of this regulation. This was followed by ARB's decision on December 17, 2010, to delay compliance with this regulation to no earlier than 2014.[5] Because of uncertainty regarding the schedule for implementation, the effect of this regulation was not included in the revised emissions inventory.

- *Correction of air dispersion modeling and emissions estimation errors.* In reviewing the Draft EIR, the City's EIR team identified technical errors in certain calculations, including an error in the air dispersion modeling that under-predicted results, and one in the emissions estimation that double-counted certain pieces of equipment and, therefore, overestimated results. These errors have been corrected in this revised analysis, which is shown in Appendix C of this C&R document.

For the second part of this analysis, an additional health risk analysis was performed for the mitigated emissions scenario. The development of refined mitigation measures is described in detail in Response AQ-8 (page C&R 3.9-17). Mitigation Measure M-AQ-N2 (in the Draft EIR, beginning on page 4.7-35) has been amended to include additional clarification of on-site off-road diesel construction equipment as follows:

M-AQ-N2 Install Accelerated Emission Control Device on Construction Equipment.

To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the Cathedral Hill Campus and all other LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction:

- ~~Implement Accelerated Emission Control Device Installation on Construction Equipment. To minimize the potential impacts on residents living near the CPMC campuses from the construction activities in that area, CPMC shall make reasonable efforts to ensure that all construction equipment used at these campuses would use equipment that meets the EPA Tier 4 engine standards for PM and NO_x control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.~~

- Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 3 (with VDEC retrofits) or Tier 4 engines (or equivalent) shall be used.

- During any construction phase for near-term projects, at least half of each of the following equipment types shall be equipped with Level 3-verified diesel emission controls (VDECs): backhoes, concrete boom pumps, concrete trailer pumps, concrete placing booms, dozers, excavators, shoring drill rigs, soil mix drill rigs, and soldier pile rigs. If only one unit of the above equipment types is required, that unit shall have Level 3 VDECs retrofits.

[5] Air Resources Board. 2010. In-Use Off-Road Diesel Vehicle Regulation. Available: http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm. Accessed January 2, 2011

- For long-term projects, which are presumed to begin when Tier 4 equipment would be widely available, all diesel equipment of all types shall meet Tier 4 standards.

Mitigation Measure M-AQ-N2 in the LRDP Draft EIR has been amended as a staff-initiated Draft EIR text change to include the aforementioned bullets, as noted in Chapter 4, "Text Changes to the Draft EIR" of this C&R document. As part of this amendment, the first bullet of Mitigation Measure M-AQ-N2 has been removed to avoid redundancies as a result of the clarified measures listed above.

In addition to the revised cancer risk analysis, the $PM_{2.5}$ analysis was revised based on the changes in emissions estimates, and a calculation of non-cancer (acute and chronic) hazard indices was performed. These non-cancer hazard indicators were based on speciation profiles for organic gas components of diesel and propane fuel exhaust. The technical details of the refined analysis are part of the record and available for public review at the Planning Department, 1650 Mission Street, Suite 400, San Francisco, California 94103.

C&R Table 3.9-1 summarizes the refined construction analysis, including the risk analysis for mitigated emissions.

C&R Table 3.9-1
Summary of Construction Health Risk Analysis for the Proposed LRDP

Campus/ Proposed LRDP Projects	With Cancer Adjustment Factors (CRAFs)			(Unmitigated Emissions) Chronic Non-cancer Hazard Index (-)	(Unmitigated Emissions) Acute Non-cancer Hazard Index (-)	(Unmitigated Emissions) Annual Average Incremental PM2.5 Concentration (µg/m3)	Mitigated Annual Average Incremental $PM_{2.5}$ Concentration (µg/m^3)
	Draft EIR Risk Estimate	(Unmitigated Emissions) Estimated Excess Cancer Risk per Million—Child Exposure Parameters	Mitigated Estimated Excess Cancer Risk per Million—Child Exposure Parameters				
Cathedral Hill	111	129	63	0.1	0.6	0.6	0.3
Davies Neuroscience	20	13	7	0.02	0.1	0.1	0.08
Davies Castro MOB	7	31	6	0.04	0.5	0.2	0.05
Pacific	23	16	3	0.01	0.5	0.1	0.05
St. Luke's Hospital	29	48	25	0.04	0.6	0.2	0.1
St. Luke's MOB	13	25	3	0.02	0.2	0.1	0.01
BAAQMD CEQA Guidelines Threshold of Significance (June 2010)	10.0	10.0	10.0	1.0	1.0	0.3	0.3

Note: These risks include Cancer Risk Adjustment Factors (CRAFs) pursuant to the BAAQMD 2010 Guidelines and are compared against the results reported in Draft EIR Impact AQ-10.
Source: Environ. 2011 (March 7). Revisions to CPMC Construction Emissions and Health Risk Analysis.

In the Draft EIR, all proposed LRDP near-term and long-term projects were conservatively deemed significant with respect to cancer risk; these significance findings still apply to the unmitigated refined emission estimates. The unmitigated refined estimates for the proposed Davies Campus Neuroscience Institute and proposed long-term development at the Pacific Campus are lower than the Draft EIR estimates, while they are higher at the proposed Cathedral Hill Campus, Davies Castro Street/14th Street MOB (long term), St. Luke's Replacement Hospital, and St. Luke's MOB/Expansion Building. However, when the mitigation measures are factored into the analysis, the estimated cancer risks decrease by 40 percent to over 85 percent, compared to the cancer risks reflected in the Draft EIR (on page 4.7-67). In all cases, the cancer risk shown after mitigation is lower than the cancer risk reflected in the Draft EIR. As noted in Response AQ-8 (page C&R 3.9-17), there would be a greater level of mitigation for long-term projects because of the increased availability of lower-emitting Tier 4 construction equipment in later years. The risk estimates at four of the six sites of the CPMC LRDP development are below the significance threshold after mitigation. Cancer risks are estimated to continue to exceed the threshold at the proposed Cathedral Hill Campus and for the St. Luke's Replacement Hospital, although the estimated cancer risks and the exceedances of the threshold are smaller than indicated in the Draft EIR.

Consistent with the conclusions of the Draft EIR, the refined unmitigated chronic non-cancer indices are estimated to be below the significance thresholds for all near-term and long-term projects under the CPMC LRDP. In addition, consistent with the conclusions of the Draft EIR, the refined unmitigated $PM_{2.5}$ concentrations during construction would be below the significance threshold for all LRDP development projects except at the proposed Cathedral Hill Campus. Development at the proposed Cathedral Hill Campus site would emit $PM_{2.5}$ emissions at the BAAQMD threshold and is therefore conservatively considered to remain above the $PM_{2.5}$ threshold after construction mitigation measures are implemented. Acute non-cancer indices are estimated to be below the significance thresholds for all CPMC LRDP near-term and long-term projects with or without mitigation incorporated.

Several factors in this analysis contribute to overestimation of risk. Both the assumption that no reduction of particulate matter would occur as it transits from the outside air to the indoors environment, and the exposure assumption (the receptor always would be home, breathing outside air at the portion of the residence nearest to the construction) are very conservative and contribute to overestimates of risk. The use of screening meteorological data also contributes to overestimated risks. However, in large part due to these conservative assumptions, the analysis continues to consider the construction risk impacts significant and unavoidable at the proposed Cathedral Hill Campus, the same conclusion reached in the Draft EIR.

The revised analysis presented herein is intended to clarify and refine the analysis of air-borne health risks presented in the Draft EIR. For all CPMC campuses, after application of recommended mitigation measures, the impacts identified related to the LRDP document in the refined analysis are estimated to be equal to or less than those that were provided in the Draft EIR on page 4.7-67.

One comment asks whether on-site monitoring of emissions of diesel particulate matter (DPM) would be conducted. No monitoring for DPM would be conducted at CPMC LRDP construction sites because no known methods exist to effectively measure ambient air concentrations of DPM that is generated from a construction site. The reasons for this are (1) DPM is not a well-defined compound and cannot be distinguished by monitoring equipment from other forms of elemental carbon in the air, and (2) if it were possible to monitor DPM in the first place, it would be impossible to distinguish DPM that was emitted from the specific construction equipment at each proposed LRDP construction site from DPM that was already in the ambient air from other regional sources.

Although DPM is considered to be a TAC, it is not known to contaminate buildings or water. Therefore, no cleaning program for DPM is proposed.

3.9.1.3 OPERATIONAL EMISSIONS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-35 AQ, duplicate comment was provided in 30-35 AQ]

"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."

(Diane and Richard Wiersba, October 11, 2010) [49-5 AQ]

"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."

(Carol and Michael Stack, October 17, 2010) [62-2 AQ]

"It will also add to the overall level of pollution in this heavily-trafficked region."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-31 AQ]

"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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-48 AQ]

"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.*

[112] DEIR 4.7-75.
[113] Measured as 'Proportion of households living within 150 meters f streets with 0/2 ug/m3 or greater of PM2.5.' Sixty-eight percent of households live within potential traffic-related air quality hazard areas in San Francisco at-large. San Francisco Dep't of Public Health, *Proportion of household s living within potential traffic-related air quality hazard area*, Healthy Development Measurement Tool. http://thehdmt.org/indicators//view/40.
[114] DEIR 6-1 & 6-2."

(Nella Manuel, September 23, 2010) [PC-134 AQ]

"Many CPMC employees will be commuting to work at this hospital, causing more traffic and more pollution in my community."

(Robert Barham, September 23, 2010) [PC-153 AQ]

"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."

Response AQ-10

Several comments express concern regarding potential impacts associated with operational air emissions under the proposed LRDP. Implementation of the proposed LRDP would increase the daily vehicle trips generated from two of CPMC's existing campuses (i.e., Davies and St. Luke's), increase daily vehicle trips compared to existing on-site uses at the one proposed new Cathedral Hill Campus, and decrease the vehicle trips of one existing campus (i.e., Pacific). When considering the proposed LRDP's total impact, a net increase of vehicles traveling to and from the CPMC campuses would occur. The Draft EIR evaluated the net change in operational emissions generated by traffic at the Cathedral Hill, Davies, Pacific, and St. Luke's Campuses planned for development and change under the proposed LRDP. As described in Table 4.7-6 and Table 4.7-7 (in the Draft EIR, pages 4.7-39 and 4.7-40), despite the implementation of feasible transportation control measures noted in Response AQ-11 (page C&R 3.9-27), the proposed LRDP would cause an increase in mobile-source criteria, air pollutant emissions and would result in an increase in emissions that would exceed the 1999 and 2010 BAAQMD thresholds of significance for PM_{10}. The CPMC LRDP impact with respect to long-term operational emissions was determined to be significant and unavoidable.

The relevant localized air pollution impact caused by LRDP-related traffic congestion on local streets and intersections would be the creation of high levels of carbon monoxide (CO). As evaluated under Impact AQ-4 in the Draft EIR, page 4.7-42, the contribution of LRDP traffic to roadways under cumulative conditions would not cause an exceedance of California or national ambient CO air quality standards. A CO exceedance, or CO hotspot, typically occurs when a large volume of vehicles are idling at an intersection with stagnant (i.e., low wind speeds) meteorological conditions. Increased vehicle volumes or congestion could contribute to a potential CO hotspot. Impact AQ-4 analyzes the proposed LRDP's contribution to future cumulative traffic conditions and determined that CO exceedances related to the LRDP would not occur at any of the studied intersections.

More traffic also could cause increases in airborne concentrations of very small particles, as measured by particulate matter less than 2.5 micrometers in aerodynamic diameter ($PM_{2.5}$). Particulates of this size are of special concern because, as they are breathed in, they may become lodged in the lungs. The 1999 BAAQMD significance criteria did not include thresholds for $PM_{2.5}$, but such thresholds were included in the 2010 BAAQMD criteria. As described in Response AQ-23 (page C&R 3.9-64), although the BAAQMD's 1999 criteria were applied to the proposed LRDP, it was also evaluated under the 2010 criteria. Impact AQ-12 in the Draft EIR, page 4.7-73 includes an evaluation of the incremental increase in ambient $PM_{2.5}$ concentrations resulting from additional traffic associated with the proposed LRDP. As discussed under Impact AQ-12, the proposed near-term and long-term development projects under the CPMC LRDP would not contribute to vehicle volumes that would generate an increase in $PM_{2.5}$ concentrations above the BAAQMD's newly adopted 0.3 $\mu g/m^3$ $PM_{2.5}$ threshold, the "risk and hazards" threshold under the BAAQMD 2010 criteria now used to identify the public health effects associated with $PM_{2.5}$.

The analysis in the Draft EIR uses both the 1999 guidelines and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed Project.[6] Although BAAQMD adoption of the significance

[6] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[7] The use of both the 1999 and the updated June 2010 BAAQMD CEQA Air Quality Guidelines in both the Draft EIR and the subsequent refined analysis of TAC emissions therefore continues to represent a conservative approach that provides full disclosure regarding the potential air quality impacts of the proposed LRDP.

Finally, when considering the LRDP's cumulative mobile source impacts, as analyzed under Impact AQ-14 in the Draft EIR, page 4.7-80, the proposed LRDP's operational emissions of TACs (which includes consideration of $PM_{2.5}$) would not contribute to a cumulatively considerable impact on sensitive receptors. Therefore, as stated and analyzed in the Draft EIR on page 4.7-81, the increase in mobile source emissions generated by traffic increases caused by the proposed LRDP would be considered less than significant under existing State and national CO standards, the BAAQMD's newly adopted thresholds for roadway $PM_{2.5}$ concentrations, and significance criteria for cumulative roadway toxic air contaminants.

With respect to additional traffic volumes attributable to the proposed LRDP entering the Tenderloin, a supplemental analysis was prepared for intersections in the Tenderloin and Civic Center areas, as documented in the technical memorandum *Supplemental-Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA* (Fehr & Peers 2011), which is included as Appendix E of this C&R document. The purpose of this analysis was twofold: (1) to determine if implementation of the proposed CPMC LRDP at the Cathedral Hill Campus would result in any significant impacts to traffic, pedestrians, or bicycles in the Tenderloin/Little Saigon neighborhood that were not identified in the Draft EIR; and (2) to determine if an increase in the number of project-generated trips through the neighborhood would create additional impacts to traffic, pedestrians, or bicyclists. No additional impacts were identified, and the findings of the analysis are summarized in Response TR-124 (page C&R 3.7-207).

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-87 AQ, duplicate comment was provided in 30-87 AQ]

"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 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."

Response AQ-11

As described in Response AQ-20 (page C&R 3.9-48), PM_{10} is the only criteria air pollutant for which a calculated exceedance of the BAAQMD significance thresholds exists when operational emissions are

[7] Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Theresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx

summed over all four LRDP campuses (three existing and one proposed campus). If each campus were evaluated independently, only the proposed Cathedral Hill Campus would have PM_{10} emissions exceeding the BAAQMD significance thresholds. For the Pacific Campus, a net reduction in operational PM_{10} emissions would occur after implementation of the proposed LRDP.

It should be noted that the 19 tons per year (TPY) of PM_{10} emissions is attributed to mobile sources, which would extend away from the Cathedral Hill Campus development sites and not be localized at the proposed Cathedral Hill Campus. These traffic-generated fugitive dust emissions would be distributed through the City and the region, rather than be concentrated within a particular local area. For these reasons, although the overall operational PM_{10} emissions could contribute to violations of the PM_{10} ambient standards regionally, given San Francisco's meteorology and the dispersed nature of these traffic-generated emissions, the issuance of respirator masks to construction workers and air filters to adjacent structures would not be considered necessary and would not be included as mitigation for the proposed Cathedral Hill Campus.

A number of comments, in addition to comment 18-87, questioned the Draft EIR's conclusion that there were no feasible mitigation measures for the LRDP's traffic-generated impacts on congestion, mobile-source air pollutant emissions, and traffic-generated noise. These impacts would be generated by the number of vehicle trips that are projected to be created by the proposed LRDP at full operation in the future. Trip generation for the proposed LRDP is described on pages 4.5-73 through 4.5-77 of the Draft EIR. As is explained in the Draft EIR, the trip generation rates used to estimate total trip generation for the proposed LRDP were developed based on surveys of CPMC campuses, as well as other medical institutions in the Bay Area. CPMC already has an effective Transportation Demand Management (TDM) program in place for its employees, as well as shuttles that are also available to patients and visitors ."[8] The current TDM program is described on pages 4.5-74 and 4.5-75 of the Draft EIR. Since the trip generation used for the transportation analyses was based on CPMC travel surveys, the traffic analysis already assumes reduced level of private vehicle use by employees, patients and visitors. Based on the surveys, it was assumed that 50 percent of the employees and 30 percent of the patients would use public transit for their commute. The Draft EIR stated that "[t]he vehicle trip generation rates for CPMC are comparable and slightly higher than other San Francisco medical centers, but slightly lower than SANDAG and ITE sources.

With implementation of the proposed LRDP, CPMC has indicated its intention to expand the current TDM program with a staged set of new and increased measures that would be implemented as new CPMC facilities are brought on line. The expanded program is presented on pages 5-14 and 5-15 of the Draft EIR, and is further discussed below. Due to the types of services provided at a hospital and MOB (e.g., at Cathedral Hill), there is a limit to the number of patient and visitor trips that can be reduced. The Draft EIR recognizes that the TDM program would be expanded, but for purposes of the Draft EIR the analysis conservatively does not assume an increase in effectiveness of that program. Making this assumption presents a conservative assessment of the effects of the proposed LRDP on the transportation system, emissions of criteria pollutants and greenhouse gases, and traffic noise, and results in significant and unavoidable impacts.

The only feasible way to reduce the magnitude or avoid these LRDP effects is to reduce the number of vehicle trips generated by the proposed LRDP. In most of San Francisco, mitigation of congestion can only be achieved through elimination of vehicular trips on the city streets. Other strategies to relieve congestion through increased roadway capacity are typically not feasible in San Francisco, because the dense urban development of the City creates limitations on land availability for such capacity increases. Mitigation of air emissions can be achieved only through reduction in the number of trips, or through the generation of less pollution during vehicular operations. CPMC has agreed to convert its shuttle fleet to

[8] CPMC LRDP Draft EIR, page 4.5-74.

lower emissions from this particular mobile source (please see Response GH-1 [page C&R 3.10-3]). Reducing the emission production of the vehicular fleet used privately by CPMC employees, visitors and patients, however, is not a strategy that can be implemented by CPMC; it must be implemented by the federal and state governments through their establishment and implementation of vehicular emissions standards. The mitigation of traffic-generated noise can, likewise, only be mitigated through the reduction in vehicular trips.

The expanded TDM program is and would be an inherent part of the proposed LRDP and would be required as a condition of approval. Thus, the expanded TDM program is not identified as a separate mitigation measure in the Draft EIR.

The current and proposed future efforts to reduce single-occupant vehicle trip making associated with CPMC facilities are incorporated in the CPMC TDM Plan. The TDM program has established the following overall goals:[9]

- To reduce Single Occupant Vehicle (SOV) trips from the current baseline mode split;
- To promote the City of San Francisco's Transit First policy;
- To reduce long-term parking demand from the LRDP;
- To reduce vehicular-generated emission of criteria pollutants; and
- To reduce vehicular-generated greenhouse gas emissions.

CPMC's existing TDM program[10] includes the following components (see pages 4.5-74 and 4.5-75 of the Draft EIR):

- 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 percent 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, of which 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 that 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.

[9] Nelson/Nygaard Consulting Associates. CPMC TDM Plan. March 24, 2011. page 2.

[10] The various cost figures reflected in the existing TDM program represent current pricing and are subject to periodic adjustment based on market conditions.

- 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.

- On-site Transit Sales – The Davies Campus provides on-site transit sales.

- Shuttle Service – CPMC's free shuttle service typically operates from 5am until 9pm, depending on the route. Shuttle services are available to physicians and staff, and are occasionally used by patients and visitors. The shuttle serves the four existing campuses, as well as remote parking lots and BART stations.

The Construction Transportation Management Plan called for in Mitigation Measure MM-TR-55 would, among other steps, require CPMC to identify ways to reduce construction worker vehicle trips through TDM programs and methods to manage construction work parking demands (see Draft EIR pages 4.5-159 to 4.5-160).

As noted in several locations in the Draft EIR, beginning on page 4.5-98, and pages 5-14 to 5-15, CPMC has indicated that they are planning on expanding their current TDM program to discourage use of private automobiles. CPMC's proposed enhanced TDM program for the LRDP expands components that would be incrementally added over the coming years as new facilities come on line at CPMC campuses.[11] The expanded offerings in the TDM program are described below in terms of Near Term (0–2 years), Middle Term (2–5 years), and Long Term (5+ years).

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 would be posted on boards and periodically updated in each cafeteria.

  - **Enhance the TDM Site on Intranet** – CPMC would 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 would 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 would 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 would include representatives from local and regional transportation agencies, the Bicycle Coalition, 511.org, and carshare companies, and provide information about transit, ridesharing and bicycling.

[11] Nelson/Nygaard Consulting Associates. CPMC TDM Plan. March 24, 2011. pages 6-10.

- **Promote the Existing Free Ride Home Program**
- **Increase Marketing of the City of San Francisco's Emergency Ride Home Program**
- **Design an Outreach Program** – An outreach program would 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 would establish a fully funded budget for the TDM program and report the results on an annual basis to the City.

- *Parking Pricing* – CPMC would evaluate and may increase employee parking prices as necessary to achieve increased trip reductions.
- *TDM Coordinator* – CPMC would 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 program.
  - Track participation rates in TDM program components.
  - 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 would be monitored annually and increased as necessary.
- *Bicycle Parking* – The number and location of bicycle racks would be monitored annually and increased as necessary. Both secure long-term parking as well as short-term parking would be provided.
- *On-site Transit Pass Sales* – CPMC would provide on-site transit pass sales at all campuses.
- *Vanpool Program* – CPMC would reinstate their vanpool program which included a $2,500 subsidy per year.[12] CPMC would aggressively market the vanpool program to employees via the monthly newsletter, website, and other appropriate channels.

[12] The various cost figures reflected in the existing TDM program represent current pricing and are subject to periodic adjustment based on market conditions.

- *Rideshare Program* – CPMC would encourage employees to rideshare by promoting the 511.org rideshare service.

- *Free Ride Home Program* – CPMC would increase the boundaries of the program to cover major transit stops and also promote and market the Free Ride Home program.

- *Transportation Surveys* – CPMC would conduct an employee transportation survey at all campuses, which would be used to establish a more current baseline commute mode split. CPMC would achieve a minimum of 30% response rate at each campus. Furthermore, a patient/visitor transportation survey would be collected from at least 200 patients and visitors at each of the four main campuses (other than the California Campus) to establish a baseline visitor mode split. The commuter survey would be conducted annually, and the visitor survey would be conducted every three years.

- *Wayfinding and Signage* – CPMC would 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 Middle Term (2 to 5 years)

- *Shower Facilities* – Showers and changing facilities would be included in all new buildings and facilities for employees who bike or walk to work.

- *Marketing and Outreach* – CPMC would continue the TDM and Outreach program detailed above and would investigate and implement methods for improving marketing materials and outreach methods.

- *Real Time Transit Information* – CPMC would install real-time transit information signs in the lobbies of its existing facilities and would 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 would be monitored annually and increased as necessary. CPMC would install bicycle lockers in both new and existing parking garages.

- *Carsharing* – CPMC would allot additional parking spaces to carsharing services in both new and existing buildings based on demand.

- *Rideshare Program* – CPMC would create an internal rideshare program (e.g. RideSpring or a 511.org interface). CPMC would 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 would continue to provide reserved carpool and vanpool parking at all new parking facilities based on demand.

- *Transit Subsidy* – CPMC would 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 would continue to conduct an annual employee transportation survey which would be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs. CPMC would achieve at a minimum a thirty percent response rate. Each three years, a patient/visitor survey would also be conducted to track visitor mode split.

TDM Components in the Long Term (5+ years)

- *Real Time Transit Information* – CPMC would continue to install real-time transit information signs in the lobbies of all new facilities and would provide links to real time transit information on the intranet as well as the public website.

- *Carsharing* – CPMC would create a corporate carshare account that would enable employees to use carsharing services at reduced rates.

- *Parking Pricing* – CPMC would 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 would continue the TDM and Outreach program detailed above and would investigate and implement methods for improving marketing materials and outreach methods.

- *Transportation Surveys* – CPMC would continue to conduct an annual employee transportation survey which would be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs. CPMC would achieve at a minimum a thirty percent response rate. Each three years, a patient/visitor survey would also be conducted to track visitor mode split.

Shuttle Restructuring

CPMC operates a shuttle system that provides transport between the existing and proposed LRDP campuses, and between the campuses and local transit nodes. 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 would be served by two routes instead of one. These two lines would have very high frequencies at 6 and 3 minutes, respectively. The other routes would all have 30-minute frequencies. Second, the 24th Street BART station would 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 would also provide service south to the 4th and King Caltrain station. Fourth, the Van Ness Muni Metro would no longer be served as is currently done by the BV Line.

As discussed in the Draft EIR, Table 4.5-16 on page 4.5-86, it is estimated that the proposed shuttle system would quadruple the daily shuttle ridership compared to current service.

Effectiveness

The proposed additions to the CPMC TDM program would result in both reduced vehicle trips and parking demand as compared to the projected trip and parking generation that was calculated as part of LRDP in the Draft EIR (see pages 4.5-194 and 4.5-209). The estimated percentage reduction in peak hour vehicle trips and parking demand that would be achieved as a result of the proposed enhanced TDM program in the near, mid, and long term would range between approximately 15–20 percent. The greatest reductions would be seen at the Davies and Cathedral Hill Campuses.[13]

Feasibility

Under CEQA, an EIR must present feasible mitigation measures, where they exist, for all significant impacts. The State CEQA Guidelines explain that "[a]n EIR shall describe feasible measures which could minimize significant adverse impacts,…" (see section 15126.4(a)(1)). The term "feasible" is defined

[13] Nelson/Nygaard Consulting Associates, CPMC TDM Plan. March 24, 2011.

under CEQA as being "capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, legal, social, and technological factors" (see section 15364).

The CPMC TDM program has been compared to TDM plans for other major medical and other large employers in the central Bay Area. The components of the plan represent the upper end of measures taken by these employers, both in terms of the level of investment and the resulting level of non-single occupancy vehicle (SOV) mode use that could be expected. Further SOV trip reduction would be infeasible in light of the extremely high level of alternative mode use already inherent in trip making characteristics of commuters in San Francisco and the fact that CPMC's proposed expanded TDM program includes measures that go significantly beyond the TDM commitments that have been made by other similar medical institutions. The expanded TDM program, as described herein, therefore, represents the maximum feasible mitigation of traffic-generated environmental impacts; no further feasible mitigation is available to CPMC or the City of San Francisco. Because trip reduction is the only reasonably foreseeable measure to reduce traffic-generated environmental impacts, no further feasible mitigation is available to reduce or avoid significant impacts.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-60 AQ]

"**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 [sic] out. Consequently, the DEIR fails to require mitigation for those significant impacts it failed to identify."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-36 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.

[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.'"

(Gloria Smith—California Nurses Association, October 19, 2010) [91-37 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.

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

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."

Response AQ-12

The comment states that the Draft EIR did not evaluate potential operational air quality impacts associated with operation of the proposed near-term LRDP projects in 2015 and omitted disclosure of significant impacts by presenting analysis of such effects in 2030 in the Draft EIR.

The Draft EIR, as part of Impact AQ-3 beginning on page 4.7-38, acknowledges significant and unavoidable impacts with respect to near-term (2015) operational emissions associated with the proposed LRDP, although it does not provide the specific numeric values of emissions that would occur in 2015. This is partly because, as correctly noted by the comment, the majority of emissions associated with near-term operations would be associated with mobile source (vehicular) emissions. It also should be noted that quantified emission levels in 2015 were included as part of the administrative record supporting the analysis of the Draft EIR, and thus they are not considered new impacts needing to be discussed as part of the Draft EIR. See Response AQ-10 (page C&R 3.9-26) for a discussion of potential CO concentrations and impacts.

Contrary to the comment, all feasible mitigation was evaluated for near-term and long-term projects and has been incorporated into the proposed LRDP as part of the proposed expanded TDM program, described in the Draft EIR (pages 5-14 to 5-15) and further explained in this C&R document (see Response AQ-11, page C&R 3.9-27). CPMC already implements and would implement further improvements to its TDM program, which would serve to reduce Vehicle Miles Traveled (VMT) and thereby air quality emissions from vehicular sources by reducing the number of vehicle trips. No reliable methodology exists for quantifying the reduction in vehicle trips and corresponding reduction in air quality emissions that would result from implementation of the proposed enhancements to CPMC's TDM program. See Response AQ-11 (page C&R 3.9-27). The key elements of CPMC's existing TDM program are described on pages 4.5-74 to 4.5-75 in the Draft EIR. No other feasible measures have been identified that would serve to potentially reduce criteria pollutants associated with the significant and unavoidable impact with respect to near-term (2015) operational criteria air pollutants.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-66 AQ; duplicate comments were provided in 96-10, 110-10]

"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."

Response AQ-13

The comment states that vehicles travelling to and from CPMC facilities under the proposed LRDP would result in longer vehicle trips and greater air quality and GHG emissions than under existing conditions. Please refer to Response HC-7 to comments suggesting that the LRDP would result in increased or longer trips to and from other hospitals (page C&R 3.23-74). See also Response AQ-11 (page C&R 3.9-27) with regard to CPMC's proposed enhanced TDM program.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [91-31 AQ]

"**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 PM_{10} 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-32 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]

[27] Draft EIR, pp. 4.7-38 - 4.7-41."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-33 AQ]

"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.

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 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.

[28] Draft EIR, pp. 4.7-72 - 41.7-73."

Response AQ-14

Section 15126.2 of the CEQA Guidelines states that "[a]n EIR shall identify and focus on the significant effects of the proposed project." In the interest of providing succinct yet informative analyses of the potential air quality impacts of the proposed LRDP, detailed discussion of impacts was largely limited to those criteria pollutants that were projected to exceed the BAAQMD thresholds of significance. The Draft EIR (under Impacts AQ-3 and AQ-11, pages 4.7-38 and 4.7-72) summarizes the potential operational criteria air pollutant emissions of the proposed LRDP and compares those emissions to both the 1999 and 2010 BAAQMD significance criteria. However, as noted in Response AQ-20 (page C&R 3.9-48), Table 4.7-7 of the Draft EIR (page 4.7-40) mistakenly references the significance thresholds as the "2010 BAAQMD significance criterion" rather than the "1999 BAAQMD significance criterion." This typographical error has been corrected, as shown on page C&R 4-21 in Section 4.1.10 of Chapter 4 of this C&R document. Contrary to statements made in these comments, the Draft EIR evaluates the potential impacts of the proposed CPMC LRDP against BAAQMD's 2010 CEQA Guidelines, beginning on page 4.7-57 with a statement of the revised thresholds of significance and methodologies for determining air quality impacts and continuing with Impacts AQ-8 through AQ-14.

Table 4.7-7
Emissions of Criteria Air Pollutants and Precursors Attributable to Operation of Projects under the LRDP—Modeled Annual Net Changes from Existing Conditions

Source	Emissions (TPY)[a, b, c, e]			
	ROG	NO_X	PM_{10}	$PM_{2.5}$
2030 Conditions				
Cathedral Hill Campus				
Area sources	0.7	0.4	-0.02	-0.02
Mobile sources	3.6	4.2	19	3.6
Stationary sources	~~1.0~~1.1	~~2.60~~3.3	~~<0.001~~1.4	~~1.4~~0.05
Cathedral Hill Campus Total	**~~5.3~~5.4**	**~~7.2~~7.9**	**~~19~~20.4**	**~~5~~3.6**
Pacific Campus[d]				
Area sources	-0.08	-0.09	<0.001	<0.001
Mobile sources	-0.85	-1	-4.5	-0.85
Pacific Campus Total	**-0.9**	**-1.1**	**-4.5**	**-0.9**
Davies Campus				
Area sources	0.2	0.2	<0.001	<0.001
Mobile sources	0.5	0.5	2.4	0.5
Stationary sources	~~0.01~~0.02	~~0.03~~0.1	~~<0.001~~0.004	~~0.004~~0.001
Davies Campus Total	**0.7**	**~~0.7~~0.8**	**2.4**	**0.5**
St. Luke's Campus				
Area sources	0.07	0.23	<0.001	<0.001
Mobile sources	0.9	1	4.7	0.9
Stationary sources	~~0.003~~0.3	~~-0.2~~0.5	~~<0.001~~0.3	-0.005
St. Luke's Campus Total	**~~1~~1.2**	**~~1~~1.7**	**~~4.7~~5.0**	**0.9**
Total unmitigated emissions	**~~6~~6.4**	**~~8~~9.4**	**~~22~~23**	**~~5.5~~4.2**
~~Recently adopted~~ 1999 BAAQMD significance criterion	15	15	15	–

Notes: BAAQMD = Bay Area Air Quality Management District; NA = not applicable; NO_X = oxides of nitrogen; PM_{10} = respirable particulate matter with an aerodynamic diameter of 10 micrometers or less; $PM_{2.5}$ = fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less; ROG = reactive organic gases; TPY = tons per year.

[a] Area and mobile source missions modeled using the URBEMIS 2007 (Version 9.2.4) computer model, based on proposed land uses identified in Chapter 2, "Project Description," and trip generation rates obtained from the traffic analysis in Section 4.5, "Transportation and Circulation," of this EIR. Stationary source emissions

[b] Negative values indicate a net reduction in emissions compared to existing conditions.

[c] Totals may not add exactly because of rounding.

[d] No new stationary sources are planned for Pacific Campus.

[e] $PM_{2.5}$ emissions are compared against proposed significance thresholds under Impact AQ-11.

Source: Area and mobile source emissions modeled by AECOM in 2010; stationary source emissions modeled by ENVIRON 2009-~~10~~1. Information on these calculations is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E

The analysis in the Draft EIR uses both the 1999 guidelines and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed Project.[14] Although BAAQMD adoption of the significance thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[15] The use of both the 1999 and the updated June 2010 BAAQMD CEQA Air Quality Guidelines in both the Draft EIR and the subsequent refined analysis of TAC emissions therefore continues to represent a conservative approach that provides full disclosure regarding the potential air quality impacts of the proposed LRDP.

Furthermore, as noted in Response AQ-12 (page C&R 3.9-36), the majority of emissions associated with operation of the proposed LRDP would be mobile source (vehicular) emissions, and any reductions/mitigations that could be implemented as part of the proposed LRDP are already included aspart of the TDM program that CPMC has developed and included as a component to the proposed LRDP. Please also see Response AQ-11 (page C&R 3.9-27) for further discussion of the components of the TDM program.

Also see Response AQ-20 (page C&R 3.9-48) for a more complete discussion of the air quality impact conclusions in the Draft EIR, which includes tables that more clearly identify the proposed LRDP's emissions as they relate to the 1999 and 2010 BAAQMD significance criteria.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-34 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 7.7lb/day of PM10 emissions.

[29] Sec 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.)"

[14] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

[15] Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Theresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx.

Response AQ-15

The comment refers to the contribution of $PM_{2.5}$ emissions as a subset of PM_{10} emissions from stationary sources. The comment is correct that $PM_{2.5}$ emissions are a subset of PM_{10} emissions and that the Draft EIR understated stationary source PM_{10} emissions by not including an equivalent level of $PM_{2.5}$ to PM_{10} emissions. Table 4.7-6 and Table 4.7-7 in the Draft EIR, on pages 4.7-39 and 4.7-40, respectively, and the text description of data in those tables on pages 4.7-41 and 4.7-72 of the Draft EIR, have been revised as shown below and on pages C&R 4-19 to 4-22 to reflect the requested changes.

> The projected PM_{10} emissions listed in the first paragraph at the top of Draft EIR page 4.7-41 and in the second full paragraph on Draft EIR page 4.7-72 has been amended to state:
>
> …the net change in operational PM_{10} emissions from implementation of projects under the CPMC LRDP (~~119~~128 pounds/day, ~~22~~23 tons/year) would exceed BAAQMD's applicable daily and annual emission significance criteria….

The revisions to Tables 4.7-6 and 4.7-7 represent relatively small changes in the overall estimate of PM_{10} emissions. No change is necessary to the estimated emissions at the Pacific Campus, and the changes in total PM_{10} emissions at the Davies and St. Luke's Campuses are approximately 0.02 lbs/day and 1.7 lbs/day, respectively. The increase in PM_{10} at the proposed Cathedral Hill Campus would be approximately 7 lbs/day. These changes to the PM_{10} emissions estimates from stationary sources do not substantially increase the level of emissions that would occur or alter any significance determinations related to criteria air pollutant mass thresholds or risk thresholds. Please also see Response AQ-20 (page C&R 3.9-48) for a description of other changes to Draft EIR Tables 4.7-6 and 4.7-7 that have been incorporated as part of the text revisions shown on pages C&R 4-19 to 4-22.

Table 4.7-6
Emissions of Criteria Air Pollutants and Precursors Attributable to Operations under the LRDP—Modeled Daily Net Changes from Existing Conditions

Source	Emissions (lb/day)[a, b, c, e]			
	ROG	NO_X	PM_{10}	$PM_{2.5}$
2030 Conditions				
Cathedral Hill Campus				
Area sources	3.5	2.1	–	–
Mobile sources	18.4	20	104	20
Stationary sources	~~5.4~~6.0	~~13.6~~18	~~–~~7.5	~~7.7~~0.3
Cathedral Hill Campus Total	**~~27.3~~28**	**~~35.7~~40**	**~~104~~112**	**~~27.7~~20.3**
Pacific Campus[d]				
Area sources	-0.4	-0.5	–	–
Mobile sources	-4.4	-4.7	-24.7	-4.6
Pacific Campus Total	**-4.8**	**-5.2**	**-24.7**	**-4.6**
Davies Campus				
Area sources	1.3	1	0.02	0.02
Mobile sources	2.4	2.5	13.3	2.5
Stationary sources	~~0.01~~0.09	~~0.1~~0.6	~~–~~0.02	~~0.02~~0.01

Table 4.7-6
Emissions of Criteria Air Pollutants and Precursors Attributable to Operations under the LRDP—Modeled Daily Net Changes from Existing Conditions

Source	Emissions (lb/day)[a, b, c, e]			
	ROG	NO_X	PM_{10}	$PM_{2.5}$
Davies Campus Total	**~~3.7~~3.8**	**~~3.6~~4.1**	**13.3**	**2.5**
St. Luke's Campus				
Area sources	0.4	1.2	–	–
Mobile sources	4.6	4.9	26	5
Stationary sources	~~0.02~~1.4	~~1.2~~2.8	~~–~~1.7	~~0.02~~0.01
St. Luke's Campus Total	**~~5.0~~6.4**	**~~4.9~~8.9**	**~~26~~28**	**5**
Total Unmitigated Emissions	**~~31~~33**	**~~39~~48**	**~~126~~128**	**~~31~~23**
1999 BAAQMD significance criterion	80	80	80	–

Notes: BAAQMD = Bay Area Air Quality Management District; lb/day = pounds per day; NA = not applicable; NO_X = oxides of nitrogen; PM_{10} = respirable particulate matter with an aerodynamic diameter of 10 micrometers or less; $PM_{2.5}$ = fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less; ROG = reactive organic gases.

[a] Area and Mobile source emissions modeled using the URBEMIS 2007 (Version 9.2.4) computer model, based on proposed land uses identified in Chapter 2, "Project Description," and trip generation rates obtained from the traffic analysis in Section 4.5, "Transportation and Circulation," of this EIR.

[b] Negative values indicate a net reduction in emissions compared to existing conditions.

[c] Totals may not add exactly because of rounding.

[d] No new stationary sources are planned for Pacific Campus.

[e] $PM_{2.5}$ emissions are compared against proposed significance thresholds under Impact AQ-11.

Source: Area and mobile source emissions modeled by AECOM in 2010; stationary source emissions modeled by ENVIRON 2009–~~10~~1. Information on these calculations is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-35 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 4 ½ years. Construction of the St. Luke's MOB would be started when St. Luke's Hospital becomes operational and would last about 3 ½ 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 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.

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

Response AQ-16

The comment states that the Draft EIR did not provide analyses of LRDP near-term projects for the years 2015 and 2018 (although it provided analysis for 2030), and that the Draft EIR "fails to provide project-level review." The comment suggests that the determinative factor as to whether the impacts associated with a particular development project under the proposed LRDP have been analyzed at the project- or the program-level is the horizon year in which those impacts are analyzed.

The determining factor as to whether or not a particular development project under the proposed LRDP can be considered for project-level review is whether sufficient detail regarding the project was available at the time of preparation of the Draft EIR to have fully analyzed the potential environmental impacts of the project. According to Section 15161 of the State CEQA Guidelines, in a project EIR "[t]he EIR shall examine all phases of the project including planning, construction, and operation." Section 15146 of the State CEQA Guidelines further states that "[t]he degree of specificity required in an EIR will correspond to the degree of specificity involved in the underlying activity which is described in the EIR." For near-term projects under the LRDP, sufficient project information is available to accomplish an examination of all aspects of the proposed near-term projects; for long-term projects under the LRDP, such detailed analysis cannot be included in the EIR because the projects have not been sufficiently defined at this time.

Therefore, the determination as to whether a particular project was analyzed at the project-level or program-level is based on the level of detail of the analysis in the Draft EIR of that project's impacts, not on the year selected to analyze those impacts. For near-term projects under the proposed LRDP (all proposed development at the Cathedral Hill and St. Luke's Campuses, and the Neuroscience Institute building at the Davies Campus) sufficient detail was available for the Draft EIR to analyze impacts at the project-level, and these projects were evaluated under near-term (2015) conditions. This data was presented as part of the administrative record and made available for public review. The proposals for long-term projects (all proposed development at the Pacific Campus and the Castro Street/14th Street MOB at the Davies Campus) have not yet been designed to the same level of detail and, therefore, were analyzed at the program-level. In accordance with the timing requirements of SB 1953 and to establish consistency with the City's traffic model, 2030, not 2020, was determined to be the reasonably achievable buildout condition date for the proposed LRDP and the appropriate buildout condition date for long-term impact evaluation.

With respect to the comment's proposed evaluation of year 2018 operation of the proposed St. Luke's MOB, evaluation of the MOB under 2015 conditions, consistent with other near-term components under the proposed LRDP, represents a more conservative analysis by considering potential impacts for the entire St. Luke's Campus at one time and assesses a larger potential change associated with those impacts. For example, with respect to traffic and noise, the Draft EIR assesses the potential decrease in LOS and increase in ambient noise levels against 2015 conditions, which would reasonably be considered to be lower than 2018 conditions due to growth within the City and County of San Francisco. As a result, the proportional change in LOS and ambient noise levels resulting from development at the St. Luke's Campus would be greater in 2015 compared to 2018. Therefore, the analysis of the proposed St. Luke's MOB under 2015 conditions is considered adequate and appropriate for determining the potentially significant impacts of the proposed LRDP.

Comment

(Paulett Taggart—Paulett Taggart Architects, October 19, 2010) [106-1 AQ]

"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."

Response AQ-17

This comment states opposition to the proposed LRDP and reiterates that the LRDP would result in significant air quality impacts. The comment states that the proposed LRDP would result in significant wind and shadow impacts; however, as evaluated in Section 4.9, "Wind and Shadow" in the Draft EIR, wind and shadow impacts for all campuses would be less than significant. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.9.1.4 TOXIC AIR CONTAMINANTS

Comment

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-7 AQ]

"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."

Response AQ-18

The comment states concerns about potential toxic air contaminants (TACs) and suggests that reference to the Montessori School and the surrounding neighborhood residents to project sites should be included in the mitigation discussion in the Draft EIR.

The cited reference of CPMC's own patients as "sensitive receptors" on page 4.7-46 in the Draft EIR is in a section discussing the "Impact of Off-Site Sources on On-Site Receptors" with respect to TACs from roadway traffic. For the purposes of this portion of the assessment, the on-site patients would be the on-site sensitive receptors. The "Impact of On-Site Sources on Off-Site Receptors" with respect to operational TAC emissions from the proposed Cathedral Hill Campus is discussed on pages 4.7-43 through 4.7-46 in the Draft EIR. The Montessori House of Children at 1187 Franklin Avenue is one of the off-site sensitive receptors included in this assessment.

For all sensitive receptors, including the Montessori school and the surrounding neighborhood residents, the proposed LRDP was found to have a less-than-significant impact from operational TAC emissions. The Impact AQ-3 (Draft EIR, beginning on page 4.7-38) finding that proposed LRDP operations would exceed the BAAQMD CEQA significance thresholds for criteria pollutant mass emissions (as opposed to TACs) was a finding based on particulate matter (PM_{10}) emissions from project-related traffic increase. Please see Response AQ-20 (page C&R 3.9-48) for further discussion of this significant and unavoidable impact finding. As described therein, all feasible traffic mitigations, were incorporated in the project-related traffic projections analyzed in the Draft EIR, with the exception of CPMC's proposed enhanced TDM program, which was not incorporated into the Draft EIR traffic projections in order to produce a

conservative analysis. See Response AQ-11 (page C&R 3.9-27) for further discussion of the proposed enhanced TDM program.

Comments

(Lower Polk Neighbors, October 19, 2010) [103-18 AQ, duplicate comment was provided in 113-18 AQ]

"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."

(Lower Polk Neighbors, October 19, 2010) [103-19 AQ duplicate comment was provided in 113-19 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."

Response AQ-19

The comments state concerns regarding airborne and other TACs associated with operation of the proposed LRDP CPMC campuses that could affect nearby sensitive receptors. Impact AQ-5 in the Draft EIR, beginning on page 4.7-43, evaluates the potential for TACs that could reasonably be expected to result from operations on the proposed CPMC campuses to affect adjacent, off-site receptors. The Draft EIR analysis concludes that the proposed LRDP would not exceed the BAAQMD standards at any off-site receptors located near or adjacent to any of the existing or proposed CPMC campuses.

Furthermore, as noted in the Draft EIR, page 4.16-33, the management of medical wastes and other hazardous materials would continue to be regulated under a wide array of laws at federal, state, and local levels through programs administered by the U.S. Environmental Protection Agency (EPA), agencies within the California Environmental Protection Agency (Cal/EPA) such as the California Department of Toxic Substances Control (DTSC) and the San Francisco Bay Regional Water Quality Control Board (RWQCB), U.S. Department of Transportation (DOT), California Highway Patrol (CHP), U.S. Occupational Safety and Health Administration (OSHA) and California Occupational Safety and Health Administration (Cal/OSHA), and the San Francisco Department of Public Health (SFDPH). Existing and future operations at CPMC campuses would adhere to existing regulations and requirements regarding the storage, use, handling, and transport of medical wastes and other potentially hazardous materials. As stated under Impact HZ-2 in the Draft EIR, page 4.16-53, the proposed LRDP would not pose a substantial public health risk or safety hazard to the surrounding area, and all on-campus activities involving medical wastes and other potentially hazardous materials would be conducted in accordance with CPMC's approved hazardous waste and hazardous materials plan. The comments do not identify or mention any particular health studies or data from health studies related to the University of California, San Francisco (UCSF) or other medical facilities, and neither the Planning Department nor CPMC is aware of any studies showing that UCSF's campuses have a negative impact on the health of surrounding residences.

3.9.1.5 SIGNIFICANT AND UNAVOIDABLE IMPACTS/MITIGATION EVALUATION

Comments

(Donald Scherl, October 15, 2010) [74-29 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 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. 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-82 AQ]

"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.

[54] See Draft EIR, Table S-2, at pages S-65 and 4.7-41.
[55] Draft EIR at page 4.7-41."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-27 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-l1, 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-l1). 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.

[24] Criteria air pollutants include the six most common air pollutants in the U.S.: carbon monoxide *('CO'),* lead, nitrogen dioxide ('NOx'), ozone, particulate mailer ('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 lens 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-38 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 avoidable* 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.

[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."

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-5 AQ, duplicate comment was provided in 114-5 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 [sic] its options to mitigate potentially significant impacts."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-52 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 PM10, construction emissions of NOx, 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

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 NOx.[128]

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 NOx emissions.[132] NOx is a gas compound resulting from the combustion of fuels, and when exposed to sunlight, NOx 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.

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.*
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 DELR 4.7-39.
133 DEIR 4.7-4.
134 DEIR 4.7-5."

(Jean Roggenkamp—Bay Area Air Quality Management District, October 16, 2010) [109-1 AQ, duplicate comment was provided in letter 112- 1 AQ]

"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 14111 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."

(Jean Roggenkamp—Bay Area Air Quality Management District, October 20, 2010) [109-2 AQ, duplicate comment was provided in 112-2 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 nonattainment for state and federal ozone standards and fine particulate matter (PM2.5) standards, and for state PM_{10} 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 [sic] ambient air quality standards."

(Elaine Jones, September 23, 2010) [PC-28 AQ]

"And also, the health and safety of the senior citizens, it's just like you're telling them, 'Well, let's breath in all that bad air,' you know?"

Response AQ-20

These comments express concern regarding significant and unavoidable air quality effects of the LRDP, requesting clarification as to why the effects could not be avoided or reduced in magnitude through the adoption of mitigation measures, and as to the public health, including potential carcinogenic effects of significant and unavoidable air quality impacts for "criteria air pollutants" with applicable BAAQMD significance thresholds including reactive organic gases (ROG), nitrogen oxides (NO_X), particulate matter greater than 10 micrometers in aerodynamic diameter (PM_{10}), and particulate matter greater than 2.5 micrometers in aerodynamic diameter ($PM_{2.5}$).

The Draft EIR summarized the net change in operational emissions associated with four LRDP campuses (three existing and one proposed campus) under Impact AQ-3, in Table 4.7-6 and Table 4.7-7 (pages 4.7-39 and 4.7-40). Table 4.7-7 mistakenly references the significance thresholds as the "2010 BAAQMD significance criterion" rather than the "1999 BAAQMD significance criterion." This typographical error has been corrected, as shown on page C&R 4-21 in Section 4.1.10 of Chapter 4 of this C&R document. Thus, in Table 4.7-7, the last line before the footnotes is revised to read:

~~Recently adopted~~ 1999 BAAQMD significance criterion

The Draft EIR also summarizes total near-term LRDP project daily construction emissions under Impact AQ-9 in Table 4.7-12 (page 4.7-63) associated with three campuses, and long-term project daily construction emissions under Impact AQ-10 in Table 4.7-13 (page 4.7-66) associated with two campuses.

All of these impacts are discussed below, along with explanations of feasible mitigation measures that are proposed. In addition, the public health effects of residual significant and unavoidable effects, with a focus on the surrounding neighborhoods, are described.

Operational Emissions

Significance Findings. The Draft EIR presents a discussion of the mass emissions of criteria pollutants resulting from the operation of the proposed CPMC LRDP under Impact AQ-3 (pages 4.7-38 through 4.7-41). As shown on pages C&R 4-21 and 4-89 to 4-91, Tables 4.7-7, 4.7-8, 4.7-10, and 4.7-11 of the Draft EIR (on Draft EIR pages 4.7-39. 4.7-40. 4.7-46, 4.7-49, and 4.7-50, respectively), as well as the text descriptions of data within these tables on Draft EIR pages 4.7-41, 4.7-50, 4.7-72, 4.7-74, and 4.7-6, have been revised as staff-initiated text changes in response to changes in California Air Resources Board (ARB) regulations for stationary diesel emergency generators that have occurred since the publication of the Draft EIR. C&R Table 3.9-2 (below) summarizes the data from these revisions to the Draft EIR regarding the predicted net changes in operational emissions with full implementation of the proposed LRDP:

C&R Table 3.9-2
Summary of Net Operational Criteria Air Pollutant Emissions Changes

Emissions/Criteria	ROG		NOx		PM10		PM2.5	
	lb/day	ton/yr	lb/day	ton/yr	lb/day	ton/yr	lb/day	ton/yr
Total Net Emissions Change	33	6.4	48	9.4	128	23	23	4.2
1999 BAAQMD Significance Criteria	80	15	80	15	80	15	--	--
2010 BAAQMD Significance Criteria	54	10	54	10	82	15	54	10

Source: Data compiled by AECOM in 2011

As shown in C&R Table 3.9-2, the total increases in net emissions for ROG, NO_X, and $PM_{2.5}$, summed across the four proposed LRDP campuses (Cathedral Hill, Pacific, Davies, and St. Luke's), would be below the 1999 and 2010 BAAQMD significance criteria; thus, impacts for those pollutants would be less than significant. However, the total net PM_{10} emission increase would exceed both the 1999 and 2010 BAAQMD significance criteria. It should be noted that the emissions currently associated with the California Campus that would not occur with implementation of the proposed LRDP were not deducted from the criteria pollutant emissions calculations in order to present a more conservative analysis.

For PM_{10}, the 1999 daily threshold is slightly more stringent than the 2010 daily threshold, although the annual thresholds for both sets of criteria are the same. Because the more stringent 1999 PM_{10} significance criteria would be exceeded when operational emissions were summed over the four CPMC campuses, the impact of the proposed LRDP would be significant and unavoidable. PM_{10} mitigations proposed under the 1999 criteria would also apply under the 2010 criteria because the impact would be significant under either criterion (1999 and 2010 significance thresholds for PM_{10}). Additional discussion as to why both 1999 and 2010 BAAQMD significance criteria are included in the Draft EIR is provided in Response AQ-23 (page C&R 3.9-64). In summary, the 1999 significance criteria were the applicable criteria for PM_{10} emissions used in the Draft EIR, per the BAAQMD policy; however, the proposed LRDP was also evaluated under the 2010 criteria.

The analysis in the Draft EIR uses both the 1999 guidelines and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed Project.[16] Although BAAQMD adoption of the significance thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[17] The use of both the 1999 and the updated June 2010 BAAQMD CEQA Air Quality Guidelines in both the Draft EIR and the subsequent refined analysis of TAC emissions therefore continues to represent a conservative approach that provides full disclosure regarding the potential air quality impacts of the proposed LRDP.

As shown in the revised versions of Draft EIR Table 4.7-6 and Table 4.7-7 on pages C&R 4-19 to 4-22, PM_{10} emissions would have localized impacts if each campus was evaluated separately, as the BAAQMD policy would apply in the evaluation of individual stationary emission sources; only the proposed Cathedral Hill Campus would exceed either the 1999 or 2010 BAAQMD significance criteria for PM_{10} emissions. Calculations for the proposed Pacific Campus indicate that a net reduction in PM_{10} emissions would occur for that campus.

Mitigation Measures. The PM_{10} emissions associated with the future operation of all campuses would largely result from mobile source activity, primarily the operation of cars and trucks. In general, a reduction in operational emissions would involve a similar reduction in vehicular traffic attributed with a particular development. With respect to the proposed LRDP, estimated project traffic would be reduced as much as feasible by implementing the traffic reduction components of CPMC's TDM program. Moreover, CPMC has proposed enhancements to the TDM program which would further reduce estimated LRDP traffic. For purposes of the Draft EIR, estimates of proposed LRDP traffic conservatively assumed continued implementation of only the existing TDM measures. Refer to Response AQ-11 (page C&R 3.9-27) for further information regarding CPMC's proposed enhanced TDM program.

Further mitigation of particulate matter emissions would be dependent on the technological advancement of vehicular and light truck engines and fuels, which are regulated by the state and/or federal government. As such, improvements to the vehicle fleet and fuels would not be feasible to implement by CPMC as part of or as mitigation to the operational emissions of the proposed LRDP.

With respect to operational PM_{10} emissions associated with stationary sources under the proposed LRDP, stationary sources would comply with all BAAQMD and ARB regulatory requirements in effect at the time equipment is procured for each stationary source.

At the proposed Cathedral Hill Campus, the Draft EIR analysis of air quality impacts related to stationary sources was based on the assumption that the new emergency diesel generators at the proposed Cathedral Hill Hospital would comply with the interim Tier 4 engine standards, which were anticipated to be in effect at the time completion of construction.[18] This was because at the time the Draft EIR was being prepared, ARB had announced its intention to require Interim Tier 4 (Tier 4i) engine standards after January 1, 2011, and Tier 4 engine standards after January 1, 2015, for Stationary Diesel Emergency Standby Generators. This would have made California the only state that required such standards for this

[16] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

[17] Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Theresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx

[18] California Air Resources Board, Regulatory Advisory (Nov. 2010) re: Amendments to Requirements for Stationary Compression-Ignition (Diesel) Engines.

type of generators. All other states exempt stationary diesel emergency standby generators from the Tier 4i and Tier 4 engine standards.

Based on the assumption that Tier 4i and Tier 4 engine standards would be required by ARB, the project sponsor had proposed to use emergency diesel generators that met Tier 2 engine standards with the addition of EPOD Emission Control Devices which include Selective Catalytic Reduction (SCRs) and verified diesel emission controls (VDECs). More specifically, the VDECs proposed were Diesel Particulate Filters (DPFs). The manufacturer, however, indicated that their engines alone could not meet the Tier 4i/4 engine standards and that the application of SCRs in conjunction with VDECs to Tier 2 equipment would be the only available means of compliance with the pending Tier 4i/4 requirements.[19]

On October 21, 2010, ARB's Board of Directors voted to amend the Airborne Toxic Control Measures, which had established the requirement for stationary diesel emergency standby generators to meet Tier 4i emission standards beginning on January 1, 2011, and Tier 4 after January 1, 2015.[20] These amendments more closely aligned the California Standards with the rest of the country, meaning that Stationary Emergency Generators would remain at their current tiered engine standards (i.e., Tier 3 for engines up to 751 horsepower and Tier 2 for engines with greater horsepower).[21]

Subsequent to the preparation and publication of the Draft EIR, ARB indicated that SCRs do not work very well for emergency standby generator applications since the engine has to come up to temperature before activating the SCRs.[22] Since the majority of all the generator run time is for purposes of testing and maintenance and since the testing is limited to 30 minutes every two weeks, SCRs would not be very effective. (On the other hand, SCRs have been found to work very well in long-term or continuous periods of generator operation).

To comply with ARB requirements as proposed to be amended, as anticipated to be in effect at the time of equipment procurement, with respect to the emergency diesel generators at the proposed Cathedral Hill Hospital, Cathedral Hill MOB, and St. Luke's Replacement Hospital, the project sponsor proposes to install generators that would comply with Tier 2 engine standards. Additionally, CPMC has proposed that the diesel generators at the proposed Cathedral Hill Hospital, Cathedral Hill MOB, and St. Luke's Replacement Hospital would be equipped with Level 3 VDECs (specifically, DPFs). At the St. Luke's Replacement Hospital, the project sponsor's proposal, as analyzed in the Draft EIR, included two 1500 kilowatt (kW) generators. However, the project sponsor now proposes to instead install one 2000 kW generator at the St. Luke's Replacement Hospital.

The emergency diesel generators at the Davies Neurosciences Institute and St. Luke's MOB/Expansion Building would be below 750 horsepower and, therefore, the project sponsor would meet ARB requirements by installing generators that would comply with Tier 3 engine standards.[23] Additionally, CPMC has proposed that the diesel generators at the Davies Neurosciences Institute and St. Luke's MOB/Expansion Building would be equipped with Level 3 VDECs. ENVIRON has prepared a supplemental analysis regarding these changes to the proposed diesel generators, which is included as Appendix C of this C&R document. The supplemental analysis is reflected in the text revisions to Draft

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19 Telephone call from Michael Gill, Silverman & Light, Inc., to John Mills, Peterson Power Systems, Inc. (Apr. 29, 2011).

20 California Air Resources Board, Regulatory Advisory (Nov. 2010) re: Amendments to Requirements for Stationary Compression-Ignition (Diesel) Engines.

21 Cummins West, *Generator Emissions Tier Changes – Q&A* (Oct. 21, 2010 Update); California Air Resources Board, Regulatory Advisory (Nov. 2010) re: Amendments to Requirements for Stationary Compression-Ignition (Diesel) Engines.

22 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).

23 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.

EIR Tables 4.7-6 and 4.7-7 and the text descriptions of data within these tables on Draft EIR pages 4.7-41 and 4.7-72 which are shown on pages C&R 4-19 to 4-22. As shown on the revised versions of Tables 4.7-6 and 4.7-7 on pages C&R 4-19 to 4-22, the supplemental analysis demonstrates that operational impacts related to NOx, ROGs, $PM_{10,}$ and$PM_{2.5}$ would remain substantially the same as analyzed in the Draft EIR.

As a result, for the proposed CPMC LRDP, despite the implementation of all feasible mitigating strategies included as part of the CPMC TDM program and through compliance with the applicable regulatory requirements for stationary sources anticipated to be in effect at the time of equipment procurement, a significant and unavoidable impact would occur from operational PM_{10} emissions, as measured by the BAAQMD regional significance thresholds.

Public Health Impacts. A description of particulate matter and related public health effects is included on pages 4.7-6 and 4.7-7 in the Draft EIR.

For further clarification, particulate matter is the term used for a mixture of solid particles and liquid droplets found in the air. PM_{10} is composed of very small particulate matter,[24] but within this size range both coarse and fine particle size fractions exist. Coarse particles (larger than 2.5 micrometers but smaller than 10 micrometers) come from a variety of sources including windblown and tire-stirred dust, and grinding operations. Fine particles (less than 2.5 micrometers) often come from fuel combustion, power plants, and diesel buses and trucks.

In the urban environment of the proposed LRDP, the mitigation of the emission of coarse particles would involve the reduction of vehicular traffic and increased street sweeping. Estimated LRDP traffic has been reduced as much as feasible through the application of traffic reduction mitigation measures, such as Mitigation Measure TR-55 in the Draft EIR, page 4.5-159, which would include implementing a construction transportation management plan (TMP) at the proposed Cathedral Hill Campus, and other components of the proposed LRDP at existing CPMC campuses, such as CPMC's proposed enhancements to its existing TDM program. As noted above, CPMC has proposed enhancements to the TDM program, which would further reduce estimated project traffic. For purposes of the Draft EIR, estimates of the LRDP traffic conservatively assumed implementation of only the existing TDM measures. With respect to other measures that could reduce roadway particulate matter, increased street sweeping is not practicable, given the fiscal constraints that currently exist in the City of San Francisco and other jurisdictions throughout California.

The mitigation of fine particulate matter emissions would be dependent on the technological advancement of vehicular and light truck engines and fuels; as discussed above, none of these measures would be feasible to implement as part of the proposed CPMC LRDP.

The EPA and the California Air Resources Board (ARB) have established national and state ambient air quality standards for small particulate matter. To facilitate achievement of those standards, the BAAQMD has set significance criteria for use in CEQA documents. The intent of this regulatory structure is to reduce and ultimately eliminate the adverse public health effects of high levels of particulate pollutants. According to the EPA, the health effects of small particulate matter include respiratory-related hospital admissions and emergency room visits; aggravated asthma; acute respiratory symptoms, including aggravated coughing and difficult or painful breathing; chronic bronchitis; decreased lung function that can be experienced as shortness of breath; and work and school absences.[25] The EPA reports that particulate matter most commonly has adverse health effects for the elderly, individuals with preexisting heart or lung disease, children, asthmatics, and asthmatic children.

[24] PM_{10} is composed of particulate matter with aerodynamic diameters of 10 micrometers or less. A width of 10 micrometers is about 1/7th the diameter of a human hair.

[25] http://www.epa.gov/ttn/oarpg/naaqsfin/pmhealth.html, accessed January 11, 2011.

The San Francisco Bay Area Air Basin (SFBAAB) is currently in attainment of the national PM_{10} standard, but in nonattainment of the more-stringent California 24-hour and annual PM_{10} standards. PM_{10} emissions not only contribute to ambient concentrations in the vicinity of their emissions, but because PM_{10} is composed of very small particulate matter, in a well-ventilated area such as the City of San Francisco, prevailing winds transport PM_{10} downwind from local emission sources, thereby resulting in generally cleaner air in San Francisco than elsewhere in the SFBAAB. Exceedances of the California 24-hour PM_{10} standard in the SFBAAB tend to occur in the late fall and winter months, when the atmosphere tends to be more stable (i.e., less air pollutant dispersion potential) and wind speeds are lower on average than at other times during the year. On days when there are exceedances of the California 24-hour PM_{10} standard in the City of San Francisco, ambient PM_{10} concentrations in the City tend to be lower than PM_{10} concentrations elsewhere in the SFBAAB.[26]

Nonetheless, despite the implementation of CPMC's TDM program plus the proposed enhancements to that program and implementation of all feasible mitigations, a significant and unavoidable impact would occur from operational PM_{10} emissions attributable to the CPMC LRDP, as measured by the BAAQMD significance thresholds.

As explained in the above discussion of mitigation measures for operational impacts, ENVIRON has prepared a supplemental analysis regarding certain changes to the diesel generators for the Cathedral Hill, Davies, and St. Luke's Campuses in response to regulatory changes adopted by ARB since the publication of the Draft EIR. The supplemental analysis is included as Appendix C to this Comments and Responses document.[27]

As shown in the revised versions of Draft EIR Tables 4.7-8, 4.7-10, and 4.7-11, on pages C&R 4-89 to 4-91, and the text revisions to Draft EIR pages 4.7-74 and 4.7-76 on pages C&R 4-22 and 4-23, the revised data regarding $PM_{2.5}$ emissions provided in the supplemental analysis indicates that the risks associated with DPM emissions at the Cathedral Hill, Davies, and St. Luke's Campuses would remain below the significance threshold of 10 cancer cases per million for health risks associated with DPM emissions. Therefore, the supplemental analysis did not result in any change in the significance findings in the Draft EIR for impacts related to health risks from stationary sources.

Construction Emissions

Significance Findings. The Draft EIR addressed the construction emissions from the near-term and long-term projects separately.

Near-Term Construction Emissions

The Draft EIR estimated near-term emissions from LRDP construction at the proposed Cathedral Hill, Davies, and St. Luke's Campuses. The 1999 BAAQMD significance criteria did not include mass emissions thresholds for criteria air pollutants from construction, but relied on a project's ability to implement dust control measures for significance determinations. Mitigations were identified in the Draft EIR, as part of Mitigation Measure M-AQ-N1a, to adopt BAAQMD's best management practices (BMPs) for construction emissions. Under the 1999 criteria, as long as these BMPs are followed, a project's impact would be considered less than significant. However, to be fully informative, the total daily construction emissions reported in the Draft EIR for all three campuses (Cathedral Hill, St. Luke's, and Davies) were also compared against the 2010 BAAQMD significance criteria, which have mass emission thresholds for construction, as summarized in C&R Table 3.9-3.

[26] CARB, 2010, available: http://www.arb.ca.gov/adam/select8/sc8display.php, accessed September 8, 2011.

[27] The supplemental analysis also includes other minor corrections to the data provided in the Draft EIR regarding PM_{10} emissions, as explained above in Response AQ-16.

Total daily near-term LRDP construction emissions of ROG, PM_{10}, and $PM_{2.5}$, summed across the three campuses on which near-term construction would occur, would be less than the 2010 BAAQMD significance criteria. However, total construction emissions of NO_X would be greater than the 2010 BAAQMD significance criteria and, thus, the impact would be significant under the 2010 criteria.

C&R Table 3.9-3
Summary of Near–Term Project Construction Criteria Air Pollutant Emissions

Emissions/Criteria	ROG lb/day	NOX lb/day	PM10 lb/day	PM2.5 lb/day
Total Construction Emissions (as shown in the Draft EIR)	**47**	**324**	**17**	**17**
2010 BAAQMD Significance Criteria	54	54	82	54

Source: Data compiled by AECOM in 2011

CPMC has made project refinements to the estimated construction emissions of the LRDP by reconfirming construction equipment assumptions, re-evaluating feasibility construction mitigation (including Mitigation Measure TR-55, which has been amended as shown on page C&R 4-1), and developing additional construction mitigation details, described below and included in Responses AQ-9 and AQ-10 (pages C&R 3.9-17 and 3.9-20, respectively). As a result, the daily NO_x construction emissions estimate for near-term LRDP projects has been reduced from 324 lb/day (unmitigated) to 81 lb/day after accounting for mitigation measures and refinement of LRDP construction details. Notwithstanding the implementation of the Draft EIR mitigation measures, near-term construction emissions of NO_x would remain "significant and unavoidable" under the 2010 BAAQMD significance criteria.

Long-Term Project Construction Emissions

Long-term construction emissions were estimated for the proposed LRDP in the Draft EIR. The average daily construction emissions for the proposed LRDP are shown in C&R Table 3.9-4, compared with the 2010 BAAQMD significance criteria. The 1999 BAAQMD significance criteria did not include mass emissions thresholds for criteria air pollutants from construction, but relied on BMPs for significance determinations.

C&R Table 3.9-4
Summary of Long–Term Project Construction Criteria Air Pollutant Emissions

Emissions/Criteria	ROG lb/day	NOX lb/day	PM10 lb/day	PM2.5 lb/day
Net Emissions (as shown in the Draft EIR)	**19**	**102**	**4**	**4**
2010 BAAQMD Significance Criteria	54	54	82	54

Source: Data compiled by AECOM in 2011

With respect to long-term construction emissions, for ROG, PM_{10}, and $PM_{2.5}$, the total daily emissions under the proposed LRDP estimates summed across the Davies and Pacific Campuses would be substantially less than the 2010 BAAQMD significance criteria. For NO_X, total emissions for the Davies and Pacific Campuses would be greater than the 2010 BAAQMD significance criteria and thus, the impact would be significant under the 2010 criteria. The construction mitigation measures were since

refined after further review and assessment of feasible construction methods and are shown as staff-initiated text changes on pages 4-17 through 4-18 of this C&R document. As a result, the NO_X total construction emissions for the long-term projects under the proposed LRDP (at the Davies and Pacific Campuses) have been reduced from 102 lb/day (unmitigated) to 9 lb/day after accounting for refinement of mitigation measures and project construction data. As a result, under the refined and mitigated conditions, impacts related to long-term construction emissions of NO_X with LRDP development would be reduced from "significant and unavoidable" under the 2010 BAAQMD significance criteria to less than significant.

Mitigation. As discussed in Response AQ-8 (page C&R 3.9-17), CPMC has continued to coordinate with its construction partners since publication of the Draft EIR. As a result and as shown in Response AQ-8 (page C&R 3.9-17), a refined construction mitigation program has been developed to provide the feasible mitigation measures. This effort represents all feasible measures to reduce construction NO_X emissions from the proposed LRDP, consistent with current BAAQMD direction. Augmented construction mitigations are described in detail in Responses AQ-8 and AQ-9 (pages C&R 3.9-17 and 3.9-20, respectively), and would reduce long-term LRDP construction impacts from criteria air pollutants to less than significant, as noted above.

Public Health Effects. A discussion of nitrogen oxides (NO_x), including nitrogen dioxide (NO_2), and related public health effects is presented on page 4.7-7 in the Draft EIR. Furthermore, NO_X is a precursor pollutant that, along with ROG in the presence of sunlight, goes through atmospheric photochemical reactions to create ozone. Ozone and its related health effects are described on pages 4.7-4 and 4.7-5 in the Draft EIR. In summary, acute NO_2 exposures can cause difficulty in breathing, headache, and eye irritation; symptomatic NO_2 intoxication after acute exposure has been linked with such symptoms as chronic bronchitis and decreased lung function. High ozone levels, created during a photochemical reaction of NO_x and ROG combined with sunlight, are linked to symptoms such as throat dryness, chest tightness, headache, nausea, exacerbation of the symptoms of respiratory disease, and suppression of the immune system.

The San Francisco Bay Area has attained the national and state NO_2 standards for more than 20 years.[28] The NO_X significance thresholds in the 2010 BAAQMD criteria were based on NO_X as a precursor to ground-level ozone. Ozone concentrations in the SFBAAB are highest on days with high temperatures and stagnant meteorological conditions, typically found during the late spring through early fall months (i.e., the "ozone season"). These atmospheric photochemical reactions require reaction time to form ground-level ozone. Thus, NO_X emitted from sources in the City of San Francisco reacts with other NO_X and ROG emissions as it travels downwind during the ozone formation process. The overwhelming majority of exceedances of ozone standards within the SFBAAB occur at prevailing downwind locations from San Francisco, where temperatures also are typically higher during the ozone season, predominately in the Livermore area, but also in Santa Clara and southern Alameda Counties.[29]

In the City of San Francisco, since 1973 two exceedances of the currently revoked (in 2005) national 1-hour ozone standard[30] have been recorded, one in 1976 and one in 1983, and three recorded exceedances of the more-stringent state 1-hour ozone standard, one in 1983, one in 1984, and one in 2004. For comparison, the total number of exceedances of the former national 1-hour ozone standard anywhere within the SFBAAB in those same years (1976 and 1983) was 17 and 22, respectively. As for the more

[28] CARB, 2010, ARB Almanac 2009 – Chapter 4: Air Basin Trends and Forecasts – Critera Pollutants, p. 4-29, available: http://www.arb.ca.gov/aqd/almanac/almanac09/pdf/chap409.pdf, accessed January 11, 2011

[29] CARB, 2010, available: http://www.arb.ca.gov/adam/select8/sc8display.php, accessed September 8, 2011.

[30] As was described in the Draft EIR, the national 1-hour ozone standard was revoked 2005 and replaced with a national 8-hour ozone standard. In March 2008, the national 8-hour ozone standard was lowered to 0.0075 parts per million by volume (ppmv). The BAAQMD adopted a final Clean Air Plan on September 15, 2010, which included new control measures geared toward attainment of the revised 8-hour national ozone standard.

stringent state 1-hour ozone standard, the total number of exceedances anywhere in the SFBAAB was 35, 53, 55, and 7, respectively, for 1976, 1983, 1984, and 2004. The downward trend in these numbers reflects the overall improvement in ground-level ozone in the Bay Area over the past several decades. Peak ozone concentrations in the San Francisco Bay Area have decreased by about 18 percent over the past 20 years, despite the population increasing by 22 percent and vehicle miles travelled (VMT) increasing by 29 percent. [31]

Projected NO_x emissions associated with construction of the proposed LRDP are not expected to lead to localized exceedances of ozone standards in the neighborhoods surrounding the proposed CPMC campuses; however, because the summed NO_x emissions from all CPMC campuses would exceed the 2010 BAAQMD NO_x significance criterion, they would contribute regionally to ozone levels, and thus, impacts related to localized exceedances of ozone standards were identified as "significant and unavoidable" in the Draft EIR when compared with the BAAQMD 2010 regional significance criteria. Although the LRDP long-term project construction NO_x emissions could contribute to regional air quality impacts, construction emissions are accounted for in regional air quality planning. The current *Bay Area 2010 Clean Air Plan*[32] has taken construction activities into account in regional ozone photochemical modeling, along with other proposed control measures and higher future percentages of cleaner vehicles with vehicle fleet turnover, in developing an air basin strategy to achieve reasonable progress toward attainment of the new national 8-hour ozone standard.

As stated under Impact AQ-2 in the Draft EIR, page 4.7-34, LRDP construction activities also pose potential localized health impacts because of diesel particulate matter (DPM) exposure. DPM is a pollutant listed by ARB as a potential human carcinogen and is distinct from criteria pollutants. Responses AQ-9 and AQ-10 (pages C&R 3.9-17 and 3.9-20, respectively) discuss refinements to construction mitigation measures which would assist in lowering the potential community health risks of DPM.

3.9.1.6 TECHNICAL DATA/TERMINOLOGY

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-1 AQ]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-5 AQ]

"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

[31] CARB, 2010, ARB Almanac 2009 – Chapter 4: Air Basin Trends and Forecasts – Critera Pollutants, p. 4-21, available: http://www.arb.ca.gov/aqd/almanac/almanac09/pdf/chap409.pdf, accessed January 11, 2011.

[32] BAAQMD, 2010, available: http://www.baaqmd.gov/Divisions/Planning-and-Research/Plans/Clean-Air-Plans.aspx, accessed January 11, 2011.

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.

[3] Pub. Resources Code, §21 OSI (a); CEQA Guidelines, §15091(b)."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-6 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; h) 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.

[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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-7 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 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 91-7 AQ 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]

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.

[6] Email from the 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.
[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 21, 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."

Response AQ-21

These comments concern requests for certain supporting and background information related to the Draft EIR's analysis of air quality impacts of the LRDP, including numerous specific files and "[a]ll spreadsheets and modeling files supporting the emission estimates and conclusions in the Draft EIR 'Air Quality' section regarding construction and operational emissions and health risk assessment . . . in their native electronic format (e.g., Excel, URBEMIS, ISCST3, AERMOD, etc.) as non-protected files."[33] Over the course of the 90-day public review period for the Draft EIR, the Planning Department received various document requests. As noted in the Draft EIR throughout Chapter 4, "Environmental Setting, Impacts, and Mitigation," and on page 7-1 of Chapter 7, "References and Persons Consulted," reference and other documents, including technical reports that were prepared for the CPMC Long Range Development Plan or the Draft EIR, 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. The San Francisco Planning Department staff provided a memorandum to the Planning Commission at the Draft EIR public hearing on September 23, 2010, regarding the CNA's request for background data and what the City provided related to this request.

As discussed in detail below, the Planning Department complied with the commenters' air quality data requests and provided all of the data requested by the comments. With the exception of one set of files, all requested documents or files were provided in the requested format (e.g., Excel, URBEMIS, ISCST3, AERMOD, etc.).

Although not required to do so under CEQA, the Public Records Act (PRA), or any other law or regulation, the Planning Department obtained from the environmental subconsultant that conducted the air quality analysis all of the requested files in electronic (PDF) format, which was the electronic format in which the Planning Department received the files. In response to the comments' requests, the Planning Department also obtained from the environmental subconsultant and made available unprotected, native format versions of SCREEN3 and ISCST3 modeling files. Although it is the Planning Department's understanding that ENVIRON and other air quality experts do not normally make such files available to outside consultants as unprotected, native format files and they had not been submitted to the Planning Department in this format, the subconsultant, ENVIRON, agreed to the City's request to make them available.[34]

[33] E-mail correspondence from the Law Offices of Gloria D. Smith to Devyani Jain, City of San Francisco, Planning Department, regarding CPMC Hospital GP: request for documentation, July 21, 2010.
[34] E-mail correspondence from Devyani Jain, City of San Francisco, Planning Department, MEA, to Petra Pless, Pless Environmental, Inc., regarding CPMC EIR – Request for Information. October 6, 2010.

The only requested files that were not provided in unprotected, native format were certain Microsoft Excel spreadsheets (which were provided to the commenters as PDF files). The unprotected, native format Excel spreadsheets are exempt from disclosure because the unprotected, native format Excel spreadsheets are intrinsically linked to ENVIRON's proprietary data management system, and their release would jeopardize or compromise the integrity of the files and the proprietary software in which it is maintained. Public agencies are not required to release an electronic record in the electronic form in which it is held by the agency if its release *would jeopardize or compromise the security or integrity of the original record or of any proprietary software in which it is maintained*. (Government Code Section 6253.9[f]) Moreover, data which constitute trade secrets and which are used to calculate emission data are not public records.[35] ENVIRON has developed tools (i.e., database structures, programming code) within spreadsheet and database software to conduct air quality and greenhouse gas technical analyses. These tools were developed and incorporated into ENVIRON's executable electronic files and, thus, the native format electronic files are considered to be proprietary.

Therefore, even if the Planning Department had the requested Excel spreadsheet files in its possession as native format, unprotected files (which is not the case), the files would not be subject to disclosure because their release would jeopardize ENVIRON's proprietary software.

Although the proprietary process used by ENVIRON to calculate the proposed LRDP's emissions has not been provided to the commenters, all underlying data used to conduct the analysis has been provided. This includes source data from publicly available emissions estimation tools created by ARB, such as OFFROAD and EMFAC. As a result of the disclosures described above, raw data, calculation methods, and assumptions have been made available. Input and output files from publicly available modeling software also have been included in the materials provided to the commenters. Persons familiar with the software would therefore be able to reproduce the modeling input files, based on the data and methodology details provided.

CEQA requires that a lead agency provide notice regarding the address where copies of a draft EIR "and all documents referenced in the draft environmental impact report" are available for review.[36] Although any appendices to an EIR or documents incorporated by reference in the EIR must be made available for public review, CEQA does not require that underlying spreadsheets and modeling files supporting those documents be made available for public review, or that they must be made available in their native electronic format as non-protected files even if not in the lead agency's possession in that format or in the lead agency's possession at all.[37] The same is true of the PRA (California Government Code Section 6250 et seq.). The non-protected electronic files supporting the Draft EIR's emission estimates requested by the comments are not "documents referenced in the draft environmental impact report" and, therefore, are not subject to that requirement.

In this case, the native format, unprotected files were prepared by an environmental consultant, not by a state or local agency, and the files have never been used, retained, or owned by the Planning Department.

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[35] California Government Code Section 6254.7(e). The Public Records Act (PRA) provides protection for proprietary materials such as trade secrets and like matter under its "catch-all" provision, which prohibits the disclosure of "records, the disclosure of which is exempted or prohibited pursuant to federal or state law, including, but not limited to, provisions of the Evidence Code relating to privilege." (California Government Code Section 6254(k); *see also Cal. Sch. Employees Ass'n v. Sunnyvale Elementary Sch. Dist.*, 36 Cal. App. 3d 46, 66 (concluding PRA catch-all exemption was "broad enough to include trade secrets"). Under California law, the owner of a trade secret has a privilege to refuse to disclose it and to prevent others from disclosing it. (Cal. Evid. Code § 1060.) A trade secret is "information, including a formula, pattern, compilation, program, device, method, technique, or process" that derives its value to a company because of its confidential nature. (Cal. Civ. Code § 3426.1(d).) These protections also extend to ENVIRON's proprietary tools.

[36] Cal. Pub. Res. Code § 21092(b)(1).

[37] *See* Cal. Pub. Res. Code § 21092(b)(1); CEQA Guidelines § 15150(b); *El Morro Cmty. Ass'n v. Cal. Dep't of Parks & Recreation*, 122 Cal. App 4th 1341, 1354 fn. 5 (2004) (documents that are not incorporated by reference in an EIR need not be made publicly available); *see also* Kostka & Zischke, *Practice Under the California Environmental Quality Act* § 9.18 (noted CEQA commenters observe that there is no requirement that documents simply cited in an EIR be made available for public inspection).

Therefore, they are not public records under the PRA.[38] Moreover, the native format, non-protected spreadsheets and modeling files supporting the emission estimates and conclusions in Section 4.7, "Air Quality" in the Draft EIR were not documents "in the possession of" the Planning Department and, therefore, were not required to be made available.[39]

Government Code Section 6253.9(a) provides that any agency that has disclosable information that constitutes an identifiable public record that is in an electronic format shall make that information available in an electronic format when requested by any person. The PRA further requires that "[t]he agency shall make the information available in any electronic format *in which it holds the information*."[40] The PRA also states that "[e]ach agency shall provide a copy of an electronic record in the format requested *if the requested format is one that has been used by the agency to create copies for its own use or for provision to other agencies*."[41] The files requested by the comments, to the extent they were held in any electronic format by the Planning Department, were held as PDF files rather than as native format, unprotected files. The Planning Department did not create copies of these files in unprotected native format for its own use or for provision to any other agency. Therefore, the Planning Department's provision of the requested Excel spreadsheet files in PDF format fully satisfied the Planning Department's obligation under the PRA.

Nevertheless, the Planning Department obtained and provided to the commenters native format, non-protected files from the Draft EIR's environmental consultants to the extent such files were disclosable under the PRA. Specifically, the Planning Department went above and beyond its legal obligations to provide requested public records in the electronic format in which they were held (i.e., PDF files), by obtaining and providing to the commenters the unprotected, native format SCREEN3 and ISCST3 modeling files.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [91-14 AQ]

"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-l, 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 EIRs 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 decision makers of the Project's adverse environmental impacts and the proposed mitigation measures to reduce these impacts to the extent feasible."

[38] *See* Cal. Gov't Code § 6252(e).
[39] *See* Cal. Gov't Code section 6253(c).
[40] California Government Code Section 6253.9(a)(1).
[41] California Government Code Section 6253.9(a)(2).

(Gloria Smith—California Nurses Association, October 19, 2010) [91-15 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.

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

Response AQ-22

The observations made in these comments regarding the organization of Section 4.7, "Air Quality" in the Draft EIR are noted. Unlike previous EIRs that included air quality analyses performed solely under the 1999 BAAQMD significance thresholds, and other recent EIRs for which the 2010 BAAQMD significance thresholds are clearly applicable, the proposed CPMC LRDP EIR was prepared during a period of evolution between these two sets of criteria. A discussion as to why both 1999 and 2010 BAAQMD significance criteria are included in the proposed CPMC LRDP Draft EIR can be found in Response AQ-23 (page C&R 3.9-64). In summary, the 1999 criteria were the applicable criteria for the Draft EIR based on established BAAQMD policy, which directed that EIRs for which the Notice of Preparation of an EIR was published before June 2, 2010 use the 1999 criteria; however, to be fully informative and disclose all potential impacts, including those that might occur under the most up-to-date thresholds, the Draft EIR also evaluated the proposed project's effects compared with the 2010 significance thresholds which were adopted the month before the publication of the Draft EIR. This led to a unique but consistently parallel structure for the proposed CPMC LRDP's air quality discussion in the Draft EIR, with the analysis of Impacts AQ-1 through AQ-7 applying the 1999 criteria and Impacts AQ-8 through AQ-14 applying the 2010 criteria. Significance findings under both sets of criteria were provided in the impact discussions and were intended to provide a comprehensive evaluation of the potential significant effects of the proposed LRDP, thus furthering the achievement of the informational role of the Draft EIR as required under CEQA (see State CEQA Guidelines Section 15121[a]).

The analysis in the Draft EIR uses both the 1999 guidelines and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed Project.[42] Although BAAQMD adoption of the significance thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[43] The use of both the 1999 and the updated June 2010 BAAQMD CEQA Air Quality Guidelines in both the Draft EIR and the subsequent refined analysis of TAC emissions therefore continues to represent a conservative approach that provides full disclosure regarding the potential air quality impacts of the proposed LRDP.

The comments' point that applicable significance criteria could have been better identified in the impact discussions is noted. These are delineated in a clearer fashion in Responses AQ-10, AQ-21, and AQ-24 (pages C&R 3.9-20, 3.9-48, 3.9-64, respectively). However, with respect to the organization of the Draft

[42] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

[43] Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Theresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx

EIR, the City respectfully disagrees. The Draft EIR adheres to the City of San Francisco's Guidelines for Preparation of Environmental Review Documents and the City of San Francisco's modified environmental review checklist.

3.9.1.7 THRESHOLDS OF SIGNIFICANCE

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [91-20 AQ]

"**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]

[20] Draft EIR. p. 4.7-16."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-21 AQ]

"**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-l 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.

It would have been explicable, had the Draft EJR [sic] 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-22 AQ]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-24 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 E1R [sic] 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 in purposes" only; yet, mitigation for significant impacts found under this analysis are nonetheless proposed (Mitigation Measure M-AQ-N2).[22,23]

[21] Draft EIR. p. 4.7-72
[22] Draft EIR, p. 4.7-80.
[23] Draft EIR, Table 5-2, p.5-67."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-25 AQ]

"In light of scale of the CMPC [sic] 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 CMPCs [sic] 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-28 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-30 AQ]

"Further, while the Draft ELR [sic] 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 ELR [sic] fails to discuss the significance of 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.

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

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-50 AQ]

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

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]

[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 of projects with a notice of preparation published after the applicable effective date.
[120] Id."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [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]

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.

[121] Id."

Response AQ-23

Several comments state that the use of two sets of significance criteria for air quality impacts was confusing, used inconsistently and interchangeably depending on which set provided the most favorable results, and that the 2010 BAAQMD significance criteria should be used because they are the most recent. In summary, and as explained in further detail below, the proposed CPMC LRDP Draft EIR was written and published at a time of evolution in the development and adoption of revised significance thresholds for criteria air pollutants and health risks. Significance thresholds were used (the 1999 significance criteria) that are applicable to the proposed LRDP based on BAAQMD policy; however, so as to be fully informative, the Draft EIR also applied the significance thresholds in the 2010 BAAQMD significance criteria that were adopted in the weeks immediately before publication of the Draft EIR.

The Draft EIR identified that the 1999 BAAQMD significance criteria apply to the proposed LRDP based on specific guidance from the BAAQMD. The BAAQMD's stated policy is that the 2010 significance criteria apply to projects for which a Notice of Preparation of an EIR (NOP) has not been published or environmental analysis begins on or after the applicable effective date.[44] At the time the NOP for the Draft EIR was issued, May 27, 2009, the BAAQMD was still in the process of updating its 1999 CEQA Air Quality Guidelines. Over a year later, on June 2, 2010, shortly before publication of the Draft EIR (on July 21, 2010), the BAAQMD adopted its revised CEQA Air Quality Thresholds of Significance. The environmental analysis for the Draft EIR was substantially complete at that time and the Draft EIR was in final preparations to be published when the BAAQMD adopted its 2010 significance thresholds. As discussed on page 4.7-16 in the Draft EIR, the 2010 BAAQMD thresholds of significance became immediately effective on June 2, 2010, for EIRs on which an NOP had not yet been published, with the exception of the risk and hazard thresholds for new receptors, which will not become effective until May 1, 2011. Although originally delayed until January 1, 2011, the BAAQMD recently decided to delay implementation of the risk and hazard thresholds for new receptors further until May 1, 2011.[45]

[44] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, Table 2-1.
[45] BAAQMD, available: http://www.baaqmd.gov/Divisions/Planning-and-Research/CEQA-GUIDELINES/Updated-CEQA-Guidelines.aspx, accessed December 28, 1010. On December 21, 2010, the following update was provided: "At the December 15, 2010 Board Meeting, the

Consequently, consistent with the BAAQMD guidance, the thresholds of significance under the 1999 BAAQMD Guidelines are the applicable and effective thresholds for use in the proposed CPMC LRDP Draft EIR.

Although the air quality section in the Draft EIR included an analysis of the proposed LRDP impacts under the 1999 BAAQMD significance thresholds, in the interests of full disclosure, the Draft EIR also included an analysis of the project's potential effects compared with the 2010 BAAQMD significance criteria. Although not required by the BAAQMD policy, this analysis was provided to give the public and decision-makers additional information to assess the proposed LRDP, allowing an understanding of the new thresholds and the significance determinations related to the proposed LRDP under them.

Contrary to the comment, the use of both sets of thresholds of significance was based on objective logic and current City direction. No effort occurred to minimize or avoid the identification of significance impacts. To the contrary, the use of thresholds in the air quality analysis provided full disclosure of potential impacts of the proposed LRDP under both sets of guidelines.

The analysis in the Draft EIR uses both the 1999 guidelines and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed Project.[46] Although BAAQMD adoption of the significance thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[47] The use of both the 1999 and the updated June 2010 BAAQMD CEQA Air Quality Guidelines in both the Draft EIR and the subsequent refined analysis of TAC emissions therefore continues to represent a conservative approach that provides full disclosure regarding the potential air quality impacts of the proposed LRDP.

For operational emissions, the only criteria air pollutant found to exceed either the 1999 and/or 2010 BAAQMD significance criteria was respirable particulate matter (PM_{10}), primarily because of increased mobile source emissions; this impact is further discussed in Response AQ-20 (page C&R 3.9-48). To the extent that measures would be implemented to reduce traffic congestion through reduction of trips or trip lengths, such measures have been incorporated into the proposed LRDP and are identified in Section 4.5, "Transportation and Circulation" in the Draft EIR. Please also see Response AQ-11 (page C&R 3.9-27). In the case of PM_{10}, the 1999 criteria are actually slightly more stringent than the 2010 criteria (80 lb/day versus 82 lb/day, respectively), thus mitigation measures applied under the 1999 criteria are equally effective and adequate under the 2010 criteria.

For project construction emissions, the 1999 BAAQMD criteria did not have mass emission thresholds for criteria air pollutants in construction exhaust emissions, but rather relied on best management practices (BMPs) for significance determinations. Mitigation measures have been included in the Draft EIR that would require the implementation of all feasible BMPs. Under the 1999 criteria, as long as these

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District's Board of Directors revised the effective date for the risk and hazards thresholds for new receptors from January 1, 2011 to May 1, 2011. These additional months will provide more time for lead agencies and others to become fully prepared to implement the risk and hazards thresholds. Staff will continue to expand and refine the screening tables and technical support tools to assist implementation of the CEQA Guidelines. All other CEQA thresholds of significance adopted by the Board of Directors on June 2, 2010 remain effective as of June 2, 2010."

[46] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

[47] Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Theresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx

BMPs are implemented, the BAAQMD would consider the potential impacts to be less than significant, which was the conclusion indicated in the Draft EIR.

To be conservative, the total daily construction emissions reported in the Draft EIR for all three proposed campuses also were compared against the 2010 BAAQMD significance criteria, which includes mass emission thresholds for construction (see Response AQ-20 [page C&R 3.9-48] for additional details). For TACs, health risks from proposed construction at each campus site were calculated using risk calculation procedures pursuant to both the 1999 BAAQMD CEQA Guidelines, as the applicable criteria, and the 2010 BAAQMD CEQA Guidelines.

As part of further consideration of these issues, feasible construction mitigation measures were reviewed with the 2010 BAAQMD CEQA Guidelines, as described in Response AQ-8 (page C&R 3.9-17). Additional refinements to the mitigation measures of the Draft EIR were considered and reviewed in terms of potential health risk impacts, as described in Response AQ-9 (page C&R 3.9-20). These refinements of construction mitigation measures, which clarify the types of construction equipment that would be used on site are stated in further detail in Responses AQ-8 and AQ-9 (pages C&R 3.9-17 and 3.9-20, respectively), also lowered construction NO_X emissions, which were compared against both the 1999 and 2010 BAAQMD thresholds of significance, as stated in Response AQ-20 (page C&R 3.9-48).

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [91-23 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]

[21] Draft EIR, p. 4.7-72."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-29 AQ]

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

[26] Draft EIR, p. 4.7-72."

Response AQ-24

The comments state that the Draft EIR "…picks and chooses whichever guideline is more convenient," referring to the 1999 and 2010 BAAQMD CEQA significance criteria. This is addressed in Response AQ-23 (page C&R 3.9-64). The comments also state that under Impact AQ-4 in the Draft EIR (page 4.7-42), the discussion assesses CO emissions from motor vehicles under the 1999 BAAQMD CEQA Guidelines, but then uses a screening methodology from the 2010 BAAQMD Guidelines rather than a numeric threshold of 550 lb/day for CO from the 1999 BAAQMD CEQA Guidelines.

The 550 lb/day criterion from the 1999 BAAQMD CEQA Guidelines is one of three screening methods for determining the significance of project-related carbon monoxide concentrations. The 1999 BAAQMD

CEQA Guidelines (page 16) address CO under the heading of ***Thresholds of Significance for Impacts From Project Operations*** as follows**:**

> **Local Carbon Monoxide Concentrations.** Localized carbon monoxide concentrations should be estimated for projects in which: (1) vehicle emissions of CO would exceed 550 lb./day; (2) project traffic would impact intersections or roadway links operating at Level of Service (LOS) D, E or F or would cause LOS to decline to D, E or F; or (3) project traffic would increase traffic volumes on nearby roadways by 10 percent or more (unless the increase in traffic volume is less than 100 vehicles per hour). A project contributing to CO concentrations exceeding the State Ambient Air Quality Standard of 9 parts per million (ppm) averaged over 8 hours and 20 ppm for 1 hour would be considered to have a significant impact.

Thus, under the 1999 BAAQMD CEQA Guidelines, the 550 lb/day numeric criterion is one of three methods by which a project's relative level of localized CO concentrations can be estimated and not an actual threshold for determining significance of localized CO concentrations. The CO significance threshold under the 1999 BAAQMD CEQA Guidelines, as clearly stated in the last sentence of the excerpt above, is whether a project meets the California CO Ambient Air Quality Standards.

Projects that are below any one of these three screening methods are not considered as contributing to a CO concentration exceedance. If the screening method set forth in the 2010 BAAQMD Guidelines had not been available, dispersion modeling or its equivalent (which is essentially what was used to create the screening methodology in the 2010 Guidelines) would typically be performed to assess whether the significance criteria of the California CO Ambient Air Quality Standards would be exceeded on all proposed LRDP near-term and long-term projects.

The 2010 BAAQMD significance thresholds, as adopted by the Board of the BAAQMD on June 2, 2010, are only the actual numeric thresholds (a two-page document), and in the case of CO, the significance thresholds remain as the California CO Ambient Air Quality Standards. The much longer 2010 BAAQMD *CEQA Air Quality Guidelines* document presents recommended methodologies to assist in assessments against the adopted 2010 significance criteria. The screening-level methodology for CO contained in this document was used in the proposed CPMC LRDP Draft EIR to assess whether California CO Ambient Air Quality Standards (i.e., the threshold established in both the 1999 and 2010 BAAQMD Guidelines) would be exceeded. This was appropriate for this purpose, as it is the result of recent BAAQMD work using current information for the assessment of CO impacts. Thus, no contradiction has occurred here. The 1999 significance thresholds are being used (which, in this case, are the same as the 2010 significance thresholds), and a more up-to-date screening tool was used to assess potential impacts compared with these significance thresholds.

The analysis in the Draft EIR uses both the 1999 guidelines and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed Project.[48] Although BAAQMD adoption of the significance thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[49] The use of both the 1999 and the updated June 2010 BAAQMD CEQA Air Quality Guidelines in both the Draft EIR and the subsequent refined analysis of TAC emissions therefore continues to represent a

[48] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

[49] Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Theresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx

conservative approach that provides full disclosure regarding the potential air quality impacts of the proposed LRDP.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-26 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:

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

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

- For the significance of impacts *prior* to implementation of proposed mitigation measures: *no impact* ('NI') has been replaced with *less than significant* ('LT5') *potentially significant* ('PS') has been replaced with *significant ('S') significant impact* ('SI') has been replaced with *significant ('S') significant and unavoidable impact* ('5U') has been replaced with *significant ('5')*

- 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')

Response AQ-25

The comment provides an alternative to Table S-2, "Summary of CPMC LRDP Impacts and Mitigation Measures," in the Summary Chapter provided as part of the Draft EIR (see pages S-37 to S-80). The table provided reflects a preference related to the presentation of impact determinations within the summary chapter and is noted. However, although the issue is not raised in the table and the significance conclusions in the table are consistent with those in the Draft EIR, contrary to this comment, a material difference exists between a finding of no impact versus a less-than-significant impact determination. No impact is typically identified as no change, no effect; whereas a determination of less than significant indicates an adverse impact that does not exceed established thresholds of significance.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-57 AQ]

"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."

Response AQ-26

The comment summarizes earlier comments made in Letter 91. Individual and cumulative air quality and greenhouse gas impacts were analyzed, pursuant to the procedures discussed in Responses GH-1 (page C&R 3.10-3) and AQ-24 (page C&R 3.9-64). The comment states that the Draft EIR failed to include all feasible mitigation measures to reduce criteria pollutant, greenhouse gas (GHG), and toxic air contaminant (TAC) emissions. For criteria air pollutants, the only pollutant exceeding the BAAQMD's significance thresholds for construction was NO_X. Construction mitigation measures were described in the Draft EIR and enhanced after further discussions with CPMC LRDP construction partners. These refined mitigation measures are discussed in Responses AQ-8 and AQ-9 (pages C&R 3.9-17 and 3.9-20, respectively) and Chapter 4 of this C&R document (page C&R 4-17). After the application of all feasible construction mitigation measures, overall project construction NO_X emissions would remain significant and unavoidable for near-term projects under the LRDP.

For operations, the only criteria air pollutant exceeding the 2010 BAAQMD significance thresholds was PM_{10}, primarily because of proposed LRDP-related traffic increases. All feasible traffic mitigationswere incorporated in the project-related traffic projections analyzed in the Draft EIR, with the exception of CPMC's proposed enhanced TDM program, which were not incorporated into the traffic projections in order to produce a conservative analysis. See Response AQ-11 (page C&R 3.9-27) for further discussion of the proposed enhanced TDM program.

For GHG emissions, the proposed LRDP was found to conform with the *City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions*, although found to still exceed numeric thresholds in the 2010 BAAQMD significance criteria, despite implementation of all feasible mitigation measures as discussed in Response GH-1 (page C&R 3.10-3). For TACs, proposed LRDP operational emissions were found to be less than significant for potential public health risks, but construction emissions were found to present significant and unavoidable potential public health risks due to diesel exhaust from construction equipment. The diesel construction equipment assessed in the Draft EIR incorporated all feasible mitigation measures identified at the time the Draft EIR was published. CPMC has since made project refinements by reconfirming construction equipment assumptions, re-evaluating feasibility construction mitigations, and developing additional construction mitigation details. Refined mitigation measures are discussed in Responses AQ-8 and AQ-9 (pages C&R 3.9-17 and 3.9-20, respectively) and Chapter 4 of this C&R document (page C&R 4-17).

3.9.2 CATHEDRAL HILL CAMPUS

3.9.2.1 CONSTRUCTION EMISSIONS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-62 AQ, duplicate comment was provided in 30-62 AQ]

"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."

Response AQ-27

The comment expresses concern regarding potential impacts associated with idling delivery trucks at a Cathedral Hill Campus construction sites and supports the use of a "Logistics Superintendent" to coordinate truck deliveries. With respect to idling emissions, ARB and the BAAQMD have established regulations that limit the length of time heavy-duty trucks and construction equipment can idle unnecessarily. Necessary idling may include time in which truck-mounted equipment that needs generator-created electricity is running, such as the use of a cement mixer or truck-mounted hydraulics. Mitigation Measure M-AQ-N1b in the Draft EIR, page 4.7-32, would require LRDP construction equipment, including heavy-duty trucks, to limit idling to no more than 2 minutes (to the extent feasible) consistent with the BAAQMD Guidelines, which would be more stringent than the limits established by ARB and would further reduce potential emissions associated with equipment operation. Signage also would be provided at all access points to the Cathedral Hill Campus construction sites, instructing equipment operators to adhere to the idling time restriction while queuing or otherwise. As noted in the comment, the "Logistics Superintendent" (as termed in the February 4, 2011, HerreroBoldt, Pankow Environmental Impact Report Construction Data document from the administrative record) will coordinate deliveries to optimize the delivery schedule and reduce queuing times. Coupled with Mitigation Measure M-AQ-N1b, impacts related to potential emissions associated with idling delivery trucks at the Cathedral Hill Campus construction sites and impacts to local sensitive receptors would be reduced to less-than-significant levels.

Comment

(Donald Scherl, October 18, 2010) [74-35 AQ]

"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."

Response AQ-28

As discussed under Impact AQ-1 in the Draft EIR, page 4.7-29, near-term project construction at the proposed Cathedral Hill Campus is estimated to occur over a 4.5-year period. Construction-related emissions of fugitive dust, criteria air pollutants, and TACs would be generated intermittently and temporarily over this time. As an example, demolition and excavation of the proposed Cathedral Hill Hospital construction site would take place during 10 months of the 4.5-year construction period. To mitigate fugitive dust emissions during construction at the proposed CPMC campuses, including the Cathedral Hill Campus, Mitigation Measure M-AQ-N1a in the Draft EIR, page 4.7-31, would require

implementation of all of the basic, optional, and additional construction mitigation measures under both the 1999 and the 2010 BAAQMD Guidelines.

For operational emissions at the proposed Cathedral Hill Campus, TAC emissions from the proposed operations (i.e., natural gas boilers and water heaters, diesel-fueled generators, loading dock) would not exceed the human cancer risk or non-cancer hazard index thresholds, as shown in Table 4.7-8 in the Draft EIR, page 4.7-46. A screening health risk assessment (HRA) was prepared, utilizing these thresholds. With the exception of the new 0.3 ug/m3 $PM_{2.5}$ concentration threshold, the risk thresholds (cancer and non-cancer risk) did not change between the 1999 and the 2010 BAAQMD Guidelines.

The June 2010 BAAQMD Guidelines included changes to the recommended procedure for calculating cancer risk. The 2010 BAAQMD Guidelines require that the calculations include "age sensitivity factors" (ASFs), which increase the calculated lifetime cancer risk by a factor of 1.7 times for residential receptors as compared to calculations under the 1999 BAAQMD Guidelines, for operational emissions. Construction ASF varies depending on the length of the construction period and must be calculated on a project-by-project basis. Thus, although the BAAQMD significance threshold that is triggered when the risk of cancer due to TAC inhalation is 10 out of every million did not change under the 2010 BAAQMD Guidelines, the revisions to the calculation methodology in the 2010 Guidelines would result in more projects exceeding the threshold.

The analysis in the Draft EIR uses both the 1999 guidelines and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed Project.[50] Although BAAQMD adoption of the significance thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[51] The use of both the 1999 and the updated June 2010 BAAQMD CEQA Air Quality Guidelines in both the Draft EIR and the subsequent refined analysis of TAC emissions therefore continues to represent a conservative approach that provides full disclosure regarding the potential air quality impacts of the proposed LRDP.

The HRA evaluated the potential non-cancer hazard impacts of off-site stationary and mobile sources to on-site receptors (i.e., patients) within the proposed Cathedral Hill Campus. As shown in Table 4.7-9 in the Draft EIR, page 4.7-47, off-site sources would not cause a significant impact with respect to the acute non-cancer hazard index threshold for any proposed CPMC campus.

These screening HRAs included conservative assumptions such as worst-case meteorological conditions to avoid underestimating impacts. Furthermore, the total risk evaluated in Table 4.7-8 includes the sum of individual risk estimates at each receptor height for the proposed Cathedral Hill Hospital and Medical Office Building. Therefore, during operation, neither on-site nor off-site receptors at the proposed Cathedral Hill Campus are anticipated to be exposed to significant concentrations of TACs.

The Draft EIR discusses noise from construction and operation of the proposed LRDP under Impact NO-1 and Impact NO-3 in the Draft EIR, pages 4.6-41 and 4.6-64, respectively. With respect to construction noise, it was determined that construction noise at the proposed Cathedral Hill Campus would be potentially significant, but would be reduced to a less-than-significant level through implementation of

[50] BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

[51] Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Theresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx

Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c (in the Draft EIR, beginning on page 4.6-46).

As discussed under Impact TR-55 in the Draft EIR, beginning on page 4.5-147, "[i]mplementation 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." To minimize the effects that LRDP-related construction activities would have on traffic at the proposed Cathedral Hill Campus, CPMC would be required to implement Mitigation Measure TR-55 (in the Draft EIR, page 4.5-159).

CPMC would develop and implement a construction TDM program to anticipate and minimize impacts of various construction activities associated with the proposed LRDP. The plan would disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities, to minimize overall disruptions and ensure that overall circulation was maintained to the extent possible, with particular focus on ensuring pedestrian, transit, and bicycle connectivity. The TDM program would supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by the California Department of Transportation (Caltrans), San Francisco Municipal Transportation Agency (SFMTA), San Francisco Department of Public Works (DPW), or other City departments and agencies. If a conflict between the plan and an applicable manual, regulation, or provision from the aforementioned agencies was noted, the direction/requirements of the manual, regulation, or provision in question would prevail over the plan.

Although the above mitigation measure would reduce the magnitude of impacts related to LRDP construction traffic at the proposed Cathedral Hill Campus, the impacts would remain significant and unavoidable. If the decision-makers decide to approve the proposed LRDP, they would be required to adopt a statement of overriding considerations, based on substantial evidence in the record, indicating that the benefits of the project outweighed the significant environmental impacts of the proposed LRDP.

Comment

(Alan Wofsy, September 23, 2010) [PC-298 AQ]

"Good evening, President Miguel and members. My name is Alan Wofsy 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 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."

Response AQ-29

The comment states a general objection to physical environmental impacts that would occur as a result of development under the proposed LRDP to the surrounding environment (i.e., existing development within the City of San Francisco.) The comment is noted. The potential significant environmental impacts of the proposed LRDP, including those related to dust during construction and operation, are analyzed in

Chapter 4, "Environmental Setting, Impacts, and Mitigation" in the Draft EIR and air quality impacts analyzed in Section 4.7, "Air Quality" in the Draft EIR, in conformance with CEQA, which would require any activity that might result in a change in the existing physical environment to disclose such changes in a publicly available document to be considered before approval of the activity.

3.9.3 PACIFIC CAMPUS

No comments pertaining to air quality and specific to this campus were received during public review of the Draft EIR.

3.9.4 CALIFORNIA CAMPUS

No comments pertaining to air quality and solely related to this campus were received during public review of the Draft EIR.

3.9.5 DAVIES CAMPUS

No comments pertaining to air quality and solely related to this campus were received during public review of the Draft EIR.

3.9.6 ST. LUKE'S CAMPUS

3.9.6.1 OPERATIONAL EMISSIONS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-140 AQ, duplicate comment was provided in 30-140 AQ]

"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."

Response AQ-30

The comment inquires about the data presented in Table 4.7-11 in the Draft EIR, page 4.7-50 regarding development at St. Luke's Campus under the LRDP. To clarify, the negative values in Table 4.7-11 indicate a net decrease in emissions, associated with the removal of the old generators at St. Luke's Campus. The existing emission levels are 9 lb/yr and 20 lb/yr, not -9 lb/yr and -20 lb/yr. The new generators would produce less DPM than the old generators because of more stringent emissions limits. Furthermore, according to the 2010 BAAQMD CEQA Guidelines, "[i]f a proposed project involves the removal of existing emission sources, BAAQMD recommends subtracting the existing emissions levels

from the emissions levels estimated for the new proposed land use."[52] Because these units would continue to operate in the absence of the proposed LRDP and were operating at the time of the Notice of Preparation of an EIR (NOP), for this analysis it is appropriate to subtract the emissions of the old generators from the future operational emissions.

[52] BAAQMD, 2010 (June), California Environmental Quality Act Guidelines.

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3.10 GREENHOUSE GAS EMISSIONS

3.10.1 LRDP

3.10.1.1 BAAQMD GUIDELINES/THRESHOLDS AND CORRESPONDING OPERATIONAL IMPACTS

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-89 GH, duplicate comment was provided in 30-89 GH]

"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'?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-143 GH, duplicate comment was provided in 30-143 GH]

"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."

(Donald Scherl, October 15, 2010) [74-30 GH]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-39 GH]

"Similarly, the Draft EIR finds significant impacts due to the Project's operational emissions of greenhouse gases ('GHGs') from both near-term and long-term projects when analyzed under the 2010 BAAQMD CEQA Guidelines. Again, the Draft EIR fails to discuss the feasibility of any potential mitigation measures instead simply stating that '[i]t is not likely that additional increases in the energy savings and sustainability goals would be able to reduce remissions 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 reduce emission 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 on or a combination of several mitigation measure(s) is preferable over no reduction, irrespective of whether emissions would be reduced to below a threshold.

[37] Draft EIR, p. 4.8-32."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-40 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* is has imposed all feasible mitigation measures to reduce a project's impact to less than significant levels.[40]

[38] Pub. Res. Code 21002.
[39] CEQA Guidelines Section 15092(b)(2).
[40] CEQA Guidelines Sections 15126.4, 15091."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-40 GH]

"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 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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-53 GH]

"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."

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 CO_2 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 arc 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 percent.[137] The DEIR admits that the Cathedral Hill Campus' GHG emissions will easily surpass the threshold levels established by 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.

[135] DEIR 4.8-13.
[136] DEIR 4.8-31.
[137] Id."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-54 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 '[t]he purpose of an environmental impact report is to identify the significant effect s 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.

[138] CEQA Guidelines 21002.1."

Response GH-1

The comments suggest that the Draft EIR fails to identify and evaluate feasible mitigation measures for significant and unavoidable GHG emissions impacts and that it distorts the discussion of alternatives. Per State CEQA Guidelines Section 15064.4(b), a lead agency should consider the following factors, among others, when assessing the significance of impacts from GHG emissions on the environment: (1) the extent to which the project may increase or reduce GHG emissions as compared to the existing environmental setting, (2) whether the project emissions exceed a threshold of significance that the lead agency determines applies to the project, or (3) the extent to which the project complies with regulations or requirements adopted to implement a statewide, regional, or local plan for the reduction or mitigation of GHG emissions. The degree to which these factors are considered is often refined and/or further determined by methodologies developed by regional air districts, such as the BAAQMD.

The comments also refer to 1999 BAAQMD significance findings under both BAAQMD's 1999 and 2010 CEQA Air Quality Guidelines with respect to GHG significance criteria. The comments state that the CPMC LRDP Draft EIR failed to acknowledge a significant and unavoidable GHG impact under 1999 BAAQMD CEQA Guidelines and thereby limited its ability to identify alternatives to the significant and unavoidable impacts of the LRDP. It should be noted that no GHG significance thresholds were included as part of BAAQMD's 1999 CEQA Guidelines. The GHG significance criteria that were directly applicable to the proposed LRDP at the time of preparation of the Draft EIR were criteria 8a and 8b of Appendix G of the State CEQA Guidelines. Under these criteria, significant GHG impacts potentially could occur if a project would: (1) generate GHG emissions, either directly or indirectly, that may have a significant impact on the environment; or (2) conflict with an applicable plan, policy, or regulation of an agency adopted for the purpose of reducing the emissions of GHGs. Impact GH-1 incorrectly labeled these significance criteria as coming from the 1999 BAAQMD Guidelines, though they were described

correctly on Draft EIR page 4.8-29. Therefore, the impact statement under Impact GH-1 on Draft EIR page 4.8-21 is clarified as follows:

> *IMPACT GH-1 Direct and indirect CPMC LRDP-generated GHG emissions would not have a significant impact on the environment, nor would they conflict with an applicable plan, policy or regulation adopted for the purpose of reducing GHG emissions (State CEQA ~~1999 BAAQMD~~ Guidelines, Appendix G). (Significance Criteria 8a and 8b).*

In addition, and as noted by the comments, on June 2, 2010, BAAQMD adopted new and revised CEQA air quality thresholds of significance and issued revised guidelines that replace the 1999 CEQA Air Quality Guidelines. The BAAQMD 2010 CEQA Air Quality Guidelines provide for the first time CEQA thresholds of significance for greenhouse gas emissions that are specific to the San Francisco Bay Area Air Basin.[1] The Draft EIR included an analysis that applied the 2010 BAAQMD CEQA Air Quality Guidelines greenhouse gas emission significance criteria to the LRDP. As stated on Page 4.8-28 of the Draft EIR "the adopted GHG thresholds are intended to apply only to those projects for which environmental analyses have begun on or after the June 2, 2010 adoption date. Although the recently adopted GHG thresholds are not intended to apply to the proposed LRDP, in recognition of BAAQMD's adoption of these thresholds, an analysis was performed of the proposed LRDP development's impacts with respect to the recently adopted CEQA thresholds for GHGs."

The analysis in the Draft EIR uses pre-existing guidance and the updated June 2010 thresholds of significance and methodologies from the BAAQMD CEQA Air Quality Guidelines to evaluate the potential greenhouse gas impacts of the proposed Project.[2] Although BAAQMD adoption of the significance thresholds are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report provide substantial evidence to support the BAAQMD-recommended thresholds and, therefore, has determined they are appropriate for use in this analysis.[3] The use of both pre-existing guidance and the updated June 2010 BAAQMD Guidelines in the Draft EIR therefore continues to represent a conservative approach that provides full disclosure regarding the potential GHG impacts of the proposed LRDP.

The BAAQMD 2010 Guidelines recognize that "[n]o single project could generate enough GHG emissions to noticeably change the global average temperature."[4] Accordingly, BAAQMD's approach to developing thresholds of significance for GHG emissions was "to identify the emissions level for which a project would not be expected to substantially conflict with existing California legislation adopted to reduce statewide GHG emissions needed to move us towards climate stabilization."[5]

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1 San Francisco Planning Department. 2010. Greenhouse Gas Analyses Pursuant to CEQA Memorandum from Jessica Range, Environmental Planner, to Major Environmental Analysis and Environmental Consultants, November 12.

2 BAAQMD, 2011 (May), California Environmental Quality Act Air Quality Guidelines, App. D: Threshold of Significance Justification (June 2, 2010).

3 Bay Area Air Quality Management District. *Revised Draft Options and Justification Report, California Environmental Quality Act Thresholds of Significance*. October 2009. Document available on line at; http://baaqmd.gov/divisions/Planning-and-Research/CEQA-GUIDELINES/updated-CEQA-GUIDELINES.aspx

4 Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines* at p. 2-1. Available: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx

5 Ibid.

The 2010 BAAQMD CEQA Air Quality Guidelines identify the following three alternative thresholds for determining whether a project's operational-related GHG emissions are significant:

1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or
2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalents ($MTCO_2e$); or
3) Whether a project's GHG emissions exceed 4.6 $MTCO_2e$ per service population.[6]

Per State CEQA Guidelines Section 15064.4(a), a lead agency shall have discretion to determine, in the context of a particular project, whether to: (1) use a model or methodology to quantify GHG emissions resulting from a project, or (2) rely on a qualitative analysis or performance-based standards. As such, a lead agency may choose the threshold against which a project can be analyzed to determine whether the project's GHG emissions are significant. However, BAAQMD encourages local governments to adopt a qualified GHG Reduction Strategy that is consistent with the goals of Assembly Bill 32, the California Global Warming Solutions Act of 2006, which requires that statewide GHG emissions be reduced to 1990 levels by 2020.[7] The recently adopted (June 2010) BAAQMD CEQA Guidelines provide that "[i]f a project is located in a community with an adopted qualified GHG Reduction Strategy . . . , the project may be considered less than significant if it is consistent with the GHG Reduction Strategy. A project must demonstrate its consistency by identifying and implementing all applicable feasible measures and policies from the GHG Reduction Strategy into the project."[8] In other words, "[i]f a project is consistent with an adopted GHG Reduction Strategy that meets the standards [set forth in the June 2010 BAAQMD CEQA Guidelines], it can be presumed that the project will not have significant GHG emissions impacts."[9]

At the time the Draft EIR was issued, the City and County of San Francisco did not have a qualified GHG reduction strategy. Accordingly, to analyze whether the CPMC LRDP could generate GHG emissions that may have a significant impact under the 2010 BAAQMD significance thresholds, the Draft EIR compared the LRDP against the numeric GHG significance criteria contained in the 2010 BAAQMD significance thresholds and concluded that there would be a significant and unavoidable GHG emissions impact. Therefore, the Draft EIR did not fail to recognize a significant impact nor distort the discussion of LRDP alternatives and mitigation measures, as one of the comments suggests.

Per CEQA Guidelines Section 15126.4(c), measures to mitigate the significant effects of GHG emissions may include, among other measures, reductions in emissions resulting from a project through implementation of project features, project design, or other measures. The proposed LRDP includes numerous design features that would reduce GHG emissions. These features, which are referred to as "sustainability attributes" on Draft EIR page 4.8-32, are described in detail on Draft EIR pages 4.8-16 through 4.8-20 under the sub-section entitled, Project Design Features Whose Emissions Reductions Were Not Incorporated into the Analysis but Could Yield Further GHG Emissions Savings. These sustainability attributes were not accounted for, in terms of quantified reductions for purposes of the inventory of GHG emissions from the proposed LRDP, due to the unavailability of sufficient methodologies to accurately quantify potential LRDP GHG emission reductions associated with their implementation. Furthermore, by not including quantified reductions for these attributes, the Draft EIR

[6] Ibid., p. 2-4.
[7] Ibid., p. 4-7; see also Appendix D: Threshold of Significance Justification, p. D-24 ("[M]any local agencies have already undergone or plan to undergo efforts to create general or other plans that are consistent with AB 32 goals. The Air District encourages such planning efforts and recognizes that careful upfront planning by local agencies is invaluable to achieving the state's GHG reduction goals."); San Francisco Planning Department. 2010. Greenhouse Gas Analyses Pursuant to CEQA Memorandum from Jessica Range, Environmental Planner, to Major Environmental Analysis and Environmental Consultants, November 12.
[8] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, p. 4-4. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx.
[9] Ibid., p. 4-7.

conservatively overestimated the potential GHG emissions associated with the proposed LRDP. These sustainability attributes are features of the proposed project to which CPMC has committed and include the following:

- Reduced water consumption;
- Construction waste recycling and landfill diversion;
- Reduction in use of steel building materials for the Cathedral Hill Hospital by 25 percent;
- Green roof (Cathedral Hill Hospital and Cathedral Hill MOB);
- Zero potable water used for irrigation (Cathedral Hill Hospital is collecting rainwater to use for irrigation demand throughout the year, reducing GHGs off-site); and
- Cathedral Hill Hospital refrigeration systems utilizing glycol.

Additionally, as explained on page 4.8-28 of the Draft EIR, under the proposed LRDP, CPMC would seek LEED® certification for the Cathedral Hill Hospital, Cathedral Hill MOB, St. Luke's Replacement Hospital, and the St. Luke's MOB/Expansion Building. The Cathedral Hill MOB, the St. Luke's MOB/Expansion Building, and the buildings proposed as long-term developments at the Davies and Pacific Campuses would be required under the City's Green Building Ordinance to achieve LEED® Silver certification. The proposed LRDP includes LEED® features that would reduce the direct and indirect GHG emissions associated with operation of the LRDP, compared with standard building methods and the existing structures proposed for demolition. In addition, indoor and outdoor water consumption would be reduced through LEED® features.

The determination in the Draft EIR that the proposed LRDP would result in a significant and unavoidable impact under the 2010 BAAQMD numeric significance criteria for GHG emissions was made in part on the basis that although CPMC had committed to incorporating the project design features intended to reduce operational GHG emissions, described above, the reduction of LRDP GHG emissions that would result from these project design features could not be quantified.

Subsequently, after release of the Draft EIR for public review on October 28, 2010, BAAQMD reviewed and concurred that the City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions [10] meet BAAQMD's criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's 2010 CEQA Air Quality Guidelines.[11] The purpose of the City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions document is to present San Francisco's assessment of policies, programs, and ordinances that collectively represent San Francisco's Qualified Greenhouse Gas Reduction Strategy in compliance with BAAQMD's June 2, 2010, *CEQA Air Quality Guidelines* and thresholds of significance.[12] Therefore, projects that are consistent with San Francisco's qualified GHG Reduction Strategy would result in a less-than-significant GHG emissions impact. That is, projects built in conformance with the qualified GHG Reduction Strategy, which are therefore considered to be below BAAQMD's threshold of significance, are considered to be part of the collective solution to the cumulative problem related to GHG emissions, and not part of the continuing problem.[13] According to BAAQMD, "even though such projects will add an incremental amount of [GHG] emissions, their incremental contribution will be less than 'cumulatively considerable' because they are helping to achieve

[10] San Francisco Planning Department. 2010. San Francisco's *Strategies to Address Greenhouse Gas Emissions*, November. Available at: http://www.sf-planning.org/index.aspx?page=1570.

[11] Bay Area Air Quality Management District. 2010. GHG Reduction Strategy Approval Letter from Jean Roggenkamp, Deputy Air Pollution Control Officer, to Bill Wycko, Environmental Review Officer at San Francisco Planning Department, October 28. Available at: http://www.sf-planning.org/index.aspx?page=1570.

[12] San Francisco Planning Department. 2010 (November). San Francisco's *Strategies to Address Greenhouse Gas Emissions*, p. I-2. Available at: http://www.sf-planning.org/index.aspx?page=1570.

[13] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, Appendix D: Threshold of Significance Justification, p. D-28. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx.

the cumulative solution, not hindering it."[14] Such projects would be considered to have implemented all applicable, feasible mitigation measures.[15]

According to the City's qualified GHG Reduction Strategy, "New development and major renovations in San Francisco are required to comply with San Francisco's ordinances that reduce greenhouse gas emissions. . . . Depending upon a proposed project's size, use, and location, a variety of controls are in place such that new development would not impair the State's ability to meet statewide GHG reduction targets outlined in AB 32, nor impact the City's ability to meet San Francisco's local GHG reduction targets."[16] The City's GHG Reduction Strategy concluded that "[g]iven that (1) San Francisco has implemented regulations to reduce greenhouse gas emissions specific to new construction and renovations of private developments and municipal projects; (2) San Francisco's sustainable policies have resulted in the measured success of reduced greenhouse gas emissions levels, (3) San Francisco has met and exceeded AB 32 greenhouse gas reduction goals for the year 2020, and (4) current and probable future state and local greenhouse gas reduction measures will continue to reduce a project's contribution to climate change, projects that are consistent with San Francisco's regulations would not contribute significantly, either individually or cumulatively, to global climate change."[17]

According to the BAAQMD, "compliance with a Qualified Greenhouse Gas Reduction Strategy (or similar adopted policies, ordinances and programs), would provide the evidentiary basis for making CEQA findings that development consistent with the plan would result in feasible, measureable, and verifiable GHG reductions consistent with broad state goals such that projects approved under qualified Greenhouse Gas Reduction Strategies or equivalent demonstrations would achieve their fair share of GHG emission reductions."[18]

In order to facilitate determination of project compliance with San Francisco's GHG reduction strategy, in November 2010 the San Francisco Planning Department Environmental Planning Division (formerly MEA) released a Greenhouse Gas Analysis Compliance Checklist that is to be completed for each proposed project. A checklist breaking down LRDP compliance by building for near-term projects and by campus for long-term projects has been completed. The CPMC LRDP GHG Compliance Checklist is included in this document as C&R Appendix D).

As set forth in the CPMC LRDP GHG Compliance Checklist (and as described in more detail in C&R Appendix D), CPMC would comply with the applicable requirements of the City's qualified GHG Reduction Strategy in the following manner:

- All CPMC campuses would offer a pre-tax election consistent with 26 U.S.C. Section 132(f), allowing employees to elect to exclude from taxable wages and compensation, employee commuting costs incurred for transit passes or vanpool charges, as required under the City's Commuter Benefits Ordinance (Environment Code, Section 421).

- All CPMC campuses would comply with the City's Emergency Ride Home Program.

[14] Ibid.
[15] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, p. 4-4. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx.
[16] San Francisco Planning Department. 2010 (November). San Francisco's *Strategies to Address Greenhouse Gas Emissions*, p. X-4. Available at: http://www.sf-planning.org/index.aspx?page=1570.
[17] Ibid., p. X-5.
[18] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, Appendix D: Threshold of Significance Justification, p. D-14. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx.

- All CPMC campuses would comply with the requirement under Planning Code Section 163 to implement Transportation Management Programs.

- Although the City's Transit Impact Development Fee (under Administrative Code, Chapter 38) technically would not be applicable to CPMC as a non-profit organization, 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 LRDP project. The financial contribution would be calculated and applied in a manner that is 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. Therefore, 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.

- Even though the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospitals are not commercial uses, and therefore, are not subject to the requirements under Planning Code Section 155.4 for bicycle parking in new and renovated commercial buildings, 150 bicycle parking spaces are anticipated to be provided for the proposed Cathedral Hill Hospital, exceeding the City's minimum requirements under Planning Code Section 155.4, and a minimum of 12 bicycle spaces would be provided at the St. Luke's Replacement Hospital, meeting the minimum requirements of Section 155.4. The Cathedral Hill MOB, St. Luke's MOB/Expansion Building, and Davies Neuroscience Institute would comply with the requirements of Section 155.4 by providing a minimum of 34, 12, and 25 bicycle parking spaces on campus, respectively. Although the 1375 Sutter MOB at the Cathedral Hill Campus and the St. Luke's 1957 Building renovation are not subject to the requirements of Section 155.4, a minimum of 12 and six bicycle spaces, respectively, would be provided for users of these buildings, meeting the minimum requirements of Section 155.4.

- The proposed LRDP would comply with the requirements under Planning Code Section 155.2 for bicycle parking in parking garages by providing 150 bicycle parking spaces in the Cathedral Hill Hospital parking garage (exceeding the City's minimum requirements), 62 bicycle spaces in the Cathedral Hill MOB parking garage (exceeding the minimum requirements),[19] at least nine bicycle spaces within the 1375 Sutter MOB parking garage (meeting the minimum requirements), and at least one bicycle space for every 20 automobile spaces within the St. Luke's MOB/Expansion Building parking garage (meeting the minimum requirements). Although the St. Luke's Replacement Hospital would not include a parking garage, and therefore is not subject to the requirements of Section 155.2, employees, visitors, and patients at the Replacement Hospital would utilize the existing Duncan Street Parking Garage, which would provide at least 11 bicycle spaces and, therefore, would comply with the minimum requirements of Section 155.2.

- The Cathedral Hill MOB and St. Luke's MOB/Expansion Building, which are subject to the City's Green Building Ordinance (San Francisco Building Code Chapter 13C), would comply with the Ordinance's requirements for energy efficiency by being at a minimum 15 percent more energy efficient than either Title 24 or American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) energy efficiency requirements.[20] These buildings would also have their energy systems commissioned, and enhanced commissioning would be completed in accordance with LEED

[19] Specifically, 27 of the total 62 spaces would be counted towards meeting the Planning Code Section 155.2 requirement for minimum number of bicycle parking spaces that should be provided in the proposed parking garage. The other 35 spaces would be counted towards meeting the Planning Code Section 155.4 requirement and would also happen to be located within the proposed parking garage.

[20] At the time Draft EIR was published in July 2010, the Green Building Ordinance required that new buildings subject to the ordinance and achieve an energy efficiency of 14% better than Title 24- 2005 or ASHRAE 90.1-2004. The Green Building Ordinance has since been revised effective in 2011 to require that new buildings subject to its requirements achieve an energy efficiency of, 15% better than Title 24-2008 by the alternative calculation method, or both compliance with Title 24 -2008 and 15% better than ASHRAE 90.1 – 2007 by cost.

EA credit 3. Although the Cathedral Hill Hospital and St. Luke's Replacement Hospital are not subject to the Green Building Ordinance, both buildings would target 14 percent energy efficiency over either Title 24 or ASHRAE 90.1-2004 requirements.

- The Cathedral Hill Hospital, Cathedral Hill MOB, St. Luke's Replacement Hospital, St. Luke's MOB/Expansion Building, and Davies Neurosciences Institute would comply with the City's Stormwater Management Ordinance (SMO). With respect to the Cathedral Hill Hospital, A rainwater storage system in combination with permeable landscaping at the street level and 25 percent of the roof area covered in vegetation together would satisfy the City's SMO requirements. The remaining CPMC LRDP buildings listed above would be served by combined rainwater-sewer systems and would be designed to meet the SMO requirements through implementing measures to decrease the volume of stormwater runoff from the two-year, 24-hour design storm by 25 percent from existing conditions.

- The Cathedral Hill MOB and St. Luke's MOB/Expansion Building, which are subject to the City's Green Building Ordinance, would comply with the Ordinance's requirements for water efficient landscaping by reducing the amount of potable water used by landscaping by 50 percent. This would be accomplished through plant selection and efficient irrigation systems. Although the Cathedral Hill Hospital and St. Luke's Replacement Hospital are not subject to the Green Building Ordinance, both buildings would adhere to the Ordinance's water efficient landscaping requirements through plant selection and a high-efficiency irrigation system to reduce potable water needs for landscaping.

- The Cathedral Hill MOB and St. Luke's MOB/Expansion Building, which are subject to the City's Green Building Ordinance, would comply with the Ordinance's requirements for water use reduction by reducing the amount of potable water used for plumbing fixtures by 20 percent through the use of low-flow plumbing fixtures. Although the Cathedral Hill Hospital is not subject to the Green Building Ordinance, it would adhere to the Ordinance's water use reduction requirements by reducing 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. Although the St. Luke's Replacement Hospital is not subject to the Green Building Ordinance, it would reduce potable water use for plumbing fixtures through the use of low-flow plumbing fixtures.

- The 1375 Sutter MOB and St. Luke's 1957 Building renovation would comply with the requirements of the City's Commercial Water Conservation Ordinance (San Francisco Building Code Chapter 13A) for existing commercial buildings undergoing tenant improvements.

- The Cathedral Hill MOB and St. Luke's MOB/Expansion Building, which are subject to the City's Green Building Ordinance, would comply with the Ordinance's requirements for solid waste, as these buildings would have provisions for recycling, composting, trash storage, collection, and loading that would be convenient for all building users. Although the Cathedral Hill Hospital, 1375 Sutter MOB, St. Luke's Replacement Hospital, St. Luke's 1957 Building renovation, and Davies Neuroscience Institute are not subject to the Green Building Ordinance, these buildings would adhere to the Ordinance's requirements because they also would have provisions for recycling, composting, trash storage, collection, and loading that would be convenient for all building users.

- All CPMC campuses would comply with the City's Mandatory Recycling and Composting Ordinance (Environment Code, Chapter 19) because recycling and composting systems would be established, which would include staff training, varying container sizes and accessibility consistent with program demand, dedicated compactors for these added waste streams, and pick up contracts with the waste management company to be added adjacent to trash containers and to be located appropriately to allow all persons to manage waste as directed.

- The Cathedral Hill MOB and St. Luke's MOB/Expansion Building, which are subject to the City's Green Building Ordinance, would comply with the Ordinance's requirements for construction and demolition debris recycling, as at least 75 percent of the construction and demolition debris related to these projects would be diverted. Although the Cathedral Hill Hospital and St. Luke's Replacement Hospital are not subject to the Green Building Ordinance, both buildings would adhere to the Ordinance's construction and demolition debris recycling requirements by requiring construction and demolition recycling and targeting a 75 percent diversion rate.

- The Cathedral Hill Hospital, Cathedral Hill MOB, and the St. Luke's MOB/Expansion Building (i.e., the near-term projects that would require demolition of existing structures) would comply with the requirement under the City's Construction and Demolition Debris Recovery Ordinance (San Francisco Environment Code, Chapter 14) to submit a waste diversion plan to the Director of the Environment which provides for a minimum of 65 percent diversion from landfill of construction and demolition debris, including materials source separated for reuse or recycling. The Cathedral Hill Hospital would require construction and demolition debris recycling, and is targeting a 75 percent diversion rate and would at least meet the minimum 65 percent diversion rate. CPMC would submit Demolition Debris Recovery Plans (DDRPs) for the Cathedral Hill MOB, and St. Luke's MOB/Expansion Building to the San Francisco Department of the Environment that would provide for a minimum of 75 percent diversion from landfill of construction and demolition debris.

- The Cathedral Hill Hospital, Cathedral Hill MOB, St. Luke's Replacement Hospital, St. Luke's MOB/Expansion Building, and Davies Neurosciences Institute would comply with the City's street tree planting requirements for new construction under Planning Code Section 428.

- All CPMC campuses would comply with the requirements for regulation of diesel backup generators under San Francisco Health Code, Article 30, because 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 BAAQMD and would submit an application to the San Francisco Department of Public 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.

Based on the CPMC LRDP GHG Compliance Checklist, on December 14, 2010, MEA determined that the proposed CPMC LRDP would be in compliance with the City's GHG Reduction Strategy (see CPMC LRDP GHG Compliance Checklist included as C&R Appendix D).[21] Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures.

With a determination of compliance with San Francisco's Qualified GHG Reduction Strategy, the LRDP would comply with regulations or requirements adopted to implement both a regional (BAAQMD) and local (City and County of San Francisco) plan for the reduction or mitigation of GHG emissions. Therefore, the impact of the proposed project on greenhouse gas emissions would support a finding of less than significant, and no further mitigation would be required. However, the Planning Department has determined that because the significance conclusion in the Draft EIR was made prior to a determination of equivalency with a qualified GHG reduction strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (as determined in the Draft EIR and which the Planning Department determined would be the appropriate 2010 BAAQMD GHG threshold at the time of publication of the Draft EIR), the proposed LRDP should conservatively be considered to result in a

[21] San Francisco Planning Department. 2010 (December 14). California Pacific Medical Center Long Range Development Plan Greenhouse Gas Compliance Checklist Approval by Jessica Range, Environmental Planner.

significant and unavoidable impact, despite the determination that the proposed LRDP would be consistent with the BAAQMD-approved GHG Reduction Strategy. Therefore, the Draft EIR is adequate with respect to the analysis and significance determination related to greenhouse gas emissions impacts. Nevertheless, because of the proposed LRDP's compliance with the San Francisco qualified GHG Reduction Strategy, no additional mitigation is required.

A lead agency has the obligation to require that a proposed project reduce GHG emissions to a less-than-significant level, if feasible, as determined by the lead agency. In this case, the proposed LRDP has incorporated all feasible mitigation measures and is consistent with the City's BAAQMD-approved GHG Reduction Strategy, and therefore has been shown to satisfy BAAQMD's mitigation guidance. Furthermore, since the greenhouse gas emissions impact under Impact GH-3 (see Draft EIR pages 4.8-31 and 4.8-32) is conservatively considered to be significant and unavoidable despite implementation of all feasible GHG reduction measures, the comment is correct that a statement of overriding considerations would be necessary with respect to greenhouse gas emissions impact for the proposed project.

Based on the discussion above and on MEA's approval of the CPMC LRDP GHG Compliance Checklist, Impact GH-3, Draft EIR pages 4.8-31 through 4.8-32, is revised to read as follows:

> *IMPACT GH-3 Direct and indirect CPMC 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~~2010 BAAQMD Guidelines). (Significance Criteria 8a and 8b)"*
>
> *Levels of significance:*
>
> - *Cathedral Hill: Significant and unavoidable*
> - *Pacific: Significant and unavoidable*
> - *Davies (near term and long term): Significant and unavoidable*
> - *St. Luke's: Significant and unavoidable*
>
> **Near-Term Projects and Long-Term Projects**
>
> **All Campuses Except California Campus**
>
> As described previously, the proposed LRDP would be required to comply with San Francisco's GHG Reduction Strategy, which would reduce operational GHG emissions. Given that the City's GHG Reduction Strategy adopts numerous GHG reduction strategies recommended in the *Climate Change Scoping Plan*; that it includes binding, enforceable measures to be applied to development projects; and that the strategy has produced measurable reductions in GHG emissions, the proposed LRDP would be consistent with state and local GHG reduction strategies. In addition, the proposed LRDP would not conflict with any plans, policies, or regulations adopted for the purpose of reducing GHG emissions.
>
> The BAAQMD has identified the following three alternative thresholds for determining whether a project's GHG emissions are significant:
>
> 1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or
> 2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalents ($MTCO_2e$); or
> 3) Whether a project's GHG emissions exceed 4.6 $MTCO_2e$ per service population.

A lead agency may choose the threshold against which to analyze a project in order to determine the significance of a project's GHG emission impacts; however, BAAQMD encourages lead agencies to prepare a Qualified GHG Reduction Strategy and then to use Threshold #1, above, as the standard of significance for GHG emissions.[43] Thus, on August 12, 2010, the San Francisco Planning Department submitted a draft of the *City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions* to BAAQMD. This document presents a comprehensive assessment of policies, programs, and ordinances that collectively represent San Francisco's Qualified GHG Reduction Strategy. The BAAQMD reviewed San Francisco's GHG reduction strategy and concluded that the strategy meets the criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's 2010 CEQA Guidelines.[44] Therefore, projects that are determined to be consistent with San Francisco's GHG reduction strategy would result in a less-than-significant GHG emissions impact.

As shown in Table 4.8-2, the proposed LRDP's net operational GHG emissions would be approximately 22,503 $MTCO_2e$/yr, which exceeds BAAQMD's recently adopted second alternative GHG emissions threshold of 1,100 $MTCO_2e$/yr. In addition, a net increase in SP of nearly 3,819 full-time or full-time equivalent employees (i.e., the average number of employees and volunteers on a given work day) would result in a GHG-efficiency value of 5.9 $MTCO_2e$/SP/yr. Therefore, the proposed LRDP would exceed BAAQMD's recently adopted third alternative GHG emissions threshold of 4.6 $MTCO_2e$/SP/yr for project-level analysis.

As noted in this section, several sustainability attributes that would serve to reduce GHGs were not accounted for in the calculation of operational GHG emissions, because of the unavailability of sufficient methodologies to accurately account for associated GHG emission reductions. In order to facilitate a determination of project compliance with San Francisco's GHG reduction strategy, in November 2010 the San Francisco Planning Department Environmental Planning division released a Greenhouse Gas Analysis Compliance Checklist that is required to be completed for each proposed project. Thus, a checklist breaking down LRDP compliance by building for near-term projects has been completed. Based on the CPMC LRDP GHG Compliance Checklist, on December 14, 2010 Environmental Planning determined that the proposed CPMC LRDP would be in compliance with the City's Qualified GHG Reduction Strategy (see CPMC LRDP GHG Compliance Checklist included as C&R Appendix D).[45] Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. ~~The proposed LRDP would be above BAAQMD's recently adopted GHG efficiency criterion of 4.6 $MTCO_2e$/SP/yr for project-level analysis.~~ However, the Planning Department has determined that because the significance conclusion in the CPMC LRDP Draft EIR regarding operational greenhouse gas emissions was made prior to a determination of equivalency with a qualified GHG reduction strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (which the Planning Department determined applied at that time), the proposed LRDP would conservatively be considered to result in a significant and unavoidable impact.

~~Although this proposed LRDP exceeds the efficiency metric of 4.6 $MTCO_2e$/SP/yr, additional factors were considered. First, it was not clear whether the BAAQMD efficiency metric applies to facilities such as hotels and hospitals, whose large numbers of visitors are not included in the service population (which includes employees and residents only). Second, as noted in this section, 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.~~

~~It 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.~~**

[43] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, p. 4-7 and Appendix D: Threshold of Significance Justification, p. D-24. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx.

[44] Bay Area Air Quality Management District. 2010 (October 28). GHG Reduction Strategy Approval Letter from Jean Roggenkamp, Deputy Air Pollution Control Officer, to Bill Wycko, Environmental Review Officer at San Francisco Planning Department. Available at: http://www.sf-planning.org/index.aspx? page=1570.

[45] San Francisco Planning Department. 2010 (December 14). California Pacific Medical Center Long Range Development Plan Greenhouse Gas Compliance Checklist Approval by Jessica Range, Environmental Planner.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-144 GH, duplicate comment was provided in 30-144 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

In addition, the DEIR states that allowances for the reduction of 'embodied energy' by diverting 'at least 75 percent (and up to 90 percent) 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 percent' 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."

Response GH-2

The comment refers to a lack of quantification of certain GHG reduction measures, and suggests that, as a result, *total* GHG emissions were not quantified. The CPMC LRDP Draft EIR included a quantification of the total GHG emissions from both the construction and operational phases of the proposed LRDP (see Tables 4.8-1 and 4.8-2 on pages 4.8-18 and 4.8-19 of the Draft EIR). However, as explained on pages 4.8-16, 4.8-17, and 4.8-32 of the Draft EIR, there are no reliable methodologies available to account for the additional GHG reductions that would be achieved by many of the LRDP design features. Specifically, as stated on page 4.8-17 of the Draft EIR, the associated GHG reductions of some project design features were not deducted from the development's operational emissions inventory, because the features would reduce embodied energy and not direct emissions from the proposed LRDP development or because

insufficient data was available for quantification purposes. Because certain reductions are not subtracted in the GHG emission calculations, the estimate can be considered conservative (i.e., an overestimate). If reliable methodologies existed, quantification of the additional LRDP GHG emission reductions that could be achieved through incorporation of the design features listed on pages 4.8-16, 4.8-17, and 4.8-20 of the Draft EIR would refine the GHG estimate, but it is not necessary for the purposes of the conservative estimate of total GHG emissions provided in the Draft EIR. Therefore, the Draft EIR analysis and significance determination related to greenhouse gas emissions impacts are adequate, and no further quantitative analyses of the emissions reductions that would be achieved through implementation of the proposed project design features need to be conducted.

3.10.1.2 GHG OPERATIONAL EMISSIONS INVENTORY

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-141 GH, duplicate comment was provided in 30-141 GH]

"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?"

Response GH-3

This comment inquires about the type of diesel fuel and quantity of GHG emissions associated with the emergency generators at various CPMC campuses under the LRDP. The fuel used for the LRDP-related emergency diesel generators would comply with the applicable fuel requirements specified in regulations and/or operating permits issued by California Air Resources Board (ARB) and BAAQMD. As shown in the calculation below, the estimated GHG emissions associated with emergency diesel generators are well below the 10,000 metric tonne/year threshold for stationary sources, and represent less than 1 percent of the total operational GHG inventory for the proposed LRDP. Note, however, that the emissions from the LRDP-related generators are not included in the operational inventory in the DEIR because they are subject to the separate 10,000 metric tonne/year GHG emissions threshold for stationary sources, per BAAQMD CEQA guidance.

The CO_2 emission factor for diesel generator sets from ARB's OFFROAD database is 568.3 g/hp-hr. Using this emission factor and equipment details presented in the memo entitled "CPMC Stationary Source Emissions and Health Risk Analysis (July 2, 2010)" (which is available on public file), the net CO_2 emissions from the LRDP-related emergency diesel generators would be 207 metric tons/year. This is less than 1 percent of the total emission inventory for the LRDP and well below the 10,000 metric ton/year threshold for stationary sources.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-145 GH, duplicate comment was provided in 30-145 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."

Response GH-4

The comment suggests that a thorough analysis of GHG emissions with respect to the cooling water system was omitted from the Draft EIR because the GHG threshold level "will far exceed BAAQMD guidelines." Please see Response GH-1 (page C&R 3.10-3) for a discussion of the significance of greenhouse gas emissions from the proposed LRDP. As shown in Table 4.8-2 on pages 4.8-19 through 4.8-20 of the Draft EIR and discussed under Impact GH-1 on pages 4.8-25 to 4.8-26 of the Draft EIR, total water usage—including water used for irrigation of landscaping—was accounted for in the water energy estimate used for the GHG inventory. The eventual end-use of the water is not relevant for purposes of determining significance of potential GHG impacts under CEQA. Furthermore, the comment states that the cooling tower water volume could be calculated by a water treatment specialist. Since publication of the Draft EIR, the diversion of cooling tower blowdown water from the municipal wastewater stream for reuse on site is no longer an LRDP design feature for the proposed Cathedral Hill Hospital and MOB as part of the proposed CPMC LRDP. This design feature was not incorporated into the impact analysis and therefore would not affect GHG emission savings. The text in the Draft EIR, page 4.8-17, fourth bullet point has been deleted to clarify that diversion of cooling tower water from wastewater treatment is not among the proposed LRDP design features that could yield further GHG emission savings as part of the CPMC LRDP, as follows:

- ~~*Diversion of cooling tower water from wastewater treatment:* The efficient design of the Cathedral Hill Hospital's cooling tower system would prevent approximately 98% of total cooling tower water from requiring wastewater treatment. The volume of cooling tower water requiring treatment was not available to quantify the GHG impacts of this feature.~~

3.10.1.3 LEED MEASURES VERSUS CEQA MITIGATION

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-41 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 measures. This assumption is unsupported for the following reasons:

a) The City's Green Building Ordinance requires the Cathedral Hill MOB and the St. Luke's MOB/Expansion Building, as well as the buildings proposed to be constructed in the long term at the Pacific and Davies Campuses, to obtain a level 'Silver' certification;[41] 'Gold' and 'Platinum' LEED certification, which are also available, are not pursued by CPMC.

b) The Draft EIR states that although the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital would not be subject to the City's Green Building Ordinance, CPMC intends to attain LEED certification for these buildings;[42] yet the Draft EIR fails include this intention as an enforceable mitigation measure and fails to specify to which LEED level (Certified, Silver, Gold, Platinum) these buildings would be certified.

c) LEED certification (at any level) does not guarantee that energy use and emissions of criteria pollutants and greenhouse gases associated with buildings would be reduced to the maximum extent feasible as required under CEQA to reduce the 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.)

[41] Draft EIR, page 4.8-22.
[42] Ibid."

Response GH-5

The comment states that the "Draft EIR appears to be under the mistaken assumption that the Project's compliance with the City's Green Building Ordinance requirement for [LEED] certification . . . would suffice to satisfy CEQA mitigation measures." The comment is correct that the Draft EIR considers the fact that the Cathedral Hill MOB and the St. Luke's MOB/Expansion Building (and all new buildings constructed as long-term projects at the Davies and Pacific Campuses) would be subject to the Green Building Ordinance requirement for LEED® Silver certification as one of the feasible means for reducing the project's GHG emissions. However, compliance with the Green Building Ordinance is only one of many project design features and City-imposed requirements that would reduce the project's GHG emissions. In addition to mandatory compliance with LEED® Silver requirements for the two MOBs identified above, CPMC is also voluntarily seeking, at a minimum, LEED® Certified status for the Cathedral Hill Hospital and St. Luke's Replacement Hospital. The Draft EIR outlines several programs, initiatives, and proposed design features that could reduce GHG emissions, as set forth on pages 4.8-16 through 4.8-20 of the Draft EIR. Please also see Response ME-2 on pages C&R 3.19-5 to 3.19-9 for additional information regarding energy efficiency measures and other potentially GHG emission-reducing design features that have been incorporated into the proposed LRDP.

Furthermore, the project is subject to many City requirements to reduce GHG emissions that are not specifically described in the Draft EIR, but which are set forth in the Greenhouse Gas Analysis Compliance Checklist breaking down LRDP compliance by building for near-term projects and by campus for long-term projects that was completed by CPMC and submitted to Environmental Planning subsequent to the publication of the Draft EIR. Based on the CPMC LRDP GHG Compliance Checklist, Environmental Planning determined on December 14, 2010, that the proposed CPMC LRDP would be in compliance with the City's GHG Reduction Strategy (see CPMC LRDP GHG Compliance Checklist included as C&R Appendix D).[22] Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been demonstrated to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures.

It should be noted that sufficient methodologies to quantify the reductions that could be achieved through implementation of many of the identified design features are not available. Therefore, the Draft EIR conservatively did not account for the GHG emissions reduction due to such project features in the inventory of GHG emissions under the proposed LRDP. For the same reason, these features were not assumed to fully mitigate the LRDP's operational impacts related to GHG emissions that, as explained on Draft EIR pages 4.8-31 and 4.8-32, were considered to be significant and unavoidable under the quantitative thresholds set forth in the 2010 BAAQMD Guidelines.

LEED® certification, in and of itself, is not necessarily intended to meet the CEQA requirement of reducing emissions of greenhouse gases and criteria pollutants associated with building energy use to a less-than-significant level. As explained above, a range of LEED® requirements, project design features, and City requirements would be implemented in order to reduce GHG emissions impacts to the extent feasible. However, LEED® certification is intended to reduce the amount of energy consumed and to use more benign forms of energy, which is one means of reducing GHG emissions. If a project, such as the CPMC LRDP, commits to construct buildings to achieve LEED® certification, then the minimum

[22] San Francisco Planning Department. 2010 (December 14). California Pacific Medical Center Long Range Development Plan Greenhouse Gas Compliance Checklist Approval by Jessica Range, Environmental Planner.

requirements to achieve LEED® certification can be assumed as part of project implementation and can affect the level of significance a CEQA document identifies in terms of impacts related to energy, GHG emissions, criteria pollutant emissions, transportation, water, and solid waste.

As identified on page 4.8-22 of the Draft EIR, CPMC buildings that are subject to the San Francisco Green Building Ordinance, such as the medical office buildings (MOBs) at Cathedral Hill and St. Luke's Campuses, would be built to LEED® Silver certification requirements and, thus, would meet the LEED® Energy and Atmosphere prerequisites related to fundamental commissioning of the building energy systems, minimum energy performance, and fundamental refrigerant management, as well as LEED® Energy and Atmosphere Credit 3 related to enhanced commissioning.

In addition, CPMC has confirmed that the proposed hospitals at Cathedral Hill and St. Luke's Campuses, which are not subject to the San Francisco Green Building Ordinance, would be constructed to LEED® Certified requirements. Thus, these hospital buildings would meet the LEED® Energy and Atmosphere prerequisites related to fundamental commissioning of the building energy systems, minimum energy performance, and fundamental refrigerant management. Please also see Response GH-1 on page C&R 3.10-3, which includes the CPMC LRDP GHG Compliance Checklist that shows which CPMC buildings are subject to the Green Building Ordinance and/or LEED® certification requirements, with respect to energy efficiency.

Under CEQA the goal of mitigation measures for greenhouse gas emissions is to reduce potentially significant adverse GHG impacts to less-than-significant levels. Please see Response GH-1 on page C&R 3.10-3 for a discussion of the significance of greenhouse gas emissions from the proposed CPMC LRDP. As is explained in that response, with a determination of compliance with San Francisco's Qualified GHG Reduction Strategy, the LRDP would not conflict with the applicable plan adopted for the purpose of reducing GHG emissions. Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been demonstrated to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures, and no additional mitigation is required. However, the Planning Department has determined that, because the significance conclusion in the Draft EIR was made prior to a determination of equivalency with a qualified GHG reduction strategy and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (as determined in the Draft EIR and which the Planning Department determined applied), the proposed LRDP should conservatively be considered to have a significant and unavoidable impact, despite the determination that the proposed LRDP would be consistent with the BAAQMD-approved GHG Reduction Strategy.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-43 GH]

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

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

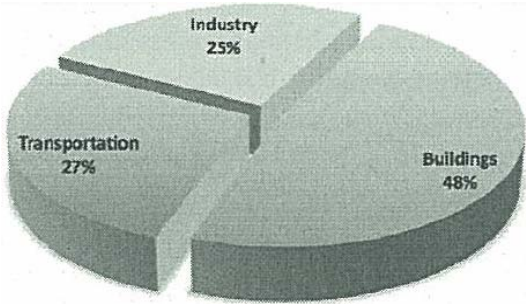

Figure 2: U.S. energy use by sector
From: architecture30.org"

Response GH-6

The comment provides the statistic that buildings consume nearly half of the annual energy used in the U.S., and provides a figure from "architecture30.org" to support this statement. Buildings consume approximately 37 percent of the energy produced in the U.S. annually, according to the U.S. Department of Energy, and not the 48 percent stated in the comment. Specifically, residential buildings account for 20 percent of all U.S. energy use and commercial buildings account for 17 percent of all U.S. energy use. With respect to GHG emissions, building energy use within the City and County of San Francisco accounts for 45 percent of energy use.[23] See Response GH-8 (page C&R 3.10-22) for a discussion regarding how hospitals are generally more intensive in terms of energy use than most other types of buildings.

CEQA requires the identification of any feasible mitigation measures that could reduce any adverse energy impacts identified in an EIR as potentially significant to a less-than-significant level. On pages 4.17-7 to 4.17-9 of the Draft EIR, Impact ME-2 determined that energy use associated with LRDP implementation would be a less-than-significant impact. This is due to an improvement of overall energy efficiency at the CPMC campuses, with the decommissioning, demolition, and replacement of older, energy intensive on-campus buildings as well as implementation of the minimum prerequirements for the Energy and Atmosphere LEED® category listed above on page C&R 3.10-18 and described in detail under Impact ME-2 (see pages 4.17-7 and 4.17-9 of the Draft EIR). Because it has been determined that the LRDP would result in less-than-significant energy impacts, no energy specific mitigation is required. See Response GH-5 for a discussion regarding why no additional GHG emissions-specific mitigation is required.

3.10.1.4 ADDITIONAL MITIGATION REQUESTED FOR OPERATIONAL EMISSIONS

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [91-50 GH]

"**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:

[23] San Francisco Department of Environment. 2011. San Francisco Energy Information. Available at: http://www.sfenergywatch.org/energy.html. Accessed on March 14, 2011.

- **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]

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

(Gloria Smith—California Nurses Association, October 19, 2010) [91-51 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.

[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_ADDENDUM_TN-48266.PDF, accessed September 17, 2010."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-52 GH]

"**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.

These measures 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."

Response GH-7

The comments suggest that there are additional opportunities that have not been explored with respect to mitigation for proposed CPMC LRDP GHG and air quality impacts. The Draft EIR outlines several programs, initiatives, and proposed design features (see Draft EIR pages 4.8-16 to 4.8-20), including LEED® certification, which could reduce GHG emissions. However, sufficient methodologies to quantify the reductions that could be achieved through implementation of many of the identified design features are not available. Therefore, as explained in Response GH-2 on page C&R 3.10-13, the Draft EIR conservatively did not account for those project features in the inventory of GHG emissions under the proposed LRDP. For the same reason, these features were not assumed to fully mitigate the LRDP's operational impacts related to GHG emissions which, as explained on Draft EIR pages 4.8-31 and 4.8-32, would be considered to be significant and unavoidable under the quantitative thresholds set forth in the 2010 BAAQMD Guidelines. In addition, as explained in the CPMC LRDP GHG Compliance Checklist (see C&R Appendix D), the proposed new hospitals at Cathedral Hill and St. Luke's would meet LEED® Certified requirements and the new Cathedral Hill MOB and St. Luke's MOB/Expansion Building would

meet LEED® Silver certification standards and 2) LEED® Energy and Atmosphere Prerequisite 1 and Credit 3 require, among other tasks, developing and implementing a commissioning plan and verifying the installation and performance of commissioned energy systems.[24] The Cathedral Hill Hospital and St. Luke's Replacement Hospital would be built, at a minimum, to LEED®-certified requirements, and the proposed Cathedral Hill MOB and St. Luke's MOB/Expansion Building would be built to LEED® Silver certification requirements. As such, all four of these buildings would meet LEED® Energy and Atmosphere Prerequisites 1 through 3 related to fundamental commissioning of the building energy systems, minimum energy performance, and fundamental refrigerant management. The Cathedral Hill MOB and St. Luke's MOB/Expansion Building would also meet LEED® Energy and Atmosphere Credit 3 related to enhanced commissioning, in addition to other additional credits necessary to attain LEED® Silver status.

Also, as stated on Draft EIR pages 4.17-7 and 4.17-8, to obtain LEED® certification pertaining to energy, the proposed hospitals and medical office buildings would: (1) conduct fundamental commissioning of building energy systems to verify that the project's energy related systems are installed, calibrated, and performing according to the owner's project requirements, basis of design, and construction documents; (2) demonstrate 10 percent improvement in the proposed building performance rating for new buildings compared with the baseline building performance rating; and (3) use no chlorofluorocarbon-based refrigerants in new based building, ventilating, air conditioning, or refrigeration systems.

Please also see Response ME-2 on pages C&R 3.19-5 to 3.19-9 and Response GH-1 on page C&R 3.10-3 for additional information regarding energy efficiency measures and other potentially GHG emission-reducing design features that have been incorporated into the proposed LRDP.

Comment 91-51, above, suggested that mitigation could include a comprehensive audit of existing buildings owned by CPMC and processes to identify and implement energy saving measures. CPMC has already undertaken such an effort. CPMC partnered with PG&E in late 2007, launching a comprehensive energy audit of its existing buildings at all four existing campuses (California, Davies, Pacific, and St. Luke's). This audit informed the development of CPMC's California Pacific Medical Center Environmental Impact Reduction Plan.[25]

Energy savings measures completed to date include:

Lighting Upgrades, New Lamps/Ballasts, and Motion Detectors

- California Campus – 3698 California Street, 3700 California Street, 3905 Sacramento Street, 3838 California Street and 460 Cherry Street Garage
- Pacific Campus – 2333 Buchanan Street, 2351 Clay Street, 2340-2360 Clay Street, 2300 California Street, 2323 Sacramento Street, 2395 Sacramento Street and Clay/Webster Street Garage
- Davies Campus – North Tower, South Tower and 45 Castro Street
- St. Luke's Campus – 3555 Cesar Chavez Street, 1912 Building and 1957 Building and Monteagle Medical Center
- Reduction of 31 billion BTUs/year or 6.5 million pounds of CO_2 not released into the atmosphere

[24] U.S. Green Building Council. 2007. LEED New Construction & Major Renovation Version 2.2 Reference Guide, third edition.
[25] Alternative Energy Systems Consulting, Inc. 2010 (October 13). *Integrated Energy Audit: California Pacific Medical Center, 2333 Buchanan St. San Francisco, CA 94115.* Prepared for Customer Energy Efficiency, Pacific Gas and Electric Company.

Insulation for Piping, Steam, and Hot Water Lines

- California Campus – 3698 California Street and 3700 California Street
- Pacific Campus – 2351 Clay Street
- Davies Campus – North Tower
- St. Luke's Campus – 3555 Cesar Chavez Street
- Reduction of 18.7 billion BTUs/year achieved or 2.1 million pounds of CO_2 not released into the atmosphere

Energy savings measures that have been identified through the audit process and that CPMC plans to implement in the future include a building controls upgrade at the Pacific Campus facilities for monitoring and optimizing energy use, and a retrofit of chillers at the Pacific Campus to improve their efficiency. Additionally, CPMC recently completed an air compressor project at the Pacific Campus that is anticipated to save an estimated 1.3 million gallons of water annually.

Furthermore, Environmental Planning approved the CPMC LRDP GHG Compliance Checklist on December 14, 2010 and determined that the proposed LRDP meets the intent of the San Francisco GHG Reduction Plan through project design features and compliance with applicable City requirements. Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. According to the BAAQMD, compliance with a Qualified Greenhouse Gas Reduction Strategy (or similar adopted policies, ordinances and programs) would provide the evidentiary basis for making CEQA findings that development consistent with the plan would result in feasible, measureable, and verifiable GHG reductions consistent with broad state goals such that projects approved under qualified Greenhouse Gas Reduction Strategies or equivalent demonstrations would achieve their fair share of GHG emission reductions.[26] Therefore, no additional mitigation is required for the LRDP, such as conducting energy audits, funding programs that provide for energy efficiency retrofits of existing buildings and housings in the City, and funding carbon off-set programs. Please see Response GH-1 on page C&R 3.10-3 for a discussion of the significance of greenhouse gas emissions from the proposed LRDP.

Comment

(Jean Roggenkamp—Bay Area Air Quality Management District, October 19, 2010) [109-5 GH, duplicate comment was provided in 112-5 GH]

"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

[26] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, Appendix D: Threshold of Significance Justification, p. D-14. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx.

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 Healthcare green building standards.
- Instead of increasing energy efficiency 14 percent beyond Title 24 as stated in the DEIR, committing to a percentage reduction greater that 14 percent beyond Title 24.
- Electrifying loading docks and prohibiting idling of all trucks.

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 reduction 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."

Response GH-8

The comment recommends additional measures that BAAQMD considers feasible. Some of these measures are already proposed as components of the LRDP. For example, the comment suggests parking price adjustment to further discourage vehicle trips. As explained on page 5-14 of the Draft EIR, a performance-based parking fee structure to discourage single-occupant vehicle usage would be included as part of the enhanced Transportation Demand Management (TDM) Plan under the proposed LRDP. In addition, as part of its enhanced TDM Plan, CPMC is committing to develop a 10-year plan to replace its existing shuttle fleet with Green Vehicles.[27] See Response TR-23 (page C&R 3.7-45) for further discussion regarding the proposed LRDP TDM Plan.

As stated on page 4.8-16 of the Draft EIR, under the heading entitled "Project Design Features Whose Emissions Reductions Were Incorporated into the Analysis," CPMC has committed to 14 percent greater efficiency than either Title 24 or ASHRAE 90.1-2004 energy efficiency requirements for energy uses at the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital. With respect to the proposed Cathedral Hill MOB and St. Luke's MOB/Expansion Building, which are subject to the City's Green Building Ordinance (San Francisco Building Code Chapter 13C), CPMC would comply with the Ordinance's requirements for energy efficiency by being at a minimum 15 percent more energy efficient than Title 24 or ASHRAE energy efficiency requirements.[28] Further energy reduction beyond the current target is difficult to achieve with any certainty due to hospital air change requirements and medical equipment loads.

[27] Nelson/Nygaard Consulting Associates. 2011 (March 24). CPMC TDM Plan: TDM Components in the Mid Term (2 to 5 years).

[28] At the time Draft EIR was published in July 2010, the Green Building Ordinance required that new buildings subject to the ordinance and achieve an energy efficiency of 14 percent better than Title 24- 2005 or ASHRAE 90.1-2004. The Green Building Ordinance has since been revised effective in 2011 to require that new buildings subject to its requirements achieve an energy efficiency of, 15 percent better than Title 24-2008 by the alternative calculation method, or both compliance with Title 24 -2008 and 15 percent better than ASHRAE 90.1 – 2007 by cost.

The comment recommends electrifying loading docks and prohibiting idling of all trucks. The Planning Department's understanding is that this measure is typically recommended for projects that have a large number of refrigerated trucks making deliveries to loading docks, because such trucks often idle to continue chilling their cargo until all offloading has been completed. Electrifying loading docks allows refrigerated trucks to turn off their motors and use the docks' electrical systems as the energy source to continue chilling their cargo. CPMC currently has a relatively low number of refrigerated trucks making deliveries to its loading docks on various CPMC campuses, and this is not anticipated to change as a result of the LRDP project. Nevertheless, CPMC is investigating the possibility of electrifying the loading docks as suggested by the comment.

The comment recommends adding on-site renewable energy sources, such as wind turbines and solar panels under the LRDP. It is worth noting that on page 4.17-8, the Draft EIR stated that CPMC intended to implement on-site renewable energy and use of green power as energy efficiency measures at the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital. This statement has been corrected in the text revisions to the Draft EIR in this document, as the project sponsor, CPMC has not committed to adding on-site renewable energy or to using green power (except as made available to the CPMC campuses through the City's energy grid) for the reasons stated below within this response. Therefore, the bulleted list in the Draft EIR, page 4.17-8, under "Impact ME-2" has been revised as follows to clarify CPMC's commitments regarding implementation of energy efficiency elements:

> In addition, CPMC ~~intends to~~ would implement ~~the following~~ elements of energy efficiency into the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital by optimizing energy performance of the facilities.~~:~~
>
> ~~► optimizing energy performance.~~
>
> ~~► using on-site renewable energy,~~
>
> ~~► enhancing commissioning,~~
>
> ~~► enhancing refrigerant management,~~
>
> ~~► using green power, and~~
>
> ~~► devising and implementing overall measurement and verification methods, as well as measurement and verification methods for the base building and for tenant submetering.~~

Hospitals are more intensive in terms of energy use than most other types of buildings. On-site renewable energy sources, such as photovoltaic (PV) cells, solar hot water heating systems, and wind turbines on the roofs of the proposed LRDP buildings would not provide a substantial amount of supplemental electricity to make these sources cost effective. A large portion of the Cathedral Hill Hospital tower roof would be dedicated to complex hospital mechanical and electrical systems equipment, and the podium roof would be in shadow for much of the year. Further, building-integrated photovoltaic panels (BIPVs), which were studied to be incorporated in the building skin on the south façade of the proposed Cathedral Hill Hospital, do not allow for rapid change-out to implement advancing PV technologies that are anticipated to become available over the life of the building. The proposed Cathedral Hill Hospital would utilize the limited amount of equipment-free space on the roof (approximately 25 percent of total roof area) for soil and plantings, which would treat and reduce stormwater runoff, in addition to reducing building energy use. Vegetated roofs would also provide a natural aesthetic benefiting building users and adjacent neighbors by reducing glare and heat often caused by bare roof membranes or rooftop equipment such as PV panels and other rooftop equipment. Portions of the proposed Cathedral Hill MOB roof are also proposed to be vegetated.

The roof of the proposed St. Luke's Replacement Hospital would have a limited amount of area that would not be occupied by equipment or would be free from shade during part of the day. The St. Luke's MOB/Expansion Building could utilize PV panels and solar hot water heating systems on the roof. CPMC has indicated that it would explore this potential as the design of the mechanical and electrical systems for this building development.

PV panels and solar hot water heating systems would not be utilized on the roof of the proposed Davies Neuroscience Institute, because such equipment would add to the height of the project, potentially increasing the new net shadows on the adjacent park and neighboring properties. Additionally, the roof of the Neuroscience Institute building would be in partial shade from the adjacent Davies Hospital North Tower in the afternoon during much of the year, reducing the effectiveness of rooftop PV panels.

Co-generation systems, as sources of renewable energy, are more effective for campus systems with shared central utility plants, making them less economical for the proposed new buildings at the CPMC campuses (which would not have shared central utility plants).

However, as is proposed as part of the project, energy savings and other sustainability goals could be achieved by utilizing the available roof area on the proposed Cathedral Hill Hospital to establish a vegetated roof for soil and plantings, which treats and reduces stormwater runoff. According to the June 2010 BAAQMD CEQA Guidelines, installation of green (i.e., vegetated) roofs are considered by BAAQMD to be feasible energy efficiency mitigation measures to reduce GHG emissions.[29] Vegetated roofs also provide a more attractive, natural aesthetic than PV panels and other rooftop equipment, and they therefore can also potentially provide aesthetic and positive health benefits to patients[30] and aesthetic benefits to adjacent neighbors.

Since LEED® for Healthcare (LEED-HC) rating system was not approved until November 2010, and was under draft review for public comment from late 2007 until mid-2010, CPMC utilized the LEED® for New Construction (LEED-NC) and Major Renovation Version 2.2 rating system for the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital. It should be noted that many of the LEED® prerequisites are the same under both of these LEED® rating systems. In other words, many of the strategies and credits in the LEED-NC rating system that would be utilized for the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital align with those in the LEED-HC rating system. In addition, the design team for Cathedral Hill Hospital continues to reference LEED-HC as a guide to understand more fully how to manage refrigerants, plug loads of equipment, analyze anesthetic gas use, and understand the complexities of energy and water use by the system. The CPMC LRDP GHG Compliance Checklist (see C&R Appendix D) indicates which CPMC LRDP buildings would be subject

[29] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines* at p. 4-15. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx.

[30] Jerry Smith, ASLA LEED AP, Director of Healthcare & Sustainable Initiatives, MSI Design, 2007 (October), Health and Nature: *The Influence of Nature on Design of the Environment of Care: A Position Paper for the Environmental Standards Council of The Center for Health Design*, Columbus, OH, p. 6 ("Wherever possible, views of nature from patient rooms and public spaces should be considered throughout the design process of healthcare facilities. . . . Green roof technology . . . is being implemented for environmental reasons and supports therapeutic garden design concepts for healthcare facilities as well."); Ibid., p. 14 ("The American Institute of Architects (AIA) Guidelines for Design and Construction of Health Care Facilities is updated every 4 years . . . . In the most recent update, The Environmental Standards Council of The Center for Health Design drafted and submitted additions to The Environment of Care chapter, which outlines, among other things, the environmental factors that contribute to patient, staff and family satisfaction. The additions were unanimously accepted by the Committee and are now part of the 2006 Guidelines. As a result of these new additions, access to nature is now recommended for hospitals and long term care facilities. Likewise, natural daylight and views to nature is now recommended to bring natural light into the facility for the positive health benefits that natural lighting brings to patients and staff work areas."); Clare Cooper Marcus, 2005 (August 29), *Healing Gardens in Hospitals* p. 1 ("For a patient, visitor, or member of staff, spending long hours in a hospital can be a stressful experience. Nearby access to natural landscape or a garden can enhance people's ability to deal with stress and thus potentially improve health outcomes."); Ibid., p. 9 ("Architects and landscape architects need to work closely together to ensure that, as much as possible, there are views out to gardens on the natural landscape from patient rooms, waiting areas, staff offices, and corridors. Views out can also assist in way-finding, thus reducing the stress of finding one's way around a strange building.").

to the SF Green Building Ordinance and/or LEED® certification requirements. CPMC intends to achieve (at the minimum) LEED®-certified level for the proposed Cathedral Hill Hospital and the St. Luke's Replacement Hospital.

Furthermore, this comment was submitted before approval of the San Francisco GHG Reduction Strategy, which has since been approved by BAAQMD as described in a letter dated October 29, 2010. In this letter, BAAQMD stated that "District staff believes the City's Strategy meets the criteria for a qualified GHG reduction strategy as described in the District's CEQA Guidelines." The City of San Francisco has reviewed CPMC's GHG reduction measures and concluded that the LRDP is in compliance with the San Francisco GHG Reduction Strategy. Thus, the LRDP has demonstrated that it satisfies BAAQMD's GHG mitigation guidance by demonstrating consistency with the BAAQMD-approved GHG Reduction Strategy and, therefore, all applicable feasible mitigation measures have been identified and no additional mitigation is required. Please see Response GH-1 on page C&R 3.10-3 for a discussion of the significance of GHG emissions from the proposed LRDP.

3.10.2 CATHEDRAL HILL CAMPUS

3.10.2.1 ADDITIONAL MITIGATION REQUESTED FOR OPERATIONAL EMISSIONS

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-42 GH]

"As shown in Figure 1, at the Cathedral Hill Campus, greenhouse gas emissions (reported as CO_s-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 percent of total greenhouse gas emissions attributable to Project operations; mobile source emissions account for 39 percent.

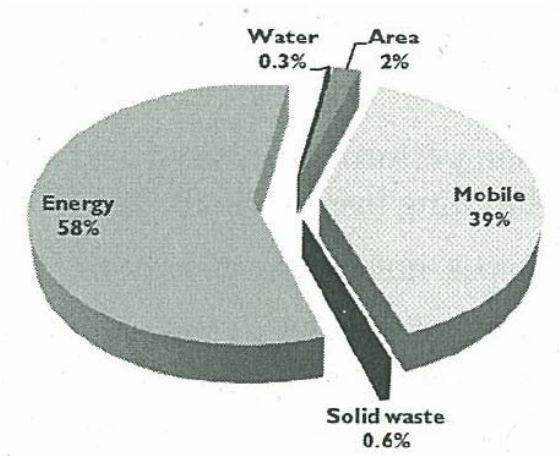

Figure 1: Greenhouse Gas Emissions (in $CO_{2\text{-}eq}$) attributable to Cathedral Hill Campus in 2030"
Data from Draft EIR, Table 4.7-7, page 4.7-40

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

Response GH-9

The comment states that mitigation for GHG emissions for the proposed Cathedral Hill Campus should include measures addressing both energy consumption associated with building operation and mobile

source emissions. GHG emissions (reported as CO_2-equivalent emissions) related to the proposed Cathedral Hill Campus, which are attributable to area sources, electricity generation, natural gas combustion, solid waste disposal, and water consumption-related energy use, would account for approximately 60 percent of annual GHG emissions attributable to operations. GHG emissions attributable to mobile sources would account for approximately 40 percent of annual GHG emissions attributable to operations (see Table 14.8-2 on pages 4.8-19 and 4.8-20 of the Draft EIR).

On pages 4.17-7 to 4.17-9 of the Draft EIR, Impact ME-2 determined that energy use associated with LRDP implementation would be a less-than-significant impact. This is due to an improvement of overall energy efficiency on the various CPMC campuses with the decommissioning, demolition, and replacement of older, energy intensive on-campus buildings as well as implementation of the minimum requirements for the Energy and Atmosphere LEED® category described in detail under Impact ME-2 (see pages 4.17-7 and 4.17-9 of the Draft EIR). As is explained in Response GH-1 on page C&R 3.10-3, with a determination of compliance with San Francisco's Qualified GHG Reduction Strategy, the LRDP, including requirements involving energy consumption and reduction of mobile sources (including provision of an enhanced transportation demand management system, commuter benefits, an emergency ride home program, and bicycle parking), would not conflict with the applicable plan adopted for the purpose of reducing GHG emissions. Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. According to the BAAQMD, "compliance with a Qualified Greenhouse Gas Reduction Strategy (or similar adopted policies, ordinances and programs) would provide the evidentiary basis for making CEQA findings that development consistent with the plan would result in feasible, measureable, and verifiable GHG reductions consistent with broad state goals such that projects approved under qualified Greenhouse Gas Reduction Strategies or equivalent demonstrations would achieve their fair share of GHG emission reductions."[31] Therefore, the impact of the proposed LRDP on greenhouse gas emissions would be less than significant, and no further mitigation is required. However, the Planning Department has determined that because the significance conclusion in the Draft EIR was made prior to a determination of equivalency with a qualified GHG reduction strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (as determined in the Draft EIR and which the Planning Department determined would be the appropriate 2010 BAAQMD GHG threshold at the time of publication of the Draft EIR), the LRDP should conservatively be considered to result in a significant and unavoidable impact, despite the determination that the proposed LRDP would be consistent with the BAAQMD-approved GHG Reduction Strategy.

3.10.3 PACIFIC CAMPUS

No comments pertaining to GHG emissions and solely related to this campus were received during public review of the Draft EIR.

3.10.4 CALIFORNIA CAMPUS

No comments pertaining to GHG emissions and solely related to this campus were received during public review of the Draft EIR.

3.10.5 DAVIES CAMPUS

No comments pertaining to GHG emissions and solely related to this campus were received during public review of the Draft EIR.

[31] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, Appendix D: Threshold of Significance Justification, p. D-14. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_ Guidelines_June_2010_Final.ashx.

3.10.6 ST. LUKE'S CAMPUS

No comments pertaining to GHG emissions and solely related to this campus were received during public review of the Draft EIR.

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3.11 WIND AND SHADOW

3.11.1 LRDP

3.11.1.1 SIGNIFICANCE THRESHOLDS

Comments

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-32 WS]

"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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-41 WS]

"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."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-42 WS]

"Page 4.9-30: The Draft EIR 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 Draft EIR Section 4.1."

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-43 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."

Response WS-1

The comments state that the Draft EIR inadequately addresses wind and shadow significance, particularly related to their significance on non-park areas (i.e., spaces not under the jurisdiction of the San Francisco Department of Recreation and Parks per San Francisco Planning Code Section 295), private properties, and adjacent sensitive residential uses. The comments also state that the CPMC LRDP Draft EIR fails to consider the LRDP-related effects of wind on the rear yard open space of adjacent residences as well as on interior living areas when windows are open, and these effects are a contributing factor to land use character/compatibility and plans and policies consistency impacts of the LRDP discussed in Section 4.1, "Land Use and Planning" in the Draft EIR, page 4.9-30. In addition, the comments state that the CPMC LRDP Draft EIR shadow analysis ignores the LRDP's potential adverse environmental effects on solar resources of properties adjacent to CPMC LRDP development sites.

As part of an EIR, CEQA requires lead agencies to address the questions from the checklist included in Appendix G of the State CEQA Guidelines that are relevant to a project's environmental effects in the format that the applicable lead agency selects. As part of an EIR, a lead agency may also consider the

analysis of additional environmental questions relevant to the particular geographic area under the lead agency's jurisdiction. Appendix G (Initial Study Checklist) of the State CEQA Guidelines does not require the analysis of shadow impacts, but the San Francisco Planning Department's Initial Study Checklist includes questions related to wind and shadow, and requires a shadow analysis for effects that a project may have on public areas and public recreation facilities under the jurisdiction of the Recreation and Park Commission as well as on public and publicly accessible open spaces, outdoor recreational facilities and other public areas that are not under the jurisdiction of the City's Park and Recreation Commission. San Francisco Planning Code Section 295, "The Sunlight Ordinance," and the San Francisco Planning Department specific thresholds of significance derived from it pertain to public areas and public recreation facilities (i.e., property under the jurisdiction of, or designated to be acquired by, the San Francisco Recreation and Park Commission). As such, neither CEQA nor the San Francisco Planning Department's Initial Study Checklist questions require analysis of shadow impacts on adjacent or proximate private land uses that are not publicly accessible open space or areas. Regarding wind, the City of San Francisco, through Section 148 of the San Francisco Planning Code (as stated on page 4.9-15 of the Draft EIR), has established criteria for acceptable wind "comfort levels" for public seating areas and areas of substantial pedestrian use, not private spaces that are not publicly accessible. The City's performance threshold for wind impacts focuses on public areas and, in particular, whether wind hazard criterion would be exceeded or whether areas of substantial pedestrian use would be substantially affected.

As noted on page 4.9-16 of the Draft EIR, San Francisco Planning Code Section 295, "Height Restrictions on Structures Shadowing Property under the Jurisdiction of the Recreation and Park Commission," also known as The Sunlight Ordinance of 1984, was established following voter approval of Proposition K. This reflects a City policy that public open spaces are to be protected from material increases in shade and shadow effects that would diminish the usability of those spaces, and requires the Planning Commission, before issuance of a permit for a development that exceeds 40 feet in height, to make a finding that, if net new shadow is cast by the proposed development on property under the jurisdiction of the Recreation and Park Commission, such new shading would be insignificant. This finding by the Planning Commission is separate from the EIR process but, similar to EIR certification, would be necessary for the project sponsor to obtain before issuance of any development permits.

As stated on Draft EIR page 4.9-8, potential shadow impacts to additional open space, including publicly owned or controlled open space areas and privately owned, publicly accessible open space areas facilities near the existing and proposed CPMC campuses, were evaluated as part of the Draft EIR although not covered under Section 295 of the San Francisco Planning Code. As discussed in Impact WS-2, beginning on Draft EIR page 4.9-34, a Proposition K shadow fan analysis and shadow projections, which show the actual shadows that would result from a specific building design, were used to evaluate potential shadow impacts of the LRDP to open space areas in the vicinity of the existing and proposed CPMC campuses. As noted on Draft EIR pages 4.9-42, 4.9-47, 4.9-56, 4.9-58, and 4.9-59, development under the proposed LRDP would not substantially affect shading of public outdoor recreational activities or other publicly accessible open spaces and recreational spaces due, in large part because these areas are already shaded by existing structures. It was determined that the small amount of increase in net new shadows related to LRDP development on adjacent sidewalks and publicly-accessible plazas would not substantially alter the use of these facilities, and thus the shadow impact of the LRDP was considered less than significant. It should also be noted that the shadow diagrams presented in Section 4.9 of the LRDP Draft EIR depict and provide information regarding potential shading of surrounding private properties that are not publicly accessible, even though this would not be considered potentially significant.

Shadow projections for the proposed Cathedral Hill Hospital and MOB are shown in Draft EIR Figures 4.9-2 through 4.9-5 (pages 4.9-35 through 4.9-38). According to a San Francisco Planning Department Proposition K shadow study for the proposed Cathedral Hill Campus, projected winter, spring, summer, and fall shadows from the proposed Cathedral Hill Campus would not cast a net new shadow during any

time of the year on Sergeant John Macaulay Park or Jefferson Square, which are the nearest Recreation and Park Department properties to the proposed Cathedral Hill Campus. Shadow projections for the proposed Neuroscience Institute at the Davies Campus are shown in Draft EIR Figures 4.9-6 and 4.9-7 (pages 4.9-44 and 4.9-45). The proposed Davies Campus addition would cast a new shadow on a small part of the south side of Duboce Park, which is the nearest Recreation and Park Department property, for approximately 15–30 minutes during 5 weeks in December and January. Because this net new shadow would occur on approximately 0.2 percent of the total park area, add 156-square foot hours of shade to the park (an increase of 0.0003 percent), and would not fall on the playground or basketball court, the shadow would be unlikely to affect the recreational use of this park and would result in a less-than-significant impact. Shadow projections for the proposed buildings at the St. Luke's Campus are shown in Draft EIR Figures 4.9-8 through 4.9-11 (Draft EIR pages 4.9-49 through 4.9-52). The proposed St. Luke's and Pacific Campus development under the LRDP would not cast a net new shadow during any time of the year on any Recreation and Park Department properties.

According to the San Francisco Solar Map,[1] when viewed in conjunction with Draft EIR Figures 4.9-2 through 4.9-5, the projected shadow from the proposed Cathedral Hill Campus development under the LRDP would not cast net new shadow during any time of the year on any nearby solar installations. Also, according to the San Francisco Solar Map, when viewed in conjunction with Draft EIR Figures 4.9-6, 4.9-7, and 4.9-9 through 4.9-11, the projected shadow from the proposed Davies Campus development and St. Luke's Campus development under the LRDP would not cast net new shadow during any time of the year on any nearby solar installations. Although related, wind and shadow impacts are discussed separately from land use compatibility, consistency with plans and policies, and aesthetic impacts within the Draft EIR. At the proposed Cathedral Hill Campus, land use impacts of the LRDP development are analyzed with respect to the project's effects on a community, i.e., whether development physically divides an established community (Draft EIR pages 4.1-37 to 4.1-41), conflicts with applicable land use plans (Draft EIR pages 4.1-47 to 4.1-49), or adversely affects the existing character of the project vicinity (Draft EIR pages 4.1-55 to 4.1-58). The discussion in the Draft EIR regarding land use incompatibility focuses on the adverse effects that the proposed LRDP would have associated with the introduction of new uses or intensified land uses on the LRDP development sites, the effects on the existing mixed-use character, changes to the pedestrian environment, and the scale and massing of the proposed hospital and MOB compared to existing conditions.

The comments state the Draft EIR fails to consider whether wind and shadow effects were a contributing factor to land use character and compatibility. Potential wind and shadow impacts from the project were each found to be less than significant and would not contribute in any considerable way to adverse impacts on land use character or compatibility.

Aesthetic impacts of the proposed LRDP are thoroughly analyzed in Section 4.2, "Aesthetics" in the Draft EIR. Appendix G of the State CEQA Guidelines requires the analysis of aesthetics impacts, and the Initial Study Checklist includes questions related to analyzing a project's impacts to scenic vistas (Draft EIR pages 4.2-95 to 4. 2-98),, scenic resources (Draft EIR pages 4.2-107 to 4. 2-110), the existing visual character/quality of the project site and its surroundings (Draft EIR pages 4.2-117 to 4. 2-140), and the project's effects on light and glare in the project area (Draft EIR pages 4.2-187 to 4. 2-188). Shadow impacts are not included under aesthetics but were appropriately analyzed in Section 4.9, "Wind and Shadow" in the Draft EIR. As such, the Draft EIR analyzed the proposed LRDP's consistency with San Francisco Planning Code Section 295 related to shadow under Impact WS-1 (pages 4.9-33 through 4.9-63) and concluded that the proposed LRDP would have a less-than-significant shadow impact. No revisions to Section 4.1 in the Draft EIR are necessary.

[1] San Francisco Department of the Environment and CH2M HILL. 2010 (last updated September 13). San Francisco Solar Map. Available: http://sf.solarmap.org/. Accessed January 12, 2011.

San Francisco Planning Code Section 148, "Reduction of Ground Level Wind Currents," requires that proposed developments not cause ground-level wind currents to exceed 11 miles per hour (mph) equivalent wind speed in areas of substantial pedestrian use. This typically includes sidewalks and public plazas or gathering places. Appendix G of the State CEQA Guidelines does not address the potential effects of wind accelerations caused by new structures, but the San Francisco Planning Department Initial Study Checklist requires analysis of the effects that project-generated wind accelerations may have on public areas of substantial pedestrian use. This does not include the wind effects of the project on private lands that are not accessible to the public, including residential porches, windows or backyards. Thus, it is not necessary for the Draft EIR to analyze the LRDP's wind effects on adjacent private residential uses.

Wind impacts are to be considered separate from land use impacts within an EIR. The land use questions from the checklist included in Appendix G of the State CEQA Guidelines include a question regarding whether a project conflicts with any applicable land use policy. As such, the Draft EIR analyzed the proposed LRDP's consistency with San Francisco Planning Code Section 148 related to wind conditions under Impact WS-1 (pages 4.9-22 through 4.9-32) and concluded that the proposed LRDP would have a less-than-significant wind impact. No revisions to Sections 4.1 and 4.2 in the Draft EIR are necessary.

3.11.2 CATHEDRAL HILL CAMPUS

3.11.2.1 WIND AND SHADOW CONDITIONS AND IMPACTS AT THE PROPOSED CAMPUS

Comments

(Alan Wofsy—Emeric-Goodman Associates, September 23, 2010) [26-5 WS]

"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

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."

(Hossein Sepas and Nick Wilson—The Hamilton Association, October 19, 2010) [82-4 WS, duplicate comments were provided in 83-4 WS and 107-3 WS]

"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).'"

Response WS-2

The comments state that the Draft EIR does not address the LRDP-proposed Cathedral Hill Campus development's wind and shadow impacts on the Emeric-Goodman Building or propose any wind-related mitigation measures. The comments also reference the discussion in the Draft EIR regarding wind speeds at many points around the proposed Cathedral Hill Campus site and state that they are currently in exceedance of the pedestrian-comfort criteria, established by the San Francisco Planning Code Section 148.

The Draft EIR evaluates potential wind and shadow impacts in Section 4.9, pages 4.9-20 through 4.9-63. Specifically, the discussion under Impact WS-1 in the Draft EIR, pages 4.9-22 through 4.9-29, evaluates the wind conditions and potential wind impacts of the proposed Cathedral Hill Campus under the LRDP. As stated in the Draft EIR, page 4.9-20, a quantitative wind tunnel analysis was prepared to assess the potential wind impacts of the proposed Cathedral Hill Campus and, as stated in the Draft EIR, page 4.9-25, this report is available for review at the Planning Department (1650 Mission Street, Suite 400, San Francisco, CA 94103) as part of the project case file. As part of this study, 45 wind point locations were identified and evaluated to determine the potential increase in wind velocity and duration that would occur with construction of the proposed Cathedral Hill Campus. Of the 45 locations, 16 currently exceed the pedestrian-comfort wind speed criterion for areas of substantial pedestrian use set by Section 148 of the Planning Code. As shown in Table 4.9-2, "Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus" on page 4.9-24 of the Draft EIR, these include locations 3, 4, 5, 7, 8, 15, 16, 22, 30, 37, 38, 39, 40, 43, and 44. The Emeric-Goodman Building is adjacent to test point location No. 43, which was identified as exceeding the pedestrian-comfort wind speed criterion under existing conditions, as shown on Draft EIR, Figure 4.9-1, "Cathedral Hill Campus—Wind Tunnel Test Point Locations" on page 4.9-26.

Note that two of the wind point locations, 32 and 45, were recorded incorrectly in Table 4.9-2 and in Table 4.9-3. These tables have been corrected and are included in pages C&R 4-101 through 4-104. The modification to these numbers does not change the outcome of the analysis.

Tables 4.9-2 and 4.9-3 in the Draft EIR, pages 4.9-24 and 4.6-60, respectively, have been updated to reflect wind speed updates at locations 32 and 45 for project-level wind analysis, as follows:

The CPMC LRDP Draft EIR concludes that the proposed Cathedral Hill Campus would have a less-than-significant wind impact on its surroundings using the significance criteria listed on page 4.9-18 (see "Significance Criteria") and further described on page 4.9-20 (see "Methodology"). An exceedance of the wind speed impact criteria would constitute a significant adverse impact related to development of the proposed Cathedral Hill Campus if:

- the proposed LRDP development at the Cathedral Hill Campus would result in the pedestrian-comfort criterion of 11 mph wind speed for areas of substantial pedestrian use being exceeded more than 10 percent of the time from 7 a.m. to 6 p.m.; or

- the proposed LRDP development at the Cathedral Hill Campus would result in the Planning Code-established wind hazard criterion of 26 mph equivalent wind speed being exceeded in the surrounding area for more than 1 hour of any year.

Table 4.9-2
Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus

Wind Point Location	Pedestrian Comfort Criterion (mph)	Existing*				Proposed*			
		Wind Velocity[a] (mph)	Measured Equivalent Wind Speed[b] (mph)	Hours per Year Above Hazard Criterion	% Time Above Pedestrian Comfort Criterion	Wind Velocity (mph)	Measured Equivalent Wind Speed (mph)	Hours per Year Above Hazard Criterion	% Time Above Pedestrian Comfort Criterion
1	11	10	19	0	–	9	17	0	–
2	11	11	19	0	–	9	16	0	–
3	11	**13**	24	0	**15**	11	22	0	–
4	11	**12**	22	0	**13**	10	17	0	–
5	11	**13**	25	0	**16**	**14**	28	0	**21**
6	11	11	19	0	–	10	27	0	–
7	11	**14**	27	0	**20**	**13**	23	0	**16**
8	11	**12**	21	0	**14**	11	19	0	–
9	11	9	16	0	–	9	22	0	–
10	11	**12**	21	0	**12**	**12**	22	0	**14**
11	11	11	21	0	–	11	21	0	–
12	11	8	17	0	–	9	15	0	–
13	11	9	20	0	–	9	19	0	–
14	11	11	24	0	–	11	24	0	–
15	11	**13**	23	0	**18**	**14**	25	0	**22**
16	11	**14**	25	0	**20**	**13**	25	0	**15**
17	11	6	21	0	–	7	12	0	–
18	11	8	21	0	–	9	22	0	–
19	11	9	25	0	–	9	24	0	–
20	11	7	12	0	–	5	9	0	–
21	11	6	21	0	–	7	19	0	–
22	11	**12**	22	0	**13**	9	23	0	–
23	11	9	20	0	–	8	19	0	–
24	11	8	19	0	–	7	17	0	–
25	11	7	11	0	–	6	11	0	–
26	11	8	20	0	–	8	18	0	–
27	11	7	14	0	–	8	18	0	–
28	11	8	14	0	–	8	16	0	–
29	11	10	18	0	–	**12**	21	0	**12**
30	11	**13**	22	0	**18**	**13**	21	0	**17**
31	11	10	18	0	–	10	18	0	–
32	11	9	19	0	–	11	~~11~~19	0	–
33	11	9	16	0	–	9	9	0	–
34	11	9	22	0	–	9	9	0	–
35	11	10	18	0	–	**12**	12	0	**12**
36	11	10	17	0	–	**13**	13	0	**17**
37	11	**21**	36	1	**43**	**18**	18	0	**37**
38	11	**12**	20	0	**13**	**13**	13	0	**15**

Table 4.9-2
Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus

Wind Point Location	Pedestrian Comfort Criterion (mph)	Existing*				Proposed*			
		Wind Velocity[a] (mph)	Measured Equivalent Wind Speed[b] (mph)	Hours per Year Above Hazard Criterion	% Time Above Pedestrian Comfort Criterion	Wind Velocity (mph)	Measured Equivalent Wind Speed (mph)	Hours per Year Above Hazard Criterion	% Time Above Pedestrian Comfort Criterion
39	11	**17**	29	0	**31**	**13**	13	0	**19**
40	11	**14**	26	0	**23**	**14**	14	0	**20**
41	11	10	22	0	–	**12**	12	0	**17**
42	11	7	14	0	–	6	6	0	–
43	11	**17**	28	0	**29**	**18**	18	0	**37**
44	11	**13**	24	0	**17**	**18**	18	0	**33**
45	11	8	14	0	–	6	~~6~~12	0	–
Average	–	10.6	–	**1**	–	10.5	–	**0**	–

Notes: mph = miles per hour

[a] Wind velocity refers to the speed at which the wind moves in a particular direction.

[b] The term "equivalent wind speed" (EWS) denotes the mean hourly wind speed adjusted to account for the expected turbulence intensity or gustiness at the site.

* Exceedances of the comfort criterion are shown in **bold**.

Source: Ballanti, D. 2009 (September). *Wind Tunnel Analysis for the Proposed California Pacific Medical Center Cathedral Hill Campus Project, San Francisco, California*. El Cerrito, CA. Prepared for AECOM, San Francisco, CA. This document is available for review at the Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, as part of Case No. 2005.0555E.

The discussion in the CPMC LRDP Draft EIR, page 4.9-27, states that overall development of the proposed Cathedral Hill Campus would result in a decrease in average wind speed in the surrounding area from 10.6 mph to 10.5 mph, a slight decrease from existing conditions. In addition, wind speeds in nearby pedestrian sidewalk areas would decrease from an average speed of 6–21 mph to 5–18 mph. As shown in Table 4.9-2 on Draft EIR page 4.9-26, development of the proposed Cathedral Hill Campus would reduce wind speeds and/or the percentage of time wind speeds would exceed the daytime pedestrian-comfort criterion at 10 of the 16 locations currently exceeding the pedestrian-comfort wind speed criterion. These include locations 3, 4, 7, 8, 16, 22, 30, 37, 39, and 40. Existing exceedances of the pedestrian-comfort criterion (wind speed of 11 mph) at four (3, 4, 8, 22) of the 16 locations would be eliminated with implementation of the LRDP.

In contrast, the CPMC LRDP Draft EIR notes on page 4.9-27 that development of the proposed Cathedral Hill Campus would increase wind velocity in excess of the pedestrian-comfort criterion at 10 wind test point locations: 5 (Geary Boulevard); 10 (O'Farrell Street); 15 (Geary Boulevard); 29, 35, 36, and 38 (Geary Boulevard); 41 and 43 (Emeric-Goodman Building); and 44 (Geary Boulevard). As noted above, six of these 10 wind test point locations (5, 10, 15, 38, 43, and 44) exceed the pedestrian-comfort criterion under existing conditions. New exceedances of the 11 mph pedestrian-comfort criterion would occur at the other four locations: 29, 35, 36, and 41, where currently these wind test point locations do not exceed the pedestrian-comfort criterion. However, no exceedances of the wind-hazard criterion would occur at any of the wind test point locations.

More specifically, the Draft EIR (see Table 4.9-2, "Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus" on page 4.9-24–25) determined that as a result of Cathedral Hill Campus development under the LRPD, the Emeric-Goodman Building (test point location number 43) would experience increased wind velocity (from 17 mph to 18 mph) and an increased percentage of time when wind speeds would be above the pedestrian-comfort criterion (from 29 percent to 37 percent).

Table 4.9-3
Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus—Cumulative Wind Impacts

Location	Criterion (mph)	Existing		Project + Cumulative	
		Wind Velocity (mph)	% Time Above Criterion	Wind Velocity (mph)	% Time Above Criterion
1	11	10	–	7	–
2	11	11	–	8	–
3	11	13	15	10	–
4	11	12	13	9	–
5	11	13	16	**12**	**16**
6	11	11	–	10	–
7	11	14	20	**12**	**13**
8	11	12	14	10	–
9	11	9	–	9	–
10	11	12	12	11	–
11	11	11	–	10	–
12	11	8	–	8	–
13	11	9	–	9	–
14	11	11	–	10	–
15	11	13	18	**13**	**18**
16	11	14	20	11	–
17	11	6	–	7	–
18	11	8	–	9	–
19	11	9	–	9	–
20	11	7	–	5	–
21	11	6	–	7	–
22	11	12	13	8	–
23	11	9	–	8	–
24	11	8	–	7	–
25	11	7	–	6	–
26	11	8	–	8	–
27	11	7	–	8	–
28	11	8	–	7	–
29	11	10	–	11	–
30	11	13	18	**13**	**19**
31	11	10	–	10	–
32	11	9	–	~~10~~18	–

Table 4.9-3
Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus—Cumulative Wind Impacts

Location	Criterion (mph)	Existing		Project + Cumulative	
		Wind Velocity (mph)	% Time Above Criterion	Wind Velocity (mph)	% Time Above Criterion
33	11	9	–	8	–
34	11	9	–	9	–
35	11	10	–	11	–
36	11	10	–	11	–
37	11	21	43	**16**	**32**
38	11	12	13	11	–
39	11	17	31	**13**	**20**
40	11	14	23	**13**	**18**
41	11	10	–	11	–
42	11	7	–	6	–
43	11	17	29	**17**	**33**
44	11	13	17	**16**	**29**
45	11	8	–	~~7~~12	–
Average	–	10.6	–	9.9	–

Note: mph = miles per hour. Exceedances of the comfort criterion are shown in **bold**.
Source: Ballanti, D. 2009 (September). *Wind Tunnel Analysis for the Proposed California Pacific Medical Center Cathedral Hill Campus Project, San Francisco, California*. El Cerrito, CA. Prepared for AECOM, San Francisco, CA. This document is available for review at the Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, as part of Case No. 2005.0555E.

However, the Draft EIR concludes (see pages 4.9-27 to 4.9-28) that wind impacts that would result from the proposed Cathedral Hill Campus development would be less than significant, based on the following: (1) LRDP-related increases in wind velocities would occur at locations (including the Emeric-Goodman Building) that already exceed the pedestrian-comfort criterion under existing conditions and these wind speed increases with LRDP development would be small; (2) the average wind speed at all locations in the surrounding area (including the Emeric Goodman Building and along Geary Boulevard and O'Farrell Street) would decrease with proposed LRDP development at Cathedral Hill; and (3) no net increase in wind speed exceedances would occur in the surrounding area with LRDP development at Cathedral Hill (i.e., LRDP development at Cathedral Hill would result in four new wind speed exceedances but eliminate four existing wind speed exceedances). The proposed LRDP development at Cathedral Hill would therefore result in a less-than-significant wind impact, and no mitigation measures would be required.

Impact WS-2 in the Draft EIR, pages 4.9-33 through 4.9-43, evaluates the shadow conditions and potential effects of the proposed Cathedral Hill Campus and concludes that development of the Cathedral Hill Campus under the LRDP would have a less-than-significant shadow impact on the surrounding area. As stated in the Draft EIR, page 4.9-34, a Proposition K shadow study for the proposed Cathedral Hill Campus was conducted by the San Francisco Planning Department, based on the size and location of the proposed structures.

The Emeric-Goodman Building is not specifically referenced in the Draft EIR, but is depicted in Draft EIR Figures 4.9-2 through 4.9-5, which show the projected net new winter, spring, summer, and fall

shadows that would be created by the proposed Cathedral Hill Campus. These figures indicate that the proposed Cathedral Hill Campus development would not cast net new shadow on the Emeric-Goodman Building during any time of the year. Because the Emeric-Goodman Building is located south of the proposed campus and shadows in San Francisco are typically cast to the west, northwest, north, northeast, and east, no LRDP-related shadows would result on the Emeric-Goodman Building. Thus, no shadow impacts related to the LRDP would occur at the Emeric-Goodman Building, and no mitigation would be required.

Comment

(Linda Chapman, October 19, 2010) [76-25 WS, duplicate comment was provided in 111-25 OTH]

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

Response WS-3

The reference to comparing neighborhood shadow, wind, and aesthetic impacts of the proposed LRDP development at Cathedral Hill to the existing Holiday Inn is unclear. This comment presumably is referring to the Holiday Inn on the east side of Van Ness Avenue north of Pine Street, approximately three blocks north of the proposed Cathedral Hill Campus. The proposed Cathedral Hill Campus development would be consistent with the existing urban context that surrounds the Campus area. As shown on C&R Figure 3.4-1 (page C&R 3.4-5) and described in Response AE-4 (page C&R 3.4-7), the proposed Cathedral Hill hospital building would be approximately 23 feet taller than the existing Holiday Inn building, as measured from the lowest point of the site to the top of the major building element. However, as also shown in C&R Figure 3.4-1, the proposed hospital building would be 7 feet shorter than the existing Holiday Inn building when measured according to San Francisco City Elevation Datum. However, such a building-by-building comparison is not required by CEQA. Further discussion regarding aesthetics can be found in Section 3.4, "Aesthetics" of this C&R document. Because the Holiday Inn property is not part of the proposed CPMC LRDP development, no wind and shadow studies were conducted for the Holiday Inn property. As such, wind and shadow impacts of the proposed LRDP development at the proposed Cathedral Hill Campus site are not directly comparable to wind and shadow impacts of the existing Holiday Inn, and such a building-by-building comparison is not required by CEQA.

Furthermore, as the existing Holiday Inn is located approximately six blocks from the proposed Cathedral Hill Campus, there would be a different environmental setting for each property in terms of views, local publicly available open space, and existing wind conditions and the potential impacts of Cathedral Hill development under the proposed LRDP would therefore not combine with those of the Holiday Inn building. As such, a direct comparison of the impacts of the two structures would not provide meaningful results because of the distance and context. Rather the focus of the Draft EIR is on the immediate surrounding context of the proposed Cathedral Hill Campus and the potential impacts of the proposed LRDP.

3.11.2.2 LOSS OF NATURAL LIGHT RESULTING FROM THE PROPOSED CATHEDRAL HILL MOB

Comments

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-3 WS, duplicate comment was provided in 114-3 WS]

"7. The loss of natural light due to new MOB height." [health issue]

(Carolyn Abst and Ron Case—Case + Abst Architects LLP and Lower Polk Neighbors, October 19, 2010) [102-30 WS, duplicate comments were provided in 103-16 WS, 113-16 WS, and 114-30 WS]

"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."

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-31 WS, duplicate comment was provided in 114-31 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."

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-32 WS, duplicate comment was provided in 114-32 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 southfacing 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."

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-33 WS, duplicate comment was provided in 114-33 WS]

"The loss of sunlight along Cedar Street is even more troubling given the fact that the wind analysis in the Draft EIR anticipates an increase of wind at Cedar and Van Ness beyond the pedestrian comfort level from 16 percent to 21 percent. 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 Draft EIR 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."

Response WS-4

The comments state concerns related to loss of natural light resulting from the proposed Cathedral Hill MOB. Specifically, the comments suggest that the proposed Cathedral Hill MOB would reduce the amount of natural light reaching some of the neighboring buildings along Cedar Street between Polk Street and Van Ness Avenue.

The proposed Cathedral Hill MOB is nine stories tall, plus a mechanical penthouse at the top level. As stated on the CPMC LRDP Draft EIR page 4.2-126, the MOB's taller western building component would be nine stories above grade, whereas the middle building component would be seven stories above grade and the eastern building component would be three stories high. Also, as stated on Draft EIR page 4.2-126, the MOB's approximate height, as measured from the locations specified below, would be:

- 145 feet to the top of the mechanical screen, as measured from the top of the sidewalk at the corner of Cedar Street and Van Ness Avenue (north elevation) (see Draft EIR Figure 2-25, page 2-89);

- 169 feet to the top of the mechanical screen, as measured from the top of the sidewalk on Geary Street at the southeast corner of the building (near Polk Street) (east elevation) (see Draft EIR Figure 2-26, page 2-90);

- 149 feet to the top of the mechanical screen, when measured from the top of the sidewalk on Van Ness Avenue at Geary Street (south elevation) (see Draft EIR Figure 2-27, page 2-91); and

- 149 feet to the top of the mechanical screen, as measured from the top of the sidewalk on Geary Street at Van Ness Avenue (west elevation) (see Draft EIR Figure 2-28, page 2-92).

The CPMC LRDP Draft EIR analyzed LRDP-related shadow impacts of the proposed Cathedral Hill Campus development on sidewalks (including Cedar Street) and on publicly-accessible, privately-owned open spaces near the proposed Cathedral Hill Hospital and MOB. As stated in the Draft EIR on page 4.9-42 and as depicted in the Draft EIR on Figures 4.9-2 through 4.9-5, (Draft EIR pages 4.9-35 through 4.9-38), the extent and duration of shadow on sidewalks along Post Street, Franklin Street, Van Ness Avenue, and Cedar Street would increase during certain periods of the day and year as a result of the proposed Cathedral Hill Hospital and MOB. Specifically, the majority of shadows along Cedar Street occur under existing conditions, although additional shading due to the proposed Cathedral Hill MOB, primarily during spring and summer months, may occur on the north side of the Cedar Street where it intersects with Van Ness Avenue. However, the net new shadow would not exceed the amount of shadow that would be normal and expected in highly urban areas. It is important to note that the proposed Cathedral Hill MOB site is separated from the neighboring buildings referred to in the comments by Cedar Street. As such, it would not block any existing windows nor would it prevent natural light from reaching interior spaces that currently receive natural light.

Appendix G of the State CEQA Guidelines does not require analysis of the loss of natural light (or shadow) impacts, the San Francisco Planning Department Initial Study Checklist questions require a shadow analysis in terms of the shadow-related effects a project may have on publicly-owned or controlled open space areas and privately-owned, publicly-accessible open space areas. As stated in the Draft EIR, page 4.9-42, the proposed Cathedral Hill Hospital and MOB would add net new shadows on the Cathedral Hill Campus itself and on nearby sidewalks, streets, and neighboring rooftops near the proposed Cathedral Hill Campus site; however, these shadow areas would not affect open space protected by Section 295 of the Planning Code (the Sunlight Ordinance) or substantially affect the usability of other non-Department of Recreation and Parks public or publicly accessible open spaces or recreational spaces not subject to Section 295 of the Planning Code. Thus, the proposed LRDP at the Cathedral Hill Campus site would not cast shadows that could significantly affect public or recreational properties, including publicly owned or controlled open space areas and privately-owned, publicly-accessible open space areas.

For a discussion regarding the less-than-significant wind impacts of the LRDP in the vicinity of the proposed Cathedral Hill Campus, see Response WS-2 (page C&R 3.11-5). Specifically, as reported in Table 4.9-2 "Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus" on Draft EIR pages 4.9-24 through 4.9-25, wind speeds at the intersection of Cedar Street and Van Ness Avenue (location number 27 in the Draft EIR; see Figure 4.9-1) would increase from 7 mph under existing

conditions to 8 mph under the proposed LRDP development and would be below the 11-mph-pedestrian-comfort criteria. Therefore, LRDP-related wind impacts to Cedar Street would be less than significant.

3.11.3 PACIFIC CAMPUS

No comments pertaining to wind or shadow and solely related to this campus were received during public review of the Draft EIR.

3.11.4 CALIFORNIA CAMPUS

No comments pertaining to wind or shadow and solely related to this campus were received during public review of the Draft EIR.

3.11.5 DAVIES CAMPUS

No comments pertaining to wind or shadow and solely related to this campus were received during public review of the Draft EIR.

3.11.6 ST. LUKE'S CAMPUS

No comments pertaining to wind or shadow and solely related to this campus were received during public review of the Draft EIR.

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3.12 RECREATION

3.12.1 LRDP

3.12.1.1 ACCESS TO RECREATIONAL FACILITIES

Comment

(Chris Schulman, October 19, 2010) [105-4 RE]

"The 1/2 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, 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."

Response RE-1

The comment states that the 0.5-mile radius used in the CPMC LRDP Draft EIR for "acceptable walking distance" is misleading, because it does not account for hills and grades in San Francisco. In addition, the comment notes that Tenderloin park facilities are more than a 20-minute walk, because of traffic lights and pedestrian traffic. The comment states that updating parks and open space figures in the EIR, which show a 0.5-mile radius from the campuses (see Figures 4.10-1 to 4.10-6), would show a greater lack of recreational space than what is indicated in the Draft EIR. The comment also states that traffic-related impacts of the LRDP will lead to increased pedestrian delays in accessing recreational resources.

The General Plan's Recreation and Open Space Element refers to a "neighborhood service area" concept based on the distance most prospective "users" from adjacent neighborhood areas are willing to walk to take advantage of an open space.[1] A 0.5-mile radius to recreational resources was used in the analysis of the Draft EIR because the San Francisco General Plan specifies that this is an acceptable walking distance (an approximately 10-minute walk) to reach city-serving open spaces.[2]

The San Francisco Planning Department completed an analysis that focused on actual distances (in mileage) to measure park accessibility and incorporated topography into the overall walkability of a park or open space.[3] The results of this study also yielded similar acceptable walking distances as those used in the Draft EIR and are available at the Planning Department. It is understood that walking times may vary by the nature of the surrounding topography in San Francisco, traffic lights, sidewalk congestion, and by pedestrian due to age, mobility, and the health of an individual. However, based on the data collected by the City of San Francisco with respect to walkability, the 0.5-mile radius to recreational resources is considered appropriate despite the concerns voiced by the comment, and updating the parks and open space walking figures in the Draft EIR is not necessary. In addition, detailed mapping considering the various factors discussed above would be dependent on daily traffic conditions and the relative physical fitness of the pedestrian in question, and as such, determining a realistic, appropriate, and measurable

[1] San Francisco Planning Department. 1986. *San Francisco General Plan*, Recreation and Open Space Element. San Francisco, CA.
[2] San Francisco Planning Department. 1986. *San Francisco General Plan*, Recreation and Open Space Element. San Francisco, CA.
[3] San Francisco Planning Department. 2011 (expected adoption 2012). *San Francisco General Plan*, Recreation and Open Space Element Update. San Francisco, CA.

walking distance would not be feasible. Further, the 0.5-mile radius for "neighborhood service area" concept for park and open space planning is a widely accepted standard by many cities and counties.

Section 4.5, "Transportation and Circulation" of the CPMC LRDP Draft EIR evaluated the potential for the proposed LRDP to substantially increase sidewalk crowding and reduce the viability of local sidewalks as a means of travelling from an origin to a destination, such as a park or other open space area. Impacts TR-40 (Draft EIR page 4.5-130), TR-62 (Draft EIR page 4.5-171), TR-70 (Draft EIR page 4.5-181), TR-79 (Draft EIR page 4.5-188), and TR-88 (Draft EIR page 4.5-204) determined that even with the additional pedestrians on sidewalks, the proposed LRDP would not result in overcrowding of local sidewalks and potential delays in walking times. Furthermore, in response to written and oral comments regarding the depth of analysis included in the Draft EIR related to the Tenderloin and Civic Center neighborhoods, a supplemental transportation impact analysis was conducted (see Appendix E of the C&R document). This supplemental analysis was performed for traffic, pedestrian, and bicycle conditions using the same analysis scenarios analyzed in the Draft EIR. Please see Response TR-124 (page C&R 3.7-207) for a detailed discussion of pedestrian impacts in the Tenderloin neighborhood. As noted in the CPMC LRDP Draft EIR and the supplemental transportation impact analysis, the proposed CPMC LRDP would not be anticipated to prevent local pedestrians from travelling to nearby open spaces.

3.12.1.2 DEMAND FOR RECREATIONAL FACILITIES

Comment

(Chris Schulman, October 19, 2010) [105-2 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."

Response RE-2

The comment states that the recreation component of the CPMC LRDP Draft EIR is flawed because of the assumption that no housing would be built as part of the proposed LRDP. The comment notes that the San Francisco Board of Supervisors requires a 3:1 residential-to-commercial provision via the Van Ness Special Use District. The comment also states that significant housing would be built as part of this project, within the 0.5-mile radius of the Cathedral Hill campus, directly or through in lieu payments. The comment proposes that additional open space be included as a mitigation measure and states common open space within buildings would not provide the necessary open space.

As stated on Draft EIR page 4.10-37 in Section 4.10, "Recreation," no housing component is proposed as part of the CPMC LRDP; therefore, there would be no direct effect on the area's population density. As stated in Table 2-3 on page 2-14 of the Draft EIR, as part of the proposed LRDP, the project sponsor would request a permit to allow modification of the 3:1 ratio of residential to non-residential development requirement within the Van Ness Special Use District. Please see Response LU-21 (page C&R 3.3-95) for additional analysis of the 3:1 housing requirement and how it applies to the proposed CPMC LRDP. It should also be noted that any housing that would be potentially funded through in lieu payments would be subject to separate CEQA review and impact evaluation, including mitigation, upon receipt or processing of an application for development. As noted on Draft EIR page 4.10-3 in Section 4.10, "Recreation," the

City and County of San Francisco has not established a citywide target ratio of parkland to residents, nor has it adopted a Quimby Act ordinance requiring land dedications or in-lieu fees.

As noted on page 4.10-29 in Section 4.10, "Recreation," of the LRDP Draft EIR, as an institutional use and based on the zoning district within which each CPMC campus is located, the proposed LRDP is not subject to any open space requirement. Thus, no mitigation measure related to open space would be required for the CPMC LRDP. Furthermore, it should be noted that no open space would be removed as a result of implementation of the proposed CPMC LRDP.

The comment states that common open space within CPMC buildings proposed under the LRDP would not provide necessary public open space within the City. The Draft EIR does not state that the on-site public open spaces under the LRDP should qualify as citywide parks and open space, but that the provision of these spaces on site would potentially offset increased demand for existing citywide parks and open space (See Impact RE-2, beginning on Draft EIR page 4.10-42).

3.12.1.3 RECREATIONAL FACILITIES ACREAGE

Comment

(Chris Schulman, October 19, 2010) [105-3 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.)"

Response RE-3

The comment questions whether school yards should be included as part of the list of parks and related facilities (see Table 4.10-1) because some of them are not open to the public and have restricted use. In 2008, the San Francisco Unified School District and the City of San Francisco launched a pilot program which opened 11 schoolyards to neighborhoods during weekend hours. The use of schoolyards as publicly accessible open space during non-school hours increases community access to recreational space and increases the quantity of usable open space in the community. Participating schools are considered public recreational resources, and therefore, are included in the list of recreational resources within 0.5 mile of each CPMC campus. Although some park facilities or schoolyards have restrictions on use, they are considered public permanent open space for CEQA purposes. Rosa Parks Elementary School, which is located within 0.5 mile of the Pacific Campus and the proposed Cathedral Hill Campus, is a participating school in the pilot program that is considered a public recreational resource, and therefore, is included as part of the list of recreational resources within 0.5 mile of the Pacific Campus and the proposed Cathedral Hill Campus. The comment is correct in that not all schoolyards listed in the Draft EIR are open to the public. Out of the eight schoolyards listed in the Draft EIR as "public," only Rosa Parks Elementary School at 1501 O'Farrell Street is participating in the pilot program that opens its schoolyard to the public on weekends. The Draft EIR has been revised to reflect the correct names and acreages of publicly accessible schoolyards in the vicinity of CPMC facilities. See Chapter 4, Section 4.1.8 on pages 4-7 through 4-10 of this C&R document for further clarification. As noted on page 4.10-3 of the CPMC LRDP Draft EIR, the City and County of San Francisco has not established a citywide target ratio of parkland to residents. Therefore, the open space and park acres presented in Tables 4.10-1, 4.10-2, 4.10-3, 4.10-4, and 4.10-5 (see pages 4.10-6, 4.10-11, 4.10-15, 4.10-19, and 4.10-24, of the Draft EIR, respectively) are presented for informational purposes regarding the environmental setting of the CPMC LRDP campuses. The inclusion or exclusion of the Rosa Parks Elementary School schoolyard would not change the LRDP impact conclusion for Impact RE-1 on page 4.10-35 of the Draft EIR. The demand for neighborhood and regional parks or other recreational facilities that could result from

potential new households and new residences created under CPMC LRDP's near-term projects would not represent a considerable contribution to the existing citywide demand for public recreational facilities. Thus, implementation of the LRDP would not result in substantial physical deterioration of existing recreational resources. As described on Draft EIR pages 4.10-34 through 4.10-41 in Section 4.10, "Recreation," the proposed CPMC LRDP would result in less than significant impacts from all proposed CPMC LRDP development at all campuses related to substantial physical deterioration of nearby facilities or facilities citywide and the incremental use of nearby recreational facilities and open space.

Comment

(Chris Schulman, October 19, 2010) [105-6 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.

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

Response RE-4

The comment notes that the Cathedral Hill Campus is located in a high need area of the City. The comment suggests that a statement regarding conversion of areas to public open space made in the Draft EIR is misleading. The statement is found on Draft EIR page 4.10-28 and reads as follows: "According to Map 4 of the Recreation and Open Space Element, titled 'Citywide Recreation and Open Space Plan,' none of the existing or proposed CPMC campus sites are located within areas identified as desirable for conversion to public open space." (This map essentially identifies parcels proposed for public open space use by the City). The comment states that private properties are not identified for open space transition in the City's Recreation and Open Space Element of the General Plan. Lastly, the comment notes there is no reason why portions of the proposed Cathedral Hill Campus could not be designated as public open space.

The statement referenced above was included in the Draft EIR analysis to demonstrate that none of the CPMC campus sites—specifically the proposed Cathedral Hill Campus—were identified for open space acquisition by the City. While the updated Recreation and Open Space Element (2009)[4] does indicate that the City is now focusing on publicly owned sites to determine their feasibility for park site acquisition,[5] since the proposed CPMC LRDP is an active proposal under the Planning Department's consideration, it is reasonable to assume the City does not anticipate the Cathedral Hill Campus or any portion of it would be considered for potential conversion to open space. The 1986 Recreation and Open Space Element states that a privately owned site can be proposed for public open space use. The 1986 Recreation and Open Space Element is still considered the governing policy document with respect to recreation and open space in the City, and therefore, is referenced in the Draft EIR. As noted in the comment and in the updated 2009 Recreation and Open Space Element, private properties are not identified for open space transition. The statement regarding Map 4 on page 4.10-28 of the Draft EIR has not been removed, as it is considered accurate and because there is no City requirement for privately owned properties such as the Cathedral Hill Campus to provide public open space.

[4] At the time of the preparation of this Final EIR, the City's Recreation and Open Space Element of the General Plan has not been adopted.

[5] San Francisco Planning Department. 2009. San Francisco General Plan Recreation and Open Space Element Update. Policy 2.6 Map 3. San Francisco, CA.

3.12.2 CATHEDRAL HILL CAMPUS

Comment

(Chris Schulman, October 19, 2010) [105-1 RE]

"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."

Response RE-5

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments from Lower Polk neighbors to which this comment generally refers are addressed in Responses RE-1 through RE-6 of this section of the C&R document. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.12.2.1 DEMAND FOR RECREATIONAL FACILITIES

Comments

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010)[102-37 RE, duplicate comment was provided in 114-37 RE]

"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.'

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."

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-38 RE, duplicate comment was provided in 114-38 RE]

"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."

(Lower Polk Neighbors, Oct 19, 2010) [103-28 RE, duplicate comment was provided in 113-28 RE]

"3. Open Space/Environment

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.)"

(Lower Polk Neighbors, October 19, 2010) [103-29 RE, duplicate comment was provided in 113-29 RE]

"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)

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."

(Lower Polk Neighbors, October 19, 2010) [103-38 RE, duplicate comment was provided in 113-38 RE]

" 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.

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:

4. Redesign of alleys (see site-specific proposals)"

(Chris Schulman, October 19, 2010) [105-5 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."

Response RE-6

The comments state that the proposed Cathedral Hill Campus under the LRDP would only provide one outdoor courtyard area on the fifth floor of the Cathedral Hill hospital structure and a few outdoor "activity zones" that is not well-defined in the Draft EIR, and that additional mitigation of open space/recreation impacts are necessary due to the increase in activity and use of recreational uses on site (proposed Cathedral Hill Campus) and in the LRDP vicinity. The comments also state several potential mitigations that could be incorporated into the Draft EIR that would, in the eyes of the commenters, reduce potential recreation impacts of the proposed LRDP development at Cathedral Hill. These include funding and establishing a park along Polk Street or other parcels adjacent to the Cathedral Hill Campus with amenities including 24-hour security, public benches, and restrooms, and creating parklets in the project vicinity.

As discussed in Section 4.10, "Recreation" (Draft EIR, page 4.10-49), the increased demand on parks and recreational facilities resulting from the proposed LRDP would be distributed citywide, and would not place undue pressure on or adversely affect a specific neighborhood or park. There would be no reduction in the amount of public open space currently available near any CPMC campus as a result of the proposed LRDP. Although the proposed Cathedral Hill Campus is located in a designated high-need area, there are 20 publicly accessible parks and open space areas within a 0.5-mile radius, including Lafayette Park, Jefferson Square, Margaret S. Hayward Playground, and several smaller neighborhood parks such as Cottage Row Mini Park and the Tenderloin Park and Recreation Center. The future citywide parkland-to-population ratio resulting from the proposed CPMC LRDP (7.1 acres to 1,000 residents [Draft EIR page 4.10-50]), would still be higher than the sufficient ratio for park use noted in the General Plan (5.5 acres per 1,000 residents) and the ratio considered acceptable per State regulations (3 to 5 acres per 1,000 residents). Therefore, there would be sufficient parkland and open space in the City to serve the new populations associated with the proposed CPMC LRDP. The proposed CPMC LRDP would not result in substantial physical deterioration of existing citywide recreational resources (Draft EIR page 4.10-35). However, the project sponsor is providing 6,600 square feet (sq. ft.) of privately owned outdoor courtyard, which would be available for use only by patients, visitors, and personnel of CPMC. The comment is correct that the Cathedral Hill Hospital outdoor courtyard would be a private open space area. In response to the comments, the text in the last sentence in the first paragraph and the first sentence in the second paragraph on Draft EIR page 4.10-42 has been revised as follows, to accurately reflect the outdoor courtyard at the Cathedral Hill Hospital would be a private space:

> The near-term projects under the LRDP include the addition of privately owned, publicly accessible open space at the proposed ~~Cathedral Hill,~~ Davies~~,~~ and St. Luke's Campuses.
>
> A privately owned, ~~publicly accessible~~ outdoor courtyard (approximately 6,600 sq. ft.) would be located on the podium component of the Cathedral Hill Hospital, with access from Level 5 (Figure 2-21, "Cathedral Hill Hospital—Level 5," page 2-81).

Public spaces composed of different activity zones are also proposed as part of the proposed Cathedral Hill Campus development. For more detailed information on the proposed activity zones, which include

entry plazas, transit stops, passenger drop-off zones, a kiosk market, the Cedar Street entry plaza and multiuse plaza, and retail frontage, refer to the discussion in Section 2.2 Cathedral Hill Project Description (Draft EIR pages 2-35 through 2-36). Given that on-site open space amenities would be provided at the proposed Cathedral Hill Campus, it is expected that on-site open space would help absorb some of the campus-related daily population demand on nearby parks and recreational facilities, thus offsetting any potential additional demand and physical deterioration of neighborhood parks caused by CPMC personnel and visitors due to the proposed Cathedral Hill Campus development.

The Draft EIR concluded that impacts related to parks and recreation, including those in the vicinity of the Cathedral Hill Campus, would be less than significant, because the increased citywide demand on parks and recreational facilities resulting from the proposed CPMC LRDP would not be substantial and the provision of open space as a mitigation measure is not required. A discussion of mitigation measures is required under CEQA only for significant environmental impacts. California Public Resources Code Sections 21100(b)(3), 21150; Code of Regulations, title 14, Section 15126.4(a)(3). Private land purchases for conversion to open space are outside of the scope of this EIR. Furthermore, as an institutional use and based on the zoning district where each campus is located, the proposed LRDP is not subject to any open space requirements (San Francisco Planning Code Section 209.3[a]), and impacts were determined to be less than significant with respect to demand for additional recreation space. Thus, the comment recommendation that CPMC acquire adjacent property to manage as private open space and establish and fund additional park space is not necessary under CEQA. It should also be noted that CPMC, separate from the CEQA process, is currently coordinating with Lower Polk Merchants regarding the possible provision of additional open space in the form of "parklets" as a design feature of the proposed Cathedral Hill Campus.

3.12.3 PACIFIC CAMPUS

3.12.3.1 ACCESS TO RECREATIONAL FACILITIES

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-34 RE]

"9) Recreation

Comments provided during the scoping process were not addressed. Merely considering population 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."

Response RE-7

This comment raises the concern that comments provided during the CPMC LRDP EIR scoping period were not addressed in the Draft EIR. The comment also makes a statement that assessment of impacts related to parks and recreation services should be measured by more than just an increase in population and that the ability to travel a particular distance due to other variables, including vehicle and pedestrian traffic, topography, and commuter mobility, should be considered. The comment is particularly concerned with the accessibility of Lafayette Park, due to increased vehicular traffic and parking pressures of the proposed LRDP development at the Pacific Campus and how this may present challenges for those with reduced mobility while crossing busy streets, which is a public safety/pedestrian conflict issue.

Oral and written comments were collected during the comment period for the Notice of Preparation of an EIR (NOP) for the CPMC LRDP, which was from May 27, 2009 through June 26, 2009. The comments on the content of the NOP were considered, evaluated, and used to assist in reviewing the scope and

content of the environmental impact analysis and information contained in the Draft EIR for the proposed CPMC LRDP. Therefore, the EIR public scoping process comments assisted in the preparation of the CPMC LRDP EIR.

Recreational demand is generally determined relative to an increase in population created by a project. The Draft EIR used projected increases in residential and daily population resulting from the CPMC LRDP to estimate the anticipated demand for recreational resources locally near various existing and proposed CPMC facilities as well as citywide, due to residential demand generated by the CPMC LRDP. Impacts on public parks and recreation areas were determined by evaluating whether CPMC's proposed LRDP would create or exacerbate deficiencies in citywide public parks and recreational facilities through increased demand, or whether LRDP construction activities would significantly compromise the use of nearby parks or create the need for new public parks and recreational facilities. Given that the proposed LRDP would induce an increase in housing demand in both the near-term and long-term, the Draft EIR analyzed citywide residential population projections to determine whether new recreational facilities would be needed to provide adequate future recreational facilities. The Draft EIR also evaluated the potential for localized impacts on nearby parks resulting from increases in daily population (CPMC personnel, patients, and visitors) from various CPMC facilities in particular neighborhoods that could lead to increased use of existing neighborhood parks, particularly during the lunch hour or before or after shifts at various CPMC facilities.

Development under the proposed CPMC LRDP would occur in various parts of San Francisco; therefore, project-related demand for recreational facilities would not be concentrated in a specific area, but would be spread throughout the City. Because project-related demand for open space would be distributed citywide, it would be unlikely to place excessive demand on Lafayette Park or any specific neighborhood or park. Such demand would be further reduced because hospitals and other medical facilities tend to operate in shifts, which spread out employee patterns throughout the day rather than concentrating the use of parks by CPMC employees at times when neighbors would also be likely to use parks.

As it pertains to parks and recreation facilities near the Pacific Campus—which is the focus of the comment—there would be a net decrease in the average daily population at the Pacific Campus of 1,450 people by 2030, thereby potentially reducing the number of CPMC-generated visitor trips to local parks near this campus, compared to 2006 levels. In terms of parking availability and increased traffic affecting current accessibility and also potential safety related to crossing busy streets for reduced mobility pedestrians at Lafayette Park, Pacific Campus components of the proposed LRDP include the addition of a two-level parking structure—known as the Webster Street/Sacramento Street Underground Parking Garage—that would provide approximately 248 parking spaces in 2018. Furthermore, a new street—Campus Drive (located between the existing Pacific Professional Building and the proposed Ambulatory Care Center [ACC] Addition)—would be built to support existing vehicular access to the Pacific Campus from Webster Street; to provide vehicular access to and from Clay Street for the proposed Webster Street/Sacramento Street Underground Parking Garage; and to allow egress from Sacramento Street for loading and unloading. The underground parking garage and vehicular access via Campus Drive would absorb some of the Pacific Campus-related traffic and parking needs. Therefore, it is expected that accessibility of Lafayette Park with the proposed LRDP development at Pacific Campus would be similar to current conditions. For more information on existing and proposed site access at the Pacific Campus, refer to Draft EIR pages 2-114 through 2-118. In addition, as noted in Impact TR-62 (pages 4.5-71 and 4.5-173 of the Draft EIR), proposed LRDP development at Pacific Campus would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to adjoining areas, including parks.

The comment regarding access may also refer to the ability of certain individuals to travel over particular landscapes due to topography, traffic concerns, or personal physical limitations. Refer to Response RE-1 (page C&R 3.12-1) for an explanation of why the use of a modified distance metric is considered

inappropriate and the use of the citywide 0.5-mile radius parameter used in the Draft EIR is considered appropriate when considering availability of local recreational resources.

3.12.3.2 RECREATIONAL FACILITIES ACREAGE

Comment

(Arthur and Jacqueline Cimento, October 19, 2010) [78-9 RE, duplicate comment was provided in 99-9 RE]

"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."

Response RE-8

The comment requests that the proposed footprint of the Pacific Campus be considered for providing more open space for the neighborhood surrounding the campus. The comment makes reference to a statement made in Section 4.2, "Aesthetics" that suggests the proposed LRDP would result in less open space than currently exists. Draft EIR page 4.2-149 states that: "The [Pacific] campus would be more densely developed with somewhat less *open space* than exists at present." To clarify, the use of the term "open space" in this context is referring to the areas of private open land that create separation between the buildings at Pacific Campus. Such space is usually a limited proportion of ground space available for use by the users of the buildings and may serve as a storage site or walking corridor or to provide a general appearance of openness. These on-site open space areas are not publicly owned recreational resources, although some of them are publically accessible. For more discussion on the specific uses of these private open space areas, refer to Section 4.10, "Recreation" (Draft EIR page 4.10-13). While a reduction in private open space would occur under the proposed LRDP at the Pacific Campus, it should be clarified that these on-site open space areas are not public open spaces, and there would be no reduction in public open space in the city or nearby CPMC neighborhoods as a result of the proposed LRDP. There are no existing public open spaces or recreation areas at any of the existing CPMC campuses. All new construction and renovation at these campuses would occur entirely within the existing campus or proposed footprints. Because the Draft EIR does not identify significant impacts with respect to recreation, the provision of park space is not required under CEQA. Furthermore, as noted on page 4.10-29 in Section 4.10, "Recreation," because the CPMC campuses are institutional uses and based on the zoning districts within which each campus is located, the proposed LRDP is not subject to any open space requirement.

The comment suggests eliminating the aboveground portion of the North-of-Clay Aboveground Parking Garage and creating a new open space or park in its place. The comment suggests that this alternative for the Pacific Campus development would be a reasonable alternative considering the primary and secondary impacts of the proposed parking facility development at the Pacific Campus under the LRDP.

Pursuant to CEQA Guidelines Section 15126.6(a):

> An EIR shall describe a range of reasonable alternatives to the project, or to the location of 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.

It is assumed that the comment is referring to the direct and indirect impacts associated with the development of the proposed the North-of-Clay Aboveground Parking Garage related to noise, air quality,

and greenhouse gas emissions. Significant and unavoidable impacts for noise (groundborne vibration), air quality, and greenhouse gas emissions under the proposed LRDP are identified in the Draft EIR on pages 6-4 and 6-5. It is anticipated that with or without the aboveground portion of the proposed parking structure at the Pacific Campus under the LRDP, these impacts would not be reduced and would remain significant and unavoidable, because development of other proposed development at the Pacific Campus would still exceed thresholds of significance. As such, the elimination of the aboveground portion of the parking facility would not be required to be considered as an alternative under CEQA. Development of the suggested open space/park on top of the North-of-Clay Aboveground Parking Garage would most likely result in the same significant and unavoidable groundborne vibration impacts (Impact NO-5 on page 4.6-95 of the Draft EIR) and air quality impacts (Impact AQ-3 on page 4.7-41 of the Draft EIR) at the Pacific Campus due to the level and type of construction impacts that would occur and the distance to nearby sensitive receptors.

In addition, the proposed North-of-Clay Parking Garage would provide a substantial portion of the proposed 715 new parking spaces at the Pacific Campus, although the exact number has yet to be determined at this stage of planning of the Pacific Campus under the proposed CPMC LRDP. As explained on pages 4.5-162 and 4.5-163 in the Draft EIR, San Francisco does not consider parking supply as part of the permanent physical environment and, therefore, does not consider changes in parking conditions to be environmental impacts as defined by CEQA. The San Francisco Planning Department acknowledges, however, that parking conditions may be of interest to the public and the decision-makers. Therefore, a parking analysis and discussion for the proposed LRDP is presented in the Draft EIR for information purposes. With implementation of the proposed CPMC LRDP, a total of 1,587 off-street parking spaces would be provided, including 715 spaces in the proposed Webster/Sacramento and North-of-Clay Parking Garages. As discussed in Responses TR-69 and TR-71 (pages C&R 3.7-129 and C&R 3.7-138, respectively), the purpose of the additional parking supply, whether it was aboveground or below grade, would be to accommodate the parking demand generated by the proposed LRDP uses at the Pacific Campus. An alternative to the LRDP development at the Pacific Campus that did not include additional parking supply would perpetuate the parking shortfall and, therefore, was not considered. This comment may be considered by the decision-makers as part of their deliberations on the project.

3.12.4 CALIFORNIA CAMPUS

No comments pertaining to recreation or open space resources and solely related to this campus were received during public review of the Draft EIR.

3.12.5 DAVIES CAMPUS

3.12.5.1 IMPROVEMENTS TO RECREATIONAL FACILITIES

Comment

(Mark Schroer, September 23, 2010) [PC-205 RE]

"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 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."

Response RE-9

The comment states that the proposed CPMC LRDP would increase the use of Duboce Park and that CPMC has undertaken certain measures such as tree planting and landscaping enhancements in the vicinity of the Davies Campus in the past. The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.12.6 ST. LUKE'S CAMPUS

No comments pertaining to recreation or open space resources and solely related to this campus were received during public review of the Draft EIR.

3.13 PUBLIC SERVICES

3.13.1 LRDP

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-37 PS]

"PUBLIC SERVICES: no specific comments."

Response PS-1

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-21 PS, duplicate comment was provided in 110-21 PS]

"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?'

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.

[26] Draft EIR at Section 4.11 Public Services."

Response PS-2

This comment suggests that the CPMC LRDP Draft EIR failed to analyze the impacts of the proposed LRDP related to response times of the City's fire and police departments, associated with qualitative changes in the patient population and the associated impacts on response times due to the transfer of

patients to other hospitals in the region. Furthermore, the comment states that the Draft EIR fails to address the CPMC LRDP's impacts on service ratios, response times, and other City fire and police department performance objectives to other hospitals due to migrating patient populations within or outside of the City.

The commenter's letter has been assigned the code Letter 96. Section II of Letter 96 has been assigned comment codes 96-5 HC and 96-6 HC and discusses the CPMC LRDP's impacts on health care access and quality resulting from the citywide and regional reduction of licensed beds. This issue is addressed in Master Response HC-5 (page C&R 3.23-20), which discuss the LRDP's effect on emergency services. No substantial evidence was presented in Letter 96 that the proposed LRDP would increase demand on or otherwise weaken or undercut emergency room services at existing facilities.

Refer to Master Responses HC-1 and HC-9 (pages C&R 3.23-1 and 3.23-39, respectively) regarding the need to transfer patients to other non-CPMC health care facilities. As noted in Master Response HC-5, under the proposed LRDP, two emergency services locations would be closed (at the California and Pacific Campuses).[1] However, for the entirety of the CPMC system, total combined emergency and urgent care capacity would increase, from the current 88,000 visits per year to over 100,000 visits per year at the Cathedral Hill, Davies, and St. Luke's Hospitals. The LRDP would not result in significant adverse changes to the availability or distribution of health care services in the City. As noted in Response HC-2 (page C&R 3.23-52), the record does not support the suggestion that travel time to emergency and hospital rooms would be increased, because of the reduction in the number of licensed beds and removal of all skilled nursing services at the St. Luke's Campus under the LRDP. The record indicates that the proposed LRDP would not result in a transfer or redistribution of services or patients, including emergency department patients. As explained by The Lewin Group, independent experts selected by the City to evaluate the institutional master plan (IMP) on behalf of the Department of Public Health, "[t]he [LRDP] plan expands access to staffed acute-care beds, ambulatory care services, emergency services, diagnostic testing resources availability, and outpatient care access points without significantly altering patient access patterns.[2] These additional services represent an increase in the availability of health care services in San Francisco."[3]

No substantial evidence was presented in this comment or the remainder of Letter 96 regarding the circumstances that would dictate migrating patient populations to other locations within or outside of the City. Because the issue of migrating patients is similar to the transfer of patients, refer to Master Response HC-1 (page C&R 3.23-1) and the text above, which describe why patient services would not be reduced due to the proposed CPMC LRDP. As such, providing additional analysis of response times of the City's fire and police departments related to the qualitative changes in the patient population and transfer of or migrating patients to other hospitals in the region beyond information presented in the Draft EIR is not warranted. The CPMC LRDP Draft EIR's analysis of potential public services impacts, including response times for emergency services in the project area, is adequate and appropriate under CEQA. These impacts were determined to be less than significant, as stated in the Draft EIR.

3.13.2 CATHEDRAL HILL CAMPUS

No comments pertaining to public services and solely related to this campus were received during public review of the Draft EIR.

[1] The Pacific Campus Emergency Department would be renovated and used for urgent care. The California Campus Emergency Department and Emergency Department services at Pacific Campus would be transferred to the proposed Cathedral Hill Campus.
[2] Lewin Group Report, 2009 (June 26). *California Pacific Medical Center Institutional Master Plan Review*, pp. 2, 34.
[3] Ibid., page 34.

3.13.3 PACIFIC CAMPUS

No comments pertaining to public services and solely related to this campus were received during public review of the Draft EIR.

3.13.4 CALIFORNIA CAMPUS

No comments pertaining to public services and solely related to this campus were received during public review of the Draft EIR.

3.13.5 DAVIES CAMPUS

No comments pertaining to public services and solely related to this campus were received during public review of the Draft EIR.

3.13.6 ST. LUKE'S CAMPUS

No comments pertaining to public services and solely related to this campus were received during public review of the Draft EIR.

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3.14 UTILITIES AND SERVICE SYSTEMS

3.14.1 LRDP

Comment

(Barbara Ann Berwick, September 23, 2010) [36-1 UT]

"1. Have the needs for water, gas, electricity, sewer, garbage and public transit been adequately addressed?"

Response UT-1

The comment expresses concern regarding the assessment of impacts in the CPMC LRDP Draft EIR related to water, natural gas, electricity, sewer, solid waste collection/disposal, and public transit. The anticipated LRDP-related needs for water, gas, electricity, sewer, garbage, public transit, and the capacity of the existing infrastructure to handle these needs have been addressed as part of the analysis in the Draft EIR. More specifically, Section 4.12 "Utilities and Service Systems," of the Draft EIR describes the major utilities and service systems related to the existing and proposed CPMC campuses, including evaluation of water (supply, demand, and infrastructure); wastewater and stormwater; and solid waste related to the LRDP (see pages 4.23-24 through 4.23-46 of the Draft EIR). Impacts to public transit are evaluated for the proposed Cathedral Hill Campus in Impacts TR-27 through TR-36 (Draft EIR pages 4.5-118 through 4.5-128), for the Pacific Campus in Impact TR-60 (Draft EIR page 4.5-168), for the California Campus in Impact TR-68 (Draft EIR page 4.5-180), for the Davies Campus in Impact TR-77 (Draft EIR page 4.5-187), and for the St. Luke's Campus in Impact TR-86 (Draft EIR page 4.5-201), resulting from implementation of the proposed LRDP at the existing and proposed CPMC campuses. A discussion of electricity and natural gas usage at the CPMC campuses is included on pages 4.17-7 through 4.17-10 in Section 4.17, "Mineral and Energy Resources" of the Draft EIR.

In Sections 4.5, 4.12, and 4.17 of the Draft EIR, the direct and indirect impacts of the proposed LRDP are evaluated in accordance with the requirements of State CEQA Guidelines Sections 15064(d) and 15126.2(a). Where appropriate, the CPMC LRDP Draft EIR analyses consider the effects of project construction, as well as near- and long-term operational impacts. The near- and long-term projects of the LRDP are listed in Section 1.3 of the Draft EIR on pages 1-13 and 1-14. In addition to the analysis of the proposed CPMC LRDP itself, the Draft EIR includes analyses of the potential cumulative impacts of the proposed LRDP in combination with other recent past, present, and reasonably foreseeable projects, consistent with the requirements of State CEQA Guidelines Section 15130. Lastly, where significant or potentially significant impacts are identified, the CPMC LRDP Draft EIR sections identify all feasible measures that could avoid or reduce the magnitude of the impacts, consistent with the requirements of State CEQA Guidelines Section 15126.4. For these reasons, the analyses of water, gas, electricity, sewer, garbage, and public transit are considered to be adequately addressed in the CPMC LRDP Draft EIR.

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-36 UT]

"Utilities and Service Systems: no specific comments"

Response UT-2

The comment does not identify any specific comments on the utilities and service systems analyses of the CPMC LRDP Draft EIR. The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(SFPUC Water Conservation Section, September 23, 2010) [120-2 UT]

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).

Response UT-3

The comment identifies potential rebates for energy efficient wastewater facilities. The comment is noted. The project sponsor will determine the level of participation in the San Francisco Public Utilities Commission (SFPUC) rebate program at the appropriate time. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.14.1.1 REGULATORY FRAMEWORK

Comment

(Ken Kortkamp—SFPUC Urban Watershed Management Program, September 21, 2010) [17-1 UT]

"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

General Comments:

I. 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'."

Response UT-4

The comment requests that additional text be added to the CPMC LRDP Draft EIR to address the San Francisco Stormwater Management Ordinance. City plans, policies, and ordinances related to water and stormwater are contained in Draft EIR Section 4.12, "Utilities" in Subsection 4.12.2, "Regulatory Framework." The following text is added to Draft EIR page 4.12-21, above the heading "San Francisco Electricity Resource Plan" to reflect the addition of the SF Stormwater Management Ordinance discussion:

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, a project will meet the required stormwater management performance

measure by achieving LEED® Sustainable Sites Credit 6.1 for all project sites located in the combined sewer system areas.

Comment

(Ken Kortkamp—SFPUC Urban Watershed Management Program, September 21, 2010) [17-2 UT]

"2. Chapter 4.12.2, p4.12-21, PI, ADD: ... April 6, 2010, 'and adopted into law May 22, 2010.' 3. Chapter 4.12.2, p4.12-21, PI, REMOVE: 'Adoption and'..."

Response UT-5

The comment suggests specific revisions to the text in the CPMC LRDP Draft EIR. The text in the first full paragraph of Draft EIR page 4.12-21 has been revised as follows, to clarify adoption of the Stormwater Management Ordinance:

> In addition, the *San Francisco Stormwater Design Guidelines* require development of an operation and maintenance plan that identifies responsible parties, funding sources, maintenance activities, and schedules for all best management practices (BMPs). The San Francisco Board of Supervisors adopted the *San Francisco Stormwater Design Guidelines* in the form of the San Francisco Stormwater Management Ordinance on April 6, 2010, which was adopted into law May 22, 2010.[1] ~~Adoption and i~~ Implementation of this ordinance will improve San Francisco's environment by reducing pollution in stormwater runoff in areas of new development and redevelopment. SFPUC staff members are currently developing additional guidance for achieving LEED® Sustainable Sites Credit 6.1 in combined sewer areas.

Comment

(SFPUC Water Conservation Section, September 23, 2010) [120-1 UT]

"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.

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."

[1] San Francisco Public Utilities Commission. 2010. Stormwater Management Ordinance (April 6, 2010).

Response UT-6

The comment suggests that additional discussion of two local ordinances that may affect the proposed CPMC LRDP be included in the Draft EIR. The proposed CPMC LRDP would comply with all local ordinances and applicable regulations, including the Commercial Water Conservation Ordinance. For long-term projects, the proposed LRDP would comply with all local ordinances and regulations applicable at the time of construction.

The text on Draft EIR page 4.12-19 has been revised as follows, to incorporate the Commercial Water Conservation Ordinance:

Commercial Water Conservation Ordinance No. 77-09

Effective July 1, 2009, the City of San Francisco Commercial Water Conservation Ordinance (No. 77-09) updated building code guidelines to require retrofit of all commercial properties with water-efficient plumbing fixtures. It states that commercial properties must be retrofitted when undergoing certain tenant improvements, but all fixtures must be updated by January 1, 2017. The ordinance is expected to save San Francisco up to 4 million gallons of water per day by the year 2017. The conservation ordinance established the following guidelines for commercial properties:

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

Certification of compliance with San Francisco's Water Conservation Ordinance must be obtained through the San Francisco Department of Building Inspection (DBI).

The text on Draft EIR page 4.12-19 has been revised as follows, to incorporate the proposed Water Efficient Irrigation Ordinance:

Proposed Water Efficient Irrigation Ordinance

The San Francisco Public Utilities Commission (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 landscaping 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. Landscaping projects 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 in early 2011.

3.14.2 CATHEDRAL HILL CAMPUS

No comments pertaining to utilities and service systems and solely related to this campus were received during public review of the Draft EIR.

3.14.3 PACIFIC CAMPUS

No comments pertaining to utilities and service systems and solely related to this campus were received during public review of the Draft EIR.

3.14.4 CALIFORNIA CAMPUS

No comments pertaining to utilities and service systems and solely related to this campus were received during public review of the Draft EIR.

3.14.5 DAVIES CAMPUS

No comments pertaining to utilities and service systems and solely related to this campus were received during public review of the Draft EIR.

3.14.6 ST. LUKE'S CAMPUS

No comments pertaining to utilities and service systems and solely related to this campus were received during public review of the Draft EIR.

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3.15 BIOLOGICAL RESOURCES

3.15.1 LRDP

No comments pertaining to Biological Resources and related to the entire LRDP were received during public review of the Draft EIR.

3.15.2 CATHEDRAL HILL CAMPUS

3.15.2.1 BIRD STRIKE

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-93 BI, duplicate comment was provided in 30-93 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 facade 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."

Response BI-1

The comment refers to reflective glass materials restricted for use by Planning Commission Resolution No. 9212, as referenced on Page 4.2-188 of the Draft EIR. The comment questions where these materials would be used on the proposed Cathedral Hill Hospital under the LRDP. Highly reflective materials would not be used on the exterior of the proposed Cathedral Hill Hospital. The building skin is composed predominantly of opaque curtainwall and metal panel systems, with limited areas of clear vision glass at locations in accordance with building code requirements.

The comment also suggests that birds may be attracted to the proposed Cathedral Hill Campus buildings even though low-reflective glass would be used. Per the City's Standards for Bird-Safe Buildings (October 2011), bird impact mitigation measures incorporated in the projects include glass surface "visual noise" measures such as fritted patterns, non-reflective translucent and opaque spandrel glass in contrasting patterns, extensive and pronounced mullions throughout glazed areas, and motorized blinds behind clear glass areas. These measures serve to articulate and make visible the surface of the building's skin, which would help to mitigate potential bird strikes. In addition, the proposed Cathedral Hill development would not be adjacent, across the street, or in close proximity to a large water body, nor is it close to any substantial open space of 1 acre or greater. According to the Planning Department's Standards for Bird-Safe Buildings,[1] both of the above-noted factors are directly related to a marked increase in building-related bird strikes.

The comment is noted and does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

[1] Standards for Bird-Safe Buildings, San Francisco Planning Department, Ordinance 199-11, adopted October, 2011.

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September, September 23, 2010) [18-92 BI, duplicate comment was provided in 30-92 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."

(Rose Hillson— Member, Jordan Park Improvement Association, September 23, 2010) [18-94 BI, duplicate comment was provided in 30-94 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."

Response BI-2

These comments note concern regarding potential impacts to the wild parrots of Telegraph Hill, possible collisions with glass used in building construction, and the resulting effects on breeding and migration. Please refer to Response BI-3 (page C&R 3.15-3) regarding breeding timeframes presented in Mitigation Measure M-BI-N1, and Response BI-1 (page C&R 3.15-1) regarding potential bird collisions with buildings.

The non-native, red-masked parakeets and other feral parrots in San Francisco are not protected under the Migratory Bird Treaty Act and generally are not considered as special-status species under CEQA. Please refer to Response BI-4 (page C&R 3.15-4) for a discussion of how wildlife impacts were evaluated using the significance criteria presented in the Draft EIR. Feral parrots may be considered for protection under San Francisco Municipal Code Section 485, which states that "[i]t shall be unlawful for any person to trap, capture, kill or otherwise destroy any wild bird within the City and County of San Francisco, except that pigeons and other wild birds which become a nuisance or a hazard to public health may be trapped or captured, in a humane manner, by, or with the permission of, the Director of Public Health." However, the CPMC project is not expected to conflict with Section 485 of the San Francisco Municipal Code because no feral parrot species have been reported as nesting at the project sites, nor were any observed during surveys conducted for the proposed LRDP. Therefore, under CEQA, it is appropriate to consider impacts to feral parrots as less than significant. The commenter provides no evidence that is contrary to this conclusion.

The importance of Telegraph Hill parrots to the City and its tourists is acknowledged. However, the comment provides no evidence to support a conclusion that impacts to the birds should be considered significant under CEQA. Mark Bittner, author of *The Wild Parrots on Telegraph Hill,* reports that the parrots prefer to nest in existing cavities in eucalyptus and palm trees, specifically the canary island date palm. Based on the surveys conducted as part of the proposed LRDP, none of the CPMC campuses evaluated are considered to present a substantial percentage of either type of this tree species in the City. For example, on the proposed Cathedral Hill Campus, only one very small windmill palm was noted. The suggestion that birds may have to go elsewhere or may not breed is unsubstantiated and speculative, given that the parrots are not known to nest on any of the proposed LRDP sites at the various CPMC campuses and that they have already demonstrated the ability to successfully adapt to a largely urbanized environment.

3.15.2.2 NESTING BIRDS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-90 BI, duplicate comment was provided in 30-90 BI]

"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.'"

Response BI-3

The comment restates information from the CPMC LRDP Draft EIR regarding potential impacts to nesting birds and mitigation proposed to reduce those impacts to a less-than-significant level. The comment also reiterates information stated in the Draft EIR, page 4.13-16, regarding birds observed during field surveys.

The comment indicates that the nesting season identified in Mitigation Measure M-BI-N1 of the Draft EIR is different from another Draft EIR that the commenter has read, without noting the difference between the two documents. The nesting season for birds varies by species. As stated in the CPMC LRDP Draft EIR, page 4.13-19, the bird nesting season in California is generally recognized to be from March 15 through August 15. The nesting season identified in Mitigation Measure M-BI-N1 (January 15 through August 15) was extended by 2 months to provide a greater level of protection for nesting birds, in recognition that a small percentage of birds in the San Francisco area begin nesting before March 15.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-91 BI, duplicate comment was provided in 30-91 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 around, they will attack the humans. Some birds such as California quail live in the underbrush and these birds will not roost in highrises."

Response BI-4

The comment states that construction related to the CPMC LRDP might keep wildlife away for years subsequent to the LRDP development and might impact breeding cycles of wildlife. The morning dove, a very common species found throughout San Francisco, is used as an example in the comment. The comment does not make direct reference to the Draft EIR or present any information that questions that adequacy of the analysis in the CPMC LRDP. The thresholds, used to evaluate the significance of impacts on wildlife for this project, are presented in the Draft EIR, page 4.13-17. Specifically, Criteria 13a states that the proposed LRDP would have a significant effect if it would have a substantial adverse effect, either directly or through habitat modification, on any species identified a candidate, sensitive, or special-status species. Special-status species occurred historically in the project area, as acknowledged in the Draft EIR, page 4.13-1. However, as stated in the Draft EIR, page 4.13-15, the habitats and requirements for the historic special-status species are now absent at all CPMC campuses.

As stated in the Draft EIR, page 4.13-16, habitat for nesting birds is present on site at all proposed and existing CPMC campuses. As described under Mitigation Measure M-BI-N1 in the Draft EIR, page 4.13-19, before any LRDP-related demolition or construction activities occurring during the nesting season (January 15 through August 15) that would involve removal of trees or shrubs, CPMC shall conduct a preconstruction survey for nesting birds at each of its medical campuses. If active nests are located during the preconstruction bird nesting survey, CPMC would contact the California Department of Fish and Game (DFG) for guidance on obtaining and complying with the Section 1801 of the California Fish and Game Code, which might include setting up and maintaining a line-of-sight buffer area around the active nest and prohibiting construction activities within the buffer; modifying construction activities; and/or removing or relocating active nests. As stated in the Draft EIR, page 4.13-18, trees removed during demolition would be replaced after construction, in accordance with the Urban Forestry Ordinance and Section 143 of the Planning Code.

As further described under Impact BI-1 in the Draft EIR, beginning on page 4.13-18, it is unlikely that the small strips of vegetation and trees at the CPMC campuses, in an urban setting like San Francisco, would be considered a vital hub or corridor for daily or seasonal bird movements. The size of the planted areas proposed for the CPMC campuses landscaping would not provide sufficient shelter to support permanent populations, and the proposed vegetated areas would represent a very small portion of the available habitat for migratory and resident birds in San Francisco. Most of the bird species that were seen on site at various CPMC campuses and would be found nesting in the current plantings of ornamental vegetation, such as rock dove, house sparrow, and American crow, have been characterized as "urban exploiter" species that benefit overall from human restructuring of the landscape and tend to dominate densely urbanized areas, such as those that surround the existing CPMC campuses. Although the removal of these plantings might constitute a temporary loss of breeding habitat for individuals of these species, the viability of their populations within the urban landscape is anticipated to remain unaffected.

Comment

(Hossein Sepas, October 19, 2010) [82-5 BI, duplicate comment was provided in 83-5 BI]

"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."

Response BI-5

This comment regarding the potential effects on birds has been noted. As stated in the Draft EIR, page 4.13-18, "Although the movements of resident and migratory birds in San Francisco are poorly known, it is unlikely that the small strips of vegetation along the various CPMC campuses' parking lots in an urban setting like San Francisco would be considered a vital hub or corridor for daily or seasonal bird movements." The nearby presence of Jefferson Square Park does not change this conclusion.

All proposed projects are evaluated based on the best available information and science at the time of the preparation of the EIR. The issues that were raised in the context of the 555 Washington project are relevant only in that the City considers the specifics of potential effects on birds of all projects subject to CEQA. However, the City will consider the potential effects on birds based on the specifics of the proposed CPMC LRDP development, not the 555 Washington project. Refer to Response BI-1 (page C&R 3.15-1) for a discussion of building material and design considerations that have been and will be made with respect to birds in the vicinity of the CPMC campuses.

3.15.2.3 TREE INVENTORY

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-95 BI, duplicate comment was provided in 30-95 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?"

Response BI-6

The comment inquires about the species of trees that are located at the CPMC campuses. As noted in Section 4.13, "Biological Resources" in the Draft EIR, pages 4.13-7 through 4.13-10, approximately 905 trees (over 20 species) currently exist on the four existing and one proposed CPMC campuses. The species of trees at each campus may be found in several reports, including *Final Tree Report – CPMC, Davies Campus* and *Tree Inventory, CPMC St. Luke's and Cathedral Hill*.[2] These reports are available for review at the Planning Department, 1650 Mission Street, Suite 400, as part of the project file. Additional tree inventory data for the Pacific and California campuses also is available at the Planning Department, although formal inventory reports have not been prepared.

[2] California Pacific Medical Center. 2006. *Final Tree Report, California Pacific Medical Center— Davies Campus.* San Francisco, CA. Prepared by Hortscience Inc., San Francisco, CA. AECOM. 2009. Tree Inventory Report, CPMC, St. Luke's and Cathedral Hill Campuses. November 24.

3.15.2.4 TREE REMOVAL/RETENTION

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-150 BI, duplicate comment was provided in 30-150 BI]

"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 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?"

Response BI-7

The comment requests a schematic of the proposed LRDP development at the Cathedral Hill Campus which includes the referenced tree species. Detailed landscape plans for the Cathedral Hill Campus or other CPMC campuses indicating the specific locations of proposed plantings by type of plant species have not yet been completed for the proposed LRDP. Further, such details were not necessary for the preparation of the analysis in the Draft EIR. The adverse biological effects of the proposed LRDP at the proposed Cathedral Hill Campus are primarily tied to the removal of existing vegetation, the potential for loss of bird species because of tree removal, or resulting from LRDP construction-related activities. Proposed landscaping plans, which provide documentation of the approximate location of future trees on the campus, were provided as part of the Draft EIR but do not specifically identify the precise species at each location. The City does, however, maintain the ability to review and comment on the final landscape plans, to be able to ensure compliance with regulatory requirements. As stated in the Draft EIR, page 4.13-24, "Once the landscape plan is finalized, CPMC would need to submit it to DPW for review and approval of species, as well as confirmation that the plan meets the removal permit's replacement requirements." This would occur after completion of the EIR. The landscaping plan for the proposed Cathedral Hill Campus is presented in Figure 2-37, "Cathedral Hill Campus–Proposed Streetscape Plan" in the Draft EIR, page 2-101.

The purpose of an EIR is the disclosure of significant environmental effects of a proposed action, in this case the approval and construction of the CPMC LRDP. The presentation in the Draft EIR of essentially final landscape design plans would not result in the disclosure of any new environmental impacts, nor would such plans have the potential to disclose a substantial increase in the magnitude of the environmental impacts presented in the Draft EIR. Furthermore, the nature or efficacy of mitigation measures would not be affected by the precise location of specific species of plants and trees on the proposed Cathedral Hill Campus site.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-151 BI, duplicate comment was provided in 30-151 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."

Response BI-8

The comment notes that the canopies of replacement trees would likely be smaller than the trees to be removed as part of the proposed LRDP development at the Cathedral Hill Campus; however, all tree replacement would be conducted in accordance with the City's adopted streetscape programs, Urban Forest Ordinance, and policies for street landscaping of new development. As described in Section 143 of the Planning Code, street trees would be a minimum of one 24-inch box tree for each 20 feet of frontage of the property along each street or alley, with any remaining fraction of 10 feet or more of frontage requiring an additional tree. The species of trees selected also would be required to be suitable for the site and, in the case of trees installed in the public right-of-way, the species and locations would be subject to approval by the Department of Public Works (DPW). Over time, the landscaping proposed by CPMC is anticipated to provide more trees and much more canopy than currently exists at the proposed Cathedral Hill Campus. Furthermore, the loss of existing tree canopy that would occur immediately from tree removal at the proposed Cathedral Hill Campus under the LRDP would be considered temporary because they would be replaced and mature over time in accordance with the City's ordinance.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-157 BI, duplicate comment was provided in 30-157 BI]

"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"

Response BI-9

The comment inquires about the significance of the buckeye tree located at the Pacific Campus, and about which trees would be removed during LRDP construction at the Pacific Campus. Construction of the Pacific Campus is expected to result in the removal of one buckeye, 17 incense cedars, 15 pittosporum, 10 California sycamores, and 11 New Zealand Christmas trees. However, the tree removal plan under the LRDP for the Pacific Campus is considered program-level and more conceptual, and is subject to change when more detailed design and construction plans are developed in the future, after the EIR is certified. During this phase of the project, a new tree survey would be conducted. If as a result of that survey, additional trees, including the aforementioned buckeye, are determined to be significant, their removal, if necessary, would be conducted in accordance with City policy/requirements under the Urban Forestry Ordinance.

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-158 BI, duplicate comment was provided in 30-158 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 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."

(Lower Polk Neighbors, October 19, 2010) [103-34 BI, duplicate comment was provided in 113-34 BI]

"**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, <u>the neighborhood will be impacted by decades without the benefit of vegetation it once had.</u>

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.

Response BI-10

The comments inquire about tree species at the Cathedral Hill Campus that have been identified as significant and would be removed under the LRDP. The comments are noted. As stated in the Draft EIR, page 4.13-24, the seven significant trees are all junipers, distributed along the east end of the site of the proposed hospital, with five in the median between Van Ness Avenue and the front drive of the existing building that was once a hotel, north of the parking lot entrance and the other two, south of the parking lot entrance between the building and the sidewalk. The specific species types of juniper observed at the

proposed Cathedral Hill Campus were not identified and this information is not considered necessary for the purposes of assessing significance to biological resources in the EIR under CEQA.

As noted on Draft EIR page 4.13-23, tree removal proposed to be conducted at any of the CPMC campuses development sites under the LRDP would be performed in accordance with the City's Urban Forestry Ordinance and Section 143 of the City Planning Code. As stated in Section 143, Subsection 806, Part (b)(3)(A), the City shall require that a street tree or trees of equivalent replacement value to the one removed be planted in the place of the removed tree. Furthermore, the LRDP includes a substantial landscaping component for proposed development at the various CPMC campuses that includes numerous trees to replace those that are slated for removal. Lastly, as noted in Response GH-1 (page C&R 3.10-3), the proposed CPMC LRDP includes numerous methods to reduce GHG and air emissions, including potential green-roofing options that would increase the carbon sequestration capabilities of each LRDP campus site on which they are implemented. Even though it is not possible to quantify the potential additional reductions that could occur at each development site with the implementation of emission reduction features such as green roofs, it is reasonable to assume that the proposed CPMC LRDP would not reduce the carbon sequestration capabilities of local landscaping due to the City requirements for the replacement of trees at an equivalent replacement value, which may exceed a 1:1 ratio, depending on the size and species of trees available for replacement.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-160 BI, duplicate comment was provided in 30-160 BI]

"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?"

Response BI-11

The comment inquires about which species of trees that would be removed from the Davies Campus with proposed LRDP development at this campus. As indicated on the *Davies Campus Tree Removal Plan*, the following trees are proposed to be removed because of LRDP-related construction: tree numbers 77-127; 179-198; 204-209; 232-252; 284-287. The species of these trees are identified in the *Final Tree Report for the Davies Campus* and include the following species[3]:

- Italian stone pine
- Monterey pine
- Cordyline
- Aleppo pine
- Monterey cypress
- Blackwood acacia
- Acacia
- Myoporum
- Coast live oak
- Deodar cedar
- Victorian box
- Coast redwood
- Hollywood juniper
- Marina madrone
- New Zealand Christmas tree

[3] California Pacific Medical Center. 2006. *Final Tree Report, California Pacific Medical Center— Davies Campus.* San Francisco, CA. Prepared by Hortscience Inc., San Francisco, CA.

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-162 BI, duplicate comment was provided in 30-162 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 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?"

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [PC-152 BI]

"…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 submit to you my full report. Thank you very much."

Response BI-12

The comments reference the manzanita located in the east parking lot of the Davies Campus, and suggest that the species should be relocated under the proposed LRDP. Per e-mail correspondence with James Clark of HortScience, Mr. Clark clarified that "Rare" refers to frequency of the species at the site, not in nature. The Manzanita species, while rare on site, it is not rare in general and is found or easily available in nature. He further stated that "the landscape at the Davies Campus is entirely artificial. None of the plants are indigenous to the site. The manzanita that is present is a cultivated variety, sold in the nursery trade, rather than something that was present prior to the site being constructed."[4] The comment's recommendation that the manzanita be transplanted before LRDP construction is noted, and it may be possible to relocate the manzanita to a separate location within the Davies Campus site during the development of final landscaping plans. However, the existing manzanita, which is not considered a special-status species, is located within the construction footprint of the proposed Neuroscience Institute building to be located on the Davies Campus. Furthermore, as noted by Mr. Clark, manzanita are available at several retail locations throughout the San Francisco Bay Area and its retention is not considered necessary to promote educational awareness regarding biological diversity.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-161 BI, duplicate comment was provided in 30-161 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?

[4] Email correspondence with Jim Clark of Hortscience, October 8, 2010.

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."

Response BI-13

The comment inquires about the species of trees that are proposed to be removed at the St. Luke's Campus as part of the proposed CPMC LRDP. As is described in the Draft EIR, pages 4.13-8 and 4.13-9, the St. Luke's Campus is the site of a Moreton Bay fig tree that has been designated as a landmark tree. Information on this tree is provided in Biological Resources Administrative record item number 9, "Tree Inventory, CPMC St. Luke's and Cathedral Hill," page 18, *St. Luke's Tree Inventory*,[5] tree number 797, and Figure 2, "Tree Inventory- St. Luke's Campus," page 10; and in the St. Luke's tree removal plan. The commenter correctly reiterates information from the Draft EIR, which discloses that this tree was damaged in a storm. According to a phone conversation between AECOM Biologist Sean Avent and Carla Short,[6] San Francisco Department of Public Works, Tree/Urban Forestry, the tree was cut back to the main stem. As stated in the Draft EIR, page 4.13-26, the Moreton Bay fig tree located at the St. Luke's Campus would not be removed as part of the proposed LRDP. Furthermore, Improvement Measure I-BI-N2, presented in the Draft EIR, page 4.13-27, would ensure that a tree protection plan would be implemented to protect the landmark Moreton Bay fig tree during LRDP construction at the St. Luke's Campus.

3.15.2.5 GENERAL

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [37-10 BI]

"12. **Tree issues**, rare manzanita species at Davies, nesting period for wild parrots, birdstrikes & materials, e.g. are issues for mitigation."

Response BI-14

The comment raises general concerns regarding impacts to trees that would have secondary impacts on nesting birds. Please refer to Response BI-13 (page C&R 3.15-11), related to the rare manzanita; Response BI-2 (page C&R 3.15-2), related to the nesting of wild parrots; and Response BI-1 (page C&R 3.15-1), related to bird strikes and building materials. As noted in the above responses, the proposed LRDP was determined to not impact special-status species and, therefore, mitigation under CEQA is not required.

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents Association, October 18, 2010) [67-38 BI]

"12. Biological Resources: no specific comments."

[5] California Pacific Medical Center. 2009. *Final Tree Report, California Pacific Medical Center—St. Luke's Campus.* San Francisco, CA. Prepared by Hortscience Inc., San Francisco, CA.

[6] Short, Carla. Urban Forester. San Francisco Department of Public Works. March 1, 2010—telephone conversation with Sean Avent of AECOM regarding damage and repair of a landmark tree at the St. Luke's Campus.

Response BI-15

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Donald Scherl, MD, October 15, 2010) [74-31 BI]

"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."

Response BI-16

This comment regarding the potential effects on people rather than on birds has been noted. As required by CEQA, an EIR addresses the potential environmental consequences of a proposed action on a wide array of environmental issues. Some sections of the EIR address effects on the human environment, considering such issues as exposure of human beings to hazardous materials, air pollution, noise, public safety risks, and the like. Other sections of the EIR focus on the effects of the project on the non-human natural environment, considering such issues as direct and indirect effects on flora and fauna, changes to water quality, etc. The biological resources section analyzes the substantial adverse effects on habitat, any species identified as a candidate, sensitive, or special-status species in local or regional plans, policies, or regulations, or by the California Department of Fish and Game or U.S. Fish and Wildlife Service. All other topic areas are analyzed on whether or not substantial adverse effects would occur to people, such as air quality, transportation, aesthetics, noise, or wind and shadow. The purpose of the EIR is to present this breadth of information in an objective, unbiased manner and allow the individual reader to understand and make determinations and value judgments as to the importance of one impact compared to the importance of another. Ultimately, it is the decision-makers, the Planning Commission, and the Board of Supervisors who determine the significance of impacts, which impacts can and should be mitigated through the imposition of mitigation measures, and whether the project warrants approval in light of the environmental effects of implementation.

This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.15.3 PACIFIC CAMPUS

No comments pertaining to biological resources and solely related to this campus were received during public review of the Draft EIR.

3.15.4 CALIFORNIA CAMPUS

No comments pertaining to biological resources and solely related to this campus were received during public review of the Draft EIR.

3.15.5 DAVIES CAMPUS

No comments pertaining to biological resources and solely related to this campus were received during public review of the Draft EIR.

3.15.6 ST. LUKE'S CAMPUS

No comments pertaining to biological resources and solely related to this campus were received during public review of the Draft EIR.

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3.16 GEOLOGY AND SOILS

3.16.1 LRDP

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010)[67-39 GE]

"13) GEOLOGY AND SOILS: no specific comments."

Response GE-1

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-13 GE]

"The location and number of additional relevant earthquake faults and their likelihood should be included in the DEIR."

Response GE-2

The comment suggests that the location and number of additional relevant earthquake faults be detailed in the CPMC LRDP Draft EIR, and that the probability of earthquakes occurring along these faults also be provided. The location and number of relevant earthquake faults, as well as the probability of earthquakes are included in the Draft EIR, beginning on page 4.14-3. Major regional earthquake faults, including their locations and estimated potential Moment Magnitudes, are presented in Figure 4.14-1 and in Table 4.14-1 on pages 4.14-4 and 4.14-5 of the Draft EIR, respectively. Additionally, Table 4.14-3 on page 4.14-7 of the Draft EIR presents the percent probability (as determined by the U.S. Geological Survey) of a magnitude 6.7 or greater earthquake occurrence for major earthquake faults in the region between 2007 and 2037. As such, the Draft EIR presented the location and number of relevant earthquake faults in the region, as well as the percent probability of a major earthquake event, consistent with the comment's request.

Comment

(Chris Poland, September 23, 2010) [PC-193 GE]

"President Miguel, members of the Planning Commission, I am Chris Poland. I am a structural engineer, earthquake engineer, with over 40 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 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."

Response GE-3

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Richard Margary, September 23, 2010) [PC-217 GE]

"There are seismic dangers that go on daily, as you heard a few minutes ago, that require this [project]."

Response GE-4

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.16.2 CATHEDRAL HILL CAMPUS

No comments pertaining to geology and soils and solely related to this campus were received during public review of the Draft EIR.

3.16.3 PACIFIC CAMPUS

No comments pertaining to geology and soils and solely related to this campus were received during public review of the Draft EIR.

3.16.4 CALIFORNIA CAMPUS

No comments pertaining to geology and soils and solely related to this campus were received during public review of the Draft EIR.

3.16.5 DAVIES CAMPUS

No comments pertaining to geology and soils and solely related to this campus were received during public review of the Draft EIR.

3.16.6 ST. LUKE'S CAMPUS

No comments pertaining to geology and soils and solely related to this campus were received during public review of the Draft EIR.

3.17 HYDROLOGY AND WATER QUALITY

3.17.1 LRDP

Comment

(Carolynn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-15 HY, duplicate comment was provided in 114-15 HY]

"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."

Response HY-1

The comment expresses concern that construction wash water and debris from water used during Cathedral Hill Campus construction activities under the LRDP would collect on Cedar Street, due to a lack of entries to the storm drain system (catch basins/storm and sewer inlets) in the vicinity of the proposed Cathedral Hill Campus. As detailed in Section 4.15 "Hydrology and Water Quality" on Draft EIR pages 4.15-22 and 4.15-23 of the CPMC LRDP Draft EIR, the City requires construction projects to develop and implement a Storm Water Pollution Prevention Plan (SWPPP), which includes an erosion and sediment control plan. Projects are further required to comply with the City's Construction Site Water Pollution Prevention Program in order to reduce the impacts of construction site runoff. The San Francisco Construction Site Water Pollution Prevention Program requires stormwater quality Best Management Practices (BMPs) be implemented at all construction sites. Pollution prevention measures that must be implemented would vary from site to site under the LRDP, but typically would include daily site cleanings, regular maintenance of all BMPs at the LRDP development sites, and inspection of the site regularly to ensure that BMPs are intact. The San Francisco Public Utilities Commission conducts periodic inspections to ensure compliance with the SWPPP. As stated under Mitigation Measure M-HY-N3, on pages 4.15-36 through 4.15-38 of the Draft EIR, "In compliance with the Article 4.1 of the San Francisco Public Works Code and the City's Construction Site Water Pollution Prevention Program, CPMC shall submit a site-specific SWPPP to SFPUC for approval before initiating construction activities in areas draining to the combined sewer system."

For the reasons detailed above, construction runoff and debris from water used during construction activities would not be allowed to collect on Cedar Street or other streets in the project vicinity, and should not adversely affect nearby residences and businesses.

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-40 HY]

"14) HYDROLOGY AND WATER QUALITY: no specific comments."

Response HY-2

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.17.2 CATHEDRAL HILL CAMPUS

No comments pertaining to hydrology and water quality and solely related to this campus were received during public review of the Draft EIR.

3.17.3 PACIFIC CAMPUS

No comments pertaining to hydrology and water quality and solely related to this campus were received during public review of the Draft EIR.

3.17.4 CALIFORNIA CAMPUS

No comments pertaining to hydrology and water quality and solely related to this campus were received during public review of the Draft EIR.

3.17.5 DAVIES CAMPUS

No comments pertaining to hydrology and water quality and solely related to this campus were received during public review of the Draft EIR.

3.17.6 ST. LUKE'S CAMPUS

No comments pertaining to hydrology and water quality and solely related to this campus were received during public review of the Draft EIR.

3.18 HAZARDS AND HAZARDOUS MATERIALS

3.18.1 LRDP

3.18.1.1 GENERAL

Comment

Section 3 (Helene Dellanini—Daniel Burnham Court Master Owner's Association, October 12, 2010) [71-23 HZ, duplicate comment was provided in 72-23 HZ]

"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."

Response HZ-1

The comment requests information regarding CMPC's requirements to maintain a rodent and pest-free site before construction. In accordance with Article 2-Health Code, Section A, and as a healthcare provider in the City, rodent and pest control is a major priority at all CPMC facilities, including the now vacant Cathedral Hill Hotel and 1255 Post Street office building, and the seven properties that make up the proposed Cathedral Hill MOB site. CPMC contracts pest control services with a private company, Matrix Pest Elimination. Pest bait stations and traps have been strategically placed around the properties and are monitored and maintained. To date, CPMC is not aware of any complaints of rodent or pest control problems at the Cathedral Hill properties.

3.18.1.2 BUILDING HEIGHT

Comment

(Sandy Hesnard—Caltrans – Department of Aeronautics, September 8, 2010) [5-1 HZ, duplicate comment was provided in 9-2 HZ]

"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/oeaaaiexternal/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."

Response HZ-2

The comment confirms receipt and review of the Draft EIR and identifies permitting FAA requirements that might be required of the proposed LRDP. The commenter's review of the Draft EIR and identification of FAA requirements for preparation and submittal of a Notice of Proposed Construction or Alteration (Form 7460-1) is noted. However, as described in Impact HZ-5 in the Draft EIR, pages 4.16-70 through 4.16-72, the proposed LRDP would not be located within an airport land use plan or within 8 miles of a public airport or private airstrip, and as a result, would not create a safety hazard for people residing or working in the area. Although the proposed Cathedral Hill Hospital would reach a height of 265 feet (as stated in the Draft EIR, page 2-21), Part 77 requires submittal of Form 7460-1 when a project exceeds 200 feet in height within 3 miles of a runway. As the nearest proposed or existing campus to a public use airport or private airstrip would be located considerably more than 3 miles from an existing runway, preparation and submittal of Form 7460-1 would not be required. Coordination with the Caltrans District 4 office regarding surface transportation issues has been ongoing throughout project planning and will continue.

3.18.1.3 CONSTRUCTION HEALTH RISKS

Comments

(Gloria Smith—California Nurses Association, October 18, 2010) [90-38 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."

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-2 HZ]

"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."

Response HZ-3

The comments suggest that the EIR should provide precautions to protect construction workers and neighboring residents from contaminants generated during project construction (i.e., excavation). The Draft EIR contains extensive analysis of potential effects of the proposed LRDP's construction, including the potential exposure of construction workers to airborne hazards. As described under Impact HZ-1 in the Draft EIR (starting on page 4.16-40), construction workers and neighboring residents could be exposed to dust and vapors during demolition of existing structures, excavation of contaminated soils, and removal of underground storage tanks (USTs) and other underground structures. In the Draft EIR, page 4.16-41, the analysis explains that potential impacts to workers and neighboring residents from dust and vapors from demolition of existing structures on LRDP sites would be less than significant due to the LRDP project having to undergo regulatory compliance related to the reduction in potential exposure of people to contamination, including dust and airborne hazards, and implementation of Improvement Measure I-HZ-N1, which calls for the removal and proper disposal of mercury-containing building

materials prior to the start of construction. As noted on Draft EIR page 4.16-43, construction under the proposed LRDP would adhere to Bay Area Air Quality Management District (BAAQMD) and California Division of Occupational Safety and Health (Cal/OSHA) regulations and standards, which require proper inspection and abatement of asbestos-containing materials and lead-based paint before initiation of project-related demolition or renovation. In addition, development under the proposed LRDP would be conducted in a manner consistent with other federal and state hazardous materials guidelines that regulate exposure to and disposal of other hazardous building materials, including lead, polychlorinated biphenyls (PCBs), and mercury. Improvement Measure I-HZ-N1 under the LRDP requires the proper removal and disposal of PCB- and mercury-containing equipment from buildings and structures on LRDP development sites prior to commencement of demolition (see the Draft EIR, page 4.16-46).

Furthermore, as described in the Draft EIR on page 4.16-49, potential impacts to workers and neighboring residents from dust and vapors from excavation of contaminated soils and removal of USTs and other underground structures would be less than significant, following implementation of Mitigation Measures M-HZ-N1a and M-HZ-N1b, which would require the preparation of site mitigation plans (SMP) for each existing and proposed CPMC campus and unknown contingency plans for these campuses that address potential unforeseen circumstances, and submittal of the SMPs and unknown contingency plans to the San Francisco Department of Public Health (SFDPH) for review and approval. For further clarification, refer to the text of the Draft EIR beginning on page 4.16-46, regarding the complete procedures and requirements established in Mitigation Measures M-HZ-N1a and M-HZ-N1b. CPMC has prepared environmental contingency plans (ECPs) for each campus, which, as stated on page 4.16-46 of the Draft EIR, will serve as both the SMPs and unknown contingency plans for these campuses upon review and approval by SFDPH.

Excavation and soil, groundwater, and construction debris removal activities at the existing and proposed campuses would also be required to adhere to federal and Cal/OSHA regulations mandating initial training and subsequent annual training for hazardous waste workers and the preparation and implementation of site-specific health and safety plans by the construction contractor. Excavation, handling, and disposal of all soil and groundwater from the existing and proposed campuses would be regulated by the Occupational Health and Safety Administration (OSHA), Cal/OSHA, SFDPH, BAAQMD, San Francisco Public Utilities Commission (SFPUC), the San Francisco Bay Regional Water Quality Control Board (RWQCB), and Article 22 of the San Francisco Health Code. Removal of Underground Storage Tanks (USTs) would also be subject to the requirements of Article 22A, the RWQCB, the San Francisco Department of Public Health (SFDPH) UST Program, and procedures outlined in the site-specific health and safety plans for each existing and proposed campus prepared in accordance with Cal/OSHA regulations. Contaminated soils handling and removal would fall under the purview of SFDPH regulations and oversight, while BAAQMD regulates the handling of asbestos-containing materials.

Once contaminated soils leave the LRDP sites, safety regulations of their transport would fall under the hazardous materials transportation permit of the contractor and trucking company. As described in the Draft EIR, page 4.16-23, the transport of hazardous materials is regulated under Title 26 of the California Code of Regulations. Regulations are enforced by the California Highway Patrol (CHP) and the California Department of Transportation (Caltrans). CHP enforces the labeling of hazardous materials and hazardous wastes and packing regulations to prevent leakage and spills of material in transit and to provide detailed information to cleanup crews in the event of an accident. Vehicle and equipment inspection, shipment preparation, container identification, and shipping documentation are all part of the responsibility of the CHP, which conducts regular inspections of licensed transporters to assure regulatory compliance. Caltrans has teams to identify emergency chemical spills. In addition to the licensing, labeling, packaging, and transport regulations of Caltrans and CHP, the BAAQMD Asbestos Dust Mitigation Plan would require the CPMC LRDP to incorporate measures to control all potential emission sources, including tracking of sediment onto paved roads by vehicles and off-site transport of materials.

As noted in Section 4.16.2, "Hazards and Hazardous Materials Regulatory Framework of the Draft EIR" (beginning on page 4.6-21), there are certain regulatory requirements for coordination with agencies that the project sponsor must comply with as planning of each CPMC campus progresses. Twenty-four ESAs (20 Phase I ESAs, two Phase II ESAs (one each for the proposed sites of the Cathedral Hill Hospital and Cathedral Hill MOB), and two combined Phase I/Phase II ESAs (one each for the 3698 California Street and the 3700 California Street sites at the California Campus) were conducted over a 7-year period (2003–2010) for the five CPMC campuses, and a detailed description of the results of these ESAs is included in Section 4.16.1, "Hazards and Hazardous Materials Environmental Setting" in the Draft EIR, beginning on page 4.16-2. The Phase I ESAs prepared for each CPMC campus, as well as the Phase II and combined Phase I/Phase II ESAs prepared for the Cathedral Hill and California Campuses were submitted to the SFDPH (Stephanie Cushing, Senior Environmental Health Inspector) in 2008 and 2009, and a copy of the Draft EIR was forwarded to the SFDPH for their review during the public review period. Recommendations received from the SFDPH based on their review of the Phase I and II ESAs were incorporated into the analysis of the EIR (e.g., on page 4.16-43 of the Draft EIR, the EIR includes a recommendation from the SFDPH staff for subsurface sampling in proposed excavation areas at the Davies Campus that are located near USTs, which the project sponsor has agreed to conduct). Additional coordination with various regulatory agencies will take place at various LRDP construction and development stages when necessary and appropriate, including SFDPH, (e.g., review of environmental contingency plans [ECPs] for each campus by SFDPH), and the project will adhere to current statutory requirements/guidelines. Therefore, the Draft EIR adequately evaluates the potential hazards and hazardous materials impacts related to dust, vapors, and regulatory oversight of the proposed CPMC LRDP.

Please see Response HZ-5 (page C&R 3.18-7) to comments regarding the need to revise and recirculate the Draft EIR to include additional information regarding subsequent soils/materials studies for the CPMC LRDP in the EIR. Based on the level of analysis of the LRDP's construction-related exposure to hazardous materials contained in the Draft EIR discussed above, the evaluation of potential health risks during excavation and demolition proposed at CPMC campuses under the LRDP does not require revision. Furthermore, the EIR does not require recirculation pursuant to State CEQA Guidelines Section 15088.5, because it does not require the inclusion of additional information that would otherwise deprive the public of the opportunity to make meaningful comments or that could reduce or mitigate an otherwise significant adverse environmental impact. Please also see Response INTRO-6 on page C&R 3.1-11 regarding recirculation of the Draft EIR.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-11 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.

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

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.

[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"

Response HZ-4

The comment's descriptions of the health effects of lead, petroleum hydrocarbons, and dry cleaning solvents like Trichloroethylene (TCE) are noted. Beginning on page 4.16-42, the Draft EIR acknowledges that construction activities under the proposed LRDP could result in exposure of construction workers and the public to chemicals in the soil because such construction would generate dust (airborne particles), and could result in impacts on water quality and the environment, if hazardous constituents were to migrate off site. However, implementation of Mitigation Measures M-HZ-N1a and M-HZ-N1b requiring the preparation of a site mitigation plan, the proper handling, hauling, and disposal of contaminated materials, the preparation of a site closure/certification report, and preparation of an unknown contingency plan for all existing and proposed CPMC campuses, beginning on Draft EIR page 4.16-46, would reduce these impacts of the LRDP to less-than-significant levels by reducing the potential for the release of hazardous materials and subsequent potential health effects of such materials to occur. Furthermore, with respect to LRDP impacts from airborne contaminants that could affect human health, impacts AQ-1 and AQ-2 in the Draft EIR, beginning on pages 4.7-29 and 4.7-34, respectively, discuss the LRDP construction-related air emissions related to fugitive dust/particulate matter and toxic air contaminants (TACs), which include lead, under the 1999 BAAQMD CEQA Guidelines significance thresholds. Impacts AQ-8 and AQ-10 in the Draft EIR, beginning on pages 4.7-59 and 4.7-65, respectively, discuss the LRDP construction-related air emissions related to fugitive dust/particulate matter and TACs under the 2010 BAAQMD CEQA Guidelines significance thresholds. The text revisions to the Draft EIR in Chapter 4, "Draft EIR Text Changes," of this C&R document, (pages C&R 4-84 to 4-94) includes updates to the Draft EIR analysis of Impacts AQ-2 and AQ-10. As noted in Impacts AQ-1, AQ-2, AQ-8, and AQ-10, LRDP construction activities would not expose sensitive receptors to substantial pollutant loads and potential airborne health risks would not exceed the incremental health risk threshold of 10 in a million cancer risk for adults, but would exceed thresholds for child exposure at the proposed Cathedral Hill Campus under the 2010 BAAQMD CEQA Guidelines (Impact AQ-10), thereby resulting in a significant and unavoidable impact. In addition, the proposed LRDP would implement control measures (See Mitigation Measures M-AQ-N1a and M-AQ-N1b beginning on Draft EIR page 4.7-31, and M-AQ-N2 beginning on Draft EIR page 4.7-35, as revised in Chapter 4, "Draft EIR Text Revisions," on page C&R 4-17) for the LRDP's construction-related emissions, including BAAQMD's

Basic and Optional Control Measures, to reduce potential dust generated during construction activities under the proposed LRDP to less-than-significant levels. However, after implementation of all feasible mitigation measures, Impact AQ-10 related to health risks exposure of sensitive receptors to TACs from construction activities would remain significant and unavoidable at the proposed Cathedral Hill Campus under the 2010 BAAQMD CEQA Guidelines.

Please also see Response HZ-3 (page C&R 3.18-2) for further discussion of the mitigation measures, regulatory requirements, and best management practices that would ensure that the LRDP does not result in significant impacts related to potential exposure of the environment, workers, and the public to contaminants.

3.18.1.4 ENVIRONMENTAL SITE ASSESSMENT

Comments

(Gloria Smith—California Nurses Association, October 18, 2010) [90-37 HZ]

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

According CNA's hazardous waste expert, Matt Hagemann, 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.[1] 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."

[1] Matt Hagemann Letter (Oct. 18, 2010) at page 17. [Letter is included separately as Comment Letter 119.]

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-1 HZ]

"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 contamination through remediation and mitigation measures. Instead, that 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."

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-6 HZ]

"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."

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-7 HZ]

"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."

Response HZ-5

The comments state that the Draft EIR fails to adequately disclose and analyze potential contaminants in soil and groundwater for all five development sites or campuses under the proposed CPMC LRDP and that contamination is a potentially serious hazard to neighboring residents, workers, and passersby. As described in Section 4.16, "Hazards and Hazardous Materials" in the Draft EIR, 24 environmental site assessments (ESAs) were conducted over a 7-year period (2003–2010) for the five CPMC campuses (including nine ESAs at the proposed Cathedral Hill Campus, eight ESAs at the Pacific Campus, four ESAs at the California Campus, two ESAs at the Davies Campus, and one ESA at the St. Luke's Campus). For a detailed description of the results of these ESAs, please refer to Section 4.16.1, "Environmental Setting" in the Draft EIR. C&R Table 3.18-1 summarizes the degree of soil sampling per campus, including what constituents were analyzed, and whether such constituents were determined to be present in the soil. Soil sampling was not conducted in cases when the Phase I ESA did not identify a Recognized Environmental Condition (REC) per the ASTM definition included in the DEIR on page 4.16-2, "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 [of these hazardous substances], or a material threat of a release of any hazardous substance or petroleum products into structures on the property or into the ground, groundwater, or surface water of the property". This analysis approach is considered reasonable and feasible because it is based on best available information to address potential soil and groundwater contamination issues that may exist at any of the five campuses included as part of the proposed CPMC LRDP.

Recommendations contained in these ESAs, including those that would reduce known and unknown soil and groundwater contamination at the existing and proposed CPMC campuses, were incorporated into the CPMC LRDP as mitigation measures (see Mitigation Measures M-HZ-N1a and M-HZ-N1b on pages 4.16-46 through 4.16-49 of the Draft EIR). These measures include requirements for the submittal of campus-specific environmental contingency plans (ECPs), which serve as both site mitigation plans (SMPs) and unknown contingency plans for the campuses, to SFDPH for review and approval. The ECPs identify procedures for the submittal of a site closure/certification report to SFDPH for closure of underground storage tanks (USTs) at the Cathedral Hill, Pacific, Davies, and St. Luke's Campuses. Such measures and requirements are intended to reduce potential impacts to a less-than-significant level. As described in the Draft EIR, pages 4.16-63 for the Cathedral Hill Campus, pages 4.16-64 through 4.16-65 and 4.16-70 for the Davies Campus, page 4.16-66 for the St. Luke's Campus, and pages 4.16-68 through 4.16-69 for the Pacific Campus, impacts related to the CPMC LRDP's location on potentially contaminated sites at the above-noted campuses would be less than significant with the implementation of ECPs for each of the existing and proposed campuses. The ECPs specifically address the management of potential health impacts associated with chemically impacted soil that would be disturbed at the CPMC campuses. The ECPs for these CPMC campuses also require that a health and safety plan that outlines the specific procedures required to safeguard the health and safety of workers while onsite be prepared by a certified industrial hygienist for implementation by the LRDP site contractor during all phases of demolition and construction at the CPMC campuses. This would address potential threats to the health and safety of both site construction workers and the public during LRDP-related construction activities. The ECPs would ensure the safe and effective removal/closure of potentially hazardous subsurface soil and groundwater conditions in accordance with local, state, and federal requirements.

Under Mitigation Measures M-HZ-N1a and M-HZ-L1a in the Draft EIR, pages 4.16-46 and 4.16-52, respectively, near-term and long-term projects under the proposed CPMC LRDP would be required to submit the previously prepared ECPs, which would serve as both SMPs and unknown contingency plans for the CPMC campuses, to SFDPH for review and approval before issuance of site, building, or other permits by City agencies for development activities involving subsurface disturbance. As described in the Draft EIR, page 4.16-46, an SMP, prepared in accordance with SFDPH regulations, requires the sampling of all soil and groundwater at a development site (in this case, CPMC campuses) to determine the proper

C&R Table 3.18-1
Summary of Proposed LRDP Soils Sampling and Analysis

Campus	Soils Sampling Conducted?	Constituents Analyzed	Constituents Determined to be Substantially Present
Cathedral Hill Hospital Site	Yes	Petroleum constituents, VOCs, metals, polychlorinated biphenyls (PCBs)	Petroleum constituents (low)
Cathedral Hill MOB Site	Yes	Petroleum hydrocarbons, VOCs, metals, semivolatile organic compounds (SVOCs), PCBs, lead	Petroleum hydrocarbons, lead
Pacific	No	N/A	N/A
California	Yes	Petroleum hydrocarbons, VOCs, metals, PCBs	None
Davies	No	N/A	N/A
St. Luke's	No	N/A	N/A

Source: Data compiled by AECOM, 2011.

handling and disposal requirements for soil and groundwater from these sites based on the presence of known and unknown analytical compounds of potential contaminants in this soil and groundwater. As stated in Mitigation Measure M-HZ-N1a in the Draft EIR, page 4.16-47, any necessary remediation or mitigation recommended by the SFDPH during their review of the ECPs for each campus, beyond those which have already been included in the ECPs, would be required to be incorporated into the ECPs. Mitigation Measure M-HZ-N1a also would require that known USTs at all campuses be removed by a licensed tank removal contractor, in accordance with all current regulations and the site-specific and tank-specific procedures previously outlined in the ECPs for each CPMC campus. As noted in the Draft EIR (beginning on page 4.7-31), the project sponsor would implement control measures (See Mitigation Measures M-AQ-N1a and M-AQ-N1b, beginning on Draft EIR page 4.7-31) for construction dust, including BAAQMD's Basic and Optional Control Measures, to reduce dust generated during construction activities. Furthermore, Mitigation Measure M-AQ-N2 would ensure that appropriate emissions control devices are installed on LRDP construction equipment in order to reduce potential health risks associated with equipment exhaust during construction activities under the LRDP.

All of the CPMC LRDP EIR mitigation measures identified above (Mitigation Measures M-HZ-N1a, M-HZ-N1b, M-HZ-L1a, M-AQ-N1a, and M-AQ-N1b on pages 4.16-46, 4.16-48, 4.16-52, 4.7-31, and 4.7-32 of the Draft EIR, respectively) for the purposes of reducing the LRDP's potential impacts related to hazards and hazardous materials are considered feasible and implementable. These mitigation measures do not inappropriately defer impact analysis or identification of mitigation measures. Section 15126.4(a)(1)(b) of the State CEQA Guidelines recognizes that mitigation measures may not be able to be articulated in full detail at the time of an early stage or plan level EIR but also states:

Formulation of mitigation measures should not be deferred until some future time. However, measures may specify performance standards which would mitigate the significant effect of the project and which may be accomplished in more than one specified way. Please also see Response HZ-11 on page C&R 3.18-19.

The mitigation measures identified in Section 4.16, "Hazards and Hazardous Materials" in the Draft EIR, as well as all other mitigation measures identified in the Draft EIR, meet the standards established in the

State CEQA Guidelines. Please also see Response HZ-3 (page C&R 3.18-2) for a description of the regulations and standards that would also serve to reduce the exposure of workers and other persons in the project vicinity to contaminants to less-than-significant levels.

State CEQA Guidelines Section 15088.5 requires a lead agency to recirculate an EIR when significant new information is added to the EIR after the Draft EIR public review period, but before certification. that information must be noticed and circulated for public review in the same way as the Draft EIR noticing and circulation is implemented Significant new information requires notication and circulation for public review in the same way as the Draft EIR when there is a new significant environmental impact, a substantial increase in the severity of an environmental impact, or a determination that the Draft EIR was fundamentally and basically inadequate and conclusory in nature that meaningful public review and comment were precluded. Recirculation is not required where the new information added to the EIR merely clarifies or makes insignificant modifications to an adequate EIR. None of the additional information about hazards and hazardous material suggested by the comment would meet the criteria that would require EIR recirculation; rather, that information falls into the category of clarification and further explanation of conditions on the site and serves to reinforce the conclusions in the Draft EIR. For additional discussion of recirculation of the Draft EIR, please refer to Response INTRO-6 on page C&R 3.1-11.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-10 HZ]

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

Response HZ-6

The comment expresses a preference for use of a voluntary cleanup agreement. Further, the comment states that environmental conditions of the existing and proposed CPMC campuses are not accurately or adequately described or disclosed in the Draft EIR and raises concerns over the use of the term "potentially recognized" with respect to environmental conditions. The Phase I environmental site assessments (ESAs) prepared for the five CPMC campuses covered under the proposed CPMC LRDP recommended the preparation of environmental contingency plans (ECPs) to fully mitigate the known and unknown hazards associated with existing on-campus and proposed LRDP development-related conditions. The ECPs specifically addressed the management of potential health impacts associated with the disturbance of chemically impacted soil from the CPMC campuses. The ECPs also recommended that a health and safety plan be prepared by a certified industrial hygienist for implementation during demolition and construction at the existing and proposed CPMC campuses by the site contractor. The health and safety plan would address potential threats to the health and safety of both on-campus construction workers and the public during LRDP-related construction activities. Furthermore, SFDPH review, approval, and oversight of LRDP-related construction development activities for all CPMC campuses would also occur following the project sponsor's submittal of the SMPs and unknown contingency plans to the SFDPH for each existing and proposed CPMC campus, as required by Mitigation Measures M-HZ-N1a and M-HZ-N1b in the CPMC LRDP Draft EIR, pages 4.16-46 and 4.16-48, respectively. Under the LRDP, ECPs would be prepared for each existing and proposed CPMC campus and they would serve as both the SMPs and unknown contingency plans for CPMC campuses.

These ECPs will be duly submitted to SFDPH for their review, approval, and oversight, well before commencement of LRDP-related construction activities at any existing or proposed CPMC campus.

The Phase I ESAs for the CPMC campuses did not specify whether SFDPH review, approval, and oversight should be performed as part of the Mitigation, Monitoring, and Reporting Program (MMRP), a voluntary cleanup agreement, or other process. Furthermore, a voluntary cleanup agreement is offered by SFDPH as an alternative to the California Department of Toxic Substances Control (DTSC) process and is not required. In response to State legislation, the SFDPH has implemented a program to protect human health, clean up the environment and return property back to productive use. Corporations, developers and agencies entering into a voluntary cleanup program agreement with SFDPH will be able to restore properties quickly and efficiently, rather than having their projects compete for the limited resources of the California EPA's DTSC along with other low priority hazardous waste sites. Twenty-four ESAs (20 Phase I ESAs, 2 Phase II ESAs (one each for the proposed sites of the Cathedral Hill Hospital and Cathedral Hill MOB), and 2 combined Phase I/Phase II ESAs (one each for the 3698 California Street and the 3700 California Street sites at the California Campus) were conducted over a 7-year period (2003–2010) for the five CPMC campuses. It should be noted that SFPDH reviewed the ESAs for the four existing and one proposed CPMC campuses in 2008 and 2009 and reviewed the CPMC LRDP Draft EIR in 2010, and the ECPs will be submitted for review and approval by SFDPH, prior to the commencement of any LRDP-related construction activities or site work at the five CPMC campuses. During their review of the ESAs and CPMC LRDP Draft EIR, SFDPH did not recommend a voluntary cleanup agreement for the four existing or one proposed CPMC campuses. As described in Mitigation Measures M-HZ-N1a and M-HZ-L1a in the Draft EIR, pages 4.16-46 and 4.16-52, respectively, the project sponsor would be required to submit the previously prepared ECPs (which serve as both SMPs and unknown contingency plans) to SFDPH for near-term and long-term projects at various CPMC campuses under the proposed LRDP. SFDPH approval of ECPs would be required before issuance of site, building, or other permits by City agencies for LRDP-related construction and development activities involving subsurface disturbance. Any additional recommendations from the SFDPH would be incorporated into the ECPs as a condition of the issuance of site, building, or other permits by City agencies.

Other than from the BAAQMD, no comments were received on the Draft EIR from local hazardous materials regulatory agencies with regard to the potential effects of the proposed LRDP on human health. Response HZ-3 (page C&R 3.18-2) provides a description of the role of SFDPH in the LRDP during future review and approval of the ECPs for the CPMC campuses, as well as a description of consultation with SFDPH that took place during review of the 24 Phase I, Phase II, and combined Phase I/Phase II ESAs prepared for the existing and proposed CPMC campuses under the LRDP.

The risk of exposure of construction workers and neighboring residents to hazardous materials during construction of the LRDP at various CPMC campuses has been addressed in the Draft EIR. Please see Response HZ-3 (page C&R 3.18-2) for a description of the mitigation measures and adherence to regulations and standards that would reduce the exposure of the overall environment, workers, and the public to potential contaminants from LRDP development to less-than-significant levels.

Please also see Response HZ-7 (page C&R 3.18-12) regarding the use of the term "potential environmental conditions" in the LRDP Draft EIR.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-8 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]

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, page 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, page 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 not a rigorous as conducting a Phase I ESA. 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]

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.

[1] See for example, August 20, 2009 Phase I Environmental Site Assessment Saint Luke's Campus Tower Area, page 1
[2] http://www.astm.org/Standards/E1527.htm
[4] http://www.astm.org/BOOKSTORE/COMPS/136.htm
[5] http://www.edrnet.com/reports/whitepapers/e1528whitepaper.pdf"

Response HZ-7

The comment objects to the use of the terms "potential environmental conditions" and "potential recognized environmental conditions" in the Draft EIR, stating that they are inconsistent with ASTM standards (which do not include the use or definitions of these terminologies). Furthermore, the comment appears to suggest that instances where the terms "potential environmental conditions" and "potential recognized environmental conditions" were used in the Draft EIR represent unresolved environmental issues that warrant further investigation, such as a Phase II ESA, including soil and groundwater sampling.

The comment correctly defines the purpose of the ESAs to identify RECs at the five CPMC campuses. The preparation of Phase I ESAs by Treadwell & Rollo used the ASTM definition of an REC which 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 [of these hazardous substances], or a material threat of a release of any hazardous substance or petroleum products into structures on the property or into the ground, groundwater, or surface water of the property" (Draft EIR, page 4.16-2). The comment also correctly defines the ASTM definition of "potential environmental concern" as "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."

The comment incorrectly states that the "potential presence of hazardous substances" constitutes a REC. To address any case where there is a broad historical knowledge of what might be present at a given site (e.g., lead) or the existence of a feature (e.g., a tank) without any known presence or likely presence of a hazardous substance or material threat of a release at a site, the ESAs prepared for the CPMC campuses identified these conditions as "potential environmental conditions" that do not meet the definition of an REC. For example, the ESA preparers' knowledge of typical subsurface equipment for past uses informed a brief discussion on the potential subsurface presence of such equipment on the St. Luke's Campus, despite a lack of documentation or information stating that any such equipment had ever been installed on the St. Luke's Campus. Additionally, certain underground storage tanks (USTs) were identified as potential environmental conditions instead of RECs because of the inclusion of leak detection equipment on those USTs, which would reasonably be considered to provide a warning/indication if a leak occurred. Therefore, these types of on-site conditions are not RECs and do not warrant the preparation of a Phase II ESA.

The purpose of identifying potential environmental conditions was to increase awareness and ensure that the project sponsor's construction team would be prepared for the possibility that subsurface environmental contamination might be encountered during LRDP construction. In cases where potential environmental conditions were identified, the preparation of ECPs was recommended in the ESAs so that protocols could be established to safely and efficiently deal with potentially hazardous materials that could be encountered during LRDP construction. The ECPs would also require that a health and safety plan be prepared by a certified industrial hygienist for implementation by the LRDP contractor and would address potential threats to the health and safety of both LRDP construction workers and the public during

LRDP-related construction activities. To clarify the terminology used in the Draft EIR, staff-initiated text changes have been made to consistently use the term "potential environmental condition."

Text in Section 4.16.1, "Environmental Setting" in the Draft EIR, page 4.16-4 through page 4.16-6, has been revised as follows to clarify the difference between RECs and potential environmental conditions:

> 1062 Geary Street
>
> Although the Phase I ESA identified no RECs associated with past or current uses of this building, the past site operations as an auto repair business and the possible presence of earthquake fill indicate potential environmental ~~concerns~~ conditions.
>
> 1054–1060 Geary Street
>
> The Phase I ESA did not identify any RECs or potential ~~RECs~~ environmental conditions associated with past or current uses of the building.
>
> 1034–1036 Geary Street
>
> The Phase I ESA for this property did not identify any RECs or potential ~~RECs~~ environmental conditions associated with the former or current uses of the property.

Text in Section 4.16.1, "Environmental Setting" in the Draft EIR, page 4.16-9 and page 4.16-10, has been revised as follows to clarify the difference between RECs and potential environmental conditions:

> 2200 Webster Street
>
> Although no RECs were identified during the Phase I ESA, the two hydraulic elevators and demolished residential structures represent potential ~~RECs~~ environmental conditions.
>
> 2340–2360 Clay Street
>
> Although no RECs were identified during the Phase I ESA, the demolished residential structures represent a potential ~~RECs~~ environmental condition.

Text in Section 4.16.1, "Environmental Setting" in the Draft EIR, page 4.16-12, has been revised as follows to clarify the difference between RECs and potential environmental conditions:

> 2405 Clay Street
>
> Although no significant RECs were identified during the ESA, the former laundry facility, carpentry and machine shop, and demolished residential structures represent potential ~~RECs~~ environmental conditions.

Text in Section 4.16.1, "Environmental Setting" in the Draft EIR, page 4.16-13, has been revised as follows to clarify the difference between RECs and potential environmental conditions:

> 2323 Sacramento Street
>
> Although no RECs were identified during the Phase I ESA, the two hydraulic elevators and demolished residential structures represent potential ~~RECs~~ environmental conditions.

Text in Section 4.16.1, "Environmental Setting" in the Draft EIR, page 4.16-14 and page 4.16-15, has been revised and a new paragraph has been added as follows to describe the conditions at the off-site cleaner site:

> 3773 Sacramento Street
>
> The Phase I ESA for 3773 Sacramento Street (an existing parking garage constructed in 1971) found no significant indications of releases of hazardous materials or petroleum products at the site and no evidence of possible past releases.[58] The parcel was previously occupied by mixed residential and commercial buildings and Arts ~~and~~ Crafts ~~Cleaners~~. Cleaners typically use hazardous materials in the form of chlorinated solvents, which would have affected the soil and groundwater beneath the parcel during a spill or release; however, it is unknown if this cleaner performed dry cleaning on-site, or if there were releases of hazardous materials into the environment. The former presence of this establishment does not represent a material threat of release of hazardous materials and is not a recognized environmental condition, because the site has been substantially excavated and redeveloped since the former dry cleaning use existed on-site. ~~Accordingly, t~~ The Phase I ESA included sampling and analysis of an existing groundwater monitoring well on the parcel. Sampling results revealed VOC concentrations in the groundwater, which were judged unlikely to have been the result of releases from Art Craft Cleaners; ~~however~~ in addition, the levels were well below primary drinking water standards and do not represent an REC. Accordingly, it was determined that soil sampling was not required.[59]
>
> A French Laundry & Cleaners is located uphill and approximately 100 feet east of the site. The French Laundry & Cleaners is cross-gradient with respect to groundwater flow at the 3773 Sacramento Street site and, therefore, does not represent a material threat of a release and is not a REC. French Laundry & Cleaners, however, was identified as a possible off-site source of contamination in the Phase I ESA completed for the Marshall Hale Hospital at 3698 California Street.[60] A limited Phase II ESA was performed to evaluate this potential environmental condition and indicated that the Marshall Hale Hospital site also has not likely been impacted by the French Laundry & Cleaners.
>
> [60] California Pacific Medical Center. 2008 (February 8). Phase I/Phase II Environmental Site Assessment (Updated and Revised), Marshall Hale Hospital, 3698 California Street, San Francisco, California. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

Text in Section 4.16.1, "Environmental Setting" in the Draft EIR, in the second to last sentence in the last paragraph on page 4.16-16, has been revised as follows to clarify the difference between RECs and potential environmental conditions:

> Off-Site Uses
>
> Past activities at the cleaners may have involved processing cleaning solvent, which represents a potential ~~REC~~ environmental condition.

Text under Impact HZ-1 in the Draft EIR, page 4.16-43 in the last sentence of the first paragraph, has been revised as follows to clarify the difference between RECs and potential environmental conditions:

> The ESAs recommended that the ECPs identify known RECs and potential ~~RECs~~ environmental conditions at the campuses, including contaminated soils and groundwater, and:

Text under Impact HZ-1 in the Draft EIR, page 4.16-44 in the second sentence of the second paragraph, has been revised as follows to clarify the difference between RECs and potential environmental conditions:

The ESAs recommended that the ECPs identify known RECs and potential ~~RECs~~ environmental conditions at the campuses, including USTs, and provide instruction on their removal.

See page 4-29 of Chapter 4, "Text Changes to the Draft EIR" of this C&R document for further clarification.

As described in Mitigation Measure M-HZ-N1a in the Draft EIR, beginning on page 4.16-46, before issuance of site, building, or other permits by the City for development activities involving subsurface disturbance, CPMC would be required to submit the previously prepared environmental contingency plans (ECPs), which would serve as both the site mitigation plans (SMPs) and unknown contingency plans for the CPMC campuses, to SFDPH for review and approval. The implementation of the campus-specific ECPs would limit the exposure of workers to known or unknown contaminated soil and groundwater and potentially hazardous materials in the contents and vapors of USTs, and would limit the off-site migration of contaminants in soil and groundwater, preventing exposure of the public and environment to these hazardous materials.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-26 HZ]

"**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."

Response HZ-8

The comment states that further investigations of contamination at "numerous sites throughout the Project area," more engagement of SFDPH, and adequate disclosure of contamination are necessary as part of the LRDP EIR. The commenter is also concerned about potential health risks to the public and construction workers (presumably) arising from San Francisco Planning Department's (the Lead Agency) and the LRDP sponsor's lack of coordination with the SFDPH, with respect to LRDP construction and development activities. As described in Section 4.16, "Hazards and Hazardous Materials" in the Draft EIR, 24 ESAs (20 Phase I ESAs, two Phase II ESAs, and two combined Phase I/Phase II ESAs) were conducted over a 7-year period (2003–2010) for the five CPMC campuses, and a detailed description of the results of these ESAs is included in Section 4.16.1, "Hazards and Hazardous Materials Environmental Setting" in the Draft EIR, beginning on page 4.16-2. C&R Table 3.18-1, on page 3.18-8, also summarizes the degree of soil sampling conducted per CPMC campus, what contaminants the samples were tested for, and the results of the sampling. It should be noted that soil sampling (or Phase II ESAs) was not conducted if the Phase I ESAs conducted for a given LRDP campus property did not identify a REC or other known or potential environmental condition associated with past uses at that particular development site. The Phase I and Phase II ESAs prepared for each CPMC campus were submitted to the SFDPH (Stephanie Cushing, Senior Environmental Health Inspector) in 2008 and 2009. Recommendations received from the SFDPH, based on their review of the CPMC Campuses' Phase I and II ESAs, were incorporated into the analysis on page 4.16-43 of the LRDP Draft EIR. It should also be noted that a copy

of the Draft EIR was forwarded to the SFDPH for their review during the public review period, and no comments have been received to date from the SFDPH regarding the Draft EIR. Please see Response HZ-5 (page C&R 3.18-7), regarding the adequacy of the Draft EIR under State CEQA Guidelines Section 15088.5. Please also see Response HZ-3 (page C&R 3.18-2) for a description of the mitigation measures, regulations, and standards applicable to LRDP construction and development at all CPMC campuses that would reduce the impacts related to exposure of the overall environment, workers, and the public to contaminants to less-than-significant levels. Response HZ-3 (page C&R 3.18-2) provides a description of the role of SFDPH in review and approval of site mitigation and contingency plans, as well as a description of the discussions with SFDPH that have taken place to date.

3.18.1.5 MITIGATION

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-165 HZ, duplicate comment was provided in 30-165 HZ]

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

Response HZ-9

The comment inquires about what environmental contingency plan would be in place to address unidentified hazardous waste at all CPMC LRDP campuses (development sites). Mitigation Measures M-HZ-N1b and M-HZ-L1b in the Draft EIR, pages 4.16-48 and 4.16-52, respectively, require preparation of an unknown contingency plan for each CPMC campus before issuance of site, building, or other permits for proposed development at any campus under the proposed LRDP. An unknown contingency plan would establish appropriate notification procedures for the BAAQMD, SFDPH, and San Francisco Fire Department (SFFD), as well as appropriate site control procedures. Control procedures might include, but would not be limited to, further investigation and, if necessary, remediation of such hazards or releases, including off-campus removal and disposal, containment, or treatment. Unknown contingency plans for the CPMC campuses (development sites) would be subject to the approval of SFDPH and would limit the exposure of construction workers to unknown contaminated soil and groundwater at proposed LRDP development sites on various CPMC campuses. Hazardous materials associated with USTs would limit the off-site migration of contaminants in soil and groundwater from the CPMC campus development sites, preventing exposure of the public and environment to contaminants. As described in Response HZ-3, campus-specific environmental contingency plans (ECPs), which among other things detail the requirements for the identification, handling, and disposal activities in the event of an unforeseen discovery of potential hazardous materials on-campus, and would fulfill the requirements of Mitigation Measures M-HZ-N1b and M-HZ-L1b, have already been prepared. These ECPs would serve as the unknown contingency plans (as well as the SMPs) for the CPMC campuses and would be submitted for review and approval by SFDPH prior to the issuance of site, building, or other permits for development activities involving subsurface disturbance. Once approved by SFDPH, these ECPs would be implemented to ensure that impacts related to unknown or surprise findings of hazardous waste remain less than significant, in accordance with Mitigation Measures M-HZ-N1b and M-HZ-L1b.

Comments

(Gloria Smith—California Nurses Association, October 18, 2010) [90-39 HZ]

"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."

(Gloria Smith—California Nurses Association, October 18, 2010) [90-72 HZ]

"**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.

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 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.

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

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-9 HZ]

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

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-28 HZ]

"In addition, the applicant must immediately engage the City of San Francisco's Public Health 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.

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."

Response HZ-10

The comments state that the Draft EIR has vague and unenforceable mitigation measures for soil and groundwater contamination that would be encountered during ground-disturbing development activities at the CPMC campuses. Another comment also emphasizes the need for engagement and discussion with the SFDPH and states that it appears that communication with SFDPH, including their review of Phase I and Phase II ESAs prepared for the CPMC campuses, has not occurred. The comments also state that mitigation for LRDP impacts related to soil and groundwater contamination at the CPMC campuses is deferred to just before the commencement of LRDP-related excavation/construction work at these campuses. Please also refer to Response HZ-3, HZ-5 (page C&R 3.18-2 and page C&R 3.18-7) for coordination requirements with the SFDPH and mitigation measures.

Impact HZ-1 in the Draft EIR (beginning on page 4.16-40) describes potentially significant impacts to the overall environment, construction workers, and others in proximity to the CPMC campuses resulting from disturbance of on-site contaminated soil and groundwater and identifies two mitigation measures, M-HZ-N1a and M-HZ-N1b (pages 4.16-46 and 4.16-48, respectively). The comments are correct that the Draft EIR specifically recommends "management protocols based on the site-specific ECPs once work begins." The Draft EIR specifically requires implementation of Mitigation Measures M-HZ-N1a and M-HZ-N1b for impacts related to contaminated soil and groundwater that would be disturbed at the LRDP development sites. As detailed in these measures, SFDPH approval of campus-specific ECPs (which would serve as both the site mitigation plans (SMPs) and unknown contingency plans for the CPMC campuses) is required before issuance of site, building, or other permits by the City, which would occur well before excavation or construction work at any of the CPMC campuses.

It should also be noted that as part of the environmental review and analysis of the CPMC LRDP, Phase I/Phase II ESAs were submitted to the SFDPH (Stephanie Cushing, Senior Environmental Health Inspector) in 2008 and 2009, and a copy of the Draft EIR was forwarded for their review during the public review period of the Draft EIR.

As stated in Mitigation Measure M-HZ-N1a in the Draft EIR, page 4.16-47, any necessary remediation or mitigation recommended by the SFDPH beyond those measures already identified by the ECPs would be required to be incorporated into the ECPs. The Phase I, Phase II, and combination Phase I/Phase II ESAs prepared for the five campuses of the CPMC LRDP recommended the preparation of ECPs to fully mitigate the known and unknown hazards associated with site-specific soil and groundwater conditions at the CPMC campuses and LRDP-related development on these campuses. In accordance with M-HZ-N1a and M-HZ-N1b, these ECPs would also require that health and safety plans for the LRDP development sites be prepared by a certified industrial hygienist for implementation by the LRDP site contractor and would address potential threats to the health and safety of both site construction workers and the public during LRDP-related construction activities. The purpose of preparing the ECPs was to obtain SFDPH review, approval, and oversight. The Phase I, Phase II, and combination Phase I/Phase II ESAs prepared for the CPMC campuses did not specify whether such review, approval, and oversight would be performed as part of the Mitigation, Monitoring, and Reporting Program (MMRP), a voluntary cleanup agreement, or other process. It should also be noted that the Phase I, Phase II, and combination Phase I/Phase II ESAs for all the CPMC campuses were reviewed by SFDPH in 2008 and 2009, and the Draft EIR was forwarded for their review during the public review period. SFDPH did not indicate during either their review of the CPMC Campuses' Phase I, Phase II, and combination Phase I/Phase II ESAs or the LRDP Draft EIR that a voluntary cleanup agreement was recommended. Additionally, Mitigation Measures M-HZ-N1a and M-HZ-N1b (pages 4.16-46 to 4.16-49 of the Draft EIR) would require additional future coordination with SFDPH during their review of the campus-specific ECPs for the LRDP. Mitigation Measures M-HZ-N1a and M-HZ-N1b would also require that any additional measures recommended by SFDPH, beyond those already included in the ECPs, are incorporated into the ECPs as a

condition of the issuance of site, building, or other permits by City agencies. Please see Response HZ-5 (page C&R 3.18-7) for further clarification.

Please also see Response HZ-6 (page C&R 3.18-9) for a discussion of voluntary cleanup agreements and how they apply to the proposed LRDP, as well as Response HZ-27 (page C&R 3.18-41) regarding the adequacy and role of the Draft EIR and the federal, state, and local regulatory process. See Response HZ-3 (page C&R 3.18-2) for a detailed discussion of the level of regulatory oversight that has occurred (especially that with SFDPH) and would occur with implementation of the proposed LRDP.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-27 HZ]

"To address known and potential soil and groundwater contamination at the proposed campuses, the DEIR proposes Mitigation Measure M-HZ-N1a (page 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.

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 of all Project-related contamination. The revised EIR must include alternatives and measures to mitigate or remediate all potentially significant contamination impacts."

Response HZ-11

The comment suggests that "soil mitigation plans" would only be prepared to address known and suspected contamination at the time of excavation at the LRDP development sites and, therefore, the Draft EIR did not adequately address the full extent of LRDP-related contamination. The comment suggests that the Draft EIR does not include measures to mitigate or remediate all potentially significant contamination impacts, presumably those impacts related to unknown soil and groundwater conditions at the LRDP development sites. As detailed in the "Environmental Setting" section of Chapter 4.16 "Hazards and Hazardous Materials" of the Draft EIR, beginning on page 4.16-2, 20 Phase I, two Phase II, and two combined Phase I/Phase II ESAs (a total of 24 reports) were prepared for the four existing CPMC campuses and one proposed CPMC campus. These ESAs were prepared to fully determine, to the extent feasible, the known and suspected soil and groundwater conditions at the CPMC campuses based on the historical and current uses of the campuses and the vicinities surrounding these campuses. Based on the recommendations in the Phase I, Phase II, and combined Phase I/Phase II ESAs, environmental contingency plans (ECPs) were prepared for each CPMC campus outlining the required procedures for the proper handling, sampling, and disposal of known and suspected contaminated soil and groundwater encountered at the CPMC campuses during all ground disturbing activities, including excavation. In accordance with Mitigation Measures M-HZ-N1a and M-HZ-L1a in the Draft EIR, pages 4.16-46 and 4.16-52, respectively, these campus-specific ECPs would serve as both SMPs and unknown contingency plans, and would be submitted to SFDPH for review and approval. Mitigation Measures M-HZ-N1a and M-HZ-L1a also require that any additional measures which SFDPH determine to be required for the LRDP related to the known and suspected soil and groundwater contamination at the development sites are incorporated into the ECPs as a condition of approval.

Because the possibility exists during redevelopment in an urban environment to encounter previously unknown contaminants, the ECPs include requirements for the proper identification, handling, sampling, and disposal of any unknown soil and groundwater contaminants which may be encountered during LRDP construction and implementation. As detailed in Mitigation Measures M-HZ-N1b and M-HZ-L1b

in the Draft EIR, pages 4.16-48 and 4.16-52, respectively, the ECPs would also serve as unknown contingency plans and would be submitted to SFDPH for review and approval. As with Mitigation Measures M-HZ-N1a and M-HZ-L1a, Mitigation Measures M-HZ-N1b and M-HZ-L1b also require that any additional measures which SFDPH determine to be required for the LRDP implementation, related to the known and suspected soil and groundwater contamination at the development sites, are incorporated into the ECPs as conditional of approval.

The ECPs (serving as SMPs and unknown contingency plans), as required by Mitigation Measures M-HZ-N1a, M-HZ-L1a, M-HZ-N1b, and M-HZ-L1b, would limit the exposure of construction workers and the public to unknown contaminated soil and groundwater related to LRDP construction on CPMC campuses and potentially hazardous materials that could be encountered during LRDP construction activities in general, and would limit the off-site migration of contaminants in soils and groundwater from the LRDP development sites, preventing exposure of the public and the overall environment to these potential contaminants. Accordingly, the measures required by the ECPs and detailed in Impact HZ-1, beginning on page 4.16-40 of the Draft EIR, and in Mitigation Measures M-HZ-N1a, M-HZ-L1a, M-HZ-N1b, and M-HZ-L1b (pages 4.16-46, 4.16-52, 4.16-48, and 4.16-48, respectively), would be sufficient to reduce impacts related to soil and groundwater contaminants at the CPMC campuses to less-than-significant levels. Additionally, please see Response HZ-5 (page C&R 3.18-7) regarding the adequacy of the Draft EIR under State CEQA Guidelines Section 15088.5.

3.18.1.6 OPERATIONAL HEALTH RISKS

Comment

(Carolyn Abst and Ron Case—Case and Abst Architects LLC, October 19, 2010) [102-35 HZ, duplicate comment was provided in 114-35 HZ]

"I. We are concerned about the continuing health issues surrounding hospitals and medical facilities. We are concerned that the emissions and discharges from the 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."

Response HZ-12

The comment notes concern about health hazards caused by emissions and discharges from hospitals and medical facilities proposed at CPMC campuses under the LRDP, especially those at the proposed Cathedral Hill Campus. Emissions and discharges of hazardous materials during operation of the CPMC campuses are discussed under Impact HZ-2 in the Draft EIR, beginning on page 4.16-53, under Impact AQ-5 beginning on page 4.7-43, and under Impact AQ-12 beginning on page 4.7-73.

As discussed under Impact HZ-2, after LRDP implementation, hazardous materials present at existing CMPC campuses (related to medical uses in addition to typical cleaning supplies) and hazardous wastes created at these campuses (e.g., medical wastes, sharps, radioactive waste) would be the same substances that are currently used, discharged, and emitted on the campuses. The hazardous materials and wastes at the existing CPMC campuses would continue to be stored, handled, and disposed in accordance with current laws, regulations, existing CPMC policies, and permits under the authority of the San Francisco Hazardous Materials Unified Program Agency (HMUPA) and the State of California (i.e., the California Department of Public Health (DPH), Radiologic Health Branch [RHB]). Additionally, although hazardous materials would be routinely stored and used and wastes would be routinely produced and disposed of at the proposed Cathedral Hill Campus in amounts substantially larger than under existing conditions at this campus, this amount would be similar to existing hospitals in San Francisco, and would be similarly regulated by the above-noted authorities.

CPMC would be required to maintain and update its business plans, hazardous materials certificates of registration, radioactive materials licenses, certificates of registration for medical waste, medical waste permits, updated site maps, hazardous materials inventories, training plans, emergency operations plans, medical waste plans, and hazardous materials reduction plans for the existing campuses and create and maintain these plans for the proposed Cathedral Hill Campus. CPMC would also be required to maintain and update its hazardous materials and hazardous waste plans for the existing campuses and create and maintain these plans for the proposed Cathedral Hill Campus. These plans' instructions for proper response and timely cleanup and reporting after an accidental spill or release of hazardous materials would reflect revised campus plans, campus access, and storage locations for hazardous materials after LRDP development. Continued compliance with existing regulations and requirements would ensure that potential impacts from the use and storage of hazardous materials during LRDP-related operations at the existing CPMC campuses would be less than significant. Implementation of these requirements at the proposed Cathedral Hill Campus would ensure that the potential impacts from the increase in the use, storage, and generation of hazardous materials and wastes would be less than significant at the new campus.

Therefore, as explained in the LRDP Draft EIR under Impact HZ-2 beginning on page 4.16-53, the use of hazardous materials and generation of hazardous waste during LRDP-related operations at the existing and proposed CPMC campuses would not pose a substantial public health or safety hazard to the surrounding area, and impacts would be less than significant. Furthermore, as stated in the Draft EIR, pages 4.7-43 and 4.7-73, under the LRDP, daily operations at any of the existing CPMC campuses or the proposed Cathedral Hill Campus would not expose sensitive receptors to substantial toxic air contaminants.

3.18.2 CATHEDRAL HILL CAMPUS

3.18.2.1 CONSTRUCTION HEALTH RISKS

Comment

(Alan Wofsy—Emeric-Goodman Associates, September 23, 2010) [26-3 HZ]

"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 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."

Response HZ-13

The comment expresses concern for potential health risks of LRDP-related construction at the proposed Cathedral Hill Campus to residents of the Emeric-Goodman Building, which is located on the south side of Geary Boulevard, across from the proposed Cathedral Hill Hospital site. The comment is not specific about what environmental and health impacts could occur on nearby residents and businesses that the commenter believes the Draft EIR has not analyzed. The LRDP's construction and operational impacts associated with traffic, noise, air quality, and hazards and hazardous materials are evaluated in the Draft EIR Sections 4.5, 4.6, 4.7, and 4.16, respectively, as discussed briefly below.

Section 4.5, "Transportation and Circulation" identifies Impacts TR-55 through TR-58 evaluate the potential impacts to local transportation and circulation that would occur during construction of the proposed Cathedral Hill Campus. Please see the Draft EIR, pages 4.5-147 through 4.5-161, for a discussion of those impacts, as well as the mitigation measures that would be implemented to reduce the significant impacts of the proposed LRDP at the Cathedral Hill Campus. Some construction-related

transportation impacts of the LRDP at the proposed Cathedral Hill Campus would be reduced to less-than-significant levels with mitigation; however, impacts TR-55 through TR-58 related to construction vehicle traffic and construction activities would remain significant and unavoidable, given the size of the proposed project and the expected duration of the construction period.

In Section 4.6, "Noise," under Impact NO-1 in the Draft EIR, beginning on page 4.6-41, the discussion addresses short-term noise impacts on nearby noise-sensitive receptors during construction of the Cathedral Hill Campus as proposed under the CPMC LRDP. As discussed, these impacts would be reduced to less-than-significant levels through implementation of Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c (Draft EIR, beginning on page 4.6-46), which would require compliance of the proposed LRDP with the San Francisco Noise Control Ordinance through implementation of noise control measures and would include the preparation and implementation of a construction noise management plan. In addition, a community liaison would be designated by CPMC to manage and respond to noise complaints from nearby sensitive receptors, such as residents and occupants of noise-sensitive uses, and would advise nearby residents/occupants of noise-sensitive uses of the LRDP construction schedule. Impact NO-5 in the Draft EIR, beginning on page 4.6-89, addresses LRDP construction-related groundborne vibration levels, which were determined in the Draft EIR to be significant and unavoidable for development at all CPMC campuses. Mitigation Measure M-NO-N5 would minimize the impacts of construction related to vibration, to the extent feasible, by implementing a construction vibration management plan and control measures, but this impact would remain significant and unavoidable.

In Section 4.7, "Air Quality" in the Draft EIR, Impacts AQ-1, AQ-2, AQ-7, AQ-8, AQ-9, and AQ-10 (beginning on page 4.7-29) address air quality impacts that would result from construction activities at the proposed Cathedral Hill Campus from implementation of the LRDP, including potential impacts related to fugitive dust, toxic air contaminants (including diesel particulate matter), and criteria air pollutants. Please see Response AQ-9, (page C&R 3.9-20) for a summary of those impacts, as well as the mitigation measures that would in some cases reduce LRDP construction-related impacts on air quality to less-than-significant levels. Some impacts on air quality during construction, however, would remain significant and unavoidable, including those related to toxic air contaminants (under BAAQMD 2010 significance thresholds) and criteria air pollutants (under BAAQMD 2010 significance thresholds). Impacts AQ-6 and AQ-13 state that construction of the LRDP would have less-than-significant impacts on people from objectionable odors related to the operation of heavy machinery and painting/paving activities, and no mitigation measures related to odors would be required.

In Section 4.16, "Hazards and Hazardous Materials" in the Draft EIR, beginning on page 4.16-40, Impact HZ-1 evaluates potential hazards to the public due to hazardous materials during LRDP construction. Mitigation Measures M-HZ-N1a and M-HZ-N1b (in the Draft EIR, beginning on page 4.16-46) would be implemented to protect the public from exposure to known and unknown hazardous materials during LRDP construction through the preparation and implementation of site mitigation plans (SMPs) and unknown contingency plans, and these would reduce this impact to a less-than-significant level.

Please see Response PH-15 (page C&R 3.5-56) and Response PH-23 (page C&R 3.5-79) for discussions of displacement of residents and commercial businesses, respectively, that may occur as a result of implementation of the proposed LRDP. With respect to the comment's statement that the proposed LRDP should provide compensation for local businesses, please see Response PH-23 (page C&R 3.5-79) for a discussion of the potential effects of construction-related activities on the local community. As discussed in these responses, exposure to construction activities is a common and unavoidable consequence of living in a dense urban community. By-products of the construction process are temporal in nature, involve using different types of equipment at different locations on a project site, and are not expected to create long-term disturbances that may cause long-term residential or commercial vacancies. Even for large projects such as those that would occur on the CPMC campuses over time, construction activities

would move around the construction site and would occur immediately adjacent to a specific property, building, or window for only limited periods, not the entire construction period. Thus, such effects would be unlikely to create long-term problems, such as urban decay, that could create physical environmental effects requiring mitigation.

Comment

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-8 HZ]

"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?"

Response HZ-14

The comment expresses concern that potential health impacts of the proposed Cathedral Hill Campus development on a local Montessori school were not addressed. Chapter 4.7 "Air Quality" of the Draft EIR includes an analysis of the potential impacts related to toxic air contaminants (TACs) on sensitive receptors in the vicinity of the proposed Cathedral Hill Campus under both the 1999 BAAQMD CEQA Guidelines and the 2010 BAAQMD CEQA Guidelines, under Impacts AQ-2 (beginning on page 4.7-34) and AQ-10 (beginning on page 4.7-65), respectively. The text revisions to the Draft EIR in Chapter 4, "Draft EIR Text Changes", of this C&R document (pages C&R 4-84 to 4-94) includes updates to the Draft EIR analysis of Impacts AQ-2 and AQ-10. The analysis under Impact AQ-10 concluded that activities associated with LRDP construction at the proposed Cathedral Hill Campus would result in significant and unavoidable TAC impacts to sensitive receptors, including the Montessori school, under the 2010 BAAQMD CEQA Guidelines. As described in Impacts AQ-5 (beginning on page 4.7-43) and AQ-12 (beginning on page 4.7-73), activities associated with operation of the proposed Cathedral Hill Campus, such as the operation of gas boilers, water heaters, diesel-operated generators, and diesel-operated delivery trucks, do not have the potential to result in significant TAC impacts to sensitive receptors in the vicinity of the proposed campus under either the 1999 or the 2010 BAAQMD CEQA Guidelines, and this includes the Montessori school. No modification of these analyses in the Draft EIR is necessary.

Impact HZ-3 in the Draft EIR, page 4.16-58, has been revised as indicated below to include a listing for the Montessori House of Children School at 1187 Franklin Street, which is located approximately 100 feet southwest of the proposed Cathedral Hill Campus development site:

> The Cathedral Hill, Davies, and St. Luke's Campuses are located within one-quarter mile of the following schools:
>
> > Cathedral Hill Campus: Sacred Heart Cathedral Prep (1055 Ellis Street), Stewart Hall High School (1715 Octavia Street), Redding Elementary School (1421 Pine Street), Alemany College (750 Eddy Street), ~~and~~ Academy of Arts College (1561 Pine Street), and Montessori House of Children School (1187 Franklin Street).

As discussed under Impact HZ-3 in the Draft EIR, beginning on page 4.16-57, compliance with federal, state, and local regulations and guidelines pertaining to the handling of hazardous materials, including during asbestos and lead abatement, as well as implementation of dust control measures in accordance with the City's Dust Control Ordinance, would ensure that construction and operation of the CPMC LRDP at various CPMC campuses would have a less-than-significant impact related to hazards and hazardous materials on the Montessori House of Children School.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-24 HZ]

"**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)

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, page 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, page 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 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.

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.

[25] California Pacific Medical Center. 2003. *Phase I Environmental Site Assessment, Cathedral Hill Hotel and Office Building: 1101 Van Ness Avenue 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."

Response HZ-15

The comment states that regulatory review of the Phase II ESA by SFDPH is needed (under a voluntary cleanup agreement) to confirm that no additional regulatory intervention would be needed. For a detailed discussion of voluntary cleanup agreements, please refer to Response HZ-6 on page C&R 3.18-9. As discussed, SFDPH did not recommend a voluntary cleanup agreement for the four existing or one proposed CPMC campus during their review of the various ESAs and Draft EIR. With respect to the comment's statement regarding additional coordination with the SFDPH being necessary, 24 ESAs (20 Phase I ESAs, two Phase II ESAs (one each for the proposed sites of the Cathedral Hill Hospital and Cathedral Hill MOB), and two combined Phase I/Phase II ESAs (one each for the 3698 California Street and the 3700 California Street sites at the California Campus) were conducted over a 7-year period (2003–2010) for the five CPMC campuses. The ESAs prepared for the CPMC campuses were submitted

to the SFDPH (Stephanie Cushing, Senior Environmental Health Inspector) in 2008 and 2009, and a copy of the Draft EIR was forwarded to the SFDPH for review during the public review period of the Draft EIR. No comments were received from SFDPH on the Draft EIR. Furthermore, as recommended in the CPMC campuses' Phase I and II ESAs, ECPs were prepared based on the RECs and potential environmental conditions that were identified for each of the CPMC campuses in these Phase I/Phase II ESAs. These ECPs will serve as both the SMPs and the unknown contingency plans required by Article 22A of the San Francisco Health Code. Mitigation Measures M-HZ-N1a and M-HZ-N1b, pages 4.16-46 and 4.16-48, respectively, of the Draft EIR, also call for the preparation of SMPs and unknown contingency plans for the CPMC campuses; in the case of CPMC LRDP, the ECPs for the CPMC campuses serve as both SMPs and unknown contingency plans. These ECPs will be submitted to the SFDPH in fall of 2011. The SFDPH will review these ECPs and could potentially add additional measures to these ECPs, as necessary. In fulfillment of measures included as part of the campus-specific ECPs, SFDPH will also monitor compliance with the approved ECP, which would be implemented during construction of the proposed LRDP at the various CPMC campuses. It should also be noted that no imminent threats to human health were identified in the 24 Phase I/Phase II ESAs prepared for the CPMC campuses.

Please see Response HZ-9 (page C&R 3.18-16) for a description of the mitigation measures that are included in the Draft EIR to reduce impacts from potential sources of contamination identified in the Phase I and II ESAs for the proposed Cathedral Hill Campus. For a description of the known potential sources of contamination, please refer to Draft EIR pages 4.6-2 through 4.6-21. Response HZ-9 also describes the role of SFDPH in the review and approval of ECPs before issuance of site, building, or other permits by City agencies for development activities at the CPMC campuses involving subsurface disturbance. The ECPs describe procedures to address known and potential unknown environmental conditions at the CPMC campuses, including appropriate notification and site control procedures, in the event unanticipated subsurface hazards or hazardous material releases were discovered during LRDP construction at various CPMC campuses. The plans would limit the exposure of construction workers to known and unknown contaminated soil and groundwater and potentially hazardous materials used at the CPMC development sites and would limit the off-site migration of contaminants in soils and groundwater at the CPMC campuses, preventing exposure of the public and environment to these contaminants. As required by Mitigation Measures M-HZ-N1a and M-HZ-N1b, as shown on Draft EIR, page 4.16-46 through 4.16-49, the campus-specific ECPs would fully mitigate the known and unknown hazards and hazardous materials impacts associated with site- and project-specific conditions at the CPMC campuses to less-than-significant levels for all campuses that would be developed as part of the CPMC LRDP.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-25 HZ]

"**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.

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 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.

[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."

Response HZ-16

The comment discusses the results of soil and groundwater sampling conducted as part of a Phase II ESA at the location of the proposed Cathedral Hill MOB (1100 Van Ness Avenue and 1062, 1028–1030, and 1020 Geary Street) and detailed in the Draft EIR on pages 4.16-6 and 4.16-7. As discussed in the comment, soil samples collected from shallow soil under the concrete slabs in the existing buildings at 1062 Geary Street, 1028–1030 Geary Street, and 1020 Geary Street were found to contain TPH-d and TPH-mo at levels exceeding their respective environmental screening levels (ESLs). Fill material throughout the location of the proposed Cathedral Hill MOB was also found to contain elevated levels of lead. Groundwater samples collected from beneath Cedar Street were found to contain TPH-d, TPH-mo, and total cyanide at levels exceeding their respective environmental screening levels (ESLs). The comment states that "[t]he DEIR erroneously deferred sampling of contaminants [presumably of lead, TPH-d, TPH-mo, and cyanide, as mentioned earlier in the comment] until excavation [for the Cathedral Hill MOB] is undertaken" and that "the DEIR makes no attempt to quantify the amount of contaminated soil that would underlie the entire two-block site [at the location of the proposed MOB." The quantification of potential contaminated soils at the proposed Cathedral Hill Campus is not possible due to the currently paved condition, and is not necessary in order to prescribe the proper procedures for the handling and removal of contaminated soils. As such, the quantification of potential contaminated soils volumes would be considered speculative and unnecessary to evaluate the potential construction impacts of the proposed Cathedral Hill Campus.

The comment recommends that the Draft EIR be revised to include mitigation to remediate contaminated soil that is excavated from the proposed Cathedral Hill Campus site to protect the health of construction workers, neighbors, residents, and the public along contaminated soil transport routes. As described in the Draft EIR on page 4.16-43, potential impacts to the health of construction workers, residents, and the public would be minimized by implementing legally required health and safety precautions. For hazardous waste workers, federal and Cal/OSHA regulations mandate an initial training course and subsequent annual training. Site-specific training may also be required for some workers. Worker safety regulations would require the preparation and implementation of site-specific health and safety plans. As discussed on page 4.16-43 of the Draft EIR, excavation, handling, and disposal of all soil and groundwater at the CPMC campuses must adhere to the regulatory requirements of OSHA, Cal/OSHA,

SFDPH, BAAQMD, SFPUC, the San Francisco Bay RWQCB, and Article 22 of the San Francisco Health Code. To further address potential hazards related to known soil and groundwater conditions at the CPMC campuses, including the proposed Cathedral Hill Campus, Mitigation Measures M-HZ-N1a and M-HZ-L1a in the Draft EIR, pages 4.16-46 and 4.16-52, respectively, would require the approval of the SFDPH for the ECPs previously prepared for the CPMC Campuses prior to issuance of site, building, or other permits by the City for development activities involving subsurface disturbance at the campuses. As described in the Draft EIR, page 4.16-46, the ECPs require additional soil sampling for a suite of common chemicals. This additional soil sampling is required by landfills and redevelopment sites accepting imported fill from other sites, to provide a chemical profile of the soil and identify the soil worker safety and disposal classification. Analytical results of the soil sampling would be submitted to SFDPH for review. Procedures for handling, hauling, and soil disposal of contaminated soils are described in Mitigation Measure M-HZ-N1a in the Draft EIR, page 4.16-47, and would include specific work practices, dust suppression, surface water runoff control, and proper hauling and disposal methods as described in the ECP to ensure that potential contaminated soil impacts to LRDP construction workers and the neighboring communities, including those located along potential haul routes, are minimized. Any trucks transporting hazardous materials off-site would be covered to prevent dispersion of hazardous materials during transport and these hazardous materials would be disposed at a permitted hazardous waste disposal facility. Implementation of the ECPs, execution of procedures for handling, hauling, and disposal of contaminated soils, and adherence to the site-specific health and safety plans prepared for the CPMC campuses would limit the exposure of construction workers to known contaminated soil and groundwater and potentially hazardous materials and would limit the off-site migration of on-campus contaminants in soil and groundwater, preventing exposure of the public and environment to these hazardous materials. With implementation of Mitigation Measures M-HZ-N1a and M-HZ-L1a, impacts would be less than significant.

The comment also suggests that a revised Draft EIR should document communication with SFDPH regarding the mitigation/remediation of contaminated soils at the proposed Cathedral Hill Campus. The comment further states that a voluntary cleanup application should be filed with SFDPH (and documented in a revised EIR) to ensure cleanup of known contamination before construction at the proposed Cathedral Hill Campus. With respect to SFDPH coordination, the Phase I and Phase II ESAs prepared for each CPMC campus were submitted to the SFDPH (Stephanie Cushing, Senior Environmental Health Inspector) in 2008 and 2009, and a copy of the CPMC LRDP Draft EIR was forwarded for SFDPH review during the public review period of the Draft EIR. The ECPs would also need to be reviewed and approved by SFDPH for their compliance with federal and state law. Additional site-specific measures and recommendations made by the SFDPH during their review of the ECPs for the CPMC campuses would be required to be included in revised ECPs for those campuses in accordance with Mitigation Measure M-HZ-N1a and M-HZ-L1a. No comments were received from SFDPH on the Draft EIR. Site cleanup would not be required to be conducted before LRDP construction, as suggested by the comment, because no imminent threats to human health were identified in the Phase I and Phase II ESAs, as described on Draft EIR pages 4.6-2 through 4.6-21. For a detailed discussion of voluntary cleanup agreement requirements, please refer to Response to Comment HZ-6 (page C&R 3.18-9).

Comments

(Bernard Sherman, September 23, 2010) [PC-12 HZ]

"In addition, I have just found, as you will, that there is a 30-inch gas line running up Franklin Street. The Fire Department was just informed of this two days ago. I am sure all of us will be surprised and we need to deal with that mitigation before we approve anything else. Thank you."

(Commissioner Moore, September 23, 2010) [PC-371 HZ]

"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."

Response HZ-17

The comments incorrectly state that a gas line is located adjacent to the proposed Cathedral Hill Campus on Franklin Street and will require mitigation. No 30-inch gas line exists at the proposed Cathedral Hill Campus, as confirmed in a letter from PG&E sent to AECOM regarding this issue on June 13, 2011.[1] Prior to excavation of the proposed Cathedral Hill Campus, existing underground services including gas, water, telecommunications, and other services, would be located and identified to ensure that LRDP construction activities do not disturb these underground utilities and services. This would avoid service interruptions, as well as the potential for the release of hazardous materials into the environment. As such, implementation of mitigation related to avoidance of existing utility lines is not necessary to ensure that appropriate procedures would be implemented so that disturbance and potential interruption of utility service would not occur. In addition, gas pipelines that do exist in the vicinity of the Cathedral Hill Campus are likely owned by Pacific Gas and Electric Company (PG&E), which has in place agreements for emergency response and ample reserves for any necessary cleanup. PG&E also encourages the use of best practices for any excavation, as established by the Common Ground Alliance. Please also see Response ME-3 on page C&R 3.19-10 for additional discussion of individual natural gas lines in the vicinity of the Cathedral Hill Campus.

3.18.2.2 ENVIRONMENTAL SITE ASSESSMENT

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-107 HZ, duplicate comment was provided in 30-107 HZ]

"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')."

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-109 HZ, duplicate comment was provided in 30-109 HZ]

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

[1] Letter from John Corona, Pacific Gas & Electric Company, to Geoffrey Nelson, CPMC, re: Gas Line Information – Cathedral Hill Vicinity SF (May 10, 2011); Letter from Dayne Johnson, PE, LEED® AP, Project Manager, BKF Engineers Surveyors Planners, to Geoffrey Nelson, AICP, Director, Enterprise Development, CPMC re: Pacific Gas and Electric (PG&E) Existing Utility Infrastructure – Proposed California Pacific Medical Center Cathedral Hill Hospital Campus (CHH) and Medical Office Building (MOB) (May 11, 2011).

- 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.

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."

Response HZ-18

The comments state that the high cost of retrofitting existing on-campus buildings and the existence of hazards on the California Campus, as described in the Phase I/Phase II ESAs and provided in the Administrative Record for the Draft EIR, are the reasons that the California Campus would not be rehabilitated. The comments also restate the findings of the Phase I/Phase II ESAs at the Marshall Hale Hospital site at the California Campus. The past presence of a 550-gallon UST at the California Campus is summarized in the Draft EIR, pages 4.16-15 and 4.16-16. The presence of transformers in the basement and the Doctors' Parking Lot at the California Campus, which might contain dielectric fluid with PCBs, was not described in the Draft EIR, because it was not identified as an REC or potential environmental condition. The comments also restate the findings of the Phase I/Phase II ESA at the Children's Hospital site (3700 California Street) at the California Campus. The conditions at this site are described in the Draft EIR, beginning on page 4.16-15, and because no significant evidence of release of biohazardous or radioactive materials was observed throughout the hospital and the USTs on-campus are operated under active permit and oversight, no RECs were identified for either the past or current use at the Children's Hospital site.

The contents of any transformers, as well as any additional site assessment and remediation efforts based on the past, current, and future conditions and uses of the California Campus would be determined and conducted as required before any potential redevelopment of this campus area. As described in Section 2.4, "California Campus" in the Draft EIR, beginning on page 2-131, CPMC plans to sell the California Campus after the relocation of inpatient functions to the Cathedral Hill Campus. Future uses of the existing California Campus facilities by subsequent purchasers are speculative in nature. A prospective purchaser likely would ultimately seek to renovate and/or redevelop the California Campus; however, the nature, timing, and extent of development are unknown at this time and were therefore beyond the scope of the Draft EIR. Future development at the California Campus would be subject to CEQA requirements at such time development of this campus area is proposed.

3.18.2.3 MITIGATION

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-164 HZ, duplicate comment was provided in 30-164 HZ]

"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?"

Response HZ-19

The comment asks if automatic fire sprinkler fuel pumps are used in the old Cathedral Hill Hotel and whether there will be an environmental mitigation plan for such pumps during demolition of the hotel building for development of the proposed Cathedral Hill Campus. Phase I and Phase II Environmental Site Assessments (ESAs) were conducted for the Cathedral Hill Hotel site (1101 Van Ness Avenue) in July and October 2003, respectively, as described in Section 4.16, "Hazards and Hazardous Materials" in the Draft EIR. These ESAs are on file as part of the Administrative Record for the Draft EIR.[2] The automatic fire sprinkler pumps and associated tanks were not identified in the Phase I ESA as a REC or potential environmental condition. Section 6.0, "Site Reconnaissance" of the Phase I ESAs stated that:

> Mr. Robert Hornick, Director of Engineering at the Cathedral Hill developments… was questioned regarding the presence of underground and/or aboveground storage tanks (AST) at the site. He stated that the only tanks currently used at the property are the 300-gallon and 50-gallon diesel ASTs used to store fuel for the automatic fire sprinkler pump. The 300-gallon AST is connected by overhead piping to a 50-gallon diesel AST that directly fuels the pump. Both ASTs and the pump are located on the third level of the garage in the Fire Pump Room. A floor drain was observed between the two ASTs. The concrete flooring in the Fire Pump Room was not stained with petroleum hydrocarbons and appeared to be in good condition. The former 1,000-gallon diesel AST was removed from the Gas Meter Room, on the first floor of the garage, in 2002. The concrete floor in the Gas Meter room exhibited minor staining but was in otherwise good condition. No floor drains were observed in this room.[3]
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> [3] California Pacific Medical Center. 2003 (July 24). *Phase I Environmental Site Assessment, Cathedral Hill Hotel and Office Building, 1101 Van Ness Avenue and 1255 Post Street, San Francisco, California. San Francisco, CA.* Prepared by Treadwell & Rollo, Inc., San Francisco, CA (page 12).

As described in Section 3.1, "UST Closure In-Place" of the Phase II ESA for the Cathedral Hill Hotel site, "[a] report dated 13 May 2002 by LW Environmental Services, Inc. detailed the removal of a 1,000-gallon aboveground storage tank (AST) formerly used at the proposed Cathedral Hill Campus site to store diesel fuel. The report states that the AST was pumped out and triple rinsed on May 1, 2002 under permit no. 21640. Product and rinsate were removed under State Waste Manifest Document No. 21084688 by Clearwater Environmental of Fremont, California. The AST was filled with dry ice and removed from the proposed Cathedral Hill Campus site on May 2, 2003 under supervision of the SFFD."[3] Therefore, the 1,000-gallon AST that was removed from the Cathedral Hill Hotel site in 2002 was conducted under permit and supervision of the SFFD and would not require additional mitigation or remediation during LRDP construction at the proposed Cathedral Hill Campus.

The remaining ASTs associated with the fire sprinkler pump system would be properly removed by a licensed tank removal contractor during construction for the proposed Cathedral Hill Hospital. As

[2] The ESAs are on file with the San Francisco Planning Department as part of Case No. 2005.0555E.
[3] 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 (page 3).

described in Mitigation Measure M-HZ-N1a in the Draft EIR, beginning on page 4.16-46, before issuance of site, building, or other permits by the City for CPMC LRDP development activities involving subsurface disturbance, CPMC would submit the ECPs previously prepared for all campuses, including the proposed Cathedral Hill Campus, to SFDPH for review and approval. The ECPs would serve as both the SMPs and unknown contingency plans for the CPMC campuses and include procedures for removal of USTs (known and unknown). A licensed tank removal contractor would be retained to properly remove and dispose of all tanks encountered at all CPMC development sites, in accordance with all current regulations and the site-specific and tank-specific procedures outlined in the ECP. All the necessary permits for tanks removal and closure from SFFD and SFDPH would be obtained before the tank was removed. The health and safety plans prepared for the CPMC campuses would be followed, and air monitoring would be performed during all tank removal activities. Mitigation Measure M-HZ-N1a also includes provisions for dealing with contaminated soil or groundwater if encountered during LRDP construction. After tank removal activities are completed, the project sponsor would prepare and submit a closure/certification report to the SFDPH for review and approval. No revisions have been made to the text of the Draft EIR and none are required, because no RECs or other potential environmental conditions were found in association with the presence of automatic fire sprinkler fuel pumps during preparation of the ESAs for the site (i.e.,the former Cathedral Hill Hotel site) of the proposed Cathedral Hill Hospital development.

3.18.3 PACIFIC CAMPUS

3.18.3.1 ENVIRONMENTAL SITE ASSESSMENT

Comments

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-12 HZ]

"**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):

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

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.

[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"

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-17 HZ]

"**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).

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.

[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."

Response HZ-20

The comments indicate concerns regarding the potential for environmental contamination that was not adequately addressed in the Phase I ESAs for the Pacific Campus. More specifically, the comments disagree with the findings of the Phase I ESAs with regard to the hydraulic elevators at 2323 Sacramento Street and 2200 Webster Street not being considered RECs. Furthermore, the comments disagree with the findings of the Phase I ESAs for the Pacific Campus that did not recommend preparation of Phase II ESAs for artificial fill that may be located beneath the existing on-campus structures. As stated in the Draft EIR, page 4.16-12, the Phase I ESA prepared for the 2323 Sacramento site at the Pacific Campus did not reveal substantial evidence of RECs associated with current or past use. Similarly, in the Draft EIR, page 4.16-9, the Phase I ESA prepared for the 2200 Webster Street site at the Pacific Campus did not reveal substantial evidence of RECs associated with current or past use at this site, and no evidence or record of leaks was found to be associated with the hydraulic elevators located at 2200 Webster Street and 2323 Sacramento Street. The Phase I ESAs, however, recommended the preparation of ECPs to fully mitigate the known and unknown hazards associated with site conditions at the Pacific Campus. Please also refer to Response HZ-21 (page C&R 3.18-34) regarding Phase II investigations.

The suggestions in the comments that the presence of hydraulic elevators at the Pacific Campus constitute a material threat of release of a hazardous substance or petroleum product and the recommendation for its classification as an REC are not appropriate. As described in the ASTM definition of an REC (ASTM E1527),[4] RECs are "not intended to include de minimis[5] conditions that generally do not present a threat to human health or the environment and that generally would not be the subject of an enforcement action if brought to the attention of appropriate governmental agencies. Conditions determined to be de minimis are not recognized environmental conditions." As such, and in the interest of full disclosure, they are

[4] ASTM International. E1527-05 Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process. Available at: http://www.astm.org/Standards/E1527.htm
[5] De minimis indicates small or minimal.

termed as potential environmental conditions in both the Phase I ESAs and the Draft EIR. Please refer to Response HZ-7 on page C&R 3.18-12 for a discussion of Draft EIR text revisions related to the terminology used to describe potential environmental conditions.

In addition, the comments state that, "… 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." As described in Response HZ-7 (page C&R 3.18-12), the potential for a release of hazardous materials does not necessarily constitute an REC, because upon observation (conducted during the Phase I ESAs for the Pacific Campus), the hydraulic elevators at the Pacific Campus did not show signs of a release or imminent threat of a release of hazardous materials. An REC refers to the presence or likely presence of any hazardous substance or petroleum products on a property under conditions that indicate an existing release, a past release, or a material threat of a release of hazardous materials in the future.

Similarly, the recommendations in the comments to conduct a Phase II ESA at the suggestion in the Phase I ESA that there may be artificial fill located beneath the existing structures at 2200 Webster Street and 2323 Sacramento Street on the Pacific Campus and that the potential for artificial fill should be considered an REC are also not appropriate. This is because the site conditions that were described in the Phase I ESA are based on a broad historical knowledge of what might be present at the Pacific Campus that was gleaned from other nearby site's investigations. Furthermore, the conditions at the Pacific Campus, as described on Draft EIR pages 4.16-9 through 4.16-14, do not indicate the presence or likely presence of any hazardous substance that may represent signs of an existing release, a past release, or a material threat of a release of hazardous materials in the future. Mitigation Measures M-HZ-L1a and M-HZ-L1b (in the Draft EIR, page 4.16-52) would require that the previously prepared ECPs are submitted for approval to SFDPH, in accordance with Article 22A of the San Francisco Health Code, before issuance of site, building, or other permits by the City for development at the Pacific Campus. Mitigation Measure M-HZ-L1c (in the Draft EIR, page 4.16-52) would require that the Phase I ESA for the Pacific Campus be updated to include the results of a current environmental database search, conducted pursuant to Government Code Section 65962.5 before issuance of site, building, or other permits by the City for campus development activities involving subsurface disturbance. The results would then be incorporated into the ECP for this campus. Therefore, hazards and hazardous materials impacts at the Pacific Campus under the LRDP were determined to be less than significant with implementation of Mitigation Measures M-HZ-L1a and M-HZ-L1b that require adherence to ECPs that would be approved by SFDPH and would include appropriate procedures for handling any previously unknown hazards or hazardous materials encountered during CPMC LRDP construction at this campus.

It should also be noted (as stated in Response INTRO-4 [page C&R 3.1-4]) that the impacts of the proposed long-term projects at the Pacific Campus under the LRDP, which are evaluated at a programmatic level in the Draft EIR, would require additional project-level environmental review. At such time, as the specific project-level site plans for this campus are completed, supplemental hazards and hazardous materials evaluations, including Phase I ESAs, would be provided as part of the additional/supplemental environmental review documents for the Pacific Campus, as necessary.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-13 HZ]

"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]

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.

[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"

Response HZ-21

The comment suggests that a Phase II ESA should be conducted for the two potential environmental conditions identified for the 2323 Sacramento Street site at the Pacific Campus. The comment is correct that a finding of an REC typically results in the conduct of a Phase II investigation, including the collection of soils samples, to further investigate the Phase I ESA findings. However, the Phase I ESA conducted for 2323 Sacramento Street at the Pacific Campus did not determine that the site contained any RECs and, therefore, did not state that a Phase II ESA was required. As discussed in Response HZ-7 on page C&R 3.18-12, potential environmental conditions do not meet the qualifications of a REC and were identified in order to increase awareness of the conditions of the development sites. Please see Response HZ-20 (page C&R 3.18-32) for an explanation of the determination in the Draft EIR that the hydraulic elevators and potential presence of artificial fill at the Pacific Campus do not constitute RECs. The Phase I ESA conducted for the Pacific Campus, however, recommended the preparation of an ECP to fully mitigate potential and unknown hazards that could be encountered during demolition and excavation at this campus under the LRDP. As the campus-specific ECPs would include procedures for handling/removal of any potential and unknown hazards should they be encountered, impacts related to hazards and hazardous materials were determined to be less than significant.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-14 HZ]

"**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.

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 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

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."

Response HZ-22

The comment states that with the level of uncertainty about the presence of hazardous materials at the former laundry site and former carpentry and machine shop site at the 2405 Clay Street site at the Pacific Campus, the Draft EIR should be revised to include a Phase II ESA. The laundry and the carpentry and machine shop, which no longer exist and have been replaced with a parking garage, were identified in the Phase I ESA prepared for 2405 Clay Street at the Pacific Campus as potential environmental conditions based on a broad historical knowledge of what might be present at the Pacific Campus that was gleaned from other nearby sites' investigations. No substantial evidence of RECs associated with former or current uses was identified for the 2405 Clay Street site, as described in the Draft EIR, page 4.16-11. As noted on Draft EIR page 4.16-12, the 2405 Clay Street site was extensively excavated during construction of the existing on-campus parking structure. No evidence of the use or release of hazardous materials or petroleum products was observed during the preparation of the Phase I ESA for the 2405 Clay Street site at the Pacific Campus, Because of the lack of such evidence of releases of hazardous materials and the lack of any information regarding the way in which the excavation process was conducted, the site of the former laundry and carpentry and machine shop at the 2405 Clay Street site were considered potential environmental conditions. Please see Response HZ-7 (page C&R 3.18-12) for a discussion of the use of the term "potential environmental conditions" in the Draft EIR and how the Draft EIR has been revised to clarify the terminology used in the evaluation of impacts related to hazards and hazardous materials regarding the former laundry site and former carpentry and machine shop site at the 2405 Clay Street development site at the Pacific Campus.

The Phase I ESA recommended the preparation of an ECP to fully mitigate the known and unknown hazards that might be encountered on the 2405 Clay Street site at the Pacific Campus. Mitigation Measure M-HZ-L1b in the Draft EIR, page 4.16-52, requires the adherence to campus-specific SFDPH-approved ECPs for all CPMC campuses to address unknown subsurface contaminants, and this applies to those sites at the Pacific Campus that would include development under the CPMC LRDP. The previously prepared ECPs establish and describe procedures in the event that previously unknown subsurface hazards or hazardous material releases were discovered during construction under the LRDP at the CPMC campuses, including appropriate notification and site control procedures. These plans have already been prepared as part of campus-specific ECPs, and will be submitted to SFDPH for review and approval. Phase II ESAs were only recommended where there were indications of conditions under which potential releases of hazardous materials were likely. As a result, a Phase II ESA was determined not to be warranted at this time for the 2405 Clay Street site at the Pacific Campus. Therefore, with implementation of the campus-specific ECPs required by Mitigation Measures M-HZ-L1a and M-HZ-L1b, impacts related to hazards and hazardous materials at the Pacific Campus under the LRDP would be less than significant.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-15 HZ]

"**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):

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.

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.

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.

[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."

Response HZ-23

The comment states that a Phase II ESA must be completed to determine potential soil and groundwater contamination from the former Art Craft Cleaners located at the 3773 Sacramento Street site. Based on the location of this comment within Comment Letter 119, it appears that the commenter incorrectly associated the 3773 Sacramento Street site with the Pacific Campus; it is associated instead with the California Campus. However, as the commenter seems to think that the Art Craft Cleaners is associated with the Pacific Campus, it has been included here under the Pacific Campus subsection of the Hazards and Hazardous Materials responses for ease of understanding and reference by the commenter.

The comment incorrectly states that a Phase II ESA must be completed to determine potential soil and groundwater contamination from the former Art Craft Cleaners at the 3773 Sacramento Street site. As described on page 10 of the Phase I ESA prepared for the 3773 Sacramento Street site at the California Campus,[6] it is unknown whether the former Art Craft Cleaners at the 3773 Sacramento Street site performed dry cleaning on site, or if releases of hazardous materials occurred. The Phase I ESA acknowledges that, based on the time period when the cleaners was in business (1953 to 1966), if dry cleaning was done on site, chlorinated solvents such as perchloroethylene (PCE) may have been the dry cleaning solvent used. However, as noted above, the site has been extensively excavated and redeveloped with a parking garage on the California Campus. As stated on page 4 of the Phase I ESA, groundwater

[6] 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.

sampling conducted as part of a combined Phase I/Phase II ESA at the 3698 California Street site included sampling of groundwater wells located directly downgradient of the location of the former Art Craft Cleaners. No PCE or other VOCs were detected in the sample. Accordingly, the former presence of this dry cleaning establishment does not represent a material threat of release of hazardous materials at the California Campus, and thus it is not an REC. Because the Phase I ESA did not identify this former dry cleaning establishment as a REC, a Phase II ESA was not recommended, nor is it required. However, it is possible that a storage tank for dry cleaning solvent or contaminated soil resulting from releases of this solvent might be encountered during redevelopment of the 3773 Sacramento Street site. Therefore, the Phase I ESA recommended that an ECP be prepared before redevelopment of this site at the California Campus, and described procedures to be followed during excavation if unknown environmental issues, such as other possible USTs or soil impacted by petroleum hydrocarbons or hazardous materials, were encountered. As described in Section 2.4, "California Campus" in the Draft EIR, beginning on page 2-131, CPMC plans to sell the California Campus after the relocation of inpatient functions to the Cathedral Hill Campus. Future uses by subsequent purchasers are speculative in nature. A prospective purchaser likely would ultimately seek to renovate and/or redevelop the California Campus; however, the nature, timing, and extent of development are unknown at this time and are, therefore, beyond the scope of the Draft EIR.

The comment also states that a Phase II ESA at the 3773 Sacramento Street site is required to address a potential off-site source of groundwater contamination at the site. As stated in the comment, groundwater sampling was conducted as part of the Phase I for the 3773 Sacramento Street to evaluate if hazardous materials or petroleum products exist in the groundwater. The comment correctly summarizes the groundwater sampling results for VOCs at the 3773 Sacramento Street site. As described on page 4 of the Phase I ESA for the 3773 Sacramento Street site, three VOCs (PCE, trichloroethene [TCE], and cis-1,2-dichloroethene [cis-1,2-DCE]) were detected in a monitoring well immediately west of the site. The Phase I ESA determined that the VOCs are likely the result of an off-campus source. However, concentrations of the VOCs were well below California primary maximum contaminant levels for these compounds, as well as below the San Francisco Bay Area RWQCB's environmental screening levels. The Phase I ESA concludes that the presence of trace amounts of volatile organic compounds presents no current risks to occupants at the 3773 Sacramento Street site and also, no risks to future occupants, based on available information. Accordingly, no additional groundwater sampling at the 3773 Sacramento Street site was suggested as part of the Phase I ESA and no Phase II ESA was required.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-16 HZ]

"**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.

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."

Response HZ-24

The comment states that a Phase II ESA must be conducted for the 2351 Clay Street site to determine if soil and groundwater contamination exist from hazardous materials in the carpentry and paint shops located in the basement of the existing on-site structure at this site within the Pacific Campus and to determine if any mitigation or remediation would be necessary. As described in the Draft EIR, page 4.16-9, the Phase I ESA for 2351 Clay Street (the Stanford Building) revealed no substantial evidence of RECs and no RECs associated with current or past uses at this building. No evidence was found of facilities or activities during the history of the 2351 Clay Street site that indicated the release of hazardous materials or petroleum products, despite the site's history of storage of various chemicals and wastes. Chemicals stored in the basement of the existing building located at the 2351 Clay Street site were observed to be properly labeled and stored. No evidence of chemical releases or staining was found during the preparation of the Phase I ESA for the 2351 Clay Street site, and the presence of floor drains was not observed. Because of the conditions observed during preparation of this Phase I ESA, it was concluded that release of hazardous materials or petroleum products in the basement of the existing building located at the 2351 Clay Street site was unlikely to have occurred, and the conditions at this site did not indicate an existing, past, or material threat (in the future) of release of hazardous materials. Accordingly, no RECs were identified for this site, and it would not be appropriate to require a Phase II ESA investigation, based on information about this site at this time. Mitigation Measure M-HZ-N1b in the Draft EIR, page 4.16-48, would implement the measures contained in the ECP that put in place steps required to be taken in the event that evidence of currently unknown contaminants are discovered during demolition or excavation at the Pacific Campus related to CPMC LRDP development and this mitigation would reduce impacts related to hazardous materials at the Pacific Campus to less-than-significant levels.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-18 HZ]

"**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.

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.

[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."

Response HZ-25

The comment suggests that unless the UST that was previously located on the 2333 Buchanan Street site at the Pacific Campus can be documented as having been properly removed, a Phase II ESA should be conducted and described in the EIR. The purpose of the Draft EIR is to disclose information about potential environmental effects of the proposed LRDP, not to document all aspects of the processing of environmental regulations on the site (CEQA Guidelines Sections 15125[a] and 15151). The purpose of the Draft EIR is not to alter the federal, state, and local regulatory process that has been developed to identify, regulate, and ensure the cleanup of historically contaminated sites. Section 4.16.2, "Hazards and Hazardous Materials Regulatory Framework" in the CPMC LRDP Draft EIR, beginning on page 4.16-21, provides a description of the federal, state, and local regulations that have been developed over many years to protect the public and the environment from hazardous materials and ensure that contamination is identified and cleaned up, as required. In general, all of the proposed mitigation measures in the LRDP EIR would work in concert with environmental protection laws for various resources areas, including hazardous materials; the proposed LRDP EIR mitigation measures are intended to inform decision-makers and the public as to how those laws would be implemented and how they would address the potential for environmental impacts. As such, the level of detail and the approach taken in the CPMC LRDP EIR is appropriate and adequate under CEQA.

The LRDP Draft EIR is not required to include a case closure report for the underground diesel tank identified in the Phase I ESA for the 2333 Buchanan Street site, and it does not need to be revised to account for those documents. In general, a Phase I ESA is largely based on a review of available records from public and tribal entities out to distances specified by ASTM 1528 and AAI Standards, and a case closure report was not available for inclusion in the Phase I ESA for the 2333 Buchanan Street site. However, as noted on page 4 of the Phase I ESA for the 2333 Buchanan Street site at the Pacific Campus, the 10,000-gallon, diesel fuel tank was removed from this site in 2003 during the construction of an access shaft for installing a linear accelerator at the hospital. In addition, page 6 of 10 of Table 1 of the Phase I ESA for the 2333 Buchanan Street site cites a February 18, 2003 Inspection Report from the SFDPH that indicated that the UST's closure application was reviewed and approved by SFDPH. Furthermore, all soils that would have surrounded the UST were removed during excavation of the access shaft. Therefore, the aforementioned documentation pertaining to the UST's removal that was prepared by SFDPH, the level of excavation that occurred at the 2333 Buchanan Street site during the 2003 construction of the access shaft, and site observations summarized in the Phase I ESA and Draft EIR represent substantial evidence supporting the conclusion that the status of the removal of the UST does not represent an REC, contrary to the statements made in this comment.

Furthermore, the Phase I ESA recommended the preparation of an ECP for the 2333 Buchanan Street site at the Pacific Campus to fully mitigate the known and unknown hazards that could be encountered during LRDP-related demolition and excavation at the 2333 Buchanan Street site. In general, the campus-specific ECPs prepared for LRDP-related development at the various CPMC campuses are meant to address the issues that would be encountered during development of the campuses and were identified by the Phase I ESAs. As described in Mitigation Measures M-HZ-N1b and M-HZ-L1b in the Draft EIR, pages 4.16-48 and 4.16-52, respectively, the preparation of an ECP for the Pacific Campus and any subsequent remediation of hazardous materials that may be encountered at the this campus would be required to address and respond to the discovery of unknown contaminants from previously unidentified USTs and other subsurface facilities at the Pacific Campus.

Please also see Response HZ-5 (page C&R 3.18-7) regarding the adequacy of the Draft EIR related to hazards and hazardous materials. Based on the analysis of LRDP construction-related exposure to hazardous materials for the five CPMC campuses contained in the Draft EIR and inclusion of appropriate mitigation measures, no need exists to prepare revisions to the Draft EIR or a Phase II for the 2333 Buchanan Street site at the Pacific Campus at this time. Furthermore, this information does not require

recirculation of the Draft EIR or preparation of a revised Draft EIR, pursuant to State CEQA Guidelines Section 15088.5. Please refer to Response INTRO-6 (page C&R 3.1-11) for a discussion of Draft EIR recirculation.

3.18.3.2 FURTHER ENVIRONMENTAL REVIEW

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-41 HZ]

"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."

Response HZ-26

The comment suggests that the Draft EIR should state that a project-level CEQA assessment will address issues related to impacts from hazards and hazardous materials at the Pacific Campus. The comment is correct that specific site design plans for the long-term development projects proposed for the Pacific Campus under the LRDP are not yet finalized. As stated throughout the Draft EIR, project-level CEQA analyses will be conducted in the future for long-term development projects, once final site design has been completed. Mitigation Measures M-HZ-L1c and M-HZ-L4c in the Draft EIR, pages 4.16-52 and 4.16-68, respectively, require the preparation of updated site assessments, including the results of a current environmental database search, conducted pursuant to Government Code Section 65962.5, for long-term LRDP projects, including those proposed at the Pacific Campus. The updated assessments would evaluate any long-term LRDP project according to its final site plan and project design, to identify appropriate updates to the campus-specific ECP for the Pacific Campus. The results of such updated assessments would inform the analysis in the future project-level CEQA assessment of the long-term projects at the Pacific Campus.

3.18.4 CALIFORNIA CAMPUS

3.18.4.1 ENVIRONMENTAL SITE ASSESSMENT

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-19 HZ]

"**California Campus**

3698 California Street and 3773 Sacramento Street

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 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.

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

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

Response HZ-27

The comment states that the status of the open environmental case with the SFDPH regarding an REC at the 3698 California Street and 3773 Sacramento Street sites at the California Campus must be disclosed in the EIR. The purpose of the Draft EIR is to disclose information about potential environmental effects of the proposed LRDP, not to document all aspects of the processing of environmental regulations on the site (CEQA Guidelines Sections 15125(a) and 15151). The purpose of the Draft EIR is not to alter the federal, state, and local regulatory process that has been developed to identify, regulate, and ensure the cleanup of historically contaminated sites. Section 4.16.2, "Regulatory Framework" in the Draft EIR, beginning on page 4.16-21, provides a description of the federal, state, and local regulations that have been developed over many years to protect the public and the environment from hazardous materials and ensure that contamination is identified and cleaned up, as required. In general, all of the proposed mitigation measures in the LRDP Draft EIR would work in concert with environmental protection laws for various resources areas, including hazards, biological species, water quality, air quality, and greenhouse gasses; the proposed LRDP mitigation measures are intended to inform decision-makers and the public as to how those laws would be implemented and how they would address the potential for environmental impacts. As such, the level of detail and the approach taken in the CPMC LRDP Draft EIR is appropriate and adequate under CEQA.

The Draft EIR is not required to include the case closure report for the underground fuel storage tank identified in the Phase I ESA for the 3698 California Street and 3773 Sacramento Street sites, and it does not need to be revised to account for those documents. In general, a Phase I ESA is largely based on a review of available records from public and tribal entities out to distances specified by ASTM 1528 and AAI Standards, and the case closure report to which the comment refers was not available at the time of preparation of the Phase I ESA for the 3698 California Street and 3773 Sacramento Street site. However, the case closure report relating to the underground fuel storage tank at 3698 California Street at the California Campus is being prepared by Treadwell & Rollo and is expected to be completed in fall of 2011. A work plan for abandoning the three groundwater wells on the 3698 California Street and 3773 Sacramento Street parcels will also be developed and take into account the recommendations of that report. Furthermore, CPMC plans to sell the California Campus as early as possible after the relocation of inpatient functions to the proposed Cathedral Hill Campus, as stated on Draft EIR, page 2-131. Future uses by subsequent owners would be speculative in nature. A prospective owner may ultimately seek to renovate and/or redevelop the California Campus; however, the nature, timing, and extent of development are unknown at this time and are, therefore, beyond the scope of the Draft EIR.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-20 HZ]

"**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.

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.

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).

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.

[20] California Pacific Medical Center, 2008 (February 19). *Phase I/Phase II Environmental Site Assessment (Updated and Revised), Pacific Hospital, 2333 Buchanan Street, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.
[21] *Ibid."*

Response HZ-28

The comment restates the hazards and hazardous materials data provided in the Draft EIR on page 4.16-15 regarding the presence of two abandoned USTs at 3700 California Street on the California Campus; however, the comment states that the lack of documentation to support that the USTs at 3700 California Street on the California Campus were closed should qualify this as an REC and a Phase II ESA investigation should be completed and included as part of a revised EIR. Please see Response HZ-25 (page C&R 3.18-39) for a description of the adequacy of the Draft EIR, even though the status/documentation of some USTs, including USTs at 3700 California Street on the California Campus, is unknown and an explanation why the USTs at this site were not described in the ESA as an REC.

As described in Section 2.4, "California Campus" in the Draft EIR, beginning on page 2-131, CPMC plans to sell the California Campus as early as possible after the relocation of in-patient functions to the proposed Cathedral Hill Campus. Future uses by subsequent purchasers would be speculative in nature. A prospective purchaser likely would ultimately seek to renovate and/or redevelop the California Campus; however, the nature, timing, and extent of development are unknown at this time and are, therefore, beyond the scope of the Draft EIR.

3.18.5 DAVIES CAMPUS

3.18.5.1 ENVIRONMENTAL SITE ASSESSMENT

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-21 HZ]

"**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]

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):

> 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.

Recommendation:

In my opinion, because a REC was identified, and because no closure records have been found for the 7,500-gallon 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.

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

Response HZ-29

The comment correctly states that the two Phase I ESAs (one for the Noe Street Medical Office Building and one for the South Davies Campus Parking Areas) prepared for the Davies Campus identified one

7,500-gallon UST which has been filled with concrete and abandoned in place in 1998 and one 2,500-gallon UST, which was installed in 1998 following the removal of a 2,000-gallon UST which it replaced. However, the comment incorrectly states that the existing 7,500-gallon UST on the Davies Campus was identified as a REC. The UST was described as a potential environmental condition in the Phase I ESA for the Noe Street Medical Office Building, as well as in the Draft EIR, page 4.16-18. Page 3 of the Phase I ESA for the Noe Street Medical Office Building at the Davies Campus states that no records of violations or releases associated with this UST were found and the 7,500-gallon UST was permitted to be abandoned in 1998 by the San Francisco Fire Department (SFFD). Accordingly, the Phase I did not identify the 7,500-gallon UST as a REC and a Phase II ESA was not recommended/prepared. The preparation of an ECP was recommended for the Davies Campus.

The purpose of the EIR is to disclose information about potential environmental effects of the project, not to document all aspects of the processing of environmental regulations on the site (CEQA Guidelines Sections 15125[a] and 15151). The concrete in-place abandonment of the UST in 1998 combined with the aforementioned abandonment documentation prepared by SFFD, and site observations summarized in the Phase I ESA for the Noe Street Medical Office Building and Draft EIR, represent adequate information for the Phase I ESA and Draft EIR's determination that the UST does not represent a REC at the Davies Campus.

As noted on page 3 of the Phase I ESA for the South Davies Parking Areas on the Davies Campus, the 2,000-gallon diesel fuel UST that was removed in 1998 was replaced in the same location with a 2,500-gallon UST, as permitted by SFFD in 1998. In addition, page 5 of 11 of Table 1 in the Phase I ESA for the South Davies Parking Areas cites a November 20, 1998, permit from SFFD that granted approval of the removal of the 2,000-gallon UST. Furthermore, all soils that would have immediately surrounded the UST were removed during excavation for the new tank, and SFFD's files do not indicate release of hazardous materials or petroleum hydrocarbons that would have been encountered during the excavation. Therefore, the aforementioned documentation pertaining to the tank's removal that was prepared by SFFD, the excavation that occurred at the location of the 2,000-gallon UST during the installation of the 2,500-gallon replacement UST, and site observations summarized in the Phase I ESA and Draft EIR represent substantial evidence supporting the determination that the status of the removal of the 2,000-gallon UST does not represent an REC, contrary to the statements made in this comment.

Please see Response HZ-25 (page C&R 3.18-39) for a description of the adequacy of the Draft EIR. The lack of documentation for a previously performed action separate from the proposed project does not necessarily require additional effort as part of the CEQA analysis of the potential impacts of the proposed LRDP. It is reasonable to assume, based on the available information and site observations summarized in the Phase I ESA and the Draft EIR, that the 1998 removal of the 2,000-gallon UST does not represent an REC.

Furthermore, the Phase I ESA recommended the preparation of an ECP to fully mitigate the known and unknown hazards that may be encountered during demolition and excavation at the Davies Campus. In general, the ECPs for CPMC Campuses under the LRDP are meant to address the issues that would be encountered during development of the campuses and were identified by the Phase I ESAs. As described in Mitigation Measures M-HZ-N1b and M-HZ-L1b in the Draft EIR, pages 4.16-48 and 4.16-52, respectively, the preparation of ECPs would be required to address response to the discovery of unknown contaminants from previously unidentified USTs and other subsurface facilities on the Davies Campus. Mitigation Measure M-HZ-L1c in the Draft EIR, page 4.16-52, would require that the ESA for the Davies Campus be updated to include the results of a current environmental database search, conducted pursuant to Government Code Section 65962.5 before issuance of site, building, or other permits by the City for development activities at the Davies Campus involving subsurface disturbance. The results would then be incorporated into the ECPs for the CPMC campuses under the LRDP, and impacts related to potential subsurface hazards and hazardous materials would be less than significant.

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-22 HZ]

"**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.

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 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.

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.

[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."

Response HZ-30

The comment states that the presence of a 2,500-gallon UST located in the southern parking area of the Davies Campus necessitates the preparation of a Phase II ESA investigation. It should be noted that the USTs (2,500-gallon and 2,000-gallon diesel storage tanks) to which the commenter refers were also discussed by the commenter in Comment 119-21. Please see Response HZ-29 for a discussion of why the existing 2,500-gallon UST (the location of the previous 2,000-gallon UST) and the abandoned-in-place 7,500-gallon UST were not identified as RECs in the Phase I ESAs prepared for the Davies Campus or the Draft EIR. Please also see Response HZ-25 (page C&R 3.18-39) for an explanation why the analysis of the Draft EIR is adequate.

The comment also states that the presence of a former, pre-1970s greenhouse within the southern parking area at the Davies Campus might indicate the use or release of pesticides, including DDT and DDE at this campus. The discussion in the Draft EIR, page 4.16-18, acknowledges the historical uses of the southern parking area at the Davies Campus, including the former presence of a greenhouse near the northern end of the parking garage at the corner of Castro Street and 14th Street. However, because the greenhouse was not identified as an REC or potential environmental condition in the Phase I ESA, it was not further described in the Draft EIR. As stated in the Draft EIR, page 4.16-18, the previous use of a portion of the Davies Campus as a greenhouse does not warrant preparation of a Phase II ESA investigation because, upon observation, the location of the previous greenhouse did not show signs of a past/existing release or

imminent threat of a release of hazardous materials. Furthermore, the quantity and nature of the potential pesticides used at the site are not known and their possible presence likely represents de minimis conditions that would not cause a regulatory agency to take action. Therefore, the possible presence of pesticides in soil does not qualify as an REC.

The potential presence of pesticides, including DDT and DDE in the subsurface soil/groundwater, would be addressed in the ECP for the Davies Campus. Mitigation Measures M-HZL1a and M-HZ-L1b in the Draft EIR, page 4.16-52, would require the preparation of site mitigation plans (SMP) and unknown contingency plans for the CPMC campuses, including the Davies Campus, that address known and potential unforeseen circumstances related to contaminated soil and groundwater at the campuses. These measures also require the submittal of the SMPs and unknown contingency plans to the SFDPH for review and approval before issuance of site, building, or other permits by the City. For further clarification, refer to the text of the Draft EIR, beginning on page 4.16-52 regarding the complete procedures and requirements established in Mitigation Measures M-HZ-L1a and M-HZ-L1b. CPMC has prepared ECPs for each campus, which, as stated on page 4.16-52 of the Draft EIR, will serve as both the SMPs and unknown contingency plans for these campuses upon review and approval by SFDPH. As such, with implementation of Mitigation Measures M-HZ-N1a through M-HZ-N1c, impacts related to the potential release of hazards and hazardous materials during LRDP construction would be less than significant, as stated in the Draft EIR.

3.18.6 ST. LUKE'S CAMPUS

3.18.6.1 ENVIRONMENTAL SITE ASSESSMENT

Comment

(Matt Hagemann—California Nurses Association, November 24, 2010) [119-23 HZ]

"**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.

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 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 plan (ECP) should be prepared 'describing procedures to be followed to address known and unknown environmental conditions at the Site' (Phase I, p. 5).

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.

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

Response HZ-31

The comment suggests that a Phase II ESA should be conducted to investigate the presence of soil contamination associated with USTs at the St. Luke's campus and to address soil staining [presumably the oily staining observed in the emergency generator vault] at 3555 Cesar Chavez Street on the St. Luke's Campus.

The first UST cited in the comment is the abandoned-in-place diesel UST that formerly supplied fuel for an emergency generator. The 1,500-gallon UST is located east of the existing St. Luke's Hospital Tower. No record of leaks were found for this UST and closure was approved by the SFFD in 2000. Furthermore, soil sampling was conducted adjacent to the UST and no hazardous materials like TPH-d, BTEX or MTBE were detected. Refer to Page 8 of 16 of Table 1 of the Phase I ESA for 3555 Cesar Chavez Street on the St. Luke's Campus for further clarification. Based on this information, this UST does not qualify as an REC, because no known past or current release or imminent threat of a release of hazardous materials related to this UST exists. The second UST is a 3,000-gallon active UST, which replaced the 1,500-gallon UST as the emergency generator fuel supply. The 3,000-gallon UST is currently active, equipped with leak detection systems, and has not registered any leaks since its installation, as stated on page 3 of the Phase I ESA for 3555 Cesar Chavez Street on the St. Luke's Campus. With respect to the comment statement about oily staining at the north end of the Redwood administration building, the Draft EIR, page 4.16-20, states that "[o]ily staining was observed on the pipe, grating, wall, and vault associated with a utility vault for an emergency generator… Although the Phase I identified the oily staining as a REC at the St. Luke's Campus, no Phase II was recommended because the oil stain occurred within a vault structure, which likely contained the oil." It is important to note that "soil staining" (as noted by the commenter) was not observed during preparation of the Phase I ESA for 3555 Cesar Chavez Street on the St. Luke's Campus, but rather oily staining was observed on an existing pipe, grating, wall, and vault that was associated with a utility vault for an existing emergency generator located beneath the location of the proposed Replacement Hospital.

The comment also requests further discussion regarding why three additional potential environmental conditions beyond the USTs already discussed (i.e., the presence of artificial fill, possible presence of an acid neutralization sump, and the potential presence of ash deposits) described on page 3 of the Phase I ESA for 3555 Cesar Chavez Street on the St. Luke's Campus did not meet the definition of RECs. With respect to artificial fill materials, because the presence of artificial fill does not represent a release of hazardous materials or petroleum products, it does not qualify as an REC. However, the possible presence of such hazardous materials in the fill may require steps to isolate this soil from direct contact with the public, such as restricted use of this soil (i.e., not within unpaved, landscaped areas) or disposal of

excavated soil as a hazardous waste. The Phase I analysis conducted by Treadwell & Rollo for the 3555 Cesar Chavez Street site did not identify the artificial fill as an REC, but rather as a potential environmental condition that would warrant consideration in the ECP prepared for the St. Luke's Campus development under the LRDP. If contamination associated with artificial fill was present and encountered during redevelopment of the St. Luke's Campus under the CPMC LRDP, it would be addressed as set forth in the ECP, which is required by Mitigation Measures M-HZ-N1a and M-HZ-N1b (see pages 4.16-46 and 4.16-48, respectively, of the Draft EIR).

The possible presence of an acid neutralization sump and the possible presence of ash from an incinerator, represent potential but unverified facilities that, based on Treadwell & Rollo's professional experience with other hospital facilities, have been constructed at facilities similar to St. Luke's Hospital. The potential facilities identified are not supported by any existing documentation, but could be present somewhere on-campus based on the equipment found at similar medical facilities. Therefore, these do not represent "the presence or likely presence" of hazardous materials or petroleum products" at 3555 Cesar Chavez Street on the St. Luke's Campus and thus, they would not be RECs. As described above for the artificial fill, if encountered during redevelopment of the St. Luke's Campus under the CPMC LRDP, these conditions would be addressed as set forth in the ECP, which is required by Mitigation Measures M-HZ-N1a and M-HZ-N1b as stated on pages 4.16-46 and 4.16-48, respectively, of the Draft EIR, and impacts related to the presence of these conditions during development of the St. Luke's Campus under the CPMC LRDP would be less than significant.

Additionally, the Phase I ESA for the 3555 Cesar Chavez Street site recommended the preparation of an ECP to address known and unknown environmental conditions at the St. Luke's Campus. Mitigation Measures M-HZ-N1a and M-HZ-N1b in the Draft EIR, pages 4.16-46 and 4.16-48, respectively, call for preparation of an ECP for LRDP development at the St. Luke's Campus. This ECP would need review and approval by SFDPH before issuance of any site, building, or other permits by City agencies for the proposed LRDP development of the St. Luke's Campus. This ECP will contain procedures to be implemented in the event of an accidental discovery of potentially hazardous materials at the St. Luke's Campus, in accordance with SFDPH requirements. Full implementation of the above-noted mitigation measures would ensure that the LRDP's impacts at St. Luke's Campus related to hazards and hazardous materials remain less than significant.

3.19 MINERAL AND ENERGY RESOURCES

3.19.1 LRDP

3.19.1.1 ENERGY CONSERVATION

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-42 ME]

"16) MINERAL AND ENERGY RESOURCES: no specific comments."

Response ME-1

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [91-44 ME]

"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 percent 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]

[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 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-45 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:

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

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.

[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 BS1-007: 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-46 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.

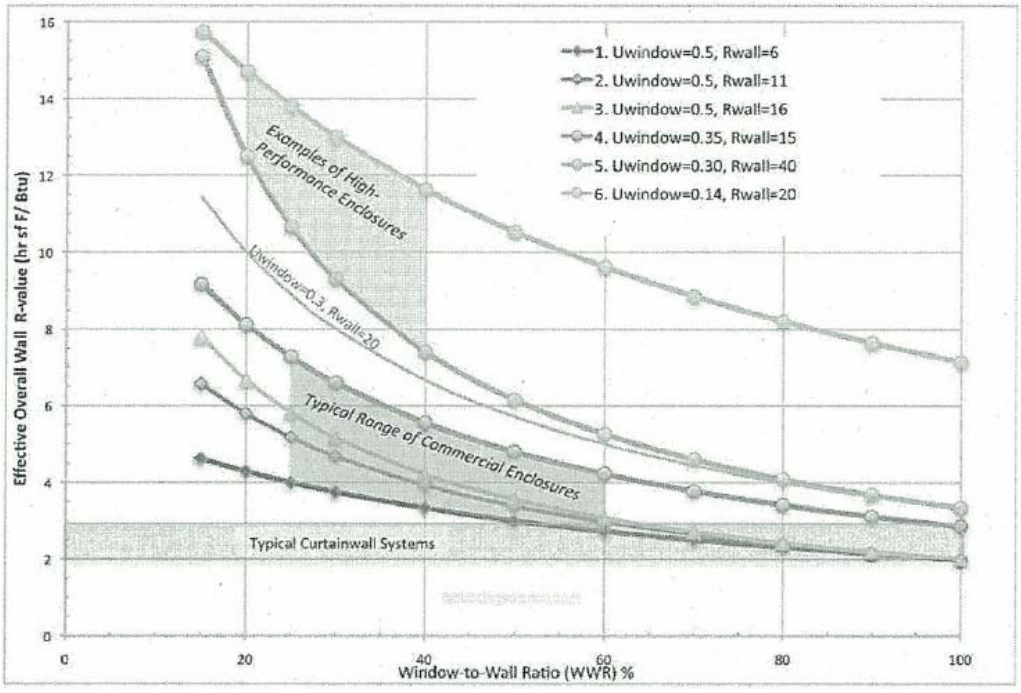

Figure 3:
Building wall R-value versus window-to-wall (glazing) ratio
From: Joseph W. Lstiburek, Prioritizing Green: It's The Energy Stupid, Insight, November 2008: http://www.buildingscience.com/documents/insights/bsi-007-prioritizing-green-it-s-the-energy-stupid/files/bsi-007_its_the_energy_stupid.pdf

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

> Another building science engineer notes:
>
> The real savings from improved window technology, more efficient equipment, and better design tools have disguised the fact that we are wasting more energy because of over-ventilated, over-glazed, and under-insulated buildings.[53]

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

[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.
[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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-47 ME]

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

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

Figure 4:
CMPC Cathedral Hill Hospital as seen from Van Ness Avenue at Post Street
From: Curbed, Cathedral Hill; It's Not Just About You. Monday, September 27, 2010; http://sf.curbed.com/archives/2010/09/27/cathedral_hill_its_not_just_about_you.php

Figure 5: CMPC Cathedral Hill Hospital as seen from Van Ness Avenue at Geary Boulevard
From: California Pacific Medical Center 2008 Institutional Master Plan;
http://www.rebuildcpmc.org/assets/08IMP_CPMC.pdf

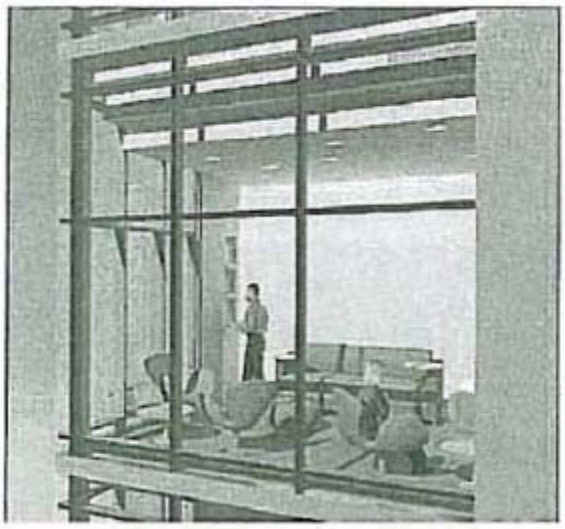

Figure 6: Interior view of the CMPC Cathedral Hill Hospital
From: California Pacific Medical Center 2008 Institutional Master Plan;
http://www.rebuildcpmc.org/assets/08IMP_CPMC.pdf

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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-48 ME]

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.[1]

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 (this is, lowest energy consumption).[2] 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. 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.3

(Gloria Smith—California Nurses Association, October 19, 2010) [91-49 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."

Response ME-2

The comments express concern regarding the use of energy during everyday operations at the CPMC campuses, and provide an opinion about the effect of LEED® certification on the energy effectiveness of CPMC buildings. The comments state that the design and materials proposed for the Cathedral Hill Campus—including glass windows and unshaded curtain walls—may not be energy efficient. One comment suggests addressing the proposed project's significant emissions of greenhouse gases and criteria pollutants by examining the design of the proposed buildings and providing potential modifications to reduce energy use and associated emissions.

LEED® Certification

Although the proposed Cathedral Hill Hospital is exempt from Chapter 13C of the City's Building Code (San Francisco Green Building Requirements), as described on page 4.17-5 of the Draft EIR, CPMC would obtain LEED® Certified status for the proposed Cathedral Hill Hospital building (as well as the St. Luke's Replacement Hospital) under the LRDP. It is not a CEQA requirement to enumerate how CPMC intends to obtain LEED® certification; however, details—some of which are described below—would be submitted to the City during the project's permitting process.

[1] John Straube, Can Highly Glazed Building Facades 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.
[2] Ibid
[3] Ibid

Contrary to the suggestion of the comments, the proposed Cathedral Hill Hospital (and St. Luke's Replacement Hospital) would be designed with substantial attention to energy efficiency. As originally stated on Draft EIR page 4.17-8 and as amended on page 4-2 of this C&R document, the proposed development at the Cathedral Hill (and St. Luke's) Campuses will include both materials/design related energy efficiency measures and additional non-building-material energy efficiency strategies (optimizing energy performance of facilities). Furthermore, the comments appear to criticize the LEED® program's focus on materials. However, the criticisms cited in other sources and repeated by the comments are limited only to LEED® "materials credits" that focus on local sourcing or high renewability of building materials, which, the comments correctly state, may not directly contribute to building energy efficiency. However, other materials choices, such as choices made based on materials' thermal conductivity, are directly related to building energy efficiency and are fed directly into efficiency models. The LRDP, when feasible, has incorporated such materials to maximize energy efficiency.

The comments state that the LEED® rating system has been criticized for (a) being design-based rather than performance-based, (b) being fixated on material choices, not energy reduction, and (c) not taking into account metrics such as energy efficiency of the building or energy intensity of the building, etc. These statements do not take into account the energy modeling strategy outlined in LEED® for New Construction, Version 2.2, which was utilized for the proposed Cathedral Hill Hospital. Through "Whole Building Energy Simulation," as outlined in LEED® for New Construction Version 2.2 (LEED-NC 2.2), the proposed Cathedral Hill Hospital is designed to reduce energy use 14 percent over ASHRAE Standard 90.1-2004,[4] which is described in further detail on page C&R 3.19-7.

The comments do not mention LEED® Point EQ7.2, Thermal Comfort, which ensures follow-up and confirmation that the building operates as designed. The statements that the LEED® rating system is fixated on material choices rather than energy reduction and that it fails to account for metrics such as energy efficiency is incorrect. LEED® Point EA1.1, Optimized Energy Performance, specifically targets energy consumption and energy conservation measures. The energy reduction strategies proposed for the Cathedral Hill MOB include:

- Enhanced commissioning
- Green roofs covering approximately 25 percent of total roof area
- Cool roof on top story
- Low-water use plumbing fixtures
- Water savings for irrigation through the use of native and adapted species and efficient irrigation technologies
- Cistern for collection of stormwater to supply much of the irrigation needs of the green roofs and reduce loads on off-site water treatment plants by delaying entry of stormwater into the City system
- Use of energy efficient elevators that capture breaking energy and are highly efficient at managing traffic
- Evaporative condensers for the air handlers
- Variable flow pumping systems
- Variable airflow fluid cooler fans
- High efficiency heating hot water boilers

[4] Note: LEED NC, Version 2.2 requires that the annual energy cost, expressed in dollars, be used to calculate the percentage improvement in energy usage. Annual energy costs are determined by using rates for purchased energy—such as electricity, gas, oil, propane, steam, and chilled water—that are based on actual local utility rates or the state average prices published annually by the U.S. Department of Energy's Energy Information Administration, at www.eia.doe.gov.

- Water source air conditioners for the Office of Statewide Health Planning and Development (OSHPD) three floors, lobby, retail, and support areas
- Energy efficient motors
- Direct digital control system
- Investigating the potential use of LED light fixtures for the parking garage

While it is possible to suggest other efficiency measures that have been integrated into non-hospital structures in other locales, the design of a hospital or clinical medical use building requires an absolute priority be placed on the programmatic needs of the building's healthcare mission. The space, ventilation, cladding, and systems demands of clinical and acute care facilities must be balanced against the desire to achieve high levels of energy and other resource consumption efficiencies. The measures identified in the Draft EIR would ensure that CPMC would continue to work with the City, OSHPD, and other local, state, and federal agencies to ensure that long-term projects are constructed in a manner that will satisfy their healthcare missions in the most energy efficient manner possible.

Windows and Curtain Walls and LEED® Strategies

During the design of the proposed Cathedral Hill Hospital, an energy model was developed and tested with variables to determine which building envelope and HVAC system factors would demonstrate the highest level of energy efficiency. Exterior building walls (curtain walls) and window treatments along the Geary Boulevard, Van Ness Avenue, and Post Street sides of the proposed Cathedral Hill Hospital are critical components of this energy efficiency. Allowable Size Window Selection Criteria were developed to size windows and set performance, so as not to exceed HVAC requirements required by the Health Care codes. Twenty percent of the proposed Cathedral Hill Hospital exterior wall would be composed of vision glass. The entire high-performance curtain wall assembly, which includes the specified 1-inch-thick insulated vision glass, metal panel system, insulated spandrel panel system, and stone veneer system collectively calculates out to an insulative value of R-19. [5] Only 20 percent of the curtain wall for the proposed Cathedral Hill Hospital would be composed of vision glass. Code requires vision glass for natural light and views in all patient rooms and recuperation areas (Day Rooms). These windowed areas are composed of 1-inch-thick argon-filled insulated glass units with U-values in the range of 0.25 to 0.29, depending on the glass type. The shading coefficient (SC) will be in the range of 0.22 to 0.30. A detailed solar analysis of the entire building determined that shading the southwest corner would be beneficial; therefore, horizontal shades projecting from 1 foot above the windows were incorporated into the design of the south façade of this area.

Interior sun shades with appropriate translucency would be provided for all exterior windows to mitigate heat and glare and reduce mechanical system loads. Patient rooms would have manually operated shades, enabling patients and family members to control the environment of their particular room. Day Rooms, family rooms, and large assembly spaces—such as the cafeteria, meeting rooms, and seminar rooms—would have motorized shades operated by the building engineer to ensure heat gain is controlled throughout the day, as necessary. These features would allow a customized and controlled environment to further reduce the use of energy inputs on lighting and mechanical systems.

As noted above, the proposed Cathedral Hill Hospital is designed to reduce energy use 14 percent over ASHRAE Standard 90.1-2004. In conjunction with the high-performing exterior envelope, innovative building systems design enables an energy efficient project. The mechanical systems would utilize displacement ventilation, variable air volume, 100 percent outside air with heat recovery, waterside heat

[5] "R-value" signifies the ability of a material to resist heat flow. The higher the R-value, the greater the heat flow resistance. For example, it is more difficult for heat to pass through R-19 insulation than it is to pass through R-11 insulation.

recovery and food service heat reclaim measures. These systems would enable efficient air delivery throughout the building and recapture energy that would otherwise be lost in the atmosphere. To ensure occupant thermal comfort and energy efficiencies, the HVAC systems would be designed in accordance with ASHRAE Standard 55-2004. Post-occupancy surveys would also be taken to verify that the systems are operating as designed.

Advanced technologies of high efficiency lighting, including LED, would be specified for the proposed Cathedral Hill Hospital. Exterior building lighting would be minimized to provide only the illumination needed for security and way-finding. Daylighting strategies would be utilized for the interior spaces, where feasible. Innovative elevator systems would be specified to capture energy produced through cab braking and feed it into the electrical system, essentially recycling energy. Through fundamental commissioning of the building's energy systems, the installed systems would be verified to confirm they would perform to the design level.

The comment also asserts that the LEED® rating system does not reward designs that reduce the glazing (window-to-wall) ratio of buildings. It should be noted that LEED® Point EA PR2, Minimum Energy Performance, includes evaluation of the building envelope, including glazing. In addition, ASHRAE Standard 90.1-2004 provides as follows: "Vertical Fenestration. Vertical fenestration areas for new buildings and additions shall equal that in the proposed design or 40 percent of gross above-grade wall area, whichever is smaller,…" Therefore, although it may not reward designs that reduce the glazing ratio of buildings below 40 percent, the LEED® rating system penalizes projects that include more than 40 percent glazing.

While much of the façade of the proposed Cathedral Hill MOB would appear to be standard glass, more than 40 percent of the glass would actually be opaque spandrel glass backed with continuous insulation, stud furring, and gypsum board, which would effectively function as an exterior wall. Façades receiving several hours of direct sunlight would have a maximum Solar Heat Gain Coefficient of 0.36, obtained through the use of various low-e coatings and ceramic frits. The vision glass would have a maximum U-value of 0.35. Blind pockets would be provided for manual or automatic interior sunshades to be installed by future tenants.

Several LEED® strategies that would indirectly result in reduced energy use would also be included in the proposed Cathedral Hill Campus (and St. Luke's Replacement Hospital and MOB/Expansion Building) to provide energy efficiency.

- **Alternative Transportation –** The centralized location and adjacency to a public transit hub would be an important component of the energy efficiency of the proposed development at the Cathedral Hill Campus. With on-site parking provided mainly for visitors, staff would be encouraged to utilize public transit through an extensive commuter benefits program. Preferential parking for low-emitting and fuel-efficient vehicles would be provided to encourage the use of such vehicles. The proposed Cathedral Hill Campus would provide additional secure bicycle parking spaces beyond that required by the San Francisco Planning Code (150 bicycle parking spaces are proposed at the Cathedral Hill Hospital and 61 spaces are proposed at the Cathedral Hill Campus MOB), with changing rooms and shower facilities for staff, to encourage this form of relatively carbon-free transit. The close proximity of the proposed buildings to residential and community services such as shopping, restaurants and other services, integrate the campus into the neighborhood, reducing the length of trips for patients, visitors, and staff. These efficiencies would substantially reduce energy use and greenhouse gas (GHG) emissions that would otherwise be generated by a less consolidated or centralized medical center.

- **Green Roofs –** Approximately 25 percent of the Cathedral Hill Hospital roof would be covered with soil and plantings. This green roof would conserve energy in two ways. First, by acting as an

insulating and sun-barrier layer, the plant and soil materials would supplement the roofing materials to provide a barrier between the interior and exterior environments. Additionally, by treating and reducing stormwater runoff, these vegetated filters would serve to reduce the loads on off-site water treatment plants, reducing energy requirements and GHG emissions from City infrastructure. To further provide for these benefits, the proposed design would retain stormwater in cisterns, recirculating it through the vegetation for further filtration and delaying its entry into the City system.

- **Water Consumption Reduction –** Reduced water usage reduces the use of energy in ways that are similar to stormwater reduction. Irrigating the Cathedral Hill Campus green roofs' drought-tolerant plantings with captured stormwater, and the use of low-flow fixtures and the use of motion-sensor faucets and toilets in appropriate locations throughout the hospitals at the Cathedral Hill and St. Luke's Campuses, would help offset the amount of potable water needed. One of the selection criterion for building equipment and medical equipment that use water will be the equipment's capacity to use water efficiently. An analysis was done for expected use of water by all systems in the Cathedral Hill Hospital and the efforts of the design team to use water resources conservatively has resulted in an expected water use reduction of between 35 and 40 percent below a standard, code-compliant building of similar size and function. This water use reduction would also result in energy savings both on- and off-site.

- **Green Building Materials –** Approximately 20 percent of the materials specified for the proposed Cathedral Hill Hospital contain recycled content. The structural steel system, a significant percentage of the mass of the building, would be largely composed of recycled material. Additionally, the proposed Cathedral Hill Hospital would utilize "viscous wall dampers," an innovative seismic dampening structural system that would reduce the amount of steel required for the building by approximately 25 percent . Other materials would be specified on the basis of where they are mined, manufactured, or assembled. Materials local to the site would be given priority in the selection process, as long as they meet the required performance characteristics. This is because local materials have a lower "embodied energy" than materials transported from further away. Materials with low-emitting characteristics, which can reduce ventilation requirements and save energy, would also be given priority in the selection process.

Reduce Energy Use and Associated Emissions

The comments suggest that CMPC should examine the design of the proposed buildings and further study how they could be modified to reduce energy use and associated emissions. As previously described, CPMC has evaluated and incorporated, where feasible, design measures to reduce energy use and associated emissions into the design of the proposed LRDP and campus-specific developments. Refer to Draft EIR pages 4.8-16 to 4.8-17 and 4.17-7 to 4.17-9, and Responses GH-1, GH-2, GH-4, and GH-5 on pages C&R 3.10-3, 3.10-13, 3.10-15 and page 3.10-16 for a discussion of GHG emission-reducing design features that have been incorporated into the proposed LRDP. It should be noted that sufficient methodologies to quantify the reductions that could be achieved by implementing many of the project design features and City-imposed requirements are not available. Therefore, the Draft EIR conservatively did not account for those project design features in the inventory of GHG emissions under the proposed LRDP. For the same reason, these features were not assumed to fully mitigate the project's operational impacts related to GHG emissions that, as explained on Draft EIR pages 4.8-31 and 4.8-32, were considered to be significant and unavoidable under the quantitative thresholds set forth in the recently adopted Bay Area Air Quality Management District Guidelines.

3.19.2 CATHEDRAL HILL CAMPUS

3.19.2.1 GAS LINES

Comment

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-3 ME]

"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."

Response ME-3

The comment requests additional information regarding the type and location of gas lines in the vicinity of the proposed Cathedral Hill Campus. A more thorough description of gas line types and locations are not considered necessary to effectively evaluate the potential for the proposed LRDP to impact existing energy and mineral resources. The following information is provided for expository purposes, but is not considered necessary for the analysis of potential impacts of the proposed LRDP on the physical environment. As such, no edits to the text and/or analysis in the Draft EIR are required.

Existing gas lines located near the sites of the proposed Cathedral Hill Hospital and MOB, at Van Ness Avenue and Geary Street, include polyethylene (plastic) high-pressure gas main pipelines owned and operated by the Pacific Gas and Electric Company (PG&E). Adjacent to the site of the proposed Cathedral Hill Hospital, there is an existing 4-inch gas line running north to south on Franklin Street, an existing 2-inch line running east/west on Geary Boulevard, an existing 2-inch line running east to west on Post Street, and a 2-inch service lateral on Van Ness Avenue. Adjacent to the proposed Cathedral Hill MOB site, there is an existing 2-inch gas line running north to south on Polk Street, an existing 2-inch line running east to west on Geary Street, and an existing 2-inch line running east to west on Cedar Street.

Primary gas service to the proposed Cathedral Hill Hospital would come from the existing 2-inch polyethylene high-pressure gas main pipeline which runs east to west along Geary Boulevard. A new 2-inch polyethylene high-pressure gas pipeline would be installed from the building point of connection and would intercept the existing line. PG&E would then provide the tie-in with a 2-inch by 2-inch high-volume tapping tee.

Primary gas service to the proposed Cathedral Hill MOB would be provided via the existing 2-inch polyethylene high-pressure gas main pipeline which runs east to west along Cedar Street. A new 1.25-inch polyethylene high-pressure gas pipeline would be installed from the building point of connection and would intercept the existing line. PG&E would then provide the tie-in with a 2-inch by 2-inch high-volume tapping tee and a 2-inch by 1.25-inch plastic reducer coupling. Gas line construction and installation associated with the proposed Cathedral Hill Hospital and MOB would be required to conform to PG&E Standard A-75, the PG&E "Greenbook," and would be subject to PG&E review and approval. In addition, as noted on page 2-28 of the Draft EIR, the OSHPD-required emergency generators for the proposed Cathedral Hill Hospital would be powered by diesel fuel contained in storage tanks located under the right-turn lane and sidewalk along Geary Boulevard.

3.19.3 PACIFIC CAMPUS

No comments pertaining to mineral and energy resources and solely related to this campus were received during public review of the Draft EIR.

3.19.4 CALIFORNIA CAMPUS

No comments pertaining to mineral and energy resources and solely related to this campus were received during public review of the Draft EIR.

3.19.5 DAVIES CAMPUS

No comments pertaining to mineral and energy resources and solely related to this campus were received during public review of the Draft EIR.

3.19.6 ST. LUKE'S CAMPUS

No comments pertaining to mineral and energy resources and solely related to this campus were received during public review of the Draft EIR.

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3.20 AGRICULTURAL AND FOREST RESOURCES

3.20.1 LRDP

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-43 AG]

"17) AGRICULTURE RESOURCES: no specific comments"

Response AG-1

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the CPMC LRDP Draft EIR.

3.20.2 CATHEDRAL HILL CAMPUS

No comments pertaining to agricultural and forest resources and solely related to this campus were received during public review of the Draft EIR.

3.20.3 PACIFIC CAMPUS

No comments pertaining to agricultural and forest resources and solely related to this campus were received during public review of the Draft EIR.

3.20.4 CALIFORNIA CAMPUS

No comments pertaining to agricultural and forest resources and solely related to this campus were received during public review of the Draft EIR.

3.20.5 DAVIES CAMPUS

No comments pertaining to agricultural and forest resources and solely related to this campus were received during public review of the Draft EIR.

3.20.6 ST. LUKE'S CAMPUS

No comments pertaining to agricultural and forest resources and solely related to this campus were received during public review of the Draft EIR.

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3.21 OTHER CEQA CONSIDERATIONS

3.21.1 GROWTH INDUCEMENT

3.21.1.1 LRDP

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-46 GRO, duplicate comment was provided in 93-21 GRO]

"• 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."

Response GRO-1

The comment addresses potential growth-inducement impacts related to housing demand of the proposed LRDP workforce; affordable housing; exemption of the LRDP from application of policies, plans, and regulations to the LRDP; and future uses at the California Campus, once sold. As stated on Draft EIR page 5-16, induced growth is any growth that exceeds planned growth and results from new development that would not have taken place without the implementation of a project. Typically, a project's potential for growth inducement would be considered significant if it would result in growth or population concentrations exceeding those assumptions included in pertinent master plans, land use plans, or projections made by regional planning authorities.

According to the 2010 U.S. Census, there are 31,131 vacant housing units within the jurisdictional boundaries of the City and County of San Francisco (see C&R Table 3.5-1, "Population and Housing Estimates City and County of San Francisco," in Response PH-3 [page C&R 3.5-7]). Thus, the housing demand associated with the proposed LRDP (1,493 households) could be accommodated by the existing vacant housing supply. Therefore, implementation of the proposed LRDP is not anticipated to result in substantial, additional housing growth within the City and County of San Francisco. Please see Responses PH-9 (page C&R 3.5-31), PH-3, and PH-4 (page C&R 3.5-13), and Response PH-8 (page C&R 3.5-27) for further discussions related to housing supply and capacity, analytical assumptions and methods utilized in the population and housing impact analysis, and population and housing significance criteria and mitigation, respectively.

The demand for affordable housing is a social and economic effect that is only required to be analyzed under CEQA insofar as the effect would connect the proposed action to a physical environmental effect or where the effect would represent a measure of the magnitude of a physical environmental effect. There is no evidence in the record that effects on housing affordability would have physical environmental consequences that were not otherwise addressed in the Draft EIR. Please see Responses INTRO-7 (page C&R 3.1-17), PH-8 (page C&R 3.5-27) and PH-9 (page C&R 3.5-31), and PH-17 (page C&R 3.5-64) for further discussions related to social and economic issues, demand for affordable housing, and population and housing mitigation, respectively.

As stated on Draft EIR page 5-16, growth-inducement impacts are those that might foster economic or population growth or the construction of new housing in the surrounding environment. The proposed LRDP is not exempt from applicable policies, plans, and regulations. As described on Draft EIR page 2-13 in Table 2-3, general plan amendments and Planning Code changes/authorizations would be required

in order for the proposed LRDP to be implemented. As is addressed in Response LU-9 (page C&R 3.3-64), there are no further environmental effects of the specific plan and code amendments, Conditional Use authorizations, and other actions beyond those that are described for the proposed LRDP in Chapter 5 of the Draft EIR. As is stated on Draft EIR page 5-17, the proposed LRDP would not result in direct or indirect substantial growth inducement. Please see Response PH-25 (page C&R 3.5-82) for further discussion regarding indirect and induced employment and how related housing growth could be accommodated by San Francisco's existing available vacant housing supply and planned new housing supply as discussed in Section 4.3 of the Draft EIR.

Under CEQA, the analysis of growth inducement is focused on informing decision-makers and the public about a project's potential for inducing additional growth beyond that planned as part of the project either through the removal of an obstacle to growth (for example, by providing new infrastructure capacity) or through creating an economic stimulus However, given the location of the proposed Cathedral Hill Campus within a dense, developed urban environment, any long-term citywide plans and forecasts for growth would have assumed future development on such a presently unused site. Therefore, the LRDP would not cause the City and County of San Francisco to expand into new, previously undeveloped or unplanned areas, and thus would not induce substantial amounts of housing or employment growth beyond the amounts of growth that the City is already planning for and expecting.

Finally, the future of the California Campus is speculative, but the environmental analyses included in the Draft EIR assumed that the level of employment at that location would remain unchanged and did not reduce the level of trip generation, demand for public services and infrastructure, and other such factors. Thus, from the point of view of potential growth inducement, the environmental analysis in the Draft EIR already accounts for all backfill employment at the California Campus, the only CPMC campus that would be vacated and not demolished or reused with implementation of the proposed LRDP. Please also see Responses PH-3 (page C&R 3.5-7) and PH-25 (page C&R 3.5-82) for further discussions regarding housing demand and induced employment.

Comment

(Gloria Smith—California Nurses Association, October 18, 2010)[93-93 GRO]

"**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:

- 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."

Response GRO-2

This comment states that the Draft EIR failed to address potential growth-inducement impacts related to indirect and induced employment growth and future uses at the California Campus once it is sold.

On page 5-16, the Draft EIR states that CPMC is the second largest private employer in San Francisco. The fact that CPMC is a primary employer in San Francisco and is the entity that is proposing the LRDP is an aspect of the existing conditions and is not related to growth inducement. As discussed in Draft EIR Section 4.3, "Population, Employment, and Housing," implementing the proposed CPMC LRDP would not induce substantial citywide population or employment growth. Please see Response PH-25 (page C&R 3.5-82) for discussion regarding how the LRDP is expected to have a jobs multiplier of approximately 1.35.[1] In other words, for every one new job generated by the proposed LRDP, an additional 0.35 job would be created elsewhere within San Francisco, and these additional jobs would be created as CPMC employees spend money on goods and services in the local economy. Thus, the LRDP would incrementally increase the population in San Francisco and in the Bay Area as a whole and would be within the planned growth for both San Francisco and the Bay Area as a whole. Specifically, much of the projected growth would occur as a result of the construction of the proposed hospital at the Cathedral Hill Campus, which would replace the hospitals at the Pacific and California Campuses and where approximately 60 percent of the employees at all five CPMC campuses would be relocated in 2015 (50 percent in 2030).

On page 5-16, the Draft EIR discusses the impacts of the combination of ongoing and new operational jobs and states that under the proposed LRDP, the total number of employees for all five campuses is projected to increase from approximately 6,560 full-time equivalent (FTE) personnel to approximately 8,350 FTE personnel in 2015, and to approximately 10,730 FTE personnel by 2030. This is an estimated increase of approximately 4,170 FTE personnel from 2006 to 2030, which would account for 1.6 percent of the projected increase in employment numbers for San Francisco overall during the 24-year LRDP implementation period.[2] As concluded on Draft EIR page 5-17, implementation of the proposed LRDP would not result in substantial additional development, population, and employment growth at the CPMC campuses, in the surrounding neighborhood, or citywide, and thus would not result in direct or indirect substantial growth inducement. For more information on the personnel estimates, please see the explanation of employment calculations for the proposed LRDP in Table 4.3-6 on page 4.3-6 of the Draft EIR.

The comment is correct that the Draft EIR does not specifically assess growth induced by the LRDP with respect to the multiplier effect on construction jobs. It is anticipated that construction jobs at all proposed campus sites would be filled from the existing labor force in the Bay Area, as an ample supply of construction labor exists in the Bay Area to support the project. Overall, the growth in construction-related employment is projected to be incremental as new buildings are occupied, buildings are demolished and renovated, and CPMC service demand increases. In terms of housing demand generated from construction jobs, the analysis assumed that these workers would not make decisions about long-term housing relocation based on a single job, because of the cyclical and temporary nature of the work. For additional discussion of this issue, please see Response PH-8 (page C&R 3.5-27). Therefore, replacement, renovation, expansion, and realignment of services may temporarily increase construction-related employment in San Francisco overall, but not enough to result in direct or indirect substantial growth inducement.

Contrary to the comment's statement, the EIR does take into account indirect jobs through a multiplier effect. Refer to Response GRO-1 (page C&R 3.21-1) and Response PH-24 (page C&R 3.5-81) for a discussion of potential growth at the California Campus once sold and how the EIR took indirect jobs into account.

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[1] Economic Planning Systems, *Regional Multipliers for CPMC Economic Impacts*, Memorandum from Rebecca Benassini and Tepa Banda, EPS to Geoffrey Nelson and Alan Loving, CPMC, March 23, 2011, Table 1, page 3.

[2] Note that the employment estimates are conservative. These estimates presume all additional CMPC workers assumed to live in San Francisco would be new to San Francisco and not moving from another location of employment in San Francisco or be current San Francisco residents.

Comment

(Gloria Smith—California Nurses Association, October 18, 2010)[93-94 GRO]

"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)."

Response GRO-3

The comment expresses concern regarding potential growth inducement as it relates to the baseline utilized for impact analysis. Where appropriate, the Draft EIR analyzes impacts with reference to the change from baseline conditions at the time the EIR Notice of Preparation was published. As such, the growth-inducement analysis in Section 5.5, "Direct or Indirect Economic or Population and Growth Inducement," of the Draft EIR (pages 5-16 and 5-17) assesses induced growth as any that exceeds planned growth and results from new development that would not have taken place without implementation of the proposed LRDP. Therefore, the growth-inducement analysis is similar to the transportation analysis in that it compares the future with implementation of the project against the future without implementation of the project baseline. Refer to Response TR-9 (page C&R 3.7-11) for a discussion regarding the transportation baseline. Please also see Response PH-6 (page C&R 3.5-17) for a discussion of the environmental baseline in the analysis of population, employment and housing; this response explains how the Draft EIR evaluated potential effects on housing and related demographics based on the existing conditions, using a comparison to future planned conditions as a threshold of significance.

The comment indicates that the growth-inducement analysis should identify and take every infill parcel in the project area into account. The City of San Francisco uses projections of growth generated by ABAG and other regional agencies to address cumulative population and environmental issues that are generated by incremental development and growth around the City and the region. This approach is used for such impacts as transportation, air pollutant emissions, traffic-generated noise, demand for public services and infrastructure, and the like. Alternatively, a list-based approach is used for such effects as cumulative effects on housing and visual resources and aesthetics. The use of cumulative analysis methodologies that are appropriate to specific types of analyses is consistent with CEQA. Please also see Response PH-13 (page C&R 3.5-50) for a further discussion of the methodologies used in the cumulative analysis of population, employment, and housing, as well as other environmental factors in the Draft EIR.

The comment also expresses concern regarding growth inducement in the area as it relates to the potential for growth of secondary services. Refer to Response GRO-2 (page C&R 3.21-2) for a discussion regarding potential growth associated with employment, which includes secondary services. Please also see Response PH-25 (page C&R 3.5-82) for further discussion and calculations regarding induced employment.

3.21.1.2 CATHEDRAL HILL CAMPUS

No comments pertaining to growth inducement and solely related to this campus were received during public review of the Draft EIR.

3.21.1.3 PACIFIC CAMPUS

No comments pertaining to growth inducement and solely related to this campus were received during public review of the Draft EIR.

3.21.1.4 CALIFORNIA CAMPUS

No comments pertaining to growth inducement and solely related to this campus were received during public review of the Draft EIR.

3.21.1.5 DAVIES CAMPUS

No comments pertaining to growth inducement and solely related to this campus were received during public review of the Draft EIR.

3.21.1.6 ST. LUKE'S CAMPUS

No comments pertaining to growth inducement and solely related to this campus were received during public review of the Draft EIR.

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3.22 ALTERNATIVES

3.22.1 ALTERNATIVE 3A AND "ALTERNATIVE 3A PLUS" (I.E., DIFFERENT MIX OF SERVICES AT ST. LUKE'S OR ADDITIONAL ANALYSIS)

Comments

(Evy Pearce, September 13, 2010) [10-2 ALT3A, duplicate comments were provided in 12-2 ALT3A, 16-2 ALT3A, and 46-2 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."

(Jane Seleznow, October 8, 2010) [48-1 ALT3A]

"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."

(Ted Weber, Jr., October 12, 2010) [52-3 ALT3A]

"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."

(Merle Easton, October 18, 2010) [66-2 ALT3A, duplicate comment was provided 73-2 ALT3A]

"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.

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."

(Donald Scherl, October 18, 2010) [74-3 ALT3A]

"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 1 A & 1 B which are not feasible. Alternative 3A would accomplish a lot:

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

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."

(Donald Scherl, October 18, 2010) [74-27 ALT3A]

"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)."

(Donald Scherl, October 18, 2010) [74-37 ALT3A]

"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."

(Charles Freas, October 19, 2010) [79-5 ALT3A, duplicate comment was provided in 100-5 ALT3A)]

"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.

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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-4 ALT, duplicate comment was provided in 108-4 ALT]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-12 ALT3A, duplicate comment was provided in 108-12 ALT 3A]

<u>"B. 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:

- 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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-14 ALT3A, duplicate comment was provided in 108-14 ALT3A]

"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.

Under the CEQA Guidelines, '[s]ubstantial evidence shall include facts, reasonable assumptions predicated upon facts, and expert opinion supported by facts.' (§ IS3S4(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.)"

(Gloria Smith—California Nurses Association, October 19, 2010) [90-34 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 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]

[18] Camden Group Utilization Project Report at page 22."

(Emily Lee, September 23, 2010) [PC-291 ALT3A]

"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."

(Kevin Kitchingham, September 23, 2010) [PC-305 ALT3A]

"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."

(Marlayne Morgan—Cathedral Hill Neighbors Association, September 21, 2010) [15-2 ALT3A, duplicate comment was provided in 39-2 ALT3A]

"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."

(Marlayne Morgan—Cathedral Hill Neighbors Association, September 21, 2010) [15-4 ALT3A, duplicate comment was provided in 39-4 ALT3A]

Alternative 3A PLUS would reduce these impacts on health and the environment by:

- 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;
- 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.

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."

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-13 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."

(Madlyn Stein—Seniors of Cathedral Hill, October 5, 2010) [45-3 ALT]

"-decrease the number of beds at the Van Ness site"

(Madlyn Stein—Seniors of Cathedral Hill, October 5, 2010) [45-4 ALT]

"-increase the number of beds at the St Lukes site"

(Nancy Evans, October 14, 2010) [54-2 ALT3A]

"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."

(Trudy Lionel, October 15, 2010) [60-2 ALT3A]

"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.

Please require the Draft Environmental Impact Report to be improved and to consider the above concerns."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-2 ALT3A]

"SUMMARY OF KEY POINTS:

- We support a more detailed investigation of an expanded 3A project alternative (3A Plus)"

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-8 ALT3A]

"e) We concur with other groups calling for '3A plus'—an updated Alternative 3A developed with community input."

(Hossein Sepas, October 19, 2010) [82-2 ALT3A, duplicate comments were provided in 83-1 ALT3A and 107-1 ALT3A]

"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."

(Alex Tom—Chinese Progressive Association, October 19, 2010) [84-3 ALT3A]

"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.

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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-15 ALT3A, duplicate comment was provided in 108-15 ALT3A]

"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
- 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.)"

(Gloria Smith—California Nurses Association) [90-33 ALT3A]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-35 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [92-5 ALT3A]

"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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-38 ALT3A, duplicate comment was provided in 110-38 ALT3A]

"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]

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.

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

(Margaret Kettunen Zegart, October 20, 2010) [97-3 ALT3A]

"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**."

(Margaret Kettunen Zegart, October 20, 2010) [97-14 ALT3A]

"**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)."

(Paulett Taggart—Paulett Taggart Architects, October 19, 2010) [106-2 ALT3A]

"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.

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."

(Gloria Smith—California Nurses Association, March 8, 2011) [121-1 ALT3A]

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 S1. 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.

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. Luke's 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. Luke's Campus. As such, Alternative 3A is the preferred alternative for transportation and circulation.

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.

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.

(Gloria Smith—California Nurses Association, March 8, 2011) [121-4 ALT]

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 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. 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.

(Gloria Smith—California Nurses Association, March 8, 2011) [122-1 ALT3A]

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.

(Gloria Smith—California Nurses Association, March 8, 2011) [122-8 ALT]

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. 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.

(Gloria Smith—California Nurses Association, March 8, 2011) [122-9 ALT3A]

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.

(Bertie Campbell, September 23, 2010) [PC-13 ALT3A]

"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 more equally between the proposed Cathedral Hill and St. Luke's sites.'"

(Bertie Campbell, September 23, 2010) [PC-15 ALT3A]

"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."

(Bertie Campbell, September 23, 2010) [PC-16 ALT3A]

"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 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."

(Joseph Snooke, September 23, 2010) [PC-253 ALT3A]

"So, what we are asking is that the EIR study the alternative, or an alternative to what is presented as Alternative 3A. 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..."

Response ALT-1

Numerous comments have requested that the CPMC LRDP Draft EIR be revised to include an analysis of "Alternative 3A Plus," or of a modified Alternative 3A or Alternative 3A with a different mix of services. The following is a summary of the substantive comments, which are addressed in subsections below.

Comments Summary

- The Draft EIR should include further review of Alternative 3A and did not adequately analyze this alternative.
- Another alternative, Alternative 3A "with additional mitigations" and/or a different mix of services at the Cathedral Hill, St. Luke's, and other CPMC campuses, should be evaluated as "Alternative 3A Plus".
- Services can be centralized at the St. Luke's Campus, which would be more accessible and closer to freeways and transit facilities, compared to the Cathedral Hill Campus and to patients traveling from outside of San Francisco.
- The Draft EIR dismisses Alternative 3A and does not consider the disadvantage of a St. Luke's facility that would be too small (under the proposed LRDP) to be viable and would not have a variety of services that would ensure long term viability. The comments also state that the Draft EIR does not provide evidence to demonstrate how the proposed LRDP would achieve greater access and other benefits than Alternative 3A.
- Alternative 3A would reduce impacts at the Cathedral Hill Campus compared to the proposed LRDP, and impacts at the St. Luke's Campus would be slightly greater.
- Clarify the project objectives that would not be met, other than having the Women's and Children's Hospital be part of the Cathedral Hill Campus under Alternative 3A. The project objectives in the Draft EIR eliminate all consideration of equitable provision of health services.
- Alternative 3A would shift most women's and children's services to the southern half of the City. Some comments suggest that these services need to be dispersed throughout the neighborhoods of

San Francisco and need more of an anchor than just an emergency department and women's and children's services at St. Luke's.

- Underserved areas would be best served by a larger St. Luke's Hospital under Alternative 3A.

Requests for Additional Alternative 3A Analysis or "Alternative 3A Plus"

Several comments state that the Draft EIR should include further review of Alternative 3A and did not adequately analyze this alternative. Several comments state that another alternative, Alternative 3A "with additional mitigations" and/or a different mix of services at the Cathedral Hill, St. Luke's, and other CPMC campuses, should be evaluated as "Alternative 3A Plus."

The environmental effects associated with the construction and operations of the proposed LRDP and alternatives have been analyzed for all topic areas in the Draft EIR. A range of alternatives is presented in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. As stated in the Draft EIR, page 6-1, "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." Impacts of Alternative 3A are evaluated in the Draft EIR, pages 6-299 to 6-351. The analysis identifies potentially significant impacts and appropriate mitigation measures for this alternative, as applicable, and compares the alternatives to the proposed LRDP.

Other comments state that Alternative 3A would reduce impacts at the proposed Cathedral Hill Campus and impacts at the St. Luke's Campus would be slightly greater, compared to the proposed LRDP. These comments are addressed in the Draft EIR, pages 6-402, and 6-324 to 6-351.

In response to comments stating that "Alternative 3A Plus" would reduce the environmental impacts related to aesthetics, hazardous waste, transportation and circulation, pedestrian safety issues, wind and shadow, operational noise, and air quality at the Cathedral Hill Campus, the commenters are referred to the discussion in the Draft EIR, at pages 6-299 through 6-324. Alternative 3A reduces identified impacts relative to the LRDP but it is not clear or anticipated that "Alternative 3A Plus," with a similar amount of development at the Cathedral Hill and St. Luke's Campuses as Alternative A but a different mix of services, would result in any further substantial reductions in the LRDP impacts, "Alternative 3A Plus" does not need to be analyzed as a new alternative in the EIR. Please refer to Response PH-21 (page C&R 3.5-73) in response to the comments stating that the Cathedral Hill Campus would result in a creation of a medical monoculture in the business community around that campus.

Dismissal of/Feasibility Determination Regarding Alternative 3A

A number of comments expressed general support for Alternative 3A and suggested that this alternative was dismissed or rejected in the Draft EIR even though it was identified as the environmentally superior alternative. The Draft EIR concluded in Section 6.9.2 on page 6-403 that Alternative 3A would be the environmentally superior alternative other than the No Project Alternatives (Alternative 1A or 1B), as required by Section 15126.6(e)(2) of the State CEQA Guidelines. The Draft EIR does not reflect that the City has dismissed Alternative 3A. The decision-makers may select one of the alternatives presented in the document if determined feasible, or may approve, modify, or disapprove the project as proposed.

The Draft EIR also does not make conclusions regarding the feasibility of Alternative 3A. Rather than a rejection of Alternative 3A, as suggested by the comments, the Draft EIR includes an evaluation of the relative environmental effects of this alternative, compared to the proposed LRDP, and a discussion (on pages 6-399 to 6-400) of the degree to which Alternative 3A meets the stated objectives of the project. Such a discussion is required under CEQA pursuant to Section 15126.6(a).

CEQA requires that the EIR include an evaluation of the environmental consequences of the alternative, compared to those of the proposed LRDP, and a comparison of the degree of attainment of the stated project sponsor's objectives. As such, the Draft EIR discussion was intended to provide information about the ways in which Alternative 3A would or would not attain the stated project objectives, to inform the decision-makers as they consider approval of the project as proposed, or an alternative to the project.

The determination as to whether an alternative is feasible, however, is made by the lead agency's decision-makers as part of the project review process, rather than being made as a conclusion within an EIR (California Public Resources Code, Section 21081[a][3]; State CEQA Guidelines, Section 15091[a][3]). The San Francisco Planning Department, as the lead agency under CEQA, is responsible for environmental review of the proposed project and for ensuring that the EIR reflects the independent judgment of the City. The project approval process can only occur after certification of the Final EIR and is procedurally separate from the environmental review process. In making that determination, the lead agency's decision-makers independently weigh the relative advantages and disadvantages of the proposed project (in this case, the near-term and long-term projects under the LRDP) and its alternatives, and then may choose to approve, modify, or disapprove the project as proposed, or may choose to adopt one of the alternatives presented in the document, if determined feasible (California Public Resources Code, Section 21081[a][3]; State CEQA Guidelines, Section 15091[a][3]). The Draft EIR informs and provides evidence that could substantiate the decision-makers' findings, but does not itself make such findings.

Reasonable Range of Alternatives in the Draft EIR

Several comments suggest different permutations of specific health care programming for the CPMC campuses, especially for the Cathedral Hill and St. Luke's Campuses (e.g., redistributing services such that Cathedral Hill and St. Luke's are more similar in size, or increasing the number of beds at the St. Luke's Campus). The comments, however, do not suggest additional alternatives that would avoid or mitigate any potentially significant environmental impacts of the proposed LRDP while meeting most of the project sponsor's objectives, or those that would offer substantial environmental advantages, or be more feasible than the alternatives analyzed in the Draft EIR (State CEQA Guidelines, Section 15204[a]).

Section 15126.6(a) of the State CEQA Guidelines provides that "[a]n EIR need not consider every conceivable alternative to a project." Under the "rule of reason" governing the selection of the range of alternatives, the EIR is required "to set forth only those alternatives necessary to permit a reasoned choice" (State CEQA Guidelines, Section 15126.6[f]). This is also phrased as presenting a reasonable range of alternatives. Although an EIR must consider a reasonable range of potentially feasible alternatives, it does not have to identify and analyze alternatives that would not meet most of a project sponsor's basic objectives, nor does it have to discuss every possible variant or permutation of alternatives,[1] or alternatives that do not further reduce or eliminate significant impacts of the project.

As stated above, a range of alternatives is presented in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines.

Under CEQA, the EIR is not required to consider permutations of Alternative 3A that would shift a different combination of services from the proposed Cathedral Hill Campus location to the St. Luke's Campus, if they would not demonstrably reduce or eliminate environmental impacts of the proposed LRDP to a greater degree than the alternatives analyzed in the Draft EIR. The Draft EIR analyzes two variations of a No Project Alternative (Alternative 1A and Alternative 1B), and Alternative 2, which involve rebuilding, retrofitting, and redeveloping facilities within CPMC's four existing campuses; and two variations of Alternative 3, which would reduce development at the proposed Cathedral Hill Campus

[1] *Jones v. Regents*, 183 Cal. App. 4th 818, 827 (2010); see also *Mira Mar Mobile Cmty. v. City of Oceanside*, 119 Cal. App. 4th 477 (2004) (EIR need not consider in detail every conceivable variation of alternatives stated).

and increase development at either the St. Luke's Campus (Alternative 3A) or the California Campus (Alternative 3B). These alternatives cover the comments' suggestion of "Alternative 3A Plus," to increase program and development intensity at St. Luke's Campus (i.e., beds and/or other services) and reduce the same at the proposed Cathedral Hill Campus.

Attainment of Project Objectives under Alternative 3A and "3A Plus"

Several comments state that it is not clear what objectives of the proposed LRDP would not be met by approval of either Alternative 3A or Alternative 3A Plus, other than not locating the Women's and Children's Center (WCC) to the proposed Cathedral Hill Campus. They also state that no evidence is provided to support the conclusion that Alternative 3A does not meet the project objectives. The Draft EIR states on pages 6-399 and 6-400 that Alternative 3A would not meet the project objectives to the same extent as the proposed LRDP for three reasons: (1) health care advantages and operational efficiencies resulting from co-locating the WCC with the large, centralized proposed Cathedral Hill Campus would not be achieved; (2) designing the proposed Cathedral Hill Hospital to comply with existing height and bulk restrictions, as per Alternative 3A, would not reduce the ability to co-locate services to and would not consolidate specialized services into one centralized acute-care hospital; and (3) Alternative 3A would disrupt the continuum of care at St. Luke's Campus, because of the need to phase construction of a larger hospital at the St. Luke's Campus. Other objectives may also not be met to the same extent as the proposed LRDP, such as those related to optimizing the use of CPMC resources to providing high quality patient care in a cost-effective and efficient manner, consolidating specialized services and Women's and Children's (WCC) services into one centralized acute-care hospital, ensuring that the new centralized acute-care hospital is appropriately located with respect to CPMC's patient base and the City's population concentration, rebuilding the St. Luke's Campus with a community hospital that is an integral part of CPMC's larger health care system, and optimizing patient safety and clinical outcomes.

Analysis of "Alternative 3A Plus" Within the Scope of Alternative 3A

Several comments suggest the need for "Alternative 3A Plus" that would provide more health services at the St. Luke's Campus and/or a different mix of programs and services than are proposed at the Cathedral Hill and St. Luke's Campuses under the LRDP or a different mix of services of programs and services than were analyzed under Alternative 3A.

The elements of an "Alternative 3A Plus" that would be different from Alternative 3A would be related to a distribution of space (square footage) by uses and would result in essentially very similar environmental impacts as Alternative 3A, which have been analyzed in the Draft EIR. The number of physicians, staff, patients, and visitors at the proposed Cathedral Hill Campus and the St. Luke's Campus under "Alternative 3A Plus" would be within the range analyzed for the proposed LRDP and alternatives in the Draft EIR. Therefore, the range of impacts that could occur with "Alternative 3A Plus" has been analyzed and is covered by the EIR analysis.

Merits of a Two-Hub Alternative

A number of comments suggest that services should be distributed more equally between St. Luke's and the proposed Cathedral Hill Campuses (a two-hub alternative), because it would improve the distribution of healthcare and would provide better healthcare access in the event of a disaster to underserved areas. Two main concerns are included in these comments: first, that the St. Luke's Replacement Hospital is too small to function well or even to be viable; and second, that the proposed Cathedral Hill Hospital is too large under the LRDP. Please refer to Major Response HC-2 (page C&R 3.23-8) regarding the scope of services proposed at the St. Luke's Campus and the basis for the size of the proposed Cathedral Hill Hospital, and Major Response HC-1 (page C&R 3.23-1) regarding the number of beds.

No substantial evidence was provided that there would be inadequate emergency capacity in the south of Market area in the event of a disaster. With respect to emergency disaster services, San Francisco General Hospital and the new University of California, San Francisco (UCSF) Mission Bay Hospital would also be located within the southeastern portion of San Francisco. Further, because the St. Luke's Emergency Department would be expanded under the proposed LRDP, within a structure that meets the strictest seismic safety requirements of Senate Bill (SB) 1953, and the proposed urgent care center at the St. Luke's Campus would provide additional capacity compared to existing conditions, the proposed LRDP would increase emergency preparedness for the southeastern portion of San Francisco.[2] Please also see Major Response HC-5 (page C&R 3.23-20) for a discussion of access to emergency care services for residents in the southeastern portion of the city**.**

The two-hub concept was adequately analyzed from a CEQA perspective by Alternatives 3A and 3B. With regard to the proposed co-location of multidisciplinary services at the proposed Cathedral Hill Hospital, Dr. Mitch Katz, former director of SFDPH, independently confirmed to the Planning Commission at the November 19, 2009, hearing on CPMC's institutional master plan (IMP), the belief of medical experts that high-volume medical centers that have the largest number of specialists provide the highest level of care. Dr. Katz also stated that the viability of the St. Luke's Campus should not be viewed independently but rather based on its functioning as a component of the CPMC health care delivery system as a whole.[3] Please see Major Response HC-2 (page C&R 3.23-8) for more detail regarding consolidation ofspecialized tertiary and quaternary services in a centralized .

No substantial evidence has been offered by the comments to support the assumption that two more similarly sized hospitals would result in improved access to health care for members of underserved communities. Therefore, the record does not indicate, and it is beyond the scope of the EIR to determine, that "Alternative 3A Plus," with a two-hub scheme would provide substantial medical service benefits over the proposed LRDP or the alternatives analyzed in the Draft EIR. The record indicates that, similar to Alternative 3A, an "Alternative 3A Plus" would not meet the project objectives to the same extent as the proposed LRDP..

Shifting Women's and Children's Services from the Cathedral Hill Campus to the St. Luke's Campus

Several comments regarding "Alternative 3A Plus" state that a St. Luke's Campus centered around WCC services, as would be the case under Alternative 3A, would not be supportable, because it would shift most women's and children's services to the southern half of the city. According to these comments, a different complement of services should therefore be considered (i.e., centralizing services at St. Luke's Campus) for all CPMC patients at this campus.

Some comments mistakenly state that only clinics or pediatrics services lines would be shifted from the proposed Cathedral Hill Campus to the St. Luke's Campus under Alternative 3A. To clarify, under Alternative 3A, all women's and children's services (inpatient and outpatient) would be located at the St. Luke's Campus instead of the proposed Cathedral Hill Campus.

Some comments suggest that centralizing services at the St. Luke's Campus would provide better accessibility to the freeways, major transit facilities, and to Sutter Health patients outside of San Francisco. Other comments have stated that underserved populations in the southeastern portion of the city would be better served under Alternative 3A or "Alternative 3A Plus."

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2 The Camden Group. San Francisco Blue Ribbon Panel: Market Analysis Data Book (Apr. 9, 2008). El Segundo, CA.

3 Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing. Dr. Katz further confirmed that the proposed St. Luke's Replacement Hospital "fills a real need, including giving [the City] relief in the south east part of the City for SF General Hospital."

Alternative 3A would not meet the sponsor's objectives to the same extent as the proposed LRDP because shifting the WCC to the St. Luke's Campus would result in a plan under which neither hospital (at either the proposed Cathedral Hill or St. Luke's Campus) would function as well as under the proposed LRDP and both would be substantially more expensive to operate because of the need to duplicate services and systems. [4]In order to provide high-acuity care to mothers at both the St. Luke's and proposed Cathedral Hill Campuses, Alternative 3A (or "3A Plus") would also result in some programs having to split their operations, between the proposed Cathedral Hill and St. Luke's Campuses, reducing operational efficiencies. [5] Absent duplication of such systems and services, patient transfers would be needed to get patients to the locations where such critical services are available. [6]

Some comments state that the Women's and Children's Hospital does not need to be part of the Cathedral Hill Hospital, and would be a benefit at the St. Luke's Campus. Locating CPMC's WCC at the St. Luke's Campus would result in a heavy concentration of women's and children's care in the south of Market Street area. This is because UCSF, after it completes its Mission Bay campus, San Francisco General Hospital, and CPMC would all be providing such services in the area south of Market Street and there would be a relatively low concentration of such services in the heavily populated areas north of Market Street. See Major Response HC-2 (page C&R 3.23-8) for discussions regarding how the size and programming of the St. Luke's Campus was determined and regarding services within the south of Market Street service area.

In contrast, the proposed Cathedral Hill Campus would be more centrally located. See Major Response HC-2 (page C&R 3.23-8). The proposed Cathedral Hill Campus would also be located close to a large concentration of the City's low-income households, children, and youth.[7] These populations are underserved and could be more easily served at the proposed Cathedral Hill Campus than CPMC's other campuses.

The proposed Cathedral Hill Campus is also well located with respect to physicians that are currently providing women's and children's health care services at the California Campus. For the reasons described above, locating the WCC at the Cathedral Hill Campus as proposed under the LRDP would meet the project objectives to a greater extent than locating the WCC at the St. Luke's Campus, as would be the case under Alternative 3A.

St. Luke's Campus Size under Alternative 3A

Some comments state that by dismissing Alternative 3A, the Draft EIR fails to consider the disadvantages to San Francisco of a "too-small" St. Luke's facility. These comments suggest that (1) the St. Luke's Campus size under the proposed LRDP is not viable and does not have a variety of services that would ensure its long term viability and (2) the larger St. Luke's Campus under Alternative 3A would better meet the demand for health care services at this campus. Please refer to the discussion regarding "Dismissal or Feasibility Determination of Alternative 3A," above.

The St. Luke's Campus currently consists of a large facility that is not fully utilized. For example, the average daily census of acute-care beds at the St. Luke's Campus for the 8-year period from 2002 through 2009 was 60 acute-care patients (40 percent occupancy).[8] Under the proposed LRDP, the St. Luke's

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4 Memorandum from Malia Weinberg, CPMC, to David Reel (AECOM), re: Advantages of Co-Location of Services/Disadvantages of Two-Hub Approach (Sept. 9, 2011).

5 *Ibid.* This is because splitting such programs would result in (a) duplication of expensive equipment, and (b) difficulty in attracting the additional number of specialists, physicians, nurses and technicians with the skill set that would be required to provide the staffing and services associated with such specialized programs at two separate locations.

6 *Ibid.*

7 Ibid.

8 OSHPD, ALIRTS, Annual Utilization Report of Hospitals for St. Lukes Hospital, 2002 through 2008 and California Pacific Medical Center - St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011.

Replacement Hospital is anticipated to operate at 80 percent occupancy. See Major Response HC-1 (page C&R 3.23-1) for a discussion regarding the number of licensed acute-care beds at the St. Luke's Campus.

Major Response HC-2 (page C&R 3.23-8) addresses the size and range of services that would be provided at the St. Luke's Campus under the proposed LRDP, and explains that rather than determining that a larger hospital with more beds was needed at the St. Luke's Campus, the Camden Group determined that future patient demand at this campus, based upon population projections, justified a larger Emergency Department, a larger MOB, and an expansion of outpatient and ambulatory care services at the St. Luke's Campus.[9] As discussed in Major Response HC-2 (page C&R 3.23-8), the planned service mix and capacity of the new inpatient St. Luke's Replacement Hospital is consistent with these determinations, and with the recommendations of the Blue Ribbon Panel.

Continuum of Care during Construction

Alternative 3A (or "3A Plus") would not meet the core medical service project objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC during construction to the same extent as the proposed LRDP. As explained in the Draft EIR, because of space limitations on the St. Luke's Campus, a new WCC as discussed under Alternative 3A could not be constructed until after the new St. Luke's Replacement Hospital is constructed, patients are moved into the new acute care facility, and the existing 1970 hospital tower is demolished.[10]

Development under Alternative 3A would, however, result in a period of approximately 2-3 years when, under state seismic safety regulations, the existing inpatient facilities at the Pacific and California Campuses would be closed and the proposed new WCC at St. Luke's Campus would not yet be completed and operational.

Other Issues

Some comments state that the proposed 555-bed hospital proposed for Cathedral Hill would be unsafe and the 80-bed hospital at the St. Luke's Campus would be unsustainable. There is no evidence in the record to substantiate either of these statements. The project's potential impacts are analyzed in detail in Draft EIR Sections 4.1 through 4.18. Please see Major Response HC-2 (page C&R 3.23-8) for a thorough discussion of the basis for the size and scale of all of the medical facilities planned in the proposed CPMC LRDP.

A few of the comments regarding consideration of an "Alternative 3A Plus" specifically suggested that skilled nursing and/or subacute-care beds should be included as part of a larger St. Luke's Replacement Hospital. The reasons for not providing skilled nursing or subacute-care beds as part of a new, larger SB 1953-compliant St. Luke's Replacement Hospital were identified by the Blue Ribbon Panel and are discussed in Major Response HC-6 (page C&R 3.23-25). The Blue Ribbon Panel did not recommend that CPMC provide new replacement subacute-care beds for those in the existing St. Luke's hospital, and

[9] The Camden Group. 2008 (April 9). San Francisco Blue Ribbon Panel: Market Analysis Data Book. El Segundo, CA.

[10] The development at the St. Luke's Campus under Alternative 3A as described in the Draft EIR would include a larger St. Luke's hospital constructed during two phases. The St. Luke's Replacement Hospital would be constructed during the first phase, and a Women's and Children's Center would be constructed as an addition to the hospital during the second phase. This was determined to be a more reasonable alternative than construction of a larger hospital building on the St. Luke's Campus in a single phase for several reasons. First, to provide sufficient space for a larger, single-phase hospital building, the existing 1970 hospital tower would need to be demolished before construction could begin, resulting in an interim period of several years during which there would be no hospital and no inpatient services would be provided at the St. Luke's Campus. Second, a major redesign of the St. Luke's Replacement Hospital, which would be necessary for a larger, single-phase hospital, would result in additional delays because time would need to be spent on the architectural design and the OSHPD review and approval processes. Third, a larger, single-phased hospital potentially could result in additional impacts on residential neighbors. The same would apply for Alternative 3A Plus.

instead recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[11]

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-5 ALT]

"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."

Response ALT-2

The comment is referring to the reduced development scenario for the proposed Cathedral Hill Hospital under Alternative 3A. The comment appears to state that future technologies would allow integration of all health care services at existing CPMC campuses and in the reduced development Cathedral Hill Campus scenario. According to the project sponsor, the proposed LRDP does incorporate modern technologies and capacity to accommodate future technological trends, including telecommunications, that would improve utilization of health care services and this could reduce the future need for beds and specific services. However, as explained in Major Response HC-2 (page C&R 3.23-8), the proposed facility capacity and size under the LRDP are based on regional population growth, demographic trends (e.g., aging population), and increase in occurrence of certain diseases (e.g., obesity, diabetes), which all drive the need and planning for the proposed Cathedral Hill Campus capacity and size under the LRDP. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Jason Fried, September 23, 2010) [PC-343 ALT3A]

"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 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

[11] The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.

Trusteeship, I have 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."

Response ALT-3

The comment suggests that a full EIR should be done for a "3A Plus" alternative (presumably similar to what was done for the CPMC LRDP and Alternative 3A in the current CPMC LRDP Draft EIR). The comment however, does not specify what additional elements would constitute "Alternative 3A Plus." As described in Response ALT-1 (page C&R 3.22-111), a full EIR would not be required for "Alternative 3A Plus" because it would be very similar to Alternative 3A, and every possible variant or permutation of an alternative is not required to be analyzed. Please see Response ALT-1 (page C&R 3.22-111) regarding the range of alternatives and the reason that no additional analysis is required under CEQA for a different mix of services. A full EIR for Alternative 3A or "Alternative 3A Plus" is not required under CEQA because Alternative 3A has been analyzed as an alternative in this EIR. The State CEQA Guidelines directs that the primary focus of the analysis of alternatives should be to support meaningful comparison between the impacts of the project and the impacts of the alternative, but that "the significant effects of the alternative shall be discussed, but in less detail than the significant effects of the project as proposed" (see State CEQA Guidelines Section 15126.6(d)).

Please also refer to Response LU-1 (page C&R 3.3-1) regarding the proposed approvals requested for the proposed LRDP.

The comment's general support for "Alternative 3A Plus" is acknowledged. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.22.2 SUPPORT FOR OR OPPOSITION TO ALTERNATIVE 3A

Comment

(Jack Scott—Cathedral Hill Neighbors, September 23, 2010) [19-4 ALT3A, duplicate comments were provided in 40-4 ALT3A and PC-8 ALT3A]

"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.

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

Response ALT-4

The comment expresses support for Alternative 3A The comment also states that development of the proposed Cathedral Hill Campus and related project approvals would result in spot zoning violations. This comment expresses concern regarding the potential impacts of the proposed LRDP development at the Cathedral Hill Campus related to its size, effects related to local services, noise and traffic, effects on

emergency vehicles, effects on viability of nearby small businesses along the Van Ness Avenue corridor, and impacts on transit services, such as Muni.

The proposed Cathedral Hill Campus' potential impacts related to aesthetics, traffic and emergency vehicles, noise, public services, and utilities and service systems are analyzed in detail in the Draft EIR beginning on pages 4.2-95, 4.5-93, 4.6-41, 4.11-17, and 4.12-24, respectively. The Draft EIR concluded less-than-significant impacts related to aesthetics, emergency vehicles, public services, and utilities and service systems for the Cathedral Hill Campus under the proposed LRDP. Significant and unavoidable impacts were identified for transportation and circulation, noise (groundborne vibration), air quality, and greenhouse gas emissions.

The comment states that the Cathedral Hill Campus under the proposed LRDP would result in spot zoning violations. The required project approvals for the proposed Cathedral Hill Campus are shown on Draft EIR Table 2-3, pages 2-13 to 2-15, and are further described in Section 2.2.4, "Required Project Approvals for the proposed Cathedral Hill Campus," on Draft EIR pages 2-43 to 2-48. Since the publication of the Draft EIR on July 21, 2010, the project sponsor has made some modifications to the requested entitlements for the near-term development projects under the proposed LRPD based upon input from the Planning Department such as the proposed Cathedral Hill Campus development. Therefore, the required project approvals listed in the Draft EIR in Table 2-3, "Required Project Approvals," on pages 2-13 through 2-17 and described in Section 2.2.4 on Draft EIR pages 2-43 to 2-48 have been updated as part of the text revisions to the Draft EIR included on pages C&R 4-37 to C&R 4-42 of this document. The compatibility of the proposed Cathedral Hill Campus with applicable land use plans, policies, or regulations is discussed under Impact LU-2 of the Draft EIR. The Draft EIR noted the following on page 4.1-48:

> [T]he amendments to the General Plan's VNAP [Van Ness Avenue Plan] and amendments to the Planning Code text and zoning and height and bulk district maps; the PUD and Conditional Use (CU) authorizations; and other approvals as discussed above, are part of the proposed LRDP. Therefore, if these changes are approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies. The proposed LRDP at the Cathedral Hill Campus with the requested amendments and approvals would therefore not conflict with any applicable land use plan, policy, or regulation.

Please note that these project approvals, including the proposed amendments to the VNAP and modification of the height and bulk district for the block proposed for the Cathedral Hill Hospital, would be considered by the decision-makers following EIR certification. The decision-makers may choose to approve, disapprove, or modify the requested project approvals. Project approvals are required before the development of the proposed LRDP could proceed, and this determination is not part of the CEQA environmental process. Please refer to Responses LU-5 and LU-9 (pages C&R 3.3-30 and 3.3-64) for further explanation regarding the required project approvals, the size of the proposed Cathedral Hill Campus, and the project's consistency with the VNAP.

The potential approval of changes requested by the project sponsor to the existing zoning and height restrictions at the proposed Cathedral Hill Campus would not constitute impermissible "spot zoning." "Spot zoning" refers to instances when "a small parcel is restricted and given less rights than the surrounding property" (*Wilkins v. City of San Bernardino*, 29 Cal. 2d 332, 340 [1946]). Court cases involving spot zoning have held that a city cannot rezone a property in a manner that unfairly discriminates against a particular parcel of land, because such discrimination implicates the due process, equal protection, and takings protections of the United States Constitution. However, the approvals to allow CPMC's proposed development have been requested by the project sponsor, rather than imposed by a City-initiated rezoning, and would not discriminatorily restrict CPMC's ability to develop the Cathedral Hill Campus. Therefore, the project would not result in impermissible spot zoning. Additional discussion

regarding the amendments to General Plan Urban Design Element Map 4, VNAP Map 2, and the Planning Code height and bulk district map to allow a maximum building height of up to 265 feet is included in Responses LU-5 and LU-9 (pages C&R 3.3-30 and 3.3-64).

The comment's support for Alternative 3A is acknowledged. The project approval process occurs after certification of the Final EIR and is separate from the environmental review process. The decision-makers may select one of the alternatives presented in the Draft EIR if determined feasible, or may approve, modify, or disapprove the CPMC LRDP as proposed.

This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(George Mayer, September 23, 2010) [32-2 ALT3A]

"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 negative impacts including loading dock noise."

(Diane and Richard Wiersba, October 11, 2010) [49-9 ALT3A]

"We feel that Alternative 3A, the environmentally preferred alternative, is far-and-above the better plan for the CPMC development."

(Galen Workman, October 14, 2010) [55-4 ALT3A]

"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."

(David Mardis, October 17, 2010) [61-2 ALT3A]

"Please give special consideration to alternative 3A. I really think it's the perfect compromise."

(Jason Fried, September 23, 2010) [PC-342 ALT3A]

"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 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."

(Jane Martin, September 23, 2010) [PC-256 ALT3A]

"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."

Response ALT-5

The comments' support for Alternative 3A is acknowledged. These comments also state that the environmental superior alternative identified in the Draft EIR (Alternative 3A) would reduce impacts related to loading dock noise, traffic, and health care related to the proposed Cathedral Hill Campus.

The Draft EIR evaluated potential loading dock noise and traffic impacts for Alternative 3A in Section 6.8.2. Loading impacts at the Cathedral Hill Campus under Alternative 3 were determined to be less than

significant on page 6-310 of the Draft EIR with implementation of Mitigation Measure M-TR-44 (requirement for a loading dock attendant) and would be less than under the LRDP, because of the reduced development under this alternative at the Cathedral Hill Campus than under the LRDP. The Draft EIR also concluded on page 6-307 that transportation and circulation impacts related to intersection LOS "…under Alternative 3 would be less than under the LRDP."

In response to the comments stating that impacts related to health care at the Cathedral Hill Campus would be reduced under Alternative 3, please refer to Response INTRO-7 (page C&R 3.1-17) regarding CEQA requirements for consideration of social and economic impacts. CEQA requires that an EIR evaluate whether a project may have physical environmental effects. Social and economic effects, which include the effects on health care service delivery, are only relevant under CEQA if they provide a linkage or a measure of the magnitude of a substantial adverse physical environmental effect. Please see Major Responses HC-1, HC-2, HC-3, HC-4, HC-5, HC-6, HC-8, and HC-9 (pages C&R 3.23-1, 3.23-8, 3.23-17, 3.23-19, 3.23-20, 3.23-25, 3.23-32, and 3.23-39) As explained in those responses, the record does not indicate that LRDP's effects on health care service delivery would result in or be linked to substantial adverse physical environmental effects. Accordingly, the Draft EIR evaluated the potential physical environmental effects of the proposed LRDP and alternatives, and did not analyze social and economic effects related to changes in health care service delivery that could occur with implementation of the LRDP.

These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Alan Wofsy—Emeric-Goodman Associates, September 23, 2010) [26-6 ALT3A, duplicate comment was provided in 107-6 ALT3A]

"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

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."*

Response ALT-6

The comment's statement of support for Alternative 3A is acknowledged. The comment also states that Alternative 3A would not result in additional impacts at the California Campus.

The concluding statement in Section 6.9.2, page 6-403 of the Draft EIR is a factual statement of the conclusion regarding significant and unavoidable impacts identified for Alternative 3A in accordance with CEQA guidance. A range of alternatives is presented in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. The analysis of the alternatives addresses each environmental topic described in the Draft EIR in a manner that allows a meaningful evaluation and comparison of the nature and level of potential impacts of the proposed LRDP. Alternative 3A is evaluated in the Draft EIR on pages 6-299 to 6-351. As stated in the Draft EIR, page 6-402, "Alternative 3A would reduce some of the proposed LRDP's significant and unavoidable impacts on transportation and circulation identified for the Cathedral Hill Campus; however, it would still result in some significant and unavoidable impacts related to transportation, noise, and air quality." The purpose of the conclusion is to provide a comparison of the level of impacts that would occur with Alternative 3A to those that would occur with the proposed LRDP, in accordance with CEQA guidance. In addition, duplicating services at the proposed Cathedral Hill Campus would result in a net increase in building square footage and therefore an increase in operational GHGs, construction impacts, energy use, material use, water use, and potential stormwater runoff increase, compared to under the LRDP. However, this would not result in significant unavoidable impacts related to these above-noted environmental topics for Alternative 3A.

The comment is correct that Alternative 3A would not result in additional impacts at the California Campus. As stated in the Draft EIR on page 6-273, the "development at the California Campus under Alternative 3A would be the same as the California Campus proposal under the CPMC LRDP." Thus, impacts at the California Campus under Alternative 3A would be identical.

Comments

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-12 ALT3A]

"We do believe there is a better option presented in the EIR, and that is Alternative 3A. Alternative 3A helps distribute health care 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."

(Ben Bear, October 18, 2010) [65-2 ALT3A]

"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."

(George Mayer, September 23, 2010) [PC-86 ALT3A, duplicate comment provided in 32-2 ALT3A]

"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…."

Response ALT-7

The comments' statement of support for Alternative 3A is acknowledged. The comments are correct that under Alternative 3A, the development of the proposed Cathedral Hill Hospital would be within the allowable height limit (130 feet) for the site, and would result in reduced impacts on transportation and

circulation, wind and shadow, noise, air quality, and hazardous materials, compared to the proposed development at the same site under the CPMC LRDP. This is because the development program at the Cathedral Hill Campus under Alternative 3A would be smaller than under the LRDP. The potential LRDP impacts at the Cathedral Hill Campus related to pedestrian safety, noise (loading dock operations and noise intrusion), wind and shadow, and hazards and hazardous materials were all determined to be less than significant in the Draft EIR and are addressed in Section 4.5, 4.6, 4.9, and 4.16, respectively. For comparison of impacts of the proposed LRDP to impacts of each alternative for transportation, please see Draft EIR Table 6-37 on pages 6-405 to 6-419. The Draft EIR also evaluated potential impacts of Alternative 3 in relation to the proposed LRDP at the proposed Cathedral Hill Campus on pages 6-299 to 6-324 of the Draft EIR.

The comments are correct that under Alternative 3A, the scale of the proposed Cathedral Hill Campus would be reduced, resulting in reduced impacts compared to the proposed LRDP, because the development program would be smaller. The Draft EIR evaluated potential impacts of Alternative 3 at the proposed Cathedral Hill Campus on pages 6-299 through 6-324. Pursuant to Section 15126.6(e)(2) of the State CEQA Guidelines, the environmentally superior alternative is identified as Alternative 3A, on page 6-403.

The decision-makers may approve, modify, or disapprove the CPMC LRDP as proposed or may select one of the alternatives presented in the Draft EIR, if determined feasible.

Comments

(Ben Bear, October 18, 2010) [65-5 ALT3A]

"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."

(Ben Bear, October 18, 2010) [65-8 ALT3A]

"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."

Response ALT-8

The comments statement of support for Alternative 3A is noted. The comments also state that the southern half of the City is currently served only by San Francisco General Hospital and that Alternative 3A provides additional services in the southern half of the City. However, the concept that Alternative 3A is more responsive to health care needs of San Francisco compared to the proposed LRDP is not supported by evidence in the record. Please note that in addition to San Francisco General Hospital, the UCSF Mission Bay Campus would also serve the southern half of the City. See Response ALT-1 (page C&R 3.22-11) regarding access to health care in the southern portion of the city. Please also see Major Responses HC-2 and HC-3 (pages C&R 3.23-8 and 3.23-17) regarding (1) reasons for location, size, and scope of facilities at the campuses and (2) explanation that the reduction in beds at the St. Luke's Campus under the proposed LRDP, which would accommodate all of CPMC's current and projected patient demands and, therefore, would not impact other San Francisco hospitals. See also Major Response HC-5 (page C&R 3.23-20) regarding expansion of emergency services at the St. Luke's Campus under the proposed LRDP.

This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Sheila Mahoney and James Frame, October 19, 2010) [88-9 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."

Response ALT-9

This comment expresses general opposition to Alternative 3A. Please also see Response ALT-1 (page C&R 3.22-11) for a discussion on the potential implications of separating services between the proposed Cathedral Hill Hospital and the St. Luke's Campus under Alternative 3A.

The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [93-97 ALT3A]

"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."

Response ALT-10

The comment states that the limitations of Alternative 3A elements described in the CPMC Draft EIR, such as the loss of pedestrian through connection at St. Luke's, could be resolved with more detailed planning of the alternatives. The comment also suggests that the Draft EIR should be revised and should re-analyze the project alternatives and that the re-analysis should focus on the environmentally superior alternatives. Additionally, the comment states that these environmentally superior alternatives should be modified so that their impacts are further reduced, while also improving the performance of these alternatives so that they better meet the project sponsor's objectives.

The purpose of the discussion of the St. Luke's Campus and loss of a connection for pedestrians through the St. Luke's Campus facilities under Alternative 3A was to explain the difference in existing conditions and planned future construction with Alternative 3A, compared to the proposed LRDP. The Draft EIR explained, on page 6-325, "The pedestrian connection between Cesar Chavez and 27th between the Replacement Hospital and MOB/Expansion Building that would be retained under the LRDP would not be provided under Alternative 3A. This would result in a physical division of the community to some extent that does not currently exist and would not occur under the LRDP. However, this impact would be less than significant, but greater than under the LRDP. Although Alternative 3A would reconfigure the St.

Luke's Campus more than the proposed LRDP, it would still not divide or disrupt an existing community. As with the proposed LRDP, this impact would be less than significant."

In response to the comment that the environmentally superior project alternatives should be modified to better meet the project objectives, a range of alternatives is presented in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. As stated in the Draft EIR, page 6-1, "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." Section 15126.6(a) also states that "an EIR need not consider every conceivable alternative to the project." As stated in Section 15126.6(c) of the State CEQA Guidelines, "the range of potential alternatives to the proposed project shall include those that could feasibly accomplish most of the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects." Modification of the project alternatives studied in the Draft EIR is a determination that is up to the decision-makers. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

The analysis of the alternatives in the CPMC LRDP Draft EIR is consistent with CEQA's "rule of reason," which requires that the EIR set forth only those alternatives necessary to permit a reasoned choice (State CEQA Guidelines, Section 15126.6[f]). The analysis of these alternatives is consistent with CEQA, which calls for an EIR to include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project. If an alternative would cause one or more significant impacts, in addition to those that would be caused by the project as proposed, the significant impacts of the alternative should be discussed in the EIR, but in less detail than the significant impacts of the project as proposed. This was done in the CPMC LRDP Draft EIR. Therefore, the appropriate level of analysis was conducted in this Draft EIR to meet these requirements.

This comment is also part of a longer discussion regarding the Draft EIR analysis for the proposed LRDP and alternatives. Please see Response INTRO-6 (page C&R 3.1-11) regarding the adequacy of the Draft EIR. Response INTRO-6 also provides an explanation that that none of the criteria for recirculation as articulated in Section 15088.5(a) of the State CEQA Guidelines have been met; therefore, recirculation of all or any portion of the EIR is not warranted. Please also refer to the individual responses to comments made in Letter 93 (see C&R Table 2-3 "CPMC Commenter Matrix," page C&R 2-9), which are addressed separately in this C&R document in sections specific to the environmental issue areas to which each comment pertains.

Comments

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-48 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."

(Rachel Sater—Lost Block and Save our Streets, October 19, 2010) [101-49 ALT3A]

"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 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."

Response ALT-11

The comments above state that the concerns expressed in Comment Letter 101, with respect to deficiency of CPMC LRDP's environmental analysis, determination of significance and mitigation of LRDP impacts related to land use compatibility, plan and policy consistency, visual character, traffic, noise and vibration, light, wind and shadow impacts also apply to the evaluation of Alternative 3A in the LRDP Draft EIR. The comments also state that a modified Alternative 3A should be evaluated in the Draft EIR. The comments further state that the modified Alternative 3A should consist of expanding the St. Luke's Campus development under the LRDP to the west to Guerrero Street through CPMC acquisition of the existing residential development between 27th Street, Guerrero Street, and Cesar Chavez Street, which would reduce LRDP impacts related to the proposed Cathedral Hill Campus development presumably because the commenter believes it could be smaller. The comments also state that a modified Alternative 3A would be comparatively feasible and would avoid and reduce significant impacts at the proposed Cathedral Hill Campus, and would allow more room for a site plan and building configuration that would minimize impacts of the proposed St. Luke's Campus development on remaining homes on the south side of 27th Street, San Jose Avenue, and Duncan Street.

The CPMC Draft EIR Alternatives section identified alternatives to the proposed CPMC LRDP and discussed environmental impacts associated with each alternative. Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects. The determination of feasibility will be made by decision-makers of the City and County of San Francisco (City). The significance criteria used for the environmental impact analysis in the Draft EIR are based on the environmental review guidelines of the San Francisco Planning Department's Environmental Planning Division, which is generally based on the environmental checklist in Appendix G of the State CEQA Guidelines. The analysis of the project alternatives in the CPMC LRDP Draft EIR is also consistent with CEQA Guidelines, which calls for an EIR to include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project. Please also refer to the individual responses to other comments made in Letter 101 (see Appendix I "Cross Reference Matrix Of Draft EIR Comments"), which are addressed separately in this C&R document, in sections specific to the environmental issue areas to which each comment pertains.

A range of potentially feasible alternatives is presented in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. As stated in the Draft EIR, page 6-1, "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." Section 15126.6(a) also states that "an EIR need not consider every conceivable alternative to the project." As stated in Section 15126.6(c) of the State CEQA Guidelines, "the range of potential alternatives to the proposed project shall include those that could feasibly accomplish most of the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects." Please see Response ALT-1 (page C&R 3.22-11) for a discussion of the adequacy of the range of alternatives considered in the Draft EIR and why a different mix of hospital programs at the St. Luke's Campus would not be required to be evaluated as a separate alternative.

Significant and unavoidable impacts related to noise, air quality, and GHGs related to construction and operations at the St. Luke's Campus would occur under the LRDP and Alternative 3A. No significant and unavoidable environmental impacts would occur related to land use, aesthetics, and wind and shadow under the LRDP or Alternative 3A at the St. Luke's Campus. Under the proposed LRDP, construction activities would result in short-term increases in emissions of diesel particulate matter that would exceed the BAAQMD CEQA significance criteria and would expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$ at the St. Luke's Campus (Draft EIR page 4.7-70). Residents to the west and south of the St. Luke's Campus (south side of 27th Street, San Jose Avenue, and Duncan Street) are considered sensitive receptors and would be affected. The Draft EIR concludes on page 4.7-70 that "while it is possible that Mitigation Measure M-AQ-N10c could reduce the air quality impacts related to 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." Under Alternative 3A, localized air quality impacts from the proposed construction would be significant and unavoidable, and greater than under the LRDP at the St. Luke's Campus.

Under the BAAQMD CEQA significance criteria, any large urban construction project would have significant unavoidable air quality impacts to sensitive receptors, such as nearby residential units. A construction project in excess of 100,000 square feet requires a minimum offset distance of 150 meters between the fence line of construction to a nearby sensitive receptor, based on BAAQMD screening tables for construction risks. Although these are screening tables, and the minimum offset distance could be reduced substantially through mitigation, it is unlikely that a project of this size anywhere in the city would result in less than significant impacts. Thus, any construction at the St. Luke's Campus would result in a significant unavoidable air quality impact to sensitive receptors, except under the No Project Alternative 1A (Draft EIR page 6-125) where no development at the St. Luke's Campus is proposed. However, all significant and unavoidable air quality impacts of the LRDP development at the St. Luke's Campus to off-site sensitive receptors were either (a) temporary construction impacts for which mitigation would not be reasonable or feasible because CPMC would be required to acquire numerous nearby residential properties; or (b) non-localized air quality and GHG emissions impacts. These determinations would not change if the site of the St. Luke's Replacement Hospital were expanded and moved farther west toward Guerrero Street, as suggested by the comments. Therefore, the suggested relocation of the hospital would still result in significant and unavoidable air quality impacts.

This comment also presumes that environmental impacts to the 11 residential properties to the west of the St. Luke's Campus would be reduced if these homes were demolished and the expanded St. Luke's Replacement Hospital was constructed in their place under the comment's suggested modified Alternative 3A. The comment also states that a modified Alternative 3A that expands the St. Luke's Campus to the west would reduce significant impacts at the Cathedral Hill Campus presumably because reduced development would occur at the Cathedral Hill Campus under Alternative 3A. Provided that these residential properties could be obtained and the St. Luke's hospital could be redesigned, approved, and built, the site in question—in conjunction with the surface parking lot—is large enough to locate a hospital similar to or greater in capacity than the replacement hospital proposed under the LRDP or Alternative 3A. The comment infers that "acquisition of the existing residential development" adjacent to and to the west of the project site would be "completely feasible." CPMC does not own these properties and, although CPMC was approached by a single property owner offering to sell one of the 11 properties in question, it is unlikely that CPMC would be able to control or purchase all of the properties in question in a reasonable time frame or on commercially viable terms. At a minimum, this scenario would require all of the following:

- additional millions of dollars in land and property acquisition;[12]

[12] Assuming a minimum of +/- $450,000 for each of the 36 units on the block in question, the total acquisition cost is estimated to be in excess of $16 million.

- relocation of approximately 30 or more residential tenants occupying the 11 units whose willingness to relocate is unknown;

- demolition of dozens of rent-controlled units in the 11 residential properties with associated replacement/mitigation costs (in addition, all of the properties in question are greater than 50 years old, and are therefore potentially historic resources until proven otherwise); and

- additional time and cost related to a substantial redesign of the St. Luke's Campus development, including an extended environmental review potentially requiring recirculation of a revised Draft EIR, an additional public review period, and response to any additional comments submitted on the new alternative (modified Alternative 3A).

The project sponsor has indicated that extension of the LRDP schedule that would be required for acquisition, tenant relocation, demolition, redesign, and reanalysis of the expanded St. Luke's alternative under CEQA would render impossible any attempt to remain compliant with SB 1953 or any foreseeable extensions potentially allowed under successor legislation. Because of these factors, this potential alternative would fail to meet one of the major objectives of the proposed LRDP (to construct modern, seismically safe hospital facilities to meet the SB 1953 deadline), would not result in reduction of significant impacts of the LRDP (other than some temporary construction impacts), and could potentially create new impacts through the loss of additional rent-controlled housing units in San Francisco and possibly historic impacts.

A range of feasible alternatives (Alternative 1, Alternative 1B, Alternative 2, Alternative 3A, and Alternative 3B) has been sufficiently analyzed in the CPMC LRDP Draft EIR (see Draft EIR Chapter 6: "Alternatives," beginning on page 6-1) pursuant to CEQA. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Lois Scott, September 23, 2010) [PC-26 ALT3A]

"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."

Response ALT-12

The comment's statement of support for Alternative 3A is acknowledged. The comment suggests that Alternative 3A should be the preferred alternative and a citywide plan (presumably meaning a health care masterplan) should be prepared to give more context for reviewing the proposed CPMC LRDP. Please refer to Major Response HC-9 (page C&R 3.23-39) for a detailed discussion regarding a citywide health care services master plan. As explained in Major Response HC-9, the proposed LRDP does not include the preparation of a citywide health care services master plan, nor is such an action a planned future phase or foreseeable component of the LRDP. A formal health care plan is to be prepared in the future under a separate City process, and is not a component of the project description for the proposed LRDP. The project description and alternatives in the CPMC LRDP Draft EIR are adequate, accurate, and complete under CEQA, and the project description includes all foreseeable components of the proposed CPMC LRDP, for both short-term and long-term project components. The alternatives analysis is presented in Chapter 6 of the Draft EIR, and is consistent with Section 15126.6 of the State CEQA Guidelines.

This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Paul Wermer, September 23, 2010) [PC-263 ALT3A]

"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 medical staffs is a disaster and causes great problems. That is another impact. Thank you."

Response ALT-13

The comment states that the before- and after-care at a hospital and continuity of care is a concern and suggests that the reduction in the number of licensed Skilled Nursing Facilities (SNF) beds throughout the CPMC system would equate to a loss of service and to the transfer or redistribution this service to other health care providers. The comment further states that the continuity of care, the continuity of documentation, and the communication between the medical staff is a disaster and causes great problems, which the comment states is another impact. This comment pertains to hospital facilities procedures related to continuity of care and health care services issues and not to the content or adequacy of the Draft EIR alternatives analysis. One of the objectives in developing the proposed LRDP was to "ensure ongoing medical services and an uninterrupted continuum of care at CPMC during construction through a carefully planned, appropriately phased project to minimize disruption." (Draft EIR page 2-7). Please refer to Response INTRO-7 (page C&R 3.1-17) regarding CEQA requirements for social and economic impacts, and the adequacy of the health care delivery system in San Francisco. Please also refer to Major Response HC-6 (page C&R 3.23-25) regarding the maintenance of SNF capacity and continuity of care at the CPMC campuses.

This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Linda Chapman, September 23, 2010) [PC-286 ALT3A]

"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 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."

Response ALT-14

This comment is part of a longer discussion by the commenter regarding the proposed Cathedral Hill Campus. The comment states that although Alternatives 3A and 3B would result in a reduced development at the Cathedral Hill Campus, these alternatives would still increase parking at the Cathedral Hill Campus compared to existing conditions and that parking should not be increased. The comment also appears to state that with the City's transit-oriented policies, Alternative 3A is "greener" and that

distributing health care services such as maternity services to various CPMC campuses medical facilities instead of putting all of maternity services at one campus should be considered.

Parking discussions for Alternatives 3A and 3B are provided for each CPMC campus in Chapter 6 of the Draft EIR. As stated in the Draft EIR, page 4.5-162, "San Francisco does not consider parking supply as part of the permanent physical environment and, therefore, does not consider changes in parking conditions to be environmental impacts as defined by CEQA." Parking conditions are not static; parking supply and demand varies from day to day, between daytime to nighttime, and from month to month. Hence, the availability of parking spaces (or lack thereof) is not a permanent physical condition, but changes over time as people change their modes and patterns of travel. Parking deficits are considered to be social effects, rather than impacts on the physical environment as defined by CEQA. Under CEQA, a project's social impacts need not be treated as significant impacts on the environment. Environmental documents should, however, address the secondary physical impacts that could be triggered by a social impact (State CEQA Guidelines, Section 15131[a]). The San Francisco Planning Department acknowledges, however, that parking conditions may be of interest to the public and the decision-makers. Accordingly, parking discussions are provided for informational purposes only, and an alternative with less parking was not analyzed. Please see Response TR-69 (page C&R 3.7-129) for a detailed description of the parking supply and analysis in the CPMC LRDP Draft EIR at the proposed Cathedral Hill Campus.

CPMC is proposing to promote the use of transit at its various campuses through its existing and proposed expanded transportation demand management (TDM) program and parking management plan. Please refer to pages 5-14 to 5-15 of the Draft EIR for further descriptions of these programs. CPMC already has a TDM program in place for its employees, and a shuttle system that serves employees, patients, and visitors. This TDM program would be enhanced for the proposed LRDP. Please also refer to Response TR-45 (page C&R 3.7-69) for a discussion regarding the enhanced TDM program under the CPMC LRDP.

The comment also states that distributing services, such as maternity services, to various CPMC campuses should be considered. It is important to note that the proposed LRDP and its distribution of services are based on CPMC's program needs and space allocation, described on page 2-9 of the Draft EIR. See Major Response HC-2 (page C&R 3.23-8) regarding the reasons for the location, size, and scope of medical services, especially at the proposed Cathedral Hill and St. Luke's Campuses under the LRDP. Please see Response ALT-1 (page C&R 3.22-11) for discussion about the range of alternatives and the reason no additional analysis is required under CEQA for a different mix of services.

3.22.3 GENERAL ALTERNATIVES COMMENTS

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-29 ALT]

"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.

[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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-7 ALT]

"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)."

Response ALT-15

The comments express concern that the CPMC LRDP Draft EIR failed to consider a reasonable number of feasible alternatives with enough specificity so that the public and decision-makers could fully evaluate project options and did not adequately evaluate alternatives by presenting a reasonable range of feasible alternatives to the proposed LRDP. Please refer to Response ALT-1 (page C&R 3.22-11) for discussion about the range of alternatives considered for the CPMC LRDP, why it is adequate, and the reason why no additional alternatives analysis is required for the CPMC LRDP under CEQA.

Comment

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-73 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.

[193] CEQA Guidelines § 15093(b).
[194] Id."

Response ALT-16

The comment states that the alternatives are deemed inferior in the CPMC LRDP Draft EIR because they do not meet the proposed LRDP's objectives, particularly the consolidation of medical services objective. According to the comment, should an alternative with greater environmental impact be chosen, decision-makers must further explain in writing, the overriding considerations that outweigh negative environmental effects of choosing such an alternative. The comment states that the Draft EIR "does not provide the extent and level of information needed to support findings of overriding considerations." The CEQA Findings and Statement of Overriding Considerations will be addressed separately, after the certification, as part of the CPMC LRDP approval process.

The comment suggests that the alternatives were deemed inferior because they do not meet the project objective to consolidate medical services. As explained in Response ALT-1 (page C&R 3.22-11), with the exception of those alternatives initially rejected as infeasible, the Draft EIR did not eliminate from consideration any of the alternatives on the basis of inferiority or infeasibility. Please also refer to Response PD-9 (page C&R 3.2-13) regarding the level of specificity of the project objectives. A range of alternatives is presented in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. As stated in the Draft EIR, page 6-1, "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." Section 15126.6(a) also states that "an EIR need not consider every conceivable alternative to the project." As stated in Section 15126.6(c) of the State CEQA Guidelines, "the range of potential alternatives to the proposed project shall include those that could feasibly accomplish most of

the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects." The alternatives analyzed in the Draft EIR would meet many, but not all of the project objectives.

Three alternatives, including two variations of the No Project Alternative (Alternative 1A and 1B), Alternative 2, and two variations of Alternative 3 (Alternative 3A and 3B), are analyzed in the Draft EIR (beginning on page 6-32). Pursuant to Section 15126.6(f) of the State CEQA Guidelines, the EIR examined in detail the alternatives that the lead agency (San Francisco Planning Department) determined could feasibly attain the project objectives. In determining whether alternatives are feasible, the decision-makers must be guided by the definition of feasibility in Section 15364 of the State CEQA Guidelines, which states that feasible refers to being "capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, legal, social, and technological factors." The decision-makers may select one of the alternatives presented in the document if determined feasible, or may approve, modify, or disapprove the project as proposed, as part of their deliberations on the proposed LRDP.

The environmental review process is explained in the Draft EIR on pages 1-11 and 1-12. After EIR certification, project decision-makers will consider the information in the Final EIR in their deliberations on the proposed LRDP itself. If the decision-makers decide to approve the LRDP or one of the alternatives, the approval action will include findings on the project. When a certified Final EIR identifies significant environmental effects, Sections 15091 and 15092 of the State CEQA Guidelines require the adoption of findings regarding overriding considerations to outweigh the project's significant and unavoidable environmental impacts before approval of the project. The CEQA Findings and Statement of Overriding Considerations will be addressed separately, after the certification, as part of the CPMC LRDP approval process. The Draft EIR identifies significant and unavoidable impacts resulting from implementation of the proposed LRDP or the alternatives (if one of the alternatives is selected) for transportation and circulation, noise, air quality, and greenhouse gas emissions.

CEQA requires the decision-makers to compare the benefits of a proposed project (economic, legal, social, technological, or other benefits, including region wide or statewide environmental benefits) with its significant and unavoidable environmental risks when determining whether to approve, modify, or disapprove the proposed project. If the benefits of the proposed project or alternatives (if selected) outweigh the unavoidable environmental effect, the adverse environmental effect may be considered "acceptable" (State CEQA Guidelines, Section 15093[a]). If the lead agency approves a proposed project or one of the alternatives, which would result in the occurrence of significant and unavoidable impacts that have been identified in the Final EIR but are not avoided or substantially lessened by mitigation, the lead agency would have to adopt a statement of overriding considerations, which must be based on substantial evidence in the record, including, but not limited to, evidence within the EIR. If the decision-makers determine to approve the project or an alternative, such a statement of overriding considerations would be prepared and made available for public review before adoption. This process would be followed for the CPMC LRDP.

This comment does not relate directly to the adequacy, accuracy, or completeness of the Draft EIR, but to the CEQA Findings including the Statement of Overriding Considerations necessary to approve the proposed LRDP; therefore, no changes to the Draft EIR are required.

Comment

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-74 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.

[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."

Response ALT-17

The comment states that the concerns raised in Comment Letter 104 need to be taken into account when evaluating a reasonable range of alternatives. Each discrete comment in Comment Letter 104 by the Good Neighbor Coalition is addressed separately in this C&R document, in sections specific to the environmental topic areas to which they pertain (see C&R Table 2-3 "CPMC Commenter Matrix," page C&R 2-9). With respect to what constitutes the analysis of a reasonable range of alternatives in an EIR, please see Response ALT-1 (page C&R 3.22-11). As discussed therein, the LRDP Draft EIR considered a reasonable range of alternatives.

Comment

(Jack Scott—Cathedral Hill Neighbors, September 23, 2010) [PC-19-ALT]

"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."

Response ALT-18

The comment cites concern regarding the adequacy of the alternatives analysis and the impact analysis of the traffic, noise, and air quality environmental topics in the CPMC LRDP Draft EIR. This comment is part of a larger discussion regarding the St. Luke's Campus, but it does not specify what aspect of the above-noted environmental topics analyses is of concern and why the commenter believes the Draft EIR analyses of the environmental topics may not be adequate. Specific comments received regarding the adequacy of the alternatives analysis, and traffic, noise, and air quality impacts in the CPMC LRDP Draft EIR are addressed in this C&R document. Please refer to Response ALT-1 (page C&R 3.22-11) regarding the adequacy of the alternatives analysis in the CPMC LRDP Draft EIR and range of alternatives considered. The alternatives are described and fully analyzed in Chapter 6 of the CPMC LRDP Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. The alternatives analysis is adequate and consistent with the State CEQA Guidelines and these alternatives do not require further evaluation. Please refer to Response TR-18 (page C&R 3.7-39) regarding the adequacy of the transportation impact analyses of the CPMC LRDP Draft EIR; Response TR-103 (page C&R 3.7-175) regarding the construction-related transportation impacts at the St. Luke's Campus; Response NO-72 (page C&R 3.8-77) regarding the sufficiency of analysis of construction noise impacts at the St. Luke's Campus as part of the CPMC LRDP; and Response AQ-23 (page C&R 3.9-64) regarding the thresholds of significance used in the air quality impact analyses of the CPMC LRDP Draft EIR. This CPMC LRDP Draft EIR has been prepared in conformance with the provisions of CEQA, the State CEQA Guidelines as amended, and Chapter 31 of the San Francisco Administrative Code.

Comment

(Howard Strassner—Sierra Club, October 12, 2010) [51-1 ALT]

"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."

Response ALT-19

The comment, as part of a greater discussion about the proposed Cathedral Hill Campus in Comment Letter 51, requests the addition of a reduced parking alternative in an effort to minimize the LRDP's impacts on transportation at the Cathedral Hill Campus. The comment states that reducing the proposed parking supply under the LRDP would help reduce the transportation impacts of the project. The comment also states that an office project of this magnitude would be limited to 360 parking spaces.

A range of alternatives is presented in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. As stated in the Draft EIR, page 6-1, "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." Section 15126.6(a) also states that "an EIR need not consider every conceivable alternative to the project." As stated in Section 15126.6(c), "the range of potential alternatives to the proposed project shall include those that could feasibly accomplish most of the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects."

The comment suggests that there is too much parking proposed at the Cathedral Hill Campus under the LRDP and that an alternative with reduced parking should be considered to reduce the proposed LRDP's transportation impacts. As stated above, parking analysis is provided for informational purposes, however parking conditions and changes to parking conditions with project implementation are not CEQA issues. The EIR does consider transportation impacts that could result from parking changes with LRDP implementation as well as with implementation of project alternatives. Alternative 3 assumes a reduced development of the Cathedral Hill Campus, compared to the proposed LRDP and addresses transportation impacts. Overall, "the reduced development of the Cathedral Hill Hospital under Alternative 3 would result in one fewer [transportation] significant impact under cumulative conditions," as stated in the Draft EIR on page 6-307. Alternative 3 would generate fewer vehicle trips than the proposed LRDP due to the reduced development. Therefore, an alternative that would reduce transportation impacts of the proposed LRDP has been considered in the Draft EIR. The EIR does not need to consider multiple permutations of project alternatives that would result in the reduction of transportation impacts. Although an EIR must consider a reasonable range of potentially feasible alternatives, it does not have to identify and analyze alternatives that would not meet most of a project sponsor's basic objectives (i.e., space and program needs), nor does it have to discuss every possible variant or permutation of alternatives,[13] or alternatives that do not further reduce or eliminate significant impacts of the project. More specifically, the State CEQA Guidelines, section 15126.6(a) states that "[a]n EIR need not consider every conceivable alternative to a project. Rather it must consider a reasonable range of potentially feasible alternatives that will foster informed decision making and public participation." In section 15126.6(c), it goes on to state that "[t]he range of potential alternatives to the proposed project shall include those that could feasibly accomplish most of the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects."

In response to the statement in the comment that an "office project of this magnitude would be limited to about 360 parking spaces," the following is provided for informational purposes. It is presumed that this comment is regarding the Cathedral Hill Campus development under the proposed LRDP. According to the schedule of required off-street parking spaces specified in Article 1.5, Section 151 of the San

[13] *Jones v. Regents*, 183 Cal. App. 4th 818, 827 (2010); see also *Mira Mar Mobile Cmty. v. City of Oceanside*, 119 Cal. App. 4th 477 (2004) (EIR need not consider in detail every conceivable variation of alternatives stated).

Francisco Planning Code, general office use would require one parking space for each 500 square feet of occupied floor area. Under the proposed LRDP, the Cathedral Hill Campus would be 1,171,792 gsf of occupied floor area (not including structured parking square footage). Assuming that the 1,171,792 gsf is general office use, this would mean that up to 2,344 parking spaces could be provided under the Planning Code, if an office project the magnitude of the Cathedral Hill Campus development were proposed. Therefore, substantially more parking spaces than 360 spaces could be provided if an office project was proposed of the magnitude of the Cathedral Hill Campus development.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [92-6 ALT]

"From a transportation perspective, a Project alternative that distributes patients and services equally across the city should be evaluated in a revised EIR."

Response ALT-20

The comment appears to suggest that from a transportation perspective, a project alternative that distributes patients and services equally should be evaluated in the EIR. The comment requests the addition of a project alternative that distributes patients and services equally across the City in a revised CPMC LRDP Draft EIR, and the comment appears to suggest that this would be an environmentally superior alternative from a transportation impacts perspective. Please see Response ALT-1 (page C&R 3.22-11) for a discussion of the adequacy of the range of alternatives considered in the CPMC LRDP Draft EIR.

The concept that the EIR needs to consider a reasonable range of alternatives rather than every possible variant or permutation is reinforced in the Section 15126.6(a) of the State CEQA Guidelines, which states that "[a]n EIR need not consider every conceivable alternative to a project. Rather it must consider a reasonable range of potentially feasible alternatives that will foster informed decision making and public participation."

It is important to note that the proposed LRDP and its distribution of health care services are based on CPMC's program needs and space allocation, described on page 2-9 of the Draft EIR. This includes ensuring "that the new centralized acute-care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns, and San Francisco's population concentration, on a site that (1) can accommodate a building of the requisite size to serve CPMC's program of integrated services, including adequate parking; and (2) is easily accessible by multiple transportation and transit modes" (Draft EIR, page 2-8). Please see Major Response HC-2 (page C&R 3.23-8) for a discussion regarding the basis for the size and scope of health care services at the proposed Cathedral Hill, Davies, and St. Luke's Campuses under the CPMC LRDP and how the proposed LRDP would rely on a central hub and feeder hospitals.

The proposed Cathedral Hill Campus would be centrally located to consolidate and relocate acute-care, emergency, and other services from the existing Pacific and California Campuses. The core medical service objectives of the LRDP are described on pages 2-7 and 2-8 of the Draft EIR. The centrally located acute-care hospital with consolidated services at proposed Cathedral Hill Campus would result in significant and unavoidable transportation and circulation impacts, because of its size. Accordingly, the Draft EIR analyzed Alternative 2, Alternative 3A, and Alternative 3B that reduce or avoid these significant and unavoidable impacts of the proposed LRDP's new Cathedral Hill Campus by reducing development and distributing health care services more equally to other CPMC campuses, compared to the proposed LRDP. Under CEQA the analysis of impacts on health care services conditions or policies is not required in the EIR, but the Draft EIR does evaluate the physical environmental impacts that have a demonstrable linkage to these topics, including trips to and from the proposed LRDP facilities, noise, and

air quality impacts among other environmental impacts (see Sections 4.5, "Transportation and Circulation," 4.6 "Noise," and 4.7 "Air Quality" in the Draft EIR).

Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant impacts. The alternatives analyzed in the Draft EIR would result in a different distribution of patients and health care services among the various existing and proposed CPMC campuses and also a different pattern of distribution of CPMC health care services and patients across the City than the proposed LRDP. For example, under Alternative 3A, the women's and children's service line, which could not be accommodated by the smaller development at the Cathedral Hill Campus, would be relocated to the St. Luke's Campus in the southeast part of San Francisco. The physical environmental impacts related to the larger St. Luke's Campus under Alternative 3A (compared to the proposed LRDP) are analyzed in the CPMC LRDP Draft EIR. Based on the secondary physical environmental impacts resulting from changes to health care service conditions at CPMC campuses and pursuant to CEQA, Chapter 6 of the EIR evaluated alternatives that would reduce or lessen the significant and unavoidable impacts of the proposed LRDP, including transportation and circulation, noise, and air quality impacts.

This comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [93-96 ALT]

"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:

> According to CPMC, retrofitting could not bring existing on-campus structures up to 'new construction' standards of safety without prohibitive costs.

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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-98 ALT]

"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."

Response ALT-21

The comments state that (1) alternatives in the CPMC LRDP Draft EIR were dismissed (that is, considered but rejected) based on cost (i.e., retrofitting the existing CPMC on-campus hospitals and medical facilities structures would have prohibitive costs); (2) where alternatives are dismissed or considered but rejected because they were not deemed to be financially feasible or cost effective, the project sponsor must disclose sufficiently detailed financial information and economic data underlying such a decision to allow the public and decision-makers to understand the decision why certain

alternatives could be rejected as infeasible and that this should be done in a revised and recirculated Draft EIR; (3) reducing the development program at the Cathedral Hill Campus while maintaining and/or expanding health care services at the St. Luke's Campus would be a candidate for revised environmental analysis presumably in a revised and recirculated Draft EIR; and (4) a revised and recirculated Draft EIR must include sufficiently detailed financial and economic analysis on why some alternatives warrant rejection.

The comments refer to page 6-24 of the Draft EIR, regarding the Four-Campus Renovation/ Retrofit of Existing Acute-Care Facilities Alternative that was considered but rejected. Please note that page 6-24 of the Draft EIR, which the comments cited, also states other reasons why this alternative would not be feasible. For example, according to CPMC and as explained in the Draft EIR on page 6-24, retrofitting a large number of buildings at existing campuses would require CPMC to either (1) work in small increments (so that disruption of medical services would be limited to a small population of patients and caregivers at any given time) or (2) shut down all existing on-campus buildings and the associated medical services (to accomplish the work more quickly). Working in small increments would occur over a longer period of time and would not be feasible, because of issues related to timely compliance with seismic safety deadlines under SB 1953 as modified by subsequent legislation. While shutting down entire existing buildings would allow for a retrofitting to occur more quickly, the lack of existing facilities that could accommodate temporary relocation of patients and medical services from buildings undergoing retrofits, and the high costs to implement such an alternative deemed it infeasible.

Available literature regarding compliance with SB 1953 also documents the extensive challenges related to retrofitting older hospital buildings. The California Seismic Safety Commission has recommended that new construction be encouraged over retrofitting: "Replacement, rather than retrofitting, of older hospitals is in the State's best interest when it is economically feasible. New hospital buildings provide 2030-level earthquake performance and reliability, rather than the 2008-level performance for retrofitted existing hospital buildings."[14] In an article describing the implementation of SB 1953, Daniel Alesch and William Petak reported that "the costs of structural and nonstructural retrofitting of the existing building were estimated to be very expensive—perhaps even more than half the costs of simply building a new building. Retrofitting while caring for patients in the same building is, at best, extremely difficult."[15] In a report prepared for the California HealthCare Foundation, the RAND Corporation found that "only a few organizations are implementing retrofits because they are expensive and disruptive to health care operations."[16] A California Healthcare Association report by the chair of the SB 1953 Seismic Compliance Committee also describes the additional costs associated with retrofitting in phases.[17]

The comments above also state that reducing the development program at the proposed Cathedral Hill Campus, while maintaining and/or expanding the health care services at the St. Luke's Campus should be a candidate for revised analysis (presumably in a revised and recirculated Draft EIR). The Draft EIR evaluated the potential environmental impacts of Alternative 3A, which consisted of a reduced development program at the Cathedral Hill Campus, and a larger development at the St. Luke's Campus. Therefore, such an alternative as requested by these comments has been analyzed in the Draft EIR.

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[14] California Seismic Safety Commission. 2001 (November). Findings and Recommendations on Hospital Seismic Safety. Sacramento, CA. Page 7. As cited in San Francisco Planning Department. 2008 (June 19). *San Francisco General Hospital Seismic Compliance, Hospital Replacement Program Final Environmental Impact Report—Volume II*. San Francisco, CA. Page 135.

[15] Alesch, D. J., and W. J. Petak. 2004. "Seismic Retrofit of California Hospitals: Implementing Regulatory Policy in a Complex and Dynamic Context." *Natural Hazards Review* 5(2):89–96. As cited in San Francisco Planning Department. 2008 (June 19). *San Francisco General Hospital Seismic Compliance, Hospital Replacement Program Final EIR—Volume II*. San Francisco, CA. Page 136.

[16] RAND Corporation. 2007. SB 1953 and the Challenge of Hospital Seismic Safety in California. Prepared for the California HealthCare Foundation. As cited in San Francisco Planning Department. 2008 (June 19). *San Francisco General Hospital Seismic Compliance, Hospital Replacement Program Final EIR—Volume II*. San Francisco, CA. Page 136.

[17] Dauner, D. C. 1999. *Hospital Seismic Compliance—a Framework for Responsible Action to Earthquake Readiness.* Sacramento: California Healthcare Association. As cited in San Francisco Planning Department. 2008 (June 19). *San Francisco General Hospital Seismic Compliance, Hospital Replacement Program Final EIR—Volume II*. San Francisco, CA. Page 136.

The comment states that the Draft EIR should be revised and recirculated, and such a revised and recirculated Draft EIR must include sufficiently detailed financial and economic analysis to allow the public and decision-makers to understand why some alternatives warranted rejection in the Draft EIR. The range of alternatives required in an EIR is governed by a "rule of reason" that requires the EIR to set forth only those alternatives necessary to permit a reasoned choice. As stated in Section 15126.6(f)(1) of the State CEQA Guidelines:

> [A]mong the factors that may be taken into account when addressing the feasibility of the alternatives are site suitability, economic viability, availability of infrastructure, general plan consistency, other plans or regulatory limitations, jurisdictional boundaries (projects with a regionally significant impact should consider the regional context), and whether the proponent can reasonably acquire, control or otherwise have access to the alternative site (or the site is already owned by the proponent). None of these factors establishes a fixed limit on the scope of reasonable alternatives.

Section 6.3 of the Draft EIR identified alternatives that were considered but rejected as infeasible, pursuant to Section 15126.6(c) of the State CEQA Guidelines. The State CEQA Guidelines further state that an "EIR need not consider an alternative whose effect cannot be reasonably ascertained and whose implementation is remote and speculative." Because the retrofit alternative was considered but rejected as infeasible, no further environmental analysis of this alternative is required with regards to comments requesting financial information. Please see Response ALT-1 (page C&R 3.22-11) for additional discussion of the reasonable range of alternatives analyzed in the Draft EIR. Please also see Response INTRO-6 for a discussion of the circumstances under which a Draft EIR, or a portion thereof, requires recirculation under section 15088.5 of the State CEQA Guidelines.

With regards to the comments requesting financial information and economic data disclosure, the EIR is not required to provide economic data and financial disclosure of the comparative costs of implementing alternatives or economic feasibility data, although such information can be requested and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-46 ALT]

"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 necessarily contingent upon the feasibility of code-complying development at the Cathedral Hill campus and the other campuses."

Response ALT-22

The comment states that the code-complying alternative would limit the height and bulk of the replacement hospital at St. Luke's Campus, and thereby, avoid or reduce the potentially significant impacts of the replacement hospital on adjacent residential uses to the west.

Please first refer to Response ALT-1 (page C&R 3.22-11) regarding the CEQA requirement for analysis of a reasonable range of feasible alternatives and how the LRDP Draft EIR analyzed a reasonable range

of alternatives. As explained on page 6-28 of the Draft EIR, the site of the proposed St. Luke's Replacement Hospital is zoned to allow for a maximum building height of 65 feet. Working within this envelope, the overall hospital size would be limited to approximately 34 beds, resulting in a marked downsizing of capacity and available services, and the provision of fewer beds than recommended at the St. Luke's Campus by the Blue Ribbon Panel and the Camden Group Report. Consequently, as explained on page 6-30 of the Draft EIR, the code-complying alternative (a considered but rejected alternative) would not meet the project objective of rebuilding and revitalizing the St. Luke's Campus to the same extent as the proposed LRDP. Please also see Major Response HC-2 (page C&R 3.23-8) for a discussion of the adequacy of the planned size of the St. Luke's Campus under the LRDP.

The comment also states that the LRDP Draft EIR did not consider providing additional replacement beds within code-complying structures elsewhere on the St. Luke's Campus. The theoretical possibilities of retrofitting existing buildings and of constructing additional new code-complying buildings at St Luke's Campus to provide additional licensed and operational acute care beds are discussed below.

Retrofitting Existing Buildings on St. Luke's Campus

Additional beds in "code-complying" structures on the St. Luke's Campus could theoretically be achieved by retrofitting existing structures on-site. However, according to CPMC, from a practical standpoint, neither of the two larger buildings on campus (the 1970 St. Luke's Hospital tower and the 1970s Monteagle Medical Center building) could be feasibly retrofitted for inpatient use for the following reasons:

- *St. Luke's Hospital tower:* As described in pages 6-52 through 6-54 of the Draft EIR, retrofitting the St. Luke's Hospital tower is infeasible for the following reasons:

  - The cessation of health care delivery required for a major overhaul would not comply with the Blue Ribbon Panel recommendation of maintaining services during retrofit/rebuilding.

  - Design, approval, and completion of retrofitting could not be achieved before the statutory deadline of January 1, 2013 under SB 1953, unless extended by SB 90 (potentially out to 2020) or successor legislation.

  - Estimated costs to retrofit to Structural Performance Category 2 (SPC-2) or SPC-5 standards are $200 million and $300 million, respectively, not including substantial nonstructural costs related to the hospital's current functional obsolescence. The usable life of an SPC-2 building (up to but not beyond 2030) and the absolute cost of SPC-5 upgrades make both options prohibitively expensive, compared to new construction.

- *Monteagle Medical Center building:* Barriers to using the Monteagle Medical Center building for inpatient use are considerable, and include the following:

  - The Monteagle Medical Center building was never constructed for inpatient use. Basic health care facility planning presumes that older, formerly inpatient facilities can, at times, be successfully converted to non-acute-care or outpatient use once their inpatient functions reach the limits of functionality (an example is conversion of the Marshall Hale Hospital to a nonacute-care skilled nursing facility and near-term conversion [anticipated to occur by 2015] of the existing San Francisco General Hospital to non-acute-care medical uses and outpatient care). This is because non acute-care and outpatient facilities

are generally held to a much lower standard of structural safety due to the relatively healthy and ambulatory nature of their occupants. In addition, outpatient facilities generally have less strenuous air filtration and air conditioning requirements (see the discussion on Draft EIR page 4.7-73 to 4.7-74 in Section 4.7, "Air Quality," regarding proposed LRDP facilities' mechanical ventilation system). Accordingly, conversion of medical facilities from outpatient to inpatient use is extremely rare, because the facility must be retrofitted to higher structural (and other) standards than those under which the building was originally constructed.

- This retrofit would result in a marked discontinuation of medical services to the community. In some cases, this effect would be more pronounced (such as discontinuing primary care that otherwise would be provided via the Women's and Children's Center part of the St. Luke's Health Care Center in the Monteagle Medical Center building), than if the existing St. Luke's hospital itself were closed. The Pediatric Clinic alone currently sees more than 16,000 patients every year.[18]

- Retrofitting the Monteagle Medical Center building for inpatient use would result in the net loss of approximately 90,000 square feet of currently usable medical office and clinic space, which in large part would need to be replaced to maintain a functioning medical campus. Replacing this capacity, through new structures or retrofit of other structures on the St. Luke's Campus, would raise similar issues and constraints.

Constructing Additional Code-Complying Structures at St. Luke's Campus

The combination of building a code-complying (34-bed) hospital *plus* demolishing existing on-campus building(s) to construct more licensed operational acute-care beds in additional new structures on campus, or building additional structures without demolishing any existing structures on the St. Luke's Campus could have the following issues:

- Though not specifically suggested by the comment, it theoretically could be possible to construct, in multiple phases and multiple buildings, enough inpatient capacity to serve the patient population at the St. Luke's Campus as envisioned by the LRDP. However, this approach would limit the initial phase of hospital construction to approximately 34 beds, which would be equal to a patient census of 27 (at 80 percent occupancy), this is less than half of the current patient census at St. Luke's Campus,[19] resulting essentially in a discontinuity of service for a significant portion of the existing St. Luke's patient population. According to the project sponsor, the most feasible way of phasing a multi-building development that incrementally reaches a bed-capacity greater than 34 beds, without discontinuity of inpatient service, would be similar to Alternative 3A. The initial development would need to take place on the proposed St. Luke's Replacement Hospital site, and the additional bed tower would be built on the corner site (current location of the existing hospital bed tower at Cesar Chavez and Valencia).

- The multiple-phase scenario (constructing a 34-bed inpatient hospital on the existing surface parking lot, followed by demolition of the St. Luke's Hospital tower and construction of an additional

[18] California Pacific Medical Center. 2010 Health Care Center at St. Luke's. Available: http://www.cpmc.org/services/slh-healthcarecenter.html#Pediatric%20Clinic. Accessed January 11, 2011.

[19] According to OSHPD data, the average daily census of acute-care beds at the St. Luke's Campus for the 8-year period from 2002 through 2009 was 60 patients (40 percent occupancy), ranging from a low of 50 (33 percent occupancy) in 2008 to a high of 71 (47 percent occupancy) in 2003. For the most recent year available, 2009, the St. Luke's Hospital averaged 51 acute-care patients (34 percent occupancy). OSHPD, ALIRTS, Annual Utilization Report of Hospitals for St. Luke's Hospital, 2002 through 2008 and California Pacific Medical Center - St. Luke's Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011.

inpatient, expanded-bed hospital tower) effectively would preclude the ability to use the corner site for additional medical office/clinic capacity on the campus. The corner site is currently occupied by the existing hospital tower and that is also the site of the proposed MOB/Expansion Building under the LRDP. Building a code-complying hospital at that location (to provide additional bed capacity in a code-compliant St. Luke's Campus alternative scenario) would not leave any room for an MOB/Expansion Building at that location. However, a code-compliant MOB/Expansion Building could be constructed on the south side of the St. Luke's Campus, replacing the Monteagle Medical Center and Hartzell Buildings and the Duncan Garage (similar to Alternative 3A, but without requiring any amendment to the existing on-campus height limit.)

- This approach would result in operational inefficiencies, including the need to operate nursing units in two (or more) physically separate acute care hospital structures and duplication of certain support, central plant/mechanical, and other functions necessary for acute care hospitals. These inefficiencies would result in higher per-bed construction and operational costs than would be required for a single-building acute care hospital and could result in potentially lower levels of medical care due to the operational inefficiencies.

- Building new code complying structures at the St. Luke's Campus without demolishing the existing nine on-campus structures would not be feasible, because there is not enough space at the campus to accommodate such a scenario.

Based on the above discussion, all potential "code complying" on-campus development options for St. Luke's Campus would result in greater disruption of care, a longer time to meet seismic compliance requirements, uncertain outcomes with respect to health care capacity and services, and less effective delivery of health care services to patients at St. Luke's Campus.

With respect to "needing to evaluate a code complying alternative for St. Luke's Campus alone" so that its feasibility would not be contingent on the feasibility of code-complying development at the proposed Cathedral Hill Campus or other CPMC campuses, as described above, an EIR need not analyze every variant of the alternatives to comply with the requirement to evaluate a reasonable range of alternatives in the EIR (see section 15126.6(a) of the State CEQA Guidelines). (Please also see Response ALT-1 [page C&R 3.22-11] for a discussion of the adequacy of the range of alternatives considered in the Draft EIR.) The concept that the EIR needs to consider a reasonable range of alternatives, rather than every possible variant or permutation, is reinforced in Section 15126.6(a) of the State CEQA Guidelines, which states that "[a]n EIR need not consider every conceivable alternative to a project. Rather it must consider a reasonable range of potentially feasible alternatives that will foster informed decision making and public participation."

Code-complying development at the St. Luke's Campus, along with other CPMC campuses, was included as part of the code complying alternative considered but rejected in the Draft EIR on pages 6-25 through 6-30. The Draft EIR's conclusion here that implementing the code-complying alternative at the St. Luke's Campus would not meet the project objective of rebuilding and revitalizing the St. Luke's Campus to the same extent as implementing the proposed LRDP was not dependent on development activity that would occur at other CPMC campuses. This conclusion would remain valid even if a code-complying St. Luke's Campus were evaluated separately as part of an alternative that did not include code-complying development at the proposed Cathedral Hill Campus or other CPMC campuses. Please also see Response LU-9 (page C&R 3.3-64) for a discussion of the code complying alternative for the Cathedral Hill Campus.

Comments

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-55 ALT]

"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]

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.

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.

[139] *See* Section VI of these comments, *infra*, for a discussion of project alternatives
[140] DEIR 6.405.

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-72 ALT]

"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]

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 PM_{10} emissions exceeding BAAQMD thresholds, construction emissions of NO_X that exceed the BAAQMD threshold,[188] 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. 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.

[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).
[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 0/Long Beach v. Los Angeles Unified School District,* 176 Cal.App.4th 889 (2009)."

"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

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

Response ALT-23

The comments state that (1) the Draft EIR fails to identify additional alternatives that substantially reduce the CPMC LRDP's significant and unavoidable impacts, especially air quality and GHG emissions impacts, on residents of nearby neighborhoods and that significant and unavoidable air quality impacts are induced by every project alternative, with the exception of the No Project Alternative; (2) decision-makers should carefully examine the Draft EIR's claim that "there are few, if any mitigation measures available"; (3) the Draft EIR downplays the proposed LRDP'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.

The comment is correct that under the project alternatives, significant and unavoidable air quality and GHG emissions impacts would occur that are similar to those caused by the proposed CPMC LRDP, with the exception of the No Project Alternative (Alternatives 1A and 1B). Multiple-campus air quality and GHG impacts (i.e., impacts of all CPMC campuses) under the Alternatives 1A, 1B, and 3A would be less than the proposed LRDP. Multiple-campus air quality and GHG impacts would be greater than the proposed LRDP under Alternatives 2 and 3B. Alternatives 1B, and 3A would not reduce all of the significant and unavoidable impacts of the proposed LRDP, but would reduce some of the impacts to a degree. The comments correctly identify the significant and unavoidable impacts as included in the attached table related to air quality and GHGs for the proposed LRDP. Under the 2010 BAAQMD CEQA significance criteria, any large urban construction project would likely have significant unavoidable Air Quality impacts on sensitive receptors, such as adjacent or nearby residential units. A construction project in excess of 100,000 square feet requires a minimum offset distance of 150 meters between the fence line of construction to a nearby sensitive receptor, based on BAAQMD screening tables for construction risks. Although these are screening tables, and minimum offset distance between the fence line of construction to a nearby sensitive receptor could be reduced substantially through mitigation, it is unlikely that a project of this size anywhere in the city would result in less than significant impacts.

The comment states that the Draft EIR downplays the project's air quality and GHG emissions impacts by using outdated guidelines as significance thresholds. The CPMC LRDP Draft EIR air quality and GHG emissions analysis was based on the most recent BAAQMD guidelines available at the time these analyses were prepared. It should be noted that the 1999 significance criteria used for the CPMC LRDP Draft EIR was based on established BAAQMD policy, which directed that EIRs for which the Notice of Preparation of an EIR was published before June 2, 2010, use the 1999 significance criteria for environmental analysis; however, to be fully informative and disclose all potential air quality impacts, including those that might occur under the most up-to-date significance thresholds, the Draft EIR also evaluated the proposed CPMC LRDP's effects based on the 2010 BAAQMD air quality significance thresholds, which were adopted the month (June 2010) before the publication of the Draft EIR. As the 1999 BAAQMD guidelines did not include methodologies or recommendations for assessing GHG emissions impacts, the CPMC LRDP Draft EIR GHG emissions analysis was based on the 2010 BAAQMD guidelines to present a comprehensive and conservative GHG emissions impact analysis, although, as noted above, they would not have been considered the applicable guidelines for the CPMC LRDP Draft EIR as directed by BAAQMD policy based on the date of issuance of the May 27, 2009 CPMC LRDP NOP. With regard to air quality impacts, please see Responses AQ-6 and AQ-23 (pages C&R 3.9-8 and 3.9-64, respectively) for a detailed discussion of air quality regarding the 1999 and 2010 air quality significance thresholds, and Response AQ-9 (page C&R 3.9-20) regarding the assessment of cancer risk from emitted toxic air contaminants. Please also see Response GH-1 (page C&R 3.10-3) for a detailed discussion regarding the BAAQMD guidelines and thresholds regarding GHG emissions.

In response to the comment stating that the CPMC LRDP Draft EIR claims "there are few, if any mitigation measures available," it is presumed that this is regarding the LRDP's significant and unavoidable air quality and GHG emissions impacts and the comments are questioning why these

significant impacts could not be avoided or reduced. The Draft EIR does not claim that "there are few, if any mitigation measures available" with regard to the significant and unavoidable air quality and GHG emissions impacts. It is presumed that this comment is regarding the conclusions for accelerated emission control devices on LRDP construction equipment. As explained in Response AQ-8 (page C&R 3.9-17), the BAAQMD acknowledges in its comment letter (Comment 109-3) that uncertainty exists about when specific types of equipment with Tier 4 modifications and interim Tier 4 engines would be available. For mitigation during near-term LRDP projects, because of the uncertainty surrounding availability of Tier 4 construction equipment, it would not be feasible to require Tier 4 equipment. A realistic alternative would be for contractors to retrofit a portion of their existing fleet with Level 3 VDECs, which would reduce particulate matter (PM) emissions from retrofitted units by at least 85 percent.

The Draft EIR concludes for Impact AQ-2, Impact AQ-10, and Impact AQ-14 on pages 4.7-36, 4.7-68, and 4.7-82 of the Draft EIR respectively that "while it is possible that Mitigation Measure M-AQ-N2 [M-AQ-N10a] 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." Please also see Response AQ-20 (page C&R 3.9-48) regarding emissions of oxides of nitrogen (NO_X) and respirable particulate matter with an aerodynamic resistance diameter of 10 micrometers or less (PM_{10}) and clarification as to why these air quality impacts could not be avoided or reduced in magnitude through the adoption of mitigation measures.

Furthermore, equipment would be used during construction to reduce carcinogenic risk and chronic noncarcinogenic health hazards caused by DPM emissions, as discussed in Response AQ-8 (page C&R 3.9-17). For information regarding the construction air quality analysis, please see Appendix C of this document for an amended air quality construction analysis for the LRDP. This analysis identifies the resultant criteria pollutant emissions inventory as a result of implementation of a mitigation plan that has been updated to reflect changes in BAAQMD regulations that occurred subsequent to publication of the LRDP Draft EIR. The updated mitigation plan includes clarification of the proposed CPMC construction management plan to include modifications that address feasibility issues regarding the efficacy and availability of control technology for specific construction equipment types. Mitigation Measure M-AQ-N2 has been revised as follows by adding additional text to provide clarification regarding the timing/use of accelerated emission control devices on LRDP-related construction equipment:

M-AQ-N2 Install Accelerated Emission Control Device on Construction Equipment.

To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the Cathedral Hill Campus and all other LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction:

- ~~Implement Accelerated Emission Control Device Installation on Construction Equipment. To minimize the potential impacts on residents living near the CPMC campuses from the construction activities in that area, CPMC shall make reasonable efforts to ensure that all construction equipment used at these campuses would use equipment that meets the EPA Tier 4 engine standards for PM and NO_x control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.~~

- Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power

grid, non-diesel or diesel generators with Tier 3 (with VDEC retrofits) or Tier 4 engines (or equivalent) shall be used.

- During any construction phase for near-term projects, at least half of each of the following equipment types shall be equipped with Level 3-verified diesel emission controls (VDECs): backhoes, concrete boom pumps, concrete trailer pumps, concrete placing booms, dozers, excavators, shoring drill rigs, soil mix drill rigs, and soldier pile rigs. If only one unit of the above equipment types is required, that unit shall have Level 3 VDECs retrofits.

- For long-term projects, which are presumed to begin when Tier 4 equipment would be widely available, all diesel equipment of all types shall meet Tier 4 standards.

Please also see Response GH-1 (page C&R 3.10-3) for a discussion of the significance of GHG emissions impacts from the proposed LRDP and conclusions of the CPMC GHG Checklist (included as Appendix D). As explained in Response GH-1, after release of the Draft EIR for public review on October 28, 2010, BAAQMD reviewed and concurred that the City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions[20] meet BAAQMD's criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's 2010 CEQA Air Quality Guidelines.[21] Therefore, projects that are consistent with San Francisco's qualified GHG Reduction Strategy would result in a less-than-significant GHG emissions impact. According to BAAQMD, "even though such projects will add an incremental amount of [GHG] emissions, their incremental contribution will be less than 'cumulatively considerable' because they are helping to achieve the cumulative solution, not hindering it."[22] Such projects would be considered to have implemented all applicable, feasible mitigation measures.[23] According to the BAAQMD, "compliance with a Qualified Greenhouse Gas Reduction Strategy (or similar adopted policies, ordinances and programs), would provide the evidentiary basis for making CEQA findings that development consistent with the plan would result in feasible, measureable, and verifiable GHG emissions reductions consistent with broad state goals such that projects approved under qualified Greenhouse Gas Reduction Strategies or equivalent demonstrations would achieve their fair share of GHG emission reductions."[24]

In order to facilitate determination of project compliance with San Francisco's GHG reduction strategy, in November 2010, the San Francisco Planning Department Environmental Planning Division (formerly MEA) released a Greenhouse Gas Analysis Compliance Checklist that is to be completed for each proposed project. A checklist breaking down CPMC LRDP compliance by building for near-term projects and by campus for long-term projects has been completed. The CPMC LRDP GHG Compliance Checklist is included in this document as C&R Appendix D). As set forth in the CPMC LRDP GHG Compliance Checklist (and as described in more detail in Response GH-1 (page C&R 3.10-3) and C&R Appendix D), CPMC LRDP would comply with the applicable requirements of the City's qualified GHG Reduction Strategy.

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[20] San Francisco Planning Department. 2010. San Francisco's *Strategies to Address Greenhouse Gas Emissions*, November. Available at: http://www.sf-planning.org/index.aspx?page=1570.

[21] Bay Area Air Quality Management District. 2010. GHG Reduction Strategy Approval Letter from Jean Roggenkamp, Deputy Air Pollution Control Officer, to Bill Wycko, Environmental Review Officer at San Francisco Planning Department, October 28. Available at: http://www.sf-planning.org/index.aspx?page=1570.

[22] Ibid.

[23] Bay Area Air Quality Management District. 2011 (May). *California Environmental Quality Act Air Quality Guidelines Updated May 2011*, p. 4-7, available at http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/BAAQMD%20CEQA%20Guidelines_May%202011_5_3_11.ashx.

[24] Bay Area Air Quality Management District. 2011 (May). *California Environmental Quality Act Air Quality Guidelines Updated May 2011*, pp. D13 to D14, available at http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/BAAQMD%20CEQA%20Guidelines_May%202011_5_3_11.ashx.

With a determination of compliance with San Francisco's Qualified GHG Reduction Strategy, the LRDP would comply with regulations or requirements adopted to implement both regional (BAAQMD) and local (City and County of San Francisco) plans for the reduction or mitigation of GHG emissions impacts. This would support a finding of less than significant impact of the LRDP related to GHG emissions, and no further mitigation would be required. However, the Planning Department has determined that because the significance conclusion in the Draft EIR was made prior to a determination of equivalency with a qualified GHG reduction strategy, and the LRDP would exceed the 2010 BAAQMD GHG emissions quantitative threshold of significance (as determined in the CPMC Draft EIR and which the Planning Department determined would be the appropriate 2010 BAAQMD GHG threshold at the time of publication of the Draft EIR), the proposed LRDP should conservatively be considered to result in a significant and unavoidable GHG emissions impact, despite the subsequent determination that the proposed LRDP would be consistent with the BAAQMD-approved GHG Reduction Strategy. Therefore, the Draft EIR is adequate with respect to the analysis and significance determination related to GHG emissions impacts. Nevertheless, because of the proposed LRDP's compliance with the San Francisco qualified GHG Reduction Strategy, no additional mitigation is required.

The comments further ask why alternatives were not considered that reduce the severity of air quality and GHG emissions impacts caused by the CPMC LRDP on neighboring residents. Section 15126.6(a) of the State CEQA Guidelines also states that "an EIR need not consider every conceivable alternative to the project." As stated in Section 15126.6(c), "the range of potential alternatives to the proposed project shall include those that could feasibly accomplish most of the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects." Please refer to Response ALT-1 (C&R 3.22-11) for a detailed discussion on a reasonable range of alternatives.

The No Project Alternative (Alternative 1A and 1B), Four-Campus Rebuilding/Retrofit/Redevelopment Alternative (Alternative 2), and Reduced Development at Cathedral Hill Alternative (Alternative 3A and 3B) are consistent with CEQA's "rule of reason," which requires that the EIR set forth only those alternatives necessary to permit a reasoned choice (State CEQA Guidelines, Section 15126.6[f]). The analysis of these alternatives is consistent with CEQA, which calls for an EIR to include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project. If an alternative would cause one or more significant effects in addition to those that would be caused by the project as proposed, the significant effects of the alternative should be discussed in the EIR, but in less detail than the significant effects of the project as proposed. A comparison of the air quality and GHG impacts of all alternatives compared to the impacts of the LRDP are presented in Table 6-37, pages 6-420 and 6-421 in the Draft EIR.

The No Project Alternative (Alternative 1A) would avoid or substantially lessen the significant air quality and GHG emissions impacts identified under the proposed LRDP. The Draft EIR identifies significant and unavoidable impacts resulting from implementation of the proposed LRDP and Alternatives 1A, 2, 3A, and 3B for air quality and GHG emissions. In such a case, CEQA requires the decision-makers to compare the benefits of a proposed project (economic, legal, social, technological, or other benefits, including region wide or statewide environmental benefits) with its unavoidable environmental risks when determining whether to approve, modify, or disapprove the proposed project (in this case, the LRDP) or an alternative. If the benefits of the proposed project or alternative (if selected) outweigh the unavoidable environmental effect, the adverse environmental effects may be considered "acceptable" (State CEQA Guidelines, Section 15093[a]). If the decision-makers approve a proposed project or one of the alternatives, which would result in the occurrence of significant effects which are identified in the Final EIR but are not avoided or substantially lessened, the lead agency would have to adopt a statement of overriding considerations before approving the proposed project.

Comment

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-76 ALT]

"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]

[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)."

Response ALT-24

The comment states that (1) it is unclear whether Alternative 3A in the CPMC LRDP Draft EIR or any other unanalyzed alternative would substantially lessen the LRDP's significant unavoidable environmental impacts; (2) the CPMC LRDP Draft EIR is deficient in several critical environmental topic areas and needs broadened analysis to determine the foreseeable impacts of the LRDP and the various mitigation measures required; (3) a comparison of impacts across a reasonable range of alternatives needs to be presented in the EIR; and, (4) after a more complete analysis if the alternatives are deemed infeasible, then the decision-makers may reject them; but they must be able to demonstrate that the decision-makers' approval of the proposed project followed meaningful consideration of alternatives and mitigation measures.

The comment states that the Draft EIR is deficient in several critical environmental topic areas. As stated in the Draft EIR, page 1-3, the EIR was "prepared in conformance with the provisions of CEQA and the State CEQA Guidelines (California Public Resources Code, Section 21000 et seq., and California Code of Regulations Title 14, Section 15000 et seq.), as amended." The planning process for the CPMC Institutional Master Plan (IMP) that eventually resulted in the proposed LRDP is described on pages 1-20 to 1-22 of the Draft EIR. In Chapter 4 of the Draft EIR, the proposed LRDP and its physical environment were analyzed consistent with the State CEQA Guidelines and Chapter 31 of the San Francisco Administrative Code. Mitigation measures for potentially significant impacts are identified to avoid, eliminate, or reduce potentially significant impacts of the proposed LRDP in the appropriate resource area, and improvement measures to further reduce less-than-significant impacts are identified at the end of each impact statement. As stated on page 1-6 of the Draft EIR, "this EIR is a full-scope EIR; that is, all of the CEQA and City environmental resource areas of concern are evaluated." The analysis in the Draft EIR has been determined to be adequate for CEQA purposes by the San Francisco Planning Department. The Draft EIR, together with this C&R document will be presented to the Planning Commission and will be certified as a Final EIR, if deemed adequate with respect to accuracy, objectiveness, and completeness.

The comment suggests that a new or unanalyzed alternative would substantially lessen the proposed LRDP's impacts and a comparison of impacts across a reasonable range of alternatives need to be presented in the EIR. A range of alternatives is analyzed in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. As stated in the Draft EIR, page 6-1, "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to

the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." Section 15126.6(a) also states that "an EIR need not consider every conceivable alternative to the project." As stated in Section 15126.6(c) of the State CEQA Guidelines, "the range of potential alternatives to the proposed project shall include those that could feasibly accomplish most of the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects." For further discussion of the range of potentially feasible alternatives considered and evaluated in the Draft EIR, please see Response ALT-1 (page C&R 3.22-11). The analysis of the alternatives in Chapter 6 of the Draft EIR is consistent with CEQA's "rule of reason" which requires that the EIR set forth only those alternatives necessary to permit a reasoned choice, as stated in the State CEQA Guidelines Section 15126.6(f). The analysis of the alternatives is also consistent with CEQA Statute and Guidelines, which calls for an EIR to include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project. Chapter 6 of the Draft EIR also presents a comparison of impacts across the range of alternatives considered against the proposed LRDP for each resource area. In addition, Table 6-37 in the Draft EIR (page 6-405) presents a comparison of impacts by resource area and impact statement indicating whether the impacts under each alternative would be less than, equal to, or greater than the proposed LRDP. The environmental impacts of the proposed CPMC LRDP and a reasonable range of project alternatives have been analyzed in the Draft EIR and these are adequate alternatives for CEQA purposes.

Three alternatives, including two variations of a No Project Alternative (Alternative 1A and 1B), a Four-Campus Rebuilding/Retrofit/Redevelopment Alternative (Alternative 2), and two variations of a Reduced Development at Cathedral Hill Alternative (Alternative 3A and 3B) are analyzed in the CPMC LRDP Draft EIR (beginning on page 6-32). Pursuant to Section 15126.6(f) of the State CEQA Guidelines, the EIR examined in detail the alternatives that the lead agency (San Francisco Planning Department) determined could feasibly attain most of the objectives of the project and reduce potentially significant impacts of the proposed LRDP. In determining whether alternatives are feasible, the decision-makers are guided by the general definition of feasibility in CEQA Section 15364, as being "capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, legal, social, and technological factors." The decision-makers may select one of the alternatives presented in the EIR document if determined feasible, or may approve, modify, or disapprove the project as proposed, as part of their deliberations on the proposed LRDP. Regarding the extent to which the alternatives were considered and evaluated in the Draft EIR and meet the stated objectives of the proposed LRDP, please see Draft EIR pages 6-399 and 6-400 for a listing of the project objectives and Response ALT-1 (page C&R 3.22-11). Please also refer to Response ALT-1 for an explanation regarding the process by which the project or alternative is adopted by the lead agency's decision-makers as part of the entitlement review process for the project, rather than being made as a conclusion within an EIR.

3.22.4 OTHER ALTERNATIVES

Comment

(Sheila Mahoney and James Frame, October 19, 2010) [88-8 ALT]

"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."

Response ALT-25

The comment's support for Alternative 1B (No Project Alternative) in the Draft EIR is acknowledged. The process of public review and comment on the Draft EIR is a key part of the CEQA process. The

comment also states that Alternative 1B would be the most financially beneficial to CPMC, however this is not an EIR issue. The determination as to whether an alternative is feasible is made by the lead agency's decision-makers as part of the project review process, rather than being made as a conclusion within an EIR (California Public Resources Code, Section 21081[a][3]; State CEQA Guidelines, Section 15091[a][3]). The decision-makers may select one of the alternatives presented in the EIR document, if determined feasible, or may approve, modify, or disapprove the project as proposed. The reasons that a project may be approved and the alternatives rejected are ultimately determined by the decision-makers based on evidence in the record, including public comments, before project approval and after EIR certification of the project.

This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.22.4.1 CATHEDRAL HILL CAMPUS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-136 ALT, duplicate comment was provided in 30-136 ALT]

"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 1/2-mi radii of the Cathedral Hill Project as well as the Pacific Campus Project."

Response ALT-26

The comment states that the transportation and circulation, noise, and air quality impacts of Alternative 3B are not analyzed thoroughly enough in the CPCM LRDP EIR. The alternatives analyzed in the CPMC LRDP EIR are consistent with CEQA's "rule of reason," which requires that the EIR set forth only those alternatives necessary to permit a reasoned choice (State CEQA Guidelines, Section 15126.6[f]). Please note that alternatives are not typically analyzed at the same level of detail as the proposed project. Rather, the analysis of the alternatives is consistent with CEQA Statute and Guidelines Section 15126.6(d), which calls for an EIR to include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project. If an alternative would cause one or more significant impacts in addition to those that would be caused by the project as proposed, the significant impacts of the alternative should be discussed in the EIR, but in less detail than the significant impacts of the project as proposed.

Impacts of Alternative 3B at the Cathedral Hill and Pacific Campuses for transportation and circulation, noise, and air quality are evaluated appropriately (i.e., at the appropriate level of detail) in the Draft EIR. Please refer to the Draft EIR, for discussions of transportation and circulation, noise, and air quality impacts at the Cathedral Hill Campus under Alternative 3B, starting on pages 6-305, 6-311, and 6-313, respectively. Please refer to the Draft EIR for discussions of transportation and circulation, noise, and air quality impacts at the Pacific Campus under Alternative 3B, starting on pages 6-358, 6-363, and 6-364, respectively. The analysis identified potentially significant impacts and appropriate mitigation measures as applicable for Alternative 3B. The analysis in the CPMC LRDP Draft EIR is adequate for CEQA purposes, and no further analysis or additional mitigation is required.

The comment also states that the vehicular impacts on Japantown streets within a .5-mile radius of the proposed Cathedral Hill Campus and Pacific Campus were not analyzed for the proposed LRDP or Alternative 3B. It is not clear from the comment whether they are referring to vehicular impacts to

Japantown streets from the proposed LRDP or Alternative 3B. The transportation impact analysis for the proposed LRDP and alternatives were conducted based on the methodology set forth in the San Francisco Planning Department's *Transportation Impact Analysis Guidelines for Environmental Review*, which direct the CEQA transportation impact analysis for all development projects in San Francisco. As stated in the Draft EIR, page 4.5-1:

> [T]he transportation study area includes all aspects of the transportation network that may be measurably affected by the CPMC LRDP. The transportation study area is defined by travel corridors and by facilities such as bus stops and transit stations. For this analysis 81 intersections at five different campus areas were identified as the key locations likely to be affected by the CPMC LRDP and were selected for detailed study of project impacts...

The study area and intersections were based on consultation with relevant City staff (i.e., departments including the Planning Department) and are shown for the proposed Cathedral Hill Campus and Pacific Campuses, respectively, in Figures 4.5-1 and 4.5-2, pages 4.5-2 and 4.5-3 in the Draft EIR. The transportation impact analysis for the alternatives was based on the same methodology as the proposed LRDP and also encompassed the same study area and intersections. The study area for the proposed Cathedral Hill Campus is bounded by Laguna Street, Pine Street, Eddy Street, and Hyde Street. The study area for the Pacific Campus is bounded by Steiner Street, Pacific Avenue, Gough Street, and Bush Street. The streets in the immediate vicinity of Japantown did not fall within these study areas and therefore were not evaluated. Please refer to Response TR-86 (page C&R 3.7-154), which explains that the nominal increase in vehicles on local streets in Japantown from CPMC LRDP-generated vehicles would not substantially affect operating conditions.

The same intersections that were analyzed for the LRDP were evaluated for Alternative 3B to allow a meaningful comparison of the proposed LRDP to the project alternatives. The analyses of the study intersections for all CPMC campuses for the proposed LRDP and alternatives were conducted consistent with the methodology in the San Francisco Planning Department's *Transportation Impact Analysis Guidelines for Environmental Review*.

This comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Gloria Smith, California Nurses Association, October 19, 2010) [90-31 ALT]

"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."

Response ALT-27

The comment states that the Draft EIR's preferred alternative is to 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 characterization of the area affected by the proposed LRDP in this comment reflects the commenter's opinion and is not substantiated through the provision of quantitative data or references in the record.

Please note that there is no "preferred" alternative identified in the Draft EIR, however there is the proposed project (i.e., LRDP) and alternatives to the LRDP that were presented and analyzed for physical environmental impacts in the Draft EIR. This CPMC LRDP EIR has been prepared in conformance with the provisions of CEQA, the State CEQA Guidelines as amended, and Chapter 31 of the San Francisco

Administrative Code. As stated in the State CEQA Guidelines, an EIR is an "informational document" intended to inform public agency decision-makers and the public of the significant effects of a proposed project, identify possible ways to minimize the significant effects, and describe reasonable alternatives to the project.

A range of alternatives is presented in Chapter 6 of the Draft EIR, pursuant to Section 15126.6 of the State CEQA Guidelines. As stated in the Draft EIR, page 6-1, "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." The decision-makers may select the LRDP or one of the alternatives presented in the document if determined feasible, or may approve, modify, or disapprove the project as proposed, as part of their deliberations on the proposed LRDP.

3.22.4.2 CALIFORNIA CAMPUS

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-100 ALT, duplicate comment was provided in 30-100 ALT]

"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."

Response ALT-28

The comment states that (1) the proposed development at California Campus would add too much congestion to the streets around Jordan Park and Laurel Heights under Alternatives 2 and 3B; (2) the vehicle trips generated by the increase in building services would overwhelm nearby residential streets not meant for the volume of traffic generated at the California Campus under these alternatives; (3) increasing the services at the California Campus would ruin the character of a primarily residential area; (4) there would not be sufficient parking for patients and visitors without the parking garage structure in place under Alternative 3B; and (5) the residents would suffer more aggravation and potential health impacts from vehicle congestion and cut-through traffic on residential streets with California Campus development under Alternative 3B. The comment is correct that under Alternative 2, the three-story 3905 Sacramento Street MOB, four-story 3901 Sacramento Street residential building, and six-story 460 Cherry Street Parking Garage would be demolished. Under Alternative 2, these demolished buildings would be replaced by a six-story Cherry Street MOB/Parking Garage. However, the comment demonstrates a misunderstanding of what would occur under Alternative 3B. Under that alternative, the 3905 Sacramento Street MOB, the 3901 Sacramento Street residential building, and the 460 Cherry Street Parking Garage would be retained and not demolished, as shown in Table 6-29 of the Draft EIR, page 6-

277. Please see C&R Table 3.22-1, below, for a comparison of buildings to be demolished or retained, and proposed new buildings under Alternative 2 and 3B at the California Campus.

C&R Table 3.22-1
Comparison of Alternatives 2 and 3B Buildings at the California Campus

Existing Buildings	Alternative 2		Alternative 3B	
	Demolish or Retain	Replaced By	Demolish or Retain	Replaced By
3905 Sacramento Street MOB	Demolish	Cherry Street MOB/Parking Garage (356 spaces)	Retain	--
3901 Sacramento Street Residential Building	Demolish		Retain	--
460 Cherry Street Parking Garage (290 parking spaces)	Demolish		Retain	--
3700 California Street Hospital	Demolish	Acute Care Hospital	Demolish	Parcel to be sold
3801 Sacramento Street Outpatient/Research Building	Demolish		Demolish	Parcel to be sold
3838 California Street MOB (120 parking spaces)	Retain	--	Retain	--
3848-3850 California Street Offices	Retain	--	Retain	--
3698 California Street	Demolish	Women's and Children's Center (477 parking spaces)	Demolish	Women's and Children's Center (197 parking spaces)
3773 Sacramento Street garage and 3698 California Street (Marshall Hale building)	Demolish		Demolish	

The comment states that the vehicle trips generated by the increase in building services at the California Campus under Alternatives 2 and 3B would overwhelm nearby residential streets not meant for the volume of traffic generated by the California Campus development and that the residents would suffer more aggravation and potential health impacts from vehicle congestion and cut-through traffic on residential streets. Please refer to Response ALT-29 (page C&R 3.22-57) regarding air quality impacts related to the California Campus. Transportation and circulation impacts related to the California Campus under Alternatives 2 and 3B are evaluated beginning on Draft EIR pages 6-231 and 6-358, respectively. The comment is correct that Alternative 2 would result in generation of increased traffic related to the California Campus development, compared to under the LRDP and existing conditions. As described in the Draft EIR, pages 6-231, under 2030 Cumulative plus Alternative 2 conditions, vehicle trips associated with the California Campus development would cause levels of service (LOS) to deteriorate from LOS D to LOS F at the Arguello/Geary, Arguello/California, Cherry/California, and Maple/California intersections, resulting in a significant impact at these intersections. No feasible mitigation measures have been identified that would reduce impacts of the Alternative 2 California Campus development on these intersections to less-than-significant levels. As stated in the Draft EIR, page 6-231, "project-level and cumulative impacts on traffic would be greater under Alternative 2 at the California Campus than under the proposed LRDP."

California Campus operations under Alternative 3B would result in greater impacts than under the proposed LRDP, but less than under existing conditions. As stated in the Draft EIR, page 6-359, "Alternative 3B would result in more vehicle trips related to development at the California Campus than

under the proposed LRDP. This is because the LRDP calls for the California Campus to effectively close by 2020. However, Alternative 3B would generate fewer trips around the California Campus than generated under existing conditions, because of the proposed demolition of the 3700 California Street Hospital and the reorganization of other services at the California Campus." Project-level and cumulative traffic impacts from implementing Alternative 3B at the California Campus would thus be less than significant and no mitigation measures would be required under this alternative. Thus, because less traffic would be generated from the California Campus under Alternative 3B than under existing conditions, nearby residential streets would not experience more through traffic than under existing conditions.

The comment states that under Alternative 3B, the California Campus would result in a greater number of visitors compared to existing conditions, and without the 356 parking spaces provided at the Cherry Street MOB/Parking Garage, parking would not be sufficient at this Campus. The comment refers to 356 parking spaces at the Cherry Street MOB/Parking Garage under Alternative 3B and cites page 6-177 of the Draft EIR. However, this is the number of parking spaces that would be included in the new Cherry Street MOB/Parking Garage that would be constructed at the California Campus under Alternative 2. To clarify the number of parking spaces that would be provided under Alternative 2, the Cherry Street MOB/Parking Garage would provide 356 structured parking spaces. In addition, under Alternative 2 the Women's and Children's Hospital would provide 477 new parking spaces underground, and the 120 existing parking spaces at the 3838 California Street MOB would be retained. Alternative 2 at the California Campus would provide a total of 953 parking spaces (existing and new parking spaces combined) at the California Campus. Please refer to Table 6-19 in the Draft EIR, page 6-181 for a summary table of the California Campus under Alternative 2.

Under Alternative 3B, 290 parking spaces at the existing 460 Cherry Street Parking Garage and 120 spaces at the existing 3838 California Street MOB would be retained. In addition, the new Women's and Children's Hospital would provide 197 new parking spaces. Alternative 3B would provide a total (existing and new parking spaces combined) of 607 structured parking spaces and 25 surface parking spaces. Please refer to Table 6-29 in the Draft EIR, page 6-277, for a summary table for the California Campus under Alternative 3B.Parking discussions for Alternatives 2 and 3B are provided beginning on Draft EIR pages 6-234 and 6-362, respectively. As stated in the Draft EIR, page 4.5-162, "San Francisco does not consider parking supply as part of the permanent physical environment and, therefore, does not consider changes in parking conditions to be environmental impacts as defined by CEQA." Parking conditions are not static; parking supply and demand varies from day to day, from day to night, from month to month, etc. Hence, the availability of parking spaces (or lack thereof) is not a permanent physical condition, but changes over time as people change their modes and patterns of travel. Parking deficits are considered by the lead agency, the San Francisco Planning Department, to be social effects, rather than impacts on the physical environment as defined by CEQA. Under CEQA, a project's social impacts need not be treated as significant impacts on the environment. Environmental documents should, however, address the secondary physical impacts that could be triggered by a social impact (State CEQA Guidelines, Section 15131[a]). This means that if parking were to result in secondary physical environmental impacts, these impacts should be evaluated and addressed. The CPMC LRDP Draft EIR adequately considered all secondary parking impacts and these were accounted for in the impact analysis of other relevant topics. The San Francisco Planning Department acknowledges, also, that parking conditions may be of interest to the public and the decision-makers. Accordingly, parking discussions are provided for informational purposes. Please also refer to Response TR-69 (page C&R 3.7-129) regarding parking supply and accommodation of parking demand. The potential secondary effects (e.g., transportation, air quality, and noise) from cars circling and looking for parking spaces have been appropriately considered in the alternatives analysis, including the analysis of the California Campus under Alternatives 2 and 3B.

The comment also states that increasing California Campus services from existing on-campus levels would "ruin the character of the primarily residential area" around this campus. Land use compatibility

under Alternatives 2 and 3B is analyzed beginning on pages 6-224 and 6-351, respectively. Under both alternatives, land use impacts would be greater than under the proposed LRDP, because use of the California Campus would continue, unlike under the LRDP where CPMC operations would mostly cease by 2020. However, neither alternative (2 or 3B) would introduce a new type of incompatible use at this Campus. The analysis concludes that neither alternative would result in a substantial adverse change to the campus area's existing character. Land use impacts at the California Campus under Alternatives 2 and 3B would be less than significant and no mitigation measures would be required at this campus, as stated on pages 6-225 and 6-352 for Alternative 2 and Alternative 3B, respectively. Aesthetic impacts and compatibility with surrounding neighborhood character and scale for the California Campus development under Alternatives 2 and 3B are analyzed beginning on pages 6-225 and 6-353, respectively. Aesthetic impacts at the California Campus under Alternative 3B would be less than under the proposed LRDP because of reduced development due to the demolition of the 3700 California Street Hospital. Aesthetic impacts at the California Campus would be greater under Alternative 2 than compared to the LRDP, due to the increased development at the California Campus under Alternative 2. The LRDP Draft EIR analysis concludes that impacts of development at the California Campus under both alternatives would be less than significant and would not substantially degrade the visual character or quality of the campus and no mitigation measures to reduce land use or aesthetic impacts would be required at the California Campus under these alternatives.

The decision-makers may select one of the alternatives presented in the document if determined feasible, or may approve, modify, or disapprove the LRDP as proposed, as part of their deliberations on the proposed LRDP.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-101 ALT, duplicate comment was provided in 30-101 ALT]

"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."

Response ALT-29

This comment is part of a longer discussion by the commenter regarding the California Campus development under the project alternatives analyzed in the CPMC LRDP EIR. The comment states that Alternative 2 and 3B should not be considered and, that the Jordan Park area cannot take on additional traffic congestion on its smaller residential streets with the accompanying degradation in air quality for sensitive receptors in the area surrounding the California Campus, especially nearby schools. Further, the comment states that the Laurel Heights and Presidio Heights area would be negatively impacted by the scale of the 3698 California Street Building under Alternatives 2 and 3B. Please refer to Response ALT-28 (page C&R 3.22-54) regarding traffic and circulation impacts under Alternative 2 and 3B at the California Campus.

The comment's concerns regarding Alternatives 2 and 3B are acknowledged. Please note that CPMC is not proposing that Alternative 2 or 3B be implemented. These alternatives are analyzed in the CPMC LRDP Draft EIR in order to analyze a range of reasonable alternatives, in accordance with Section 15126.6(a) of the State CEQA Guidelines, which requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects. The decision-makers may select one

of the alternatives analyzed in the document, if determined feasible, or may approve, modify, or disapprove the project as proposed, as part of their deliberations on the proposed LRDP.

The comment states that Alternative 2 and 3B should not be considered and that these alternatives would result in degradation in air quality for sensitive receptors in the area surrounding the California Campus, especially nearby schools. Air quality impacts related to the California Campus development under Alternatives 2 and 3B are analyzed beginning on pages 6-236 and 6-364, respectively, and would be greater than under the proposed LRDP. Under the BAAQMD CEQA significance criteria, any large urban construction project likely would have significant unavoidable impacts to sensitive receptors. A construction project in excess of 100,000 square feet requires a minimum offset distance of 150 meters between the fence line of construction to a nearby sensitive receptor, based on BAAQMD screening tables for construction risks. Although these are screening tables, and distance could be reduce substantially through mitigation, it is unlikely that a project of this size anywhere in the city would result in less than significant impacts.

Localized impacts from construction and associated TAC emissions generated at the California Campus for both alternatives under the applicable (1999) Bay Area Air Quality Management District (BAAQMD) CEQA thresholds and the 2010 BAAQMD CEQA thresholds would be greater than under the proposed LRDP. Under Alternative 2, localized impacts from construction at the California Campus would be greater than under the LRDP and would present a significant and unavoidable health risk even with implementation of Mitigation Measures M-AQ-N2 and M-AQ-10b, under the applicable (1999) and thresholds, respectively. Under Alternative 3B, localized impacts from construction at the California Campus would be greater than under the proposed LRDP and would present a less-than-significant health risk impact under the applicable (1999) thresholds. However, localized impacts from construction would present a significant and unavoidable health risk even with implementation of Mitigation Measure M-AQ-10b under the thresholds. Localized impacts at the California Campus from campus operations under both alternatives under the applicable (1999) BAAQMD CEQA thresholds and the 2010 BAAQMD CEQA thresholds would be less than significant, but greater than under the proposed LRDP. Additional responses regarding construction-related TACs are included in Section 3.9.1.2, “Construction-Related Toxic Air Contaminants,” and operational emissions are included in Section 3.9.1.3, “Operational Emissions” in this C&R document.

The comment states that the scale of the proposed 3698 California Street Building at the California Campus under Alternatives 2 and 3B would negatively affect Laurel Heights and Presidio Heights. It is assumed that the comment is referring to development of the new Women’s and Children’s Hospital, which would replace the existing 3698 California Street Building under both Alternatives 2 and 3B. The Draft EIR evaluates the land use impacts of the new Women’s and Children’s Hospital for Alternative 2 on pages 6-224 to 6-225 and Alternative 3B on pages 6-351 to 6-352. As stated in the Draft EIR on page 6-225 regarding Alternative 2, the “increase in building heights associated with Alternative 2 [new development] may alter the appearance of the campus; however, the maximum building height on campus would not be a substantial increase [from existing on-campus and nearby development] under this alternatives…surrounding residential uses would likely notice this height increase on the California Campus under this alternative; however, the greater area would not likely experience a substantial change in land use character.” As stated in the Draft EIR on page 6-352, “the greater campus area would not likely experience a substantial change in land use character because of the taller hospital under Alternative 3B, and this impact would be less than significant, but greater than under the LRDP, which would have no impact.”

The Draft EIR also evaluates the visual impacts of the new Women’s and Children’s Hospital under Alternative 2 on pages 6-226 to 6-227 and Alternative 3B on pages 6-353 to 6-354. As stated in the Draft EIR on pages 6-227 and 6-353, the new Women’s and Children’s Hospital would be 25 feet taller than the existing 3698 California Street Building. Aesthetic impacts at the California Campus under Alternative

3B would be less than under the proposed LRDP because of reduced development due to the demolition of the 3700 California Street Hospital. Aesthetic impacts at the California Campus would be greater under Alternative 2 than compared to the LRDP, due to the increased development at the California Campus. The analysis concludes that aesthetic impacts related to development at the California Campus under both alternatives would be less than significant and would not substantially degrade the visual character or quality of the Campus and no mitigation measures to reduce land use or aesthetic impacts would be required at the California Campus.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-106 ALT, duplicate comment was provided in 30-106 ALT]

"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."

Response ALT-30

The comment states that the structure at 3698 California/Parker Avenue proposed under Alternative 3B is against "building code of Height/Bulk District '80-E.'" The comment also states that the California Campus under Alternatives 2 and 3B are not viable proposals for the Jordan Park area. The California Campus is located mainly within the 80-E Height and Bulk District. The new Women's and Children's Hospital at the California Campus would be 100 feet tall under Alternatives 2 and 3B. The 80-E Height and Bulk District limits building heights to 40 feet because of residential zoning, unless CU authorization is obtained.[25] Building heights of up to 80 feet are allowed with CU authorization. Under these alternatives, the 100-foot-tall Women's and Children's Hospital would exceed the height limit and would therefore require rezoning of the site. An amendment of the height and bulk map would be required for the new Women's and Children's Hospital under Alternatives 2 and 3B. Such a height and bulk district amendment for the site of the Women's and Children's Hospital building on the California Campus would be part of the approval process undertaken by the decision-makers after the EIR certification in the event that either of these alternatives were to be selected for approval. These approvals would be required from decision-makers before the development of the alternative could proceed, and this determination is not part of the CEQA environmental review process. Aesthetic impacts at the California Campus under Alternative 3B would be less than under the proposed LRDP because of reduced development due to the demolition of the 3700 California Street Hospital. Aesthetic impacts at the California Campus would be greater under Alternative 2 than compared to the LRDP, due to the increased development at the California Campus. The analysis concludes that aesthetic impacts related to development at the California Campus under both alternatives would be less than significant and would not substantially degrade the visual character or quality of the Campus and no mitigation measures to reduce land use or aesthetic impacts would be required at the California Campus. Please also see Response LU-9 (page C&R 3.3-64) for a discussion of the amendments to and authorizations under the Planning Code that have been requested as part of the proposed project and the process for obtaining approval of such amendments and authorizations.

This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

[25] San Francisco Planning Code, Section 253.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-159 ALT, duplicate comments was provided in 30-159 ALT]

"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?"

Response ALT-31

The comment is correct that under the proposed LRDP, none of the 248 existing trees at the California Campus are proposed for removal. No trees at the California Campus were determined to be significant based on surveys (Draft EIR page 4.13-8, Table 4.13-4). Under Alternative 3B, a total of 208 of the 248 trees at the California Campus would be affected (i.e., removed) for (1) demolition of the existing six-story 3698 California Street building and one-story below-grade 3773 Sacramento Street Parking Garage and construction of the new Women's and Children's Hospital on the east portion of the Campus; and (2) demolition of the existing 3700 California Street Hospital on the central portion of the Campus, and the parcels on which it is located would be sold by CPMC. The other 40 trees are located on the western portion of the California Campus, where they would remain as they are under Alternative 3B.

More specifically, as stated in the Draft EIR, page 6-369, "Alternative 3B at the California Campus could affect 208 trees, none of which were determined to be significant." In response to the number of trees that would be removed to accommodate the construction of the new Women's and Children's Hospital on the east side of the California Campus, approximately 70 trees (of the existing 248 trees) would be affected (i.e., removed) under Alternative 3B. Additionally, approximately 138 trees (of the existing 248 trees) would be removed during the demolition of the 3700 California Street Hospital. As stated on page 6-369, Mitigation Measure M-BI-N1 "would require preconstruction surveys [of trees] before demolition and construction activities during the nesting season (February through August)." This would reduce impacts on nesting birds to a less-than-significant level. CPMC would also be required to submit a tree protection plan to the Department of Public Works (DPW) that would also indicate trees that could be affected by Alternative 3B construction at the California Campus. Replacement trees for each street tree removed would be planted on the California Campus or along the street frontages (i.e., California, Sacramento, Cherry, and Maple Streets), or an in-lieu fee would be required pursuant to Section 143 of the Planning Code. Please also see Response BI-10 (page C&R 3.15-8) for a discussion of tree removal and replacement at the LRDP campuses.

3.22.4.3 DAVIES CAMPUS

Comment

(Donald Scherl, October 15, 2010) [74-2 ALT]

"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?"

Response ALT-32

The comment states that the Davies Campus is a logical place for a new hospital and questions why an alternative with the new hospital located at the Davies Campus was rejected from further analysis in the LRDP's EIR. Section 6.3 of the Draft EIR identified alternatives to the proposed LRDP that were considered by the City but rejected from further analysis because they were determined to be infeasible

and did not meet the project objectives. An alternative that considered a new acute-care hospital at the Davies Campus, along with the reasons why it was rejected is included on page 6-20 of the Draft EIR.

As stated in the Draft EIR, "CPMC's initial planning efforts resulted in a three-campus plan that focused on consolidating as many of their services as feasible on a single, existing CPMC-owned campus." One of the reasons why the Davies Campus alternative was considered but rejected was that the concentration of acute-care facilities at the Davies Campus was considered to be relatively far away (2.0 and 2.2 miles, respectively) from CPMC's primary patient and physician base at the Pacific and California Campuses, respectively. The proposed Cathedral Hill Campus under the LRDP would be closer (0.2 mile and 0.8 mile, respectively) to CPMC's existing Pacific and California Campus patient and physician base. This alternative "was found to not meet the project objective of ensuring that the new centralized acute-care hospital is appropriately located, taking into account CPMC's patient base and use patterns and San Francisco's population concentration." Further, this alternative would not meet CPMC's goal for a new consolidated medical facility site north of Geary Boulevard. As described in the Draft EIR, pages 6-8 and 6-9, "only sites north of Geary Street/ Geary Boulevard were considered, consistent with CPMC's existing patient and physician distribution at and around the Pacific and California Campuses in the northern part of San Francisco, and the existing programmatic, business, service, and other relationships that exist at those campuses." Please also refer to Major Response HC-2 (page C&R 3.23-8) regarding the basis for the location and size of the proposed Cathedral Hill Hospital as the central acute-care hospital.

3.22.4.4 ST. LUKE'S CAMPUS

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-44 ALT]

"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."

Response ALT-33

The comment states that the alternatives evaluated in the Draft EIR are citywide LRDP alternatives and the Draft EIR must consider project-level alternatives specific to the St. Luke's Campus that would address especially address significant and unavoidable impacts identified for the proposed development at this Campus. The comment also states that alternative site plans, development intensities and activities at the St. Luke's Campus are too inflexibly tied to the broader LRDP and therefore too readily dismissed. Finally, the comment indicates that failure to do so leaves the CPMC Draft EIR with an inadequate range of alternatives as required by CEQA. The comment specifically refers to potentially significant and unavoidable impacts of the St. Luke's Replacement Hospital on adjacent residential uses to the west of the hospital development site, but does not provide any further remarks. The comment also states that the alternative site plans, development intensities, and activities at the St. Luke's Campus are inflexibly tied to the broader LRDP and, therefore, too readily dismissed.

CPMC delivers health care services to its patients based throughout San Francisco. The proposal for the St. Luke's Campus is part of the overall LRDP for CPMC in San Francisco. As such, the LRDP development intensities and activities that would occur at the St. Luke's Campus cannot be viewed in isolation, because if they did not occur at St. Luke's, they would need to occur on other CPMC campuses to meet a specific demand for health care services in the community. As discussed in Response ALT-1

(page C&R 3.22-11), the viability of the St. Luke's Campus should not be viewed independently, but rather based on its functionality as a component of the CPMC health care delivery system as a whole. Regarding the extent to which the alternatives were considered and evaluated in the Draft EIR to meet the stated project objectives of the proposed LRDP, please see Response ALT-1 (page C&R 3.22-11)**.** Please see Major Responses HC-2 and HC-3 (pages C&R 3.23-8 and 3.23-17) regarding the interrelationships within and between various CPMC facilities (different campuses) and other health care facilities in San Francisco.

Chapter 6 of the Draft EIR presents a range of potentially feasible alternatives that would avoid or substantially reduce the magnitude of one or more of the significant impacts identified under the proposed LRDP at the St. Luke's Campus. For example, under No Project Alternative 1A at the St. Luke's Campus, the existing St. Luke's Hospital tower and 1957 Building would be closed pursuant to the statutory mandate of SB 1953, and remaining buildings would be eventually sold and redeveloped. Under the No Project Alternative 1B at the St. Luke's Campus, all acute-care and inpatient care uses at the campus would be eliminated after January 1, 2013, pursuant to SB 1953. The existing St. Luke's Hospital tower would be demolished and redeveloped with a new outpatient facility. As concluded in the Draft EIR, pages 6-118 to 6-150, impacts under No Project Alternatives 1A and 1B would be less than impacts under the proposed LRDP. The purpose of the No Project Alternative is to allow decision-makers to compare the impacts of approving the proposed LRDP with the impacts of not approving the proposed LRDP (State CEQA Guidelines, Section 15126.6[e][1]). Alternative 2 would be identical to the development under the proposed LRDP for the St. Luke's Campus; thus, impacts would be identical. Alternative 3A, in contrast, would increase the development program at the St. Luke's Campus. Impacts identified with implementation of Alternative 3A at St. Luke's Campus would be greater than those identified with the proposed CPMC LRDP implementation at the St. Luke's Campus. Development at the St. Luke's Campus under Alternative 3B would be similar to that under the LRDP, except that the MOB/Expansion Building would be reduced in size compared to this building under the LRDP, resulting in slightly reduced impacts than the proposed LRDP.

The Draft EIR does not identify any significant and unavoidable noise impacts on residential uses adjacent to the St. Luke's Campus with implementation of the LRDP. The Draft EIR identified potentially significant noise impacts on off-site sensitive receptors, such as nearby residences, as a result of: (1) project-related construction and/or demolition activities at the residences on Guerrero Street and San Jose Avenue (Draft EIR, page 4.6-53); and (2) operation of stationary noise sources and ambulance entrance/exit at the residences located adjacent to and west of the proposed replacement hospital along 27th Street and Cesar Chavez Street (Draft EIR, page 4.6-75). However, as stated in the Draft EIR, page 4.6-53, LRDP-related construction and demolition noise impacts related to St. Luke's Campus development would be mitigated to less-than-significant levels with implementation of Mitigation Measure M-NO-N1, which involves implementing both physical (e.g., noise shielding) and operational (e.g., construction complaints coordinator) impact reduction measures that are considered practical and feasible. Noise impacts related to the operation of stationary noise sources would be mitigated to less-than-significant levels with implementation of Mitigation Measure M-NO-N3 (Draft EIR, page 4.6-78), which involves implementing physical (e.g., equipment design) impact reduction measures.

Potential air quality impacts to off-site sensitive receptors in proximity to the St. Luke's Campus with LRDP implementation are also addressed in the Draft EIR under both applicable (1999) and 2010 BAAQMD CEQA significance criteria, and described below. Health risk assessments related to temporary DPM emissions from LRDP construction activities were performed, because of the St. Luke's Campus development sites' proximity to sensitive receptors (e.g., residents). This impact would be less than significant under applicable (1999) thresholds at the St. Luke's Campus (Draft EIR pages 4.7-36 to 4.7-37). Under the 2010 BAAQMD CEQA significance criteria, construction activities at the St. Luke's Campus would result in short-term increases in emissions of diesel particulate matter (DPM) that would exceed the 2010 BAAQMD CEQA significance criteria and would expose sensitive receptors to

substantial concentrations of toxic air contaminants and $PM_{2.5}$ (Draft EIR page 4.7-70). Nearby residents are considered sensitive receptors and would be affected. The Draft EIR concludes on page 4.7-70 that "while it is possible that Mitigation Measure M-AQ-N10c 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." However, at the St. Luke's Campus under both the CPMC LRDP and alternatives, all significant and unavoidable impacts to off-site sensitive receptors were either: (a) temporary construction impacts for which mitigation would not be reasonable or feasible; or (b) non-localized air quality and GHG emissions impacts that would not be changed by moving the site of the St. Luke's Replacement Hospital farther west toward Guerrero Street, as suggested by the comments. Therefore, the suggested relocation of the hospital at the St. Luke's Campus would still result in significant and unavoidable air quality impacts under the 2010 BAAQMD CEQA significance criteria for DPM emissions.

Operational air quality emissions of the proposed LRDP at the St. Luke's Campus would contribute to a cumulatively considerable and significant unavoidable operational impact, but its toxic air contaminant (TAC) emissions would not be cumulatively considerable under the applicable (1999) BAAQMD significance criteria (Draft EIR page 4.7-56). Operational emissions of the proposed LRDP at the St. Luke's Campus would not contribute to cumulatively considerable operational impact on off-site sensitive receptors, but would have a potentially cumulatively considerable and significant unavoidable construction air quality impact on off-site receptors under the 2010 BAAQMD CEQA significance criteria (Draft EIR page 4.7-83).

Exposure of off-site sensitive receptors to TAC emissions during operation of the LRDP would be less than significant under applicable (1999) 2010 BAAQMD CEQA significant criteria for the St. Luke's Campus (Draft EIR pages 4.7-50 to 4.7-51 and pages 4.7-76 to 4.7-77, respectively).

Please see Response ALT-1 (page C&R 3.22-11) for a discussion of the adequacy of the range of alternatives included in the Draft EIR. Section 15126.6(c) of the State CEQA Guidelines states that "The range of potential alternatives to the proposed project shall include those that could feasibly accomplish most of the basic objectives of the project and could avoid or substantially lessen one or more of the significant effects." The EIR should briefly describe the rationale for selecting the alternatives to be discussed." As explained in Response ALT-1, the Draft EIR appropriately complied with the requirements of CEQA to analyze a reasonable range of alternatives to the proposed LRDP. Therefore, additional alternatives are not required under CEQA.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-47 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."

Response ALT-34

The comment states that the Draft EIR should evaluate a no new MOB alternative and construction of the St. Luke's Replacement Hospital at the site on St. Luke's Campus where the MOB/Expansion Building is

proposed under the LRDP (i.e., the site of the existing on-campus 1970s Hospital Tower) and that the Draft EIR evaluate the environmental impacts of such an alternative that reduces the St. Luke's Campus development's impacts on the adjacent residential units. The comment states that CPMC could temporarily provide the existing 60 on-campus licensed operational acute-care beds on St. Luke's Campus at one of the other CPMC campuses to maintain a continuum of care. Please refer to Response ALT-33 (page C&R 3.22-61) regarding (1) the potentially significant and significant unavoidable impacts to off-site sensitive receptors at the St. Luke's Campus under the LRDP and a brief summary of the conclusions in the CPMC LRDP Draft EIR and (2) how the CPMC LRDP Draft EIR presents a reasonable range of potentially feasible project alternatives to the CPMC LRDP that would avoid or substantially reduce the significant impacts identified under the proposed LRDP at the St. Luke's Campus. Please also see Response ALT-1 (page C&R 3.22-11) regarding the adequacy of the range of potentially feasible alternatives considered in the CPMC LRDP Draft EIR.

The comment makes the suggestion of temporarily using the proposed Cathedral Hill Campus or another CPMC campus for filling in the gap left by the loss of 60 licensed operational acute-care beds at St. Luke's Campus with implementation of an alternative under which the new St. Luke's Replacement Hospital would be constructed at the site where the MOB/Expansion Building is proposed under the LRDP (the site of the existing 1970 Hospital Tower on St. Luke's Campus). Under such a scenario, the St. Luke's Replacement Hospital would be constructed at the site where the existing St. Luke's Hospital Tower is currently located in the northeastern portion of the campus. Placement of a hospital on the site of the existing St. Luke's Hospital tower was evaluated by CPMC and the Blue Ribbon Panel, and rejected by the panel primarily on the grounds that it would require disruption of services at the St. Luke's Campus during decommissioning and demolition of the existing hospital tower under this scenario. Temporarily relocating the acute-care beds to another CPMC campus would eliminate provision of acute-care services at the St. Luke's Campus and its surrounding area and it would require St. Luke's Campus patients and visitor to travel longer distance to receive medical care in the interim. This would not meet the project objective related to continuing to provide acute-care services at St. Luke's throughout the construction period.

CPMC's Board of Directors adopted the Blue Ribbon Panel's preferred option of building the St. Luke's Replacement Hospital over San Jose Avenue (i.e., Option 5). However, the design of the proposed LRDP evolved as more detailed design studies were conducted and as CPMC refined its proposal for the St. Luke's Campus. The footprint necessary for the proposed St. Luke's Replacement Hospital is larger than was anticipated at the time the Blue Ribbon Panel evaluated the proposed development at the St. Luke's Campus. Based on the size of the proposed St. Luke's Replacement Hospital, it would not be possible to construct this new hospital building in the footprint area of the existing St. Luke's Hospital Tower.

Because the Draft EIR has considered a reasonable range of alternatives, it is not necessary to analyze an alternative that would involve constructing the St. Luke's Replacement Hospital at the site of the existing Hospital Tower. The comment further restates the argument, advanced in 2008 during the Blue Ribbon Panel process, that the current census at the St. Luke's Hospital[26] could be accommodated at another existing CPMC campus or at the future proposed Cathedral Hill Campus. The current patient census at St. Luke's could theoretically be accommodated at other CPMC campuses, with some disruption and required physical improvements, within the existing hospitals at the Pacific, California, and Davies Campuses. However, no solutions have been offered for the various impacts identified by the Blue

[26] The comment states that there are 60 "licensed operational acute-care" beds at St. Luke's. For clarity, there are currently 150 licensed acute-care beds in addition to 79 licensed skilled nursing beds. According to OSHPD data, the average daily census of acute-care beds at the St. Luke's Campus for the 8-year period from 2002 through 2009 was 60 patients (40 percent occupancy), ranging from a low of 50 (33 percent occupancy) in 2008 to a high of 71 (47 percent occupancy) in 2003. For the most recent year available, 2009, St. Luke's Hospital averaged 51 acute-care patients (34 percent occupancy). OSHPD, ALIRTS, Annual Utilization Report of Hospitals for St. Luke's Hospital, 2002 through 2008 and California Pacific Medical Center - St. Luke's Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011.

Ribbon Panel on the delivery of health care to the immediate surrounding community served by the St. Luke's Campus that would result from such a relocation. These include the following concerns related to the St. Luke's Campus under the proposed LRDP:

- Patients could be disrupted, either directly because existing patients would be moved from one campus to another, or indirectly because future admitted patients would be redirected to other CPMC campuses, requiring longer patient and visitor travel routes. The Blue Ribbon Panel expressed concerns that the patient population at St. Luke's Campus is particularly susceptible to disruption in the continuity of care, because of a reduced ability to pay, reduced ability to travel to other campuses, and reduced percentage of patients with proficient English language skills as compared to patient populations served by other CPMC campuses. Additionally, the comment's suggestion that acute-care beds at St. Luke's be temporarily be relocated to other CPMC campuses would require further transfer of the same number of patients from the California and Pacific Campuses to the Cathedral Hill Campus as under the proposed LRDP, plus transfers of patients out of the existing St. Luke's Hospital to other facilities, and then back to the new St. Luke's Replacement Hospital at St. Luke's Campus once it has been completed. The overall number of patients disrupted by the LDRP (from having to be transferred systemwide from their immediate neighborhoods) would thus be increased if the LDRP included temporary relocation of acute-care beds from the St. Luke's Campus to other CPMC campuses.

- A full-service Emergency Department at St. Luke's Campus that often provides backup to San Francisco General Hospital's Emergency Department would have to close for at least 2 years.

- Primary care and other physicians who have offices at or near the St. Luke's Campus and primarily admit patients to St. Luke's could be affected. It is assumed that many of these physicians could not relocate to areas closer to their relocated patients, and that their businesses, and therefore the continuity of physician support for the St. Luke's Campus, would be jeopardized. Physicians currently providing services at the St. Luke's Campus would be unlikely to temporarily move in order to follow their patients to other hospitals, and therefore, their business could be jeopardized during the interim period when the patients are moved elsewhere. Moreover, under the scenario proposed by this comment, physicians would be required to relocate two times—first to another campus, and then back to the St. Luke's Campus. This is unlike the physicians at the California and Pacific Campuses under the proposed LRDP, some of whom would relocate first once to the new Cathedral Hill Campus. Further, doctors who choose to remain at the Pacific Campus would have the benefit of still being located on a fully active outpatient campus after 2015. With respect to the California Campus, it is assumed that specialist physicians would follow patients to the new Cathedral Hill Campus and relocate to the Cathedral Hill MOB, whereas primary care physicians may choose to remain within the California Campus neighborhood. In contrast to the Pacific Campus, St. Luke's Campus would have relatively minimal services during the 2-year period after the existing 1970 hospital closes under the scenario proposed by the comment. Some primary care physicians at the St. Luke's Campus would potentially choose to remain at the Monteagle Medical Center building even while there is no hospital at the campus, but specialists would likely either move or change markets/cities in order to stay close to a volume of patients necessary to sustain their practices. A temporary 2-year suspension of acute-care services at the St. Luke's Campus would also result in a permanent shift in services on physician referral patterns and relationships where specialists would likely move or change markets/cities. This would take considerable time and effort by the institution (CPMC) to reinstate if the St. Luke's Campus is to be successful in the future. Additionally, unlike the Cathedral Hill Campus, which would include new MOB space under the proposed LRDP, the St. Luke's Replacement Hospital development proposed by the comment (i.e., St. Luke's Replacement Hospital with no MOB/Expansion Building) would not have additional MOB space for support, following the completion of the development at the St. Luke's Campus, under this scenario.

Please also see Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of medical services to be offered at the St. Luke's Campus.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-50 ALT]

"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."

Response ALT-35

The comment states that the Draft EIR should (1) evaluate an alternative that would construct the new replacement hospital on the site of the existing 1970 St. Luke's Hospital Tower, because this is a comparatively feasible alternative and would avoid or reduce the potentially significant impacts of the LRDP-proposed St. Luke's Replacement Hospital on adjacent residential uses to the west; (2) consider temporarily relocating the existing 60 licensed operational acute-care beds at the 1970 Hospital Tower on the St. Luke's Campus to one of the other existing or proposed CPMC campuses under this alternative scenario; (3) consider continuing to use the existing surface parking lot (located on the St. Luke's Campus at 3615 Cesar Chavez Street) for employee parking; (4) consider development of the St. Luke's MOB/Expansion Building on the parking lot and consider development of the portion of St. Luke's Campus west of San Jose Street (i.e., the parking lot) with residential uses, which would be consistent with the existing RH-2 zoning and compatible with existing adjacent residential uses. The comment states that one of these alternatives would be feasible and would avoid or reduce the significant impacts of the new hospital on adjacent residential uses to the west. Please see Response ALT-1 (page C&R 3.22-11) for more information regarding the range of potentially feasible alternatives considered and evaluated in the Draft EIR**.** In response to the comment's suggestion to place the replacement hospital on the site of the existing St. Luke's Hospital tower, this specific scenario was evaluated by CPMC and the Blue Ribbon Panel and was rejected by the panel primarily because of the disruption of services required by decommissioning and demolition of the St. Luke's Hospital tower under this scenario. Please See Response ALT-34 (page C&R 3.22-63) for more information regarding this suggested alternative and reasons why it was not pursued in the CPMC Draft EIR.

The alternative scenarios for St. Luke's Campus development described in this comment suggests that either an MOB or residential uses could be developed on the existing surface parking lot west of San Jose Avenue, presuming that either the MOB or residential uses could be built prior to, or in place of, the proposed replacement hospital. This would require that the existing hospital be demolished before any new hospital development capacity is available on the St. Luke's Campus and that the site of the old hospital is developed with the new replacement hospital. The comment suggests that during new replacement hospital construction on the site of the former demolished hospital, 60 licensed acute care beds at the existing 1970's St. Luke's Hospital tower would be temporarily relocated to other existing or proposed CPMC campuses. It is assumed that the comment is not suggesting that the replacement hospital at St. Luke's Campus not be built at all. The comment also states continuing employee parking (besides MOB development site or residential uses) at this lot as an option.

A scenario in which the locations of the proposed MOB/Expansion Building and Replacement Hospital buildings at St. Luke's Campus were switched would not result in substantially different physical environmental impacts. This is because the overall development program and footprint at the St. Luke's Campus would be the same if these buildings were not switched. As described in Response ALT-34 (page C&R 3.22-63), constructing the St. Luke's Replacement Hospital in the location of the existing hospital tower (where the MOB/Expansion Building is proposed under the LRDP) would not be feasible on the grounds that it would result in disruption of services at St. Luke's Campus and surrounding areas during decommissioning and demolition of the existing St. Luke's hospital under this scenario. Presuming that these relocation issues could be overcome, switching the sites of the proposed MOB/Expansion Building and St. Luke's Replacement Hospital could possibly result in some reduction, if not elimination, of operational air quality and noise impacts of the project on residential neighbors to the west of St. Luke's Campus.

However, the Draft EIR did not identify any significant unavoidable operational air quality or noise project impacts on neighbors of the St. Luke's Campus that could be reduced by such a switch. Impacts that are (1) less than significant to begin with; (2) reduced to a less-than-significant level with implementation of mitigation measures; or (3) significant and unavoidable identified in the Draft EIR for the LRDP would be the same under these scenarios suggested by the comment. Please refer to Response ALT-33 (page C&R 3.22-61) regarding potentially significant air quality and noise impacts of the LRDP to off-site sensitive receptors at St. Luke's Campus. A reasonable range of alternatives has been evaluated in the EIR for the LRDP consistent with the State CEQA Guidelines, as explained in Response ALT-1 (page C&R 3.22-11).

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-51 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."

Response ALT-36

The comment states that the Draft EIR should evaluate alternate locations for the Emergency Department and loading area for the proposed new Replacement Hospital at the St. Luke's Campus, which would result in reducing some of this development's potentially significant and significant unavoidable impacts (e.g., air quality and noise impacts) on adjacent residential uses under the LRDP. Regarding the range of potentially feasible alternatives considered and evaluated in the Draft EIR, please see Response ALT-1 (page C&R 3.22-11). Please also refer to Response ALT-33 (page C&R 3.22-61) regarding the potentially significant impacts identified at the St. Luke's Campus under the LRDP, especially impacts on adjacent residential uses to the west. The Draft EIR did consider and analyze a project variant at the St. Luke's Campus that would reverse the proposed locations of the Emergency Department ambulance bay and the loading dock (Draft EIR page 2-186), which is shown on Figure 2-60 in the Draft EIR, page 2-199.

Potential impacts of the LRDP development on emergency access at the St. Luke's Campus are analyzed in Impacts TR-92 and TR-93 in the Section 4.5, "Transportation and Circulation," on page 4.5-206 of the Draft EIR. Potential impacts on loading activities and passenger loading are analyzed in Impacts TR-89,

TR-90, and TR-91 on pages 4.5-205 to 4.5-206 of the Draft EIR. As described in these discussions, impacts on emergency access and loading with the development of the LRDP at the St. Luke's Campus would be less than significant. Potential impacts on bicyclists and pedestrians of the LRDP at the St. Luke's Campus are presented in Impacts TR-87 and TR-88 on pages 4.5-203 and 4.5-204, respectively, of the Draft EIR. Impacts on bicyclists and pedestrians with the development of the LRDP at the St. Luke's Campus would be less than significant and further reduced by Improvement Measures I-TR-87 and I-TR-88. The comment further states that the Draft EIR should evaluate leaving San Jose Street open so that ambulance access and hospital 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 avoiding impacts of hospital loading on traffic flow, pedestrians and bicycles along Cesar Chavez Street. The comment also states the Draft EIR should also evaluate the location of both emergency and loading access on Cesar Chavez Street. Because no significant unavoidable impacts were identified for emergency access, loading, bicyclists, or pedestrians at the St. Luke's Campus with LRDP development, the Draft EIR is not required to consider alternatives in the Draft EIR regarding locating emergency and loading access on Cesar Chavez Street. In addition, there is a variant regarding an alternate location for the Emergency Department for the Replacement Hospital at the St. Luke's Campus which is fully described an analyzed in the Draft EIR, Chapters 2 (page 2-186) and 3 (page 3-10), respectively. Please see Response TR-99 and TR-110 (page C&R 3.7-167 and 3.7-193) for additional information on emergency access as it relates to access, loading, and traffic flow.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-45 ALT3A]

"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 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."

Response ALT-37

The comment states that the St. Luke's Campus under Alternative 3A is not consistent with the recommendations of the Blue Ribbon Panel. Specifically, the comment states that Option 5 (building over San Jose Avenue) and Option 3 (the demolition of the 1912 Building while preserving the chapel and tree) were not considered. Please also see Response HC-53 (page C&R 3.23-203), which explains the evolution of Option 5 and reasons for not incorporating Option 3 into the proposed LRDP or alternatives. Other comments state that Alternative 3A does not include the Blue Ribbon Panel's recommendations of medical services (e.g., medical/surgical services, pediatrics, center of excellence in senior health care, and skilled nursing beds to serve orthopedics).

Over the summer of 2008, the Blue Ribbon Panel (more fully described in Response HC-53 on page C&R 3.23-203) was convened to hear public input and make recommendations about the future of the St. Luke's Campus. In meetings held on June 18, 2008, and June 25, 2008, the Blue Ribbon Panel was given

information about on-site development issues at the St. Luke's Campus[27] and the panel discussed a variety of siting options on the St. Luke's Campus. In the June 18, 2008 meeting, three site options were presented: Option 1, the site of the existing hospital ("1970 Tower site"); Option 2, the site of the existing Physician's parking lot ("Parking Lot site"); and Option 3, the site of the existing 1912 and 1957 building ("1912 site"). The Blue Ribbon Panel requested that two additional sites be evaluated: Option 4, hospital development on the site of the existing St. Luke's Campus Parking Garage ("Parking Garage site"); and Option 5 ("San Jose site"), which is located within an existing public right-of-way (San Jose Avenue) and immediately adjacent to the existing hospital in order to provide some space between the proposed St. Luke's Replacement Hospital and the neighboring residences located immediately to the west.

The Blue Ribbon Panel developed a formal recommendation on July 1, 2008, and specifically identified "Option 5" as the preferred alternative, because it best met the "value criteria" identified by the Blue Ribbon Panel, which included: Continuity of Service to Patients, Low Neighborhood Impact, An Accessible and Welcoming Presence, The Lowest Life Cycle Costs of the New Facility, Time to Entry, Future Flexibility, and Openness to New Care Models.

Once the Blue Ribbon Panel's recommendations were largely accepted by the CPMC Board of Directors, facility planning efforts began in earnest, and public meetings to provide input to this process were convened. The CPMC planning team started with the recommended Option 5 siting, but the actual hospital footprint was shifted westward to accommodate planning challenges discovered during the initial design phase.

The St. Luke's Replacement Hospital plan, discussed with the public on January 26, 2009, retained an approximately 50-foot setback from the neighboring residences to the west[28], as opposed to approximately 120 feet setback shown in the earlier Blue Ribbon Panel site planning diagrams. At the public meeting on January 26, 2009, and in direct meetings with neighbors afterwards, strong concerns about the presence of outdoor loading activities in the setback area resulted in the replacement hospital proposal being modified to enclose the loading activities within the replacement hospital, with the loading entrance proposed to be off of Cesar Chavez Street.

On June 23, 2009, another public meeting was convened to discuss the evolving St. Luke's Replacement Hospital design. An updated replacement hospital design that addressed the community response to the previous January 26, 2009 design was presented, which addressed various constraints identified during the design process.[29] This updated design proposed to enclose the hospital's loading area in order to reduce the visibility and potential noise associated with required loading activities. To accomplish this, the replacement hospital building footprint was moved further toward the western property line.

Since this design proposal, the proposed St. Luke's Replacement Hospital design evolved in two additional ways to further align with the intent of the Blue Ribbon Panel. First, the nursing tower has been oriented north-south and moved eastward, resulting in a lower podium/base along the western edge of the site. Secondly, a consistent 17-foot setback has been provided along two-thirds of the length of the western face of the podium.[30]

The proposed LRDP at the St. Luke's Campus is consistent with the intent of Blue Ribbon Panel Option 5, but is not the same as the preliminary schematic plans drawn prior to the detailed replacement hospital facility design being undertaken.

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[27] California Pacific Medical Center St. Luke's Campus Master Planning, 2008 (June 18) *Blue Ribbon Panel Presentation* and California Pacific Medical Center St. Luke's Campus Master Planning, 2008 (June 25) *Blue Ribbon Panel Presentation.*

[28] Proposed Site Plan for St. Luke's Campus as shown in "You are invited to a Community Forum on the New St. Luke's Hospital The Future of Health Care in San Francisco" 2009 (January 26).

[29] St. Luke's Replacement Hospital Site Advantages/Constraints. 2009 (June 17),

[30] CPMC. St. Luke's Campus Update. 2009 (June 23).

The comments also state that Option 3 considered by the Blue Ribbon Panel (construction of the St. Luke's Replacement Hospital on the 1912 Building site and preserving the historic chapel and landmark tree) should be evaluated. As required by CEQA, the Draft EIR evaluates a reasonable range of alternatives, including two variations of the No Project Alternative at the St. Luke's Campus and Alternatives 3A and 3B, which would result in a different level of development at the St. Luke's Campus, compared to development at this campus under the LRDP.

Although an EIR must consider a reasonable range of potentially feasible alternatives, it does not have to identify and analyze alternatives that would not meet most of a project's basic objectives. An EIR also does not have to discuss every possible variant or permutation of analyzed alternatives,[31] or alternatives that would not further reduce or eliminate significant project effects. Because the Draft EIR has considered a reasonable range of alternatives, it is not necessary to analyze alternatives that would involve configuring the St. Luke's Replacement Hospital to the precise footprint evaluated by the Blue Ribbon Panel as Option 5, or that would involve constructing the St. Luke's Replacement Hospital at the site of the 1912 Building as per Blue Ribbon Panel's Option 3, as suggested by the comment.

Demolition and removal of the 1912 Building would also be a significant impact with respect to effects on the St. Luke's Campus historic architectural resources. As explained in the Draft EIR, page 4.4-33, the historical evaluation of the St. Luke's Campus indicated that the 1912 Building (3555 Cesar Chavez Street) appears to be eligible for listing in the California Register of Historical Resources under Criterion 3 (architecture) as an early San Francisco work of a master architect, Lewis P. Hobart, and for embodying the distinctive characteristics of the unified hospital design from the early 20th century.[32] The Planning Department's Preservation Technical Specialist concurred with this finding.[33] An alternative that would involve construction of the St. Luke's Replacement Hospital on the site of the existing 1912 Building would therefore likely result in significant and unavoidable impacts to a historical resource.

[31] *Jones v. Regents*, 183 Cal. App. 4th 818, 827 (2010); see also *Mira Mar Mobile Cmty. v. City of Oceanside*, 119 Cal. App. 4th 477 (2004). (EIR need not consider in detail every conceivable variation of alternatives stated).

[32] California Pacific Medical Center, 2009 (May), *Historic Evaluation Report for St. Luke's Campus: California Pacific Medical Center*, San Francisco, CA: prepared by Knapp Architects, pages 33–34.

[33] San Francisco Planning Department, 2009 (May 26), *Historic Resource Evaluation Response: St. Luke's Campus, California Pacific Medical Center*. Case 2005.0555E, San Francisco, CA: Major Environmental Analysis Division, pages 2–3.

3.23 OTHER ISSUES

3.23.1 HEALTH CARE

During the Draft EIR public review and comment period, many comments related to a broad set of health care issues were received by the City. As is explained in Response INTRO-7 (page C&R 3.1-17), these issues are social and economic in nature, and under CEQA, are not required to be addressed in an EIR. Nevertheless, reflecting the intense interest in these issues expressed by the public and the decision-makers, and in the interest of responsiveness, the Planning Department has provided extensive information in response to these comments.

Many of the comments represent interconnected and interrelated questions about issues related to acute, non-acute, and emergency health care services provided by CPMC; access to health care by people of all areas and income levels in San Francisco; the relationship of proposed changes to CPMC facilities to other hospitals in the City; and the relationship of the proposed LRDP to comprehensive planning of health care services in San Francisco. To most effectively address the myriad concerns and questions raised, this section is presented in a different format than the other sections in this C&R document. The first part of this section provides comprehensive responses to major comments about health care, grouped as follows:

Major Response HC-1 Acute-Care Beds

Major Response HC-2 Location, Size, and Scope of Services at Cathedral Hill, St. Luke's, and Davies

Major Response HC-3 Impacts on Other Hospitals

Major Response HC-4 Psychiatric Beds

Major Response HC-5 Effect on Emergency Services

Major Response HC-6 Skilled Nursing Facilities (SNF)

Major Response HC-7 Access to Single-Occupancy Rooms

Major Response HC-8 Access to Health Services

Major Response HC-9 Health Care Master Plan

After these Major Responses, commencing at Section 3.23.1.3 at page C&R 3.23-44, a set of responses to all comments received on the issue of health care follows. Many of these responses to individual comments reference back to one or more of the Major Responses.

3.23.1.1 MAJOR RESPONSES TO COMMENTS

Major Response HC-1: Acute-Care Beds

Comments Overview

A number of comments state that CPMC would reduce the number of existing licensed, acute-care beds in a manner that would cause a reduction in local and regional health care services. Several of the comments suggest that the reduction might have the secondary effects of increasing demand on other health care providers, including San Francisco General Hospital, and increasing traffic, air quality, and public service impacts caused by shifting patients to other non-CPMC facilities.

Response

The proposed LRDP would reduce the number of licensed acute-care beds with the proposed shift to single-patient rooms, but this reduction in underutilized, multi-person occupancy rooms would not result in a loss of services. Sufficient licensed bed capacity would be provided within the CPMC system to meet current and projected patient demand. No direct or indirect physical environmental impacts would occur from the reduction in the total number of licensed acute-care beds, as explained below.

Reduction in Licensed Beds

Overall, licensed beds (beds that CPMC would hold a license to operate) on all CPMC campuses in San Francisco for all types of beds (i.e., acute care, skilled nursing, and psychiatric) would decrease by 271 beds under the proposed LRDP, from approximately 1,174 licensed beds (existing in 2010) to 903 licensed beds, a 23 percent reduction in total licensed beds. Licensed acute-care beds would be reduced from 890 to 698, a 22 percent reduction. No reduction in psychiatric beds would occur under the proposed LRDP (which would remain at 18). Licensed skilled nursing beds would be reduced from 218 to 139, a 36 percent reduction. See update to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses," in the Draft EIR, page 2-10, in Response PD-6 (page C&R 3.2-6), and Ch. 4, "Draft Text Changes" of this C&R document.[1]

A number of comments state that a reduction in licensed beds would equate to an equivalent loss of health care services. Although the proposed LRDP would result in a reduction in licensed acute-care beds, it would not reduce the level or capacity of care. This largely would be because the remaining number of beds would still be sufficient to deliver all of the acute-care programs and services CPMC delivers currently and plans to deliver in the future. Also, new single-patient rooms as planned under the LRDP for all CPMC campuses that would provide acute care inpatient beds would allow a more efficient utilization than the multi-patient rooms that currently exist at CPMC campuses, as explained below.

Older hospital buildings, such as the St. Luke's 1970 hospital tower and CPMC's existing acute-care facilities at the Pacific and California Campuses, generally have been licensed to enable the placement of two or more patients in the same room. However, in practice, often only one bed per room is available or even needed because of patient demand. The number of beds that are actually used for patient care on a daily basis in the CPMC system is substantially less than the number that is licensed. For example, the California Office of Statewide Health Planning and Development (OSHPD) indicates that the average daily census (actual patients in licensed beds) for all of CPMC in 2009 was 559; an occupancy rate of 48 percent for licensed beds (of the 1174 total beds) systemwide.[2] In 2010, CPMC's observed maximum systemwide census was 656; an occupancy rate of 56 percent[3] (which is substantially below the proposed total of 903 licensed beds). These low occupancy rates reflect a past industry practice of retaining licensed acute-care bed capacity beyond what the actual demand required.

With the shift from multi-patient rooms to single-patient rooms under modern hospital guidelines, newer facilities, such as the proposed St. Luke's Replacement Hospital and the proposed Cathedral Hill Hospital, are projected to have a higher occupancy rate, that is, a much higher percentage of licensed beds are expected to be used (about 80 percent, with variation by bed type) than with the current multi-bed

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1 See Major Response HC-4 (page C&R 3.23-66) regarding CPMC's commitment to maintain 100 SNF beds. See also CPMC, Memorandum from Malia Weinberg to AECOM re: Update to Table 2-2 in the Draft Environmental Impact Review REVISED (Feb. 4, 2011).

2 Source: OSHPD Automated Licensing and Report Tracking System (ALIRTS) website, Annual Utilization Reports for California Pacific Med Ctr-Pacific Campus, 2009, California Pacific Med Ctr-California West, 2009, California Pacific Med Ctr-California East, 2009, California Pacific Med Ctr-Davies Campus, 2009, and California Pacific Med Ctr-St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 6, 2011.

3 CPMC, Memorandum from Malia Weinberg to Geoffrey Nelson re: CPMC's maximum census in 2010 (Apr. 5, 2011).

mode,[4] and thus could serve a larger number of patients than a comparable hospital with shared patient rooms. The efficient use of beds in a multi-patient room environment is limited by a number of factors, such as the gender and diagnosis of the patients, as well as infection control and privacy concerns. Compared to multi-patient rooms, single-patient rooms provide a number of benefits, including:

- superior infection control through reductions in airborne-related and contact-related nosocomial (hospital-acquired) infections;
- better patient flows and fewer patient transfers;
- increased patient safety through fewer medication errors;
- improved patient privacy, in turn encouraging more thorough consultations between patients and their care providers (Patient privacy is a personal patient-family concern, when addressing delicate issues of medical treatment, procedures, surgery and prognoses, a life and personal dignity concern, and a legal privacy concern under HIPPA.);
- reduced patient stress, promoting a more rapid return to wellness;
- increased patient satisfaction;
- increased efficiency through reduction in patient delays (matching genders and diagnoses) when deciding room placement and lower operating costs through reduced infection rates;
- easier room decontamination (as housekeeping does not have to be concerned with disturbing the other patient in the room while preparing a bed for a new admission);
- higher staff compliance with hygiene protocols; and
- more space for family and visitors.[5]

As a result, a hospital that uses single-patient beds has better control over patient placement and care delivery that, in turn, reduces operational costs, maximizes efficiency, and improves patient outcomes.[6]

The proposed LRDP would have about 700 acute-care beds. At the anticipated 80 percent occupancy rate for acute-care beds, the proposed LRDP would serve about 560 acute-care patients, as shown in C&R Table 3.23-1.

Thus, although the LRDP would reduce the total number of licensed acute-care beds, there would be adequate total capacity to accommodate all of CPMC's current and projected patient volume, including adequate capacity for peak seasonal and emergency utilization periods for acute-care beds.

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[4] The Lewin Group. 2009 (June 26). *California Pacific Medical Center Institutional Master Plan Review*. Quarterly financial reports in the four quarters ending December 31, 2008, at page 18 (citing OSHPD).

[5] Agency for Healthcare Research and Quality, "Transforming Hospitals: Designing for Safety and Quality," accessed at www.ahrq.gov/qual/transform.pdf; Detsky, Michael E., MD & Etchells, Edward, MD, MSc, *Single-Patient Rooms for Safe Patient-Centered Hospitals*, Journal of the Am. Medical Ass'n, Aug. 27, 2008, Vol. 300, No. 8. 954-56.

[6] For example, the 2006 American Institute of Architects' Guidelines for Design and Construction of Health Care Facilities cites on page xx of the Preface that, for medical/surgical (including postpartum) units, "the single-bed room is the minimum standard for new construction." Also, on page 40, Section 3.1.1.1, "Capacity," the Guidelines state, "In new construction, the maximum number of beds per room shall be one unless the functional program demonstrates the necessity of a two-bed arrangement."

C&R Table 3.23-1
CPMC Available Beds with Proposed LRDP

Bed Types	2010 Licensed Bed Count	2009 Average Daily Census	Rebuild Bed Count
CPMC—Total	1,174	559 (656 maximum in 2010)	903
Acute Care	890	388	698

Source: Data provided by CPMC and compiled by AECOM in 2011

The decreased need to retain excess hospital acute-care bed capacity is also supported by technological and other clinical advances that reduce the need for hospitalization for the delivery of medical services and treatment. Increasingly, many types of care that used to be provided in an inpatient hospital setting can be safely and more efficiently performed outside of a hospital (i.e., on an outpatient basis).[7] Hospital stays are also becoming shorter.[8] These trends are reflected in an overall national decline in both the number of hospitalizations and the average length of stay in a hospital.[9] Additional factors reducing hospital bed demand include increased provision of medical services in ambulatory care centers such as surgery centers, gastrointestinal centers, express clinics, etc., and pharmaceutical and technological advances that shift patient care to outpatient settings.[10]

Future planning assumes the following occupancy rates by bed type: Acute: 80 percent, Rehabilitation: 88 percent, Psychiatric: 85 percent, and Skilled Nursing: 94 percent.[11] Multiplying these occupancy rates by licensed beds (see Table 2-2 in the Draft EIR, page 2-10) would result in a projected normal operating capacity of 722 patients systemwide. Source: Data provided by CPMC, as excerpted in the following table.

[7] See Richard Haugh, 2006 (August), *Outpatients: Here Today, Gone Tomorrow?*, Hospitals & Health Networks, Health care consulting firm predicts that on a national level, "while inpatient care will grow 9 percent during the next 10 years, outpatient care will grow 17 percent."; *Outpatient Pulse Report 2009:* Press Ganey Associates, Inc., 2009, *Patient Perspectives on American Health Care*, "[O]utpatient services continue to gain market share as a result of technological and clinical advances and consumer and payer demand . . . [T]he federal Centers for Disease Control and Prevention reports that from 1996 to 2006, visits to specialty offices climbed by 29 percent."

[8] See Alyssa Turkewitz and Gerard Colman, 2009 (October 8), *Out-and-Out Care*, available: www.Hospitalmanagement.net, "Use of outpatient surgery, largely driven by advances in minimally invasive procedures, is also on the rise, not just in oncology but industry-wide. According to the Advisory Board, in 1980, of all surgeries performed, 20 percent were outpatient; in 2007, 59 percent were outpatient; and it is projected that in 2017, 63 percent of all surgeries will be performed in an outpatient setting, and health care organizations benefit from decreased surgical average lengths of stay, better reimbursement rates and decreased expenses."; Kara Olsen, *Outpatient Outlook*, HealthLeaders, available: www.healthleadersmedia.com, accessed October 18, 2010, "Minimally invasive and interventional procedures have decreased the need for lengthy hospital stays, and high-tech imaging equipment has moved out of hospital corridors and into easier-access locations."

[9] Total inpatient encounters in the U.S., calculated by multiplying the total number of hospital admissions by the average length of hospital stay for persons aged 18 or older (using data on hospital discharges from the National Hospital Discharge Survey), declined from well over 250,000 per year in 1980 to approximately 150,000 in 2005. David O. Meltzer, MD, PhD and Jeanette W. Chung, PhD, 2010 (March), *U.S. Trends in Hospitalization and Generalist Physician Workforce and the Emergence of Hospitalists*, Journal of General Internal Medicine.

[10] American Hospital Ass'n, *Trendwatch: The Migration of Care to Non-hospital Settings: Have Regulatory Changes Kept Pace with Changes in Health Delivery?* (July 2006).

[11] CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Occupancy Rate Assumptions (May 12, 2011).

The figures for rehabilitation, psychiatric, and SNF beds are provided below:

Bed Type	2010 Licensed Bed Count	2009 Average Daily Census	Rebuild Bed Count
Rehabilitation	48	23	48
Psychiatric[1]	18	12	18
Skilled Nursing[2]	218	87	139

1 Please see Major Response HC-4 (C&R 3.23-19) for further discussion of psychiatric beds.
The skilled nursing figures do not include subacute-care beds. For further information on subacute care allocation and the CPMC commitment to maintain 100 SNF beds, please see Major Response HC-6 (C&R 3.23-25). Source: Data provided by CPMC and compiled by AECOM in 2010

Distribution between Campuses

A number of comments state that the proposed LRDP would result in a citywide redistribution of patients and services, such as, for example, from south of Market Street to north of Market Street area, because of the overall reduction in total acute-care licensed beds and the reduction of licensed acute-care beds at the St. Luke's Campus. The LRDP would not result in significant adverse changes to the availability and distribution of health care services in the City because, as explained by The Lewin Group, independent experts selected by the City to evaluate CPMC's Institutional Master Plan (IMP) on behalf of the Department of Public Health, "[t]he [LRDP] plan expands access to staffed acute-care beds, ambulatory care services, emergency services, diagnostic testing resources availability, and outpatient care access points without significantly altering patient access patterns.[12] These additional services represent an increase in the availability of health care services in San Francisco.[13]

Acute-care beds are further discussed campus-by-campus in the discussion below. This discussion notes that each campus would, through utilization of single-patient rooms, have sufficient bed capacity to meet current and projected demand for CPMC facilities and accommodate peak demand periods, and that there would be no need to shift acute-care patients to other CPMC or non-CPMC facilities.

Cathedral Hill, Pacific, and California Campuses

The existing California Campus has 299 licensed acute-care beds.[14] The Pacific Campus has 295 licensed acute-care beds. Together, the California and Pacific Campus hospitals currently have 594 licensed acute-care beds, 386 of which are in multi-patient rooms. The average daily census at the California and Pacific Campus hospitals together was 295 acute-care patients for the 8-year period from 2002 through 2009 (50 percent occupancy), ranging from a low of 253 (43 percent occupancy) in 2006 to a high of 310 (52 percent occupancy) in 2007.[15] This reflects a utilization rate of approximately 50 percent for licensed beds. The proposed Cathedral Hill Hospital would have 555 licensed acute-care beds. At 80 percent occupancy, the single-patient rooms would accommodate an average daily census of 444 patients, which would more than accommodate the average daily census of 295 patients attributable to the Pacific and California Campus hospitals together and accommodate projected demand, including capacity to meet peak demand periods.

12 Lewin Group Report, 2009(June 26). *California Pacific Medical Center Institutional Master Plan Review*page 2; Ibid., page 34.
13 Ibid., page 34.
14 OSHPD, ALIRTS, Licensed Bed History, California Pacific Med Ctr-California West, http://www.alirts.oshpd.ca.gov/LFIS/bedhistory.aspx?FacilityId=417, accessed Apr. 7, 2011.
15 OSHPD, ALIRTS, Annual Utilization Report of Hospitals for California Pacific Med Ctr-California West, for years 2002 through 2009, and California Pacific Med Ctr-Pacific Campus, for years 2002 through 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 6-7, 2011. Does not include skilled nursing or inpatient psychiatric patients, who would not transfer to the proposed Cathedral Hill Campus.

St. Luke's Campus

The existing St. Luke's Hospital tower is licensed for 150 acute-care beds, 94 of these in multi-patient rooms. According to data from the OSHPD,[16] the average daily census of acute-care beds at the St. Luke's Campus for the 8-year period from 2002 through 2009 was 60 acute-care patients (40 percent occupancy), ranging from a low of 50 (33 percent occupancy) in 2008 to a high of 71 (47 percent occupancy) in 2003. For the most recent year with data available, 2009, St. Luke's Hospital averaged 51 acute-care patients (34 percent occupancy).

The St. Luke's Replacement Hospital would have 80 licensed acute-care beds. At 80 percent occupancy, it would accommodate 64 acute-care patients at St. Luke's Campus, which would more than accommodate the current demand at Saint Luke's, and accommodate projected demand,[17] including capacity to meet peak demand periods.

Davies Campus

The Davies Campus has 146 licensed acute-care beds, and 110 of these are in multi-patient rooms. According to OSHPD data for the most recent year with data available (2009), the average daily census for acute-care beds at the Davies Campus was 42 acute-care patients (29 percent overall occupancy).[18] Under the proposed LRDP, 63 licensed acute-care beds would be located in the Davies Hospital North Tower, in single-patient rooms. With acute-care bed occupancy increased to 80 percent, approximately 50 acute-care patients could regularly be accommodated at the Davies Campus. Thus, the Davies hospital would accommodate existing and projected demand at Davies with capacity to meet peak periods.

Regional Health Facilities

Some comments suggest that the proposed LRDP would contribute to a region-wide reduction in the number of licensed acute care and SNF beds in all Sutter Health facilities, including CPMC facilities in San Francisco, which in turn would have the cumulative effect of shifting patients to other non-Sutter Health medical facilities and result in other unidentified public services, traffic, and air quality impacts. As explained below, these comments are not supported by substantial evidence and are inconsistent with evidence that is in the existing record.

Moreover, no evidence was submitted by the comments to support the claim that the proposed LRDP would contribute to a region-wide reduction in beds in Sutter Health facilities that would, in turn, create adverse effects on other public services or other indirect effects, such as increased regional traffic and associated air quality impacts, that would require analysis in the CPMC LRDP EIR. As discussed above, the record shows that the inpatient and outpatient capacity proposed for CPMC facilities under the LRDP would be sufficient to meet CPMC's existing and projected demand for inpatient and outpatient services and that the LRDP would not result in any transfers of patients to other CPMC or non-CPMC or non-Sutter Health medical facilities, causing potential significant physical environmental impacts.

Some comments (e.g., Comments 96-4 and 110-4) provide data regarding hospital closures and reduction in licensed beds at other Bay Area hospitals. The data provided is inconsistent with OSHPD information on licensed beds for the referenced facilities and with CPMC's rebuild licensed bed count. A comparison between the number of patients currently served versus future anticipated capacity under the various

[16] OSHPD, ALIRTS, Annual Utilization Report of Hospitals for St. Lukes Hospital, 2002 through 2008 and California Pacific Medical Center - St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011.

[17] The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 25.

[18] For acute rehabilitation beds, it was 23 (48 percent occupancy), and for skilled nursing beds it was 31 (82 percent). Average daily census across all service lines was 97 (42 percent occupancy).Source: OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Davies Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011.

Sutter Health 'rebuild' plans in the Bay Area region, as requested and referenced in several comments, is provided in C&R Table 3.23-2 below. This comparison shows that the Sutter Health regional rebuild projects cited in the comments would have sufficient capacity to accommodate Sutter Health's existing patient volume at its respective facilities, as well as varying levels of future anticipated growth.

Although certain program modifications or closures are cited in the comments, such as psychiatric services with an average daily census of eight patients being closed at Eden Medical Center, no evidence is presented in the comments or elsewhere in the record of any major transfer of services from a Sutter Health facility to a non-Sutter Health facility, or of any direct or indirect environmental impacts that might result from these hospital projects (which were necessitated to comply with state law regarding seismic upgrade of hospital facilities, SB 1953), or of any contributing impacts from the proposed LRDP. The 2008 IMP for the proposed CPMC LRDP recognized that approximately 30 percent of existing CPMC hospital patients come from outside San Francisco,[19] and no evidence exists that changes in other Sutter Health programs elsewhere would affect this pattern. Dr. Mitch Katz, former Director of the City of San Francisco Department of Public Health, acknowledged the regional pattern of CPMC being a destination hospital; "the regional dynamic is people come here for medical care."[20]

Other comments suggest that regionalization of Sutter Health's corporate governance structure would entail closures of services and increased transfers of patients between cities resulting in significant environmental impacts under CEQA. No evidence was presented in the comments, however, that internal corporate governance structures, monetary transfer policies, or other matters would result in potential physical environmental impacts that would be caused by the proposed CPMC LRDP in San Francisco. Business decisions made by Sutter Health or its affiliates in other jurisdictions do not relate to the adequacy of the Draft EIR's analysis of the LRDP or environmental effects of the LRDP under CEQA.[21]

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[19] Type of service and breakdown in CPMC patient origin by SF/region are described in the 2008 IMP document. California Pacific Medical Center, 2008, *California Medical Center 2008 Institutional Master Plan,* San Francisco, prepared by the Marchese Company, Inc., available: http://rebuildcpmc.org/assets/08IMP_CPMC.pdf, accessed Dec. 20, 2010. Patients who come from outside San Francisco for health care at CPMC are often drawn by CPMC's noted specialty programs. See California Pacific Medical Center, 2008, available: http://rebuildcpmc.org/assets/08IMP_CPMC.pdf, at page vi, accessed Dec. 20, 2010. The proposed LRDP would allow CPMC to continue to deliver these same local and regional health care services.

[20] Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.

[21] A few of the commenters have cited the transfer of one stroke patient in Novato to a CPMC hospital in San Francisco (rather than to the nearest stroke center in Greenbrae) as evidence that regional consolidation of Sutter Health facilities would result in increased transfers of patients between cities and, therefore, in potentially significant new traffic and associated air quality and greenhouse gas emissions impacts. The comments stem from articles in the Marin Independent Journal.
One patient transfer is not substantial evidence that the LRDP will increase patient transfers to such a degree that vehicle traffic would result in new, potentially significant indirect environmental impacts. CPMC provided several documents responsive to this article. These documents included an entry on the Marin Independent Journal website (dated May 20, 2010), that stated it was from the patient's family and praised the transfer decision. CPMC also provided a copy of a letter from Gordon Hunt, MD, Senior Vice President and Chief Medical Officer of Sutter Health, dated May 25, 2010, stating that physicians at Sutter make any determination regarding transfer of a patient based on what is best for that patient in the treating physician's judgment, whether or not that means the patient must be sent to a hospital within or outside of the Sutter Health network.

C&R Table 3.23-2
San Francisco Bay Area Hospital Bed Counts

Sutter Health Facility	2010 Licensed Bed Count[1]	2009 Average Daily Census[2]	Rebuild Licensed Bed Count[3]
Alta Bates Summit[4]	1,036	537	1008
CPMC	1,174	559	903
Eden Medical Center	178	113	130
San Leandro Hospital	93	47	[see note][5]
Sutter Medical Center Santa Rosa	135	62	826
Mills Peninsula Medical Center	340	246	385
TOTAL	**2,956**	**1,564**	**2,508**

Notes:
[1] Source: OSHPD "ALIRTS" licensure database: www.alirts.oshpd.ca.gov.
[2] See footnote above for licensure URL; for each facility license, click on "View Utilization Report," or "View Report" and select 2009 (most recent available data). Reports list "Patient (Census) Days." Average Daily Census (ADC) can be easily calculated by dividing total patient days by 365.
[3] All new beds would be in single patient rooms. CPMC, Memorandum from C. Scheuerman, January 7, 2011.
[4] Alta Bates Summit Medical Center consists of the Summit Campus (Providence and Merritt Pavilions) Alta Bates Campus, and Herrick Campus. The Merritt Pavilion was not included in the data provided in Response HC-36 (page C&R 3.23-179). At the Oakland-Merritt hospital, a new 309-bed patient pavilion will be developed to comply with SB 1953 requirements, replacing a 337-bed facility. The New Merritt Pavilion, like the other replacement facilities, will have all single patient rooms. Although there is an overall reduction in the total number of licensed beds, the capacity of the 309-bed replacement facility easily accommodates that hospital's patient population (2009 average daily census of 195) with room for growth.
[5] Sutter Health's intent is for the San Leandro Hospital building to be leased to Alameda County for its Acute Rehabilitation program. Sutter Health has committed to pursuing "an 18-20 bed acute rehabilitation unit" within the hospital, but overall bed capacity has not been identified and, as of this writing, an agreement with the County has not been finalized. A supply and demand analysis, prepared in connection with the review of the Eden Medical Center project, indicated that while utilization rates might rise at the Eden Medical Center replacement hospital and some other area hospitals, surplus beds would be available, and even with a complete closure of San Leandro Hospital, adequate capacity would exist to absorb emergency and acute-care demand. Therefore, little or no impact would occur on the physical environment from any change of services. See California Nurses Association v. County of Alameda, Order Denying Petition for Writ of Mandate, filed June 28, 2010, page 6-13.
[6] Building designed for initial buildout of 82 beds with ability to expand by 29 beds.
Source: California Pacific Medical Center 2010

Major Response HC-2: Location, Size, and Scope of Services at Cathedral Hill, St. Luke's, and Davies

Comments Overview

A number of comments suggested that CPMC services should be distributed among the various campuses in a different way than proposed under the LRDP. In particular, it was suggested that more acute-care beds should be provided at St. Luke's Campus, and also that fewer acute-care beds should be located at the proposed Cathedral Hill Campus. Some comments also suggested that the proposed Cathedral Hill Campus would be poorly located, would be too large, would not be accessible, or would create direct or indirect environmental impacts that were not discussed in the Draft EIR. Several comments also expressed concern about the size and scope of services at the St. Luke's Campus. With respect to the Davies Campus, some comments expressed concern that the scope of the existing community hospital and other services at the existing hospital at the Davies Campus might be reduced to accommodate the proposed expansion of neuroscience and rehabilitation services.

These comments are grouped together, because they all relate to the proposed LRDP being envisioned as a system of health care that would rely on a central tertiary hospital and feeder community hospitals.

Response

A number of these comments are beyond the scope of CEQA's mandate for consideration of socioeconomic effects. The effects of the location, size, or scope of facilities on health care delivery would not necessarily result in physical environmental impacts. The environmental effects of the proposed LRDP are fully analyzed, and no evidence is offered to the contrary.

The proposed Cathedral Hill Campus would be centrally located with respect to the existing California and Pacific Campuses and would consolidate and relocate acute care, emergency, and other services from the California and Pacific Campuses. Consolidation of tertiary and other services at one location would provide operational efficiencies and improved coordination and treatment as explained below and in the Draft EIR (see pages 1-2, 2,7 through 2-9, 2-26, and 6-400 of the Draft EIR). Neither the St. Luke's nor Davies Campuses would experience reductions of services that would have adverse effects elsewhere.

Cathedral Hill Campus

i. Location

The location for the proposed Cathedral Hill Campus was determined by CPMC after considering several alternatives, including the possibilities of retrofitting existing CPMC facilities or developing alternate sites. These alternatives were rejected from further consideration for various reasons, as discussed in Section 6.3, "Alternatives Considered but Rejected" in the Draft EIR, page 6–8.

From a citywide hospital distribution perspective, the proposed LRDP has been planned in the context of other proposed and pending medical campus projects in the City. Three new hospital facilities have been recently planned in the south of Market Street area: CPMC's proposed St. Luke's Replacement Hospital, San Francisco General Hospital's replacement hospital, and the University of California, San Francisco's new hospital/medical campus at Mission Bay. CPMC's proposed Cathedral Hill Campus is the only new acute-care facility currently proposed in the north of Market Street area. Acute-care services from the Pacific and California Campuses would be relocated and consolidated at the proposed Cathedral Hill Hospital. The Cathedral Hill Hospital would be approximately .5-mile from the Pacific Campus and 2 miles from the California Campus, and would accommodate CPMC patients, especially those that currently use the California and Pacific Campuses, whose acute-care inpatient services and facilities are being relocated and consolidated at Cathedral Hill. It would also be conveniently located for CPMC's existing affiliated physicians, who currently service patients at the Pacific or California Campuses and at outpatient facilities.

The proposed Cathedral Hill Campus would be at the intersection of two major transit corridors and would be closer than the existing California and Pacific hospitals to the area of San Francisco (the Tenderloin) with the highest residential population density, including the highest population density of low-income households, seniors (the most frequent users of hospital care), children and youth.[22] Because the proposed Cathedral Hill Campus would be closer to major transportation arterials and the Tenderloin neighborhood, the Lewin Group Report recognized the possibility that, with its expanded Emergency Department, the proposed hospital would experience an increase in Medi-Cal and indigent neighborhood walk-in patients over existing levels at the California and Pacific Campuses.[23] The level of care provided to Emergency Room patients is based on the severity of the patients' physical symptoms, and not on their insurance status. In fact, under the Emergency Medical Treatment and Active Labor Act (EMTALA), a hospital is held accountable for taking care of all patients needing emergency health care treatment

[22] S.F. Planning Department, 2009 (May), *Draft San Francisco General Plan Recreation and Open Space Element*, p. 19, Fig. 2, "High Needs Analysis." The proposed Cathedral Hill Hospital would be located only about a half-mile from the existing Pacific Hospital and would actually be further away from the existing Kaiser Hospital than the existing hospital.

[23] The Lewin Group, 2009 (June 26). *California Pacific Medical Center Institutional Master Plan Review*,page 20.

according to the same standard of care, regardless of their ability to pay. Please also see the discussion on page C&R 3.23-41, regarding CPMC's commitments in the proposed Development Agreement for the provision of health care for the poor and underserved.

With regard to comments stating that CPMC should distribute beds differently across all CPMC campuses and, in particular, increase capacity at the St. Luke's Campus, the Lewin Group Report concluded that the consolidation of services at the proposed Cathedral Hill Campus location would not create any major health care services access issues from CPMC patients' perspectives, because "the [LRDP] plan expands access to staffed acute-care beds, ambulatory care services, diagnostic testing resources availability, and outpatient care access points without significantly altering patient access patterns. These additional services represent an increase in the availability of health care services in San Francisco."[24] For further discussion of this issue, please see, e.g., Response ALT-1 (page C&R 3.22-11), Major Response HC-8 (page C&R 3.23-32), Major Response HC-9 (page C&R 3.23-38), and Response HC-2 (page C&R 3.23-52), where the issues of health care services consolidation and access are discussed.

ii. Size and Co-Location of Services

The size and design of the proposed Cathedral Hill Hospital are based on replacing the inpatient bed capacity of the two existing hospitals at the California Campus and the Pacific Campus.[25] The consolidated location of services, physicians and support staff, building infrastructure systems, such as electrical/emergency power, fuel tanks, medical gasses, etc., and other facilities, at the proposed Cathedral Hill Campus would result in elimination of redundancies within the CPMC system, such as duplication in admitting, general support functions (e.g., environmental services [EVS], linen, food and nutrition, etc.) and clinical support functions (e.g., inpatient pharmacy).[26]

Operational efficiencies would result from the co-location of complementary services adjacent to one another at the proposed Cathedral Hill Campus.[27] Examples of complementary services to be co-located at the proposed Cathedral Hill Hospital would include the location of the Emergency Department adjacent to imaging, location of the Pediatric Intensive Care Unit (PICU) adjacent to the Pediatrics Unit, location of respiratory therapy in the Intensive Care Unit (ICU), location of the Neo-natal Intensive Care Unit (NICU) with C-Section rooms, and the "Integrated Invasive Services Platform" on the fourth floor, which would accommodate critical adjacencies among surgery, interventional radiology, cardiac catheterization, non-invasive cardiology, and other services.[28] The design of the proposed Cathedral Hill Hospital would also include a recovery, registration, and family lounge/waiting area, to be consolidated for use by all services, eliminating duplication and reducing transports for patients.[29]

Co-location of services would not diminish access to health care services, unlike what has been suggested in several of the comments. Co-location of services at the proposed Cathedral Hill Campus would mean that, for the first time, most CPMC patients with complex or advanced illnesses would be able to receive care in one location and be served by consolidated specialty care teams.[30] Patients who need services such as invasive cardiology, organ transplants, or newborn intensive care would find the specialty care teams and systems that support them all in one place.[31] This would improve clinical outcomes and reduce patient

[24] Ibid., page 34.
[25] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM), re: Size and Co-Location of Services at Cathedral Hill Hospital (Apr. 21, 2011).
[26] Ibid.
[27] Ibid.
[28] Ibid.
[29] Ibid.
[30] Ibid.
[31] Ibid.

and caregiver travel.[32] Similarly, relocation of women's and children's services from the California Campus and adult acute care from the Pacific Campus to the new full-service tertiary hospital at the proposed Cathedral Hill Campus would improve operational and care efficiencies.[33] Although the proposed Cathedral Hill Hospital would provide tertiary, specialized medical services to patients referred from other CPMC community hospitals at the Davies and St. Luke's Campuses, the Cathedral Hill Hospital itself would also operate as a full-service, community hospital. Therefore, it would provide similar services to members of the surrounding community as would a typical community hospital.

With one exception (ALS/Neurosciences-related programs would move from the Pacific Campus to the proposed Neuroscience Institute building at the Davies Campus, as described in the Draft EIR, pages 2-143 through 2-146), the service lines currently available at the California and Pacific Campuses would be available at the proposed Cathedral Hill Campus or would remain at their existing locations (e.g., inpatient psychiatric services and outpatient oncology would remain at the Pacific Campus, and skilled nursing would remain at the California Campus indefinitely, unless and until replaced elsewhere, as discussed in Major Response HC-6 [page C&R 3.23-25]).[34] Primary and specialist physician offices would migrate to the proposed Cathedral Hill Campus or would remain at the Pacific or California Campuses, depending on individual physician preferences to relocate along with their relevant service line.[35] With respect to physical distance, the maximum distance between any existing physician office or hospital service currently available at the California Campus and the proposed Cathedral Hill Campus would be approximately 2 miles (with the Pacific Campus at a distance of about .5-mile).[36]

Several comments suggest that the size and number of beds at the proposed Cathedral Hill Hospital should be reduced from what is proposed in the Draft EIR. A number of medical centers locally and across the country operate hospitals at a scale similar to what is planned for the proposed community and tertiary Cathedral Hill Hospital (i.e., 555 licensed beds). In San Francisco, the UCSF Medical Center at Parnassus Heights operates 525 beds in its Moffitt and Long Hospital. Georgetown, Northwestern, UCLA, Kaiser Los Angeles, and Cedars-Sinai all operate single-site hospitals with over 500 beds.[37] Stanford Medical Center is proposing to build a 600-bed hospital in response to state seismic deadlines, and UCSF has broken ground on the first phase of a 550-bed hospital in the southeast portion of San Francisco.[38] A recent London School of Economics study of almost 1,200 hospitals in America, Britain,

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32 The Lewin Group, 2009 (June 26). *California Pacific Medical Center Institutional Master Plan Review*, page 2. The Lewin Group report states that an evidence base exists to support higher quality outcome results from the consolidation of tertiary and quaternary services. Hospitals, physicians, and care teams that perform a high volume of procedures are likely to realize better outcomes than lower volume counterparts.
The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 18; Alyssa Turkewitz and Gerard Colman, 2009 (October 8), *Out-and-Out Care*, Hospitalmanagement.net, "High volumes of patients flowing through a Multidisciplinary Care Center enhance the education and decision-making skills of the clinic's staff as they are routinely exposed to the nuances of a specific disease site. Clinical care problems can be identified more quickly, enabling solutions to be rapidly generated with a diminished level of modality-specific bias that can occur when there is no structure for discussion of patient issues across specialties."
Joe V. Selby, MD, MPH, et al., 1996 (December 19), *Variation Among Hospitals in Coronary-Angiography Practices and Outcomes After Myocardial Infarction in a Large Health Maintenance Organization*, The New England Journal of Medicine, Vol. 335, No. 25, page 1888, "Patients treated at hospitals with higher rates of angiography had more favorable outcomes than those treated at hospitals with lower rates."

33 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM), re: Size and Co-Location of Services at Cathedral Hill Hospital (Apr. 21, 2011).

34 Ibid.

35 Ibid.

36 Ibid.

37 OSHPD, ALIRTS, Licensed Bed History, Cedars Sinai Medical Center and Licensed Bed History, UCSF Medical Center, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011; Georgetown University Hospital, *About Georgetown University Hospital*, http://georgetownuniversityhospital.org/body.cfm?id=557404, accessed Apr. 8, 2011; Hospital-Data.com, *Northwestern Memorial Hospital – Chicago, IL*, http://www.hospital-data.com/hospitals/NORTHWESTERN-MEMORIAL-HOSPITAL-CHICA49.html, accessed Apr. 8, 2011.

38 Stanford Hospital & Clinics, *Stanford Hospital & Clinics and Lucile Packard Children's Hospital Unveil Plans to Rebuild, Expand Hospitals*, http://stanfordhospital.org/newsEvents/newsReleases/2006/plans.html, accessed Apr. 8, 2011.

Canada, France, Germany, Italy, and Sweden concluded that larger hospitals result in improved medical success rates.[39]

An aging population requires a multidisciplinary concentration of care for multi-system diseases, chronic disease management, and higher-level interventional treatments.[40] The proposed CPMC LRDP would include a "hub" hospital, where teams of specialists needed to meet these challenges could be provided at a single location with "feeder" hospitals (Davies and St. Luke's) providing a broad range of community hospital services, in addition to limited specialty programs appropriate to those campuses.[41]

Hospitals and certain physicians require medical office space to be on the same site or near the hospital to eliminate travel between sites.[42] Internal medicine physicians, surgeons, and obstetrics doctors are the types of doctors most likely to be found in medical buildings adjacent to hospitals.[43] These doctors need regular access to the inpatient environment, where they care for hospitalized patients, perform surgeries, and deliver babies.[44]

At the November 19, 2009, hearing on CPMC's IMP, addressing the proposed co-location of multi-disciplinary services at the proposed Cathedral Hill Hospital, Dr. Mitch Katz, former Director of the City of San Francisco Department of Public Health, stated that high volume facilities that have the largest number of specialists provide for the highest level of care.[45] Dr. Katz said, "Can you deliver great care and not all be together? Yes. But no one would do that deliberately. The evidence is that you will do a better job if it is all together."[46]

St. Luke's Campus

During 2008, a "Blue Ribbon Panel" of leaders from the health, business, and labor fields and community met and developed a plan for providing health care services at the St. Luke's Campus, in conjunction with CPMC's IMP. The panel was chaired by Bishop Marc Andrus of the California Episcopal Diocese and Dr. Stephen Shortell, Dean of the University of California, Berkeley School of Public Health.[47] The Camden Group was employed by the panel to gather, analyze, and provide relevant information.

The planned service mix and capacity of the proposed inpatient St. Luke's Replacement Hospital is in accordance with the July 2008 recommendations of the Blue Ribbon Panel and the studies prepared by The Camden Group. In September 2008, CPMC's Board of Directors accepted almost all of the Blue

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39 *How to Save Lives: Five Simple Rules for Running a First-Class Hospital*, The Economist, 2010 (October 21). The London School of Economics study concluded that hospitals with the best management practices also ranked best on a standardized measure of medical success: death rates among emergency patients experiencing heart attacks. The researchers "found that bigger is better when it came to good management. Hospitals employing 1,500 or more staff are better run than those employing more than 500, which, in turn, outperform those with more than 100 staff." The proposed Cathedral Hill Hospital would be considered a large hospital, consistent with this criterion. The researchers also found that the higher medical success score of hospitals with the best management practices "works across countries and cultures, and has unambiguous results."

40 Hubbard, Ruth E. et al., *The ageing of the population: implications for multidisciplinary care in hospital*, Age and Ageing, Sept. 2004, 33(5):479-82, Epub 2004 (Aug. 3), available: http://www.ncbi.nlm.nih.gov/pubmed/15292034.

41 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM), re: Size and Co-Location of Services at Cathedral Hill Hospital (Apr. 21, 2011).

42 Ibid.

43 "Hospital-based medical office buildings: report of a national study," 1985 (May-June), Hospital Health Service Administration [quarterly journal], 30 (3):73.

44 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM), re: Size and Co-Location of Services at Cathedral Hill Hospital (Apr. 21, 2011).

45 Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.

46 Ibid.

47 The Camden Group, 2009 (Apr. 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, p. 3. Other members of the Blue Ribbon Panel are identified in Response HC-10.

Ribbon Panel's programs and services recommendations,[48] and planning for the St. Luke's Replacement Hospital has proceeded on that basis. On November 18, 2008, the San Francisco Board of Supervisors adopted Resolution No. 478-08, which endorsed the Blue Ribbon Panel's findings for the rebuilding of St. Luke's Hospital and urged the City and County and the CPMC Board to work with each other and with all stakeholders to implement its findings quickly and responsibly, to meet seismic deadlines, and to support the critical mission of St. Luke's and the City's public health care delivery system.[49]

Thereafter, on July 21, 2009, the San Francisco Health Commission adopted Resolution 10-09, which put forward several specific recommendations regarding the St. Luke's Campus, one of which was to convene a Health Commission Task Force on CPMC's IMP to discuss and analyze progress in fulfilling the recommendations of the Blue Ribbon Panel.[50] CPMC submitted interim progress reports to the Health Commission on achieving the recommendation of Resolution No. 10-09. The Task Force reported most recently on updates and accomplishments on March 2 and September 30, 2010.

Consistent with the Blue Ribbon Panel and The Camden Group's projections, the LRDP proposes for the St. Luke's Campus: (a) 53 medical/surgical beds, accommodating both the existing patient demand for 39.5 beds and the projected future demand for 49.1 beds in 2020; (b) 8 critical-care beds, sufficient to accommodate existing patient demand for 6.6 beds and the projected future demand for 8.5 such beds in 2020; and (c) 19 labor and delivery beds (5 labor/delivery/recovery and 14 postpartum) with the ability to accommodate 1,400 births each year, which would meet the existing demand for 1,145 annual births and the projected future demand for 1,359 annual births in 2020.[51]

Except for subacute care (to be discontinued), skilled nursing (to be continued at the Davies and at California Campuses, consistent with CPMC's 100 SNF bed overall commitment) (see expanded discussion on subacute and SNF services in Major Response HC-6 (page C&R 3.23-25)) and inpatient pediatrics (to be provided at the Cathedral Hill Hospital, as described below), all of the services currently provided at the St. Luke's Campus would be maintained or expanded, including:

- various pediatric services, including outpatient pediatric services such as immunizations, well-child exams, and treatment of minor infections and accidents, and community services, including a child development center for children with special needs and a clinic directed at improving health care for the children of Bayview-Hunters Point (maintained);
- chronic disease management through a model that would use community health workers to provide health education and individualized support (maintained);
- comprehensive women's care, including a new women's care floor, with labor and delivery areas (including a low intervention birth program supported by physicians and midwives), contiguous recovery and postpartum areas, as well as versatile medical/surgical rooms allowing other gynecological procedures, and a family waiting area (expanded);
- senior care, including orthopedic surgery, medical cardiology, ophthalmic surgery, and a diabetes center (expanded);

[48] Resolution of the California Pacific Medical Center (CPMC) Board of Directors Regarding Its Response to the Recommendations of the Blue Ribbon Panel on the Future of St. Luke's Hospital (Sept. 25, 2008).

[49] Board of Supervisors of the City and County of San Francisco, Resolution No. 478-08, *Resolution commending the work of the Blue Ribbon Panel and urging all City Departments to endorse the eight recommendations of the Blue Ribbon Panel* (Nov. 18, 2008).

[50] S.F. Department of Public Health, Memorandum from Barbara A. Garcia, MPA, Director of Health, to Christina Olague, Planning Commission President, and Members of the Planning Commission re: March 10, 2011 Joint Planning Commission/Health Commission Hearing (Mar. 2, 2011), Attachment A, S.F. Health Commission Resolution No. 10-09, *Resolution Declaring Findings on the California Pacific Medical Center Institutional Master Plan* (July 21, 2009) ("S.F. Health Commission Resolution No. 10-09").

[51] The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010; *CPMC Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*, Sept. 30, 2010.

- diagnostic services, including laboratory, mammography, MRI and colonoscopy (expanded);
- family-oriented urgent care (new); and
- the Emergency Department would be 50 percent larger than the existing facility (expanded).

The expanded Emergency Department at the St. Luke's Replacement Hospital would provide differentiated treatment in dedicated individual patient rooms, including two critical-care ambulance rooms, six standard treatment rooms, four fast track rooms, and a triage room. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective urgent and emergency capacity would increase by about 22 percent, from approximately 26,000 annually today[52] to about 31,600 visits under the proposed LRDP.

The medical office building proposal for the site of the existing St. Luke's Hospital tower (proposed to be demolished in 2015) would include outpatient and medical office space, community servicing programs, and other hospital-related functions to support the inpatient programs at the hospital. Furthermore, the existing Monteagle Medical Center would undergo interior renovations and improvements, and the addition of new practices such as primary care physicians and specialty physicians (orthopedics, cardiology, etc.).

The three outpatient operating rooms with prep and recovery and outpatient imaging on the third and fourth floors of the Monteagle Medical Center would continue to operate when the new St. Luke's Replacement Hospital opens and the existing hospital tower is demolished. The operating rooms would support surgical specialties such as eye and plastic surgery. Utilization of the Monteagle Medical Center's operating rooms would enable the four new operating rooms in the St. Luke's Replacement Hospital to run more efficiently.

The number of inpatient pediatric[53] patients at St. Luke's Hospital has been low in comparison to existing capacity. In 2009, the average daily census totaled 0.7 pediatric patients.[54] Based on research showing a clear link between pediatric patient volume and clinical outcomes, CPMC determined that this low pediatric inpatient demand would be better served at the higher volume dedicated pediatric program that is planned for the proposed Cathedral Hill Hospital.[55] The volume of pediatric inpatients who are currently under care at the California Campus and the low volume of pediatric inpatient demand at the St. Luke's Campus that would be treated at the proposed Cathedral Hill Campus in the future (after 2015) would be supported by teams of dedicated pediatric specialists who would practice together, providing better, more comprehensive care than at a hospital with extremely low pediatric inpatient volumes, such as currently at St. Luke's Hospital. The San Francisco Health Commission Task Force on CPMC's IMP concurred with CPMC that the provision of inpatient pediatric services at the proposed Cathedral Hill Hospital would provide for the inpatient pediatric services of the current St. Luke's patients, as envisioned by the Blue Ribbon Panel.[56]

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52 2009 Emergency Department visits = 27,965. Source: OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Medical Center - St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011. The St. Luke's Hospital Emergency Department currently runs well over capacity, with several beds regularly provided in hospital hallways.

53 Generally understood as children, ages birth to 18 years, but pediatric specialization is often related to size and weight of the individual, with some older children (e.g., 15-18 years) able to receive "adult" procedures and/or medication doses.

54 OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Medical Center – St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011.

55 CPMC, Memorandum from Malia Weinberg to Davie Reel (AECOM) & Brian Boxer (AECOM) re: Health Care Services Program at St. Luke's Campus (Apr. 21, 2011); San Francisco Department of Public Health Long Range Service Delivery Planning Project, LRSD Community Committee Meeting #4, May 30, 2002, pages 46-47, prepared by The Lewin Group. See also Smink, Douglas S. et al., *The Effect of Hospital Volume of Pediatric Appendectomies on the Misdiagnosis of Appendicitis in Children*, Pediatrics 2004; Vol. 113, No. 1, pp. 18-23 (Jan. 2004), available at http://www.pediatrics.org/cgi/content/full/113/1/18.

56 The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.

Several of the comments express concerns regarding the financial "viability" of the St. Luke's Campus as proposed under the LRDP. These concerns were discussed at the Health Commission as part of the Blue Ribbon Panel review in 2008. Although CEQA does not require preparation of an economic analysis of the project, the following information is provided.

As described by CPMC, and discussed in the Blue Ribbon Panel review, the proposal for the St. Luke's Replacement Hospital and Campus is part of the overall CPMC LRDP. As such, the viability of the St. Luke's Campus cannot be viewed in isolation, but rather it is contingent on the viability of CPMC's health care delivery system as a whole. Operational efficiencies and elimination of redundancies gained by consolidating specialized, tertiary, and women's and children's services at the proposed Cathedral Hill Hospital would more likely contribute to, rather than detract from, the long-term viability of the St. Luke's Campus.

All CPMC campuses currently receive patients for various medical care needs. The campuses work as a system to manage the care needs of the patient. All of the CPMC Emergency Departments see patients needing care for ailments ranging from minor cuts or the common cold to those suffering from cardiac arrest or other life-threatening ailments. Whenever the needs of the patient outstrip the acuity level provided in a specific hospital or are not within the services lines delivered at that campus, patients are sent to the most appropriate campus (or hospital outside the CPMC network) for continuing their care, a decision that is made by the treating physician. For example, a woman in labor who appears at the Davies Emergency Department may deliver there and then be transferred to St. Luke's for her postpartum care because Davies does not have a maternity service line. Similarly, a patient who appears at the St. Luke's Emergency Department with severe cardiac illness may be transferred to the Pacific Campus for open heart surgery. [57]

As Dr. Mitch Katz has stated:

> I certainly understand the concern about the viability. I feel the safest thing for us to be asking, and CPMC is agreeing that their commitment to St. Luke's is not whether or not it is viable separately or not. I don't want them to say here is a viable plan and if it is not a viable, we will be closing it. I want them saying, and this is what they are saying, St. Luke's is part of CPMC, and this is part of what we do.
>
> I am not concerned about whether it is independently viable, I want to know that that hospital which fills a real need, including giving us relief in the southeast part of the City for SF General Hospital, that that hospital is there. I hear that commitment and it means a lot to us.[58]

The Health Commission Task Force, in its specific review of CPMC's responsiveness to the recommendations of the Blue Ribbon Panel, determined that the St. Luke's Hospital as planned under the proposed CPMC LRDP would be appropriately sized and programmed as a community hospital, along with services that would be provided on the St. Luke's Campus, to accommodate existing and projected future patient demand for the south of Market service area.[59] In its September 30, 2010 Interim Report, the Health Commission Task Force indicated that "CPMC has demonstrated its commitment to the long-term viability of the St. Luke's Campus by budgeting $250,000,000 for the reconstruction of the inpatient facility."[60]

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he S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.

58 Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.

59 San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

60 CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

Based on this evidence, the proposed LRDP, specifically the plan for the St. Luke's Campus, is not expected to exacerbate any real or perceived shortage of inpatient acute-care beds for the south of Market Street area traditionally served by St. Luke's Hospital. Under the proposed LRDP, St. Luke's Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need in the community, such as senior care and low-risk obstetrics. Therefore, the proposed LRDP would not add to health care delivery problems in the City areas south of Market Street.

Please also see Responses HC-16 (page C&R 3.23-101), HC-29 (page C&R 3.23-149), HC-30 (page C&R 3.23-154), and HC-31 (page C&R 3.23-160) for responses to individual comments concerning the viability of the St. Luke's Campus under the proposed LRDP.

Davies Campus

Comments erroneously state that bringing additional programs and physicians to the Davies Campus (associated with the proposed Neuroscience Institute building) would result in the displacement of existing community-serving programs and services or physicians associated with these or other programs at the Davies Campus. The proposed Neuroscience Institute building would not require the demolition of any existing buildings on campus, and no functions or physicians currently in the Davies Hospital or 45 Castro Street Medical Office Building would be displaced as a result of the proposed Neuroscience Institute building project. The long-term development project proposed at the Davies Campus, the Castro Street/14th Street MOB, would be constructed on the existing parking garage site and would include medical offices and four levels of parking.

The service lines currently available at the Davies Campus would continue to be available under the proposed LRDP. Primary and specialist physicians associated with the Davies Campus service lines, and their respective offices and patient visits, are similarly assumed to stay at the campus, primarily at the 45 Castro Street Medical Office Building. In some cases, services would be expanded, such as those related to the provision of additional neurosciences clinical space in the proposed Neuroscience Institute building. The proposed LRDP calls for the creation of approximately 50,000 gross square feet (gsf) of new clinical area and new post-surgical recovery capacity in the proposed Neuroscience Institute building, and a future medical office building, the Castro Street/14th Street MOB (as described in the Draft EIR, pages 2-143 to 2-148).

As of 2010, 232 licensed beds of all types (i.e., acute care, rehabilitation, psychiatric, and skilled nursing) were in the Davies Hospital (North and South Towers combined).[61] Davies Hospital South Tower contains some inpatient facilities, including 32 licensed, acute-care inpatient beds, and includes skilled nursing, outpatient care, and diagnostic and treatment space (see Draft EIR, page 2-141). After December 31, 2012, consistent with the requirements of SB 1953, all acute-care functions within the Davies Hospital South Tower are expected to cease or be relocated to the Davies Hospital North Tower. Under the proposed LRDP, the Davies Hospital South Tower would then be used for outpatient care, diagnostic and treatment services, and licensed skilled nursing (SNF) beds, which would remain at 38 beds. Please see Major Response HC-7 (page C&R 3.23-31) for further discussion of the overall SNF beds planned for CPMC systemwide under the LRDP.

As stated in the Draft EIR (page 2-141), the North Tower is currently used primarily for inpatient care, diagnostic and treatment space, education, and conference space and support. It also has an Emergency Department. Under the proposed LRDP, the inpatient care uses at the Davies Hospital North Tower would include 63 licensed acute-care beds and 48 licensed rehabilitation beds. All CPMC rehabilitation

[61] OSHPD, ALIRTS, Licensed Bed History, California Pacific Med Ctr–Davies Campus, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 13, 2011.

beds are and would continue to be located at the Davies Hospital North Tower. The Emergency Department would also remain in the Davies Hospital North Tower.

The proposed LRDP would expand care and services for patients with neurological conditions such as stroke, migraines, and ALS (Lou Gehrig's disease), and would enhance rehabilitation services at the Davies Campus to allow patients to receive same-site treatment. According to OSHPD statistics, the 2009 average daily census for acute rehabilitation beds at CPMC (at the Davies Campus) was 23.3 patients.[62] Therefore, the number of rehabilitation beds at the Davies Campus would be sufficient to meet demand.

The volume of acute rehabilitation patients is expected to grow in the future. However, the use of private, single-patient rooms in the proposed acute rehabilitation units at the Davies Campus would further increase the effective number of available rooms because of the higher utilization rate, as discussed in more detail in Major Response HC-1 (page C&R 3.23-1 through 3.23-8).

Major Response HC-3: Impacts on Other Hospitals

Comments Overview

Several comments express concern that reductions in services at the St. Luke's Campus potentially would result in adverse impacts to San Francisco General Hospital (SFGH), because of increased demand on this hospital. Some comments also suggest that the CPMC LRDP EIR should evaluate whether the concentration of medical services and acute-care beds at the proposed Cathedral Hill Campus would adversely affect the viability of St. Francis Memorial Hospital (SFMH).

Response

As discussed in Major Responses HC-1 and HC-2 above, the comments presented no substantial evidence that there would be a shift of service demand to SFGH because of the assumption that the LRDP would reduce services at the St. Luke's Campus. The comments also do not present substantial evidence that the Cathedral Hill Hospital would siphon off patients from SFMH and, as suggested, potentially result in the closure of SFMH. Similarly, the comments do not present substantial evidence that any resulting indirect physical environmental effects would occur, associated with either of these suggested socioeconomic effects on SFGH and SFMH. Each is separately discussed below.

San Francisco General Hospital

As explained in Major Responses HC-1, HC-2, HC-4, HC-5, and HC-6 (page C&R 3.23-25), projected inpatient and outpatient capacity at St. Luke's Hospital under the proposed LRDP would be sufficient to meet CPMC's current and projected patient demand, with the exception discussed below, no services currently being provided at St. Luke's Hospital would be shifted to other, non-CPMC hospitals or health care service providers. As discussed in Major Response HC-6 (page C&R 3.23-25), the only exception is that subacute care would no longer be provided by CPMC at St. Luke's or other CPMC hospitals. However, for the reasons explained in Major Response HC-6, the gradual reduction of subacute-care services at St. Luke's, largely through attrition and transfer of patients over the next several years and the shifting of subacute-care facilities from CPMC to other unknown (but assumed to be geographically widespread, based on where patients are currently coming from, and not concentrated at one particular location) hospitals and/or other health care service providers over time, this is not anticipated to result in secondary impacts at any one facility, including SFGH (this is particularly so because SFGH does not offer subacute-care service).

[62] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr–Davies Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 6, 2011.

With respect to emergency services, a key recommendation of the Blue Ribbon Panel was that St. Luke's Hospital should increase its effective Emergency Department capacity and, therefore, its ability to receive Emergency Department patients diverted from SFGH or other Emergency Departments. As discussed in Major Response HC-5 (page C&R 3.23-20), under the proposed LRDP, the size and effective capacity of the St. Luke's Hospital Emergency Department would be increased and the St. Luke's Replacement Hospital would be able to receive Emergency Department patients diverted from SFGH and/or other Emergency Departments. Therefore, the implementation of the proposed LRDP at the St. Luke's Campus would not result in secondary impacts at SFGH.

Please also see Responses HC-2 (page C&R 3.23-52) and HC-8 (page C&R 3.23-82) for detailed responses to individual comments regarding potential secondary impacts of the proposed LRDP on SFGH.

St. Francis Memorial Hospital

CEQA does not require an economic analysis of the business plans of hospitals in the vicinity of CPMC facilities. The purpose of the CPMC LRDP EIR is to identify the environmental effects that would result from the proposed LRDP. Future possible changes in services at SFMH are speculative and are not related to CPMC's proposed LRDP. No substantial evidence has been presented that would support the suggestion in the comments of potential detrimental effects of the CPMC LRDP on SFMH, as a consequence of any aspect of the proposed LRDP, or of potential environmental impacts there from.

Competition

The comments suggest that locating the proposed Cathedral Hill Hospital close to SFMH might have the effect of siphoning off patients from SFMH, putting SFMH in financial jeopardy. However, the comments present no substantiating evidence that this would occur or that any shift in patients from one hospital to the other would result in physical impacts to the environment. In fact, in some health care services areas, services at the proposed Cathedral Hill Hospital would be complementary to those at SFMH. For example, SFMH has services that are not provided by CPMC or proposed to be provided at the new Cathedral Hill Campus under the LRDP, such as a burn center, and conversely the proposed Cathedral Hill Hospital would have a labor and delivery unit, a service not found at SFMH.[63]

Furthermore, where services are available at a number of hospitals in the City, a key determinant of where patient volume would be directed would be the hospital affiliation of the admitting physician.[64] In the case of SFMH and CPMC, each hospital has affiliations with different physician groups. A review of the physicians with admitting privileges to CPMC hospitals (provided by CPMC) and to St. Francis Memorial Hospital (through their "Find a Doctor" tool on the hospital's website[65]) shows that approximately 96 physicians currently have admitting privileges at both SFMH and CPMC. No evidence has been presented that the proposed LRDP would result in any change to these existing hospital-physician affiliations or existing medical referral patterns.

Under the LRDP, the proposed Cathedral Hill Hospital would be located approximately .5 mile from the existing SFMH at 1150 Bush Street. The existing Pacific Campus is approximately 1 mile from SFMH. The California Campus is approximately 2.3 miles from SFMH. No substantial evidence is presented to support the suggestion in the comments that moving the acute-care services, emergency services, or any other services the relatively short distance from the existing Pacific Campus (about .5- mile away) and

63 Saint Francis Memorial Hospital, Medical Services, http://saintfrancismemorial.org/Medical_Services/index.htm (accessed Apr. 8, 2011).

64 CPMC, 2011 (April 1), Memorandum from Geoffrey Nelson to Brian Boxer (AECOM), re: St. Francis and CPMC Physician Rosters.

65 http://www.saintfrancismemorial.org/Find_a_Doctor/Doctor_and_Specialist/index.htm (accessed Mar. 16, 2011). This Web site tool includes about 200 of the approximately 550 admitting physicians identified for SFMH.

California Campus (about 2 miles away) to the proposed Cathedral Hill Campus would result in a substantial change in existing medical use patterns that would, in turn, adversely affect the financial viability of SFMH.

Please also see Response HC-31 (page C&R 3.23-160) for detailed responses to individual comments regarding potential secondary impacts of the proposed LRDP on SFMH.

Urban Decay

Several comments state that competition from Cathedral Hill Hospital might cause the closure of SFMH and indirectly cause attendant urban decay impacts that are not analyzed in the Draft EIR.

CEQA would require analysis of potential urban decay impacts if evidence (such as a study showing economic vulnerability of competitor facilities) showed that the proposed LRDP might directly or indirectly exacerbate chronic economic distress, facility closures, and attendant urban decay.[66] Mere statements of the potential for urban decay, however, without substantiating evidence of economic vulnerability or decline that might lead to urban decay, do not require analysis.[67] No evidence in the record suggests economic or other vulnerability of SFMH that would be exacerbated by the proposed LRDP, or that the proposed Cathedral Hill Hospital would have such a deleterious effect on SFMH that it would have to close. Lacking such evidence, CEQA does not require analysis of potential urban decay effects for the proposed LRDP.

Major Response HC-4: Psychiatric Beds

Comments Overview

A number of comments state that the proposed LRDP would result in a reduction of psychiatric beds, with the result that these services would shift to other health care service providers.

Response

No reduction in psychiatric beds is proposed as part of the LRDP, and no substantial evidence to support this statement is presented in the comments with respect to a transfer of psychiatric services or associated impacts.

The proposed LRDP would not result in a reduction of the current number of psychiatric beds at CPMC facilities. CPMC currently has a total of 18 licensed psychiatric beds, all of which are located at the Pacific Campus (at the 2323 Sacramento Street Mental Health Center). As shown on Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (and as updated in Chapter 4, "Draft EIR Text Changes," (page C&R 4-36), all 18 psychiatric beds are proposed to continue to remain licensed at the Pacific Campus under the proposed LRDP, even after all inpatient care has been removed from the 2333 Buchanan Street Hospital. The California Department of Public Health allows distinct part units such as the psychiatric unit at the Pacific Campus to operate under General Acute Care Hospital Licenses so long as the main hospital facility is located within 15 miles. The 18-bed inpatient psychiatric unit that would remain at the Pacific Campus at 2323 Sacramento Street is located approximately .5 mile from the proposed Cathedral Hill Campus. The inpatient psychiatric beds are not subject to SB 1953 due to the ambulatory nature of the patients and, therefore, would be able to remain in operation after the seismic safety upgrade deadline has passed.

[66] See *Bakersfield Citizens for Local Control v. City of Bakersfield*, 124 Cal. App. 4th 1184, 1207 (2004); *Citizens for Quality Growth v. City of Mt. Shasta*, 198 Cal. App. 3d 433, 445-46 (1988).

[67] See *Melom v. City of Madera*, 183 Cal. App. 4th 41, 50 (2010).

According to OSHPD statistics, CPMC's 2009 average daily census for psychiatric beds was 10.6 patients.[68] Therefore, the provision of 18 licensed beds at the Pacific Campus would be adequate to respond to the demand for CPMC beds, based on its past demand census.[69] Furthermore, although the proposed LRDP would not reduce any citywide shortage of psychiatric beds, the proposed LRDP would not exacerbate such a shortage or contribute to any existing associated social or economic impact. All 18 existing CPMC inpatient psychiatric beds would remain under the LRDP. Therefore, the proposed LRDP would not result in any adverse effects from a shift of patients from inpatient to outpatient psychiatric treatment.

The comments accurately point out that in 2008, CPMC reduced the total number of licensed psychiatric beds at its campuses from 40 to 18, as part of the renovations at the Davies Campus, which eliminated 22 beds at the Davies Campus. Accordingly, there have been no psychiatric beds at Davies since 2008. In November 2008, the San Francisco Health Commission held a Proposition Q[70] hearing and found that the consolidation of the Davies Campus geriatric psychiatric beds (representing 22 licensed beds) into the existing 18 licensed psychiatric bed unit at the Pacific Campus would not have a detrimental effect on the provision of health care services to the community.[71]

The CPMC LRDP does not propose any further reduction in psychiatric beds for CPMC systemwide. Therefore, the LRDP would not contribute to any adverse impact related to a reduction of psychiatric beds.

Major Response HC-5: Effect on Emergency Services

Comments Overview

Several comments suggest that the proposed LRDP would result in a reduction in emergency care services or lessen access to emergency care services at non-CPMC facilities.

Response

No substantial evidence was presented in the comments that the proposed LRDP would increase demand on or otherwise weaken or undercut emergency room services at non-CPMC existing facilities. The proposed LRDP would expand the capacity of Emergency Departments or provide comparable emergency services at all the CPMC campuses.

Under the proposed LRDP, two emergency services locations would be closed (at the California and Pacific Campuses).[72] However, for the entirety of the CPMC system, total combined emergency and urgent care capacity would increase, from 88,000 visits/year currently to over 100,000 visits/year at the Cathedral Hill, Davies and St. Luke's Hospitals.[73]

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[68] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011.

[69] CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM), re: Inpatient Psychiatric Beds. (May 12, 2011).

[70] See San Francisco Department of Public Health undated information sheet describing the "Community Health Care Planning Ordinance" (also known as Prop Q), on the Department's Web site: http://www.sfdph.org/dph/files/hc/PropQ_HealthcarePlanOrd_Amend11182008.pdf, accessed Nov. 10, 2010.

[71] S.F. Health Commission Resolution 20-08 (Nov. 18, 2008).

[72] The Pacific Campus Emergency Department would be renovated and used for urgent care. The California Campus Emergency Department and Emergency Department services at Pacific Campus would be transferred to the proposed Cathedral Hill Campus.

[73] The number of Emergency Department visits for the most recent year known (2009) were 80,573 across all CPMC campuses, including St. Luke's Hospital. OSHPD, ALIRTS, Annual Utilization Reports of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, California Pacific Med Ctr-California West, 2009, California Pacific Med Ctr-California East, 2009, California Pacific Med Ctr-Davies Campus, 2009, California Pacific Med Ctr-St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 6 and

Although not required under CEQA, the following information is provided for informational purposes.

Campus	Existing Emergency Capacity in visits	Future Emergency Capacity in visits	Existing Urgent Care Capacity in visits	Future Urgent Care Capacity in visits	Total Future Emergency/Urgent Care Capacity in visits
Pacific	38,000	NA	0	17,300	17,300
California	12,000	NA	0	NA	0
Cathedral Hill	0	64,000	0	0	64,000
St. Luke's	20,000	21,000	0	10,600	31,600
Davies	18,000	18,000	0	0	18,000
All Campuses	**88,000**	**103,000**	**0**	**27,900**	**130,900**

Source: Data compiled by CPMC in 2011[74]

Cathedral Hill Campus

The existing Pacific Campus Emergency Department has 19 treatment stations and the California Campus has six stations, for a combined total of 25 treatment stations.[75] The Emergency Department at the proposed Cathedral Hill Campus would have 32 treatment stations.[76] Emergency Department patient volume for 2009 was 29,420 visits at the Pacific Campus and 10,324 visits at the California Campus.[77] The proposed Cathedral Hill Campus Emergency Department would be able to serve about 64,000 visits/year.[78] Therefore, the Emergency Department capacity currently provided at the California and Pacific Campuses would more than be met by the Emergency Department at the proposed Cathedral Hill Campus.

The proposed Pacific Campus urgent care center would also reduce demand for services at the proposed Cathedral Hill Campus Emergency Department and increase effective overall capacity. The Pacific Campus Urgent Care Center would be able to service about 17,300 visits/year.[79] Urgent care centers typically treat patients with non-emergency ailments, such as joint and muscle pain, skin infections, abdominal pain, urinary tract infections, headaches, infections of the ears, throat, and sinuses, and cough/bronchitis. Urgent care centers reduce volume at Emergency Departments by providing a setting for treatment of low-level, acute medical need.[80] A recent study showed that about 17 percent of

Apr. 8, 2011. Using industry-standard maximum volumes of between 1,700 and 2,000 visits per year per emergency station (Pacific = 19 stations, California = 6 stations, Davies = 9 stations, St. Luke's = 10 stations), the current maximum capacity is 88,000 visits/year. CPMC, memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to David Reel (AECOM) & Brian Boxer (AECOM), re: System wide ED and Urgent Care (June 1, 2011).; see also The Advisory Board Company, *Efficiency Metrics Should Drive ED Expansion Decision* (2006).

74 CPMC, memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to David Reel (AECOM) & Brian Boxer (AECOM), re: System wide ED and Urgent Care (June 1, 2011).

75 Ibid.

76 Ibid.

77 OSHPD, ALIRTS, Annual Utilization Reports of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009 and California Pacific Med Ctr-California West, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 6 and Apr. 8, 2011.

78 CPMC, memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to David Reel (AECOM) & Brian Boxer (AECOM), re: System wide ED and Urgent Care (June 1, 2011).

79 Ibid.

80 Weinick, R. M., et al., Many Emergency Department Visits Could Be Managed at Urgent Care Centers and Retail Clinics, Health Affairs (Milliwood), 2010 (Sept. 29), 9:1633.; A study conducted by Cattaneo and Stroud, Inc., independent consultants retained by CPMC, analyzed data from UCSF, UCSD, and private data from several non-public hospitals to estimate the effect of reconfiguring the Pacific Campus to include an urgent care center. Cattaneo and Stroud concluded that, based on the proportion of cases in the lower

Emergency Department visits could be seen in an urgent care center with restricted hours (such as from 9 a.m. to 9 p.m.).[81]

Davies Campus

With respect to the Davies Campus, as stated in the Draft EIR, page 2-143, the existing Emergency Department would remain in the Davies Hospital North Tower. Annual emergency visits at the Davies Campus between 2004 and 2009 ranged from a low of 12,864 visits (in 2009) to a high of 15,673 visits (in 2007).[82] The existing Emergency Department, which has 11 treatment bays, would provide sufficient capacity to meet demand for the foreseeable future, which is not anticipated to rise above a maximum of approximately 16,000 visits per year.[83]

St. Luke's Campus

As described in detail in the Draft EIR, page 2-181, and in Table 2-13, "St. Luke's Campus: Project Summary Table," page 2-175, under the proposed LRDP, the Emergency Department at St. Luke's Hospital would be 50 percent larger in area than the existing Emergency Department at the St. Luke's Campus. The proposed Emergency Department would provide differentiated treatment in dedicated individual patient rooms, including two critical care ambulance rooms, six standard treatment rooms, four fast track rooms, and a triage room.[84]

Under the proposed LRDP, many of the non-emergency patient visits would be accommodated by expanding the existing Health Care Center, an urgent care center currently operating out of the Monteagle Medical Center.[85] By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective combined Emergency Department and urgent care capacity would increase from about 26,000 visits per year today to approximately 31,600 visits under the LRDP.[86]

Some of the comments (including some of the comments supporting Alternative 3A or an "Alternative 3A Plus"), express concern that, under the proposed LRDP, emergency capacity for residents of the southeastern portion of the City would be insufficient, because, as the comments suggest, the residents might not be able to reach the proposed Cathedral Hill Campus in the event of an earthquake or other disaster. The proposed Cathedral Hill Hospital Emergency Department would be approximately 2 miles east of the existing California Campus and about .5 mile east of the Pacific Campus Emergency Departments; thus, would be closer to the southeastern portions of the City than the existing CPMC hospitals it would replace. Also, given the increased size and capacity of the St. Luke's Emergency Department under the

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level of acuteness that end up being treated in an urgent care clinic, a percentage of potential future increase in Emergency Department volume would be partially offset by the diversion of lower acuity cases to the urgent care clinic. Cattaneo and Stroud, Inc., *Assumptions supporting estimates of future CPMC Inpatient and Outpatient Volume*, 2008 (March 20).

81 Weinick, R. M., et al., Many Emergency Department Visits Could Be Managed at Urgent Care Centers and Retail Clinics, Health Affairs (Milliwood), 2010 (September 29), 9:1633.

82 OSHPD, ALIRTS, Annual Utilization Reports of Hospitals, California Pacific Med Ctr-Davies Campus for years 2004 through 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011.

83 CPMC, memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to David Reel (AECOM) & Brian Boxer (AECOM), re: System wide ED and Urgent Care (June 1, 2011).

84 Ibid.

85 Ibid. Urgent care designation is largely determined by hours of operation, staffing, and services offered. To support the urgent care center, evening hours would be extended until 10 p.m., and sufficient on-site x-ray/imaging capacity and space to treat fractures (casting room) and lacerations would be provided, or where existing, upgraded.

86 Ibid. 2009 Emergency Department visits = 27,965. Source: OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Medical Center - St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011. The St. Luke's Emergency Department currently runs well above ideal capacity, with several beds regularly provided in the hallways of the Emergency Department. CPMC, memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to David Reel (AECOM) & Brian Boxer (AECOM), re: System wide ED and Urgent Care (June 1, 2011). See Task Force *Updates and Accomplishments* for projection of future Emergency Department capacity at St. Luke's. (S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010).

proposed LRDP, as well as the location of both an expanded Emergency Department at San Francisco General Hospital (SFGH) and the new Emergency Department at the new UCSF Mission Bay Hospital within the southeastern portion of San Francisco, no substantial evidence exists which indicates that an inadequate emergency capacity would exist in the southeastern portion of the City, in the event of a future disaster.

Some comments also express concern about either the possibility of increased diversions from St. Luke's Hospital to SFGH or the ability of St. Luke's Hospital to handle diversions from SFGH. No evidence of either increased diversions to or from SFGH, or inadequate capacity at the proposed St. Luke's Replacement Hospital was provided. Rather, given the expansion of the St. Luke's Hospital Emergency Department within a new structure that would meet the strictest seismic safety requirements of SB 1953, and the additional capacity that would be provided by the proposed urgent care center at the St. Luke's Campus, the LRDP would increase overall emergency preparedness for the southeastern portion of the City.

More specifically, the proposed LRDP would increase the effective Emergency Department and urgent care capacity at the St. Luke's Campus from approximately 26,000 visits per year currently to approximately 31,600. Furthermore, emergency capacity would be increased by the new UCSF Mission Bay Hospital (planned to have a new 16,000-square foot specialty emergency/urgent care department),[87] and the existing SFGH hospital that is to be replaced with a new SFGH main hospital that would provide expanded emergency capacity (72,000 annual emergency visits, compared to the approximately 54,000 annual emergency visits that can be accommodated at the existing hospital).[88] The expanded Emergency Department at the new SFGH main hospital would increase the ability of SFGH to accommodate emergency visits by approximately 33 percent, compared to existing conditions, which would reasonably be expected to reduce the need for such diversions.[89]

A hospital (such as SFGH) would be on divert status if its Emergency Department was full or temporarily unavailable.[90] Currently, SFGH is on diversion 20 percent of the time for non-trauma cases (no trauma cases are diverted from SFGH and all trauma cases brought to SFGH are treated there).[91] The St. Luke's Campus is located approximately 1.4 miles from SFGH and the new UCSF Mission Bay Hospital will be located approximately 1.5 miles from SFGH. Therefore, some portion of non-trauma cases currently diverted from SFGH to St. Luke's Campus would also be expected to be diverted to UCSF Mission Bay. Diversions from SFGH currently may be directed to St. Luke's Campus, but may also be directed to other hospital Emergency Department locations throughout the City, depending on several factors.

As explained in the TransOptions4Healthcare analysis of San Francisco Fire Department 911 emergent transports to CPMC Campuses,

> [T]ransporting a patient to a hospital emergency room following a 911 call is not a simple decision of choosing the closest hospital because there is no set geographic 'catchment' area to predetermine where a SFFD crew will transport a patient. Prior to any decision on hospital Emergency Department selection, a SFFD crew must consider at least seven factors:

87 UCSF Campus Planning, 2011 (Feb. 2), email communication with Diane Wong.
88 San Francisco Planning Department, 2008 (June 4), San Francisco General Hospital Seismic Compliance, Hospital Replacement Program EIR, *Comments and Responses*, page 56.
89 San Francisco Planning Department, 2008 (June 4), San Francisco General Hospital Seismic Compliance, Hospital Replacement Program EIR, *Comments and Responses,* pages 56-57.
90 TransOptions4Healthcare, 2011 (Feb. 28), *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015*, prepared for California Pacific Medical Center, pp. 15-16.
91 San Francisco Planning Department, 2008 (June 4), San Francisco General Hospital Seismic Compliance, Hospital Replacement Program EIR, *Comments and Responses,* page 55.

- Paramedic Assessment – *SFFD ambulance crew proceeds on scene, attempts to treat and/or stabilize a patient, and then determines if the patient's medical condition requires transport to a hospital Emergency Department;*
- Possibility of Hospitals on Divert Status – *one or more hospital Emergency Department may be full or temporarily unavailable;*
- Patient Choice – *if the patient does not have a life threatening injury and SFFD can take the extra minutes necessary, the SFFD will generally respond to a patient's request for a particular hospital such as Kaiser, or a preferred hospital based on the patient's insurance;*
- Patient Severity – *if a patient has a severe medical condition they are generally transported to the nearest hospital Emergency Department with the shortest waiting time;*
- Type of Patient Medical Problem – *not all hospitals can treat trauma, neurological, or stroke patients so the SFFD crew must often contact dispatch for medical direction on a hospital with these higher level services or they might have to re-transport the patient later;*
- County Policies and Protocols – *SFFD crew must follow applicable EMS protocols and procedures concerning treatment of a patient in the field, treat and release if a patient refuses transport, DNR or Do Not Resuscitate orders, and other directives on appropriate patient care and transport;*
- Location of Ambulances – *SFFD crew may be stationed in geographic areas that correspond to historic patterns of 911 requests, and if a crew must transport a patient a considerable distance out of their 'zone' the crew may likely proceed to the closest hospital Emergency Department as soon as possible.*[92]

Labor and Delivery Emergencies

Several comments express concerns regarding the ability of CPMC to provide adequate treatment under the proposed LRDP to patients experiencing emergencies during births within the St. Luke's Hospital service area. Two types of concerns are raised by these comments, one regarding a perceived lack of adequate services at the St. Luke's Campus, and the other regarding potential delays to patients in emergency or private vehicles traveling from the southeastern portion of the City to the proposed Cathedral Hill Hospital.

As is current practice across the CPMC campuses, high-risk maternity patients (where it would be likely or suspected that mother or newborn would require specialized intensive care services related to the birth) are identified early in their pregnancy.[93] Such patients are referred to the dedicated women's and children's facilities (currently at the California Campus).[94] Under the LRDP, they would be referred to the proposed Cathedral Hill Hospital in the future.[95]

Normal and low-risk deliveries, including any emergencies that might occur during normal or low-risk labor and delivery, would continue to be handled at St. Luke's Hospital or the women's and children's facilities at the proposed Cathedral Hill Hospital, based on patient and physician preference. [96] If, during a

92 TransOptions4Healthcare. 2011 (Feb. 28), *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015*, prepared for California Pacific Medical Center, pages 14-15.
93 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM, re: Labor and Delivery Emergencies (Apr. 21, 2011).
94 Ibid.
95 Ibid.
96 Ibid.

normal or low-risk delivery at St. Luke's Hospital, a woman had complications that required a higher level of care, the mother and newborn would be stabilized at the St. Luke's Replacement Hospital and the newborn then would be transferred to the Neonatal Intensive Care Unit (NICU) at the proposed Cathedral Hill Hospital.[97] (Currently, newborns are transferred to the California Campus.)[98] In these relatively rare occurrences, the mothers typically would remain in the Intensive Care Unit (ICU) at the St. Luke's Replacement Hospital. The incidence of "normal" births that require NICU follow-up is low.[99] Between January 1, 2010, and December 31, 2010, only 1.3 percent of the births at St. Luke's Hospital (i.e., 8 out of 917 births) required such follow-up care.[100]

The St. Luke's Replacement Hospital would have all the necessary stabilization capabilities (infant resuscitation stations, Broselow crash carts, adult crash carts, etc.) to handle the immediate needs of the patient, including an intensive care unit for the mother.[101] Only after a newborn was stabilized would a neonatal transfer occur.[102] Such transfer would be conducted under the care of a registered nurse at all times, until the newborn was safely handed off to an NICU nurse at the proposed Cathedral Hill Campus (currently, such newborns are transferred to the California Campus NICU).[103] Additionally, the new UCSF Mission Bay Hospital will provide NICU services in the southeast portion of the city.[104]

Emergency and Private Vehicle Access

Under the proposed LRDP, development of the proposed Cathedral Hill and St. Luke's Campuses would not result in significant emergency vehicle access impacts. See Impacts TR-52 and TR-92 and Draft EIR pages 4.5-145 and page 4.5-206, respectively, and Response TR-100 (page C&R 3.7-170) regarding whether emergency vehicle access would be compromised under the LRDP.

As explained in Response TR-100 (page C&R 3.7-170), the likely routes to the proposed Cathedral Hill Hospital would be multi-lane arterial roadways that would allow emergency vehicles to travel at higher speeds and permit other traffic to maneuver out of their path. In addition, the majority of emergency transports would occur during non-commute hours, further reducing the risk of traffic problems associated with commuter traffic. Furthermore, during times when congestion was most severe, emergency vehicles would likely choose to use less congested, parallel routes, and emergency vehicles also would be permitted to travel opposite the flow of traffic or contraflow in a one-way route to bypass congestion. With the grid street layout surrounding the proposed Cathedral Hill Campus, emergency vehicles would have multiple routes to choose to access the hospital, while avoiding the most congested routes.

Major Response HC-6: Skilled Nursing Facilities (SNF)

Comments Overview

A number of comments were made regarding the reduction of SNF beds in the City of San Francisco generally and as proposed in the CPMC LRDP. The comments suggest that the proposed reductions in the total number of licensed SNF beds under the LRDP would equate to a loss of services and to the transfer or redistribution of

97 Ibid.
98 Ibid.
99 Ibid.
100 Ibid. An internal CPMC database known as the Perinatal Data Center indicated that 12 newborns were transferred from the St. Luke's Campus to the California Campus out of the 917 babies born at the St. Luke's Campus between January 1, 2010, and December 31, 2010. Ibid.; see also Statistics from the Perinatal Data Center, printed Apr. 12 and Apr. 13. 2011
101 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM, re: Labor and Delivery Emergencies (Apr. 21, 2011).
102 Ibid.
103 Ibid.
104 Ibid.

services to other providers, with a resulting potential for impacts on public services and other indirect physical environmental impacts (traffic and air quality).

For example, comments state that CPMC plans to cut 180 skilled nursing (SNF) beds, including 79 at St. Luke's and 101 at the California campus (citing Table 2-2 in the Draft EIR, page 2-10, which shows the elimination of SNF beds at the California Campus by 2010). The comments further suggest that no identified plan exists for replacement of these beds (or for providing the 62 beds needed to meet CPMC's "100 bed commitment" (described below). The comments state that CPMC should replace all of the SNF beds that are proposed to be de-licensed and eliminated at the St. Luke's and California Campuses, and that the CPMC LRDP EIR should indicate where they would be located, and analyze their additional future project impacts.

Response

CPMC has committed to maintaining sufficient SNF beds (100) to meet its actual demand.[105] Future plans for replacement of existing beds at the California Campus are unknown at this time and therefore, as explained below, are not required to be analyzed in the CPMC LRDP EIR.

Maintenance of CPMC SNF Capacity

CPMC currently has a total of 218 licensed SNF (and subacute) beds at its existing campuses. These include 79 licensed beds at the St. Luke's Campus,[106] 38 licensed beds at the Davies Campus and 101 licensed beds at the California Campus. There are no licensed SNF beds at the Pacific Campus (see Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10, and as revised in Chapter 4, "Draft EIR Text Changes," of this document (page C&R 4-36). Please also see Response PD-6 (page C&R 3.2-6), which discusses the revisions to Table 2-2 set forth in Chapter 4 of this document.

Current estimates, based on projections, indicate that CPMC would need to provide approximately 100 skilled nursing beds total (for all CPMC campuses) at any given time. In 2009, CPMC averaged a total of 87 skilled nursing patients at its California, Davies and St. Luke's Campuses combined. The San Francisco Health Commission Task Force, in its reports dated March 2 and September 30, 2010, affirmed CPMC's plans to maintain capacity to serve its existing patient needs by providing at least 100 skilled nursing beds, including 38 existing SNF beds at the Davies Campus and 62 at other on or off-campus locations.[107]

CPMC has committed to continue to operate the SNF beds that are currently located at both the St. Luke's (until existing hospital demolition)[108] and California Campuses as needed, unless and until CPMC is successful in opening 62 replacement beds/facilities at other locations (yet to be determined), consistent with its overall 100 SNF beds commitment. These replacement beds/facilities could be located on a CPMC campus or in off-site community facilities.[109] In Response PD-6 (page C&R 3.2-6), Table 2-2,

[105] See, e.g., The SF Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments* (Mar. 2, 2010).

[106] Of these 79 licensed beds at the St. Luke's Campus, 19 are utilized as SNF beds. The balance (60) are utilized as subacute-care beds, as described elsewhere in this response.

[107] The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010; CPMC, *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*, Sept. 30, 2010.

[108] The 79 SNF (and subacute) beds located in the existing St. Luke's Hospital would be de-licensed and eliminated in connection with the demolition of the existing hospital, which would occur after the proposed St. Luke's Replacement Hospital is completed and operational.

[109] The Health Commission Task Force concurred with CPMC that the provision of SNF beds within the CPMC system and through new community-based facilities would provide patient services envisioned by the Blue Ribbon Panel. The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.

"CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 has been revised, as also shown in Chapter 4, "Draft EIR Text Changes" of this C&R document.

CPMC has committed that no existing community-based beds would be utilized as replacement SNF beds.[110] CPMC has stated that it would substitute or replace its existing SNF beds either with new community-based facilities or with replacement capacity provided on one of its campuses, to not diminish the City's overall supply of skilled nursing beds.[111] CPMC would provide ongoing reports to the Health Commission concerning these options and future decisions.[112]

Some comments challenge the transfer of SNF beds to non-hospital settings.[113] As Dr. Mitch Katz, San Francisco's former Director of Public Health, stated at the November 19, 2009 public hearing regarding CPMC's 2008 IMP before the Planning and Health Commissions, however, the decision not to build new SNF beds within an acute-care facility is considered the correct decision.[114] This is because SNF beds are not required to meet the stringent seismic safety standards of SB 1953, and providing SNF beds in buildings that meet those standards would be much more expensive.[115] As Dr. Katz explained, ultimately the cost of those new hospital buildings would be passed along to patients in the form of higher insurance premiums. Dr. Katz also explained that providing assisted living in a patient's house (e.g., by installing a ramp that would facilitate such an arrangement), would be preferable to long-term care in a SNF bed.[116] Dr. Katz's recommendations are further substantiated by the analysis and recommendations of The Lewin Group, performed on behalf of the Department of Public Health in connection with its independent decision not to include SNF beds in the new San Francisco General Hospital.[117] The Health Commission

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The Long Term Care Coordinating Council (LTCCC) also passed a resolution stating that it "supports CPMC's policy of not closing any of its 101 post-acute skilled nursing beds at the California Campus, either in 2010 or later, until reasonable alternatives are established." Long Term Care Coordinating Council, *LTCCC resolution affirming the need for citywide health planning, and optimizing an individual's return from hospital to home, or to the most integrated setting.* (Revised Draft: June 15, 2009).
The LTCCC is a City body charged to: (1) advise, implement, and monitor community-based long term care planning in San Francisco; and (2) facilitate the improved coordination of home, community-based, and institutional services for older adults and adults with disabilities. It is the single body in San Francisco that evaluates all issues related to improving community-based long-term care and supportive services. The LTCCC evaluates how different service delivery systems interact to serve people and recommends ways to improve service coordination and system interaction. Workgroups responsible for carrying out the activities in the plan provide periodic progress reports through presentations to the LTCCC.

110 S.F. Department of Public Health, Memorandum from Barbara A. Garcia, MPA, Director of Health, to Christina Olague, Planning Commission President, and Members of the Planning Commission re: March 10, 2011 Joint Planning Commission/Health Commission Hearing (Mar. 2, 2011), Attachment B, S.F. Health Commission Resolution No. 02-10, 2010 (Mar. 16), *Resolution Memorializing the Agreements Reached by the Health Commission and the California Pacific Medical Center Regarding its Institutional Master Plan* ("S.F. Health Commission Resolution No. 02-10"). The total number of licensed skilled nursing beds in the City and County of San Francisco would decline from the existing 3,179 to 2,914 with the implementation of the proposed LRDP. The elimination of 79 beds at CPMC campuses would contribute to this decline in licensed (as compared to staffed) SNF beds.

111 The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010, page 6.

112 A Health Commission Task Force was convened on CPMC's Institutional Master Plan to discuss and analyze CPMC's progress in fulfilling the Health Commission's recommendations. According to the Health Commission Task Force, "CPMC reported to the Task Force that its analysis of case mix, utilization, and outcomes over the last several years indicates an ongoing need for 100 skilled nursing beds." Ibid., page 3. Also see CPMC *Interim Progress Report*, Sept. 30, 2010, page 3.

113 Hospital-based SNF service availability has been declining in San Francisco as well as throughout the United States. SNF services are reimbursed by Medicare at a lower rate than general acute care services, and are typically operated at breakeven or a loss. In California, the issue is more pronounced. Because hospitals are required to meet SB 1953 standards, either through renovation or replacement, construction costs are typically two to three times the national averages on a per bed basis. Thus, hospitals are choosing not to allocate expensive facility space to a service that can be performed in a lower cost facility, where reimbursement may meet or exceed necessary operating requirements. San Francisco's high real estate values and scarcity of available space only exacerbates an already difficult situation. The Lewin Group, 2009 (June 26). *California Pacific Medical Center Institutional Master Plan Review.*, page 22.

114 Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.

115 Ibid.

116 Ibid.

117 SFDPH should not include SNF capacity in new hospital construction; from "San Francisco Department of Public Health Long Range Service Delivery Planning Project," LRSD Community Committee Meeting #4, prepared by the Lewin Group, May 30, 2002, page 49.

also recognized that "institutional care is not necessarily the best option for seniors and younger adults with disabilities who need post-term care."[118]

Because CPMC has committed to providing sufficient SNF beds to meet its patients' needs, the proposed LRDP would not result in a reduction in the number of SNF beds that would, in turn, result in potential environmental impacts that could trigger analysis of additional project alternatives. The comments do not present substantial evidence to the contrary.

Location of 62 Replacement SNF Beds

Because the precise nature, location, and provider of the future 62 SNF beds are not currently known, the Draft EIR, as clarified in the revisions to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (see Response PD-6 [page C&R 3.2-6]), assumes the continued maintenance of 101 licensed SNF beds at the California Campus and 38 licensed SNF beds at the Davies Campus, unless and until CPMC identifies another plan. A plan for providing the beds needed to meet its SNF bed commitment would be subject to review and comment by the San Francisco Health Commission, as provided in Proposition Q.[119] It would be speculative to analyze this future SNF bed provision plan in the CPMC LRDP EIR, as part of the current project, as either an alternative campus-based plan (other than continuing to provide these beds at the California and Davies Campuses) or an off-campus plan, or some combination. Any such plan for replacement SNF bed facilities within the CPMC system would, therefore, be subject to subsequent environmental review, as necessary and required under CEQA.

There is no definite, reasonably foreseeable plan or even a conceptual plan to relocate SNF beds, nor any particular schedule for when that might occur under the proposed LRDP. Among the possible approaches to meeting its SNF commitment that CPMC outlined to the Blue Ribbon Panel and to the Health Commission, are the following: (1) provide beds in CPMC facilities; (2) collaborate with other city hospitals; (3) lease renovated CPMC facilities to a SNF management company; and (4) develop collaborations with community transitional care services.[120]

The various SNF relocation plans exist at this time only as broad concepts or options for future consideration, absent any meaningful planning, decision-making or any other activity by CPMC (or others) to move one particular concept along toward implementation. They are possibilities that in the future SNF relocation plans would need to be more seriously considered if any were to be pursued. In the meantime, however, SNF beds would continue to be provided at the St. Luke's Campus (until demolition of the existing hospital), at the Davies Campus, and at the California Campus. Potential future SNF relocation plans are not in a form that could be studied as part of the CPMC LRDP EIR at this time. In the interim, the existing facilities, which will continue to provide SNF bed facilities, are adequate based upon CPMC's "100-SNF bed" commitment and no legal (e.g., SB 1953) constraints exist on their continued utilization.

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[118] CPMC, 2010 (Sept. 30), *Interim Progress Report*.

[119] See San Francisco Department of Public Health undated information sheet describing the "Community Health Care Planning Ordinance" (also known as Prop Q), on the Department's Web site: http://www.sfdph.org/dph/files/hc/PropQ_HealthcarePlanOrd_Amend11182008.pdf, accessed Nov. 10, 2010.

[120] Transitional care and outpatient case management programs could potentially lead to a decrease in the need for institutional SNF care or support shorter lengths of stay in the SNF. Partnerships with these networks could increase the capacity for safe discharges back to community housing for socially and medically complex patients. (Wajnberg, Ania, MD et al., *Hospitalizations and Skilled Nursing Facility Admissions Before and After the Implementation of a Home-Based Primary Care Program*, Journal of the American Geriatric Society. 2010 Jun;58(6):1144-7. Epub 2010 May 7,)**.** Therefore, as further described in this Response below, in addition to meeting the 100 (SNF) bed commitment discussed above, CPMC is working on a partnership with the Department of Aging and Adult Services (DAAS) and a new Transitional Care Network, and participating in negotiations with the Independent Physician Association (IPA) for more robust care management programs for patients with chronic diseases. CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Transitional Care and Community-Based Care for Skilled Nursing Patients (Apr. 21, 2011).

Continuity of Care

Some comments suggest that CPMC's approach to providing long-term, community-based acute-care and supportive services is inadequate, because it does not assure that a higher level of hospital-based SNF care would continue. These comments suggest that the proposed LRDP fails to address the "discontinuation of care that may occur when a patient is discharged from an acute-care facility to a skilled nursing facility operated by a third party or to a home." This comment, which addresses programmatic aspects of specific health care services, does not raise an issue that concerns the adequacy, accuracy, or completeness of the Draft EIR to address the physical environmental effects of the proposed LRDP. The following discussion is provided for informational purposes.

Acute-care patients who continue to require SNF in-hospital care would be accommodated at the Davies Campus. Other patients requiring less acute-care services would be served in other on-campus or off-campus facilities.

Medical facilities throughout the country, a notable example being Laguna Honda Hospital in San Francisco, have decommissioned some or all of their hospital-based SNF beds in favor of community-based, off-campus nursing facilities for several reasons, including the following: (1) hospital rooms are the most costly to build, (2) staffing requirements in hospitals are often much higher than what is necessary in an SNF, and (3) many patient health outcomes are better in more home-like settings.[121] Accordingly, CPMC is exploring a collaborative relationship with community providers of transitional care to accomplish appropriate and safe home discharges for patients who do not need to be cared for in hospital-based SNF beds.[122]

The Long Term Care Coordinating Council (LTCCC) acknowledged that CPMC is in the process of developing "a program of transitional care services that will facilitate the move of vulnerable adults from acute-care services to post-acute services, provided either by CPMC or other health care institutions in San Francisco, or provided at home or in the community . . ."[123] The LTCCC resolution also "urges all stakeholders, including the Health Commission, Planning Commission, and Aging and Adult Services Commission, to work to preserve and expand access to a comprehensive continuum of services and support that optimizes an individual's best chance of returning from hospital to home or to the most integrated setting, provides alternatives to hospitalization, as well as minimizing re-admission to an acute-care setting."[124]

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[121] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Transitional Care and Community-Based Care for Skilled Nursing Patients (Apr. 21, 2011). The Camden Group recognized that inclusion of skilled nursing, psychiatric, and subacute-care services in the proposed St. Luke's Campus project "would significantly increase the total project cost, and likely reduce the overall financial performance of the hospital, potentially making it difficult for CPMC to secure financing for the project." The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 24.
As The Camden Group's study explained, "Due to reduced reimbursement rates and increased regulatory requirements the financial viability of providing skilled nursing, psychiatric, and subacute care services has become increasingly difficult. Generally, when those services are provided in an existing acute care hospital setting the cost structure is increased and the financial performance of the services further erodes. For these reasons, in recent years many acute care hospitals in California and other states have opted to close those services or relocate them to lower cost settings." Ibid.

[122] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Transitional Care and Community-Based Care for Skilled Nursing Patients (Apr. 21, 2011). The Health Commission Task Force stated that it "supports CPMC's collaboration with the Department of Aging and Adult Services (DAAS), the San Francisco Senior Center, St. Francis Memorial Hospital on a pilot to provide comprehensive support to senior patients with transition services such that many can successfully be restored to their own homes with appropriate support services." The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.

[123] LTCCC, *LTCCC resolution affirming the need for citywide health planning, and optimizing an individual's return from hospital to home, or to the most integrated setting.* (Revised Draft: June 15, 2009).

[124] Ibid.; A policy preference for shifting SNF beds away from hospitals and into home care and other settings also has been recognized outside of the context of the City's and CPMC's planning efforts. For example, a report by the University of California, Berkeley

The Blue Ribbon Panel recognized that a broader citywide and regional Bay Area plan would be needed to address improved transitional care from acute to subacute to rehab facilities overall. As part of this broader effort, through the Blue Ribbon Panel consensus process, CPMC has committed to collaborate with the LTCCC and the San Francisco Hospital Council to finds ways that the City of San Francisco can expand the community's capacities to offer appropriate skilled nursing care beds.[125]

Subacute Care

Subacute-care patients are individuals who do not need acute care, but who are too ill to be cared for by most skilled nursing facilities. Frequently these individuals are ventilator-dependent or require frequent respiratory treatments. Although subacute-care beds are licensed as skilled nursing beds,[126] they are reimbursed differently and are subject to additional staffing and patient criteria requirements.[127]

Many hospitals with older buildings or floors that are no longer adequate to support modern acute care, at times, have utilized their existing facilities to create inpatient long-term care facilities, usually called "subacute-care units," to provide care for patients with dementia, degenerative neurological conditions, brain damage, or severe respiratory problems.[128] Subacute-care units provide a specialized level of care to medically fragile patients. Although subacute-care units can and do make use of otherwise unusable existing inpatient facilities, for the same reasons of higher construction and staffing costs associated with acute-care facilities that was cited for SNF beds, it is not practical to create such units in a new acute-care hospital.[129] None of the current proposed acute-care hospitals under design or construction in the United States has proposed to include subacute care within a new inpatient facility.

The St Luke's Campus subacute unit has 60 beds, located in the St. Luke's Hospital tower and occupying the entire sixth floor and half of the eighth floor. The average daily census of these subacute beds for the past 3 years was 56.4 beds in 2007, 49.8 beds in 2008, and 48.9 beds in 2009.[130] The Camden Group's study stated that "[h]istorically, almost all of the subacute patients [at the St. Luke's Campus] have been direct admit patients residing in areas outside SOMA, and often outside San Francisco County."[131]

The Blue Ribbon Panel, therefore, did not recommend that CPMC provide new replacement subacute-care beds in the proposed replacement hospital at St. Luke's Campus for those in the existing St. Luke's

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School of Public Health concluded: "Master policy shifts need to occur. To ensure continuity and coordination of care, we need integrated care delivery systems that incorporate medical and social services as well as caregiver assessment, training, and support. We also need a system that focuses on preventive care and chronic care management, not acute care. Finally, we need to make in-home care a higher priority than more expensive institutional care." (Holly Brown-Williams, *Dangerous Transitions: Seniors and the Hospital-to-Home Experience*, Health Research for Action, University of California, Berkeley School of Public Health, Perspectives Vol. 1, No. 2, Apr. 2006.)

125 The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*.

126 Subacute beds are licensed as SNF beds under the California Department of Public Health's licensing practices. Therefore, utilization data for these units are not differentiated from SNF beds on the OSHPD website. Of the total of 79 SNF beds currently at St. Luke's, 60 are subacute-care beds and 19 are SNF beds. (CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

127 California Hospital Association. Details on subacute admission criteria can be found at: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/subacutlevadufrm_m01o03p00l00.doc. See, e.g., State of California, Health & Human Services Agency, Department of Health Care Services, *Information for Authorization/Reauthorization of Subacute Care Services-Adult Subacute Program*, DHCS 6200 A (July 2009).

128 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

129 The Camden Group, 2009 (Apr. 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 24.

130 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

131 The Camden Group, 2009 (Apr. 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 10.

Hospital. Instead, the Blue Ribbon Panel recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[132]

Consistent with the Blue Ribbon Panel's recommendations, CPMC would gradually remove the existing 60 subacute beds from service at St. Luke's Hospital, through attrition or transfers to other facilities between now and when the existing St. Luke's Hospital tower would be demolished.[133] Inpatient operations (including any remaining subacute-care services) at St. Luke's Hospital would continue until the proposed St. Luke's Replacement Hospital was completed and in operation, and transfer of acute-care services would begin.[134] The proposed St. Luke's Replacement Hospital would not have subacute-care beds. Any patients not able to be transferred to other subacute-care facilities by that time would be placed, as appropriate, in a CPMC acute-care or SNF bed (on another CPMC campus).[135] As presented in the Major Response HC-1 discussion of licensed or acute care bed capacity, this volume could be accommodated by the CPMC system under the LRDP.[136]

Most patients utilizing CPMC's existing subacute-care facilities do not reside in the south of Market Street area, but rather come from other areas of the city or outside the city.[137] Therefore, it is anticipated that patients would, in the future, seek services across a wide geographic area and would not cluster at any one facility or area. Furthermore, the patient transition plan for the current patient population utilizing the existing subacute-care beds at St. Luke's Hospital anticipates that a limited number of patients would be transitioning at any given time from St. Luke's Hospital to other non-CPMC hospitals or other health care facilities.[138] Therefore, the future potential shift of subacute-care services from CPMC to other hospitals and/or health care service providers would not result in secondary impacts at any one facility, including San Francisco General Hospital (which does not offer this service).

Major Response HC-7: Access to Single-Occupancy Rooms

Comments Overview

Because the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital would consist entirely of single patient rooms, some comments suggest that the proposed LRDP would not provide access to patients with insurance limitations or those participating in government health care programs.

Response

The record does not support these contentions. Medicare rules provide for coverage of single-patient rooms.

Current patient standard of care guidelines recommend single-patient rooms, regardless of income level.[139] Because of the many advantages that single-patient rooms offer (see Major Response HC-1 [page

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132 The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.

133 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

134 Ibid.

135 Ibid. With the future decommissioning of the existing St. Luke's Hospital tower after construction of the St. Luke's Replacement Hospital, CPMC would place all remaining subacute-care patients in the hospital or in community facilities. By doing so, CPMC would comply with the Blue Ribbon Panel's recommendations related to subacute-care beds. The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010, CPMC *Interim Progress Report*, Sept. 30. 2010.

136 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

137 Ibid.; The Camden Group, 2009 (Apr. 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 10

138 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

139 For example, the 2006 AIA Guidelines for Design and Construction of Health Care Facilities cites on page xx of the Preface that, for medical/surgical (including postpartum) units, "the singled-bed room is the minimum standard for new construction." Also, in Section 3.1.1.1, "Capacity," page 40, the Guidelines state, "In new construction, the maximum number of beds per room shall be one unless the functional program demonstrates the necessity of a two-bed arrangement."

C&R 3.23-1]), they are recommended by the American Institute of Architects for all new medical/surgical hospitals and are a standard inclusion in modern hospital design.[140] In fact, most of the patient rooms at new Bay Area hospitals will be single-patient rooms, including San Francisco General Hospital's replacement hospital, UCSF at Mission Bay, Laguna Honda Hospital, and Stanford University Hospital.

Consistent with current Medicare policy, CPMC cannot collect room differentials and does not seek additional reimbursements from Medicare patients who stay in single-patient rooms.[141] If a patient is admitted to a hospital that only has single-patient room accommodations, as proposed under the LRDP, medical necessity would be deemed to exist for the accommodations provided, and Medicare beneficiaries would not be subjected to an extra charge for a single-patient room in an all-single-patient room facility.[142]

The use of single-patient rooms is contemplated by and fully consistent with applicable Medicare guidelines. Medicare rules would allow patients to be placed in single-patient rooms when a medical necessity existed, and such necessity would be found when the facility had only single patient rooms, as would be the case in proposed CPMC LRDP hospitals.[143] These guidelines and the exclusive utilization of single-patient rooms in proposed LRDP hospitals would ensure that patients receiving such benefits would be treated in the same manner as all other patients using these rooms.

Major Response HC-8: Access to Health Services

Comments Overview

A number of comments express concern about access to services by under-insured or uninsured patients, those that are on Healthy Kids or Medi-Cal, and Tenderloin or southeastern San Francisco residents.

Response

These comments, like many of the health care comments addressing programmatic aspects of the health care services, do not raise issues that concern the adequacy, accuracy, or completeness of the Draft EIR. These comments do not address the physical environmental effects of the proposed LRDP. The following information, however, is provided in response to the concerns raised in the comments.

Please also see Responses HC-2 (page C&R 3.23-52), HC-7 (page C&R 3.23-74), HC-10 (page C&R 3.23-86), HC-12 (page C&R 3.23-91), HC-16 (page C&R 3.23-101), HC-17 (page C&R 3.23-111), HC-19 (page C&R 3.23-124), HC-29 (page C&R 3.23-149), HC-31 (page C&R 3.23-160), HC-35 (page C&R 3.23-178), HC-40 (page C&R 3.23-184), HC-44 (page C&R 3.23-194), HC-49 (page C&R 3.23-200), HC-51 (page C&R 3.23-201), HC-55 (page C&R 3.23-205), HC-56 (page C&R 3.23-206), HC-57 (page C&R 3.23-208), HC-60 (page C&R 3.23-216), and HC-78 (page C&R 3.23-236) for responses to individual comments regarding health care access issues.

Access to CPMC by the Poor and Underserved

State law requires that all California not-for-profit hospitals prepare triennial community needs assessments that identify need for, plan for, and report their charitable community benefits.[144] All San

[140] Ibid.
[141] *Centers for Medicare & Medicaid Services*, Pub. 13, the Intermediary Manual, 3101.1E – Coverage of Service Provisions.
[142] See Medicare Benefit Policy Manual, Chapter 1, Section 10.1.5 – All Private Room Providers ("If the patient is admitted to a provider which has only private accommodations, and no semiprivate or ward accommodations, medical necessity will be deemed to exist for the accommodations furnished. Beneficiaries may not be subject to an extra charge for a private room in an all-private room provider.").
[143] Ibid.
[144] SB 697, California Health & Safety Code Sections 127340-127365.

Francisco non-profit hospitals (including CPMC), together with the San Francisco Department of Public Health (DPH), human service organizations, private philanthropic organizations, and community-based organizations collaborate on a community needs assessment for San Francisco, used for program planning and analysis within San Francisco.[145] These reports (called "Building a Healthy San Francisco," or BHSF) identify community health goals and track progress towards achieving community health goals, assess current needs, and prioritize goals for future action with specific metrics to monitor for improvement.[146] The current needs assessment data can be accessed online at Health Matters San Francisco.[147]

As part of the 2007 BHSF needs assessment, four priority areas of unmet health care need were identified:

1. Improve Access to Care
2. Prevent Chronic Disease and Increase Wellness
3. Reduce the Incidence of Communicable Disease
4. Engage in Violence Prevention

As described in the 2008 CPMC community benefit report, CPMC created or expanded programs that were specifically aimed at improving access to care, preventing chronic disease, and reducing incidence of communicable disease.[148]

Regarding general access to low- and no-cost medical care at CPMC, since January 1, 2007 (the merger of St. Luke's into CPMC), there has been no difference in medical access policies between any of the CPMC hospitals including, in particular, between St. Luke's Hospital and the 2333 Buchanan Street Hospital at the Pacific Campus).[149] All CPMC hospitals are equally open to the receipt of under- and uninsured patients and decisions on the granting of financial assistance and waivers are made on a uniform policy basis across all campuses.[150]

Some comments challenge the overall amount of charity care provided by CPMC, either as a percentage of net patient revenue or in comparison to other hospitals. CPMC's coverage of care (i.e., meaning completely free care) for under- and uninsured patients is available to individuals and families with incomes up to 400 percent of the federal poverty level.[151] In comparison, as of 2009, San Francisco General Hospital (SFGH) provided free care for under and uninsured patients to families with incomes up to $904/month (equivalent to 100 percent of the 2009 federal poverty level), St. Francis Hospital, St. Mary's Hospital, and UCSF provided free care to families with incomes up to $2,708/month (equivalent to 300 percent of the 2009 federal poverty level), and Chinese Hospital and Kaiser Permanente provided free care to families with incomes up to $3,159/month (equivalent to 350 percent of the 2009 federal poverty level).[152]

According to the *San Francisco Charity Care Report Fiscal Year 2009* (the "2009 Charity Care Report") published by DPH, CPMC provided approximately $11.45 million in traditional charity care in 2009,

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145 Health Matters in San Francisco, *About Us*, http://www.healthmattersinsf.org/modules.php?op=modload&name=Siteinfo&file=aboutus, accessed Apr. 11, 2011..

146 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

147 http://www.healthmattersinsf.org/

148 CPMC, *2008 Report: CPMC Community Benefit Strategy, Programs & Impact*, pages 8–10; specific CPMC programs include the St. Luke's Health care Center, HealthFirst Center for Education and Prevention, and CPMC's participation in the citywide Hep B Free campaign, among others.

149 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011); see also CPMC patient financial assistance application form, dated May 31, 2007.

150 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

151 San Francisco Department of Public Health, Healthy San Francisco, *Participant Handbook*, page 13 (updated July 2009). See also CPMC, patient financial assistance application form, dated May 31, 2007.

152 San Francisco Department of Public Health, Healthy San Francisco, *Participant Handbook*, page 13 (updated July 2009).

compared to $10.4 million for UCSF and $6.6 million for St. Francis Memorial Hospital.[153] When measured in terms of net patient revenue, CPMC provided approximately 1 percent of net patient revenue in traditional charity care in fiscal year 2009, increasing to 1.38 percent in 2010. This compares to 0.64 percent for UCSF in both years and 4.13 and 4.43 percent for SFMH in fiscal years 2009 and 2010, respectively. [154] Over the time period 2006 to 2009, the number of charity care patients at CPMC systemwide increased from 3,156 to 3,683.[155] This number further increased to 9,801 charity care patients in 2010.[156]

With respect to Medi-Cal patient access, all of CPMC's hospitals currently accept and would continue to accept Medi-Cal.[157] As part of its negotiations with the Health Commission, CPMC also committed to retaining its Medi-Cal contract with the State of California and to provide Medi-Cal patients with access to primary, specialty, and other services available through Sutter Pacific Medical Foundation clinics and St. Luke's Health Care Center.[158] Furthermore, CPMC has committed to increase its amount of Medi-Cal shortfall (the uncompensated portion of providing care to Medi-Cal patients) by 22 percent over a 5-year period, from $53,369,000 in 2007 to $65,000,000 by 2012.[159]

CPMC's 2009 Report to the Community on its community benefit program shows an increase in traditional charity care[160] from $7,584,000 in 2008 to $10,215,000 in 2009.[161] Traditional charity care at CPMC for 2007 was approximately $5,300,000.[162] From 2007 to 2008, traditional charity care increased approximately 31 percent, and from 2008 to 2009 increased an additional 35 percent.[163] Preliminary reporting of 2010 total charity care provided by CPMC is approximately $14.9 million, an approximately $4.7 million increase over the 2009 total of approximately $10.2 million, representing an approximately 46 percent increase from 2009 to 2010.[164]

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153 San Francisco Department of Public Health, 2010 (Oct.), *San Francisco Charity Care Report Fiscal Year 2009.* (CPMC and St. Luke's numbers consolidated)

154 Ibid. 2009 Charity Care Report, p. 23, Table 6, "Ratio of Charity Care to Net Patient Revenue."; 2010 Charity Care Report, p. 31, Table 7 "Charity Care as Compared to Net Patient Revenue" (CPMC and St. Luke's numbers consolidated).

155 2010 Charity Care Report, Attachment A- Report Chart Pack, p.4.

156 Ibid. (CPMC and St. Luke's numbers consolidated)._CPMC representatives indicated that "[t]he substantial increase in CPMC's charity care for 2010, as compared to previous years, is due to a change in the method used to process patient care applications. In 2010, CPMC implemented a major change – we streamlined the application process so that, for the most patients, eligibility was determined at the initial point-of-service. Prior to 2010, the charity care eligibility process required the patient to complete the application after the service was provided, "2010 Charity Care Report, p.23.

157 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

158 The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010

159 Ibid.

160 Traditional charity care is the care CPMC provides for people who come to the emergency room, but are uninsured and unable to pay. In 2009, CPMC extended this community benefit to more than 3,500 people. CPMC, *Report to the Community 2009*, at p. 5. CPMC's total provision of services to the poor and underserved includes this amount, plus CPMC's contributions to Healthy San Francisco, unpaid Medi-Cal costs, health programming provided directly by CPMC or through partnerships with other providers, and grants and sponsorships. Ibid., pages 4–9.

161 Ibid., page 9. Differences in charity care numbers between DPH and CPMC reporting reflect differences in accounting methods between DPH and more conservative IRS accounting criteria.

162 The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.

163 CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

164 CPMC, 2011 (Jan, 26), *Fourth Quarter 2010 Report to the San Francisco Health Commission Regarding CPMC's Progress Toward Commission Recommendations in Resolution No. 10-09*.

Although specific programs and affiliations may change, the following are some of CPMC's current partnerships in delivering low- or no-cost care to the medically underserved:[165]

- North East Medical Services (NEMS), one of the largest health care agencies serving Asians in the U.S., located in nearby Chinatown. Through NEMS, CPMC provides inpatient services (including labor and delivery) for 12,000 "Healthy San Francisco" (HSF) participants at various locations,[166] approximately 23 percent of the 2009 total of 52,000 HSF participants.[167] Beginning in December 2010, CPMC/Brown and Toland began providing access to these inpatient services for an additional 1,500 uninsured San Francisco adults.[168]
- Kalmanovitz Child Development Center (at Van Ness and California), which offers multidisciplinary assessment and treatment programs to help children with special needs meet their potential. No child is turned away based on ability to pay.
- Chinese Hospital: CPMC partners with Chinese Hospital to provide specialty services to its HSF patients and members of Chinese Community Health Plans, and continues to provide all labor and delivery services for Chinese Hospital and [169]
- Community Health Resource Center offers health education, health screenings, nutrition counseling and social services at CPMC sites and community settings. It offers programs at reduced fee, sliding scale, or no fee.
- Southeast Health Center San Francisco Free Clinic
- Asian Pacific Islander Wellness Center
- Tenderloin Health Center
- South of Market Health Center
- St. Anthony Free Medical Clinic
- Glide Health Services
- Conard House
- Lyon-Martin Health Services
- Curry Senior Center

CPMC supports community health initiatives such as Operation Access, Lions Eye Foundation, the Hep B Free Campaign, and Project Homeless Connect.[170] These are all more fully described, in addition to the above programs, in the above referenced 2008 Report: CPMC Community Benefit Strategy, Program and Impact, and 2009 CPMC Report to the Community.[171]

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165 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

166 Chinatown/North Beach Clinic: 1520 Stockton Street; San Francisco, CA 94133;
Sunset Clinic: 1450 Noriega Street, San Francisco, CA 94122;
Portola Clinic: 2574 San Bruno Avenue, San Francisco, CA 94134;
Visitation Valley Clinic: 82 Leland Avenue, San Francisco, CA 94134;
Taraval/Lundy Clinic (San Jose): 1715 Lundy Avenue, Suites 108-116, San Jose, CA 9513;
see also North East Medical Services, Locations, http://www.nems.org/locations.htm, accessed Apr. 11, 2011.

167 CPMC is currently the only private, non-profit health care provider with such a partnership with NEMS. CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

168 CPMC. 2010 (Sept. 30). CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

169 Ibid.

170 CPMC, *2008 Report: CPMC Community Benefit Strategy, Programs & Impact*, pp. 9-11.

171 CPMC, *2008 Report: CPMC Community Benefit Strategy, Programs & Impact*; CPMC, *Report to the Community 2009*.

The San Francisco Health Commission Task Force report on CPMC's IMP[172] documented CPMC's commitment to continue or expand its community benefit levels and partnerships with community health care delivery providers, including a specific commitment to continue to serve Medi-Cal patients throughout the CPMC system, as described above.[173]

Tenderloin Area Access

No evidence has been presented to support the comments that the proposed LRDP would result in any reduction in Medi-Cal, Healthy Kids, or other coverage by CPMC in the Tenderloin neighborhood, or that access to the Cathedral Hill Hospital would not be available to residents of the Tenderloin neighborhood.

Under the proposed LRDP, the Cathedral Hill Hospital's Emergency Department would be within walking distance of the Tenderloin area, which has the highest density of low-income residents in San Francisco. The LRDP also would locate a full-service hospital at the proposed Cathedral Hill Campus, with full pediatric capabilities next to the City's highest densities of infants and children. CPMC has committed to expand its existing health programs in surrounding neighborhoods.

With respect to comments related to Healthy Kids coverage, it is noted that Healthy Kids functions as an extension of the San Francisco Health Plan (Healthy San Francisco), to children through age 18. Healthy Kids covers children who are:[174]

- Uninsured and under 18 years of age
- San Francisco residents, U.S. citizens, nationals, eligible qualified immigrants, or undocumented immigrants
- Not eligible for no-cost, full-scope Medi-Cal, or the Healthy Families Program
- Within the income guidelines

CPMC provides direct service to Healthy Kids patients through:

- The pediatrics clinic at the Family Health Center (currently at the California Campus but to be relocated to the proposed Cathedral Hill Campus under the LRDP).
- St. Luke's Health Care Center (existing and to remain under the LRDP)
- Bayview Child Health Center (existing and to continue)[175]

Beyond direct care delivery through the clinics listed above, a wide array of primary care and specialty physicians in the CPMC system are available to Healthy San Francisco/Healthy Kids patients.[176] Two of the six provider groups offered to Healthy Kids patients are Brown & Toland and North East Medical Services (NEMS), both affiliated with CPMC.[177]

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[172] The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010

[173] Ibid. CPMC reported that more than 19,900 individuals were served by CPMC in the Medi-Cal program. CPMC's unpaid cost for Medi-Cal patients in 2009 was $59,200,000. CPMC. 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

[174] San Francisco Health Plan, Healthy Kids, http://www.sfhp.org/visitors/programs/healthy_kids/do_i_qualify.aspx (accessed Feb. 4, 2011).

[175] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011); see also CPMC, *2008 Report: CPMC Community Benefit Strategy, Programs & Impact*; CPMC, *Report to the Community 2009*.

[176] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

[177] Ibid.

Please see the discussion on page C&R 3.23-41, below, regarding CPMC's commitments in the proposed Development Agreement for the provision of health care for the poor and underserved, including continuing support for community health care clinics, such as those described above, and for new clinics and other related commitments.

South East Area Access

Several comments presume that a great disparity currently exists between the ability to access low- or no-cost care at the St. Luke's Campus and other CPMC campuses. Specifically, several comments suggest that, based on current patterns of Medi-Cal, Medicare, and private insurance use at St. Luke's Campus and Pacific Campus, as well as anticipated private insurance use at the proposed Cathedral Hill Campus, low- or no-cost care will effectively be inaccessible to un- and under-insured patients, particularly those on Medi-Cal. The comments further characterize the Tenderloin neighborhood as heavily populated with those insured through Medi-Cal or Medicare.

Lower income neighborhoods generally are acknowledged to have lower prevalence of commercial insurance and higher prevalence of government insurance such as MediCal, although no specific evidence is presented with respect to the numbers of persons in any particular neighborhood, including the Tenderloin area or southest neighborhood areas, who are covered by Medi-Cal or Medicare. With respect to existing patterns of insurance usage ("payer mix"), the comments do not provide any evidence, nor is CPMC able to conclusively link rates of payer mix to specific campuses or neighborhoods.[178] Available, citywide payer mix data from OSHPD show little correlation between type of insurance within a given zip code and prevalence of that type of insurance at the hospital or hospitals in that zip code (see 2009 OSHPD Public Data Set).[179] The financial makeup of the patient population of a particular hospital is a combination of location, private physician ability or preference for a particular insurance type, historical admitting patterns, and other factors.[180]

CPMC has limited control over many of these factors but does have control over (1) whether or not CPMC hospitals accept Medi-Cal for hospital charges, and (2) whether or not its clinics, staffed with CPMC physicians (e.g., at the approximately 15 San Francisco Sutter Pacific Medical Foundation Clinics[181] and the St. Luke's Healthcare Center, referred to above) accept Medi-Cal. As part of its commitments to the Health Commission, CPMC (1) continues to accept Medi-Cal, as it always has, at all of its hospitals, (2) guarantees access to Medi-Cal patients through all of the clinics controlled by CPMC as described above, and (3) increased the amount of unpaid Medi-Cal shortfall systemwide by 22 percent between 2007 and 2012.[182]

Further, as noted above, there is no difference in charity care policy between any of the existing CPMC hospitals, and all CPMC hospitals are equally open to the receipt of under- and uninsured patients on the same basis.[183] In addition to providing free care for patients who meet income thresholds (at or below 400 percent of federal poverty level) and who seek care at the various CPMC Emergency Departments, CPMC offers a variety of low- and no-cost health services and other direct community benefit at its

[178] Ibid.
[179] Ibid. (citing OSHPD CD-Rom, "OSHPD Public Data Set", 2009).
[180] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).
[181] Ibid. For a list of 15 San Francisco and over 50 regional locations of Sutter Pacific Medical Foundation Clinics, see http://www.sutterpacific.org/locations/
[182] The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010. page 2.
[183] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

various campus and off-campus locations.[184] Amounts of charity care delivered by zip code, campus, and supervisorial district also are shown in the DPH 2010 Charity Care Report.[185]

The comments suggest that the historically high ratios of government-insured or uninsured patients at St. Luke's (see Comments 90-62, 96-8, and 110-8 at pages C&R 3.23-82, 3.23-82, and 3.23-82, respectively, below), in conjunction with a perceived transfer of services from St. Luke's to other non-CPMC hospitals with implementation of the proposed LRDP, would result in reduced access to health care for this population. However, as noted, the presumption that under the proposed LRDP, health care would not be available at other CPMC campuses to government-insured or uninsured patients is not consistent with CPMC policies and commitments. Furthermore, as described in Major Response HC-1 and Major Response HC-2 (pages C&R 3.23-1 and 3.23-8, respectively), none of the acute-care patient population would be displaced from St. Luke's Hospital as a result of the LRDP, and the St. Luke's Replacement Hospital would be sized to accommodate growth of its existing acute-care patient population. Additionally, the effective capacity of urgent and emergency services would grow at St. Luke's (and at CPMC overall) under the LRDP (see Major Response HC-5 [page C&R 3.23-20]).

Community health services at the St. Luke's Campus currently include and would continue to include comprehensive child development and chronic illness management. Innovative health programs would continue to be provided at St. Luke's, such as Health First (which employs community health workers to provide health education and individual support), as well as comprehensive mental and behavioral health services via the Kalmanovitz Child Development Center.[186] Pediatric services at St. Luke's would continue to include a child development center for children with special needs and a clinic with the specific goal of improving health care for children of Bayview-Hunters Point.[187]

For further detail, see Major Response HC-2 (page C&R 3.23-8), and please see also the discussion beginning on page C&R 3.23-41, below, regarding commitments to operate St. Luke's Hospital and with respect to the scope and nature of programs and services that would be provided at St. Luke's in the future under the terms of the proposed Development Agreement.

Please also see Response HC-12 (page C&R 3-23-91) for specific responses to individual comments regarding access to health care services at CPMC campuses under the proposed LRDP.

Major Response HC-9: Health Care Master Plan

Comments Overview

Several comments suggest that a health care services master plan should have been included in the Draft EIR analysis because: (1) the environmental setting of the Draft EIR is incomplete without a discussion of existing citywide health care services conditions (facilitated by information from a health care services master plan); (2) an analysis and comparison of citywide health care service conditions with the LRDP might reveal gaps in health care services that, in turn, may reveal unanalyzed environmental impacts; and (3) the Draft EIR presents piecemeal analysis, absent the inclusion of a health care services master plan in the project description. Some comments suggest that the Draft EIR should be delayed, while a citywide health care services master plan is being prepared (anticipated to be completed at the earliest by 2013).

[184] Ibid. Examples include: Free ophthalmologic procedures through Lion's Eye foundation (Pacific Campus), free medical transport (all campuses), operation access (all campuses), direct outreach and care through Project Homeless Connect (at PHC sites), support of SF Free Clinic (near the California Campus), and others as listed in "2010 CPMC programs for the poor and underserved."
[185] San Francisco Department of Public Health, 2011 (Oct.), *San Francisco Charity Care Report FY 2010*, at pages 36-38.
[186] CPMC, *Report to the Community 2009*.
[187] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM), re: Health Care Services Program at St. Luke's Campus (Apr. 21, 2011).

Please also see Responses HC-7 (page C&R 3.23-74), HC-10 (page C&R 3.23-86), HC-28 (page C&R 3.23-143), HC-56 (page C&R 3.23-206), HC-57 (page C&R 3.23-208), HC-59 (page C&R 3.23-211), and HC-77 (page C&R 3.23-233) for responses to individual comments regarding these concerns.

Response

Ordinance No. 300-10, effective January 2, 2011 (the "Ordinance"), directs the preparation of a citywide health care services master plan ("Health Care Plan"). Under CEQA, the CPMC LRDP EIR is not required to include a discussion of the LRDP in relation to the as yet unprepared Health Care Plan as part of the existing conditions (project baseline) or in the project description. The contents of such a Health Care Plan would be speculative at this time, and the CPMC LRDP EIR is not required to be delayed, pending its development.

Social and Economic Effects

The comments focus on perceived or existing gaps in citywide health care services, how citywide health care policy objectives (which would be outlined in the anticipated Health Care Plan) might address these gaps, and whether CEQA would require that the CPMC LRDP EIR include an analysis of the citywide distribution of health care services and of any existing citywide health service gaps in relation to the LRDP, either by consideration of the forthcoming Health Care Plan or by providing a separate or equivalent citywide health care services analysis in the EIR to compare against the LRDP. The remainder of this response provides information addressing these issues. It is important to note, however, that under CEQA the focus is on disclosure of physical environmental impacts of the proposed project, and there is no requirement that an EIR analyze social or health care policy considerations such as whether and how the LRDP addresses citywide health care services conditions or policies, unless it is shown that, by virtue of its effect on such conditions or policies, the LRDP would possibly cause or exacerbate physical environmental impacts.[188] No such substantial evidence has been provided in the comments.

Major Responses HC-1, HC-2, HC-3, HC-4, HC-5, HC-6, and HC-8 (pages C&R 3.23-1, 3.23-8, 3.23-17, 3.23-19, 3.23-20, 3.23-25, and 3.23-32) demonstrate that whatever the existing or future shortfalls or "gaps" in citywide health care services might be, the proposed LRDP would not detrimentally contribute to such conditions and, therefore, would not cause, exacerbate, or be linked to any secondary physical environmental effects not already discussed in the Draft EIR. The comments do not provide substantial evidence that the Draft EIR impact analyses fail to account for or fully analyze transportation, air quality, public services, or other environmental impacts of the LRDP.

Delay Pending Development of a Health Care Plan

Some comments suggest that the CPMC LRDP EIR should be delayed, pending preparation of a Health Care Plan or its equivalent, which might identify environmental impacts not addressed in the Draft EIR. These suggestions were submitted before adoption of the Ordinance.

The recently proposed Ordinance sets out a lengthy and detailed series of requirements and processes, preceding adoption of a Health Care Plan. The Ordinance would not apply until the Health Care Plan was adopted. Furthermore, the Health Care Plan would be subject to its own review under CEQA, before adoption.

The Ordinance would apply to proposed changes in medical uses after either January 2, 2013, or formal adoption of the Health Care Plan, whichever occurs later. Therefore, the Ordinance could not apply to proposed changes under the CPMC LRDP that are approved before January 2, 2013. Under these

[188] See State CEQA Guidelines Sections 15064(c)(6),(f)(6), 15131(a). For further discussion, please also see INTRO-6 (page C&R 3.1-11) regarding the consideration of social and economic effects under CEQA.

circumstances, the suggested delay in the consideration of the CPMC LRDP Draft EIR is not warranted, particularly absent any observable environmental effect or reasonably proximate application to the LRDP.

Some comments suggest that the Draft EIR should consider the environmental impacts associated with potential inconsistencies between the LRDP and land use policies that may be developed as part of the future Health Care Plan. CEQA does not require a lead agency to speculate as to, or to rely on, proposed or draft land use plans that have not even begun to be drafted, in evaluating a project.

Project Description and Baseline

Some comments suggest that the Draft EIR analysis is incomplete and piecemeal without prior completion of the Health Care Plan or an equivalent analysis of citywide health care services. The proposed LRDP, however, does not include the preparation of a citywide health care services master plan, nor is such an action a planned future phase or foreseeable component of the LRDP. A formal Health Care Plan is to be prepared in the future under a separate City process (as referenced above) and is not a component of the project description for the proposed LRDP. The project description for the CPMC LRDP in the Draft EIR is adequate, accurate, and complete under CEQA, and includes all foreseeable components of the proposed LRDP, for both short-term and long-term project components.

Several of the comments suggest that the environmental baseline or existing setting in the Draft EIR is inadequate, because it fails to describe existing citywide or regional health care service conditions and perceived gaps therein, and that a health care services master plan (or an equivalent discussion of citywide and/or regional health care services) is needed to accurately identify these conditions and gaps. Such an analysis is beyond the scope of environmental review under CEQA for the reasons stated below.

CEQA requires that EIRs include a description of the physical environmental conditions in the vicinity of the project, from both a local and regional perspective, in sufficient detail to understand the significant environmental effects of the project and its alternatives on those conditions.[189] Regardless of any City or regional health care service gaps that may exist or be addressed by future public health planning under the proposed Health Care Plan, CEQA does not require the CPMC LRDP EIR to include a separate baseline analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to citywide health care service gaps that would cause a physical effect on the environment. No such evidence has been provided in the comments.

For example, Major Responses HC-1, HC-2, HC-4, HC-5, and HC-6 (pages C&R 3.23-1, 3.23-8, 3.23-19, 3.23-20, and 3.23-25), respectively, demonstrate that, although an overall reduction of the total number of licensed acute-care and other types of beds at CPMC campuses systemwide would occur under the proposed LRDP, with the use of single-occupancy rooms, higher utilization rates, commitments with respect to SNF and psychiatric beds, and expansion of emergency services, adequate capacity would exist under the LRDP to meet CPMC's existing and projected demand for inpatient beds and other services. Therefore, despite the overall change in the number of licensed beds at CPMC systemwide, no transfer or displacement of services would occur at other non-CPMC health care facilities that might have an adverse physical environmental effect as a result of the development proposed under the LRDP. No adverse impacts would also result at other city health care facilities as a result of implementation of the LRDP. The Draft EIR adequately analyzes the potential impacts of the LRDP, including whether health services proposed as part of the LRDP would result in any impacts related to public services and emergency response planning citywide.

[189] See *County of Inyo v. City of L.A.*, 71 Cal. App. 3d 185, 192 (1977).

Existing Record

Some comments suggest that without the Health Care Plan (or an equivalent analysis), the City does not have adequate and objective information concerning the delivery of health care services citywide and by CPMC, in particular, to determine whether the proposed LRDP would result in secondary impacts that are not analyzed in the Draft EIR. However, as described in the preceding Major Responses, adequate information has been developed for analyzing the LRDP's role in citywide health care services, and the proposed LRDP would not contribute to unidentified physical environmental effects. Substantial evidence has not been presented in the comments that further information is necessary to identify or analyze the environmental impacts of the proposed LRDP.

Existing City requirements for the acceptance of the IMP state that it, among other things:

> "provide[s] the Planning Commission, community and neighborhood organizations, other public and private agencies, the general public, and other institutions with information that would help guide those entities' decisions regarding the use of, and investment in, land in the vicinity of the LRDP campuses, provision of public services, and particularly the planning of similar institutions to insure that costly duplication of health care facilities does not occur" and provides information on "the relationship of the facilities covered under the IMP to Citywide health care needs."[190]

The San Francisco Health Commission (on July 21, 2009, with further findings on March 16, 2010), accepted the IMP for the proposed CPMC LRDP, in its Resolution 10-09, subject to recommendations on the size and scope of facilities and services to be provided[191]. The Health Commission made these recommendations to ensure that the IMP "results in the best possible health plan for the City and County of San Francisco."[192] Before that, the Board of Supervisors, in its Resolution No. 478-08 of November 18, 2008, accepted consensus recommendations from the Blue Ribbon Panel on the St. Luke's Campus (as discussed above), which the Health Commission incorporated into Resolution 10-09.[193] The Planning Commission then took this Resolution as well as public testimony under review and, on November 19, 2009, accepted CPMC's IMP document as complete. Several months later, on March 2, 2010, the Health Commission's Task Force on CPMC's IMP published its *Updates and Accomplishments*, concerning the recommendations in Resolution 10-09, and the Health Commission adopted Resolution 02-10 on March 16, 2010, memorializing the progress made in furthering the Health Commission's recommendations.[194]

3.23.1.2 DEVELOPMENT AGREEMENT

CPMC and the City, including the various City departments, including, but not limited to, the Departments of Health, Public Works, the Mayor's Office of Housing, the Mayor's Office of Economic and Workforce Development, and the Metropolitan Transportation Agency, have been negotiating the proposed terms and conditions of a development agreement ("DA"). As currently envisioned, the DA would memorialize CPMC commitments with respect to the delivery of health care services (which are described for informational purposes in the preceding and following sections of this document), and other community benefits. The DA would also provide CPMC with certainty and protections with respect to the conditions and approvals to undertake the LRDP. The DA would also include specific timeframes for performance, penalties for non-performance, and terms and conditions of performance.

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190 San Francisco Planning Code § 304.5(a)(3), (g).
191 S.F., Health Commission Resolution No. 10-09; Health Commission Resolution No. 02-10.
192 Ibid.
193 The Planning Commission accepted the IMP after a hearing November 19, 2009.
194 San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; S.F. Health Commission Resolution No. 02-10.

As previously noted, the proposed health care and community benefit commitments under the DA are, for the most part, social and economic in nature and, under CEQA, are not required to be addressed in the EIR. Nevertheless, the health care discussion and responses to health care comments found in the EIR and this C&R document have been developed to respond to concerns raised by the public and decision-makers. The Planning Department is providing additional information here on the proposed scope of health care and other community benefit commitments in the DA in order to further respond to expressed interest on this topic.

The principal health care and community benefit commitments that are proposed for the DA (as of publication of this C&R document) are described below in general terms. The DA is subject to completion of final negotiations, review and approval in the course of the review of the LRDP, and the commitments are subject to conditions as more particularly described in the DA. Furthermore, the terms of the proposed DA are subject to change until finalized. The reader is directed to the final DA itself (if approved) to the Department's staff reports, which will include a more detailed summary of the proposed DA, and other information that will be provided in advance of and in connection with the public hearings on the proposed DA for more detailed descriptions of the precise nature, scope and extent of commitments that would be provided therein.

I.	**St. Luke's Campus**
1.	Commit to construct and operate the St. Luke's Replacement Hospital as a general acute care hospital with emergency medical services.
2.	Establish a Center of Excellence in Community Health and a Center of Excellence in Senior Health.
3.	Construct a new medical office building (MOB), or provide the City with an opportunity to do so.
II.	**Services for the Poor and Support of Community Health**
1.	Continue to provide a specified level of health care services, including charity care, unpaid costs of Medi-Cal, and other benefits for the poor and underserved.
2.	Provide continued support of pediatric services in the Bayview through the Bayview Child Health Center and continued operation and support of the St. Luke's Health Care Center.
3.	Provide hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, including Seniors and Persons with Disabilities.
4.	Establish a Fund to support health care innovations and to enhance the performance and improve the sustainability of the City's community based service providers.
III.	**Additional Health Care Commitments**
1.	Ensure an available skilled nursing (SNF) capacity of 100 beds, either on- or off-campus, not including any existing community-based beds.
2.	Work with San Francisco Department of Public Health and other hospitals to develop specific proposals for providing sub-acute services in the community.
3.	Continue service agreements with Chinese Hospital and its affiliates to provide pediatric, obstetric, and certain tertiary services.
4.	Deliver culturally appropriate services that are representative of San Francisco's diverse communities.
5.	Continue good faith efforts towards the clinical integration of medical staffs at CPMC campuses and various quality improvement initiatives.
6.	Limit fee for service rate increases to City Health Service System contracted HMOs and PPOs.

IV. Other Community Benefits

1. Housing:
   a. Payment of residential unit replacement fee.
   b. Payment to the Mayor's Office of Housing to assist in the production of affordable rental housing.
   c. Fund a City-administered down-payment loan assistance program for qualified CPMC employees.

2. Workforce Development:
   a. First Source Agreements detailing commitments around entry-level hiring practices for both construction and operational phases;
   b. Local hire commitments for both construction and operational phases;
   c. Commitments to Local Business Enterprises; and
   d. Payment to the City of San Francisco Office of Economic and Workplace Development and community-based organizations for construction-related and end-use training programs.

3. Transit:
   a. Contribute toward the construction of BRT transit facilities in the vicinity of Van Ness Avenue and Geary St./Blvd.
   b. Provide funds to address transit delay impacts described in the EIR, consistent with identified mitigations.
   c. Impose a surcharge on parking garage fees at Cathedral Hill Hospital and Cathedral Hill MOB.
   d. Provide funds for SFMTA to use for bicycle studies.

4. Pedestrian Safety and Public Improvements:
   a. Provide funds for City use to (i) study, design and construct pedestrian and streetscape improvements determined necessary or desirable by the City in the Lower Polk and the Tenderloin neighborhood areas;[i] (ii) a Tenderloin community pilot safe passage program; and (iii) formation and a seed grant for a Lower Polk community business district.
   b. Construct certain pedestrian streetscape improvements near the Davies and St. Luke's Campuses.[ii]

[i] City would have sole authority to determine whether to proceed with the Tenderloin and Little Saigon neighborhood area improvements and to issue required permits and authorizations. City would also retain the discretion to modify, or select feasible alternatives to the improvements to avoid any identified impacts or concerns that arise in connection with their further review, including any required environmental review under CEQA.

[ii] These improvements 1) are ministerial with no potential significant impact or, 2) were previously approved in connection with pending City projects, such as the Mission Streetscape Plan (Mission Streetscape Plan Mitigated Negative Declaration, San Francisco Planning Department Case No. 2008.1075E), or 3) are within the scope of other existing City programs, including DPW Standard Neighborhood Street maintenance and upgrade programs.

3.23.1.3 HEALTH CARE COMMENTS AND RESPONSES: ALL CAMPUSES

Comment

(Marvis Phillips, August 6, 2010) [4-2 HC]

"Even though discussed. I have concerns about 3 things at the new Cathedral Hill Campus.

1) Enough bed space to cover both the patients from the Pacific and the Children's Campuses."

Response HC-1

The comment states three concerns related to the proposed Cathedral Hill Campus. Two concerns are related to transportation and circulation, and they are stated and responded to in Section 3.7 of this document (Responses TR-43 and TR-100, pages C&R 3.7-67 and 3.7-170, respectively).

The health care concern expressed by the commenter is regarding whether the proposed Cathedral Hill Campus would provide sufficient bed space to meet the existing combined patient demand of the Pacific and California Campuses (the reference to the "Children's Campus" presumably is intended to reference the California Campus). The proposed Cathedral Hill Campus would have sufficient bed capacity to accommodate existing patient demand for acute-care beds currently served at the Pacific and California Campuses, as well as projected future demand. The Pacific and California Campuses currently provide 295 and 299 licensed acute-care beds, respectively, mostly in multi-patient rooms. The new Cathedral Hill Hospital would provide 555 beds in single-patient rooms. Please see Major Responses HC-1 and HC-2 (pages C&R 3.23-1 and 3.23-8) for discussion regarding the supply of acute-care beds and the size and scope of services at the proposed Cathedral Hill Campus. As explained in Major Response HC-1 (pages C&R 3.23-1 through 3.23-8), because single-patient rooms have higher utilization rates than multi-patient rooms, the 555 beds in single-patient rooms at the new Cathedral Hill Hospital would provide adequate capacity to accommodate the patient demand served by the current capacity of 594 total licensed acute care beds in multi-patient rooms at the California and Pacific Campuses, as well as the projected future demand for acute care inpatient beds.

In addition to acute-care beds at the Pacific and California Campuses, CPMC currently provides 18 psychiatric beds at the Pacific Campus and 101 skilled nursing (SNF) beds at the California Campus.

As explained in Major Response HC-4 and shown on Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (and as updated in Response PD-6 [page C&R 3.2-6]), all 18 psychiatric beds are proposed to continue to remain licensed and operational at the Pacific Campus under the proposed LRDP. Therefore, the proposed Cathedral Hill Campus would not need to include psychiatric beds to accommodate the existing demand at the Pacific Campus.

As explained in Major Response HC-6 and clarified in the text revisions to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" on page 2-10 of the Draft EIR, and as shown in Chapter 4, "Draft EIR Text Changes," of this C&R document (see also Response PD-6, page C&R 3.2-6), the proposed LRDP assumes the continued maintenance of 101 licensed SNF beds at the California Campus, unless and until CPMC identifies another plan for providing 62 SNF beds (in addition to the 38 SNF beds that would continue to be maintained at the Davies Campus under the LRDP) necessary for CPMC to meet its commitment to provide a total of 100 SNF beds systemwide.

Please see Major Response HC-6 for further information regarding future demand for SNF beds and CPMC's 100-bed commitment.

Comments

(Marvis Phillips, August 6, 2010) [4-5 HC]

"As for the St. Lukes Campus. Currently St. Luke's takes the slack for General – I have the following 3 concerns.

1) I have a concern the 88-beds are not enough to serve the Mission and point's south and still be a back up for General."

(Marvis Phillips, August 6, 2010) [4-6 HC]

"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 seniors to get to."

(Marvis Phillips, August 6, 2010) [4-7 HC]

"3) I am concerned about emergency services when General diverts and St Luke is overcrowded. The limit of 88 beds 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."

(Jack Scott, September 23, 2010) [19-2 HC, duplicate comments were provided in 40-2 HC]

"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."

(Flavio Casoy—San Francisco General Hospital Physician Organizing Committee, September 23, 2010) [42-1 HC]

"Good Afternoon, My name is Flávio Casoy and I am 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."

(Flavio Casoy—San Francisco General Hospital Physician Organizing Committee, September 23, 2010) [42-2 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 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."

(Hossein Sepas, October 19, 2010) [82-1 HC, duplicate comment was provided in 107-2 HC]

"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."

(Patrick Carney, October 19, 2010) [83-2 HC]

"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."

(Alex Tom—Chinese Progressive Association, October 19, 2010) [84-1 HC]

"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."

(Emily Lee, September 23, 2010) [PC-293 HC]

"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."

(Emily Lee, September 23, 2010) [PC-294 HC]

"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 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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-16 HC, duplicate comment was provided in 108-16 HC]

"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:

- 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-63 HC]

"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.

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.

[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 40.22 - 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 (I-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.)"

(Gloria Smith—California Nurses Association, October 20, 2010) [96-9 HC, duplicate comments were provided in 90-63 HC and 110-9 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:

- 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.

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.

[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 (I-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, l0.6.)."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-65 HC]

"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 Fire Department and increase the average response time and associated adverse consequences on the timely delivery of emergency cases to acute care units."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-67 HC, duplicate comments were provided in 96-11 HC and 110-11 HC]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-7 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?"

(Gloria Smith—California Nurses Association, October 19, 2010) [93-13 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?"

(Gloria Smith—California Nurses Association, October 20, 2010) [96-17 HC, duplicate comment was provided in 110-17 HC]

"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.

[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."

(Gloria Smith—California Nurses Association, October 19, 2010) [96-25 HC, duplicate comment was provided in 110-25 HC]

"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 proposed 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."

(Iris Biblowitz, October 26, 2010) [115-3 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.

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 extremely 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."

(Jack Scott, September 23, 2010) [PC-6 HC]

"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 the San Francisco General Hospital."

(Unidentified Speaker, September 23, 2010) [PC-36 HC]

"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."

(Betty Huey, September 23, 2010) [PC-74 HC]

"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."

(Taffy Dollard, September 23, 2010) [PC-181 HC]

"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 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."

(Taffy Dollard, September 23, 2010) [PC-183 HC]

"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,…."

(Taffy Dollard, September 23, 2010) [PC-184 HC]

". . .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."

(Barbara Savitz, September 23, 2010) [PC-336 HC]

"MS. SAVITZ: Good evening. I'm Barbara Savitz. I've been a Registered Nurse for over 35 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."

(Barbara Savitz, September 23, 2010) [PC-337 HC]

"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."

(Barbara Savitz, September 23, 2010) [PC-338 HC]

"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 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."

(Maria Ragairdo, September 23, 2010) [PC-187 HC]

"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 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?"

(Maria Ragairdo, September 23, 2010) [PC-188 HC]

"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 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."

(Jane Martin, September 23, 2010) [PC-259 HC]

"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."

(Jane Sandoval, September 23, 2010) [PC-273 HC]

"There has continued to be service cuts, it 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."

(Rachel Ibarra, September 23, 2010) [PC-295 HC]

"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."

(Fran Taylor, September 23, 2010) [PC-315 HC]

"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 Ingleside, 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?"

Response HC-2

The comments express concerns that; (1) the number of beds and the services at the St. Luke's Campus under the proposed LRDP would not be sufficient to serve the Mission District and areas to the south, while continuing to serve as a "back up" for San Francisco General Hospital (SFGH); (2) that some unique services that are provided at St. Luke's would not be replaced; (3) that any such services that are replaced would not be replaced until 2015 or 2020 and would be relocated to the Pacific and/or Cathedral Hill Campuses; (4) that patients currently served at St. Luke's Hospital would have difficulty traveling to relocated services at the Pacific or Cathedral Hill Campuses; (5) that patients traveling in ambulances to the proposed Cathedral Hill Campus could [die in] be stuck in traffic; (6) that the LRDP would contribute to existing ambulance traffic and noise in the vicinity of the Cathedral Hill Campus; (7) that emergency room services in the city would be strained when SFGH diverted and the St. Luke's Replacement Hospital was overcrowded; (8) that SFGH would be "further overload[ed]," (9) that patients with

insurance coverage limitations who are currently relying on services at the St. Luke's Hospital would need to access other hospitals in the city or the region; (10) that physicians often deny Medi-Cal patients who constitute a large portion of the patient population at the St. Luke's Campus; (11) that beneficiaries of government programs would not be eligible for single-patient rooms at the proposed CPMC facilities; (12) that "environmental injustice" would result from the loss of local access to acute-care services, disproportionately affecting low-income residents; (13) that emergency vehicles would be forced to transport patients currently served at CPMC hospitals to other hospitals further away, thereby putting additional pressure on dispatch capacity at the San Francisco Police Department and San Francisco Fire Department and increasing the response time for delivery of emergency cases to acute-care hospitals; (14) that jobs and affordable housing would be affected; (15) that a lack of psychiatric beds would occur; (16) that the number of skilled nursing facility (SNF) beds at CPMC would be jeopardized; and (17) that potential closure of CPMC's dialysis services could occur. Each of these concerns is addressed below.

Please note that as stated throughout the Draft EIR (e.g., on page 2-180), the St. Luke's Campus would provide 80 licensed beds under the proposed LRDP, rather than 88 beds as stated in Comments 4-5 HC and 4-7 HC above. As shown in Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, (and the revised version of Table 2-2 included in the text revisions in Chapter 4 of this C&R document), under the proposed LRDP, the total number of licensed beds at the St. Luke's Campus would decrease from 229 currently to 80, a reduction of 149 beds, rather than 180 as stated in Comment 42-1 HC.

Adequacy of 80 Beds at the St. Luke's Campus

Please see Major Responses HC-1 and HC-2 (page C&R 3.23-1 and 3.23-8) for detailed discussion regarding the supply of acute-care beds and size and scope of services at the St. Luke's Campus.

Major Response HC-1 explains that the 80 beds proposed to be provided at the St. Luke's Hospital would provide sufficient capacity to meet the current and projected demand at the St. Luke's Campus, with additional capacity to meet peak demand periods. Major Response HC-1 also explains that with the shift from multi-patient to single-patient rooms under modern hospital guidelines, newer facilities such as the St. Luke's Replacement Hospital are projected to have a higher occupancy rate (i.e., a higher percentage of licensed beds that are expected to be used) than existing facilities with multi-patient rooms such as the 1970 Hospital Tower that the St. Luke's Replacement Hospital would replace. Therefore, fewer licensed beds would be required to serve the same number of patients. In addition, as explained in detail in Major Response HC-1, over time the demand for hospital bed capacity has been reduced because of technological and clinical advances that reduce the average length of hospital stays and allow more medical services to be provided on an outpatient basis.

Major Response HC-2 further explains that the proposed LRDP would not exacerbate any shortage of inpatient acute-care beds for the south of Market Street area that is traditionally served by the St. Luke's Campus, in part, because the Health Commission Task Force has determined that the St. Luke's Replacement Hospital would be appropriately sized to accommodate existing and projected future patient demand for that service area,[195] and because the St. Luke's Replacement Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need to the community.

Replacement of Services Currently Provided at the St. Luke's Campus

Comment 4-6 HC states that "[t]here are some only one of a kind services currently at St. Lukes that are not being replaced," but the comment does not identify what these services are. In general, please see

[195] The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.

Major Response HC-2 (page C&R 3.23-8) for discussion regarding the size and scope of services at the St. Luke's Campus. As explained in more detail in Major Response HC-2, with the exception of inpatient pediatrics, skilled nursing facilities (SNF), and subacute care, which are discussed further below, all services currently provided at the St. Luke's Campus are proposed to be maintained or expanded at St. Luke's, including various outpatient pediatric services; chronic disease management; comprehensive women's care; senior care including orthopedic surgery, medical cardiology, ophthalmic surgery, and a diabetes center; diagnostic services; family-oriented urgent care (which would be a new service licensed by the California Department of Public Health at the St. Luke's Campus); and an expanded Emergency Department.

Similarly, Comment 87-16 incorrectly states that the proposed LRDP would include the removal of all obstetrics services from the St. Luke's Campus. Under the proposed LRDP, obstetrics services at the St. Luke's Campus would be continued and expanded. As indicated in the Draft EIR, page 2-8, the project objectives for the proposed LRDP include a core medical services objective to "rebuild and revitalize the St. Luke's Campus as a community hospital that is an integral part of CPMC's larger health care system, and that provides services such as . . . gynecologic and low-intervention obstetric care." As explained in Major Response HC-2 (page C&R 3.23-8), under the proposed LRDP, the obstetrics services at the St. Luke's Campus would be expanded and would include comprehensive women's care, including a new women's care floor, with labor and delivery areas (including a low intervention birth program supported by physicians and midwives), contiguous recovery and postpartum areas, as well as versatile medical/surgical rooms allowing other gynecological procedures, and a family room.

The St. Luke's Campus currently has three labor, delivery, and recovery rooms, 20 postpartum beds (in multi-patient rooms currently used as single-patient rooms, so actually providing 10 postpartum beds), three OB Triage Stations, two C-section rooms with one recovery location, and three antenatal testing chairs. Under the proposed LRDP, the St. Luke's Campus would provide five labor, delivery and recovery rooms, 14 postpartum beds, three OB Triage stations/antenatal testing chairs, and two C-Section rooms with two recovery locations.

As further explained in Major Response HC-2, the number of inpatient pediatric patients has been very low (an average daily census of 0.7) at the St. Luke's Campus. Based on research showing a link between pediatric patient volume and clinical outcomes, CPMC determined that this low pediatric inpatient demand would be better served by the higher volume, dedicated program that is planned for the proposed Cathedral Hill Hospital. The San Francisco Health Commission Task Force, when reviewing CPMC's Institutional Master Plan, concurred that the provision of inpatient pediatric services at the proposed Cathedral Hill Hospital would provide for the inpatient pediatric service demands of current St. Luke's patients, as envisioned by the Blue Ribbon Panel.[196]

Please also see Major Response HC-6 (page C&R 3.23-25) regarding skilled nursing facilities (SNF) and subacute-care beds. As explained in Major Response HC-6, current estimates indicate that CPMC would need to provide approximately 100 SNF beds total (for all CPMC campuses) at any given time. The San Francisco Health Commission Task Force, in its reports dated March 2 and September 30, 2010, and the San Francisco Health Commission, in Resolution 02-10 dated March 16, 2010, affirmed CPMC's plans to maintain capacity to serve its existing patient needs by providing a total of at least 100 SNF beds, including 38 beds currently located at the Davies Campus and adding 62 new SNF beds at other on- or off-campus locations (yet to be determined).[197] CPMC has also committed that no existing community-based beds would be utilized to provide the additional 62 SNF beds, because of the existing shortage of SNF beds in the community.[198] As explained in Major Response HC-6 and clarified in the revisions to

[196] Ibid.
[197] Ibid.; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*; S.F. Health Commission Resolution No. 02-10.
[198] S.F. Health Commission Resolution No. 02-10.

Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (see Response PD-6, page C&R 3.2-6), CPMC is committed to continue maintenance of 101 licensed SNF beds at the California Campus unless and until CPMC identifies another plan for providing 62 SNF beds (in addition to the 38 SNF beds that would continue to be maintained at the Davies Campus under the LRDP) necessary for CPMC to meet its commitment to provide a total of 100 SNF beds systemwide. For this reason, there would be no need for CPMC to provide replacement beds at the Cathedral Hill Campus for SNF beds currently provided at the St. Luke's Campus, as suggested by several of the comments.

As explained in Major Response HC-6, according to a study by The Camden Group, almost all of the subacute patients in the existing 60-bed subacute-care unit at the St. Luke's Campus have been direct admit patients residing in areas outside of the south of Market Street area and often outside San Francisco County.[199] The Blue Ribbon Panel, therefore, did not recommend that CPMC provide replacement subacute-care beds for those in the existing St. Luke's Hospital. Instead, the Blue Ribbon Panel recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[200] Furthermore, the San Francisco Health Commission has memorialized its agreement with CPMC: "When the St. Luke's inpatient tower is decommissioned, CPMC will place all remaining subacute-care patients in its other hospital campuses, or in community facilities."[201] Consistent with the Blue Ribbon Panel's recommendations and its agreement with the Health Commission, CPMC would gradually remove the existing 60 subacute-care beds at the St. Luke's Hospital from service, through attrition or transfers to other facilities between now and when the existing St. Luke's Hospital tower would be demolished.[202] The proposed St. Luke's Replacement Hospital would not have subacute-care beds. Any patients not able to be transferred to other subacute-care facilities by that time would be placed, as appropriate, in a CPMC acute-care or SNF bed.[203]

Comment 4-6 HC above also expresses a concern that services currently at the St. Luke's Campus would be relocated to the Pacific Campus. This comment does not reflect a correct understanding of the proposed LRDP, because no services currently provided at the St. Luke's Campus are proposed to be relocated to the Pacific Campus. Therefore, Mission District seniors would not need to travel to the Pacific Campus under the proposed LRDP to receive services previously received at the St. Luke's Campus.

Comment 42-2 HC above expresses a concern that services currently at the St. Luke's Campus would be relocated to the Cathedral Hill Campus. Similarly, Comments 90-63 and 96-9 above state 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," and Comment 96-25 above states that services at the St. Luke's Hospital would be "replace[d] with far fewer beds at the proposed Cathedral Hill Hospital." Concerns regarding the need to accommodate current patients of the St. Luke's Hospital at the Cathedral Hill Campus are misplaced, because, as explained above, other than inpatient pediatric services, no services currently provided at the St. Luke's Campus would be relocated to the Cathedral Hill Campus. Given the relatively minimal number of inpatient pediatric patients (an average daily census of 0.7[204]) at the St. Luke's Campus, very few patients would be required to travel from the areas served by the St. Luke's Campus to the Cathedral Hill Campus as the result of the proposed relocation.

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199 The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 10.

200 The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.

201 S.F. Health Commission Resolution No. 02-10.

202 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

203 Ibid.

204 OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Medical Center – St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011.

Comment 87-16 above also expresses concerns regarding increased travel time to emergency and hospital rooms caused by a reduction of licensed beds at the St. Luke's Campus and the removal of all obstetrics and single-nursing services from the campus. Similarly, Comment PC-184 above expresses concerns that under the proposed LRDP, "pregnant women in labor will be forced to travel across town by crowded bus" to the Cathedral Hill Campus. Comments PC-336 through PC-338 above implicitly discuss the same concern; the comment states that the commenter is a labor and delivery nurse at the California Campus who would keep gloves with her when traveling on buses if the LRDP were approved as proposed, because of the traffic congestion on Van Ness, that she has already had a labor and delivery patient at the California Campus who barely made it to triage. The record does not support the suggestion that travel time to emergency and hospital rooms would be increased because of the reduction in the number of licensed beds at, and removal of all skilled nursing services from, the St. Luke's Campus.

As explained above, the record indicates that the proposed LRDP would not result in a transfer or redistribution of services or patients, including Emergency Department patients, and very few patients would be required to travel from the areas served by the St. Luke's Campus to other campuses as a result of changes in services at the St. Luke's Campus. Furthermore, evidence in the record shows that an increase would occur in St. Luke's Emergency Department capacity, as explained in detail in Major Response HC-5 (page C&R 3.23-20).

As also explained above, obstetrics services would be expanded at the St. Luke's Campus, not removed. As further explained in Major Response HC-5, the current practice across the CPMC campuses is to identify high-risk maternity patients (where it would be likely or suspected that mother or newborn would require specialized intensive care services related to the birth) early in their pregnancy.[205] Such patients are referred to the dedicated women's and children's facilities (currently at the California Campus).[206] Under the proposed LRDP, they would be referred to the Cathedral Hill Hospital with its women's and children's facilities.[207]

Normal and low-risk deliveries, including any emergencies that might occur during normal or low-risk labor and delivery, would continue to be handled at St. Luke's Hospital or the women's and children's facilities at the proposed Cathedral Hill Hospital, based on patient and physician preference.[208] If, during a normal or low-risk delivery at the St. Luke's Replacement Hospital, a woman had complications that required a higher level of care, the mother and newborn would be stabilized at the St. Luke's Replacement Hospital and the newborn then would be transferred to the Neonatal Intensive Care Unit (NICU) at the proposed Cathedral Hill Hospital.[209] (Currently, newborns are transferred to the California Campus.)[210] The St. Luke's Replacement Hospital would have all the necessary stabilization capabilities to handle the immediate needs of the patient, including an intensive care unit for the mother.[211] Only after a newborn was stabilized would a neonatal transfer occur.[212] Such transfer would be conducted under the care of a registered nurse at all times, until the newborn was safely handed off to a NICU nurse at the Cathedral Hill Campus.[213] Additionally, the new UCSF Mission Bay hospital will provide NICU services in the southeast part of the city.[214] The incidence of "normal" births that require NICU follow-up is

[205] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM, re: Labor and Delivery Emergencies (Apr. 21, 2011).
[206] Ibid.
[207] Ibid.
[208] Ibid.
[209] Ibid.
[210] Ibid.
[211] Ibid.
[212] Ibid.
[213] Ibid.
[214] Ibid.

low.[215] Between January 1, 2010, and December 31, 2010, only 1.3 percent (i.e., 12 of 917) of the births at St. Luke's Hospital required such follow-up care.[216]

Development of the Cathedral Hill and St. Luke's Campuses under the proposed LRDP would not result in significant emergency vehicle access impacts. See Impacts TR-52 and TR-92 in the Draft EIR on pages 4.5-145 and page 4.5-206, respectively, and Response TR-100 (page C&R 3.7-170), regarding whether emergency vehicle access would be compromised under the LRDP. As explained in Response TR-100, the likely routes to the Cathedral Hill Hospital would be multi-lane arterial roadways that would allow emergency vehicles to travel at higher speeds and permit other traffic to maneuver out of their path. In addition, the majority of emergency transports would occur during non-commute hours, further reducing the risk of traffic problems associated with commuter traffic. Furthermore, during times when congestion was most severe, emergency vehicles would likely choose to use less congested, parallel routes, and emergency vehicles would also be permitted to travel opposite the flow of traffic or contraflow in a one-way route to bypass congestion. With the grid street layout surrounding the proposed Cathedral Hill Campus, emergency vehicles would have multiple routes to choose for accessing the hospital, while avoiding the most congested routes.

For all of the above reasons, under the proposed LRDP, it is very unlikely that a pregnant woman in labor "would be forced to travel across town by crowded bus" to the Cathedral Hill Campus, as suggested by Comment PC-184.

Comment 42-2 also refers to closures of the occupational medicine clinic, the "occupational therapy program," psychiatric unit, and the neo-natal intensive care unit at the St. Luke's Campus. The Occupational Medicine Clinic at the St. Luke's Campus closed in 2006, before CPMC acquired St. Luke's. The comment's reference to the "occupational therapy program" most likely concerns the outpatient physical and occupational therapy center that was on the 7th floor of the Monteagle Medical Center building. Occupational therapy services are provided to inpatients at all campuses, and continue to be provided to inpatients at the St. Luke's Campus. However, the outpatient physical and occupational therapy center at the St. Luke's Campus closed in November 2007. The psychiatric unit at the St. Luke's Campus closed in 2005 (before CPMC acquired the St. Luke's Campus), and the Neonatal Intensive Care Unit was downgraded to a Special Care Nursery in April 2008. These service changes all occurred before the Notice of Preparation of an EIR (NOP) for the proposed CPMC LRDP and, therefore, are part of the existing baseline conditions. Comment 42-2 also refers to reductions in medical ICU and medical/surgical beds at the St. Luke's Campus, but no such reductions have occurred.

Other services at the St. Luke's Campus have grown in recent years, including the Children's Health Clinic, which is the largest such facility in the City. See also Major Response HC-4 (page C&R 3.23-19) regarding psychiatric beds, which explains that the proposed total of 18 licensed psychiatric beds (all at the Pacific Campus) under the proposed LRDP would be adequate to respond to the demand for CPMC beds, based on the past demand census (average daily census of 10.6 for psychiatric beds in 2009).[217]

Comments 42-2 and 84-1 also state that the St. Luke's Hospital is one of only two hospitals that currently serve communities south of Market Street. As explained in Major Response HC-2, from a citywide hospital distribution perspective, the proposed LRDP has been planned in the context of other proposed and pending medical campus projects in the city. Although St. Luke's Hospital and San Francisco General Hospital are the only two hospitals currently located south of Market Street, as explained below, several other hospitals also serve or will soon serve this area. As explained in Major Response HC-5

[215] Ibid.
[216] Ibid.
[217] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011; CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Inpatient Psychiatric Beds (May 12, 2011).

(page C&R 3.23-20) regarding emergency services, the south of Market Street area represents the third largest service area for St Francis Memorial Hospital,[218] and Seton Medical Center (in Daly City) has also historically served San Francisco residents. A reported 17.84 percent of Seton Medical Center's patients came from zip codes within San Francisco in 2009 ,including residents of the south of Market area of the City.[219] In addition, a third hospital, the new UCSF Mission Bay Hospital, also will be located south of Market in the future. Lastly, San Francisco General Hospital is replacing its existing hospital with a new hospital that will increase the emergency capacity at SFGH in a manner that would enable it to accommodate approximately 33 percent more annual emergency visits, compared to existing conditions.[220] As explained in Major Response HC-2 (page C&R 3.23-8), CPMC's proposed Cathedral Hill Campus is the only new acute care facility currently proposed for the north of Market Street area.

Ability of Ambulances to Travel to Cathedral Hill Hospital During Periods of Traffic Congestion

Please see the discussion of Impacts TR-52 and TR-92 (in the Draft EIR on pages 4.5-145 and 4.5-206, respectively) for an analysis of impacts related to emergency vehicle access to the proposed Cathedral Hill Campus, and Major Response HC-5 (page C&R 3.23-20) and Response TR-100 (page C&R 3.7-170) for detailed responses to comments regarding emergency vehicle access to the Cathedral Hill Campus during periods of traffic congestion along Van Ness Avenue, Geary Street/Boulevard, and other roadways in the vicinity of the Cathedral Hill Campus. As explained therein, under the proposed LRDP, development of the Cathedral Hill and St. Luke's Campuses would not result in significant emergency vehicle impacts.

As explained in Response TR-100 (page C&R 3.7-170), the likely routes to the proposed Cathedral Hill Hospital would be multi-lane arterial roadways that would allow emergency vehicles to travel at higher speeds and permit other traffic to maneuver out of their path. In addition, the majority of emergency transports would occur during non-commute hours, further reducing the risk of traffic problems associated with commuter traffic. Furthermore, during times when congestion was most severe, emergency vehicles would likely choose to use less congested, parallel routes, and emergency vehicles would also be permitted to travel opposite the flow of traffic or contraflow in a one-way route to bypass congestion. With the grid street layout surrounding the proposed Cathedral Hill Campus, emergency vehicles would have multiple routes to choose for accessing the hospital, while avoiding the most congested routes.

Emergency Services Capacity and Diversions from San Francisco General Hospital (SFGH)

Please see Major Response HC-3 (page C&R 3.23-17) for detailed responses to comments regarding potential impacts of the proposed LRDP to San Francisco General Hospital, and Major Response HC-5 (page C&R 3.23-20) for detailed discussion regarding emergency services at the St. Luke's Campus.

As explained in detail in Major Response HC-5, no substantial evidence was presented in the comments that the proposed LRDP would increase demand on or otherwise put a strain on or undercut emergency services within the City. The proposed LRDP would expand the capacity of existing Emergency Departments or provide comparable replacement emergency services at CPMC campuses.

As explained in Major Response HC-5, the proposed LRDP would increase the effective Emergency Department capacity at the St. Luke's Campus from approximately 26,000 visits per year currently to

[218] The Lewin Group, 2009 (Feb. 10), *St. Francis Memorial Hospital Institutional Master Plan Review*, prepared for the San Francisco Department of Public Health, available: http://www.sfdph.org/dph/files/hc/HCAgen/HCAgen2009/files403032009/ SFMH-IMPDraftRpt2_10.pdf, accessed Dec. 19, 2010.

[219] OSHPD's 2009 unmasked data set.

[220] San Francisco Planning Department, 2008 (June 4), San Francisco General Hospital Seismic Compliance, Hospital Replacement Program EIR, *Comments and Responses*, pages 56–57.

accommodate approximately 31,600 visits per year. According to the San Francisco Health Commission Task Force in CPMC's IMP Updates and Accomplishments document, the increased Emergency Department capacity at the St. Luke's Campus under the proposed LRDP "will be able to handle many more visits than envisioned by the Blue Ribbon Panel and will provide significant backup capacity for SFGH."[221] As explained in Major Response HC-5 (page C&R 3.23-20), emergency capacity in the southeastern portion of San Francisco will be increased by the new UCSF Mission Bay Hospital and the replacement of the existing SFGH hospital with a new SFGH main hospital (which will have 33 percent more emergency room capacity), which would reasonably be expected to reduce the need for diversions from SFGH.[222]

A hospital (such as SFGH) will be on divert status if its Emergency Department is full or temporarily unavailable.[223] The need for diversions from SFGH because of its Emergency Department being full or temporarily unavailable is an existing condition and is not an effect of the proposed LRDP. Comment 90-67, and duplicate comments provided in Comments 96-11 and 101-11, state that SFGH "is usually on a constant 'Total Divert' status." This implies that SFGH is on diversion status more often than not, which is not supported by the evidence in the record. Currently, SFGH is on diversion 20 percent of the time for non-trauma cases (no trauma cases are diverted from SFGH and all trauma cases brought to SFGH are treated there).[224] The St. Luke's Campus is located approximately 1.4 miles from SFGH and the new UCSF Mission Bay Benioff Children's Hospital will be located approximately 1.5 miles from SFGH. The UCSF Emergency Department/Urgent Care is expected to be approximately 16,000 square feet, with 14 treatment stations, three observation rooms, one decontamination room, plus two trauma stations and two triage rooms. Using industry standards of 1,700–2,000 visits/year/station, this new Emergency Department at UCSF could accommodate 23,800–28,000 visits per year (approximately 10 percent fewer visits than the St. Luke's Campus under the proposed LRDP). Therefore, some portion of non-trauma cases currently diverted from SFGH to St. Luke's Hospital would be expected to be diverted to UCSF Mission Bay. Diversions from SFGH currently may be directed to the St. Luke's Campus, but may also be directed to other hospital Emergency Departments throughout the city, depending on several factors.

As explained in the TransOptions4Health care analysis of San Francisco Fire Department 911 emergency transports to CPMC Campuses:

> [T]ransporting a patient to a hospital emergency room following a 911 call is not a simple decision of choosing the closest hospital because there is no set geographic 'catchment' area to predetermine where a SFFD crew will transport a patient. Prior to any decision on hospital Emergency Department selection, a SFFD crew must consider at least seven factors:
>
> - Paramedic Assessment—*SFFD ambulance crew proceeds on scene, attempts to treat and/or stabilize a patient, and then determines if the patient's medical condition requires transport to a hospital Emergency Department;*
> - Possibility of Hospitals on Divert Status—*one or more hospital Emergency Department may be full or temporarily unavailable;*
> - Patient Choice—*if the patient does not have a life threatening injury and SFFD can take the extra minutes necessary, the SFFD will generally respond to a patient's request for a particular hospital such as Kaiser, or a preferred hospital based on the patient's insurance;*

[221] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.
[222] San Francisco Planning Department, 2008 (June 4), San Francisco General Hospital Seismic Compliance, Hospital Replacement Program EIR, *Comments and Responses*, pages 56-57.
[223] TransOptions4Healthcare, 2011 (Feb. 28), *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015*, prepared for California Pacific Medical Center, p. 15-16.
[224] San Francisco Planning Department, 2008 (June 4), San Francisco General Hospital Seismic Compliance, Hospital Replacement Program EIR, *Comments and Responses*, page 55.

- Patient Severity—*if a patient has a severe medical condition they are generally transported to the nearest hospital Emergency Department with the shortest waiting time;*
- Type of Patient Medical Problem—*not all hospitals can treat trauma, neurological, or stroke patients so the SFFD crew must often contact dispatch for medical direction on a hospital with these higher level services or they might have to re-transport the patient later;*
- County Policies and Protocols—*SFFD crew must follow applicable EMS protocols and procedures concerning treatment of a patient in the field, treat and release if a patient refuses transport, DNR or Do Not Resuscitate orders, and other directives on appropriate patient care and transport; and*
- Location of Ambulances—*SFFD crew may be stationed in geographic areas that correspond to historic patterns of 911 requests, and if a crew must transport a patient a considerable distance out of their 'zone' the crew may likely proceed to the closest hospital Emergency Department as soon as possible."*[225]

As explained in Major Response HC-5, the proposed LRDP would not only increase Emergency Department capacity at the St. Luke's Campus, but would also increase the total combined emergency and urgent care capacity within the entirety of the CPMC system from 88,000 visits/year currently to over 100,000 visits/year at the Cathedral Hill, Davies, and St. Luke's Hospitals. Therefore, emergency service vehicles would not be forced to transport patients to hospitals located further away and would not result in additional pressure on dispatch capacity at the San Francisco Police Department (SFPD) and San Francisco Fire Department (SFFD) or increase the average response time associated with delivery of emergency cases to acute care hospitals. The discussions of Impacts PS-1 and PS-2 on pages 4.11-17 to 4.11-30 of the Draft EIR analyze the potential for the proposed LRDP to result in substantial adverse physical impacts associated with the provision of or the need for new or physically altered fire, emergency, and police services, identified mitigation measures where needed, and concluded that these impacts would be less than significant.

Other Impacts to San Francisco General Hospital

Major Response HC-3 also explains that no services currently being provided at the existing St. Luke's Hospital would be shifted to other, non-CPMC hospitals or health care service providers. Therefore, no other impacts relating to "further overload[ing]" SFGH would occur as the result of the proposed LRDP.

Impacts to Other Hospitals

As explained in more detail in Major Response HC-3, no services currently being provided at the existing St. Luke's Hospital would be shifted to other, non-CPMC hospitals or health care service providers. Therefore, no environmental impacts related to a need for patients currently relying on services at the St. Luke's Hospital to access other hospitals in the city or the greater region would occur.

Physician Acceptance/Denial of Medi-Cal Patients

CPMC hospitals and the CPMC physicians employed by Sutter Pacific Medical Foundation and the St. Luke's Healthcare Center do at present, and would continue under the LRDP, to accept Medi-Cal patients.

As explained in Major Response HC-8 (page C&R 3.23-32), the financial makeup of the patient population of a particular hospital is a combination of location, private physician ability or preference for

[225] TransOptions4Healthcare, 2011 (Feb. 28), *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015*, prepared for California Pacific Medical Center, pages 14-15.

a particular insurance type, historical admitting patterns, and other factors not analyzed in the CPMC LRDP EIR.[226] CPMC has limited control over many of these factors but does have control over 1) whether or not CPMC hospitals accept Medi-Cal for hospital charges, and 2) whether or not its clinics, staffed with CPMC physicians (for example, at the approximately 15 San Francisco Sutter Pacific Medical Foundation Clinics[227] and the St. Luke's Healthcare Center) accept Medi-Cal. As part of its commitments to the Health Commission, CPMC would 1) continue to accept Medi-Cal, as it always has, at all of its hospitals, 2) guarantee access to Medi-Cal patients through all of the clinics controlled by CPMC as described above, and 3) increase the amount of unpaid Medi-Cal shortfall systemwide by 22 percent over a 5-year period, from $53,369,000 in 2007 to $65,000,000 by 2012.[228]

According to the project sponsor, CPMC cannot compel private practice physicians who are not part of the Sutter Pacific Medical Foundation to see or not see Medi-Cal patients. Brown and Toland Medical Group physicians, many of whom practice at CPMC facilities, for example, currently accept Medi-Cal patients, but this is a matter of personal physician choice.

Please also see Major Response HC-8, which provides additional detailed information regarding access to health care services at CPMC under the proposed LRDP, including information regarding CPMC's commitments related to Medi-Cal patient access and CPMC's partnerships in delivering low- or no-cost care to the medically underserved.

Access to Single-Patient Rooms

Please see Major Response HC-7 (page C&R 3.23-31), which explains that the current patient guidelines recommend single-occupancy hospital rooms regardless of patient income level, and that Medicare rules would allow patients receiving Medicare to be placed in single-patient rooms at facilities such as the Cathedral Hill Hospital and St. Luke's Replacement Hospital that have only single-patient rooms.

Disproportionate Adverse Socio-Economic Impacts on Low-Income Residents

Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. The comment regarding "environmental injustice" refers to concerns regarding an "extra burden" or "disproportionate impact on low-income residents in the area served by the St. Luke's Campus, based on a lack of "local access to community-based health care."

No evidence shows that the project would result in such a burden or disproportionate impact on low-income communities. As explained above, with the exception of inpatient pediatrics (to be provided at the Cathedral Hill Hospital), skilled nursing facilities (SNF) (to be continued at the Davies Campus and at the California Campus, consistent with CPMC's overall 100 SNF bed commitment), and subacute care (to be discontinued), all services currently provided at the St. Luke's Campus are proposed to be maintained or expanded at St. Luke's. Therefore, the proposed LRDP would not result in a major shift of patients currently receiving services at the St. Luke's Campus or other CPMC campuses to other hospitals in the region. As explained in detail in Major Response HC-8 (page C&R 3.23-32), there is no difference in medical access policies between any of the CPMC hospitals. All CPMC hospitals are equally open to the receipt of under-insured and uninsured patients, and decisions on the granting of financial assistance and waivers are made on a uniform policy basis across all campuses.[229] CPMC's coverage of care for under-

[226] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

[227] For a list of 15 San Francisco and over 50 regional locations of Sutter Pacific Medical Foundation Clinics, see http://www.sutterpacific.org/locations/.

[228] The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*, p. 1.

[229] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011)..

and uninsured patients is available to families with incomes up to 400 percent of the federal poverty level, which is a higher level than any other San Francisco hospital.[230] Therefore, there is no indication that the proposed LRDP would reduce or fail to provide local access to health care in any particular area of San Francisco, including the southeastern portion of the city served by the St. Luke's Campus. Major Response HC-8 provides additional information regarding CPMC's charity care programs and access to CPMC health care services within the southeastern portions of San Francisco.

Job Opportunities

Please see Response PH-26 (page C&R 3.5-90) for a description of CPMC hiring plan/practices.

Affordable/Low-Income Housing

Please see Responses PH- 9, PH-14, and PH-16 (pages C&R 3.5-31, 3.5-53, and 3.5-60), which address comments regarding the provision of housing for low-income families.

Psychiatric Beds

Please see Major Response HC-4 (page C&R 3.23-19) regarding psychiatric beds, which explains that the proposed total of 18 licensed psychiatric beds under the proposed LRDP (all at the Pacific Campus) would be adequate to respond to the demand for CPMC beds, based on the past demand census (average daily census of 10.6 for psychiatric beds in 2009).[231] As shown in Table 2-2 on page 2-10 of the Draft EIR, and in the updated version of Table 2-2 included in the text revisions in Chapter 4 of this C&R document, the existing 18 licensed psychiatric beds would continue to be maintained at the Pacific Campus under the proposed LRDP. As such, no psychiatric beds or services would be shifted from CPMC to other providers under the proposed LRDP.

Skilled Nursing Facility (SNF) Beds

Please see Major Response HC-6 (page C&R 3.23-25) regarding skilled nursing facilities (SNF), which explains that CPMC has committed to maintain 100 SNF beds to meet its actual demand.[232] As further explained in Major Response HC-6 and the text revisions in this C&R document, CPMC would maintain 38 SNF beds at the Davies Campus under the proposed LRDP. CPMC's plans to maintain capacity to serve its existing patient needs by providing a total of at least 100 SNF beds, including 38 beds currently located at the Davies Campus and adding 62 new SNF beds at other on- or off-campus locations (yet to be determined).[233] CPMC has also promised that no existing community-based beds would be utilized to provide the additional 62 SNF beds because of the existing shortage of SNF beds in the community.[234] As explained in Major Response HC-6, Chapter 4 of this C&R document shows revisions made to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (see also Response PD-6, page C&R 3.2-6), to clarify CPMC's commitment to continue maintenance of 101 licensed SNF beds at the California Campus unless and until CPMC identifies another plan for providing the 62 SNF beds (in addition to the 38 SNF beds that would continue to be maintained at the Davies

[230] San Francisco Department of Public Health, Healthy San Francisco, *Participant Handbook*, page 13. See also CPMC, patient financial assistance application form, dated May 31, 2007.

[231] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011; CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Inpatient Psychiatric Beds (May 12, 2011).

[232] See, e.g., S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.

[233] Ibid.; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*; S.F. Health Commission Resolution No. 02-10.

[234] S.F. Health Commission Resolution No. 02-10.

Campus under the LRDP) necessary for CPMC to meet its commitment to provide a total of 100 SNF beds systemwide.

Dialysis Services

Comment PC-273 states that CPMC's "dialysis services are slotted for closure." Although CPMC has recently sold its dialysis units to DaVita, the dialysis units have not been closed. Please see Response HC-21 (page C&R 3.23-127) for a detailed response to comments regarding the sale of the CPMC dialysis unit to DaVita. As explained in Response HC-21, the transfer of CPMC's dialysis services to DaVita, which became effective on February 1, 2011, has not resulted in any physical change to the environment. Regardless of the provider of dialysis services, all are held to the same regulatory standards and are overseen by the California Department of Public Health. The process of stabilizing and transporting dialysis patients to an Emergency Department remains the same, regardless of the transfer of dialysis services operations from CPMC to DaVita. Therefore, the sale of the dialysis unit has not contributed to any cumulative impacts on City services or traffic. Response HC-21 further explains that the dialysis services and staff, and the location of dialysis services all remain basically unchanged. CPMC has indicated that dialysis services have not been materially reduced or cut, nor would they be materially reduced or cut in the future.

Comment

(Marvis Phillips, August 6, 2010) [4-8 HC]

"As to Children's:

1) The old Marshal Hale Hospital (Calif East Campus) outpatient 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 help more. And if the Governor has his way and they eliminate IHSS ten's of thousand, will need care. If not now the in the future."

Response HC-3

The comment refers to "Children's," which when read in the context of the comment letter, appears to be a reference to the California Campus. The comment expresses concerns regarding the proposed loss of outpatient and skilled nursing facility (SNF) services at the Marshall Hale Hospital on the California Campus under the LRDP. The comment also expresses concerns regarding potential changes related to the State of California's In-Home Supportive Services (IHSS) program. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment is noted, and will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Outpatient Services at the California Campus

As explained on pages 2-131 to 2-132 of the DEIR, the majority of CPMC uses and programs at the California Campus (other than inpatient acute-care beds and services, which would be transferred to the proposed Cathedral Hill Campus after that campus opens in 2015) would continue at the California Campus until completion of the proposed Ambulatory Care Center (ACC) and ACC Addition at the Pacific Campus, at which time the Pacific Campus would absorb almost all remaining CPMC-related outpatient uses at the California Campus (other than SNF beds that may continue at the California Campus unless and until relocated elsewhere as further discussed below). A small amount of CPMC-operated space at the 3838 California Street MOB (primarily outpatient imaging and blood drawing) would be leased indefinitely from the future buyer of the California Campus. Thus, it is expected that by about 2020, almost all CPMC-related use of the California Campus would cease. However, the outpatient

services currently provided at the California Campus would have been relocated to replacement facilities within the Pacific Campus ACC and ACC Addition.

SNF Beds and Services at the California Campus

Please see Major Response HC-6 (page C&R 3.23-25) for a detailed discussion related to SNF beds and services at the California Campus and within CPMC systemwide. As explained in Major Response HC-6, current estimates indicate that CPMC would need to provide approximately 100 SNF beds total (for all CPMC campuses) at any given time. The San Francisco Health Commission Task Force, in its reports dated March 2 and September 30, 2010, and the San Francisco Health Commission, in Resolution 02-10 dated March 16, 2010, affirmed CPMC's plans to maintain capacity to serve its existing patient needs by providing a total of at least 100 SNF beds, including 38 beds currently located at the Davies Campus and adding 62 new SNF beds at other on- or off-campus locations (yet to be determined).[235] CPMC has also promised that no existing community-based beds would be utilized to provide the additional 62 SNF beds because of the existing shortage of SNF beds in the community.[236] As explained in Major Response HC-6, text revisions shown in Chapter 4 of this C&R document have been made to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (see also Response PD-6, page C&R 3.2-6), to clarify CPMC's commitment to continue maintenance of 101 licensed SNF beds at the California Campus, unless and until CPMC identifies another plan for providing 62 SNF beds (in addition to the 38 SNF beds that would continue to be maintained at the Davies Campus under the LRDP) necessary for CPMC to meet its commitment to provide a total of 100 SNF beds systemwide.

In-Home Supportive Services

The proposed LRDP would not create any changes related to IHSS. Therefore, any environmental effects resulting from budgetary changes to the IHSS program would not be an impact of the proposed LRDP.

Comment

(Marvis Phillips, August 6, 2010) [4-9 HC]

"2) Children's ER is the only pedritic ER in the city + it birth center award winning. My concern putting child ER + adult ER together esp with a birth center."

Response HC-4

The comment refers to the "Children's ER," which when read in the context of the comment letter, appears to be a reference to the Emergency Room at the California Campus. The comment appears to express a concern regarding the proposal under the LRDP to replace the Emergency Room at the California Campus with emergency room services at the Cathedral Hill Campus, which would provide emergency services to both children and adults and would also be located at the same campus as a birth center. The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

The Emergency Department currently located at the California Campus would be relocated to the proposed Cathedral Hill Hospital. Please see Major Response HC-2 (page C&R 3.23-8) regarding the co-location of services for children and adults at the proposed Cathedral Hill Hospital. Although the existing

[235] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*; S.F. Health Commission Resolution No. 02-10.

[236] S.F. Health CommissionResolution No. 02-10.

California Campus Emergency Department provides specialized pediatric services and is referred to as a "pediatric" Emergency Department, it is a full-service emergency unit and, as required by law, currently receives and treats adults as well as children.[237] Thus, CPMC currently provides children and adult emergency room services together at the California Campus (as it does at all CPMC emergency rooms), and this would not be a new, unique mix of emergency room patients at the proposed Cathedral Hill Hospital.[238]

At the proposed Cathedral Hill Hospital, the Emergency Department (ED) would feature separate adult and pediatric patient waiting areas and toilets, as well as a dedicated pediatric triage and dedicated pediatric treatment bays.[239] The dedicated treatment bays would be located at the front of the ED, and thus pediatric patients would not walk through adult treatment areas. The ED layout would ensure a distinct pediatric patient experience.[240]

Comment

(Marvis Phillips, August 5, 2010) [4-10 HC]

"3) Children's has 90% of the adult outpatien [sic] services + is quite convient [sic] to the eldry [sic] of the Richmond.

Putting all out patient services at Pacfic [sic] (2015-2020) while on paper looks fine but 1 out patien [sic] service for all of San Francisco. I personally wouldn't mind the cab fare is half of that of Children's, but for seniors in the outer Richmond + Sunset they simply may not be able to afford it."

Response HC-5

The comment suggests that under the proposed LRDP, CPMC would provide outpatient services at only one location, the Pacific Campus. This appears to be a misunderstanding of the proposed LRDP. As explained in Chapter 2, "Project Description" in the Draft EIR, the St. Luke's, Davies, and proposed Cathedral Hill Campuses would also provide outpatient services under the proposed LRDP, in addition to inpatient services. Please also see Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the proposed Cathedral Hill, St. Luke's, and Davies Campuses, and Major Response HC-8 (page C&R 3.23-32) to comments regarding access to health services.

The comment also expresses a concern that the additional travel distance to the Pacific Campus, as opposed to the California Campus, could be cost-prohibitive for seniors in the Richmond and Sunset Districts. The travel cost for an additional distance of approximately 1.4 miles (or 14 blocks) that some seniors might have to travel, because of the relocation of outpatient services currently provided at the California Campus to the Pacific Campus, could not reasonably be considered prohibitive. The Outer Richmond currently has direct service to the Pacific Campus via the MUNI 1 line, along with lines 38, 31, and 5, with transfers to line 22. The Sunset District is served by N, 71 and L lines, with transfers to the 22 line. The Outer Richmond will be directly served by the 38 line and eventually by the Geary Bus Rapid Transit (BRT) replacement line to the proposed Cathedral Hill Campus. The Sunset District will be served by N, 71 and L lines, with transfers to the 47 and 49 lines, and eventually by the Van Ness BRT replacement to the proposed Cathedral Hill Campus. This comment is socioeconomic in nature and is noted. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their

[237] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Pediatric Emergency Department (Apr. 21, 2011).
[238] Ibid.
[239] Ibid.
[240] Ibid.

deliberations on the project. Please also see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comment

(Marvis Phillips, August 6, 2010) [4-12 HC]

"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 outpatient facility at Davies for the Sunsent [sic] + at St Lukes for the Mission, Hunter Point + the southern side of the City would be 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."

Response HC-6

The comment suggests that under the proposed LRDP, CPMC would provide outpatient services at only one location, the Pacific Campus. This appears to be a misunderstanding of the proposed LRDP. As explained in Chapter 2, "Project Description" in the Draft EIR, under the proposed LRDP the St. Luke's, Davies, and proposed Cathedral Hill Campuses would also provide outpatient services, in addition to inpatient services. Please also see Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the proposed Cathedral Hill, St. Luke's, and Davies Campuses, and Major Response HC-8 (page C&R 3.23-32) regarding access to health services.

The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please also see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate considerations of social and economic impacts under CEQA.

Comments

(Evy Pierce, September 13, 2010) [10-1 HC, duplicate comments were provided in 12-1 HC, 16-1 HC, and 46-1 HC]

"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."

(Marlayne Morgan—Cathedral Hill Neighbors Association, September 21, 2010) [15-3 HC, duplicate comments were provided in 39-3 HC]

"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."

(Michael Lyon—SF Gray Panthers, September 23, 2010) [28-2 HC]

"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 proposed Cathedral Hill neighborhood."

(Sandra Manning, September 23, 2010) [31-5 HC]

"• CPMC can also easily grant health services access to nearby residents"

(Jane Seleznow, October 8, 2010) [48-2 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 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."

(Tina Shauf—Filipino Community Center, September 23, 2010) [41-4 HC]

"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."

(Ted Weber, October 12, 2010) [52-2 HC]

"Even more serious, however, is the fact that CPMC's proposal ignores the need for intelligent planning to address the issue of providing access to necessary health care facilities for wide segments of the city."

(Carol and Michael Stack, October 17, 2010) [62-7 HC]

"Lastly, there are poorer neighborhoods in the City which are egregiously under-serviced in terms of modem 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?

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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-4 HC]

"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."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-5 HC, duplicate comment was provided in 108-5 HC]

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

(Sheila Mahoney and James Frame, October 19, 2010) [88-12 HC]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-23 HC]

"2. Additional Omissions from the DEIR's Project Description

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

- A detailed description of the distribution of existing health care services in San Francisco and the surrounding Bay Area communities including the overall availability of general and specialized services, facilities locations and size, emergency room admissions and ambulance trips, personnel, charity care and trauma, among other factors."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-24 HC]

"A complete description of both the local and regional health care service setting must provide information on any gaps or leakage of San Francisco's health care needs, accessibility of services, and other basic background information to provide 'baseline conditions' for analyzing Project impacts. [15]

[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?)"

(Gloria Smith—California Nurses Association, October 19, 2010) [90-25 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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-32 HC]

"The DEIR fails 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-48 HC]

"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)."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-61 HC]

"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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-7 HC, duplicate comment was provided in 110-7 HC]

"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.

[14] Draft EIR at page 1-21.
[15] Draft EIR at page 2-8."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-64 HC]

"The shift of the current patient population with insurance coverage limitations from 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-66 HC, duplicate comments were provided in 96-10 HC and 110-10 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-5 HC]

"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 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]

[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. CPMCs 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 "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."

Gloria Smith—California Nurses Association, October 19, 2010) [93-6 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 [sic] 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:

[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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-8 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."

Gloria Smith—California Nurses Association, October 19, 2010) [93-11 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-15 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-23 HC]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-28 HC]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-40 HC]

"**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.

Examples of omitted Environmental Setting information that must be included in a revised DEIR are:"

(Gloria Smith—California Nurses Association, October 19, 2010) [93-41 HC]

"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?)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-42 HC]

"Projected health care services needs for the projected San Francisco population based on changing demographics (e.g., aging population, etc.)."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-45 HC]

"• 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)."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-68 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.

[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."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-69 HC].

"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.

[177] HCSMP § 342.2."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-70 HC]

"As articulated in the HCSMP, the City's overarching health care 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 health care 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.

[178] *Id*."

(Iris Biblowitz, October 26, 2010) [115-4 HC]

"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."

(Bernard Chodin, September 23, 2010) [PC-9 HC]

"Thank you. My name is Bernard Chodin 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."

(Bertie Campbell, September 23, 2010) [PC-14 HC]

"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."

(Sui Kwong, September 23, 2010) [PC-17 HC]

"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."

(Lois Scott, September 23, 2010) [PC-23 HC]

"A big issue in this proposed project is seismic safety, it is driving hospital rebuilding and the standards of safety for patients in the 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."

(Lois Scott, September 23, 2010) [PC-24 HC]

"It is important not to shut out charitable care and to have only a high-end facility. This should be part of a citywide plan, as well."

(Jessica Weimer, September 23, 2010) [PC-46 HC]

"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."

(Dina Hilliard, September 23, 2010) [PC-52 HC]

"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."

(Jeff Buckley, September 23, 2010) [PC-69 HC]

"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."

(Clifton Smith, September 23, 2010) [PC-84 HC]

"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."

(Randy Shaw, September 23, 2010) [PC-97 HC]

"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."

(Paul Lentz, September 23, 2010) [PC-103 HC]

"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."

(Sandra Manning, September 23, 2010) [PC-121 HC]

"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."

(Sandra Manning, September 23, 2010) [PC-124 HC]

"CPMC can also grant health services to nearby residents."

(Robert Barhan, September 23, 2010) [PC-154 HC]

"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."

(Taffy Dollard, September 23, 2010) [PC-182 HC]

"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."

(Commissioner Antonini, September 23, 2010) [PC-350 HC]

"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 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."

Response HC-7

The comments raise concerns regarding the provision of local access to health care for areas of San Francisco, including the south of Market Street area and the area in proximity to the proposed Cathedral Hill Campus, the provision of integrated health care services throughout the City, the preparation of a study of a citywide health care services needs, impacts related to shifts and changes in citywide health services, environmental impacts on communities near the proposed Cathedral Hill Hospital, the size and scale of the Cathedral Hill Hospital, job opportunities for the community in the vicinity of the Cathedral Hill Campus and for San Francisco residents in general, provision of affordable/low-income housing, "higher prices" for services at CPMC and Sutter Health facilities, and the adequacy of the Draft EIR as a CEQA document and the suggested need for recirculation of the Draft EIR. Each of these concerns is addressed in turn below.

Local Access to Health Care Services

The comments express general concerns that the proposed LRDP "fails to provide local access to health care to many areas of San Francisco" and similar concerns regarding the provision of medical services to low-income and underserved communities within the City. Some of the comments express more specific concerns regarding local access to health care for communities in the south of Market Street area served by the St. Luke's Campus.

Please see Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the proposed Cathedral Hill, St. Luke's, and Davies Campuses and Major Response HC-8 (page C&R 3.23-32) regarding access to health services for a detailed discussion of the distribution of CPMC health care services throughout the city under the proposed LRDP and the provision of local access to health care under the proposed LRDP. As explained in detail in Major Response HC-2, the proposed Cathedral Hill Campus would be centrally located, with respect to the existing California and Pacific Campuses, and would consolidate and relocate acute care, emergency, and other services from the California and Pacific Campuses; neither the St. Luke's nor Davies Campuses would experience reductions of services under the LRDP that would have adverse effects elsewhere. Major Response HC-2 also explains that the Cathedral Hill Campus would be closer than the existing California and Pacific hospitals to the area of San Francisco with the highest residential population density (i.e., the area including the Tenderloin),

including the highest population density of low-income households, seniors (the most frequent users of hospital care), children and youth.[241]

As explained in Major Response HC-2, a report prepared by The Lewin Group concluded that the consolidation of inpatient health care services from the California and Pacific Campuses at the Cathedral Hill Campus location would not create any major access issues from CPMC patients' perspectives.242 Major Response HC-2 also explains that the San Francisco Health Commission Task Force on CPMC's IMP determined that the St. Luke's Replacement Hospital, as planned under the proposed LRDP, would be appropriately sized and programmed as a community hospital, along with outpatient services that would be provided on the St. Luke's Campus, to accommodate existing and projected future patient demand for the south of Market service area.243 Therefore, the proposed LRDP plan for the St. Luke's Campus would not exacerbate any real or perceived health care delivery problems in the south of Market Street area.

As explained in more detail in Major Response HC-2 and in Response HC-2 (page C&R 3.23-52), with the exception of inpatient pediatrics, skilled nursing facilities (SNF), and subacute care, all services currently provided at the St. Luke's Campus are proposed to be maintained or expanded at St. Luke's. Therefore, the proposed LRDP would not result in a major shift of patients currently receiving services at the St. Luke's Campus or other CPMC campuses to other hospitals in the region, as suggested by several of the comments, and would not result in associated impacts on traffic, transportation, parking, air quality, and public services that are not analyzed in the Draft EIR. The Draft EIR included extensive analysis of transportation and circulation issues, as well as impacts related to air quality and public services. These issues were thoroughly examined from the point of view of direct and indirect construction and operational impacts of the LRDP, and the Draft EIR identified mitigation measures to reduce impacts determined to be significant to a less-than-significant level to the extent feasible. Please see Section 4.5, "Transportation and Circulation," Section 4.7, "Air Quality," and Section 4.11, "Public Services" in the Draft EIR. The issue of parking supply and demand is considered by the City of San Francisco to be a social and economic issue, and not a physical environmental issue. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comment 90-61 also states that "[t]he newly constructed Cathedral Hill Hospital would only provide 555 beds, exclusively in private single-occupancy rooms, i.e., 188 fewer beds than currently provided by the existing CPMC campuses many of which are in double-occupancy rooms," resulting in reduced access to health care. Please see Major Response HC-1 (page C&R 3.23-1), which explains that although the proposed LRDP would result in a reduction in licensed acute-care beds, it would not reduce the level or capacity of care. This would be largely because of the change from double-occupancy to single-patient rooms, in accordance with current patient standard of care guidelines. Major Response HC-1 further explains that single-patient rooms would allow a more efficient utilization than multi-patient rooms. Please also see HC-7 (page C&R 3.23-74), which explains that the current patient standard of guidelines recommend single-occupancy hospital rooms regardless of patient income level, and that Medicare rules would allow patients receiving Medicare to be placed in single-patient rooms at facilities such as the Cathedral Hill Hospital that have only single-patient rooms.

As explained in detail in Major Response HC-8, there is no difference in medical access policies between any of the CPMC hospitals. All CPMC hospitals are equally open to the receipt of under-insured and uninsured patients and decisions on the granting of financial assistance and waivers are made on a

[241] S.F. Planning Department, 2009 (May), *Draft San Francisco General Plan Recreation and Open Space Element*, page 19, Fig. 2, "High Needs Analysis."
[242] The Lewin Group, 2009 (June 26), *California Pacific Medical Center Institutional Master Plan Review*, p. 34.
[243] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.

uniform policy basis across all campuses.[244] CPMC's coverage of care for under- and uninsured patients is available to families with incomes up to 400 percent of the federal poverty level, which is a higher level than any other San Francisco hospital organization.[245] Therefore, there is no indication that the proposed LRDP would reduce or fail to provide local access to health care in any particular area of San Francisco. Major Response HC-8 provides additional information regarding CPMC's charity care programs, and access to CPMC health care services within the Tenderloin neighborhood and southeastern areas of San Francisco.

Comment 62-7 erroneously suggests that CPMC has shareholders. As duly constituted, not-for-profit corporations, neither Sutter Health nor Sutter West Bay Hospitals (doing business as CPMC) have shareholders. The proposed LRDP represents an example of the direct reinvestment of profits by Sutter Health and CPMC into the communities in which they deliver care.

Comment 115-4 states that "…CPMC/Sutter's higher prices….reveal a less than sincere commitment to providng for the needs of low-income communities." For a full discussion of the impacts of the proposed LRDP on access to health care for low income patients and other issues related to charity care, please see Major Response HC-8 (page C&R 3.23-32).

Citywide Distribution of Health Care Services and Related Impacts

The comments that the proposed LRDP fails to consider the provision of integrated health care throughout the city and regarding the citywide distribution of health care services raise issues similar to other comments suggesting that the Draft EIR analysis is incomplete without prior completion of a health care services master plan or an equivalent analysis of citywide health care services. Please see Major Response HC-9 (page C&R 3.23-38), regarding a health care master plan for a detailed response to these comments. As explained in Major Response HC-9, Ordinance No. 300-10, effective January 2, 2011 (the Ordinance), directs the preparation of a citywide health care services master plan (Health Care Plan), which is anticipated to be completed by 2013 at the earliest. The recently adopted Ordinance sets out a lengthy and detailed series of requirements and processes, preceding adoption of a Health Care Plan. The Ordinance would not apply until the Health Care Plan was adopted. Furthermore, the Health Care Plan would be subject to its own review under CEQA, before adoption. The Ordinance would apply to applicable changes in medical uses after either January 2, 2013, or formal adoption of the Health Care Plan, whichever would occur later. Therefore, the Ordinance could not apply to proposed changes under the LRDP that are approved before January 2, 2013.

As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause a physical effect on the environment, and no such evidence has been provided by the comments. Although some of the comments, such as Comment 93-8 above, appear to be referring to potential gaps in citywide health services because of the LRDP that would create physical environmental effects, the comments did not offer any evidence or support as to the basis of the effects. As further explained in Major Response HC-9, the proposed LRDP would not result in any transfer or displacement of services at other non-CPMC health care facilities that could result in a physical environment effect of the LRDP that is not analyzed in the Draft EIR. Please also see Major Response HC-1 (page C&R 3.23-1) and Major Response HC-2 (page C&R 3.23-8), which explain that the proposed LRDP would provide adequate capacity to meet CPMC's current and projected demand and, therefore, would not contribute to any cumulative impacts (or indirect effects associated with shifts in patients or services).

[244] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

[245] San Francisco Department of Public Health, Healthy San Francisco, *Participant Handbook*, page 13 (updated July 2009). See also CPMC, patient financial assistance application form, dated May 31, 2007.

Please also see Major Response HC-3 (page C&R 3.23-17) regarding potential impacts to other health care services, including impacts related to competition with other health care providers/facilities. As explained in Major Response HC-3, the comments present no substantiating evidence that increased competition would occur or that any shift in patients from one hospital to the other would result in any adverse physical impact to the environment. As further explained in Major Response HC-3, where services are available at a number of hospitals in the City, the key determinant of where patient volume would be directed would be the hospital affiliation of the admitting physician.[246] No evidence has been presented that the proposed LRDP would result in any change to these existing hospital-physician affiliations.

Major Response HC-9 also explains that no further information is necessary regarding the delivery of CPMC health care services systemwide to adequately identify and analyze the environmental impacts of the proposed LRDP. All air quality and traffic impacts associated with the proposed LRDP (including cumulative impacts) were analyzed in the Draft EIR in Sections 4.5 and 4.7. To the extent that changes in CPMC's patient and employee travel patterns (travel distances, types of trips, etc.) would be relevant to the LRDP's direct or indirect environmental impacts (including cumulative impacts), that information has been factored into the analysis in the Draft EIR. As explained in the Draft EIR, page 4.5-72, travel surveys of CPMC personnel, patients, and visitors were conducted to develop origin-destination assumptions for purposes of the transportation analysis. Based on this survey information, trip distribution was assigned for CPMC personnel, patients, and visitors traveling to or from the CPMC campuses from four quadrants (or "Superdistricts") of the city, from the East Bay, South Bay, North Bay, and outside the Bay Area.[247] Table 4.5-12, "Trip Distribution Patterns by Campus" in the Draft EIR, page 4.5-78, indicates the distribution of trips by San Francisco quadrant, as well as by trips originating or ending outside of San Francisco that were assumed for each of the CPMC campuses based on the survey results. The transportation analysis, based on the origin-destination assumptions developed from the travel surveys of CPMC personnel, patients, and visitors, in turn, was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP (e.g., Noise [Section 4.6], Air Quality [Section 4.7], and Greenhouse Gas Emissions [Section 4.8]. An EIR is not required to further respond to comments speculating on potential impacts that are not supported by substantial evidence in the record.

Comment 90-48 appears to suggest that the Draft EIR should have analyzed "[i]mpacts associated with . . . shifts and changes in health care city-wide." The proposed project is CPMC's LRDP. The Draft EIR was not required to analyze impacts resulting from the health care or business decisions of other health care providers in the city.

Comments 90-48 and 93-23 also suggest that the Draft EIR should have analyzed impacts related to the loss of other existing health care services resulting from CPMC's "abandonment of the California Campus." Similarly, Comment 93-45 requests information concerning cumulative development at the California Campus. The potential for the loss of other existing health care services brought on by potential building abandonment around the California Campus is speculative and unsupported by the evidence in the record. As explained on page 2-132 in the Draft EIR, future uses of the California Campus, after it is sold by CPMC by 2020, are speculative in nature at this time. It is assumed that a prospective purchaser would ultimately seek to renovate and/or redevelop the California Campus; however, the nature, timing, and extent of development are unknown at this time and are, therefore, beyond the scope of the proposed LRDP. Section 15145 of the State CEQA Guidelines states that "[i]f, after thorough investigation, a Lead Agency finds that a particular impact is too speculative for evaluation, the agency should note its conclusion and terminate discussion of the impact." Because future uses and related future employment at the California Campus sites after the sale by CPMC to a

[246] CPMC, 2011 (Apr. 1), Memorandum from Geoffrey Nelson to Brian Boxer (AECOM), re: St. Francis and CPMC Physician Rosters.
[247] Adavant Consulting, 2010 (Jan. 29), *CPMC LRDP Travel Demand Estimation for the San Francisco Campuses*, prepared for the San Francisco Department of Public Works, pages 21 and 39.

subsequent purchaser are too speculative for evaluation, there is no need to provide the information regarding cumulative future development impacts at the California Campus and the potential for the future loss of other existing health care services in the vicinity of the California Campus, as suggested by the comments.

Please see the discussion of urban decay impacts at the California Campus on pages 5-20 to 5-21 of the Draft EIR. As explained on page 5-20, it is anticipated that the 3838 California Street MOB would remain in medical office use, even after the building is sold by CPMC.

Additionally, under the proposed LRDP, CPMC's health care services would be provided in an integrated manner across the CPMC campuses. This is because the proposed LRDP plans for an integrated system of health care that would rely on a central tertiary hospital serving as a "hub" (i.e., the Cathedral Hill Hospital), which would provide, at a single location, a multidisciplinary concentration of care with teams of specialists to provide health care for multi-system diseases, chronic disease management, and higher-level interventional treatments, together with "feeder" hospitals (Davies and St. Luke's), providing a broad range of community hospital services in addition to specialty programs appropriate to those campuses.

Comment 67-4 also expresses concerns regarding the citywide distribution of health care services under the alternatives "evaluated in the proposal." Please note that the alternatives evaluated in the Draft EIR are alternatives to the project sponsor's (CPMC) proposed LRDP and are not part of CPMC's proposal. Please see Response ALT-1 (page C&R 3.22-11) regarding alternatives with a different distribution of health care services than the alternatives analyzed in the Draft EIR.

Comment 93-5 also suggests that the Draft EIR should have included a project objective "to support the health care services system community-wide that affords the highest quality of patient care to all of San Francisco's population," and states that the alternatives to the proposed LRDP analyzed in the Draft EIR were not devised with the success of San Francisco's overall health care services system in mind. Please see Response PD-9 (page C&R 3.2-13) for a response to these and similar comments that suggest the project objectives and alternatives analysis should be expanded to address broader City health care policy objectives. As explained in Response PD-9 (page C&R 3.2-13), CEQA requires that an EIR's project description contain a statement of the objectives sought by the project sponsor, to assist the lead agency in developing a reasonable range of alternatives to evaluate in the EIR.[248] The statement of project objectives should include the underlying purpose of the project.[249] Thus, the project objectives included in the Draft EIR are those of the proposed CPMC LRDP, not citywide health care services-related policy objectives. Please also see Response ALT-1 (page C&R 3.22-11), for a response to additional comments regarding the Draft EIR project objectives and their relationship to the alternatives analyzed in the Draft EIR.

Citywide policy objectives were discussed elsewhere in the Draft EIR (see Draft EIR Chapter 3, "Plans and Policies"), but they would not have been appropriate to discuss as an element of the project sponsor's project objectives and the project description. The project description contained in the Draft EIR states the project objectives of the proposed LRDP, in accordance with CEQA requirements. The project description is not required to include broader objectives that are not specific to the LRDP, as suggested by the comments. CEQA does not require that an EIR substitute citywide health care policy objectives for those of the project sponsor. Similarly, CEQA does not require that an EIR consider alternatives focusing on citywide health care policy objectives rather than on the project objectives of the proposed project.

Comment 93-6 also suggests that the existing health care services serving the San Francisco population should have been analyzed as the environmental baseline condition for the proposed LRDP. Please see

[248] See State CEQA Guidelines, Section 15124(b).
[249] *Ibid*.

Response INTRO-7 (page C&R 3.1-17), regarding the appropriate consideration of social and economic impacts under CEQA. The State CEQA Guidelines establish that the baseline for purposes of the CEQA analysis normally is the physical environmental conditions on site and in the vicinity of the project as they exist at the time the Notice of Preparation of an EIR (NOP) is published (see Section 15125[a] of the State CEQA Guidelines). Existing health care services serving the San Francisco population, other than health care services at the existing CPMC campuses, are not part of the physical environmental conditions on or in the vicinity of the project site and, therefore, were not required to be included in the environmental baseline used in the Draft EIR.

Environmental Impacts on Communities near the Cathedral Hill Hospital, and Scope and Size of the Cathedral Hill Hospital

The comments make general statements regarding "devastating environmental impacts" on communities near the proposed Cathedral Hill Hospital. It is unclear as to what impacts the comments are referring. The comments refer to the "monster" and the "huge and out of scale" Cathedral Hill Campus, so the comments primary concerns could be interpreted as land use and aesthetic impacts. However, the size and scale of the Cathedral Hill Campus would potentially affect virtually every type of environmental impact analyzed in the Draft EIR, as required by CEQA (i.e., a larger building generally has increased impacts related to traffic, air quality, greenhouse gas emissions, aesthetics, utilities, public services, recreation, etc. than a smaller building). Specific environmental impacts for all CEQA Guidelines Appendix G Checklist questions are addressed in the Draft EIR and in this responses to comments document. To the extent the comments are particularly concerned about land use and aesthetic impacts related to the size and scale of the Cathedral Hill Hospital, those impacts are addressed in Draft EIR Section 4.1, "Land Use and Planning" (Draft EIR pages 4.1-46 to 4.1-49, 4.1-55 to 4.1-59, and 4.1-66 to 4.1-67), in Section 4.2, "Aesthetics" (Draft EIR pages 4.2-95 to 4.2-98, 4.2-107 to 4.2-110, 4.2-118 to 4.2-140, and 4.2-192 to 4.2-193) and in the responses to comments regarding land use and aesthetic impacts of the proposed Cathedral Hill Campus development in this C&R document (see C&R Sections 3.3 and 3.4).

Job Opportunities

Please see Response PH-26 (page C&R 3.5-90) for a description of CPMC hiring plan/practices.

Affordable/Low-Income Housing

Please see Responses PH-9, PH-14, and PH-16 (page C&R 3.5-31, 3.5-53, and 3.5-60), which address comments regarding the provision of housing for low-income families.

Adequacy of Draft EIR and Suggestion to Recirculate

The Draft EIR was prepared in accordance with the State CEQA Guidelines. The Draft EIR considers the potential physical environmental impacts of the project. Please see Response INTRO-7 (page C&R 3.1-17), regarding the appropriate consideration of social and economic impacts under CEQA. The Draft EIR identifies mitigation measures that would reduce potentially significant impacts of the proposed LRDP to a less-than-significant level to the extent feasible, and analyzes a reasonable range of alternatives that would avoid or substantially lessen the environmental impacts of the proposed LRDP. As such, the Draft EIR is not fundamentally flawed, inadequate, or conclusory.

Please also see Response INTRO-6 (page C&R 3.1-11), regarding comments stating that the CPMC LRDP Draft EIR is deficient, fundamentally flawed, inadequate, and conclusory, and fails to comply with the CEQA statute and the State CEQA Guidelines, and that the Draft EIR must be redrafted, revised, and recirculated. As explained in Response INTRO-6, these comments appear to misunderstand the specific

requirements under Section 15088.5 of the State CEQA Guidelines that dictate when an EIR must be redrafted, revised, and recirculated for additional public review.

As further explained in Response INTRO-6, there are specific criteria outlining when information included in an EIR, after circulation of the Draft EIR, must be recirculated for public review, and these criteria are articulated in Section 15088.5 of the State CEQA Guidelines. That section states that when "significant new information" is added to an EIR after the Draft EIR public review period, but before certification, that information must be noticed and circulated for public review in the same way as the Draft EIR noticing and circulation is implemented. Such additional noticing and circulation, or "recirculation," is only required when the new information added to an EIR is deemed "significant." Section 15088.5(a) states that:

> New information added to an EIR is not "significant" unless the EIR is changed in a way that deprives the public of a meaningful opportunity to comment upon a substantial adverse environmental effect of the project or a feasible way to mitigate or avoid such an effect (including a feasible project alternative) that the project's proponents have declined to implement.

Section 15088.5(a) of the Guidelines provides examples of what may fall into the definition of "significant new information," including:

> (1) A new significant environmental impact would result from the proposed project or from a new mitigation measure proposed to be implemented;
>
> (2) A substantial increase in the severity of an environmental impact would result unless mitigation measures are adopted that reduce the impact to a level of insignificance;
>
> (3) A feasible project alternative or mitigation measure considerably different from others previously analyzed would clearly lessen the significant environmental impacts of the project, but the project's proponents decline to adopt it; or
>
> (4) The draft EIR was so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comment were precluded.

Additionally, Section 15088.5(b) of the CEQA Guidelines states that recirculation of the EIR is not warranted "where the new information added to the EIR merely clarifies or amplifies or makes insignificant modifications in an adequate EIR."

Although revisions have been made to the Draft EIR within this C&R document, those revisions do not rise to the level of "significant new information." More specifically, no new significant impacts have been identified. An unmitigated substantial increase in the severity of one or more environmental impacts has not been determined to occur. None of the comments have led to the identification of new feasible mitigation measures that would clearly lessen any of the significant environmental impacts of the project, but which the project sponsor (CPMC) has declined to adopt; nor have any new feasible alternatives been identified that would achieve most of the objectives of the project sponsor, while lessening the environmental effects of the proposed project. Finally, although this C&R document provides meaningful responses to all comments raised regarding the Draft EIR, and in doing so provides in-depth additional clarification and information about issues raised by the public, the provision of that information is not indicative that the Draft EIR was fundamentally inadequate or conclusory. Rather, the information provided in this C&R document serves as clarification and, in some cases, as further refinement of environmental information provided in the Draft EIR, identification of additional feasible mitigation measures that the project sponsor has agreed to adopt, and information regarding social and economic issues which are not required to be included in an EIR. Thus, this information does not involve disclosure

of new or substantially more severe significant environmental effects. None of the criteria for recirculation as articulated in Section 15088.5(a) of the State CEQA Guidelines have been met; therefore, recirculation of all or any portion of the Draft EIR is not warranted.

The EIR process is intended to facilitate the objective evaluation of potentially significant direct, indirect, and cumulative physical environmental impacts of a proposed project, and to identify feasible mitigation measures and alternatives that would reduce or avoid the project's significant impacts. In addition, CEQA specifically requires that an EIR identify those adverse impacts determined to be significant after mitigation. The analysis in the Draft EIR identifies the significant impacts and provides feasible mitigation in Chapter 4, "Environmental Setting, Impacts, and Mitigation," and discusses alternatives that would reduce or avoid significant impacts in Chapter 6, "Alternatives."

In response to the statement in Comment 87-2 that the project alternatives analyzed in the Draft EIR fail to mitigate potential impacts on health care services for underserved communities, and thus, additional alternatives need to be developed, CEQA is concerned solely with whether a project may have physical environmental effects. Please see Response INTRO-7 (page C&R 3.1-17) for a detailed discussion regarding the extent to which social and economic issues are considered under CEQA. As explained in Response INTRO-7, CEQA does not require the analysis of a project's social and economic impacts, or in this case, the distribution of health care, unless such health care impacts would in turn indirectly result in physical environmental impacts. Therefore, the analysis of the potential impacts of the proposed LRDP on health care is beyond the scope of CEQA review.

As stated in the Draft EIR, page 6-1, and explained in further detail in Response ALT-1 (page C&R 3.22-11), "Section 15126.6(a) of the State CEQA Guidelines requires analysis of a range of reasonable alternatives to the project, or to the project's location, that would feasibly attain most of the project's basic objectives, but would avoid or substantially lessen any of its significant effects." The analysis of the alternatives in Chapter 6 of the Draft EIR is consistent with CEQA's "rule of reason" which requires that the EIR set forth only those alternatives necessary to permit a reasoned choice, as stated in the State CEQA Guidelines Section 15126.6(f). The environmental impacts of the proposed CPMC LRDP and a reasonable range of project alternatives have been analyzed in the Draft EIR, and this is adequate for CEQA purposes. The social and economic concerns raised by the comment regarding the provision of health care services may be considered by the decision-makers in determining whether or not to approve a project as proposed, or to approve a modified version of the project, but they do not require further analysis as a separate EIR topic or require an additional EIR alternative under CEQA. The environmental impacts of the proposed LRDP and a reasonable range of project alternatives have been analyzed in the Draft EIR.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-62 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 [sic] 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]

[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.govIMIRCallDefault.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.govIMIRCallDefault.aspx."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-8 HC, duplicate comments were provided in 110-8 HC and 90-62 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]

[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 /MlRCaIlDefault.aspx."

Response HC-8

The comments refer to background information regarding provision of health care at St. Luke's Hospital and specifically to health insurance/program coverage, and identify differences in the rate of patient coverage of Medicare, Medi-Cal, Workers' Compensation, or other government health programs for past inpatients at St. Luke's compared to similar rates among patients at the Pacific Campus. Please see Major Response HC-8 for a response to this and similar comments regarding impacts of the proposed LRDP on access to health care for uninsured and under-insured patients and other issues related to charity care. Please also see Major Response HC-8 (page C&R 3.23-32) and Response HC-7 (page C&R 3.23-74) regarding CPMC's uniform application of its charity care policy across campuses.

Comments

(Evy Pierce, September 13, 2010) [10-3 HC, duplicate comments were provided in 12-3 HC, 16-3 HC, and 46-3 HC]

"We urge [that] the Planning Dept 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."

(Ted Weber, Jr., October 12, 2010) [52-4 HC]

"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."

Response HC-9

The comments suggest that the Planning Department should review statements made by CPMC (in response to issues raised by the commenters) with unbiased experts in the field of hospital management. The comments reflect a misunderstanding of the San Francisco Planning Department's oversight of the CEQA process for proposed development in the City and the direction of the environmental review process being provided by the State CEQA Guidelines and San Francisco Administrative Code Chapter 31. The Draft EIR was prepared by the Planning Department as the lead agency and reflects the Planning Department's independent judgment and review of all materials in the record, including materials submitted by the project sponsor, CPMC.

As discussed on page 1-3 in the Draft EIR, the purpose of an EIR is to provide decision-makers, public agencies, and the public with an informational document that fully discloses the significant environmental impacts of the project. The EIR process is intended to facilitate the objective evaluation of potentially significant direct, indirect, and cumulative impacts of the project, and to identify feasible mitigation measures and alternatives that would reduce or avoid the project's significant impacts. The EIR does not promote any particular outcome or assume adoption of any specific project. The information in the EIR is intended to be part of the record of information that informs the decision-makers in their consideration of the merits of the project.

Under CEQA, the lead agency is provided with the flexibility to use data from multiple sources, including the project sponsor. The following are pertinent portions of State CEQA Guidelines Section 15084:

> (b) The Lead Agency may require the project applicant to supply data and information both to determine whether the project may have a significant effect on the environment and to assist the Lead Agency in preparing the draft EIR.
>
> (c) Any person, including the applicant, may submit information or comments to the Lead Agency to assist in the preparation of the draft EIR. The submittal may be presented in any format, including the form of a draft EIR. The Lead Agency must consider all information and comments received. The information or comments may be included in the draft EIR in whole or in part.
>
> (e) Before using a draft prepared by another person, the Lead Agency shall subject the draft to the agency's own review and analysis. The draft EIR which is sent out for public review must reflect the independent judgment of the Lead Agency.

In reviewing the proposed LRDP and responding to the comments in the Draft EIR, the Planning Department has considered the conclusions of several unbiased experts in the health care field. The proposed LRDP would implement the 20-year planning provisions of the project sponsor's (CPMC's) 2008 Institutional Master Plan (IMP).[250] As required by Section 304.5 of the Planning Code, the IMP underwent a review process by the San Francisco Department of Public Health (DPH) and the San Francisco Health Commission, as well as the Planning Commission. On July 21, 2009, these City departments accepted the IMP as being consistent with City requirements for IMPs. Under the Planning Code, the IMP was required to, among other things, provide the Planning Commission, community and neighborhood organizations, other public and private agencies, the general public, and other institutions with information to help guide those entities' decisions regarding the use of, and investment in, land in the vicinity of the institution, provision of public services, and particularly the planning of similar institutions to ensure that costly duplication of facilities would not occur.[251] As required by the Planning Code, the DPH reviewed the IMP and the relationship of the institution's (CPMC's) facilities covered

[250] Draft EIR, page 2-1.
[251] San Francisco Planning Code Sec. 304.5(a)(3).

under the IMP to citywide health care needs. This was completed before the Planning Commission accepted the IMP.

As part of the IMP review process, The Lewin Group was selected by DPH to evaluate the IMP on its behalf. The Lewin Group is a reputed health care consulting firm with over two decades of experience in the design, implementation, and evaluation of health programs and policies, with a particular focus on providing consulting services to federal, state, and local governments.[252] The City of San Francisco has directly contracted with The Lewin Group to provide research, data, input, and expert recommendations on some of the City's most important health care planning issues, in addition to CPMC's IMP. These include:

- the DPH Long Range Service Delivery Planning Project, 2002–2003;
- the 2007–2008 local health care market assessment (in support of DPH program improvements, San Francisco General Hospital rebuild), also known as "the benchmarking analysis";
- Healthy San Francisco; and
- review and analysis of the St. Francis Memorial Hospital Institutional Master Plan (2009).[253]

As part of its review of CPMC's IMP, The Lewin Group conducted interviews with multiple citywide stakeholders including advocacy groups, academic institutions, labor, payers, community groups, and hospital CEOs, and provided unbiased, third-party analysis of CPMC's plans related to bed planning, the Blue Ribbon Panel findings related to the St. Luke's Campus, health care services, pricing, charity care, emergency preparedness, capacity, utilization, training, and education. The Lewin Report, cited in the CPMC LRDP Draft EIR and Responses to Comments, was the final document prepared by The Lewin Group on behalf of DPH in its review of CPMC's IMP.

CPMC's proposal for the St. Luke's Campus underwent extensive additional review by experts in the health care field. During 2008, City of San Francisco Supervisor Michela Alioto-Pier, former Department of Public Health Director Mitch Katz, and CPMC CEO Martin Brotman, MD convened a "Blue Ribbon Panel" of leaders in health, business, labor, and the community to develop a plan for providing health care services at the St. Luke's Campus in conjunction with CPMC's IMP. The Blue Ribbon Panel was chaired by Bishop Marc Andrus of the California Episcopal Diocese and Dr. Stephen Shortell, Dean of the University of California, Berkeley School of Public Health.[254]

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[252] Other state and local government clients of The Lewin Group have included the Alaska Department of Health and Social Services; California Department of Health Care Services; California Division of Workers' Compensation; Colorado Blue Ribbon Commission for Health Care Reform; Colorado Department of Health Care Policy and Financing; Colorado Department of Human Services; Delaware Division of Medicaid and Medical Assistance; Delaware Governor's Commission on Community-Based Alternatives for Individuals with Disabilities; District of Columbia Child Support Services Division; District of Columbia Medical Assistance Administration; Hawaii Department of Human Services; Marin County; Mississippi Office of the Governor, Division of Medicaid; Missouri Medicaid; New York State AIDS Institute; New York State Department of Health; New Mexico Medical Assistance Division/New Mexico Medical Review Association; North Carolina Department of Health and Human Services; Rhode Island Medicaid; and the Rhode Island Office of the Health Insurance Commissioner. The Lewin Group, State and Local Governments, http://www.lewin.com/Clients/StateandLocalGovernments/ (accessed Apr. 11, 2011).

[253] The Lewin Group, 2009 (Feb. 10), *St. Francis Memorial Hospital Institutional Master Plan Review,* prepared for the San Francisco Department of Public Health, available at: http://www.sfdph.org/dph/files/hc/HCAgen/HCAgen2009/files4030 32009/SFMH-IMPDraftRpt2_10.pdf (accessed Dec. 19, 2010).

[254] The Camden Group, 2009 (Apr. 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus,* page 3. Other members of the Blue Ribbon Panel included Supervisor Michela Alioto-Pier; Damian Augustyn, M.D., CPMC Chief of Medical Staff; Kenneth Barnes, M.D., Savestlukes.org; Kevin Barnett, Dr PH, MCPA, Senior Investigator Public Health Institute; Dan Bernal, District Director for Congresswoman Nancy Pelosi, Speaker of the House; Edward Chow, M.D., Chinese Community Health Plan and San Francisco Health Commissioner; Catherine Dodd, RN, PhD, Deputy Chief of Staff, Mayor Gavin Newsom's Office; Ann Eng, Senior Organizer, Bay Area Organizing Committee; Steve Falk, President & CEO, San Francisco Chamber of Commerce; Cheryl Fama, Executive Director, Peninsula Health Care District; Jean Fraser Esq., Chief of San Mateo County Health System, Former CEO of San Francisco Health Plan; Louis Giraudo, Esq., Cofounder and Principal, GESD Capital

In support of the Blue Ribbon Panel's work, Dr. Shortell sought the assistance of an independent, consultant, The Camden Group, in gathering, analyzing, and providing relevant data. The Camden Group functioned as a data analysis group, providing information to Dr. Shortell and panel members, in advance of several Blue Ribbon Panel meetings. In addition, The Camden Group participated in five meetings, including Blue Ribbon Panel meetings, made a presentation on the relevant characteristics of and trends specific to the south of Market Street area served by the St. Luke's Campus, and prepared utilization projections specific to the St. Luke's Campus.[255]

Responsibilities of The Camden Group included:

- Identification, analysis, and interpretation of the implications of key trends specific to the south of Market population, demographics, rates of incidence and injuries, competitor activity (non-project and for profit), payer mix, and retail health care (e.g., Minute Clinic)
- Assessment of the impact on south of Market of regional and national trends specific to reimbursement, work force availability, regulatory activity, and the evolution of clinical technology and practice
- Identification, analysis, and interpretation of historical St. Luke's Campus-specific patterns of inpatient and (pending data availability) outpatient utilization, as well as variation of utilization by day and hour of the day for selected services (e.g., Emergency Department)
- Projection of 2008–2030 inpatient and outpatient care utilization by major service lines for the area served by the St. Luke's Campus and the St. Luke's Hospital's portion of the total; conversion of inpatient utilization by service line to average daily census by bed type; projection of resource requirements (e.g., operating rooms, special procedure rooms, Emergency Department stations, major pieces of imaging equipment) needed to meet the activity level
- Identification of the resource capacity available in the service area (e.g., beds by type, operating rooms, Emergency Department stations) and the ability of other providers to absorb the St. Luke's Campus activity level if that campus reduced its scope of care or closed
- Identification of medical staff needs by specialty for St. Luke's Hospital's service area[256]

In addition to the IMP and Blue Ribbon Panel review processes, the San Francisco Health Commission established a Task Force to ensure that the proposed LRDP would respond to the Health Commission's recommendations made on approval of the IMP. The Task Force was staffed by the vice president of the San Francisco Health Commission and one of its sitting members: Sonja Malara, MSW and Steven Tierney, Ed.D.[257] The Task Force has since published two updates, concerning the implementation of the

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Partners; John Gressman, President & CEO, San Francisco Community Clinic Consortium; Roma Guy, MSW, Former President of the Health Commission, designee to the Blue Ribbon Panel by Supervisor Tom Ammiano; Mitchell Katz, M.D., Director of Health, Department of Public Health, City and County of San Francisco; Edward Kersh, M.D., St. Luke's Medical Staff Representative; Paul Kumar, Administrative Vice President, United Health Workers (SEIU); David Lawrence, M.D., former CEO, Kaiser Permanente; Michael Lighty, Director of Public Policy, California Nurses Association; Gabriel Metcalf, Executive Director, San Francisco Planning and Urban Research Association; Anthony Miles, CPMC Board Member; Jacob Moody, Executive Director, Bayview Hunters Point Foundation; Robert Morales, National Director, International Brotherhood of Teamster; Laura Norrell, M.D., Medical Director, St. Luke's Women's Center, designee to the Blue Ribbon Panel by Supervisor Michela Alioto-Pier; Tim Paulson, San Francisco Labor Council; Robert Prentice, Ph.D., Director, Bay Area Regional Health and Equities Initiative; Anthony Wagner, former VP, Kaiser Permanente, former Executive Administrator, San Francisco DPH; and Jim Wunderman, CEO, Bay Area Council.

[255] Ibid.

[256] Ibid., page 4.

[257] Biographies are available on the San Francisco Department of Health Web site, at http://www.sfdph.org/dph/files/hc/HlthCommBios10212008.pdf (accessed Dec. 19, 2010).

Health Commission and Blue Ribbon Task Force recommendations related to the IMP and the St. Luke's Campus.[258]

The IMP, The Lewin Group Report, the Blue Ribbon Panel recommendations, the Camden Group studies, Health Care Commission Resolution No. 10-09, and the Health Commission Task Force reports are all included in the proposed LRDP record and were reviewed by the Planning Department during its preparation of this C&R document. In light of the City's review of the IMP, the implementation of the Blue Ribbon Panel recommendations, and the Task Force's Updates of Accomplishments, a sufficient informational basis and context exist in the record for the Planning Department to exercise independent judgment regarding information provided by the project sponsor (CPMC) to help analyze the potential significant environmental effects of the proposed LRDP.

Please see Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the proposed Cathedral Hill, St. Luke's, and Davies Campuses, for more detail regarding the IMP process and the information contained in The Lewin Report, and for specific information regarding the recommendations and conclusions of the Blue Ribbon Panel, Health Commission and Health Commission Task Force, and The Camden Group studies with respect to the size and scope of services at the St. Luke's Campus.

In addition, the State of California's Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of hospital design and construction in California for general acute-care hospitals and intermediate care hospitals. As noted in the Draft EIR, pages 2-12, 2-43, 2-141, and 2-187, the proposed hospitals under the CPMC LRDP would be subject to OSHPD regulations, review, and approval of building permits.

Comment

(Bernard Choden, September 20, 2010) [13-1 HC, duplicate comments were provided in 14-1 HC and 38-1 HC and PC-9 HC]

"[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."

Response HC-10

The comment raises concerns regarding the development's context within an overall, presumably citywide, master plan for health care, emergency, and disaster relief; the availability of acute-care services on a 24-hour, 7-day-a-week basis; and the even distribution of health care resources "where geography and population most require them." The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments regarding a health care master plan are addressed in detail in Major Response HC-9 (page C&R 3.23-38). As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to

[258] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause a physical effect on the environment, and no such evidence has been provided by the comments. As further explained in Major Response HC-9, the proposed LRDP would not result in any transfer or displacement of services at other non-CPMC health care facilities that could result in a physical environment effect of the LRDP that is not analyzed in the Draft EIR. Major Response HC-9 also explains that no further information is necessary regarding the delivery of health care services systemwide to adequately identify and analyze the environmental impacts of the LRDP.

Please also see Major Response HC-5 (page C&R 3.23-20), which explains that the proposed LRDP would not result in inadequate emergency capacity for residents in the southeastern portion of San Francisco, and Response HC-9, which describes the Planning Department's consideration of the conclusions of several experts in the health care field in the evaluation of the proposed distribution of health care services under the proposed LRDP as part of the review process for CPMC's 2008 Institutional Master Plan, the formulation of the Blue Ribbon Panel's findings related to the St. Luke's Campus, and San Francisco Helath Commission Task Force findings related to the proposed LRDP.

Under the proposed LRDP, acute-care inpatient services at the Cathedral Hill, Davies, and St. Luke's Campuses including, but not limited to, emergency services, would be available on a 24-hour, 7-day-a-week basis.

Please also see Major Response HC-8 (page C&R 3.23-32) regarding access to health services for a detailed discussion of the distribution of CPMC health care services throughout the city under the proposed LRDP and the provision of local access to health care under the proposed LRDP. As explained in detail in Major Response HC-2, the proposed Cathedral Hill Campus would be centrally located with respect to the existing California and Pacific Campuses and would consolidate and relocate acute care, emergency, and other services from the California and Pacific Campuses, and neither the St. Luke's nor Davies Campuses would experience reductions of services that would have adverse effects elsewhere. Major Response HC-2 also explains that the proposed Cathedral Hill Campus would be closer than the existing California and Pacific hospitals to the area of San Francisco with the highest residential population density (i.e., the area including the Tenderloin), including the highest population density of low-income households, seniors (the most frequent users of hospital care), children and youth.[259] Therefore, the proposed LRDP would not distribute health care services in a manner that is unevenly distributed in terms of geographical or demographic need.

Comments

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-2 HC, duplicate comments were provided in 30-2 HC]

"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 decrease from the year 2010 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

[259] S.F. Planning Department, 2009 (May), *Draft San Francisco General Plan Recreation and Open Space Element*, p. 19, Fig. 2, "High Needs Analysis." The proposed Cathedral Hill Hospital would be located only about a half-mile from the existing Pacific Hospital and would actually be further away from the existing Kaiser Hospital than the existing hospital.

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."

(Rose Hillson—Jordan Park Improvement Association, September 23, 2010) [37-2 HC]

"Projection of FTEs based on licensed beds or staffed beds?"

Response HC-11

The comment states that 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 decrease from the year 2010 by about 12 percent at full buildout." This statement appears to misunderstand Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses," on page 2-10 of the Draft EIR. Table 2-2 indicated that in 2010, there were 849 licensed acute-care beds within the existing CPMC campuses. However, the number of licensed acute-care beds is not the equivalent of the *need* for acute-care beds. As explained in more detail in Major Response HC-1 (page C&R 3.23-1), regarding the supply of acute-care beds under the proposed LRDP, existing demand or need for beds within the CPMC campuses is substantially less than the number of beds that are currently licensed at CPMC facilities. For example, OSHPD indicates that the average daily census (actual patients in licensed beds) for all of CPMC in 2009 was 559; an occupancy rate of 48 percent for licensed beds (of the 1274 total beds) systemwide.[260] In 2010, CPMC's observed maximum systemwide census was 656, an occupancy rate of 56 percent.[261] These low occupancy rates reflect a past industry practice of retaining licensed acute-care bed capacity beyond what the actual demand required. In addition, according to Table 2-2 in the Draft EIR, 750 would be the total number of licensed acute-care beds within all CPMC campuses, not at the proposed Cathedral Hill Hospital, which would include 555 of the 750 total acute-care beds.

Since the publication of the Draft EIR, Table 2-2 has been updated, as shown in Chapter 4, "Draft EIR Text Changes" of this C&R document. As shown in the updated version of Table 2-2, a total of 890 (rather than 849) licensed acute-care beds existed at the CPMC campuses in 2010, and the proposed LRDP would reduce this total to 698 (rather than 750), 555 of which would be provided at the proposed Cathedral Hill Hospital. Please also see Response PD-6 (page C&R 3.2-6) concerning text revisions to Table 2-2 (in the Draft EIR, page 2-10) for licensed beds under the proposed LRDP, as provided in this C&R document. The revisions to Draft EIR Table 2-2 do not result in any changes to the total number of full-time equivalent (FTE) employees at CPMC under the proposed LRDP, as shown in Table 4.3-10 in the Draft EIR, page 4.3-16.

The comment also states that "[t]he total number of beds decreases from the 2010 level of 1,032 beds to 854 beds in the overall LRDP." As per the updated version of Table 2-2, the total number of beds within the CPMC campuses would decrease from the 2010 level of 1,174 (rather than 1,032) beds to a total of 903 beds (rather than 854 beds, as the comment stated) under the proposed LRDP.

The comment expresses concerns that the decrease in total bed count from existing levels is "going the wrong way" in terms of addressing projected needs. Please see Major Response HC-1 (page C&R 3.23-1)

[260] OSHPD, ALIRTS, Annual Utilization Reports for California Pacific Med Ctr-Pacific Campus, 2009, California Pacific Med Ctr-California West, 2009, California Pacific Med Ctr-California East, 2009, California Pacific Med Ctr-Davies Campus, 2009, and California Pacific Med Ctr-St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 6, 2011.

[261] CPMC, 2010 (Apr. 5), Memorandum from Malia Weinberg to Geoffrey Nelson re: CPMC's maximum census in 2010.

regarding the supply of licensed acute-care beds under the proposed LRDP, which explains that the supply of 698 acute-care beds would be more than sufficient to meet the existing demand (average daily census of 559 acute-care beds occupied in 2009) and accommodate future growth in demand at CPMC facilities systemwide. Please see Major Response HC-2 (page C&R 3.23-8), which responds to comments regarding the size and scope of services at the CPMC campuses under the proposed LRDP. Please also see Major Response HC-4 (page C&R 3.23-19), which explains that the proposed total of 18 licensed psychiatric beds (all at the Pacific Campus) under the LRDP would be adequate to respond to the demand for CPMC beds, based on the past demand census (average daily census of 10.6 for psychiatric beds in 2009.[262]

Please also see Major Response HC-6 (page C&R 3.23-25), regarding skilled nursing facilities (SNF), which explains that CPMC has committed to maintain 100 SNF beds to meet its actual demand.[263] As further explained in Major Response HC-6, CPMC would maintain 38 SNF beds at the Davies Campus under the proposed LRDP, and the text revisions in this C&R document CPMC's plans to maintain capacity to serve its existing patient needs by providing a total of at least 100 SNF beds, including 38 beds currently located at the Davies Campus and adding 62 new SNF beds at other on- or off-campus locations (yet to be determined).[264] CPMC has also committed that no existing community-based beds would be utilized to provide the additional 62 SNF beds because of the existing shortage of SNF beds in the community.[265] As explained in Major Response HC-6, the Draft EIR, text revisions shown in Chapter 4 of this C&R document have been made to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (see also Response PD-6, page C&R 3.2-6), to clarify CPMC's commitment to continue maintenance of 101 licensed SNF beds at the California Campus, unless and until CPMC identifies another plan for providing the 62 SNF beds (in addition to the 38 SNF beds that would continue to be maintained at the Davies Campus under the LRDP) necessary for CPMC to meet its commitment to provide a total of 100 SNF beds systemwide.

The comment also states that "[t]he 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." The words "this hospital" in the comment appear to be intended as a reference to the St. Luke's Replacement Hospital. As Table 2-2 in the Draft EIR (and as revised in the text revisions shown in Chapter 4 of this C&R document) makes clear, no licensed (and therefore no staffed) SNF beds would be provided at the St. Luke's Replacement Hospital under the proposed LRDP. As explained in detail in Major Response HC-1, because of the shift from multi-patient to single-patient rooms under the proposed LRDP, licensed beds would be more effectively utilized (occupancy rates are expected to be approximately 80 percent for acute-care beds, 88 percent for rehabilitation beds, 85 percent for psychiatric beds, and 94 percent for SNF beds).[266] There would be some variation in staffing on any given day, as staffing is adjusted based on average daily census and acuity of patient conditions (the higher the acuity of patients, the more nurses are necessary). Under the proposed LRDP, CPMC would provide sufficient staff to maintain a census of 100 occupied SNF beds systemwide.

The comment also requested information on how many staffed and licensed beds would be provided at each campus under the proposed LRDP. As explained above, all licensed beds would effectively be

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[262] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011; CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Inpatient Psychiatric Beds (May 12, 2011).

[263] See, e.g., S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.

[264] S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*; SS.F. Health Commission Resolution No. 02-10.

[265] S.F. Health Commission Resolution No. 02-10.

[266] CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Occupancy Rate Assumptions (May 12, 2011).

staffed under the proposed LRDP. Please see the revised version of Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses", in the Draft EIR text revisions in Chapter 4 of this C&R document for corrected totals of beds per campus. As shown in the updated version of Table 2-2 in the Draft EIR text revisions, the proposed LRDP would provide a total of 555 beds at the Cathedral Hill Campus (all of which would be acute-care beds), 18 beds at the Pacific Campus (all of which would be psychiatric beds), 101 beds at the California Campus (all of which would be SNF beds, which would remain licensed, unless and until an alternative plan for fulfilling CPMC's 100-bed commitment is identified), 149 beds at the Davies Campus (63 acute-care beds, 48 rehabilitation beds, and 38 SNF beds), and 80 beds (all acute care) at the St. Luke's Campus.

Comments

(Bobbi Lopez—La Voz Latina, September 23, 2010) [20-2 HC]

"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 the children ;while 57% would like to see an emergency room; and 77% would like to see dental services available to adults."

(Bobbi Lopez—La Voz Latina, September 23, 2010) [20-4 HC]

"Families are concerned about the three following things; the (1) lack of access to services by those that are on healthy kids or medi-cal, which is the majority of the neighborhood; (2) the impact of traffic on public safety; and the (3) 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."

(Sister Elaine Jones, September 23, 2010) [PC-30 HC]

"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."

(Sister Elaine Jones, September 23, 2010) [PC-31 HC]

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

(Jeff Buckley, September 23, 2010) [PC-65 HC]

"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."

(Margarita Mena, September 23, 2010) [PC-114 HC]

"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 on healthy kids. So what I just wanted to say, obviously this project affects a lot of people and that worries me."

(Maria [through translator, no last name given], September 23, 2010) [PC-116 HC]

"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."

(Maria [through translator, no last name given], September 23, 2010) [PC-119 HC]

"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?"

(Mike Williams, September 23, 2010) [PC-139 HC]

"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."

(Denise Rowe, September 23, 2010) [PC-143 HC]

"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."

(Barbara [last name unknown], September 23, 2010) [PC-268 HC]

"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."

Response HC-12

The comments state that 88 percent of La Voz member families who responded to a survey indicated that they have either Medi-Cal or Healthy Kids or a combination of the two. When read in context as part of the rest of Comment Letter 20, it is clear that the survey referred to in the comments was a survey regarding the proposed Cathedral Hill Campus. The comments state that 61 percent of the survey respondents indicated that they would like to see a neighborhood hospital that predominately serves the needs of children, 57 percent would like to see an emergency room, and 77 percent would like to see dental services available to adults. Additionally, Comment PC-30, when viewed in context with the rest of the oral testimony at the September 23, 2010, Planning Commission hearing regarding the Draft EIR, appears to be a comment regarding access to the proposed Cathedral Hill Hospital for residents of the neighboring communities, such as the Tenderloin area, and benefits of the proposed LRDP to persons other than "the rich."

Although the proposed Cathedral Hill Hospital would provide tertiary, specialized medical services to patients referred from other CPMC community hospitals at the Davies and St. Luke's Campuses, the Cathedral Hill Hospital itself would also operate as a full-service, community hospital. Therefore, it would provide similar services to members of the surrounding community as would a typical community hospital (or "neighborhood hospital" as referred to in the comments). The proposed Cathedral Hill

Hospital would include a women's and children's center with a full range of inpatient pediatrics programs, as well as an Emergency Department that would include a dedicated treatment area for pediatric care, as well as general care, critical care and triage, and a secured psychiatric area. As explained in Major Response HC-5 (page C&R 3.23-20), the Emergency Department at the proposed Cathedral Hill Campus would have 32 treatment stations and would be able to serve about 64,000 visits per year. Therefore, the Cathedral Hill Campus would provide all the services of a "neighborhood" or community hospital, would serve the needs of children, and would include an emergency room, in keeping with the desires of the survey respondents referenced in the comment. However, CPMC is not a provider of dental services (which in general are rarely provided in a hospital setting) and, therefore, the proposed LRDP would not include adult dental services.

The comments also express concerns regarding lack of access to health care services for persons utilizing Medi-Cal and/or Healthy Kids. Please see Major Response HC-8 (page C&R 3.23-32) for a detailed response to comments received regarding access to health services, including access to services by patients that are on Healthy Kids and/or Medi-Cal, and/or are Tenderloin area residents. The following additional information is provided regarding CPMC's provision of services to Healthy Kids patients.

Healthy Kids functions as an extension of the San Francisco Health Plan (Healthy San Francisco) to children through age 18. Healthy Kids covers children who are:

- Uninsured and under 18 years of age
- San Francisco residents, US citizens, nationals, eligible qualified immigrants, or undocumented immigrants
- Not eligible for no-cost, full-scope Medi-Cal or the Healthy Families Program
- Within the income guidelines[267]

Please note that the September 17, 2010, survey form which was submitted as an attachment to Comment Letter 20 provided several choices among insurance types, including "Healthy Kids and Emergency." Therefore, it is impossible to distinguish from this survey whether the number of respondents choosing this option solely use Healthy Kids, solely seek care at an emergency room, or use some combination of both.

CPMC provides direct service to Healthy Kids patients through:

- The pediatrics clinic at the Family Health Center (currently at the California Campus, and to be relocated to the proposed Cathedral Hill Campus under the LRDP).
- St. Luke's Health Care Center (existing and to remain under the LRDP)
- Bayview Child Health Center – (existing and to continue)[268]

Beyond direct care delivery through the clinics above, a wide array of primary care and specialty physicians are available to Healthy San Francisco/Healthy Kids patients.[269] Two of the six provider

[267] San Francisco Health Plan, Healthy Kids, http://www.sfhp.org/visitors/programs/healthy_kids/do_i_qualify.aspx, accessed Feb. 4, 2011.

[268] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011); see also CPMC, *2008 Report: CPMC Community Benefit Strategy, Programs & Impact*; CPMC, *Report to the Community 2009*.

[269] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

groups offered to Healthy Kids patients are Brown & Toland and North East Medical Services (NEMS), both of which are affiliated with CPMC.[270]

With respect to the comment that the proposed LRDP "doesn't benefit anybody but the rich," please also see Major Response HC-8 (page C&R 3.23-32), regarding access to health services, which includes a discussion of charity care contributions provided by CPMC. San Francisco Health Commission Resolution 02-10, approved on March 16, 2010, memorialized CPMC's commitment to increase it charity care contributions by 79 percent in a 5-year period, from approximately $5,315,000 in 2007 to $9,500,000 by 2010.[271] As explained in Major Response HC-8, according to the latest reporting by CPMC in 2009, CPMC provided over $80 million in services for the poor and underserved.[272] The 2009 report on community benefits shows an increase in traditional charity[273] care, from $7,584,000 in 2008 to $10,215,000 in 2009. Traditional charity care at CPMC for 2007 was approximately $5,300,000.[274] From 2007 to 2008, traditional charity care increased approximately 31 percent, and from 2008 to 2009, an additional increase of 35 percent in charity care occurred.[275] Preliminary reporting of 2010 total charity care provided by CPMC is approximately $14.9 million, an approximately $4.7 million increase over the 2009 total of approximately $10.2 million, representing an approximately 46 percent increase from 2009 to 2010.[276]

Major Response HC-8 also provides additional information regarding CPMC's commitments related to Medi-Cal patient access and CPMC's partnerships in delivering low- or no-cost care to the medically underserved. CPMC hospitals and the CPMC physicians employed by Sutter Pacific Medical Foundation and the St. Luke's HealthCare Center do at present, and will continue under the proposed LRDP, to accept Medi-Cal patients.

As explained in Major Response HC-8 (page C&R 3.23-32), the financial makeup of the patient population of a particular hospital is a combination of location, private physician ability or preference for a particular insurance type, historical admitting patterns, and other factors not analyzed in the Draft EIR. CPMC has limited control over many of these factors but does have control over 1) whether or not CPMC hospitals accept Medi-Cal for hospital charges, and 2) whether or not its clinics, staffed with CPMC physicians (e.g., at the approximately 15 San Francisco Sutter Pacific Medical Foundation Clinics[277] and the St. Luke's Healthcare Center) accept Medi-Cal. As part of its commitments to the Health Commission, CPMC promised to 1) continue to accept Medi-Cal, as it always has, at all of its hospitals, 2) guarantee access to Medi-Cal patients through all of the clinics controlled by CPMC as described above, and 3) increase the amount of unpaid Medi-Cal shortfall systemwide by 22 percent over a 5-year period, from $53,369,000 in 2007 to $65,000,000 by 2012.[278] Additionally, San Francisco Health Commission Resolution 02-10 memorialized CPMC's agreement to increase its amount of Medicaid

[270] Ibid.
[271] S.F. Health Commission Resolution No. 02-10.
[272] California Pacific Medical Center, *Report to the Community 2009*, page 8.
[273] Traditional charity care is the care CPMC provides for people who come to the emergency room but are uninsured and unable to pay. In 2009, CPMC extended this community benefit to more than 3,500 people. CPMC's total provision of "services to the poor and underserved" includes this amount, plus CPMC's contributions to Healthy San Francisco, unpaid Medi-Cal costs, health programming provided directly by CPMC or through partnerships with other providers, and grants and sponsorships. CPMC, *Report to the Community 2009*, pages 4–9.
[274] The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.
[275] CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.
[276] CPMC, 2011 (Jan, 26), *Fourth Quarter 2010 Report to the San Francisco Health Commission Regarding CPMC's Progress Toward Commission Recommendations in Resolution No. 10-09*.
[277] For a list of 15 San Francisco and over 50 regional locations of Sutter Pacific Medical Foundation Clinics, see http://www.sutterpacific.org/locations/
[278] S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

shortfall (the uncompensated portion of providing care to Medicaid patients) by 22 percent in a 5-year period, from $53,369,000 in 2007 up to $65,000,000 by 2012.[279]

According to the project sponsor, CPMC cannot compel private practice physicians who are not part of the Sutter Pacific Medical Foundation to see or not see Medi-Cal patients. Brown and Toland Medical Group physicians, for example, many of whom practice at CPMC facilities, currently accept Medi-Cal patients, but this is a matter of personal physician choice.

The comments also state general concerns about the impact of the CPMC LRDP-related traffic on public safety and air quality impacts associated with this traffic. Pedestrian impacts related to traffic and associated air quality impacts were analyzed in Sections 4.5 and 4.7, respectively, of the Draft EIR. Specific comments on traffic and pedestrian impacts related to the proposed Cathedral Hill Campus development under the LRDP are also addressed in Section 3.7, "Transportation and Circulation" (pages C&R 3.7-179 to 3.7-182) of this C&R document. Specific comments on air quality impacts associated with Cathedral Hill Campus-related traffic are addressed in Section 3.9, "Air Quality" (pages C&R 3.9-71 to 3.9-74) of this C&R document. The comments are noted; they will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

The discussion of Impact TR-40, on pages 4.5-130 through 4.5-134 of the Draft EIR, included an analysis of the proposed LRDP's impacts related to pedestrians in the vicinity of the Cathedral Hill Campus. As explained in the discussion of Impact TR-40, with implementation of the proposed Cathedral Hill Campus project, the effect on the surrounding pedestrian environment would not be substantial enough to result in a significant impact. The analyses presented in the discussion of Impact TR-40 included evaluations of sidewalk and crosswalk capacity and conditions that might be hazardous to pedestrians. Based on the assessment of Impact TR-40, the proposed development at the Cathedral Hill Campus would not result in substantial overcrowding of sidewalks or crosswalks, or result in hazardous conditions. In general, the addition of pedestrians, vehicles, and bicycles to the roadway could result in increased pedestrian/bicyclist/vehicular onflicts; however, it would not result in significant safety impacts. Improvement Measure I-TR-40, wherein pedestrian countdown signals would be installed at the intersections of Franklin/Sutter, Franklin/Post, Franklin/Geary, Van Ness/Sutter, Van Ness/Post, and Polk/Post (countdown signals are currently provided at Van Ness/Geary and Polk/Geary), was identified to further facilitate safe pedestrian movement in the area and further reduce this less than signficant impact of the LRDP (see Draft EIR, page 4.5-134).

In response to written and oral comments regarding the transportation analysis included in the Draft EIR with respect to the South of Market (SoMa) and Tenderloin–Little Saigon neighborhoods, a supplemental analysis of some Tenderloin–Little Saigon intersections and a trip distribution sensitivity analysis was conducted for this C&R document (see Appendix E of this C&R Document). Please see Response TR-64 (page C&R 3.7-119), which describes the conclusions of this sensitivity analysis and identifies additional improvement measures to fund improvements to the pedestrian environment, including in the Tenderloin–Little Saigon area. Please also see Section 3.7.7 of this C&R document (pages C&R 3.7-104 to 3.7-121) for additional detailed responses to comments regarding pedestrian impacts.

The analysis of the proposed LRDP's air quality impacts in Section 4.7 of the Draft EIR used the traffic volume data and intersection analysis results from the transportation and circulation analysis in Section 4.5 of the Draft EIR (DEIR pages 4.5-93 to 4.5-117, 4.5-147 to 4.5-161, 4.5-168 to 4.5-170, 4.5-175 to 4.5-176, 4.5-179 to 4.5-180, 4.5-182, 4.5-184 to 4.5-187, 4.5-192 to 4.5-195, 4.5-200 to 4.5-202, 4.5-208 to 4.5-209, 4.5-211 to 4.5-235 and 4.5-247) as inputs into the air quality impact analysis under the air quality thresholds of significance set forth in both the 1999 (Bay Area Air Quality Management District)

[279] S.F. Health Commission Resolution No. 02-10.

BAAQMD CEQA Guidelines and the 2010 BAAQMD Guidelines, and reached the following conclusions:

- The analysis of Impact AQ-4 on beginning on page 4.7-42 of the Draft EIR concluded that operation of the proposed LRDP at the Cathedral Hill Campus would result in a less-than-significant impact related to increases in local concentrations of carbon monoxide (CO) from motor vehicle exhaust under the 1999 BAAQMD Guidelines.
- The analysis of Impact AQ-5 beginning on page 4.7-43 of the Draft EIR concluded that operations at the Cathedral Hill Campus under the proposed LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 BAAQMD Guidelines.
- The analysis of Impact AQ-7 beginning on page 4.7-55 of the Draft EIR concluded that operations at the Cathedral Hill Campus under the proposed LRDP would not result in cumulatively considerable impacts related to toxic air contaminant emissions under the 1999 BAAQMD Guidelines.
- The analysis of Impact AQ-12 beginning on page 4.7-73 of the Draft EIR concluded that operations at the Cathedral Hill Campus under the proposed LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 2010BAAQMD Guidelines.
- The analysis of Impact AQ-14 beginning on page 4.7-80 of the Draft EIR concluded that operational emissions of toxic air contaminants at the Cathedral Hill Campus under the proposed LRDP would not contribute to a cumulatively considerable impact on sensitive receptors under the 2010 BAAQMD Guidelines.

Therefore, the Draft EIR concluded that the project's air quality impacts related to Cathedral Hill Campus traffic in the surrounding area would be less than significant.

Please also note that the survey form mentioned in Comment 20-2, (which was attached to Comment Letter 20), also asked, "What do you think about 30,000 more cars passing through the area of Geary and Van Ness?" The survey question is unclear regarding the length of time during which 30,000 cars were assumed to pass through the Cathedral Hill Campus area. However, Table 4.5-11, "Net-New Peak-Hour Person Trips by Mode and Vehicle Trips by Campus," on page 4.5-77 of the Draft EIR, indicates that the proposed LRDP would add 682 auto trips during the a.m. peak hour and 689 during the p.m. peak hour. Therefore, the proposed LRDP would contribute far below 30,000 vehicle trips per day to peak hour traffic in the vicinity of the proposed Cathedral Hill Campus.

Comments

(Benjamin Aune—Operation Access, September 23, 2010) [21-1 HC]

"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.

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."

(Benjamin Aune—Operation Access, September 23, 2010) [21-2 HC]

"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."

(Benjamin Aune—Operation Access, September 23, 2010) [21-3 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."

(Benjamin Aune, September 23, 2010) [PC-202 HC]

"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 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."

Response HC-13

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see also Major Response HC-8 (page C&R 3.23-32) regarding access to health services.

Comments

(Dr. Chris Retajczyk, September 23, 2010) [22-1 HC]

"Thank you President Miguel & Members of the Planning Commission for the opportunity to speak this afternoon. My name is Dr. Chris Retajczyk, a proud 17 year resident of S.F.

I am also a practicing neonatal intensive care physician and the former Director of Neonatal and Pediatric Transport for California Pacific Medical Center.

I trained @ UCSF in the 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.

With the development of the UCSF Benioff Children's Hospital and the S.F. General Hospital inpatient pediatric services, I found 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 neonatals & children can quite literally mean life or death. Not having a localized facility that is easily accessed and that can provide critical care absolutely affect lives. In the current discussions there would be 3 children's inpatient facilities within a 2 mile radius leaving out large sections of S.F. and making it difficult to get critical pediatric services in a timely fashion.

2) That concentration of children's services puts the City at great risk in the event of a disaster - earthquakes, fire, biological attack all would stress the medical system. By having all of these facilities in close proximity would (1) limit access routes for EMS, (2) would overwhelm a small neighborhood of the city and put the pediatric population @ risk.

3) Lastly having a central location on major street & bus routes of Van Ness and Geary will allow for better [unreadable] pediatric access for the entire city. This is especially important given the recent [unreadable] report card showing increased medical needs for community [unreadable] for the Tenderloin/Chinatown/Civic Center. Thank you, Commissioners."

(Kevin McCormick, September 23, 2010) [PC-207 HC]

"Good afternoon, Commissioners. My name is Kevin McCormick. 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. 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."

Response HC-14

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please also see Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the proposed Cathedral Hill Campus; Major Response HC-5 (page C&R 3.23-20) regarding impacts on emergency services during births and pediatric emergencies; and Responses ALT-1 (page C&R 3.22-11) regarding Alternative 3A, under which the new women's and children's center would be constructed at the St. Luke's Campus rather than the proposed Cathedral Hill Campus.

Comments

(Dr. Fung Lam, September 23, 2010) [24-1 HC]

"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, 1996-2006, 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.

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."

(Unidentified Speaker, September 23, 2010) [PC-239 HC]

"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 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-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.'"

Response HC-15

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Jimmy Nguyen—Chinese Progressive Association, September 23, 2010) [25-1 HC]

"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 [sic] 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.

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 [sic] -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.**"

(Donald Scherl, October 18, 2010) [74-8 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 to the Chronicle that there were supposed mitigating factors. Even when these were taken into account (though some pertained equally to all the private nonprofit 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].

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."

(Donald Scherl, October 18, 2010) [74-9 HC]

"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.

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."

(Donald Scherl, October 18, 2010) [74-39 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."(Betty Huey, September 23, 2010) [PC-75 HC]

"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 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."

(Kevin Kitchingham, September 23, 2010) [PC-302 HC]

"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 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."

(Kevin Kitchingham, September 23, 2010) [PC-306 HC]

"Bernal Heights Neighborhood Center and the Coalition for Health Planning San Francisco demand that equity in healthcare access be mandated through an enforceable commitment . . ."

(Nato Green, September 23, 2010) [PC-318 HC]

"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 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."

(Commissioner Moore, September 23, 2010) [PC-367 HC]

"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."

Response HC-16

The comments raise concerns regarding CPMC's community service record and any reduction of charity care provided at the St. Luke's Campus, the viability of the proposal for the St. Luke's Campus under the proposed LRDP, reallocation of services from the St. Luke's Campus to the Cathedral Hill Campus, and whether 80 beds would be sufficient to maintain the quality of service at the St. Luke's Campus, as well as concerns regarding the cost of medical services at CPMC. Each of these concerns is addressed in turn below. Please also see Response INTRO-7 (page C&R 3.1-17), regarding the appropriate consideration of social and economic impacts under CEQA.

Charity Care

San Francisco Health Commission Resolution 02-10, approved on March 16, 2010, memorialized CPMC's commitment to increase it charity care contribution by 79 percent in a 5-year period, from approximately $5,315,000 in 2007 to $9,500,000 by 2012.[280] Please also see Major Response HC-8 (page C&R 3.23-32) and Response HC-12 (page C&R 3.23-91), regarding access to health services, which includes a discussion of CPMC's delivery of charity care. As explained in Major Response HC-8, according to the *San Francisco Charity Care Report Fiscal Year 2009* (the "2009 Charity Care Report") published by the San Francisco Department of Public Health (DPH), CPMC provided approximately $11.45 million in traditional charity care in 2009 ($9.88 million at the Pacific, California, and Davies Campuses and $1.56 million at the St. Luke's Campus). This compares to $10.4 million for UCSF, $9.81 million for the Catholic Healthcare West system ($6.64 million at the St. Francis Memorial Hospital and $3.17 million at the St. Mary's Medical Center), and $3.63 million for Kaiser.[281] In October 2011, DPH published its San Francisco Hospitals Charity Care Report for fiscal year 2010 (the "2010 Charity Care Report"), which states that CPMC provided approximately $16.6 million in traditional charity care in fiscal year 2010 (12.40 million at the Pacific, California, and Davies Campuses and $4.23 million at the St. Luke's Campus), compared to $11.3 million for UCSF, $13.9 million for the Catholic Healthcare West system ($7.75 million as the St. Francis Memorial Hospital and $6.14 million at the St. Mary's Medical Center) and $5.49 million for Kaiser. [282]

When measured in terms of patient revenue, in fiscal year 2009, CPMC provided approximately 1 percent of net patient revenue in traditional charity care (0.94 percent at the Pacific, California, and Davies Campuses combined and 1.52 percent at the St. Luke's Campus). Increasing to 1.38 percent in 2010 (1.14 percent at the Pacific, California and Davies Campuses combined and 3.77 percent at the St. Luke's

[280] S.F. Health Commission Resolution No. 02-10.

[281] San Francisco Department of Public Health, 2011 (Oct.), *San Francisco Charity Care Report Fiscal Year 2010*, p. 20, Table 4, "Charity Care Expenditures Non-HSF & HSF." Table 4 of the 2009 Charity Care Report ot indicated that SFGH provided approximately $119.4 million in charity care in 2009. which represented 77 percent of the overall charity care spending. The 2009 Charity Care Report stated that SFGH's relatively high charity care expenditures were "not a surprise given the fact that SFGH is the primary charity care hospital in San Francisco and is the central hospital for [Healthy San Francisco]." Ibid., p. 20.

[282] San Francisco Department of Public Health, 2011 (Oct.), *San Francisco Charity Care Report Fiscal Year 2010, 10 Years of Charity Care Reporting*, p.26, Table 5, "Charity Care Expenditures by Hospital, FY10. "

Campus).[283] This compares to 0.64 percent for UCSF in both years, 4.13 percent and 4.43 percent for SFMH in 2009 and 2010, respectively.[284] Over the time period 2006 to 2009, the number of charity care patients at CPMC systemwide increased from 3,156 to 3,683.[285]

All San Francisco non-profit hospitals (including CPMC), together with the San Francisco Department of Public Health (DPH), human service organizations, private philanthropic organizations, and community-based organizations collaborate on a community needs assessment for San Francisco, used for program planning and analysis within San Francisco.[286] These reports (called "Building a Healthy San Francisco," or BHSF) identify community health goals and track progress towards achieving community health goals, assess current needs, and prioritize goals for future action with specific metrics to monitor for improvement.[287] The current needs assessment data can be accessed online at Health Matters San Francisco.[288] Further information regarding access to health care for the uninsured or under-insured is available in the BHSF reports and the San Francisco Charity Care Reports published by DPH, which are available at the DPH website,[289] and comparative data provided in Major Response HC-8, including coverage of care as a percentage of the federal poverty level, overall amounts of charity care, and Medi-Cal patient access. CPMC's 2009 report to the Community on its community benefits program shows an increase in traditional charity care[290], from $7,584,000 in 2008 to $10,215,000 in 2009. Traditional charity care at CPMC for 2007 was approximately $5,300,000.[291] From 2007 to 2008, traditional charity care increased approximately 31 percent, and from 2008 to 2009, increased an additional 35 percent.[292] Preliminary reporting of 2010 total charity care provided by CPMC is approximately $14.9 million, an approximately $4.7 million increase over the 2009 total of approximately $10.2 million, representing an approximately 46 percent increase from 2009 to 2010.[293]

Major Response HC-8 also provides additional detailed information regarding CPMC's commitments related to Medi-Cal patient access and CPMC's partnerships in delivering low- or no-cost care to the medically underserved. Additionally, San Francisco Health Commission Resolution 02-10 memorialized CPMC's agreement to increase its amount of Medicaid shortfall (the uncompensated portion of providing care to Medicaid patients) by 22 percent in a 5-year period, from $53,369,000 in 2007 up to $65,000,000 by 2012.[294] For the above reasons, CPMC's provision of charity care at the St. Luke's Campus would not be reduced and would not cease under the proposed LRDP.

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[283] San Francisco Department of Public Health, 2011 (Oct.), *San Francisco Charity Care Report Fiscal Year 2010, 10 Years of Charity Care Reporting*, p.23, Table 6, "Ratio of Charity Care to Net Patient Revenue. "; *San Francisco Charity Care Report Fiscal Year 2010, 10 Years of Charity Care Reporting*, p.31, Table 7, "Charity Care As Compared to Net Patient Revenue.

[284] Ibid.

[285] San Francisco Department of Public Health, 2011 (Oct.), *San Francisco Charity Care Report Fiscal Year 2010, 10 Years of Charity Care Reporting*, Attachment A-Report Chart Pack, p.4.

[286] Health Matters in San Francisco, *About Us*, http://www.healthmattersinsf.org/modules.php?op=modload&name=Siteinfo&file=aboutus, accessed Apr. 11, 2011.

[287] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

[288] http://www.healthmattersinsf.org/

[289] The DPH San Francisco Charity Care Reports are available at http://www.sfdph.org/dph/files/reports/PolPlanRpts.asp.

[290] Traditional charity care is the care CPMC provides for people who come to the emergency room but are uninsured and unable to pay. In 2009, CPMC extended this community benefit to more than 3,500 people. CPMC's total provision of "services to the poor and underserved" includes this amount, plus CPMC's contributions to Healthy San Francisco, unpaid Medi-Cal costs, health programming provided directly by CPMC or through partnerships with other providers, and grants and sponsorships. CPMC, *Report to the Community 2009*, pages 4–9.

[291] The S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.

[292] CPMC, 2010 (Sept.30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

[293] CPMC, 2011 (Jan. 26), *Fourth Quarter 2010 Report to the San Francisco Health Commission Regarding CPMC's Progress Toward Commission Recommendations in Resolution No. 10-09*.

[294] S.F. Health Commission Resolution No. 02-10.

The comment regarding the amount of CPMC "tax breaks" recorded in 2007 (cited from the *San Francisco Chronicle*), compared to amount of charitable care provided by CPMC, does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment is noted and may be considered by the decision-makers as part of their deliberations on the project.

Viability of the St. Luke's Campus under the Proposed LRDP

Please see Major Response HC-2 (page C&R 3.23-8), which includes a detailed discussion of the size and scope of services at the St. Luke's Campus. As explained in Major Response HC-2, concerns regarding the viability of the St. Luke's Campus as proposed under the LRDP were discussed by the Health Commission as part of the Blue Ribbon Panel review in 2008. As described by CPMC and discussed in the Blue Ribbon Panel review, the proposal for the St. Luke's Campus and Replacement Hospital is part of the overall CPMC LRDP. As such, the viability of the St. Luke's Campus cannot be viewed in isolation, but is contingent on the viability of CPMC's health care delivery system as a whole. Operational efficiencies and elimination of redundancies gained by consolidating specialized, tertiary, and women's and children's services at the proposed Cathedral Hill Hospital would more likely contribute to, rather than detract from, the long-term viability of the St. Luke's Campus. For further discussion, please also see Response ALT-1 (page C&R 3.22-11), which responds to comments requesting the analysis of a modified version of Alternative 3A with a different mix of services at the St. Luke's Campus.

As further explained in Major Response HC-2, the San Francisco Health Commission Task Force on CPMC's IMP, in its specific review of CPMC's responsiveness to the recommendations of the Blue Ribbon Panel, determined that the St. Luke's Hospital as planned under the proposed LRDP would be appropriately sized and programmed as a community hospital, along with services that would be provided on the St. Luke's Campus to accommodate existing and projected future patient demand for the south of Market service area.[295] In its September 30, 2010, Interim Report, the Health Commission Task Force indicated that "CPMC has demonstrated its commitment to the long-term viability of the St. Luke's Campus by budgeting $250,000,000 for the reconstruction of the inpatient facility."[296]

Reallocation of Services from St. Luke's

Please see Major Response HC-2 (page C&R 3.23-8) for discussion regarding the size and scope of services at the St. Luke's Campus. Please also see Response HC-2 (page C&R 3.23-52) for a response to similar comments expressing concerns regarding the loss of existing services at the St. Luke's Campus. As explained in more detail in Major Response HC-2 and Response HC-2, with the exception of inpatient pediatrics, skilled nursing facilities (SNF), and subacute care, all services currently provided at the St. Luke's Campus are proposed to be maintained or expanded at the St. Luke's Campus.

As such, no services at the St. Luke's Campus are proposed to be transferred or reallocated from the St. Luke's Campus to the proposed Cathedral Hill Campus, except for inpatient pediatrics. As further explained in Major Response HC-2, the number of inpatient pediatric patients has been very low (an average daily census of 0.7)[297] at the St. Luke's Campus. Based on research showing a link between pediatric patient volume and clinical outcomes, CPMC determined that this low pediatric inpatient demand would be better served at the higher volume dedicated program that is planned for the proposed Cathedral Hill Hospital.[298] The San Francisco Health Commission Task Force on CPMC's Institutional Master Plan concurred that the provision of inpatient pediatric services at the proposed Cathedral Hill

[295] S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.
[296] CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09.*
[297] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Medical Center – St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011.
[298] CPMC, Memorandum from Malia Weinberg to Davie Reel (AECOM) & Brian Boxer (AECOM) re: Health Care Services Program at St. Luke's Campus (Apr. 21, 2011).

Hospital would provide for the inpatient pediatric service demands of current St. Luke's patients, as envisioned by the Blue Ribbon Panel.[299]

Sufficiency of 80 Beds at the St. Luke's Campus

Please see Major Responses HC-1 and HC-2 (pages C&R 3.23-1 and 3.23-8) for detailed discussion regarding the supply of acute-care beds and size and scope of services at the St. Luke's Campus.

Major Response HC-1 explains that the 80 beds proposed to be provided at the St. Luke's Hospital would provide sufficient capacity to meet the current and projected demand at the St. Luke's Campus, with additional capacity to meet peak demand periods. Major Response HC-1 also explains that with the shift from multi-patient to single-patient rooms under modern hospital guidelines, newer facilities such as the St. Luke's Replacement Hospital are projected to have a higher occupancy rate (i.e., a higher percentage of licensed beds are expected to be used than under existing conditions) than at existing facilities with their multi-patient rooms, such as the 1970 Hospital Tower that the St. Luke's Replacement Hospital would replace. Therefore, fewer licensed beds would be required to serve the same number of patients. In addition, as explained in detail in Major Response HC-1, over time the demand for hospital bed capacity has reduced, because of technological and clinical advances that reduce the average length of hospital stays and allow more medical services to be provided on an outpatient basis.

Major Response HC-2 further explains that the proposed LRDP would not exacerbate any shortage of inpatient acute-care beds for the south of Market Street area traditionally served by the St. Luke's Campus, in part because the Health Commission Task Force has determined that the St. Luke's Replacement Hospital would be appropriately sized to accommodate existing and projected future patient demand for that service area,[300] and because the St. Luke's Replacement Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need to the community.[301]

Cost of CPMC Medical Services

The comments regarding the cost of medical services at CPMC are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. These comments may be considered by decision-makers as part of their deliberations on the project. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comments

(Jonica Brooks, September 23, 2010) [27-1 HC]

"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.

[299] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*
[300] Ibid.
[301] See Major Response HC-2 (pages C&R 3.23-8), and Major Response HC-5 (pages C&R 3.23-21).

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?

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 [sic] 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. Thank you."

(Jonica Brooks, September 23, 2010) [PC-277 HC]

"MS. BROOKS: Good evening. My name is Jonica 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 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 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."

(Michael Lyon—SF Gray Panthers, September 23, 2010) [28-1 HC]

"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.

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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-5 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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-6 HC]

"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."

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-44 HC]

"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?"

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-18 HC, duplicate comment was provided in 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 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.

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

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-19 HC, duplicate comment was provided in 108-19 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.

[3] 'Mentally III Californians Most Likely Jailed, Not Hospitalized,' Treatment Advocacy Center (June 2, 2010)."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-68 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.

[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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-5b HC, duplicate comment was provided in 110-5b 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.

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.

[9] The Lewin Group, California Pacific Medical Center Institutional Master Plan Review, June 26, 2009 (hereafter "Lewin Group Report"); www.rebuildcpmc.or (/assets/FinaILewinReport.pdfor htll'://snipurl.com/lb9pxd [www...google_com].

[10] Lewin Group Report at page 22."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-6 HC, duplicate comment was provided in 110-6 HC]

"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…'[12] 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.

[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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-12 HC, duplicate comments were provided in 90-68 HC and 110-12 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.

[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 herself, 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [96-23 HC, duplicate comment was provided in 110-23 HC]

"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.

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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-34 HC, duplicate comment was provided in 110-34 HC]

"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."

(Jessica Weimer, September 23, 2010) [PC-44 HC]

"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."

(Reiko Furuya, September 23, 2010) [PC-176 HC]

"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."

(Maria Ascension Servillion, September 23, 2010) [PC-206 HC]

"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 services, so some of the services won't be there with the plan for the new hospital. I thank you. COMMISSIONER MIGUEL: Thank you."

(Jane Martin, September 23, 2010) [PC-257 HC]

"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 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."

(Linda Carter, September 23, 2010) [PC-290 HC]

"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 will not survive. And perhaps for another – maybe another five years, but then we would look at them closing us anyway. Thank you."

Response HC-17

The comments express concerns regarding CPMC's exclusion of skilled nursing facilities (SNF) beds at the California and St. Luke's Campuses under the proposed LRDP and their potential closure; CPMC's commitment to maintain 62 additional community or campus-based SNF beds; concerns that the Draft EIR did not analyze impacts related to the location and schedule for providing the additional 62 SNF beds; concerns regarding the appropriateness of community-based free-standing SNFs; general concerns regarding the shortage of SNF beds in San Francisco; the ability of a transitional care model to accommodate the growing elderly population and SNF bed shortage in San Francisco; the provision of subacute-care beds; the provision of inpatient psychiatric beds; a shortage of facilities with specialized Alzheimer's units that accept Medi-Cal; physical and social economic impacts attributable to the migration of patient populations from one medical facility to another associated with the elimination of licensed beds under the proposed LRDP and the resulting longer travel distances and reduced access to health care; the potential for the proposed LRDP to increase the use of ambulance service, and concerns regarding "downsizing ICU" at the St. Luke's Campus. Each of these concerns is addressed below.

SNF Beds at the California and St. Luke's Campuses under the Proposed LRDP

Comment 28-1 HC states that CPMC's "planned closing of its Skilled Nursing Facility, with 180 beds, would raise the [citywide] total of closed [SNF] beds to 912" and Comment 87-18 similarly refers to a reduction "from 218 to 38" of licensed SNF beds. CPMC currently maintains SNF beds in three locations, with a total number of 218 existing licensed SNF beds (101 at the California Campus, 38 at the Davies Campus, and 79 at the St. Luke's Campus).

Please see Major Response HC-6 (page C&R 3.23-25), regarding the loss of SNF beds. As explained in Major Response HC-6, as clarified in the text revisions to Draft EIR, page 2-10, Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses", and as shown in Chapter 4, "Draft EIR Text Changes," of this C&R document (see also Response PD-6, page C&R 3.2-6), the Draft EIR assumes the continued maintenance of 101 licensed SNF beds at the California Campus, unless and until CPMC identifies another plan for providing the 62 SNF beds (in addition to the 38 SNF beds that would continue to be maintained at the Davies Campus under the LRDP) necessary for CPMC to meet its commitment to provide a total of 100 SNF beds systemwide. Therefore, the proposed LRDP would now include the continued maintenance of 101 licensed SNF beds at the California Campus, until an alternative plan for providing the remaining 62 SNF beds is identified. On the other hand, as shown in the revised version of Table 2-2, the proposed LRDP would not include the continued maintenance of any SNF beds at the St. Luke's Campus. Thus, as shown in the revised version of Table 2-2, under the proposed LRDP, 139 licensed beds would remain at the CPMC Campuses (101 at the California Campus, and 38 at the Davies Campus), resulting in a reduction of 79 SNF beds throughout CPMC systemwide.

Given CPMC's commitment to continue to maintain 100 SNF beds, CPMC's supply of licensed SNF beds would decrease from 218 to 100, a reduction of 118 beds, rather than a reduction of 180 SNF beds as suggested by some of the comments.

As explained in Major Response HC-6, current estimates indicate that CPMC would need to provide approximately 100 skilled nursing beds total (for all CPMC campuses) at any given time to adequately cover its systemwide SNF bed demand. Therefore, given CPMC's commitment to provide 100 SNF beds, the record does not support the suggestion that the reduction in licensed SNF beds, which is a social and economic condition, would contribute to any physical environmental impacts (including cumulative impacts) caused by the proposed LRDP.

CPMC's Commitment to Maintain 62 Community or Campus-Based SNF Beds

Comment 27-1 HC states that "CPMC has only verbally committed to provide 62 community or campus based beds." The comment is not accurate. The San Francisco Health Commission Task Force, in its reports dated March 2 and September 30, 2010, and the San Francisco Health Commission, in Resolution 02-10 dated March 16, 2010, affirmed CPMC's plans to maintain capacity to serve its existing patient needs by providing a total of at least 100 SNF beds.[302] CPMC's commitment to maintain a total of 100 SNF beds has been memorialized in San Francisco Health Commission Resolution 02-10, which sets forth CPMC's agreement with the Health Commission to "provide a total of 100 skilled nursing beds, retaining the 38 beds currently located at the Davies Campus and adding 62 new SNF beds."[303] The agreement with the Health Commission further provided that "[b]ecause of the shortage of SNF beds in the community, no existing community-based beds will be utilized."[304] Please see Major Response HC-6 for further information regarding future demand for SNF beds and CPMC's 100-bed commitment.

Location and Schedule for Providing 62 Additional SNF Beds

Comment 96-5b states the Draft EIR will be incomplete if it does not clarify where and when the additional 62 SNF beds would be provided that would be necessary for CPMC to meet its commitment to maintain 100 SNF beds (together with the 38 SNF beds that would continued to be maintained at the Davies Campus under the LRDP). Comment 96-5b also suggests that CPMC could locate these 62 SNF beds on two to three floors of a non-acute care building or a medical office building adjoining an acute care hospital.

Please see Major Response HC-6, which explains that because the precise nature, location, and provider of the future 62 SNF beds are not currently known, the Draft EIR, (as clarified in the Draft EIR text revisions in Chapter 4 of this document for Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10), assumes the continued maintenance of 101 licensed SNF beds at the California Campus and 38 licensed SNF beds at the Davies Campus, unless and until CPMC identifies another plan. A plan for providing the beds needed to meet its SNF bed commitment would be subject to review and comment by the San Francisco Health Commission, as provided in Proposition Q.[305] It would be speculative to analyze this future SNF provision plan in the CPMC LRDP EIR, as part of the current project, either as an alternative campus-based plan (other than continuing to provide these beds at the California and Davies Campuses) or as an off-campus plan, or some

[302] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*; S.F. Health Commission Resolution No. 02-10.

[303] S.F. Health Commission Resolution No. 02-10.

[304] Ibid.

[305] See San Francisco Department of Public Health undated information sheet describing the "Community Health Care Planning Ordinance" (also known as Prop Q), on the Department's Web site: http://www.sfdph.org/dph/files/hc/PropQ_HealthcarePlanOrd_Amend11182008.pdf, accessed Nov. 10, 2010.

combination. Any such plan for replacement SNF bed facilities within the CPMC system would, therefore, be subject to subsequent environmental review, as necessary and required under CEQA.

There is no definite, reasonably foreseeable plan or even a conceptual plan to relocate SNF beds; nor any particular schedule for when that may occur under the proposed LRDP. Among the different possible approaches to meeting its 100-bed SNF commitment that CPMC outlined to the Blue Ribbon Panel and to the Health Commission, are the following: (1) provide beds in CPMC facilities; (2) collaborate with other city hospitals; (3) lease renovated CPMC facilities to a SNF management company; and (4) develop collaborations with community transitional care services.[306] Therefore, it is possible that the 62 SNF beds could be provided at a non-acute care building or a medical office building adjoining an acute care hospital, as suggested by Comment 96-5b, although that is only one of several possible approaches for providing these additional SNF beds.

The various SNF relocation plans exist at this time only as broad concepts or options for future consideration, absent any meaningful planning, decision-making or any other activity by CPMC (or others) to move one particular concept along toward implementation. They are possibilities that in the future would need to be more seriously considered if any were to be pursued. In the meantime, however, SNF beds would continue to be provided at the St. Luke's Campus (until demolition of the existing hospital) and at the California Campus. Potential future SNF relocation plans are thus, not in a form that could be studied as part of the LRDP EIR at this time. In the interim, the existing facilities which will continue to provide SNF bed facilities are adequate and no legal (e.g., SB 1953) constraints exist on their continued utilization.

Appropriateness of Community-Based Free-Standing SNFs

Comments 27-1 and 96-5b also expressed concerns regarding the appropriateness of replacing SNF beds at CPMC with community-based, free-standing SNFs. It is important to note that CPMC has not yet identified whether the 62 additional SNF beds would be provided at one of the CPMC campuses or at an off-campus, community based facility. As explained above, the proposed LRDP, as indicated in the Draft EIR text revisions to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses," assumes the continued maintenance of the 101 licensed beds at the California Campus, unless and until an alternative plan is identified.

Please see Major Response HC-6 for a detailed discussion of issues related to the transfer of SNF beds to non-hospital settings, which explains that according to Dr. Mitch Katz, former Director of the San Francisco Department of Public Health the decision not to build new SNF beds within an acute-care facility is considered the correct decision, because SNF beds are not required to meet the stringent seismic safety standards of SB 1953, and providing SNF beds in buildings that meet those standards would be much more expensive.[307] Dr. Katz also explained that providing assisted living in a patient's house (e.g., by installing a ramp that would facilitate such an arrangement) would be preferable to long-term care in a SNF bed.[308] Dr. Katz's recommendations are further substantiated by the analysis and recommendations of The Lewin Group, performed on behalf of the Department of Public Health, in connection with its

[306] Transitional care and outpatient case management programs could potentially lead to a decrease in the need for institutional SNF care or support shorter lengths of stay in the SNF. Partnerships with these networks could increase the capacity for safe discharges back to community housing for socially and medically complex patients. (Wajnberg, Ania, MD et al., *Hospitalizations and Skilled Nursing Facility Admissions Before and After the Implementation of a Home-Based Primary Care Program*, Journal of the American Geriatric Society. 2010 Jun;58(6):1144-7. Epub 2010 May 7)**.** Therefore, as further described in this Response below, in addition to meeting the 100 (SNF) bed commitment discussed above, CPMC is working on a partnership with the Department of Aging and Adult Services (DAAS) and a new Transitional Care Network, and participating in negotiations with the Independent Physician Association (IPA) for more robust care management programs for patients with chronic diseases. CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Transitional Care and Community-Based Care for Skilled Nursing Patients (Apr. 21, 2011).

[307] Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.

[308] Ibid.

independent decision not to include SNF beds in the new San Francisco General Hospital.[309] The Health Commission also recognized that "institutional care is not necessarily the best option for seniors and younger adults with disabilities who need post-term care."[310]

As explained in detail in Major Response HC-6, CPMC has committed to maintain sufficient SNF beds (a total of 100) to meet its actual patient demand. CPMC has also committed that no existing community-based beds would be utilized to provide these 100 SNF beds, and that to provide the 62 beds needed in addition to the 38 that would remain at Davies, it would utilize either new community-based facilities or replacement capacity provided on one of its campuses. Furthermore, as explained above, the text revisions in this C&R document to Draft EIR Table 2-2 clarify that CPMC would continue to maintain the 101 licensed beds at the California Campus, unless and until an alternative plan for providing the additional 62 beds is identified. Therefore, the proposed LRDP would not exacerbate any existing citywide SNF bed shortage.

Citywide Shortage of SNF Beds

Comment 28-1 HC states that "The Lewin Group projects San Francisco would face a 30 percent shortage of SNF beds overall over the next decade." The comment regarding the Lewin Group's projections is accurate, as The Lewin Group's report regarding CPMC's Institutional Master Plan (IMP) projected that in 2020, based on an estimated total of 2,774 certified SNF beds and an estimated average daily census of 3,600, the occupancy rate of SNF beds within the City would be 129.8 percent.[311]

As explained in detail in Major Response HC-6, CPMC has committed to maintain sufficient SNF beds (a total of 100) to meet its patient demand. CPMC has also committed that no existing community-based beds would be utilized to provide these 100 SNF beds, and that to provide the 62 beds needed in addition to the 38 hospital-based beds that would remain at Davies, it would utilize either new community-based facilities or replacement capacity provided on one of its campuses. Furthermore, as explained above, the Draft EIR text revisions shown in Chapter 4 (page C&R 4-36) of this C&R document to Draft EIR Table 2-2 clarify that CPMC would continue to maintain the 101 licensed beds at the California Campus, unless and until an alternative plan for providing the additional 62 beds is identified. Therefore, the proposed LRDP would not exacerbate the existing citywide SNF bed shortage.

Accordingly, The Lewin Group's report regarding CPMC's IMP concluded that although CPMC's plan to eliminate SNF beds would not support the potential citywide need for skilled nursing services, "given the extent of potential need, a broader, citywide plan will likely be needed to appropriately address the shortage."[312]

Concerns Regarding Transitional Care Model and Continuity of Care

Please see Major Response HC-6 for a detailed discussion of issues related to the continuity of care, which explains that under the proposed LRDP, patients who continue to require SNF in-hospital care would be accommodated at the Davies Campus, and other patients in less severe condition would be served in other on-campus or off-campus facilities. Major Response HC-6 further explains that a nationwide trend of decreased in-hospital SNF beds and an increase in community-based off-campus facilities (for SNF beds) has been occurring for several reasons, including the following: (1) hospital rooms are the most costly to build, (2) staffing requirements in hospitals are often much higher than what is

[309] SFDPH should not include SNF capacity in new hospital construction; from "San Francisco Department of Public Health Long Range Service Delivery Planning Project," LRSD Community Committee Meeting #4, prepared by the Lewin Group, May 30, 2002, page 49.
[310] CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.
[311] The Lewin Group, 2009 (June 26), California Pacific Medical Center Institutional Master Plan Review, prepared for the San Francisco Department of Public Health, at page 22, Table IX, "Projected SNF Bed Utilization."
[312] Ibid. at page 23.

necessary in an SNF, and (3) many patient health outcomes are better in more home-like settings. Accordingly, CPMC is exploring a collaborative relationship with community providers of transitional care to accomplish appropriate and safe home discharges for patients who do not need to be cared for in hospital-based SNF beds.[313]

The Long Term Care Coordinating Council (LTCCC) acknowledged that CPMC is in the process of developing "a program of transitional care services that will facilitate the move of vulnerable adults from acute-care services to post-acute services, provided either by CPMC or other health care institutions in San Francisco, or provided at home or in the community. . . ."[314] A resolution adopted by the LTCCC also "urges all stakeholders, including the Health Commission, Planning Commission, and Aging and Adult Services Commission, to work to preserve and expand access to a comprehensive continuum of services and support that optimizes an individual's best chance of returning from hospital to home or to the most integrated setting, provides alternatives to hospitalization, as well as minimizing re-admission to an acute-care setting."[315]

Additionally, as explained in Major Response HC-6 (page C&R 3.23-25), the Blue Ribbon Panel recognized that a broader citywide and regional Bay Area plan would be needed to address improved transitional care from acute to subacute to rehab facilities overall. Through the Blue Ribbon Panel consensus process, CPMC has committed with the LTCCC and the San Francisco Hospital Council to find ways that the City of San Francisco can expand the community's capacities to offer appropriate skilled nursing beds

It should be noted that although Comment 67-6 refers to "a growing body of evidence" that the discontinuity of health care that occurs when patients are discharged to their homes or third-party skilled nursing facilities, the comment does not cite or submit for the record any evidence regarding health issues associated with such transitional care.

As explained above, in addition to the 38 licensed SNF beds that would remain at Davies, CPMC has committed to continue to maintain the 101 currently licensed SNF beds at the California Campus as needed, until CPMC is successful in opening 62 replacement beds in CPMC facilities or facilities elsewhere in the community. The 38 SNF beds would remain at the Davies Campus after 62 replacement beds/facilities were added and, therefore, would continue to provide inpatient SNF beds in a hospital setting for those patients most likely to experience difficulty if discharged to their homes or to third-party facilities.

Although Comment 67-6 raises concerns regarding costs and demands on unspecified resources because of increased hospital readmissions, the comment does not provide any evidence or explanation of how such concerns could lead to environmental impacts. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. As explained in detail in Major Response HC-6 (page C&R 3.23-25), providing SNF beds in a hospital increases health care costs compared to care at home or in third-party skilled nursing facilities.

Comment 67-6 also requests an evaluation of a revised version of Alternative 3A that would include the provisions of SNF services at the California and Pacific Campuses. Please see Response ALT-1 (page

[313] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Transitional Care and Community-Based Care for Skilled Nursing Patients (Apr. 21, 2011). The San Francisco Health Commission Task Force on CPMC's IMP stated that it "supports CPMC's collaboration with the Department of Aging and Adult Services (DAAS), the San Francisco Senior Center, St. Francis Memorial Hospital on a pilot to provide comprehensive support to senior patients with transition services such that many can successfully be restored to their own homes with appropriate support services." San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.

[314] Long Term Care Coordinating Council, *LTCCC resolution affirming the need for citywide health planning, and optimizing an individual's return from hospital to home, or to the most integrated setting* (revised draft, June 15, 2009).

[315] Ibid.

C&R 3.22-11) for a detailed explanation regarding why CEQA does not require the analysis of additional alternatives beyond the reasonable range of alternatives analyzed in the Draft EIR, and why an analysis of additional variations of Alternative 3A that would include a different distribution of health care services is not necessary.

Subacute-care beds

Please see Major Response HC-6 (page C&R 3.23-25) for a detailed discussion regarding subacute-care beds. CPMC currently maintains 60 subacute-care beds at the St. Luke's Campus, but would no longer provide subacute-care beds under the proposed LRDP.

As explained in Major Response HC-6, according to a study by The Camden Group, almost all of the subacute patients in the existing 60-bed subacute care unit at the St. Luke's Campus have been direct admit patients residing in areas outside of the South of Market, and often outside San Francisco County.[316] The Blue Ribbon Panel, therefore, did not recommend that CPMC provide replacement subacute-care beds for those in the existing St. Luke's Hospital. Instead, the Blue Ribbon Panel recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[317] Further, the San Francisco Health Commission has memorialized its agreement with CPMC that "When the St. Luke's inpatient tower is decommissioned, CPMC will place all remaining subacute-care patients in its other hospital campuses, or in community facilities."[318] Consistent with the Blue Ribbon Panel's recommendations and its agreement with the Health Commission, CPMC would gradually remove the existing 60 subacute-care beds at the St. Luke's Hospital from service, through attrition or transfers to other facilities between now and when the existing St. Luke's Hospital tower would be demolished.[319] The proposed St. Luke's Replacement Hospital would not have subacute-care beds. Any patients not able to be transferred to other subacute care facilities by that time would be placed, as appropriate, in a CPMC acute care or SNF bed.[320]

Inpatient psychiatric beds

Please see Major Response HC-4 (page C&R 3.23-19) regarding psychiatric beds, which explains that the proposed total of 18 licensed psychiatric beds under the LRDP (all at the Pacific Campus) would be adequate to respond to the demand for psychiatric beds at CPMC systemwide, based on the past demand census (average daily census of 10.6 for psychiatric beds in 2009).[321] The suggestions by some comments that the proposed LRDP would include a reduction in the number of psychiatric beds provided by CPMC are incorrect. As shown in Table 2-2 on page 2-10 of the Draft EIR, and the updated version of Table 2-2 included in the Draft EIR text revisions in Chapter 4, "Draft EIR Text Changes," of this C&R document, all the existing 18 licensed psychiatric beds would continue to be maintained at the Pacific Campus under the proposed LRDP. As such, no psychiatric beds or services would be shifted from CPMC to other providers under the proposed LRDP. Therefore, the record does not support the suggestion that the proposed LRDP would contribute to any physical environmental impacts (including cumulative impacts) related to reduction in psychiatric beds.

Previous reductions in the overall number of licensed psychiatric beds at CPMC facilities, cited by Comments 90-68 and 96-12, are part of the proposed LRDP baseline and occurred before issuance of the

316 The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 10.
317 The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.
318 S.F. Health Commission Resolution No. 02-10.
319 CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).
320 Ibid.
321 OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011; CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Inpatient Psychiatric Beds (May 12, 2011).

Notice of Preparation(NOP) of the CPMC LRDP EIR. The statement in Comment 90-68 that "CPMC is responsible for 63 of the 79 psychiatric beds that have been closed in the City since 2000" is not entirely accurate. The total reduction of licensed psychiatric beds in San Francisco since 2000 has been at least 90, rather than 79, as St. Mary's closed 25 beds in 2004. Since 2000, CPMC has closed 65, rather than 63, psychiatric beds (12 beds at the Pacific Campus that were closed in 1998 and removed from license in January 2005, 31 beds at the St. Luke's Campus that were closed in 2005 and removed from license in January 2007, and 22 beds at the Davies Campus that were closed in December 2008 and removed from license in January 2011).[322]

Additionally, the comments appear to misunderstand licensed bed capacity vis-à-vis actual patient care. The statements in Comments 90-68 and 96-12 that "[f]rom 2000 through 2007, inpatient psychiatric census went up 20 percent at CPMC, before the closure at Davies Campus" do not appear to be accurate. Publicly reported data on the OSHPD website is only available for the years 2002 through 2007, but according to the available OSHPD data, the average daily census for inpatient psychiatric beds at the CPMC campuses was 39.5 in 2002 and 23.4 in 2007, representing a 41 percent decrease over this five-year time period. The combined number of inpatient psychiatric discharges at the CPMC campuses overall decreased from 1,792 in 2002 to 941 in 2007.

Alzheimer's Services

CPMC currently provides adult day care Alzheimer's services at the California Campus. As shown in Table 2.7-b, "Pacific Campus: Project Summary Table," in the Draft EIR, page 2-109, these services would be fully relocated to and would continue to be provided at the Pacific Campus under the proposed LRDP.[323] Therefore, the project would not contribute to or exacerbate any shortage of services in the City for people with Alzheimer's-related dementia.

Alzheimer's patients have both medical needs (requiring treatments with medication or treatments in a memory clinic) and, depending on the severity of the illness, custodial care needs (or round the clock supervision in a locked residential unit). Medical needs are covered by Medi-Cal, but the custodial care portion of Alzheimer's care is not paid for by Medi-Cal.

Reduction in Licensed Beds, Access to Health Care and Changes to Patient Travel Patterns/Increased Vehicle Miles Traveled

Comment 96-6 states that "the Davies Campus has eliminated 104 acute-care beds and 22 psychiatric beds in 2008/2009." This statement appears to have been based upon Table 2-2 in the Draft EIR (page 2-10). Please note that as shown on page C&R 4-36 in Chapter 4 of this C&R document, revisions have been made to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (see Response PD-6, page C&R 3.2-6), and a correction has been made regarding the existing and proposed number of licensed acute-care beds at the Davies Campus. Therefore, as shown in the updated version of Draft EIR Table 2-2, between 2008 and 2009 (before the publication of the NOP for the LRDP), a total of 73 licensed acute-care beds were eliminated at the Davies Campus, rather than 104 acute care beds, as stated by the comment. The comment that 22 psychiatric beds were eliminated from the Davies Campus between 2008 and 2009 is correct. This reduction in psychiatric beds also occurred before the publication of the NOP.

[322] CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Inpatient Psychiatric Beds (May 12, 2011). Each of these closures was the subject to a separate Proposition Q hearing before the San Francisco Health Commission.

[323] Alzheimer's services at the California Campus currently require payment of cash and Medi-Cal is not accepted. No change is anticipated once these services are relocated to the Pacific Campus.

Past changes in health care services at the CPMC campuses are beyond the scope of environmental review documents under CEQA. The State CEQA Guidelines establish that the baseline for purposes of the CEQA analysis normally is the physical environmental conditions on site and in the vicinity of the project as they exist at the time the NOP is published (see Section 15125(a) of the State CEQA Guidelines). The NOP for the CPMC LRDP EIR was filed on May 27, 2009. Therefore, changes in the environmental setting that occurred prior to the publication of the NOP (May 2009) are not relevant to the analysis of the proposed LRDP's environmental impacts.

Comment 96-6 also suggests that a reduction of licensed beds under the LRDP would result in "physical and associated social and economic effects 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." Similarly, Comment 96-23 suggests that the reduction in licensed beds within the CPMC system 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)." As explained in more detail below, the proposed LRDP would not include any reductions in the number of licensed psychiatric beds in the CPMC system, but would include reductions in the number of licensed acute care, SNF beds, and subacute-care beds.

Please see Major Response HC-1, regarding the supply of licensed acute-care beds under the LRDP, which explains that the supply of 698 acute-care beds would be sufficient to meet the existing demand (average daily census of 559 acute-care beds occupied in 2009) and accommodate future growth in demand. Comment 96-34 incorrectly suggests that the proposed LRDP would include the "elimination of acute care . . . at the St. Luke's Hospital." As shown in Table 2-2, "CPMC Existed and Proposed LRDP Licensed Hospital Bed Uses," on page 2-10 of the Draft EIR and the updated version of Table 2-2 included in the text revisions in Chapter 4 of this C&R document (page C&R 4-36), the number of licensed acute-care beds at the St. Luke's Campus would be reduced from 150 to 80 under the proposed LRDP, but as discussed in Major Response HC-1, the supply of acute care beds at the St. Luke's Campus would be sufficient to meet demand.

Please also see Major Response HC-4 (page C&R 3.23-19), which explains that the proposed total of 18 licensed psychiatric beds (all at the Pacific Campus) under the LRDP would be adequate to respond to the demand for CPMC beds, based on the past demand census (average daily census of 10.6 for psychiatric beds in 2009).[324]

Please also see Major Response HC-6 (page C&R 3.23-25) regarding skilled nursing facilities (SNF), which explains that CPMC has committed to maintain 100 SNF beds to meet its actual demand.[325] As further explained in Major Response HC-6, CPMC would maintain 38 SNF beds at the Davies Campus under the proposed LRDP, and the text revisions in this C&R document CPMC's plans to maintain capacity to serve its existing patient needs by providing a total of at least 100 SNF beds, including 38 beds currently located at the Davies Campus and adding 62 new SNF beds at other on- or off-campus locations (yet to be determined).[326] CPMC has also committed that no existing community-based beds would be utilized to provide the additional 62 SNF beds, because of the existing shortage of SNF beds in the community.[327] As explained in Major Response HC-6, the Draft EIR, text revisions in Chapter 4 of

[324] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011; CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Inpatient Psychiatric Beds (May 12, 2011).

[325] See, e.g., San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.

[326] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*; S.F. Health Commission Resolution No. 02-10.

[327] S.F. Health CommissionResolution No. 02-10.

this C&R document have been made to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (see Response PD-6, page C&R 3.2-6), to clarify CPMC's commitment to continue maintenance of 101 licensed SNF beds at the California Campus unless and until CPMC identifies another plan for providing the 62 SNF beds (in addition to the 38 SNF beds that would continue to be maintained at the Davies Campus under the LRDP) necessary for CPMC to meet its commitment to provide a total of 100 SNF beds systemwide.

The only CPMC campus that currently includes inpatient subacute-care beds is the St. Luke's Campus, which has a 60-bed subacute care unit located in the existing St. Luke's Hospital tower. Please see Major Response HC-6, which explains that because of higher construction and staffing costs associated with acute care facilities, it is not practical to create subacute care units in a new acute care hospital. Major Response HC-6 further explains that none of the current proposed new acute care hospitals under design or construction in the United States has proposed to include subacute care within a new inpatient facility. Major Response HC-6 also explains that a study conducted by The Camden Group indicated that "[h]istorically, almost all of the subacute patients [at the St. Luke's Campus] have been direct admit patients residing in areas outside SOMA, and often outside San Francisco County."[328] The Blue Ribbon Panel, therefore, did not recommend that CPMC provide new replacement subacute-care beds in the proposed new replacement hospital at St. Luke's Campus for those in the existing St. Luke's Hospital. Instead, the Blue Ribbon Panel recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[329]

Consistent with the Blue Ribbon Panel's recommendations, CPMC would gradually remove the existing 60 subacute beds from service at St. Luke's Hospital, through attrition or transfers to other facilities between now and when the existing St. Luke's Hospital tower would be demolished.[330] Inpatient operations (including any remaining subacute-care services) at St. Luke's Hospital would continue until the proposed St. Luke's Replacement Hospital was completed and in operation, and transfer of acute-care services would begin. The proposed St. Luke's Replacement Hospital would not have subacute-care beds. Any patients not able to be transferred to other subacute-care facilities by that time would be placed, as appropriate, in a CPMC acute-care or SNF bed.[331] As explained in Major Responses HC-1 and HC-6, this volume could be accommodated by the CPMC system under the LRDP.[332]

As explained in Major Response HC-6, most of the patients utilizing CPMC's existing subacute-care facilities do not reside in the south of Market Street area, but rather come from other areas of the City or outside the City. Therefore, it is anticipated that patients would, in the future, seek services across a wide geographic area and would not cluster at any one facility or area. Furthermore, the patient transition plan for the current patient population utilizing the existing subacute-care beds at St. Luke's Hospital anticipates that a limited number of patients would be transitioning at any given time from St. Luke's Hospital to other non-CPMC hospitals or other health care facilities.[333] Therefore, the future potential shift of subacute-care services from CPMC to other hospitals and/or health care service providers would not result in secondary impacts at any given facility.

The comments express general concerns that the proposed LRDP would reduce access to health care as well as a more specific concern in Comment 96-23 regarding "reduced access to service provided by the

[328] The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 10.
[329] The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.
[330] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).
[331] Ibid. With the future decommissioning of the St. Luke's Hospital tower after construction of the St. Luke's Replacement Hospital, CPMC would place all remaining subacute-care patients in the hospital or in community facilities. By doing so, CPMC would comply with the Blue Ribbon Panel's recommendations related to subacute-care beds. Task Force, *Updates and Accomplishments*, CPMC *Interim Progress Report*, September 2010.
[332] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).
[333] Ibid.

new Cathedral Hill Hospital." Please see Response INTRO-7 (page C&R 3.1-17) for a detailed discussion regarding the extent to which social and economic issues are considered under CEQA. As explained in Response INTRO-7, CEQA does not require the analysis of a project's social and economic impacts, or in this case, access to health care, unless such health care impacts would in turn indirectly result in physical environmental impacts. Therefore, the analysis of the potential impacts of the proposed LRDP on health care is beyond the scope of CEQA review. While these comments involve social and economic concerns, the following discussion regarding access to health care and the discussion regarding access to health services in Major Response HC-8 (page C&R 3.23-32) have been provided for informational purposes.

Please see Major Response HC-2 (page C&R 3.23-8), regarding the location, size, and scope of services at the proposed Cathedral Hill, St. Luke's and Davies Campuses and Major Response HC-8 (page C&R 3.23-32), regarding access to health services for detailed discussions, respectively, of the distribution of CPMC health care services throughout the City under the proposed LRDP and the provision of local access to health care under the proposed LRDP. As explained in detail in Major Response HC-2, the proposed Cathedral Hill Campus would be centrally located with respect to the existing California and Pacific Campuses and would consolidate and relocate acute care, emergency, and other services from the California and Pacific Campuses, and neither St. Luke's nor Davies Campuses would experience reductions of services that would have adverse effects elsewhere. Major Response HC-2 also explains that the Cathedral Hill Campus would be closer than the existing California and Pacific hospitals to the area of San Francisco with the highest residential population density (i.e., the area including the Tenderloin), including the highest population density of low-income households, seniors (the most frequent users of hospital care), children and youth.[334]

As explained in Major Response HC-2, a report prepared by The Lewin Group concluded that the consolidation of health care services at the Cathedral Hill Campus location would not create any major access issues from CPMC patients' perspectives.[335] Major Response HC-2 also explains that the San Francisco Health Commission Task Force on CPMC's IMP determined that the St. Luke's Replacement Hospital as planned under the LRDP would be appropriately sized and programmed to accommodate existing and projected future patient demand for the south of Market service area.[336] Therefore, the proposed LRDP plan for the St. Luke's Campus would not exacerbate any health care delivery problems in the south of Market Street area.

As explained in more detail in Major Response HC-2 and in Response HC-2 above, with the exception of inpatient pediatrics, skilled nursing facilities, and subacute care, all services currently provided at the St. Luke's Campus are proposed to be maintained or expanded at St. Luke's.

As explained in detail in Major Response HC-8, since January 1, 2007 (the merger of St. Luke's into CPMC), there has been no difference in medical access policies between any of the CPMC hospitals. All CPMC hospitals are equally open to the receipt of under-insured and uninsured patients and decisions on the granting of financial assistance and waivers are made on a uniform policy basis across all campuses.[337] CPMC's coverage of care for under- and uninsured patients is available to families with incomes up to 400 percent of the federal poverty level.[338]Therefore, there is no indication that the proposed LRDP would reduce or fail to provide local access to health care in any particular area of San Francisco.

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334 S.F. Planning Department, 2009 (May), *Draft San Francisco General Plan Recreation and Open Space Element*, p. 19, Fig. 2, "High Needs Analysis."

335 The Lewin Group, 2009 (June 26), *California Pacific Medical Center Institutional Master Plan Review*, p. 34.

336 San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

337 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

338 San Francisco Department of Public Health, Healthy San Francisco, *Participant Handbook*, page 13. See also CPMC, patient financial assistance application form. Dated May 31, 2007.

All San Francisco non-profit hospitals (including CPMC), together with DPH, human service organizations, private philanthropic organizations, and community-based organizations collaborate on a community needs assessment for San Francisco, used for program planning and analysis within San Francisco.[339] These reports (called "Building a Healthy San Francisco," or BHSF) identify community health goals and track progress towards achieving community health goals, assess current needs, and prioritize goals for future action with specific metrics to monitor for improvement.[340] The current needs assessment data can be accessed online at Health Matters San Francisco.[341] Further information regarding access to health care for the uninsured or under-insured is available in the BHSF reports and the San Francisco Charity Care Reports published by DPH, which are available at the DPH website,[342] and comparative data provided in Major Response HC-8, including coverage of care as a percentage of the federal poverty level, overall amounts of charity care, and Medi-Cal patient access. Major Response HC-8 provides additional information regarding CPMC's charity care programs, and access to CPMC health care services within the Tenderloin neighborhood and southeastern areas of San Francisco.

As explained above, under the proposed LRDP sufficient licensed acute care, psychiatric, and SNF beds would be provided at the CPMC campuses to meet existing and projected patient demand, and it is anticipated that subacute patients would, in the future, seek services across a wide geographic area and would not cluster at any one facility or area. As also explained above, there would be no reductions in access to health care under the proposed LRDP that would result in a major shift of patients currently receiving services at the St. Luke's Campus to other CPMC campuses, or a shift of patients currently receiving services at CPMC campuses to other health care service providers in the region, Therefore, the proposed LRDP would not result in changes in travel distances that would result in associated impacts on traffic, transportation, parking, air quality, and public services that are not analyzed in the Draft EIR, or increased exposure of people traveling on public transportation to infectious diseases.

The Draft EIR included extensive analysis of transportation and circulation issues, as well as impacts related to air quality and public services. These issues were thoroughly examined with respect to direct and indirect construction and operational impacts of the LRDP, and the Draft EIR identified mitigation measures to reduce impacts determined to be significant to a less-than-significant level to the extent feasible. Please see Section 4.5, "Transportation and Circulation," Section 4.7, "Air Quality," and Section 4.11, "Public Services" in the Draft EIR. The issue of parking supply and demand is considered by the City of San Francisco to be a social and economic issue, and not a physical environmental issue.

All air quality and traffic impacts associated with the proposed LRDP (including cumulative impacts) were analyzed in the Draft EIR in Sections 4.5 and 4.7. To the extent that changes in CPMC's patient and employee travel patterns (travel distances, types of trips, etc.) are relevant to the project's direct or indirect environmental impacts (including cumulative impacts), that information has been factored into the analysis in the Draft EIR. As explained in the Draft EIR, page 4.5-72, travel surveys of CPMC personnel, patients, and visitors were conducted to develop origin-destination assumptions for purposes of the transportation analysis. Based on this survey information, trip distribution was assigned for CPMC personnel, patients, and visitors traveling to or from the CPMC campuses from four quadrants (or "Superdistricts") of the City, or from the East Bay, South Bay, North Bay, or outside the Bay Area.[343] Table 4.5-12, "Trip Distribution Patterns by Campus" in the Draft EIR, page 4.5-78, indicates the distribution of trips by San Francisco quadrant as well as by trips originating or ending outside of San Francisco that were assumed for each of the CPMC campuses based on the survey results. The

[339] Health Matters in San Francisco, *About Us*, http://www.healthmattersinsf.org/modules.php?op=modload&name=Siteinfo&file=aboutus, accessed Apr. 11, 2011.
[340] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).
[341] http://www.healthmattersinsf.org/
[342] The DPH San Francisco Charity Care Reports are available at http://www.sfdph.org/dph/files/reports/PolPlanRpts.asp.
[343] Adavant Consulting, 2010 (Jan. 29), *CPMC LRDP Travel Demand Estimation for the San Francisco Campuses*, prepared for the San Francisco Department of Public Works, pages 21 and 39.

transportation analysis based upon the origin-destination assumptions developed from the travel surveys of CPMC personnel, patients, and visitors, in turn, was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8). An EIR is not required to further respond to comments speculating on potential impacts that are not supported by substantial evidence in the record.

Use of Ambulance Service

Comment PC-44 states that the proposed LRDP "may increase the use of ambulance service." The comment does not provide any supporting evidence for this statement or offer any explanation as to the manner that the proposed LRDP could increase the use of ambulance service.

The Draft EIR's analysis of the proposed LRDP's potential impacts related to emergency vehicle services was based, in part, upon a report prepared by TransOptions4Healthcare (TransOptions Report).[344] The TransOptions Report concluded: "The data suggests the proposed Cathedral Hill Hospital will not increase citywide 911 ambulance transport volume. Changing the location of a hospital, opening a new hospital, or closing an existing hospital does not impact the total volume of citywide 911 calls, only the destination."[345] The TransOptions Report also explained that the number of 911 transports under the proposed LRDP would likely be greater than the number today, because the City of San Francisco has a rapidly aging population that will contribute to increased 911 utilization, but none of these growth factors was directly related to the opening of the proposed Cathedral Hill Hospital under the proposed LRDP.[346] Therefore, the evidence in the record does not indicate that the proposed LRDP would result in increased use of ambulance services.

Additionally, as explained in Major Response HC-5 (page C&R 3.23-20) regarding emergency services, the overall systemwide Emergency Department capacity at the CPMC campuses would be increased under the proposed LRDP, and the LRDP would not result in impacts to emergency rooms at other San Francisco hospitals. Impacts resulting from changes in trips to other non-CPMC San Francisco hospitals and admissions at the emergency rooms of other San Francisco health care providers would not be impacts of the proposed LRDP, and they are not required to be analyzed in the Draft EIR.

As stated on page 4.5-145 of the Draft EIR, the proposed Cathedral Hill Campus is expected to receive between 8,400 and 9,600 emergency calls, or about half of all emergency patients within the CPMC system per year. The transportation impacts of these emergency vehicle trips were evaluated in Impacts TR-52, TR-53, and TR-54 in the Draft EIR, pages 4.5-145 through 4.5-147. The Pacific and California Campuses were anticipated to receive zero emergency calls per year under the proposed LRDP.[347] The effects of emergency vehicle access at the Pacific Campus are evaluated under Impact TR-65 in the Draft EIR, page 4.5-175. The effects of emergency vehicle access at the California Campus are evaluated under Impact TR-72 in the Draft EIR, page 4.5-182. The Davies Campus was anticipated to receive between approximately 3,200 and 3,600 emergency calls per year under the LRDP.[348] The effects of emergency vehicle access at the Davies Campus are evaluated under Impact TR-82 in the Draft EIR, page 4.5-192. The St. Luke's Campus was anticipated to receive between approximately 5,400 and 6,300 emergency calls per year under the LRDP.[349] The effects of emergency vehicle access at the St. Luke's Campus are evaluated under Impacts TR-92 and TR-93 in the Draft EIR, page 4.5-206.

[344] TransOptions4Healthcare, 2011 (Feb. 28), *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015*, prepared for California Pacific Medical Center.
[345] Ibid.
[346] Ibid.
[347] Ibid.
[348] Ibid.
[349] Ibid.

Existing and project-related emergency room trips and admissions are fully accounted for in the trip generation for the CPMC acute-care hospitals and, therefore, were factored into the Draft EIR analysis of transportation and circulation impacts. The transportation analysis based upon these trip generation assumptions, in turn, was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8).

As explained in Major Response HC-5, the proposed LRDP would increase Emergency Department capacity at the St. Luke's Campus, and would also increase the total combined emergency and urgent care capacity within the entirety of the CPMC system from 88,000 visits/year currently to over 100,000 visits/year at the Cathedral Hill, Davies, and St. Luke's Hospitals. Therefore, patients would not be required to travel greater distances for services than under current conditions, except that patients who would travel to the California or Pacific Campuses for emergency services under existing conditions generally would instead travel to the Cathedral Hill Campus under the proposed LRDP.

As explained in the Draft EIR, page 4.5-72, travel surveys of CPMC personnel, patients, and visitors were conducted to develop origin-destination assumptions for purposes of the transportation analysis. Based on this survey information, trip distribution was assigned for CPMC personnel, patients, and visitors traveling to or from the CPMC campuses from four quadrants (or "Superdistricts") of the City, or from the East Bay, South Bay, North Bay, or outside the Bay Area.[350] The transportation analysis based upon the origin-destination assumptions developed from the travel surveys of CPMC personnel, patients, and visitors accounted for the shift of patients currently receiving emergency and other services at the California and Pacific Campuses to the Cathedral Hill Campus. The transportation analysis, in turn was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8). An EIR is not required to further respond to comments speculating on potential impacts that are not supported by substantial evidence in the record.

St. Luke's Intensive Care Unit (ICU)

Comment PC-206 expresses concerns regarding "downsizing" the ICU at the St. Luke's Campus. The average daily census of ICU beds at the St. Luke's Campus was approximately 5.8 in 2009, 6.0 in 2008, and 6.6 in 2007.[351] Therefore, the 8 licensed ICU beds proposed under the LRDP would provide sufficient capacity to meet ICU demand at the St. Luke's Campus.

Comment

(Philip L. Pillsbury, Jr.—St. Luke's Hospital, October 10, 2001) [29-1 HC]

"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)

[350] Adavant Consulting, 2010 (Jan. 29), *CPMC LRDP Travel Demand Estimation for the San Francisco Campuses*, prepared for the San Francisco Department of Public Works, pages 21 and 39.

[351] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, St. Lukes Hospital, 2007 and 2008, California Pacific Medical Center - St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011.

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."

Response HC-18

Comment Letter 29 was submitted to the Planning Commission at the September 23, 2010, hearing regarding the Draft EIR. Letter 29, which is dated October 10, 2001, was written more than 8 years before the publication of the Draft EIR and does not raise any concerns regarding the adequacy, accuracy, or completeness of the scope of analysis in the Draft EIR. The comment is noted. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Responses to particular comments regarding the scope of services at the St. Luke's Campus are addressed in Major Response HC-2 (page C&R 3.23-8).

Comment

(Sandra Manning, September 23, 2010) [31-2 HC]

"• 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

- 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!"

Response HC-19

Please see Major Response HC-8 (page C&R 3.23-32), which includes a detailed discussion regarding access to health services for City residents living in the Tenderloin area. Please also see Response HC-12 (page C&R 3.23-91), which provides responses to several specific comments regarding access to health services for Tenderloin area residents. The general comment regarding impact on quality of life will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. The comment appears to be related to Comment 31-1, which addressed traffic and pedestrian impacts; please see Response TR-124 (page C&R 3.7-207).

Comments

(SEIU UHW Bargaining Committee, September 23, 2010) [33-1 HC]

"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."

(SEIU UHW Bargaining Committee, September 23, 2010) [33-3 HC]

"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.

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.

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 too 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**."

Response HC-20

These comments expresses general support for the proposed LRDP and do not raise any specific comments on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR. The comments are noted, and will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Anonymous, September 23, 2010) [34-1 HC]

"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.

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."

(Tanya Castanian, September 23, 2010) [35-1 HC]

"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."

(Tanya Castanian, September 23, 2010) [35-2 HC]

"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."

(Tanya Castanian, September 23, 2010) [35-3 HC]

"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."

(Tanya Castanian, September 23, 2010) [PC-2 HC]

"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."

(Tanya Castanian, September 23, 2010) [PC-3 HC]

"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 [sic] by the sale."

(Tanya Castanian, September 23, 2010) [PC-4 HC]

"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."

Response HC-21

Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments may be considered by the decision-makers as part of their deliberations on the project.

The transfer of CPMC's dialysis services to DaVita, which became effective on February 1, 2011, has not resulted in any physical impacts or changes to the environment. Regardless of who the provider of dialysis services is, all are held to the same regulatory standards and are overseen by the California Department of Health.[352] The process of stabilizing and transporting dialysis patients to an Emergency Department remains the same, regardless of the transfer of dialysis services operations from CPMC to DaVita.[353] Therefore, the sale of the dialysis unit has not resulted in any changes in activities or operations related to emergency (911) calls and has not contributed to any cumulative impacts on City services or traffic. The Draft EIR includes adequately analyzes the cumulative impacts of the proposed LRDP on City services (see Draft EIR page 4.11-36) and traffic (pages 4.5-215 to 4.5-247), and identified mitigation measures to reduce impacts determined to be significant to a less-than-significant level to the extent feasible.

The comments reference "several lawsuits" that have been filed against DaVita and "a history of litigation over patient safety issues," and Comment 34-1 contends that until "DaVita has answered the above and other charges to the satisfaction of federal courts, CPMC should not be allowed to proceed with the sale." The comments provide no specific information regarding the lawsuits mentioned.

As required by San Francisco's Community Health Care Planning Ordinance[354] ("Proposition Q" or "Prop Q"), private hospitals like CPMC must provide public notice before leasing, selling, or transferring management of their services. CPMC provided notice of the sale of dialysis services to its patients on November 16, 2009.[355] Subsequently, on August 2, 2010, 60 days after receiving Federal Trade Commission (FTC) approval to proceed with negotiations, CPMC provided notice of the sale to the San Francisco Department of Public Health and other interested parties. Four public hearings on this issue were held before the San Francisco Public Health Commission, culminating in approval of Resolution 11-10 on November 2, 2010.[356] The licensing agency, the California Department of Public Health, was notified of the request for change of ownership for these dialysis services on October 28, 2010.[357] Neither the State nor the FTC has raised an objection to the sale.[358]

Comment 35-3 characterizes the transfer of ownership as a "cut," but dialysis services and staff, and the location of dialysis services all remain mainly unchanged.[359] CPMC has indicated that dialysis services

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[352] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Sale of Dialysis Services (Apr. 21, 2011).
[353] Ibid.
[354] See San Francisco Department of Public Health undated information sheet describing the "Community Health Care Planning Ordinance" (also known as Prop Q), on the Department's Web site: http://www.sfdph.org/dph/files/hc/PropQ_HealthcarePlanOrd_Amend11182008.pdf, accessed Nov. 10, 2010.
[355] CPMC, 2009 (Nov. 16), Letter from Warren Browner, MD, CEO of CPMC, to dialysis patients.
[356] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Sale of Dialysis Services (Apr. 21, 2011); San Francisco Health Commission Resolution 11-10, "Determining that the transfer of the dialysis unit at California Pacific Medical Center will have a detrimental impact on the health care service of the community." (Nov. 2, 2010).
[357] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Sale of Dialysis Services (Apr. 21, 2011).
[358] Ibid.
[359] Ibid.

have not been materially reduced or cut, nor are they planned to be materially reduced or cut in the future.[360]

Comment

(Barbara Ann Berwick, September 23, 2010) [36-2 HC]

"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."

Response HC-22

The comment is noted. This comment does not raise any specific comments on the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please also see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comments

(Barbara Ann Berwick, September 23, 2010) [36-3 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."

(Barbara Berwick, September 23, 2010) [PC-334 HC]

"As another point of public safety, if the new hospital is not staffed with experienced nurses, you have a whole bunch of newbie's 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."

Response HC-23

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. The comments express concerns regarding the acquisition of an experienced nursing staff. These concerns are social and economic in nature. The record reflects that CPMC continues to have a nurse retention rate substantially higher than the national average.[361] CPMC has indicated that under the proposed LRDP, it would continue to staff its facilities with nurses who are qualified and have the experience needed for their positions, as is CPMC's long standing practice.

As noted in the Draft EIR, page 2-18, the California Department of Health Care Services (CDHS) is responsible for the licensing of new hospital facilities. The proposed LRDP would comply with all CDHS requirements.

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[360] Ibid.

[361] CPMC, 2008, *California Medical Center 2008 Institutional Master Plan,* San Francisco, California: prepared by the Marchese Company, Inc., available at: http://rebuildcpmc.org/assets/08IMP_CPMC.pdf, accessed Dec. 20, 2010.

Please also see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA and Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of services at the St. Luke's Campus, which includes a discussion of the proposed LRDP's adherence to the recommendations of the Blue Ribbon Panel and San Francisco Health Commission.

Comments

(Barbara Ann Berwick, September 23, 2010) [36-5 HC]

"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."

(Barbara Berwick, September 23, 2010) [PC-331 HC]

"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 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."

Response HC-24

The comments raise concerns regarding the maintenance of current or historical staffing levels at the St. Luke's Campus, and Comment 36-5 also expresses concern regarding the potential for any reduction in staffing at the St. Luke's Campus to result in an increase in the number of uninsured and indigent patients treated at San Francisco General Hospital (SFGH).

Please see Major Responses HC-1 and HC-2 (page C&R 3.23-1 and 3.23-8) for detailed discussion regarding the supply of acute-care beds and size and scope of services at the St. Luke's Campus. Major Response HC-1 explains that the 80 beds proposed to be provided at the St. Luke's Hospital would provide sufficient capacity to meet the current and projected demand at the St. Luke's Campus, with additional capacity to meet peak demand periods. Major Response HC-2 further explains that the proposed LRDP would not exacerbate any shortage of inpatient acute-care beds for the south of Market Street area traditionally served by the St. Luke's Campus, in part because the Health Commission Task Force has determined that the St. Luke's Replacement Hospital would be appropriately sized to accommodate existing and projected future patient demand for that service area,[362] and because the St. Luke's Replacement Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need to the community.

As explained in more detail in Major Response HC-2, with the exception of inpatient pediatrics, skilled nursing facilities (SNF), and subacute care, all services (including staffing for those services) currently provided at the St. Luke's Campus are proposed to be maintained or expanded at St. Luke's, including various outpatient pediatric services; chronic disease management; comprehensive women's care; senior care including orthopedic surgery, medical cardiology, ophthalmic surgery, and a diabetes center; diagnostic services; family-oriented urgent care (which would be a new service at the St. Luke's Campus); and Emergency Department.

[362] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

Additionally, as shown in Table 4.3-10, "Projections of CPMC Full-Time Equivalent Personnel and Share of Citywide Employment," the total number of full-time equivalent (FTE) personnel at the St. Luke's Campus is projected to increase under the proposed LRDP from 597 in 2006 to 1,190 in 2015 and 1,530 in 2030.

Please also see Major Response HC-3 (page C&R 3.23-17) regarding impacts on San Francisco General Hospital, which explains that no services currently being provided at the existing St. Luke's Hospital would be shifted to other, non-CPMC hospitals or health care service providers.

For the above reasons, the St. Luke's Campus is anticipated to be staffed at levels that are at or above current levels and no reductions in services that would increase demand for treatment for indigent or uninsured patients at SFGH.

Comments

(Barbara Ann Berwick, September 23, 2010) [36-6 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. 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. Clearly 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 year. We are at war with Al Qaeda."

(Barbara Berwick, September 23, 2010) [PC-332 HC]

"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."

(Diane and Richard Wiersba, October 11, 2010) [49-8 HC]

"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."

(Ben Bear, October 18, 2010) [65-6 HC]

"Adequate distribution of hospital facilities is integral to disaster response. You must take community safety concerns into account when weighing this proposal."

(Linda Chapman, October 19, 2010) [76-30 HC, duplicate comment was provided in 111-30 HC]

"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 proposed to build seismically safe hospitals that much of the population may be unable to reach."

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-17 HC, duplicate comment was provided in 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."

(Sue Hestor, October 19, 2010) [89-13 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. 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."

(Sue Hestor, October 19, 2010) [89-14 HC]

"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."

(Eileen Prendiville, September 23, 2010) [PC-265 HC]

"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 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."

(Linda Carter, September 23, 2010) [PC-289 HC]

"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 80 beds, there's no way that we could handle whatever San Francisco General can't handle in the case of a big earthquake."

Response HC-25

The comments express concerns regarding physical access to the proposed Cathedral Hill Hospital following an earthquake and the implications in the event of an earthquake of providing acute care beds for 555 patients within one building in a densely populated area, express concerns regarding keeping as many emergency rooms as possible open to minimize risks associated with earthquakes or other major disasters, express concerns regarding the concentration of medical services on the north side of the city in the event of a disaster, express concerns regarding shifting emergency services from the western to the eastern portion of the city, express concerns regarding community safety and impacts on City resources in the event of a fire or earthquake in the vicinity of the Cathedral Hill Campus, express concerns regarding

the impact of the reduction of licensed beds for CPMC systemwide under the proposed LRDP on the provision of emergency services, request the provision of maps related to emergency medical services that would be available in the event of an earthquake, and request a discussion of the "City's ability to provide medical services throughout the city as abstracted from" the buildings proposed under the LRDP. Each of these concerns is addressed below.

At the outset, before addressing each of the various concerns described above, it is important to explain that the Draft EIR included an analysis of the proposed LRDP's potential impacts related to earthquakes, seismicity, emergency response and evacuation plans, fires, and the need for new or physically altered fire protection and emergency services in Section 4.14, "Geology and Soils" (Draft EIR pages 4.14-42 to 4.14-53, 4.14-55 to 4.15-58, and 4.14-70 to 4.14-72), Section 4.16, "Hazards and Hazardous Materials" (Draft EIR pages 4.16-72 to 4.16-78. and 4.16-81), and Section 4.11, "Public Services," (Draft EIR pages 4.11-17 to 4.11-30 and 4.11-36), as discussed in more detail below.

The analysis of Impact GE-1 on pages 4.14-42 to 4.14-45 of the Draft EIR, which concluded that the proposed LRDP would not expose people or structures to the risk of loss, injury, or death involving rupture of a known earthquake fault or strong seismic ground shaking, because no earthquake zones have been mapped in the city, no evidence of fault rupture was observed at the Cathedral Hill, Pacific, Davies, and St. Luke's Campuses, because the proposed LRDP is intended to ensure that all existing and proposed CPMC campus structures would be in full compliance with SB 1953 and SB 1661, as applicable, which require that acute-care hospitals remain life-safe and operational after a seismic event, because the proposed new hospitals would be subject to OSHPD design review to ensure such compliance, and because all new structures proposed under the LRDP that would not provide acute care services would be required to comply with California Building Code, San Francisco Department of Building Inspection, and San Francisco Building Code seismic standards

Similarly, the analysis of Impact GE-2, on pages 4.14-45 to 4.14-49 of the Draft EIR, concluded that the proposed LRDP would not expose people or structures to the risk of loss, injury, or death involving ground failure, including liquefaction, or be located on a geologic unit or soil that is unstable, or that would become unstable as a result of the proposed LRDP, and potentially result in liquefaction or lateral spreading, because the Cathedral Hill, Pacific, Davies, and St. Luke's Campuses are not located within a liquefaction zone as identified by the California Geological Survey and the potential for liquefaction or lateral spreading is very low at the Cathedral Hill, Pacific, Davies, and St. Luke's Campuses.

Additionally, the analysis of Impact GE-5, on pages 4.14-55 to 4.14-58 of the Draft EIR, concluded that the proposed LRDP would not expose people to the risk of loss, injury, or death involving ground failure, including densification or seismic settlement, because excavation for the planned basements of the proposed near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would extend well below the zones of loose geologic material, and because Mitigation Measure M-GE-L5 would ensure that geotechnical studies are updated and prepared once the design-level plans for long-term projects at the Pacific and Davies Campuses are finalized, and that all recommendations in the geotechnical studies would be implemented and followed.

For the above reasons, the Draft EIR concluded that the proposed LRDP would have less than significant impacts related to such risks associated with earthquakes and seismicity analyzed under Impacts GE-1, GE-2, and GE-3.

Physical Access to the Proposed Cathedral Hill Hospital Following an Earthquake

The proposed Cathedral Hill Hospital and its Emergency Department would be centrally located within the area of San Francisco with the highest density of population, reducing the amount of travel by being within walking distance of more people than the existing California and Pacific Campuses Emergency

Departments. The proposed Cathedral Hill Hospital would also be located closer than the California and Pacific Campuses to the City areas with the greatest risk of experiencing damage from a major earthquake and, thus, would move Emergency Department services closer to the City areas likely to have the highest number of persons needing emergency medical care.[363] Please also see Major Response HC-2 (page C&R 3.23-8) regarding the location of hospital facilities for disaster response, which explains CPMC's rationale for selecting Van Ness and Geary as the location for the new Cathedral Hill Campus.

In the event of an earthquake or other major disaster, not only CPMC's emergency bays, but all of its inpatient and outpatient facilities would be used to provide emergency care.[364] Although the location of Emergency Departments is one factor in determining capacity for responding to disasters, physicians and specialized equipment also provide such capacity regardless of whether they are located within an Emergency Department or elsewhere.[365] Given the location of the proposed Cathedral Hill Hospital at the intersection of a wide, six-lane, major north-south thoroughfare (Van Ness Avenue) and a major east-west thoroughfare (Geary), as well as the surrounding network of streets such as Franklin and Post Streets, and given that the Cathedral Hill Hospital, itself, would meet the highest seismic safety rating (SPC-5) under SB 1953, it is extremely unlikely that rubble would block access to the Hospital in the event of an earthquake or other major disaster, as suggested by Comment 36-6, or that there would be difficulties in circulation, as suggested by Comment 89-13. Comment 89-13 requests an explanation of "terrain problems" that could occur after an earthquake. The comment does not identify or explain what "terrain problems" the commenter is referring to. However, as explained above, the proposed LRDP would not result in emergency services being inaccessible in the event of an earthquake. If the commenter is concerned that surrounding streets could be demolished in an earthquake, cutting off access to the hospital facility, it is possible for streets to be damaged in an earthquake. However, any such damage to the streets would not be an impact of the proposed LRDP. Thus, a study of the seismic conditions of all San Francisco streets to identify which ones have less of an opportunity for failure in the event of the earthquake is outside the scope of CEQA analysis required to be taken in connection with the proposed LRDP. To the extent that the commenter's concern is that hills could impede access to the proposed Cathedral Hill Hospital after a major earthquake, potentially preventing people in other areas of the City (e.g., the western area of the City currently served by the California and Pacific Campus Emergency Departments), it should be noted that the St. Mary's Medical Center, San Francisco Veterans Affairs Medical Center, the Kaiser Permanente San Francisco Medical Center, and UCSF at Parnassus Heights will continue to serve to provide emergency medical services to the western part of San Francisco in the event of major disaster, as explained in detail below. Providing multiple, SPC-5 hospitals equallydistributed around the City potentially would result in greater accessibility to hospitals regardless of terrain in the event of a major disaster. However, such a scenario is not feasible given economic realities, availability of building sites for new hospital facilities, the need to account for the existing locations of hospitals within the City, and the need to coordinate such a distribution of hospitals among various health care providers. In that context, providing a critical mass of emergency facilities in an SPC-5 facility near the greatest concentration of the City's population, which is what would occur under the proposed LRDP, is considered to be a reasonable and realistic approach.

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[363] See R. D. Borcherdt et al., *Integrated Strong-Motion, Soil-Response Arrays in San Francisco California,* U.S. Geological Survey, available: http://nsmp.wr.usgs.gov/Presentations/San_Francisco_Array/San_Francisco_Array_Presentation_s.html, last updated Sept/ 23, 1999; accessed Dec. 16, 2010; Figure 1b, map showing estimated losses for a repeat of the 1906 earthquake (Mw = 7.7), from Risk Management Solutions, Inc., Shah, et al. 1995.

[364] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Emergency Services in the Event of a Major Disaster (June 1, 2011).

[365] Ibid. See also American Journal of Emergency Medicine. 2004 Sep;44(3):253-61. "Health care facility and community strategies for patient care surge capacity." Hick JL, Hanfling D, Burstein JL, DeAtley C, Barbisch D, Bogdan GM, Cantrill S.

Concentration of Emergency Medical Services and Acute-care Beds in a Single Location (i.e., the Cathedral Hill Campus)

Comment 36-6 expresses concerns that that development of the proposed Cathedral Hill Hospital would result in the City putting all of its "eggs in one basket" with respect to hospital emergency room locations. This comment overlooks the fact that CPMC would be providing emergency room services in other campus locations as well, and that CPMC's hospitals are not the only hospitals that would be available to provide emergency services in San Francisco in the event of a disaster. As explained in Major Response HC-5 (page C&R 3.23-20) regarding access to emergency services, in addition to the emergency room at the new Cathedral Hill Campus, the project would increase the capacity of the emergency room at the St. Luke's Campus. Emergency services would also continue to be provided at the Davies Campus. In addition to the CPMC emergency rooms, other emergency rooms in San Francisco that would be available to provide services in the event of a major disaster would include Chinese Hospital, the Kaiser Permanente San Francisco Medical Center, Saint Francis Memorial Hospital, St. Mary's Medical Center, San Francisco General Hospital, San Francisco Veterans Affairs Medical Center, UCSF at Parnassus Heights, and the proposed UCSF Mission Bay hospital. Therefore, the City would not be putting all of its "eggs in one basket" in terms of emergency room services in the event of a disaster under the proposed LRDP.

Similarly, Comment 49-8 HC states that confining half a thousand patients in a single building would be extremely hazardous in an earthquake. This comment involves a concern similar to the "eggs in one basket" comment responded to above. It should be remembered that, as stated on page 2-7 of the Draft EIR, one of the overarching objectives of the proposed LRDP is to "[c]onstruct modern, seismically safe hospital facilties that would remain operational in the event of a major disaster, both to serve CPMC's patients and to play an important role in San Francisco's disaster response and preparedness system…"

As explained on page 1-20 of the Draft EIR, CPMC plans to construct the proposed Cathedral Hill Hospital (and the proposed St. Luke's Replacement Hospital) to a structural rating of SPC-5. As further explained on Draft EIR page 1-19, SPC-5 is the highest of California's structural performance category (SPC) ratings related to performance of a hospital building in a strong earthquake. SPC-5 buildings are designed not only to not significantly jeopardize life in the event of such an earthquake, but also to be reasonably capable of providing services to the public following strong ground motion. Therefore, the Cathedral Hill Hospital is not anticipated to present hazards in the event of an earthquake. To the contrary, the Cathedral Hill Hospital and the St. Luke's Replacement Hospital would increase earthquake safety by replacing acute care hospital facilities at the Pacific, California, and St. Luke's Campuses, which, as stated on Draft EIR page 1-20, largely have a structural rating of SPC-1. As explained on Draft EIR page 1-19, hospital buildings rated SPC-1 pose a significant risk of collapse and a danger to the public after a strong earthquake.

Additionally, as explained on Draft EIR page 4.16-73, an emergency operations and evacuation plan would be developed for the Cathedral Hill Campus, which would include a plan for the care of casualties in the event of an internal or external disasters, and emergency egress routes. Specific concerns regarding the concentration of emergency services in the northern and eastern portions of the City are addressed in detail below. Additionally, as further explained on Draft EIR page 4.16-73. the San Francisco Fire Department and the Department of Building Inspection would review the building permits for the proposed Cathedral Hill Hospital (and other buildings proposed under the LRDP) to ensure that appropriate evacuation plans and emergency access, including equipment access, would be in compliance with the San Francisco Fire Code and the San Francisco Building Code. The existing streets provide access for emergency responders and egress for residents and workers, and the proposed LRDP would neither directly nor indirectly alter that situation to any substantial degree. Additionally, CPMC has been meeting with the Hospital Council Emergency Preparedness Partnership, Emergency Medical Services, and the San Francisco Fire Department (including the Neighborhood Emergency Response Team) and

will continue to work with these agencies on updated, comprehensive emergency planning. The same process of developing an emergency operations and evacuation plan and working with the agencies listed above would also apply to the St. Luke's Campus under the proposed LRDP. For all of the above reasons, the Draft EIR concluded on page 4.16-74 that implementing the LRDP at the various CPMC campuses (including at the Cathedral Hill Hospital) would result in less than significant impacts related to an emergency operations plan or emergency evactuation plan.

The emergency operations and evacuations plan for the Cathedral Hill Hospital would include provisions for "surge capacity," which is essentially the ability of a health care facility to expand its operations to treat an influx of patients in response to a major disaster.[366] At the Cathederal Hill Hospital, the Emergency Department drop-off area would serve as a triage point.[367] CPMC would be capable of controlling the space around the Cathedral Hill Hospital to ensure that people needing medical attention would receive assistance, while those not needing medical attention but in a panic would be sent to an area for the "worried well."[368] In the new Cathedral Hill Hospital Emergency Operations Plan, areas have been designated to accommodate patient family members and "worried well" who may arrive at the Cathedral Hill Hospital after a major disaster.[369]

Concentration of Medical Services in the Northern Portion of the City

Comment 76-30 HC expressed concerns regarding the concentration of medical services on the north side of the City in the event of disaster. Similarly, Comment 89-14 expressed concerns regarding increasing the size of the St. Luke's Campus to provide accessible medical services in the event of a major disaster to people within the southeast and southern parts of San Francisco. As explained in Major Response HC-2, from a citywide hospital distribution perspective, the proposed LRDP has been planned in the context of other proposed and pending medical campus projects in the City. Three new hospital facilities have been recently planned in the south of Market Street area: CPMC's proposed St. Luke's Replacement Hospital, San Francisco General Hospital's replacement hospital, and the University of California, San Francisco's new hospital/medical campus at Mission Bay. CPMC's proposed Cathedral Hill Campus is the only new acute care facility currently proposed in the north of Market Street area. Therefore, given the proposed and pending medical campuses in the south of Market Street area, the proposed LRDP would not result in a concentration of medical services on the north side of the City in a manner that would adversely affect the southern portion of the City in the event of a disaster. CPMC would continue to provide medical services at the St. Luke's Campus under the proposed LRDP, with increased emergency room capacity.

Moreover, the proposed LRDP is intended to increase the safety of CPMC patients that would receive inpatient medical services by housing them in seismically safe facilities at the proposed Cathedral Hill Campus; many of these patients currently receive inpatient services at facilities at the California and Pacific Campuses, which are rated SPC-1, the lowest seismic safety rating and are expected to close by January 1, 2013 under SB 1953, unless extended (potentially out to 2020 by SB 90) or successor legislation. To do this, the proposed LRDP includes the replacement of existing acute-care facilities at the California and Pacific Campuses (that would required to comply with state-mandated deadlines for meeting seismic safety standards under SB 1953 as modified by subsequent legislation) with new, seismically compliant, acute-care facilities at the proposed Cathedral Hill Campus that could remain open beyond 2030.

[366] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Emergency Services in the Event of a Major Disaster (June 1, 2011); Bonnett, Carl. J. et al., "Surge Capacity: A Proposed Conceptual Framework, American Journal of Emergency Medicine (2007) 25, page 297.
[367] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Emergency Services in the Event of a Major Disaster (June 1, 2011).
[368] Ibid.
[369] Ibid.

Please see Section 1.5.2, "Seismic Requirements for Hospitals" and Section 1.5.3, "Review Process for Compliance with Seismic Requirements" in the Draft EIR, pages 1-17 to 1-20, for detailed information regarding State seismic safety requirements under SB 1953 and related laws and regulations, including the structural ratings of acute-care hospital buildings by Structural Performance Category (SPC). The proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital would both meet the highest seismic safety rating, SPC-5, which would enable it to be used as an acute-care facility through 2030 and beyond. The existing California, Pacific, and St. Luke's Campus hospitals are rated SPC-1, the lowest seismic safety rating, and would be required to close by January 1, 2013, under SB 1953, unless extended (potentially out to 2020) by SB 90 or successor legislation. In addition, the Davies Hospital North Tower was recently seismically retrofitted to meet SPC-2, enabling it to be used as an acute-care facility until 2030. Therefore, the proposed LRDP would increase the City's preparedness for an earthquake or other natural disaster and would increase the safety of the patient population that currently receives inpatient services at the California and Pacific Campuses by relocating such services to newer facilities that would meet the highest seismic safety standards under State law.

Concentration of Emergency Services in the Eastern Portion of the City

Comment 89-13 expresses concerns regarding the City's emergency preparedness capabilities, particularly within the western portion of San Francisco. These comments seem to be based on the assumption that the lack of a hospital facility within the western part of the City would result in inadequate emergency preparedness in that area. In 2010, there were approximately 1,129 licensed non-CPMC beds west of Van Ness Avenue at the UCSF Medical Center at Parnassus Heights, St. Mary's Medical Center and Kaiser Permanente San Francisco Medical Center, and the Veterans Affairs Medical Center, Seton Medical Center in Daly City, and the Laguna Honda Hospital that would serve the western population of San Francisco to provide medical care in the event of an emergency.[370] At the time the Cathedral Hill Campus would become operational in 2015, it is estimated that there would be approximately 840 licensed non-CPMC beds west of Van Ness Avenue at UCSF Parnassus (after decommissioning of the Moffitt wing of UCSF's Moffitt/Long Hospital), St. Mary's Medical Center and Kaiser Permanente San Francisco Medical Center.[371] These licensed bed totals do not include skilled nursing facility, rehabilitation, or psychiatric beds and there would be no reduction in the capacity of the Veterans Affairs Medical Center, Seton Medical Center, and the Laguna Honda Hospital to serve as triage centers.[372]

Although hospitals play an important role in emergency preparedness, the more critical resources are those of first responders (e.g., Police, Fire Department, NERT, Search and Rescue, etc.) and ongoing support functions after a disaster (i.e., local evacuation centers, emergency supply locations, food and water distribution, fire suppression infrastructure, etc.).[373] The first responders and schools, clinics, and other buildings and facilities currently available in the western portion of the City are not anticipated to change substantially in the future, and would provide adequate support functions after a disaster in the western portion of the City.[374] As explained in Major Response HC-5 (page C&R 3.23-20), given the proposed Cathedral Hill Hospital's centralized location at a transit hub within approximately two miles from the location of the existing California Campus, there would also be adequate access to this proposed new hospital from the western portion of San Francisco in the event of a disaster.

[370] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Emergency Services in the Event of a Major Disaster (June 1, 2011).
[371] Ibid.
[372] Ibid.
[373] Ibid.
[374] Ibid.

Provision of Multiple Emergency Rooms

With respect to Emergency Departments in particular, the proposed LRDP would replace of existing Emergency Departments at the California, Pacific, and St. Luke's Campuses that otherwise would be required to close under SB 1953, with new, seismically-compliant Emergency Departments at the proposed Cathedral Hill Campus and St. Luke's Campus that could remain open beyond 2030. Additionally, it should be noted that the Pacific Campus Emergency Department would be renovated and used for urgent care under the proposed LRDP. Major Response HC-5 also explains that although under the proposed LRDP, two emergency services locations would be closed (at the California and Pacific Campuses), for the entirety of the CPMC system, total combined and urgent care capacity would increase, from capacity for 88,000 visits per year currently to over 100,000 visits per year at the Cathedral Hill, Davies, and St. Luke's Hospitals.

Impacts on City Resources in the Event of a Fire or Earthquake

With respect to concerns regarding community safety and strains on City resources in the event of a major fire or earthquake, the discussion of Impact HZ-6 on pages 4.16-72 to 4.16-76 of the Draft EIR concluded that the project would not conflict with emergency response or evacuation plans of the City during the proposed LRDP's construction and operational periods. This is because CPMC is integrated into the continuous citywide preparation for emergencies and disasters, each CPMC campus would have an emergency operations and evacuation plan, the current emergency operations and evaluation plans at the existing campuses would continue to be maintained during construction and the San Francisco Fire Department (SFFD) and Police Department would be notified by CPMC of all temporary changes to campus access during construction, and CPMC would continue to work with the Hospital Council Emergency Preparedness Partnership, Emergency Medical Services, and SFFD on updated, emergency planning. Therefore, the Draft EIR concluded that Impact HZ-6 related to the potential of the LRDP to conflict with emergency response or evacuation plans would be less than significant.

The discussion of Impact HZ-7 on pages 4.16-76 to 4.16-78 of the Draft EIR concluded that the proposed LRDP would not expose people or structures to a significant risk of loss, injury, or death involving fires, because all new development at the CPMC campuses under the proposed LRDP would be built to meet San Francisco Fire Code standards and would be subject to plan review to ensure compliance with San Francisco Fire Code requirements and thereby would minimize fire-related emergency dispatches,

Additionally, the discussion of Impact PS-1 on pages 4.11-17 to 4.11-23 of the Draft EIR concluded that the proposed LRDP would not result in substantial impacts associated with the provision of, or the need for, new or physically altered fire and emergency services facilities to maintain acceptable service ratios, response times, or other performance objectives, because, among other reasons set forth on pages 4.11-17 to 4.11-23 of the Draft EIR, the proposed LRDP is an urban infill project that would not require the expansion of SFFD's service area or extend travel routes between fire stations and service destinations, SFFD does not anticipate that implementing the proposed LRDP would degrade service levels below the adopted performance objective, or would require new fire service facilities, or result in increased staffing needs at existing fire stations. CPMC would work with SFFD and local agencies to determine utility and access requirements for fire and emergency services during the project's construction and operational phases, each existing CPMC campus already has an emergency response plan to be implemented in the event of a disaster, each campus currently coordinates and would continue to coordinate with the Hospital Council Emergency Preparedness Partnership, Emergency Medical Services, and SFFD (911 and Neighborhood Emergency Response Team), and a similar emergency response plan would be created for the proposed Cathedral Hill Campus.

Impacts of Reduction of Licensed Beds on Emergency Services in the Event of an Earthquake

Comment 87-17 expresses concern regarding the effects of the reduction in licensed beds within the overall CPMC system on emergency services, including the ability to respond to epidemics or disasters such as earthquakes. Comment 87-17 states that the proposed LRDP would reduce the number of overall licensed beds at the CPMC campuses from 1,273 to 854. This statement appears to misunderstand Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses," on page 2-10 of the Draft EIR. Table 2-2 indicated that in 2009, the year during which the Notice of Preparation of the Draft EIR was issued, there were a total of 1,133, rather than 1,273 (as stated in comment 87-17), licensed beds overall at the existing CPMC campuses. The comment is correct, however, that Table 2-2 in the Draft EIR indicated that this total of 1,133 beds would be reduced to 854 under the proposed LRDP.

Since the publication of the Draft EIR, Table 2-2 has been updated, as shown in the text revisions in Chapter 4 "Draft EIR Text Changes" of this C&R document. As shown in the updated version of Table 2-2, a total of 1,174 licensed acute-care beds existed at the CPMC campuses in both 2009 and 2010, and the proposed LRDP would reduce this total to 903 licensed acute care beds. Please also see Response PD-6 (page C&R 3.2-6) concerning text revisions to Table 2-2 (in the Draft EIR, page 2-10) for licensed beds under the proposed LRDP, as stated in this C&R document.

As explained in detail in Major Response HC-5 (page C&R 3.23-20), the proposed LRDP would expand the capacity of Emergency Departments or provide comparable emergency services at the CPMC campuses. Under the proposed LRDP, two emergency services locations would be closed (at the California and Pacific Campuses).[375] However, for the entirety of the CPMC system, total combined emergency and urgent care capacity would increase from 88,000 visits/year currently to over 100,000 visits/year at the Cathedral Hill, Davies and St. Luke's Hospitals. In addition, as explained above, the new Emergency Departments at the Cathedral Hill Hospital and St. Luke's Replacement Hospital would be rated SPC-5, the highest seismic safety standard under SB 1953, and would replace the existing Emergency Department facilities at the California, Pacific, and St, Luke's Hospitals, which are rated SPC-1, thereby increasing the ability of the CPMC system to respond to disasters such as earthquakes.

Request for Maps Related to Emergency Medical Services Available in Event of an Earthquake

Comment 89-13 asks for two maps. The first map requested is "[o]ne 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." Such a map is not necessary, because adequate information regarding the impact of the LRDP related to the citywide distribution of emergency medical services after an earthquake is provided in the Draft EIR (see Draft EIR pages 4.16-72 to 4.16-76) and in Major Response HC-5 (page C&R 3.23-20) regarding access to emergency services. Please see the discussion of the Draft EIR's analysis in Section 4.14, "Geology and Soils," Section 4.16, "Hazards and Hazardous Materials," and Section 4.11, "Public Services" of impacts related to seismicity and interference with emergency response or evacuation plans. As detailed in these sections and explained above, the proposed LRDP's impacts related to seismicity, including fault rupture and ground shaking, and interference with emergency response or evacuation plans would be less than significant.

The second map requested was characterized by the comment as "a benchmark from whenever CPMC acquired its first facility in San Francisco." This is beyond the scope of environmental review documents under CEQA. The State CEQA Guidelines establish that the baseline for purposes of the CEQA analysis normally is the physical environmental conditions on site and in the vicinity of the project as they exist at the time the Notice of Preparation of the Draft EIR (NOP) is published (see Section 15125(a) of the State

[375] The Pacific Campus Emergency Department would be renovated and used for urgent care. The California Campus Emergency Department and Emergency Department services at Pacific Campus would be transferred to the proposed Cathedral Hill Campus.

CEQA Guidelines). The NOP for the CPMC LRDP EIR was filed on May 27, 2009. Therefore, changes in the environmental setting that occurred between the time CPMC acquired its first facility in San Francisco (i.e., 1991) and the publication of the Notice of Preparation (2009) are not relevant to the analysis of the proposed LRDP's environmental impacts.

Request for Discussion of City's Ability to Provide Medical Services Throughout the City

Comment 89-14 also requests a discussion of "the City's ability to provide medical services throughout the City as abstracted from THESE buildings." This comment raises issues similar to other comments suggesting that the Draft EIR analysis is incomplete without prior completion of a Health Care Master Plan or an equivalent analysis of citywide health care services. Please see Major Response HC-9 (page C&R 3.23-38) and Response HC-7 (page C&R 3.23-74) regarding the health care master plan for a detailed response to such comments. As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause an adverse physical environmental effect on the environment, and no such evidence has been provided by the comments. As further explained in Major Response HC-9, the proposed LRDP would not result in any transfer or displacement of services at other non-CPMC health care facilities that could result in a physical environment effect of the LRDP related to citywide health services that is not analyzed in the Draft EIR. Major Response HC-9 also explains that no further information is necessary regarding the delivery of health care services systemwide to adequately identify and analyze the environmental impacts of the proposed LRDP.

Comment

(Flavio Casoy—San Francisco General Hospital Physician Organizing Committee, September 23, 2010) [42-3 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 health services that serve low-income and immigrant communities in the Eastern Neighborhoods.'"

Response HC-26

The comment expresses concerns regarding the potential for service cuts at the St. Luke's Campus to result in increased volume at San Francisco General Hospital (SFGH), and a request that the Planning Commission ensure consistency with "San Francisco General Plan Policy 7.2.1," which appears to be a reference to East of SoMA (South of Market) Area Plan Policy 7.2.1.

Please see Major Response HC-3 (page C&R 3.23-17) regarding impacts on SFGH and Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of services at the St. Luke's Campus, which explain that no services currently being provided at the existing St. Luke's Hospital would be shifted to other, non-CPMC hospitals (including SFGH) or health care service providers under the proposed LRDP. Therefore, the proposed LRDP would not result in service cuts at the St. Luke's Campus that would increase volume at SFGH.

East of SoMA Area Plan Policy 7.2.1 encourages the City to "[p]romote the continued operation of existing human and health services that serve low-income and immigrant communities in the Eastern

Neighborhoods, and prevent their displacement." None of the CPMC campuses are located within the area that is subject to the East of SoMA Area Plan. Therefore, this policy is not applicable to the proposed LRDP.

However, since the comment primarily focuses on the St. Luke's Campus, it should be noted that the proposed LRDP would result in the replacement of the existing hospital tower at the St. Luke's Campus, which will be required to cease providing acute care services by January 1, 2013, pursuant to the seismic safety requirements of SB 1953, unless extended by SB 90 (potentially out to 2020) or successor legislation. Therefore, the proposed LRDP would prevent the displacement and promote the continued operation of existing health and human services serving low-income and immigrant communities in the area served by the St. Luke's Campus. Please also see Major Response HC-2 for additional discussion of the scope of the existing health services at the St. Luke's Campus that would be maintained or expanded under the proposed LRDP, and Major Response HC-8 (page C&R 3.23-32) for a detailed discussion regarding access for low-income persons to health care services at the CPMC campuses, including the St. Luke's Campus.

Comments

(Carol and Michael Stack, October 17, 2010) [62-6 HC]

"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."

(Donald Scherl, October 18, 2010) [74-7 HC]

"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."

(Donald Scherl, October 18, 2010) [74-36 HC]

"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."

(Hossein Sepas, October 19, 2010) [82-3 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."

(Patrick Carney, October 19, 2010) [83-3 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."

Response HC-27

Comment 62-6, when read in context with the rest of Comment Letter 62, suggests that the construction of the proposed Cathedral Hill Hospital is unnecessary, because there are three existing major medical facilities in the vicinity of the Cathedral Hill Campus. Similarly, Comments 74-7, 74-36, and 82-3 suggest that locating a new acute care hospital at the Cathedral Hill Hospital does not make sense in terms of distribution of access to medical care given the Cathedral Hill site's proximity to the St. Francis Memorial Hospital and would result in "hospital overload" or too high a concentration of medical care in one area. The use of the phrase "hospital overload" appears to be a comment that there would be too many hospitals in one area of the City. Comment 82-3 also appears to express concern regarding increased siren noise from ambulances within the vicinity of the Cathedral Hill Campus. Comment 62-6 also suggests as an alternative to constructing the Cathedral Hill Campus that CPMC should "upgrade" its existing "Webster St. hospital." No existing CPMC hospitals are located on Webster Street, but presumably the comments intended to refer to CPMC's existing 2333 Buchanan Street Hospital at the Pacific Campus, because other existing CPMC buildings at the Pacific Campus are located on Webster Street. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR and are noted. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Location of the Cathedral Hill Campus in the Vicinity of Other Medical Facilities

Please see Major Response HC-2 (page C&R 3.23-8), which explains CPMC's rationale for selecting the Cathedral Hill Campus as the location for the proposed Cathedral Hill Hospital. Major Response HC-2 explains that from a citywide hospital distribution perspective, the proposed LRDP has been planned in the context of other proposed and pending medical campus projects in the city, and that the proposed Cathedral Hill Hospital is the only currently proposed new acute care facility currently proposed in the north of Market Street area. As explained in detail in Major Response HC-2, the proposed Cathedral Hill Campus would be centrally located with respect to the existing California and Pacific Campuses and would consolidate and relocate acute care, emergency, and other services from the California and Pacific Campuses. The Cathedral Hill Hospital would be approximately .5 mile from the Pacific Campus and 2 miles from the California Campus, and would accommodate CPMC patients, especially those that currently use the California and Pacific Campuses whose acute-care inpatient services and facilities are being relocated and consolidated at Cathedral Hill. It would also be conveniently located for CPMC's existing affiliated physicians who service currently patients the Pacific or California campuses and to outpatient facilities. Major Response HC-2 also explains that the Cathedral Hill Campus would be closer than the existing California and Pacific hospitals to the area of San Francisco with the highest residential population density (i.e., the area including the Tenderloin), including the highest population density of low-income households, seniors (the most frequent users of hospital care), children and youth.[376] The proposed size of the Cathedral Hill Hospital is based upon replacing inpatient bed capacity of the two existing hospitals at the Pacific and California Campuses. The rationale for the size of the proposed Cathedral Hill Hospital is discussed in detail in Major Response HC-2.

Please also see Major Response HC-3 (page C&R 3.23-17) regarding LRDP impacts to other hospitals, which explains that there is no substantial evidence that moving any of CPMC's acute-care services, emergency services, or any other services the relatively short distance from the existing Pacific Campus and the California Campus to the proposed Cathedral Hill Campus would result in a substantial change in existing medical use patterns or otherwise adversely impact other, non-CPMC medical facilities in the vicinity, including St. Francis Memorial Hospital.

[376] S.F. Planning Department, 2009 (May), *Draft San Francisco General Plan Recreation and Open Space Element*, page 19, Figure 2, "High Needs Analysis."

Ambulance Siren Noise in the Cathedral Hill Campus Vicinity

Analysis of the proposed LRDP's impacts related to noise from emergency vehicles, including ambulances, are analyzed on pages 4.6-70 to 4.6-71 in the Draft EIR, which concluded that such impacts would be less than significant. Please also see Response NO-59 (page C&R 3.8-64), which explains that depending on the severity of a particular patient's medical emergency, ambulances accessing the proposed Cathedral Hill Hospital could require the use of their sirens, the use of which could cause a temporary elevation of ambient noise levels on an intermittent basis at nearby noise-sensitive land uses adjacent to the ambulance route. As noted on page 4.6-70 of the Draft EIR, emergency vehicle sirens can generate intermittent L_{max} levels of up to 106 dB at a distance of 75 feet. As explained in Response NO-59, the use of emergency vehicle sirens is a common element of the urban noise environment in San Francisco, including the neighborhoods around the site of the proposed Cathedral Hill Campus.

Response NO-59 provides a detailed discussion regarding the existing use of emergency vehicle sirens in the vicinity of the Cathedral Hill Campus, as well as the increased use of such sirens that would occur because of the proposed LRDP. As explained in Response NO-59, the number of emergency transports associated with the proposed Cathedral Hill Campus that would require the use of a siren would average fewer than 1.5 transports per day. Further, approximately 21.8 of the total number of such transports are anticipated to occur between the hours of 10 p.m. and 7 a.m., considered by most to be the most noise-sensitive period of the day. This would result in approximately 117 emergency transports per year during those hours, which is equivalent to less than one emergency transport every three nights. Response NO-59 further explains that assuming that a particular noise-sensitive receptor in the vicinity of the proposed Cathedral Hill Campus would experience siren-related noise for no more than 15 seconds per emergency transport, L_{dn} noise levels would experience less than a 0.1-dBA increase, and hourly L_{eq} would experience an increase of up to approximately 0.4 dBA. Although the proposed LRDP would represent an increase in the annual frequency of events, the level of siren-related noise that would be experienced by noise-sensitive receptors located in the vicinity of the proposed Cathedral Hill Campus would not be distinguishable from the level of urban noise in the project vicinity. As such, the level of siren-related noise that would be experienced by receptors located in the vicinity of the proposed Cathedral Hill Campus is similar to the level that currently exists in this part of the City and therefore, would not make the neighborhood less livable.

Furthermore, as noted on page 4.6-17 of the Draft EIR, it is common practice for ambulances to discontinue the use of their sirens within a few blocks of emergency access at other hospitals within the City of San Francisco. This is dependent on traffic flow and other factors, and such practice could reasonably be assumed to occur at the proposed Cathedral Hill Campus. As such, in consideration of the potential change in ambient noise levels, the frequency of emergency transports that could occur, and the historic practice by ambulance service providers in the City, siren noise impacts would be considered less than significant, consistent with the findings of the Draft EIR. Alternative of Upgrading 2333 Buchanan Street Hospital at Pacific Campus

Please see the discussion of the Four-Campus Renovation/Retrofit of Existing Acute-Care Facilities Alternative (a considered but rejected alternative) in the Draft EIR, pages 6-24 to 6-25, which addresses the suggestion to renovate and retrofit the 2333 Buchanan Street Hospital at the Pacific Campus, and other facilities rather than constructing the proposed new hospitals at the Cathedral Hill and St. Luke's Campuses under the LRDP. The discussion explains that the Four-Campus Renovation/Retrofit of Existing Acute Care Facilities Alternative was rejected from further consideration, because (a) retrofitting of the Buchanan Street Hospital at the Pacific Campus would be prohibitively disruptive from a patient care perspective and, therefore, would not meet the project objective of ensuring ongoing medical services and an uninterrupted continuum of care at the Pacific Campus during LRDP construction through a carefully planned, appropriately phased project to minimize disruption; (b) retrofitting could not bring existing on-campus structures up to "new construction" standards of safety without prohibitive costs;

(c) the layout of the existing Buchanan Street Hospital would not be optimal for accommodating contemporary best practices in standards of care and hospital design; and (d) the investment in retrofitting the Buchanan Street Hospital would achieve relatively short-lived results, as it would at most bring the building up to a "life safe" (also called SPC-2) seismic safety rating, which would allow the provision of acute-care services until, but not beyond, 2030. In contrast, new acute-care facilities, such as the proposed Cathedral Hill Hospital, could achieve the highest seismic safety rating (SPC-5), enabling them to continue providing acute-care services through 2030 and beyond.

In addition, it should be noted that the Cathedral Hill Hospital would replace CPMC's existing hospital at the California Campus as well as the Pacific Campus hospital. Therefore, under the Four-Campus Renovation/Retrofit of Existing Acute-Care Facilities Alternative, CPMC would also need to upgrade the existing California Campus hospital, which would involve the same disadvantages described above, related to ensuring ongoing medical services, prohibitive costs, hospital layout, and relatively short-lived results.

Comments

(Ben Bear, October 18, 2010) [65-4 HC]

"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."

(Margaret Kettunen Zegart, October 20, 2010) [97-1 HC]

"I support the Cathedral Hill Neighbors' observations regarding the CPMC and LFPD and the DEIR assessment and choice of a new and enlarged St. Lukes, serving the neighborhood with additional beds, and its focus for women's and childrens' care. 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."

Response HC-28

When read in context with the rest of Comment Letter 65, it is clear that the reference to "this facility" in Comment 65-4 is a reference to the Cathedral Hill Campus. The comments raise concerns regarding an increased amount of regional health care services at CPMC, in general, and at the Cathedral Hill Hospital, in particular, under the proposed LRDP, the ability of traffic to access CPMC medical facilities, and balanced distribution of health care. Comment 97-1 also states support for a larger St. Luke's Campus with additional beds and a women's and children's center, similar to what is proposed under Alternative 3A, and suggests that the proposed Cathedral Hill Campus would result in additional adverse environmental impacts that were not analyzed in the Draft EIR. The comments are noted. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Regional Health Care Services

For many years CPMC has been a provider of local and regional health care services, many of which are not available in smaller, less regionally accessible locations.[377] As explained in CPMC's 2008 Institutional Master Plan (IMP):

> [I]n 2007, 70 percent of CPMC's inpatients came from San Francisco and 21 percent were from other Bay Area cities. Six percent were from other parts of Northern California and approximately three percent were from Southern California or out of state. A higher percentage of outpatients are local. In 2007, 75 percent of CPMC's outpatients came from San Francisco and 21 percent were from other Bay Area cities. Two percent of outpatients were from elsewhere in Northern California and the remaining one percent were from Southern California or out of state (CPMC Community Benefit Plan Report, 2007). Patients who travel from outside San Francisco for health care at CPMC are often drawn by its noted specialty programs.[378]

CPMC offers specialized services which, though also needed outside of the City, cannot be provided in all areas where the services are needed for reasons of unavailability of facilities, physicians' preferences regarding where they practice, and patient volume. CPMC has indicated that the proposed LRDP is intended to allow it to continue to deliver these same local and regional health care services. CPMC anticipates that the Cathedral Hill Campus would serve similar percentages of inpatients and outpatients from San Francisco, other Bay Area cities, other parts of Northern California, and Southern California or out of state as it does under existing conditions. As Dr. Mitch Katz, former Director of the City of San Francisco Department of Public Health, stated, in addressing the regional dynamic and CPMC as a destination hospital "the regional dynamic is people come here for medical care."[379] Please also see Major Response HC-8 (page C&R 3.23-32) regarding access to health services, which includes a discussion of charity care provided by CPMC.

Traffic Accessibility

When read in context with the rest of Comment Letter 97, the reference to traffic accessibility in Comment 97-1 appears to primarily express a concern regarding traffic access to the Cathedral Hill Campus.

Impacts TR-1 through TR-58 in Draft EIR Section 4.5, "Transportation and Circulation," address traffic, transportation, and parking impacts related to the proposed development at the Cathedral Hill Campus (see Draft EIR pages 4.5-93 through 4.5-161). Please see the discussion of Impacts TR-52 and TR-92 (at Draft EIR pages 4.5-145 and 4.5-206, respectively) for an analysis of LRDP impacts related to emergency vehicle access to the Cathedral Hill Campus, and Major Response HC-5 (page C&R 3.23-20) and Response TR-100 (page C&R 3.7-170) for detailed responses to comments regarding emergency vehicle access to the Cathedral Hill Campus during periods of traffic congestion along Van Ness Avenue, Geary Street/Boulevard, and other roadways in the vicinity of the Cathedral Hill Campus. As explained therein, under the proposed LRDP, development of the Cathedral Hill and St. Luke's Campuses would result in less than significant emergency vehicle impacts.

As explained in Response TR-100 (page C&R 3.7-170), the likely routes to the proposed Cathedral Hill Hospital would be multi-lane arterial roadways that would allow emergency vehicles to travel at higher speeds and permit other traffic to maneuver out of their path. In addition, the majority of emergency

[377] Type of service and breakdown in CPMC patient origin by San Francisco/region described in CPMC's 2008 IMP documents 2008. See California Pacific Medical Center, 2008, *California Medical Center 2008 Institutional Master Plan*, San Francisco, CA: prepared by the Marchese Company, Inc., available: http://rebuildcpmc.org/assets/08IMP_CPMC.pdf, accessed Dec. 20, 2010.
[378] Ibid., page 14.
[379] Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.

transports would occur during non-commute hours, further reducing the risk of traffic problems associated with commuter traffic. Furthermore, during times when congestion is most severe, emergency vehicles would likely choose to use less congested, parallel routes, and emergency vehicles would also be permitted to travel opposite the flow of traffic or contraflow in a one-way route to bypass congestion. With the grid street layout surrounding the proposed Cathedral Hill Campus, emergency vehicles would have multiple routes to choose to access the hospital, while avoiding the most congested routes.

Balanced Distribution of Health Care

The concern expressed in Comment 97-1 regarding the "balanced . . . distribution of care" raises issues similar to other comments suggesting that the Draft EIR analysis is incomplete without prior completion of a health care services master plan or an equivalent analysis of citywide health care services. Please see Major Response HC-9 (page C&R 3.23-38) regarding a health care master plan for a detailed response to these comments.

As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause a physical effect on the environment, and no such evidence has been provided by the comments. As further explained in Major Response HC-9, the proposed LRDP would not result in any transfer or displacement of services at other non-CPMC health care facilities that could result in a physical environment effect of the LRDP that is not analyzed in the Draft EIR. Please also see Major Response HC-1 (page C&R 3.23-1) and Major Response HC-2 (page C&R 3.23-8), which explain that the proposed LRDP would provide adequate capacity to meet CPMC's current and projected demand and, therefore, would not contribute to any cumulative impacts related to health care service delivery (or indirect effects associated with shifts in patients or services).

Major Response HC-9 also explains that no further information is necessary related to the delivery of health care services systemwide to adequately identify and analyze the environmental impacts of the proposed LRDP. All air quality and traffic impacts associated with the proposed LRDP (including cumulative impacts) were analyzed in the Draft EIR in Sections 4.5 and 4.7. To the extent that changes in CPMC's patient and employee travel patterns (travel distances, types of trips, etc.) are relevant to the LRDP's direct or indirect environmental impacts (including cumulative impacts), that information has been factored into the analysis in the Draft EIR. As explained in the Draft EIR, page 4.5-72, travel surveys of CPMC personnel, patients, and visitors were conducted to develop origin-destination assumptions for purposes of the transportation analysis. Based on this survey information, trip distribution was assigned for CPMC personnel, patients, and visitors traveling to or from the CPMC campuses from four quadrants (or "Superdistricts") of the City, or from the East Bay, South Bay, North Bay, or outside the Bay Area.[380] Table 4.5-12, "Trip Distribution Patterns by Campus" in the Draft EIR, page 4.5-78, indicates the distribution of trips by San Francisco quadrant as well as by trips originating or ending outside of San Francisco that were assumed for each of the CPMC campuses based on the survey results. The transportation analysis based upon the origin-destination assumptions developed from the travel surveys of CPMC personnel, patients, and visitors, in turn, was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8). An EIR is not required to further respond to comments speculating on potential impacts that are not supported by substantial evidence in the record.

Additionally, under the proposed LRDP, CPMC's health care services would be provided in an integrated manner across the CPMC campuses. This is because the proposed LRDP plans for an integrated system of health care that would rely on a central tertiary hospital serving as a "hub" (i.e., the Cathedral Hill

[380] Adavant Consulting, 2010 (Jan. 29), *CPMC LRDP Travel Demand Estimation for the San Francisco Campuses*, prepared for the San Francisco Department of Public Works, pages 21 and 39.

Hospital), which would provide, at a single location, multidisciplinary concentration of care with teams of specialists to provide health care for multi-system diseases, chronic disease management, and higher-level interventional treatments, together with "feeder" hospitals (at the Davies and St. Luke's Campuses) providing a broad range of community hospital services in addition, to specialty programs appropriate to those campuses.

Alternative 3A

The comment expressing support for increased development at the St. Luke's Campus with additional beds and a focus on women's and children's care, similar to what was analyzed in the Draft EIR as Alternative 3A, is acknowledged. The project approval process occurs after certification of the Final EIR and is separate from the environmental review process. The decision-makers may select one of the alternatives presented in the EIR document if determined feasible, or may approve, modify, or disapprove the CPMC LRDP as proposed, Please also see Response ALT-1 (page C&R 3.22-11) for a response to comments on Alternative 3A, which explains that Alternative 3A would not meet the project objectives to the same extent as the proposed LRDP.

Adequacy of Draft EIR Analysis of Environmental Impacts

Comment 97-1 also suggests that the proposed Cathedral Hill Campus would result in "many more adverse impacts" than were analyzed in the Draft EIR. However, Comment 97-1 does not identify any particular environmental impacts that were not analyzed in the Draft EIR.

The Draft EIR has been prepared in conformance with the provisions of CEQA and the State CEQA Guidelines. Chapter 4, "Environmental Setting, Impacts, and Mitigation", of the Draft EIR adequately analyzed the physical environmental impacts that would result from development of the proposed Cathedral Hill Campus under the LRDP, and the Draft EIR identified mitigation measures to reduce Cathedral Hill Campus impacts determined to be significant (i.e., certain transportation and circulation, noise and vibration, air quality, and greenhouse gas impacts) to a less-than-significant level to the extent feasible (although some of these impacts would remain significant and unavoidable). The comment does not provide any substantial evidence regarding any deficiency in the analyses of any of the full range of environmental impacts analyzed in the Draft EIR.

Comments

(Donald Scherl, October 18, 2010) [74-10 HC]

"5.0 St. Luke's Hospital: It bears repeating that no one in todays [sic] 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)."

(Donald Scherl, October 18, 2010) [74-38 HC]

"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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-18 HC, duplicate comment was provided in 110-18 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.

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."

(Iris Biblowitz, October 26, 2010) [115-2 HC]

"The inequalities of the plan for the Cathedral Hill hospital and St. Luke's are stark. I strongly recommend increasing the beds at St. Luke's (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 equality. This is not for philosophical reasons but because of community needs."

(Frances Taylor, October 29, 2010) [117-3 HC]

"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."

(Jose Morales, September 23, 2010) [PC-167 HC]

"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."

(Joseph Snooke, September 23, 2010) [PC-252 HC]

"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 services. What CPMC plans to do is phase out the California campus, concentrate outpatient services at their Pacific campus, and concentrate inpatient 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 inpatient and outpatient 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."

(Joseph Snooke, September 23, 2010) [PC-254 HC]

"- 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 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."

(Eileen Prendiville, September 23, 2010) [PC-266 HC]

"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."

Jane Sandoval, September 23, 2010) [PC-271 HC]

"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."

(Jane Sandoval, September 23, 2010) [PC-272 HC]

"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."

(Kevin Kitchingham, September 23, 2010) [PC-304 HC]

"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."

(Kevin Kitchingham, September 23, 2010) [PC-308 HC]

"…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."

(Fran Taylor, September 23, 2010) [PC-313 HC]

"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."

(Fran Taylor, September 23, 2010) [PC-314 HC]

"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 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.'"

(Mary Michellcci, September 23, 2010) [PC-339 HC]

"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."

(Mary Michellcci, September 23, 2010) [PC-340 HC]

"I would also like to add to what Dionne Miller said about the Joint Commission, St. 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."

Response HC-29

The comments express concerns regarding the viability of the LRDP proposal to construct an 80-bed Replacement Hospital at the St. Luke's Campus from both a financial and medical standpoint, including concerns that there would not be enough beds to support ancillary functions needed by a modern acute care institution, and concerns regarding the ability of an 80-bed hospital to support itself and to adequately serve the local community. The comments also state that the basic concepts underlying the LRDP proposal for the Cathedral Hill and St. Luke's Campuses "are fundamentally flawed" and would result in segregation under which underinsured patients would go to the St. Luke's Replacement Hospital and insured patients would go to the Cathedral Hill Campus. Comment 96-18 also states that the proposal for the St. Luke's Replacement Hospital would provide the beds needed "to minimally support the emergency room and no more." The comments also state that Alternative 3A alleviates some of these problems and suggest an alternative to the proposed LRDP that would result in an increased number of beds at the St. Luke's Campus and a decreased number of beds at the Cathedral Hill Campus. These comments are noted. The comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Major Response HC-2 (page C&R 3.23-8),which includes a detailed discussion of the size and scope of services at the St. Luke's Campus.

As explained in Major Response HC-2, concerns regarding the financial "viability" of the St. Luke's Campus as proposed under the LRDP were discussed at the Health Commission as part of the Blue Ribbon Panel review in 2008. As described by CPMC, and discussed in the Blue Ribbon Panel review, the proposal for the St. Luke's Replacement Hospital and Campus is part of the overall CPMC LRDP. As such, the viability of the St. Luke's Campus cannot be viewed in isolation but is contingent on the viability of CPMC's health care delivery system as a whole. Operational efficiencies and elimination of redundancies gained by consolidating specialized, tertiary, and women's and children's services at the proposed Cathedral Hill Hospital would more likely contribute to, rather than detract from, the long-term viability of the St. Luke's Campus.

As Dr. Mitch Katz has stated:

> "I certainly understand the concern about the viability. I feel the safest thing for us to be asking, and CPMC is agreeing that their commitment to St. Luke's is not whether or not it is viable separately or not. I don't want them to say here is a viable plan and if it is not a viable, we will be closing it. I want them saying, and this is what they are saying, St. Luke's is part of CPMC, and this is part of what we do.
>
> I am not concerned about whether it is independently viable, I want to know that that hospital which fills a real need, including giving us relief in the southeast part of the City for SF General Hospital, that that hospital is there. I hear that commitment and it means a lot to us."[381]

With respect to the suggestion that 80-bed hospitals generally are not viable or are not currently being built, modern hospitals of a similar size have been identified or are under development throughout the country. For example St. Anthony Hospital located in Gig Harbor, Washington, opened in March 2009, is an acute-care facility licensed for 80 beds.[382] Like the proposed St. Luke's Replacement Hospital, the St. Anthony Hospital is part of a larger system, the Franciscan Health System, which serves communities in the greater Tacoma area, in a spoke/hub arrangement (i.e., a larger, centralized hospital with a multidisciplinary concentration of care and highly specialized services serving acting as a "hub", with "spoke" hospitals that provide a broad range of community hospital services, with patients requiring more specialized services being referred to the hub) very similar to the St. Luke's Replacement Hospital proposed under the CPMC LRDP.[383] St. Anthony's characterizes this relationship to its central referral hospital (the 320-bed St. Joseph Medical Center hospital in Tacoma[384]) in the following way:

> When patients require more specialized care, such as surgery and inpatient hospitalization for cancer-related illnesses, help is just a step away. Skilled surgeons at St. Joseph Medical Center in Tacoma perform the full-range of oncologic surgeries, including abdominal, breast, colorectal, gynecologic, neurologic, thoracic, urologic and other general surgeries. And our team of physicians and certified oncology nurses at St. Joseph provide skilled, compassionate inpatient cancer care.[385]

As further explained in Major Response HC-2, the San Francisco Health Commission Task Force on CPMC's IMP, in its specific review of CPMC's responsiveness to the recommendations of the Blue Ribbon Panel, determined that the St. Luke's Hospital as planned under the LRDP would be appropriately sized and programmed as a community hospital, along with services that would be provided on the St. Luke's Campus, to accommodate existing and projected future patient demand for the South of Market service area.[386] In its September 30, 2010, Interim Report, the Health Commission Task Force indicated that "CPMC has demonstrated its commitment to the long-term viability of the St. Luke's Campus by budgeting $250,000,000 for the reconstruction of the inpatient facility."[387]

In general, please see Major Response HC-2 (page C&R 3.23-8) for discussion regarding the size and scope of services at the St. Luke's Campus, as well as the location, scope, and size of services at the

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381 Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.
382 Hutlock, Todd, *A Walk in the Woods*, Healthcare Design;11(4):46-52 (Apr. 2011).
383 See Franciscan Health System, Maps & Directions, http://www.fhshealth.org/Maps_Directions.aspx, accessed Apr. 20, 2011, for a map of Franciscan Health System facilities in the Tacoma, Washington, region, including the St. Anthony Hospital in Gig Harbor.
384 Franciscan Health System, St. Joseph Medical Center, http://www.fhshealth.org/services.aspx?id=120&menu_id=12&submenu_id=14, accessed Apr. 20, 2011.
385 Jane Thopmson Russell Cancer Care Center at St. Anthony Hospital, Our Services, http://www.gigharborcancercare.org/OurServices.htm, accessed Apr. 20, 2011.
386 San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.
387 CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

Cathedral Hill Campus. Please also see Response HC-2 for a response to similar comments expressing concerns regarding the loss of existing services at the St. Luke's Campus. As explained in more detail in Major Response HC-2 and Response HC-2, with the exception of inpatient pediatrics, skilled nursing facilities (SNF), and subacute care, all services currently provided at the St. Luke's Campus are proposed to be maintained or expanded at the St. Luke's Campus.

As such, no services at the St. Luke's Campus are proposed to be transferred or reallocated from the St. Luke's Campus to the Cathedral Hill Campus, except for inpatient pediatrics. As further explained in Major Response HC-2, the number of inpatient pediatric patients has been very low (an average daily census of 0.7) at the St. Luke's Campus. Based on research showing a link between pediatric patient volume and clinical outcomes, CPMC determined that this low pediatric inpatient demand would be better served at the higher volume dedicated program that is planned for the proposed Cathedral Hill Hospital. The San Francisco Health Commission Task Force on CPMC's Institutional Master Plan concurred that the provision of inpatient pediatric services at the proposed Cathedral Hill Hospital would provide for the inpatient pediatric service demands of current St. Luke's patients, as envisioned by the Blue Ribbon Panel.[388]

Please also see Major Response HC-1, which explains that the 80 beds proposed to be provided at the St. Luke's Hospital would provide sufficient capacity to meet the current and projected demand at the St. Luke's Campus, with additional capacity to meet peak demand periods. Major Response HC-1 also explains that with the shift from multi-patient to single-patient rooms under modern hospital guidelines, newer facilities such as the St. Luke's Replacement Hospital are projected to have a higher occupancy rate (i.e., a higher percentage of licensed beds that are expected to be used than under existing conditions) than existing facilities with multi-patient rooms such as the 1970 Hospital Tower that the St. Luke's Replacement Hospital would replace. Therefore, fewer licensed beds are required to serve the same number of patients. In addition, as explained in detail in Major Response HC-1, over time, the demand for hospital bed capacity has also been reduced because of technological and clinical advances that reduce the average length of hospital stays and allow more medical services to be provided on an outpatient basis.

Comment 96-16 states that the proposal for the St. Luke's Campus under the LRDP would result in "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." Please see Major Response HC-8 (page C&R 3.23-32), which provides detailed information regarding access to medical care at the CPMC campuses under the proposed LRDP. Major Response HC-8 explains that since the merger of St. Luke's into CPMC, there has been no difference in medical access policies between any of the CPMC hospitals. All CPMC hospitals are equally open to the receipt of under- and uninsured patients and decisions on the granting of financial assistance and waivers are made on a uniform policy basis across all campuses. Furthermore, CPMC's coverage of care (i.e., meaning completely free care) for under- and uninsured patients is available to families with incomes up to 400 percent of the federal poverty level, which is a higher level than any other San Francisco hospital. None of these medical access policies would change under the proposed LRDP. Major Response HC-8 also describes in detail CPMC's commitment to continue or expand its community benefit levels and partnerships with community health care delivery providers, including in the Tenderloin area in the vicinity of the proposed Cathedral Hill Campus.

Major Response HC-8 further explains that as part of its commitments made to the Health Commission, CPMC committed to 1) continue to accept Medi-Cal, as it always has, at all of its hospitals, 2) to guarantee access to Medi-Cal patients through all of the clinics controlled by CPMC as described in detail

[388] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

in Major Response HC-8, and 3) to increase the amount of unpaid Medi-Cal shortfall systemwide by 22 percent between 2007 and 2012.[389]

The presumption in Comment 96-16 that under the proposed LRDP, health care would not be available at other CPMC campuses to government-insured or uninsured patients is not consistent with CPMC policies and commitments. Furthermore, as described in Major Response HC-1 (page C&R 3.23-1), none of the acute-care patient population would be displaced from St. Luke's Hospital as a result of the LRDP, and the St. Luke's Replacement Hospital would be sized to accommodate growth of its existing acute-care patient population. Furthermore, the effective capacity of urgent and emergency services would grow at the St. Luke's Campus (and at CPMC overall) under the LRDP (see Major Response HC-5, page C&R 3.23-20).

Please also see Major Response HC-2, which describes the size and scope of services at the Cathedral Hill and St. Luke's Campus, and which explains that the planned service mix and capacity of the proposed inpatient St. Luke's Replacement Hospital is in accordance with the recommendations of the Blue Ribbon Panel, the studies prepared by The Camden Group, and the recommendations of the San Francisco Health Commission As explained in Major Response HC-2, all of the services currently provided at the St. Luke's Campus would be maintained or expanded, except for subacute care (to be discontinued), skilled nursing (to be continued at the Davies and the California Campuses, consistent with CPMC's 100 SNF bed overall commitment), and inpatient pediatrics (to be provided at the Cathedral Hill Hospital).

Major Response HC-2 also explains that all CPMC campuses work as a system to manage the care needs of the patient. All of the CPMC Emergency Departments see patients needing care for ailments ranging from minor cuts or the common cold to patients suffering from cardiac arrest or other life threatening illnesses. Whenever the needs of the patient outstrip the acuity level provided in the Hospital or are not within the services lines delivered at that campus, patients would be sent to the most appropriate campus (or hospital outside the CPMC network) for continuing their care, a decision that would be made by the treating physician. For example, a woman in labor appearing at the Davies Emergency Department may deliver in the Davies Emergency Department and then be transferred to St. Luke's for her postpartum care as Davies does not have a maternity service line. Similarly, a patient appearing at the St. Luke's Emergency Department with severe cardiac illness may be transferred to the Pacific Campus for an open heart surgery.

For all of the above reasons, the proposed LRDP would not result in segregation under which underinsured patients would go to the St. Luke's Replacement Hospital while insured patients would go to the Cathedral Hill Campus for better services, as suggested by Comment 96-18.

Comment 96-18 also states that the proposed 80-bed St. Luke's Replacement Hospital would provide "as many beds as are needed to minimally support the emergency room and no more." As explained in Major Response HC-2, Consistent with the Blue Ribbon Panel and The Camden Group's projections, the LRDP proposes for St. Luke's Campus: (a) 53 medical/surgical beds, accommodating both the existing patient demand for 39.5 beds and the projected future demand for 49.1 beds in 2020; (b) 8 critical-care beds, sufficient to accommodate existing patient demand for 6.6 beds and the projected future demand for 8.5 such beds in 2020; and (c) 19 labor and delivery beds (5 labor/delivery/recovery and 14 postpartum) beds with the ability to accommodate 1,400 births each year and, therefore, to meet the existing demand for 1,145 annual births and the projected future demand for 1,359 annual births in 2020.[390] Except for subacute care (to be discontinued), skilled nursing (to be continued at Davies and at the California Campus consistent with CPMC's 100 SNF bed overall commitment), and inpatient pediatrics (to be

[389] Ibid., page 1.
[390] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

provided at the Cathedral Hill Hospital), all of the services currently provided at the St. Luke's Campus would be maintained or expanded, as described in detail in Major Response HC-2. Therefore, the St. Luke's Replacement Hospital would be sized to meet the existing and future patient demand for acute care medical services at the St. Luke's Campus, the beds and services provided are much broader than would be needed to "minimally support the emergency room and no more."

Major Response HC-2 further explains that the proposed LRDP would not exacerbate any shortage of inpatient acute-care beds for the south of Market Street area traditionally served by the St. Luke's Campus, in part because the Health Commission Task Force has determined that the St. Luke's Replacement Hospital would be appropriately sized to accommodate existing and projected future patient demand for that service area[391], and because the St. Luke's Replacement Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need to the community.

Based on this evidence, the proposed LRDP plan at St. Luke's Campus would not exacerbate any real or perceived shortage of inpatient acute-care beds for the south of Market Street area traditionally served by St. Luke's Hospital. Under the proposed LRDP, St. Luke's Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need in the community, such as senior care and low-risk obstetrics. Therefore, the proposed LRDP would not add to health care delivery problems south of Market Street. For the above reasons, there is no evidence in the record to support the claims that the proposal to provide 80 beds at the St. Luke's Replacement Hospital does not make financial or medical sense, or would not support the ancillary functions needed by a modern acute care institution.

The comments expressing support for Alternative 3A are acknowledged. The project approval process occurs after certification of the Final EIR and is separate from the environmental review process. The decision-makers may select one of the alternatives presented in the EIR document if determined feasible, or may approve, modify, or disapprove the CPMC LRDP as proposed, Please also see Response ALT-1 (page C&R 3.22-11) for a response to comments on Alternative 3A, which explains that Alternative 3A would not meet the project objectives to the extent as the proposed LRDP.

Comment 111-2 HC, which suggests increasing the number of beds at the St. Luke's Campus (from 80 to 200) and decreasing the number of beds at the Cathedral Hill Campus (from 555 to 200), is also acknowledged. Please see Response ALT-1 (page C&R 3.22-11), which explains that although an EIR must consider a range of potentially feasible alternatives, it does not have to discuss every possible variant or permutation of alternatives, or alternatives that do not further reduce or eliminate significant impacts of a proposed project. Under Alternative 3A, the Cathedral Hill Hospital would provide 400 beds, rather than 555 under the proposed LRDP, and the St. Luke's Replacement Hospital would provide 240 beds. Therefore, the reasonable range of alternatives analyzed in the Draft EIR included an alternative with a reduced number of beds at the Cathedral Hill Hospital and an increased number of beds at the St. Luke's Replacement Hospital, although the alternative did not evaluate the precise number of beds at each hospital suggested by the comment. As explained in Response ALT-1, however, the Draft EIR analyzed a reasonable range of alternatives, as required by CEQA. Therefore, it is not necessary to analyze an additional alternative that would include the precise number of beds at the Cathedral Hill and St. Luke's Campuses suggested by the comment.

[391] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

Comment

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-13 HC, duplicate comment was provided in 108-13 HC]

"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.

[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."

Response HC-30

The comment expresses concerns regarding the size of the proposed Cathedral Hill Campus and the concentration of specialized medical services at the Cathedral Hill Campus under the proposed LRDP. The comment is noted. The comment raises questions regarding the merits of the proposed LRDP and does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Please see Major Response HC-2 (page C&R 3.23-8) regarding appropriate size of the proposed central hub Cathedral Hill Hospital and other hospitals of similar size. As explained in Major Response HC-2, the size and design of the proposed Cathedral Hill Hospital are based on replacing the inpatient bed capacity of the two existing hospitals at the California Campus and the Pacific Campus. The consolidated location of services, physicians and support staff, systems, and facilities at the proposed Cathedral Hill Campus would result in elimination of redundancies, such as duplication in admitting, general support functions (e.g., environmental services [EVS], linen, food and nutrition, etc.) and clinical support functions (e.g., inpatient pharmacy).

Operational efficiencies would result from the co-location of complementary services adjacent to one another. Detailed examples of complementary services to be co-located at the proposed Cathedral Hill Hospital are described in Major Response HC-2. Co-location of services at the proposed Cathedral Hill Campus would mean that, for the first time, most CPMC patients with complex or advanced illness would be able to receive care in one location and be served by consolidated specialty care teams. Patients who needed services such as invasive cardiology, organ transplants, or newborn intensive care would find the specialty care teams and systems that supported them all in one place. This would improve clinical outcomes and reduce patient and caregiver travel.[392] Similarly, relocation of women's and children's

[392] The Lewin Group, 2009 (June 26). *California Pacific Medical Center Institutional Master Plan Review*, page 2. The Lewin Group report states that an evidence base exists to support higher quality outcome results from the consolidation of tertiary and quaternary services. Hospitals, physicians, and care teams that perform a high volume of procedures are likely to realize better outcomes than lower volume counterparts.
The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 18; Alyssa Turkewitz & Gerard Colman, 2009 (Oct. 8), *Out-and-Out Care*, Hospitalmanagement.net, "High volumes of patients flowing through a Multidisciplinary Care Center enhance the education and decision-making skills of the clinic's staff as they are routinely exposed to the nuances of a specific disease site. Clinical care problems can be identified more quickly, enabling solutions to be rapidly generated with a diminished level of modality-specific bias that can occur when there is no structure for discussion of patient issues across specialties."
Joe V. Selby, MD, MPH, et al., 1996 (December 19), Variation Among Hospitals in Coronary-Angiography Practices and Outcomes After Myocardial Infarction in a Large Health Maintenance Organization, The New England Journal of Medicine, Vol. 335, No. 25, page 1888, "Patients treated at hospitals with higher rates of angiography had more favorable outcomes than those treated at hospitals with lower rates."

services from the California Campus and adult acute care from the Pacific Campus to the new full-service tertiary hospital at the proposed Cathedral Hill Campus would improve operational and care efficiencies. With one exception (ALS/Neurosciences-related programs moving from the Pacific Campus to the proposed Neuroscience Institute building at the Davies Campus, as described in the Draft EIR, pages 2-143 through 2-146), the service lines currently available at the California and Pacific Campuses would be available at the proposed Cathedral Hill Campus or would remain at their existing locations (e.g., inpatient psychiatric services and outpatient oncology would remain at the Pacific Campus, and skilled nursing would remain at the California Campus indefinitely, unless and until replaced elsewhere, as discussed in Major Response HC-6 [page C&R 3.23-25]).

By stating that Kaiser Permanente does not include any Bay Area hospitals that have more than 398 licensed beds, the comment appears to implicitly suggest that the size or number of beds at the proposed Cathedral Hill Hospital should be reduced from what is proposed in the Draft EIR. Although the statement regarding Kaiser Permanente hospitals may be accurate, a number of medical centers locally and across the country operate hospitals at a scale similar to what is proposed for the new Cathedral Hill Hospital (i.e., 555 licensed beds). In San Francisco, the UCSF Medical Center at Parnassus Heights operates approximately 582 beds at its existing Moffitt/Long Hospital. Georgetown, Northwestern, UCLA, Kaiser Los Angeles, and Cedars-Sinai all operate single-site hospitals with over 500 beds.[393] Stanford Medical Center is proposing to build a 600-bed hospital in response to state seismic deadlines, and UCSF has broken ground on the first phase of a 550-bed hospital in the southeast portion of San Francisco.[394] A recent London School of Economics study of almost 1,200 hospitals in America, Britain, Canada, France, Germany, Italy, and Sweden concluded that larger hospitals result in improved medical success rates.[395]

An aging population requires a multidisciplinary concentration of care for multi-system diseases, chronic disease management, and higher-level interventional treatments.[396] **(**CPMC's LRDP would include a "hub" hospital, where teams of specialists needed to meet these challenges could be provided at a single location, with "feeder" hospitals (at the Davies and St. Luke's Campuses) providing a broad range of community hospital services in addition, to limited specialty programs appropriate to those campuses.

Hospitals and certain physicians require medical office space to be on the same site or near the hospital, to eliminate travel between sites. Internal medicine physicians, surgeons, and obstetrics doctors are the most likely types of doctors to be found in medical buildings adjacent to hospitals.[397] These doctors need regular access to the inpatient environment, where they care for hospitalized patients, perform surgeries, and deliver babies.

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393 OSHPD, ALIRTS, Licensed Bed History, Cedars Sinai Medical Center and Licensed Bed History, UCSF Medical Center, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011; Georgetown University Hospital, *About Georgetown University Hospital*, http://georgetownuniversityhospital.org/body.cfm?id=557404, accessed Apr. 8, 2011; Hospital-Data.com, *Northwestern Memorial Hospital – Chicago, IL*, http://www.hospital-data.com/hospitals/NORTHWESTERN-MEMORIAL-HOSPITAL-CHICA49.html, accessed Apr. 8, 2011.

394 Stanford Hospital & Clinics, *Stanford Hospital & Clinics and Lucile Packard Children's Hospital Unveil Plans to Rebuild, Expand Hospitals*, http://stanfordhospital.org/newsEvents/newsReleases/2006/plans.html, accessed Apr. 8, 2011.

395 *How to Save Lives: Five Simple Rules for Running a First-Class Hospital*, The Economist, 2010 (Oct. 21). The London School of Economics study concluded that hospitals with the best management practices also ranked best on a standardized measure of medical success: death rates among emergency patients experiencing heart attacks. The researchers "found that bigger is better when it came to good management. Hospitals employing 1,500 or more staff are better run than those employing more than 500, which, in turn, outperform those with more than 100 staff." The proposed Cathedral Hill Hospital would be considered a large hospital, consistent with this criterion. The researchers also found that the higher medical success score of hospitals with the best management practices "works across countries and cultures, and has unambiguous results."

396 Hubbard, Ruth E. et al., *The ageing of the population: implications for multidisciplinary care in hospital*, Age and Ageing, 2004 Sept.; 33(5):479-82. Epub 2004 Aug. 3, http://www.ncbi.nlm.nih.gov/pubmed/15292034.

397 "Hospital-based medical office buildings: report of a national study," 1985 (May-June), Hospital Health Service Administration [quarterly journal], 30 (3):73.

At the November 19, 2009 hearing on CPMC's IMP, addressing the proposed co-location of multi-disciplinary services at the proposed Cathedral Hill Hospital, Dr. Mitch Katz, San Francisco Director of Health Services stated that high volume facilities that have the largest number of specialists provide for the highest level of care.[398] Dr. Katz said, "Can you deliver great care and not all be together? Yes. But no one would do that deliberately. The evidence is that you will do a better job if it is all together."[399]

The comment implies that CPMC is not proposing to locate any specialized services at the St. Luke's Campus. As explained in Major Response HC-2 (page C&R 3.23-8), the St. Luke's Campus would include specialized obstetrics and children's health care services under the LRDP.

The comment also implies that the proposed 80-bed St. Luke's Replacement Hospital would be too small to be "viable" or to provide high quality care, because it would be smaller than Kaiser's 117-120-bed facilities. The Sutter Health system includes several community hospitals that are smaller than or similar in size to the proposed St. Luke's Replacement Hospital, including Sutter's Novato Community Hospital (47 beds)[400], Sutter Lakeside Hospital in Lake County (25 beds)[401], and the Sutter Medical Center of Santa Rosa (82 beds)[402], all of which are "viable," partially because of their affiliations with other Sutter Health facilities (similar to the relationship under the proposed LRDP between the St. Luke's Campus and the proposed Cathedral Hill, Pacific, and Davies Campuses).

As explained in Major Response HC-2, concerns regarding the financial "viability" of the St. Luke's Campus as proposed under the LRDP were discussed at the Health Commission as part of the Blue Ribbon Panel review in 2008. As described by CPMC, and discussed in the Blue Ribbon Panel review, the proposal for the St. Luke's Replacement Hospital and Campus is part of the overall CPMC LRDP. As such, the viability of the St. Luke's Campus cannot be viewed in isolation, but rather it is contingent on the viability of CPMC's health care delivery system as a whole. Operational efficiencies and elimination of redundancies gained by consolidating specialized, tertiary, and women's and children's services at the proposed Cathedral Hill Hospital would more likely contribute to, rather than detract from, the long-term viability of the St. Luke's Campus.

As further explained in Major Response HC-2, the San Francisco Health Commission Task Force on CPMC's IMP, in its specific review of CPMC's responsiveness to the recommendations of the Blue Ribbon Panel, determined that the St. Luke's Hospital as planned under the LRDP would be appropriately sized and programmed as a community hospital, along with services that would be provided on the St. Luke's Campus, to accommodate existing and projected future patient demand for the south of Market service area.[403] In its September 30, 2010 Interim Report, the Health Commission Task Force indicated that "CPMC has demonstrated its commitment to the long-term viability of the St. Luke's Campus by budgeting $250,000,000 for the reconstruction of the inpatient facility."[404]

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398 Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.
399 Ibid.
400 Novato Community Hospital, a Sutter Health Affiliate, "The New Novato Community Hospital," available at www.novatocommunity.org/construction (accessed Mar. 15, 2011).
401 Sutter Lakeside Hospital, a Sutter Health Affiliate, "About Sutter Lakeside Hospital," available at www.sutterlakeside.org/about (accessed Mar. 15, 2011).
402 County of Sonoma Board of Supervisors, 2010 (Aug. 24), Resolution No. 10-0639, page 2.
403 San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*
404 CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

Comments

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-40 HC, duplicate comment was provided in 108-40 HC]

"Community members have expressed concern about the viability of nearby St. Francis Medical Center."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-15 HC, duplicate comment was provided in 110-15 HC]

"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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-16 HC, duplicate comment was provided in 110-16 HC]

"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.

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 proposed 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."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-60 HC]

"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]

[149] Draft EIR 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* (2000) 83 Cal.App.4th 1004, 1019-21. *See also* CEQA Guidelines §§ 15126.2(a), 15064(d), I5131(a)."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-61 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]

[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)."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-62 HC]

"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]

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]

[153] Charity Care Report San Francisco Hospitals Fiscal Year 2008, Table 4, "*Charity Care Applications by Hospital and Supervisorial District: FY 2008.*
[154] Ibid.
[155] Ibid.
[156] Ibid.
[157] Charity Care Report San Francisco Hospitals Fiscal Year 2008, Table 10, "*Charity Care Expenditures: FY 2008.*"
[158] Ibid.
[159] Charity Care Report San Francisco Hospitals Fiscal Year 2008. Table 4, op. cit."

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-63 HC]

"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.

[160] CEQA Guidelines § 15064(c). *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)."

(Carol Brownson, September 23, 2010) [PC-32 HC]

"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 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."

(Jeff Buckley, September 23, 2010) [PC-66 HC]

"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."

(Jeff Buckley, September 23, 2010) [PC-67 HC]

"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 this Master Plan, is how much it's going to short the Tenderloin Residents."

(Lisa Cleis, September 23, 2010) [PC-81 HC]

"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-income people."

(Lisa Cleis, September 23, 2010) [PC-82 HC]

"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."

(Kevin Kitchingham, September 23, 2010) [PC-309 OTH]
"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."

(Commissioner Olague, September 23, 2010) [PC-395 HC]

"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."

Response HC-31

The comments raises concerns regarding the effect of the proposed LRDP on the viability or potential failure of St. Francis Memorial Hospital (SFMH) and related blight, concerns regarding the potential failure of the St. Luke's Replacement Hospital under the proposed LRDP, concerns regarding "cumulative environmental impacts on traffic and transit, parking, blight, and public services" that potentially could occur if either or both the SFMH and/or the St. Luke's Replacement Hospital were to fail, concerns regarding CPMC's record of charity care, concerns regarding access to the proposed Cathedral Hill Hospital for low-income Tenderloin residents, and concerns regarding the ability of Medi-Cal patients to access all CPMC facilities, and concerns that sufficient beds should be provided at St. Luke's "to ensure health care is provided to all communities." Each of these concerns is addressed below.

Viability/Potential Future Failure of the St. Francis Memorial Hospital

Please see Major Response HC-3 (page C&R 3.23-17) regarding impacts of the LRDP on SFMH, which explains that no substantial evidence has been presented that would support the suggestion in the comments of potential detrimental effects on SFMH as a consequence of any aspect of the proposed LRDP, or of potential environmental impacts therefrom. As explained in Major Response HC-3, any such impacts are too speculative to evaluate. As further explained in Major Response HC-3, CEQA does not require an economic analysis of the business plans of hospitals in the vicinity of CPMC facilities. The purpose of the CPMC LRDP EIR is to identify the environmental effects that would result from the proposed LRDP. Future possible changes in services at SFMH are speculative and are not related to CPMC's proposed LRDP. No substantial evidence has been presented that would support the suggestion in the comments of potential detrimental effects of the CPMC LRDP on SFMH, as a consequence of any aspect of the proposed LRDP, or of potential environmental impacts resulting from such effects on SFMH.

The comments suggest that locating the proposed Cathedral Hill Hospital close to SFMH might have the effect of siphoning off patients from SFMH, putting SFMH in financial jeopardy. However, the comments did not provide any substantial evidence that this would occur or that the viability of SFMH would be jeopardized in any other manner, or that any shift in patients from one hospital to the other would result in any physical impact to the environment. In fact, in some areas, services at the proposed Cathedral Hill Hospital would be complementary to those at SFMH. For example, SFMH has services that are not provided by CPMC or proposed to be provided at the new Cathedral Hill Campus under the LRDP, such as a burn center, and conversely the proposed Cathedral Hill Hospital would have a labor and delivery unit, a service not found at SFMH.[405] As well as serving as a community hospital, the proposed Cathedral Hill Hospital would also serve as a tertiary referral hospital for patients throughout the region served by CPMC and Sutter Health that require highly specialized health care services, which generally would include services not provided at SFMH.

[405] Saint Francis Memorial Hospital, Medical Services, http://saintfrancismemorial.org/Medical_Services/index.htm (accessed Apr. 8, 2011).

Major Response HC-3 further explains that where services are available at a number of hospitals in the City, a key determinant of where patient volume would be directed would be the hospital affiliation of the admitting physician.[406] In the case of SFMH and CPMC, each hospital would have affiliations with different physician groups (SFMH with Hill Physicians and CPMC with Brown and Toland), although there are physicians in both groups that admit to SFMH. A review of the physicians with admitting privileges to CPMC hospitals (provided by CPMC) and to St. Francis Memorial Hospital (through their "Find a Doctor" tool on the hospital's Web site[407]) shows that approximately 96 physicians currently have admitting privileges at both SFMH and CPMC. No evidence has been presented that the proposed LRDP would result in any change to these existing hospital-physician affiliations or existing medical referral patterns.

As explained in Major Response HC-3, under the LRDP, the proposed Cathedral Hill Hospital would be located approximately one-half mile from the existing SFMH at 1150 Bush Street. The existing Pacific Campus is approximately one mile from SFMH. The California Campus is approximately 2.3 miles from SFMH. No substantial evidence has been presented to support the suggestion in the comments that moving the acute care services, emergency services, or any other services the relatively short distance from the existing Pacific Campus (about a half mile away) and California Campus (about 2 miles away) to the proposed Cathedral Hill Campus, would result in a substantial change in existing medical use patterns that would, in turn, adversely affect the financial viability of SFMH.

Please also see the discussion regarding urban decay in Major Response HC-3 for a response to comments regarding the potential for blight or urban decay at SFMH. As explained in Major Response HC-3, CEQA would require analysis of potential urban decay impacts if evidence (such as a study showing economic vulnerability of competitor facilities) showed that the proposed LRDP might directly or indirectly exacerbate chronic economic distress, facility closures, and attendant urban decay. Mere statements of the potential for urban decay, however, without substantiating evidence of economic vulnerability or decline that might lead to urban decay, do not require analysis. A review of the literature related to closures and conversions of hospitals in San Francisco since 1960 shows that, without exception, former hospital uses and their associated facilities have: (1) remained in stable hospital operation and rebuilt or modernized (e.g., Veteran's Administration Hospital on Clement, UCSF Laurel Heights, San Francisco General Hospital); (2) remained in operation through merger with larger care networks (e.g.; the merger over time of the four component hospitals of CPMC, the two component hospitals of Catholic Healthcare West, French Hospital's takeover by Kaiser, and UCSF's merger with Mt. Zion); (3) converted to related medical uses (e.g.; Green's Eye Hospital's conversion to a 'Healing Arts' Building at 1801 Bush); or 4) closed and been converted to another, neighborhood-compatible use (e.g.; Garden Hospital's conversion to apartments at 2750 Geary and St. Joseph's Hospital's conversion to the Buena Vista Park Condominiums).[408] The historical information does not indicate the existence of even one instance where a hospital change of use or closure has resulted in a blighted condition. Therefore, even if SFMH were to experience negative financial effects due to the construction of the proposed Cathedral Hill Campus, it is unlikely that blight or urban decay would result.[409]

No substantial evidence in the record suggests economic or other vulnerability of SFMH that would be exacerbated by the proposed LRDP, or that the proposed Cathedral Hill Hospital would have such a deleterious effect on SFMH that it would have to close. Lacking such evidence, CEQA does not require analysis of potential urban decay effects related to the proposed LRDP.

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[406] CPMC, 2011 (April 1), Memorandum from Geoffrey Nelson to Brian Boxer (AECOM), re: St. Francis and CPMC Physician Rosters.

[407] http://www.saintfrancismemorial.org/Find_a_Doctor/Doctor_and_Specialist/index.htm (accessed Mar. 16, 2011). This Web site tool includes about 200 of the approximately 550 admitting physicians identified for SFMH.

[408] Scholten, Paul, MD, *Where Have All Our Hospitals Gone? A Historical Perspective on the Development of San Francisco's Hospitals*, San Francisco Medicine: Journal of the San Francisco Medical Society, Vol. 84, No. 3 (April, 2011), pp. 20-21; CPMC, Memorandum from Geoffrey Nelson, AICP, to David Reel & Brian Boxer (AECOM) re: Historical changes of use in San Francisco Hospitals (Sept. 13, 2011).

[409] Ibid.

Additionally, several of the comments regarding potential financial effects on SFMH are based upon a concern that CPMC would not provide sufficient charity care at the Cathedral Hill Campus to prevent SFMH from being overburdened with uninsured or under-insured patients that threaten SFMH's financial viability. Please see the additional discussion below regarding CPMC's provision of charity care and access to the Cathedral Hill Campus for low-income Tenderloin-area residents and Medi-Cal patients. As explained below, no substantial evidence has been presented to support the concerns expressed in some of the comments that the Cathedral Hill Hospital under the proposed LRDP would not be accessible to these populations. Therefore, no substantial evidence has been presented that the proposed LRDP would result in an increased burden on SFMH to provide care to uninsured, under-insured, or low income populations in a manner that would result in negative financial effects on SFMH.

Potential Cumulative Impacts Resulting from a Failure of St. Francis Memorial Hospital

Because no substantial evidence has been presented to support the comments' suggestion that the proposed LRDP potentially could result in the failure of SFMH, any analysis of cumulative impacts related to traffic, transit, parking, blight, or public services that would result from such a failure would be speculative in nature and, therefore, is beyond the scope of the EIR for the proposed LRDP. Section 15145 of the State CEQA Guidelines states that "[i]f, after thorough investigation, a Lead Agency finds that a particular impact is too speculative for evaluation, the agency should note its conclusion and terminate discussion of the impact." Because the potential failure of SFMH as the result of the proposed LRDP is too speculative for evaluation, there is no need to provide the analysis of cumulative impacts related to traffic, transit, parking, blight, or public services that would result from such failures as suggested by the comment.

Charity Care

Please see Major Response HC-8 (page C&R 3.23-32) regarding access to health services, which includes a discussion of CPMC's delivery of charity care. San Francisco Health Commission Resolution 02-10, approved on March 16, 2010, memorialized CPMC's commitment to increase it charity care contribution by 79 percent in a 5-year period, from approximately $5,315,000 in 2007 to $9,500,000 by 2010.[410] As explained in Major Response HC-8, according to the latest reporting by CPMC, in 2009, CPMC provided over $80 million in services for the poor and underserved.[411] The 2009 report on community benefits shows an increase in traditional charity[412] care, from $7,584,000 in 2008 to $10,215,000 in 2009. Traditional charity care at CPMC for 2007 was approximately $5,300,000. From 2007 to 2008, traditional charity care increased approximately 31 percent, and from 2008 to 2009, an additional increase of 35 percent in charity care has occurred.[413] Preliminary reporting of 2010 total charity care provided by CPMC is approximately $14.9 million, an approximately $4.7 million increase over the 2009 total of approximately $10.2 million, representing an approximately 46 percent increase from 2009 to 2010.[414]

Comment 104-62 compared charity care provided by CPMC with charity care provided by St. Francis Memorial Hospital, and stated that "St. Francis' 2008 charity care expenditures nearly equal those of all three long-term CMPC campuses." The comment's comparison of charity care provided by CPMC to St.

[410] S.F. Health Commission Resolution No. 02-10.
[411] California Pacific Medical Center: *Report to the Community 2009,* page 8.
[412] Traditional charity care is the care CPMC provides for people who come to the emergency room but are uninsured and unable to pay. In 2009, CPMC extended this community benefit to more than 3,500 people. CPMC's total provision of "services to the poor and underserved" includes this amount, plus CPMC's contributions to Healthy San Francisco, unpaid Medi-Cal costs, health programming provided directly by CPMC or through partnerships with other providers, and grants and sponsorships. CPMC, *Report to the Community 2009*, pages 4–9.
[413] CPMC, 2010 (Sept.30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.
[414] CPMC, 2011 (Jan, 26), *Fourth Quarter 2010 Report to the San Francisco Health Commission Regarding CPMC's Progress Toward Commission Recommendations in Resolution No. 10-09.*

Francis Memorial Hospital was based upon charity care expenditure per bed. As explained in Major Response HC-1 (page C&R 3.23-1), the number of beds that are actually used for patient care on a daily basis in the CPMC system is substantially less than the number that is actually licensed. This is because older hospital buildings generally have been licensed to enable the placement of two or more patients in the same room. However, in practice, often only one bed per room is available or even needed because of patient demand. For this reason, the ratio of charity care expenditure to the number of licensed beds provided by a health care services provider is not the most appropriate metric for determining the level of charity care expenditures made by that provider. A more appropriate metric is the ratio of charity care expenditures to net patient revenue.[415] This metric is utilized by the San Francisco Department of Health (DPH) in its annual charity care reports to analyze the amount of charity care expenditures by different health care providers in San Francisco.

According to the *San Francisco Charity Care Report Fiscal Year 2009* (the "2009 Charity Care Report") published by DPH, CPMC provided approximately $11.45 million in traditional charity care in 2009, compared to $10.4 million for UCSF and $6.6 million for St. Francis Memorial Hospital.[416] When measured in terms of patient revenue CPMC provided approximately 1 percent of net patient revenue in traditional charity care in fiscal year 2009, increasing to 1.38 in 2010. This compares to 0.64 percent for UCSF in both years, 4.13 percent and 4.43 percent for SFMH in 2009 and 2010, respectively.[417] Over the time period 2006 to 2009, the number of charity care patients at CPMC systemwide increased from 3,156 to 3,683.[418] This number further increased to 9,801 charity care patients in 2010.[419]

Major Response HC-8 also provides additional detailed information regarding CPMC's commitments related to Medi-Cal patient access and CPMC's partnerships in delivering low- or no-cost care to the medically underserved. Additionally, San Francisco Health Commission Resolution 02-10 memorialized CPMC's agreement to increase its amount of Medicaid shortfall (the uncompensated portion of providing care to Medicaid patients) by 22 percent in a 5-year period, from $53,369,000 in 2007 up to $65,000,000 by 2012.[420]

Access to Cathedral Hill Campus Health Care Services for Low-Income Tenderloin Residents

Please see Major Response HC-8 (page C&R 3.23-32) for detailed information regarding access to health care services for low-income and underserved communities, including access to health care services at the Cathedral Hill Campus for low-income Tenderloin residents. As explained in Major Response HC-8, since January 1, 2007 (the merger of the St. Luke's Campus into CPMC), there has been no difference in medical access policies between any of the CPMC hospitals. All CPMC hospitals are equally open to the receipt of under- and uninsured patients and decisions on the granting of financial assistance and waivers are made on a uniform policy basis across all campuses. Furthermore, CPMC's coverage of care (i.e., meaning completely free care) for under- and uninsured patients is available to families with incomes up to 400 percent of the federal poverty level, which is a higher level than any other San Francisco hospital.

No evidence has been presented to support the concern expressed in Comment 104-62 that the Cathedral Hill Hospital under the proposed LRDP would not be accessible to low-income residents of the

[415] *See e.g.,* San Francisco Department of Public Health, 2010 (Oct.), *San Francisco Charity Care Report Fiscal Year 2009,* at pp. 22-23.
[416] Ibid.
[417] Ibid.
[418] San Francisco Department of Public Health, 2011 (Oct.), *San Francisco Charity Care Report Fiscal Year 2010, 10 Years of Charity Care Reporting,* Attachment A-Report Chart Pack, p.4.
[419] Ibid. (CPMC and St. Luke's numbers consolidated)._CPMC representatives indicated that "[t]he substantial increase in CPMC's charity care for 2010, as compared to previous years, is due to a change in the method used to process patient care applications. In 2010, CPMC implemented a major change – we streamlined the application process so that, for the most patients, eligibility was determined at the initial point-of-service. Prior to 2010, the charity care eligibility process required the patient to complete the application after the service was provided, "2010 Charity Care Report, p.23.
[420] S.F. Health Commission Resolution No. 02-10.

Tenderloin neighborhood. As explained in Major Response HC-8, the San Francisco Health Commission Task Force report on CPMC's IMP[421] documented CPMC's commitment to continue or expand its community benefit levels and partnerships with community health care delivery providers, including a specific commitment to continue to serve Medi-Cal patients throughout the CPMC system, as described above.[422]

Under the proposed LRDP, the Cathedral Hill Hospital's Emergency Department would be within walking distance to the Tenderloin area, which has the highest density of low-income residents in San Francisco. The LRDP would also locate a full-service hospital at the Cathedral Hill Campus with full pediatric capabilities next to the City's highest densities of infants and children. CPMC has committed to expand its existing health programs in surrounding neighborhoods.

Access to CPMC Facilities for Medi-Cal Patients

CPMC hospitals and the CPMC physicians employed by Sutter Pacific Medical Foundation and the St. Luke's Health Care Center do at present and will continue under the LRDP to accept Medi-Cal patients.

As explained in Major Response HC-8 (page C&R 3.23-32), the financial makeup of the patient population of a particular hospital is a combination of location, private physician ability or preference for a particular insurance type, historical admitting patterns, and other factors not analyzed in this EIR. CPMC has limited control over many of these factors, but does have control over 1) whether or not CPMC hospitals accept Medi-Cal for hospital charges, and 2) whether or not its clinics, staffed with CPMC physicians (e.g., at the approximately 15 San Francisco Sutter Pacific Medical Foundation Clinics[423] and the St. Luke's Healthcare Center) accept Medi-Cal. As part of its commitments made to the Health Commission, CPMC committed to 1) continue to accept Medi-Cal, as it always has, at all of its hospitals, 2) to guarantee access to Medi-Cal patients through all of the clinics controlled by CPMC as described above, and 3) to increase the amount of unpaid Medi-Cal shortfall systemwide by 22 percent over a 5-year period, from $53,369,000 in 2007 to $65,000,000 by 2012.[424]

According to the project sponsor, CPMC cannot compel private practice physicians who are not part of the Sutter Pacific Medical Foundation to see or not see Medi-Cal patients. Brown and Toland Medical Group physicians, many of whom practice at CPMC facilities, for example, currently accept Medi-Cal patients, but this is a matter of personal physician choice.

Please also see Major Response HC-8, which provides additional detailed information regarding access to health care services at CPMC under the proposed LRDP, including information regarding CPMC's commitments related to Medi-Cal patient access and CPMC's partnerships in delivering low- or no-cost care to the medically underserved.

Viability/Potential Future Failure of the St. Luke's Replacement Hospital

Please see Major Response HC-2 (page C&R 3.23-8), which includes a detailed discussion of the size and scope of services at the St. Luke's Campus, and Response HC-29, which responds to other individual comments raising concerns related to the viability of the St. Luke's Campus under the proposed LRDP. As explained in Major Response HC-2, concerns regarding the financial "viability" of the St. Luke's

[421] CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

[422] CPMC reported that more than 19,900 individuals were served by CPMC in the Medi-Cal program. CPMC's unpaid cost for Medi-Cal patients in 2009 was $59,200,000. Ibid.

[423] For a list of 15 San Francisco and over 50 regional locations of Sutter Pacific Medical Foundation Clinics, see http://www.sutterpacific.org/locations/

[424] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

Campus as proposed under the LRDP were discussed at the Health Commission as part of the Blue Ribbon Panel review in 2008. As described by CPMC, and discussed in the Blue Ribbon Panel review, the proposal for the St. Luke's Replacement Hospital and Campus is part of the overall CPMC LRDP. As such, the viability of the St. Luke's Campus cannot be viewed in isolation, but rather it is contingent on the viability of CPMC's health care delivery system as a whole. Operational efficiencies and elimination of redundancies gained by consolidating specialized, tertiary, and women's and children's services at the proposed Cathedral Hill Hospital would more likely contribute to, rather than detract from, the long-term viability of the St. Luke's Campus.

As further explained in Major Response HC-2, the San Francisco Health Commission Task Force on CPMC's IMP, in its specific review of CPMC's responsiveness to the recommendations of the Blue Ribbon Panel, determined that the St. Luke's Hospital as planned under the LRDP would be appropriately sized and programmed as a community hospital, along with services that would be provided on the St. Luke's Campus, to accommodate existing and projected future patient demand for the south of Market service area.[425] In its September 30, 2010 Interim Report, the Health Commission Task Force indicated that "CPMC has demonstrated its commitment to the long-term viability of the St. Luke's Campus by budgeting $250,000,000 for the reconstruction of the inpatient facility."[426]

For the above reasons, there is no evidence in the record to support the suggestion in the comments that the proposed LRDP would likely result in the future failure of the St. Luke's Replacement Hospital.

Potential Cumulative Impacts Resulting from a Failure of the St. Luke's Replacement Hospital

Because no substantial evidence has been presented to support the comments' suggestion that the proposed LRDP potentially could result in the failure of the St. Luke's Replacement Hospital, any analysis of cumulative impacts related to traffic, transit, parking, blight, or public services that would result from such a failure would be speculative in nature and is therefore beyond the scope of the EIR for the proposed LRDP. Section 15145 of the State CEQA Guidelines states that "[i]f, after thorough investigation, a Lead Agency finds that a particular impact is too speculative for evaluation, the agency should note its conclusion and terminate discussion of the impact." Because the potential failure of the St. Luke's Replacement Hospital under the LRDP is too speculative for evaluation, there is no need to provide the analysis of cumulative impacts related to traffic, transit, parking, blight, or public services that would result from such failures as suggested by the comment.

Sufficiency of Beds at the St. Luke's Replacement Hospital to Provide Health Care to the Community

Please see Major Responses HC-1 and HC-2 (page C&R 3.23-1 and 3.23-8) for detailed discussion regarding the supply of acute-care beds and size and scope of services at the St. Luke's Campus.

Major Response HC-1 explains that the 80 beds proposed to be provided at the St. Luke's Hospital would provide sufficient capacity to meet the current and projected demand at the St. Luke's Campus, with additional capacity to meet peak demand periods. Major Response HC-1 also explains that with the shift from multi-patient to single-patient rooms under modern hospital guidelines, newer facilities such as the St. Luke's Replacement Hospital are projected to have a higher occupancy rate (i.e., a higher percentage of licensed beds that are expected to be used under existing conditions) than existing facilities with multi-patient rooms such as the 1970 Hospital Tower that the St. Luke's Replacement Hospital would replace. Therefore, fewer licensed beds are required to serve the same number of patients. In addition, as

[425] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

[426] CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

explained in detail in Major Response HC-1, over time, the demand for hospital bed capacity has been reduced because of technological and clinical advances that reduce the average length of hospital stays and allow more medical services to be provided on an outpatient basis.

Major Response HC-2 further explains that the proposed LRDP would not exacerbate any shortage of inpatient acute-care beds for the south of Market Street area traditionally served by the St. Luke's Campus, in part, because the Health Commission Task Force has determined that the St. Luke's Replacement Hospital would be appropriately sized to accommodate existing and projected future patient demand for that service area,[427] and because the St. Luke's Replacement Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need to the community.

As explained in Major Response HC-2, with the exception of inpatient pediatrics, skilled nursing facilities (SNF), and subacute care, all services currently provided at the St. Luke's Campus are proposed to be maintained or expanded at St. Luke's. As explained in detail in Major Response HC-8 (page C&R 3.23-32), there is no difference in medical access policies between any of the CPMC hospitals. All CPMC hospitals are equally open to the receipt of under-insured and uninsured patients and decisions on the granting of financial assistance and waivers are made on a uniform policy basis across all campuses.[428] CPMC's coverage of care for under- and uninsured patients is available to families with incomes up to 400 percent of the federal poverty level, which is a higher level than any other San Francisco hospital.[429] Therefore, there is no indication that the proposed 80-bed St. Luke's Replacement Hospital under the LRDP would not be large enough to provide health care services to all of the communities served by the St. Luke's Campus. Major Response HC-8 provides additional information regarding CPMC's charity care programs, and access to CPMC health care services within the southeastern areas of San Francisco.

Comment

(Sue Hestor, October 19, 2010) [89-12 HC]

"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."

Response HC-32

The comment asks for information regarding two concerns, the income level of CPMC's existing patient base and the residence location of CPMC's patient base.

Income Level of CPMC's Patient Base

The requested information regarding the income level of CPMC's patient base involves social and economic concerns that are outside of the scope of the CEQA requirement to analyze the environmental impacts of the proposed LRDP, except to the extent that the income level of CPMC's patient base could indirectly result in indirect physical environmental impacts under the proposed LRDP. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. Other than collecting income information from those seeking to qualify for charity

[427] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

[428] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

[429] San Francisco Department of Public Health, Healthy San Francisco, *Participant Handbook*, page 13 (updated July 2009). See also CPMC, patient financial assistance application form, dated May 31, 2007.

care at its facilities, CPMC does not collect information regarding the income of its patients.[430] Therefore, this information is not available. Moreover, because the project would not change the income level of CPMC's existing patient base, which would continue to be served by the proposed replacement facilities, information regarding the income level of existing patients would not be relevant to analyzing any potential direct or indirect environmental impacts resulting from the project. Please also see Major Response HC-8 (page C&R 3.23-32) regarding access to health services, which includes information regarding charity care and other services that CPMC currently provides and would provide under the proposed LRDP for low-income and other underserved populations.

Residence Location of CPMC's Patient Base

The comment also asks for information regarding the residence location of CPMC's patient base. In 2007, 70 percent of CPMC's inpatients came from San Francisco and 21 percent were from other Bay Area cities. Six percent were from other parts of northern California and approximately three percent were from southern California or out of state.**[431]**

To the extent that the location of the residences of CPMC's existing patients is relevant to the project's direct or indirect environmental impacts, the information has been factored into the analysis in the Draft EIR. As explained in the Draft EIR, page 4.5-72, travel surveys of CPMC personnel, patients, and visitors were conducted to develop origin-destination assumptions for purposes of the transportation analysis. Based on this survey information, trip distribution was assigned for CPMC personnel, patients, and visitors traveling to or from the CPMC campuses from four quadrants (or "Superdistricts") of the City, or from the East Bay, South Bay, North Bay, or outside the Bay Area.**[432]** Table 4.5-12, "Trip Distribution Patterns by Campus" in the Draft EIR, page 4.5-78, indicates the distribution of trips by San Francisco quadrant as well as by trips originating or ending outside of San Francisco that were assumed for each of the CPMC campuses based on the survey results. Generally, the origin and destination points were the residences of survey respondents.**[433]** However, in some cases where respondents were coming to or from the campus from work or from shopping, the origin and destination points were not necessarily indicative of residential location.**[434]** The transportation analysis based upon the origin-destination assumptions developed from the travel surveys of CPMC personnel, patients, and visitors, in turn, was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8).

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-22 HC]

"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

430 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).
431 California Pacific Medical Center, 2008, *California Medical Center 2008 Institutional Master Plan*, San Francisco, CA: prepared by the Marchese Company, Inc., page 14, available: http://rebuildcpmc.org/assets/08IMP_CPMC.pdf, accessed Dec. 31, 2010.
432 Adavant Consulting, 2010 (January 29), *CPMC LRDP Travel Demand Estimation for the San Francisco Campuses*, prepared for the San Francisco Department of Public Works, pages 21 and 39.
433 Ibid., Appendix B.
434 Ibid.

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]

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.

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

(Gloria Smith—California Nurses Association, October 19, 2010) [90-27 HC]

"• Information concerning cumulative projects including potential cumulative development of other health care services projects in the City and adjacent Bay Area communities."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-85 HC]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-87 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** . [sic] 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.

[61] San Mateo Daily Journal, Nurses Oppose Acute Rehab Move, September 24,2009; http://www.smdailyioumal.com/article preview.php7type- Inews&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/sanrrancisco/stories/20101l 0llS/story3 .html?b- 1287374400%255E41 03181 *or* http://snipurl.com/ lbdg6v [www_bizjournals_com].

[63] Silicon Valley Mercury News, Seton Medical Center to Close Skilled-Nursing Unit, October 7, 2010; http://www.mercllD'news.com/ci 16283420?source-rnost emailed."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-88 HC]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-89 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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-3 HC, duplicate comment was provided in 110-3 HC]

"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]

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.

[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"

(Gloria Smith—California Nurses Association, October 20, 2010) [96-4 HC, duplicate comment was provided in 110-4 HC]

"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. 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.

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

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 dosed 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.

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

Table 2: CPMC historic and proposed licensed hospital beds under LRDP by bed type[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	(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

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]

[5] San Francisco Business Times, CPMC Will Sell Dialysis Unit to DaVita, September 3, 2010; *http://www.bizjournals.com/sanfrancisco/stories/2010 109 106 1* story12.html."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-5a HC, duplicate comment was provided in 110-5a HC]

"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.

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.

[6] San Mateo Daily Journal, Nurses Oppose Acute Rehab Move, September 24, 2009; http://www.smdailyjournal.com/articie preview.php?type-inews&id-1l7024; 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/st*ory3.html?b-1287374400%255E410318 *or* http://snipurl.coml1bdg6v [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."

(Jane Martin, September 23, 2010) [PC-258 HC]

"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."

Response HC-33

Please see Major Response HC-1 (page C&R 3.23-1) regarding regional supply of licensed beds for a detailed response to similar comments regarding regional changes in the number of licensed beds at Sutter Health affiliates. Please also see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

The comments suggest that regional changes in Sutter Health's corporate governance structure and environmental effects that ostensibly would result from the corporate regionalization process in which Sutter Health is engaged, should be discussed in the Draft EIR. The comments also state that such a process would result in the closure or reduction of services offered at the CPMC campuses and transfer of patients between Sutter Health affiliates.

The comments are correct that the corporate non-profit entity that operates all of CPMC's facilities in San Francisco is Sutter West Bay Hospitals, doing business as California Pacific Medical Center, and that California Pacific Medical Center no longer exists as a corporate entity. The changes in Sutter Health's corporate governance structure involve social and economic concerns, have occurred already and are not part of the proposed LRDP, and would not result in any physical environmental impact requiring review under CEQA. No evidence was presented that internal corporate governance structures, monetary transfer policies, or other matters would result in potential physical environmental impact that would be caused by the proposed LRDP in San Francisco. Business decisions made by Sutter Health or its other affiliates in

other jurisdictions do not relate to the adequacy of the Draft EIR's analysis of the LRDP or environmental effects of the LRDP under CEQA.

According to the project sponsor, Sutter Health has engaged in a "regionalization" initiative, designed to simplify governance structures in its various regions for the purpose of lowering administrative costs and accelerating decision-making. As explained in Major Response HC-1 (page C&R 3.23-1), "regionalization" has not caused and would not cause reductions or closures of services or increased transfers of patients between Sutter Health facilities. According to the project sponsor, these governance changes are intended to produce administrative cost savings that could be reinvested in patient care.

Comment 90-22 also suggests that the proposed LRDP would contribute to a region-wide reduction in the number of licensed beds in all Sutter Health facilities, including CPMC facilities in San Francisco, which, in turn, would have the cumulative effect of shifting patients to other Sutter and non-Sutter health medical facilities and result in other unidentified public services, traffic, and air quality impacts. As explained below, these concerns are not supported by substantial evidence and are inconsistent with evidence that is in the existing record.

No evidence was submitted in the comments to support the claim that the proposed LRDP would contribute to a region-wide reduction in beds in Sutter Health facilities that would, in turn, create adverse environmental effects related to other public services or other indirect effects, such as increased regional traffic and associated air quality impacts, that would require analysis in the CPMC LRDP EIR. As explained in Major Response HC-1, the record shows that the inpatient and outpatient capacity proposed for CPMC facilities under the LRDP would be sufficient to meet CPMC's existing and projected demand for inpatient and outpatient services and that the LRDP would not result in any transfers of patients to other CPMC, non-CPMC or non-Sutter Health medical facilities, causing potential citywide or regional significant physical environmental impacts.

For the same reason, the project would not contribute to any cumulative environmental impacts related to development at other Sutter Health projects in other Bay Area communities outside of San Francisco (or, for that matter, related to other non-Sutter health care projects in the region) and, therefore, CEQA does not require the provision of information regarding the potential cumulative development of such projects, as suggested by Comment 90-27. The Draft EIR included an adequate level of cumulative analysis to comply with the requirements of CEQA. A discussion of other health care projects, both within San Francisco and in the Bay Area region, that would not directly or indirectly combine with the proposed LRDP and contribute to physical environmental impacts, is beyond the scope of a CEQA document. There is no evidence in the record supporting the suggestion that cumulative development of health care projects is creating such cumulative impacts.

Comments 90-22 and 96-4 state that "if all of Sutter's plans in the Bay Area were approved, would entail eliminating 881 licensed hospital beds in the Bay Area." Similarly, Comment PC-258 states that "Sutter's Business Plan, if approved, would entail ridding itself of 1,300 hospital beds in the Bay Area." Additionally, Comment 90-87 discusses several changes in health care services that have occurred or are proposed at other Sutter-affiliated hospitals outside of San Francisco. The evaluation of changes in health care services at other Sutter-affiliated hospitals outside of San Francisco is beyond the scope of the Draft EIR. However, these comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

The stated totals in Comments 90-22 and 96-4 of 881 beds and in Comment PC-258 of 1,300 beds that would be eliminated at Sutter-affiliated hospitals in the Bay Area is inconsistent with OSHPD information on licensed beds for the referenced facilities and with CPMC's LRDP rebuild licensed bed count. To correct the record for informational purposes, a comparison between the number of patients currently served versus future anticipated capacity under the various Sutter Health 'rebuild' plans in the

Bay Area region, as requested and referred to in this and other comments, is provided in C&R Table 3.23-2, in Major Response HC-1. This table shows that licensed beds within regional Sutter Health facilities would be reduced by 499 beds if all of Sutter's proposed plans in the Bay Area were approved, rather than 881 or 1,300 beds as stated in some of the comments. C&R Table 3.23-2 also shows that the Sutter Health regional rebuild projects cited in the comments would have sufficient capacity to accommodate Sutter Health existing patient volume at the respective facilities, as well as varying levels of future anticipated growth in patient volume.

As explained in Major Response HC-1, no evidence is presented in the comments or elsewhere in the record of any major transfer of services from a Sutter Health facility to a non-Sutter Health facility, or of any direct or indirect environmental impacts that might result from these hospital projects (that would required to comply with state-mandated deadlines for meeting seismic safety standards under SB 1953 as modified by subsequent legislation), or any contributing impact from the proposed LRDP. The 2008 IMP for the CPMC LRDP recognized that approximately 30 percent of existing CPMC hospital patients come from outside San Francisco,[435] and no evidence exists that changes in other Sutter Health programs elsewhere would affect this pattern. As Dr. Mitch Katz, former Director of the City of San Francisco Department of Public Health, stated, in addressing the regional dynamic and CPMC hospitals as destination hospitals, "the regional dynamic is people come here for medical care."[436]

Several of the comments cite the transfer of one stroke patient in Novato to a CPMC hospital in San Francisco (rather than to the nearest stroke center in Greenbrae), as evidence that regional consolidation of Sutter Health facilities would result in increased transfers of patients between cities and, therefore, in potentially significant new traffic and associated air quality and greenhouse gas emissions impacts, or as evidence that Sutter's business plan includes the transfer of stroke patients from the Novato Community Hospital to CPMC facilities. The comments stem from articles in the Marin Independent Journal (for example, Comment 96-4 cites "Marin Independent Journal, Doctors Criticize Sutter Handling of Stroke Patient, May 18, 2010"). One patient transfer is not substantial evidence that the LRDP would increase patient transfers to such a degree that regional vehicle traffic would result in new, potentially significant indirect environmental impacts related to this traffic. CPMC has provided several documents in response to this article. These documents included an entry on the *Marin Independent Journal* Web site (dated May 20, 2010), that stated it was from the patient's family and praised the hospital transfer decision. CPMC also provided a copy of a letter from Gordon Hunt, MD, Senior Vice President and Chief Medical Officer of Sutter Health, dated May 25, 2010, stating that physicians at Sutter make any determination regarding transfer of a patient based on what is best for that patient in the treating physician's judgment, whether or not that means the patient must be sent to a hospital within or outside of the Sutter Health network. As explained in Dr. Hunt's letter, such clinical determinations are made independently by the treating physician on a physician-by-physician, and case-by-case basis. Therefore, the record does not support the suggestion that Sutter Health has an overall business plan to transfer stroke patients from the Novato Community Hospital to CPMC facilities in San Francisco.

Comment 90-87 suggests that CPMC "plans to close the only subacute unit in San Francisco, forcing patients and their family to leave San Francisco for care." Similarly, Comment 90-89 states that Sutter's business plan for the Bay Area includes the transfer of CPMC's subacute patients out of San Francisco. The only CPMC campus that currently includes inpatient subacute-care beds is the St. Luke's Campus, which has a 60-bed subacute care unit located in the existing St. Luke's Hospital tower. Please see Major Response HC-6, which explains that because of higher construction and staffing costs associated with

[435] Type of service and breakdown in CPMC patient origin by SF/region described in IMP document 2008. See, California Pacific Medical Center, 2008, *California Medical Center 2008 Institutional Master Plan,* San Francisco, prepared by the Marchese Company, Inc., available: http://rebuildcpmc.org/assets/08IMP_CPMC.pdf, accessed Dec.r 20, 2010.
Patients who come from outside San Francisco for health care at CPMC are often drawn by CPMC's noted specialty programs. Ibid. The proposed LRDP would allow CPMC to continue to deliver these same local and regional health care services.

[436] Testimony of Dr. Mitch Katz, November 19, 2009, at the CPMC IMP hearing.

acute care facilities, it is not practical to create subacute care units in a new acute care hospital. Major Response HC-6 further explains that none of the current proposed new acute care hospitals under design or construction in the United States has proposed to include subacute care within a new inpatient facility. Major Response HC-6 also explains that a study conducted by The Camden Group indicated that "[h]istorically, almost all of the subacute patients [at the St. Luke's Campus] have been direct admit patients residing in areas outside SOMA, and often outside San Francisco County."[437] The Blue Ribbon Panel, therefore, did not recommend that CPMC provide new replacement subacute-care beds in the proposed new replacement hospital at St. Luke's Campus for those in the existing St. Luke's Hospital. Instead, the Blue Ribbon Panel recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[438]

Consistent with the Blue Ribbon Panel's recommendations, CPMC would gradually remove the existing 60 subacute beds from service at St. Luke's Hospital, through attrition or transfers to other facilities between now and when the existing St. Luke's Hospital tower would be demolished. Inpatient operations (including any remaining subacute-care services) at St. Luke's Hospital would continue until the proposed St. Luke's Replacement Hospital was completed and in operation, and transfer of acute-care services would begin. The proposed St. Luke's Replacement Hospital would not have subacute-care beds. Any patients not able to be transferred to other subacute-care facilities by that time would be placed, as appropriate, in a CPMC acute-care or SNF bed.[439] As explained in Major Responses HC-1 and HC-6, this volume could be accommodated by the CPMC system under the LRDP.[440]

As explained in Major Response HC-6, most of the patients utilizing CPMC's existing subacute-care facilities do not reside in the south of Market Street area but rather come from other areas of the City or outside the City. Therefore, it is anticipated that patients would, in the future, seek services across a wide geographic area and would not cluster at any one facility or area. Furthermore, the patient transition plan for the current patient population utilizing the existing subacute-care beds at St. Luke's Hospital anticipates that a limited number of patients would be transitioning at any given time from St. Luke's Hospital to other non-CPMC hospitals or other health care facilities. Therefore, the future potential shift of subacute-care services from CPMC to other hospitals and/or health care service providers would not result in secondary impacts at any given facility.

Comment 90-87 suggests that the elimination of SNF beds and acute-care beds under the LRDP "further compounds the existing regional shortage." With respect to the proposed reductions in SNF beds, as explained in detail in Major Response HC-6, CPMC has committed to maintain sufficient SNF beds (a total of 100) to meet its actual patient demand. CPMC has also committed that no existing community-based beds would be utilized to provide these 100 SNF beds, and that to provide the 62 beds needed (in addition to the 38 that would remain at the Davies Campus), CPMC would utilize either new community-based facilities or replacement capacity provided on one of its campuses. Furthermore, the text revisions in this C&R document to Draft EIR Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses," clarify that CPMC would continue to maintain the 101 licensed beds at the California Campus, unless and until an alternative plan for providing the additional 62 beds is identified. Therefore, the proposed LRDP would not exacerbate the existing citywide or regional SNF bed shortage. With respect to the proposed elimination of acute-care beds under the LRDP, please see Major Response HC-1

[437] The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 10.

[438] The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.

[439] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011). With the future decommissioning of the St. Luke's Hospital tower after construction of the St. Luke's Replacement Hospital, CPMC would place all remaining subacute-care patients in the hospital or in community facilities. By doing so, CPMC would comply with the Blue Ribbon Panel's recommendations related to subacute-care beds. San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.

[440] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

(page C&R 3.23-1), which explains that the proposed overall supply of 698 licensed acute-care beds under the LRDP would be more than sufficient to meet the existing demand (average daily census of 559 acute-care beds occupied in 2009) and accommodate future growth in demand. Therefore, the proposed LRDP would not exacerbate any existing regional shortage in acute-care beds.

Comment 90-88 states that there have been recent reductions in SNF beds at the California Campus, and that the proposed reduction in SNF beds, when combined with these reductions at the California Campus, would result in an 83 percent reduction in CPMC's SNF bed capacity. Please see Major Response HC-6 (page C&R 3.23-25) for a detailed discussion related to SNF beds and services at the California Campus and within CPMC systemwide. As explained in Major Response HC-6, current estimates indicate that CPMC would need to provide approximately 100 SNF beds total (for all CPMC campuses) at any given time. The San Francisco Health Commission Task Force, in its reports dated March 2 and September 30, 2010, and the San Francisco Health Commission, in Resolution 02-10 dated March 16, 2010, affirmed CPMC's plans to maintain capacity to serve its existing patient needs by providing a total of at least 100 SNF beds, including 38 beds currently located at the Davies Campus and adding 62 new SNF beds at other on- or off-campus locations (yet to be determined).[441] As shown in the updated version of Draft EIR Table 2-2 set forth in Chapter 4, "Draft EIR Text Changes", of this C&R document (page C&R 4-36), there have been no recent reductions in the number of SNF beds at the California Campus. As shown in the updated version of Table 2-2, under the proposed LRDP, CPMC's licensed SNF bed capacity would be reduced from 218 to 139, which represents an approximately 36 percent reduction in licensed SNF beds, rather than the 83 percent reduction stated by the comment. Ultimately, after another plan for providing 100 total SNF beds is identified, CPMC would reduce its licensed SNF capacity system wide to 100 beds, representing an approximately 54 percent reduction from the current total of 218 beds. Comment 90-88 also incorrectly states that CPMC historically has provided 178 SNF beds. As shown in Table 2-2 (as revised in C&R Chapter 4, "Draft EIR Text Changes", page C&R 4-36), CPMC has historically provided 218 SNF beds.

Comment 90-89 states that Sutter's business plan for the Bay Area includes the transfer of psychiatric patients out of San Francisco. As shown in Table 2-2 on page 2-10 of the Draft EIR, and the updated version of Table 2-2 included in the text revisions in Chapter 4 of this C&R document (page C&R 4-36), CPMC has a total of 18 existing licensed psychiatric beds, all of which are at the Pacific Campus, and all of which would continue to be maintained at the Pacific Campus under the proposed LRDP. As such, no psychiatric beds or services would be shifted from CPMC to other providers under the proposed LRDP. Please also see Major Response HC-4 (page C&R 3.23-19) regarding psychiatric beds, which explains that the proposed total of 18 licensed psychiatric beds under the LRDP would be adequate to respond to the demand for CPMC beds, based on the past demand census (average daily census of 10.6 for psychiatric beds in 2009)[442]. Therefore, the record does not support the suggestion that the proposed LRDP would result in the transfer of psychiatric patients out of San Francisco, or that the LRDP would contribute to any physical environmental impacts (including cumulative impacts) related to psychiatric beds.

The statement in Comment 96-3 regarding Sutter Health's cash transfer policy involves social and economic concerns and is not relevant to the potential environmental impacts of the proposed LRDP. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. The statement in Comment 96-3 regarding the litigation between Sutter Health and Marin General Hospital also involves social and economic concerns, and it need not be

[441] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*; CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*; S.F. Health Commission Resolution No. 02-10.

[442] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011; CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Inpatient Psychiatric Beds (May 12, 2011).

addressed in the CPMC LRDP EIR. According to the project sponsor, the litigation is not correctly described. The statement in Comment 96-3 that Sutter Health intends to roll out an insurance product involves speculation about social and economic concerns, and it is not supported by evidence in the record.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-69 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."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-13 HC, duplicate comments were provided in 90-69 HC and 110-13 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."

Response HC-34

Please see page 2-139, Table 2-11, "Davies Campus: Project Summary Table" and pages 2-143 to 2-148 of the Draft EIR, which describe the proposed development at the Davies Campus under the proposed LRDP. As explained on page 2-143, all existing medical uses in the Davies Campus North and South Towers would continue under the LRDP. Page 2-143 also explains that the Neuroscience Institute, which would be the only near-term development at the Davies Campus, would be constructed on a portion of the Davies Campus currently occupied by a surface parking lot at the corner of Noe Street and Duboce Avenue. Therefore, no existing buildings would be demolished to construct the Neuroscience Institute.

As explained on page 2-147 of the Draft EIR, the Castro Street/14th Street MOB, which would be the only long-term project at the Davies Campus, would be constructed on the site of the existing Castro Street/14th Street Parking Garage, which would be demolished. As shown in Table 2-11, the only uses within the Castro Street/14th Street Parking Garage are structured parking. Therefore, no existing buildings that included medical uses would be demolished or altered under the proposed LRDP. Consequently, no services currently available at the Davies Campus would be displaced as a result of the proposed LRDP.

According to the project sponsor, AIDS/HIV care is primarily provided in an outpatient setting. To that end, CPMC remains committed to ensuring that there is office space at the Davies Campus for primary care physicians, many of whom treat patients with AIDS or HIV. As explained in Major Response HC-2 (page C&R 3.23-8), primary and specialist physicians associated with the Davies Campus service lines, and their respective offices and patient visits, are assumed to stay at the Davies Campus under the

proposed LRDP, primarily at the 45 Castro Street MOB. According to the project sponsors, patients needing inpatient hospital care for AIDS/HIV would continue to be provided care at the Davies Campus and at the hospital facilities at other CPMC campuses. In addition, CPMC has funded its AIDS Case Management Program for the last 13 years, even after the State of California no longer provided assistance with the cost of this program, and CPMC considers it a priority in CPMC's ongoing support of the community's health care needs.

Therefore, all existing AIDS/HIV programs would be maintained at the Davies Campus under the proposed LRDP. For more detail regarding health care services at the Davies Campus under the proposed LRDP, please see Major Response HC-2 (page C&R 3.23-8).

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-70 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 portion of the existing patient population to other hospitals. All of this must be included in a revised EIR."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-14 HC, duplicate comment was provided in 110-14 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."

Response HC-35

Read in context with the rest of Comment Letter 90, Comment 90-70 refers to purported changes in services at the CPMC campuses that are described in Comments 90-61 through 90-69, including a reduction in the overall number of licensed beds at the CPMC campuses, a reduction in the number of skilled nursing facility (SNF) beds at the CPMC campuses, access to CPMC services for patients receiving Medi-Cal or with other insurance coverage limitations (including access for such patients to single-patient rooms), shifts of the existing patient population at the St. Luke's Campus to other hospitals, a reduction in the number of psychiatric beds at the CPMC campuses, and a reduction in AIDS/HIV services at the Davies Campus. The comment suggests that the purported health care service changes outlined in Comments 90-61 through 90-69 would lead to direct and indirect physical changes, consisting of impacts on traffic, transportation, parking, air quality, and public services.

Please see the responses to Comments 90-61 through 90-69 in Responses HC-2, HC-7, HC-8, HC-17, and HC-34 (pages C&R 3.23-52, 3.23-77, 3.23-82, 3.23-111, and 3.23-177, respectively) of this C&R document for detailed responses to each of these above-noted concerns. As explained in those responses, several of the changes in services at CPMC campuses that the comment indicates might occur are not changes that would occur under the proposed LRDP or otherwise (e.g., the proposed LRDP would not include any reduction in psychiatric beds or AIDS/HIV services at the Davies Campus). As further explained in the responses listed above, the remaining health care service changes at CPMC campuses would not result in shifts of patient populations to other CPMC or non-CPMC hospitals in a manner that would result in the direct and indirect physical environmental impacts related to traffic, transportation, parking, air quality, and public services that were not analyzed in the Draft EIR, as suggested by Comments 90-61 through 90-70. As further explained in the above-identified responses, the Draft EIR for

the proposed LRDP has adequately analyzed the impacts (including cumulative impacts) of the proposed LRDP related to traffic, transportation, parking, air quality, and public services (see Draft EIR, Sections 4.5, 4.7, 4.8, and 4.11) and no evidence is presented in the comments regarding direct or indirect environmental impacts of the proposed LRDP that have not been analyzed in the Draft EIR. Comments on specific environmental topics, such as traffic (pages C&R 3.7-52 to 3.7-77), transportation (C&R Section 3.7), parking (pages C&R 3.7-125 to 3.7-155), air quality (C&R Section 3.9), and public services (C&R Section 3.13), are addressed in the response to comments in the applicable section of this C&R document.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-86 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]

[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.bizjoumals.com/sanfrancisco/stories/20 I 0/09/06/story 12.html."

Response HC-36

Previous changes (prior to the issuance of the Notice of Preparation (NOP) of an EIR for the CPMC LRDP EIR dated May 27, 2009) in services or supply of beds at the CPMC campuses, including whatever these changes or processes may have been, are not the subject of the CPMC LRDP EIR. Baseline information on existing beds and medical services,LRDP proposed beds and medical services is provided in Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses, on page 2-10 the Draft EIR.

The statements 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" prior to the proposed LRDP, and that CPMC would eliminate "another 188 licensed beds: 109 acute-care beds and 79 skilled nursing beds" under the proposed LRDP appear to have been based on Table 2-2 in the Draft EIR. Please note that revisions shown in Chapter 4 of this C&R document have been made to Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" in the Draft EIR, page 2-10 (see Response PD-6 [page C&R 3.2-6]), to provide some corrections regarding the existing and proposed number of licensed acute-care beds at the Davies Campus and to clarify CPMC's commitment to continue maintenance of 101 licensed SNF beds at the California Campus, unless and until CPMC identifies another plan for providing 62 additional skilled nursing facility (SNF) beds (in addition to the 38 SNF beds that would continue to be maintained at the Davies Campus under the LRDP) necessary for CPMC to meet its commitment to provide a total of 100 SNF beds systemwide. Therefore, as shown in the updated version of Table 2-2, before the publication of the NOP for the LRDP EIR in May 2009, a total of 93 licensed acute-care beds and zero licensed skilled nursing facility beds, (rather than 124 and 101, respectively, as stated by the comment), were eliminated at the CPMC Campuses. Additionally, as shown in the updated version of Table 2-2, under the proposed LRDP, a total of 192, rather than 109, licensed acute-care beds would be eliminated.

Past changes in health care services at the CPMC campuses are beyond the scope of environmental review documents under CEQA. The State CEQA Guidelines establish that the baseline for purposes of

the CEQA analysis normally is the physical environmental conditions on site and in the vicinity of the project as they exist at the time the NOP is published (see Section 15125(a) of the State CEQA Guidelines). The NOP for the CPMC LRDP EIR was filed on May 27, 2009. Therefore, changes in the environmental setting that occurred before the publication of the Notice of Preparation (2009) are not relevant to the analysis of the proposed LRDP's environmental impacts.

The comment refers to the elimination of licensed acute-care beds, psychiatric beds, and SNF beds at the CPMC campuses under the proposed LRDP and under prior health care services changes at CPMC campuses, and the recent transfer of CPMC's dialysis programs to DaVita, which became effective on February 1, 2011. However, the comment does not state any specific concerns regarding these issues. For detailed responses to a variety of concerns regarding these health care services at the CPMC campuses, please see Major Response HC-1, (page C&R 3.23-1), which addresses comments regarding the supply of licensed acute-care beds, Major Response HC-4, (page C&R 3.23-19), which addresses comments regarding the supply of licensed psychiatric beds, Major Response HC-6 (page C&R 3.23-25), which addresses comments regarding the supply of licensed SNF beds, and Response HC-21 (page C&R 3.23-127), which addresses comments regarding the sale of the CPMC dialysis unit to DaVita.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [93-9 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?"

(Gloria Smith—California Nurses Association, October 19, 2010) [93-10 HC]

"Do some of the competing facilities currently provide a range of not necessarily profitable services to the lower income residents that will be impacted? Might existing facilities be forced out of business, resulting in "blighted" neighborhoods? The DEIR does not address this potential set of impacts."

Response HC-37

The CPMC LRDP EIR is not required to analyze the range of services and profitability of other health care facilities with respect to the proposed LRDP. Such issues are social and economic in nature. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. No evidence is presented that would suggest the need for further analysis. As is stated in Section 15384 of the State CEQA Guidelines, "[a]rgument, speculation, unsubstantiated opinion or narrative, evidence which is clearly erroneous or inaccurate, or evidence of social or economic impacts which do not contribute to or are not caused by physical impacts on the environment does not constitute substantial evidence." For a more detailed response to comments regarding impacts on other hospitals, please see Major Response HC-3 (page C&R 3.23-17).

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [93-12 HC]

"5. How will emergency patients be accommodated if they need to be air-lifted in or out of the City?"

Response HC-38

Unlike the UCSF Mission Bay Hospital, which is proposed to include a helipad, the proposed LRDP would not involve the provision of helipads at any CPMC campus. CPMC does not currently offer trauma services at any of its facilities, nor does it intend to do so under the proposed LRDP. The proposed LRDP

would not result in any change to the existing baseline related to citywide medical helicopter services, as CPMC also does not currently provide any helipads at its existing facilities. As is current practice, any CPMC patients being airlifted in or out of San Francisco would be transported from the heliport at San Francisco International Airport, with the exception of patients arriving in helicopters from the north Bay Area, which would land at Crissy Field.[443] After landing, patients would be transported to a CPMC hospital by ambulance.[444]

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [93-14 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?"

Response HC-39

At the proposed Cathedral Hill Campus, the proposed LRDP would consolidate and replace acute-care services that currently exist at the California and Pacific Campuses. The services that are required to support these hospitals already exist and a major relocation of health service providers to the area surrounding these CPMC acute-care facilities under the LRDP is not anticipated to result from the development of the proposed Cathedral Hill Hospital and Cathedral Hill MOB, and the conversion of the 1375 Sutter Building to full MOB use at the proposed Cathedral Hill Campus. For purposes of providing a conservative analysis of the impacts of the proposed LRDP, the Draft EIR assumed that all new MOB and hospital space under the LRDP would result in net new employment within San Francisco. No evidence is presented in the comment that the Draft EIR analysis understated the anticipated impacts of the LRDP.

The multiplier effect or growth inducement associated with the proposed LRDP is anticipated to be moderate, as discussed in more detail in Section 3.6.1.6, "Hiring Program" of this C&R document. Much of the economic multiplier effects generated by the proposed LRDP would result in commercial business benefits (i.e., increased day-time retail spending in surrounding neighborhoods) and not specifically health care-related economic benefits. As a result, little evidence exists as to whether additional businesses or residences would be converted to health care support services at the proposed Cathedral Hill Campus. For a discussion of the indirect and induced multiplier effects of the LRDP, please see Section 3.6.1.6 of this C&R document.

Please also see the analysis of growth-inducement impacts associated with the proposed LRDP on pages 5-16 to 5-21 of the Draft EIR. As explained on page 5-19, the economic study completed for the project concluded that the proposed Cathedral Hill Campus would have a direct positive economic effect on the neighborhood, and would encourage patronage of off-site existing (and potentially new) retail and service enterprises by campus visitors.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [93-17 HC]

"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.

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[443] CPMC, memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to David Reel (AECOM) & Brian Boxer (AECOM), re: System wide ED and Urgent Care (June 1, 2011).

[444] Ibid.

- Design, construction and operation of Cathedral Hill campus, including a 555-bed hospital and medical office building 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."

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 thee proposed Project. Such details must be described in a revised project description.
1,253 licensed beds/ 875 staffed beds	952 licensed beds/ 831 staffed beds	St. Luke's Campus: Reduction of licensed beds from 229 (150 acute and 79 skilled nursing) to 80 beds. Overall licensed beds would be reduced by 178 beds.
45 emergency room bays	65 emergency room bays	The DEIR's description of existing and projected emergency room trips/admissions related to CPMC, as well as existing and projected total San Francisco population-related emergency room trips/admissions is incomplete. The omission of this information renders impact analyses related to transportation, air quality and greenhouse gas emissions incomplete.

Table 1
Comparison of Existing CPMC Campuses to Proposed CPMC Campuses

Existing CPMC	Proposed CPMC	Comments
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.
Housing units Cathedral Hill: 5 residential units and 20 residential hotel units	Housing units = None	CPMC is still working with the Mayer'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.

(Gloria Smith—California Nurses Association, October 19, 2010) [93-25 HC]

"The DEIR's Project Description sections omit information that is essential to an adequate analysis of Project-related and cumulative impacts. Key examples vital information omitted from the DEIR are a plan for replacement housing for units demolished to make way for Project construction and a clear and complete description of the change in health care services to be provided by each campus."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-27 HC]

"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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-33 HC]

"• Projected emergency room admissions and ambulance trips for both near-term and long-term project phrases. 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 traffic generated by patients having to travel greater distances for services. Details including total projected psychiatric admissions is essential for impact analyses as well."

Response HC-40

The comments express concerns regarding the adequacy of the Draft EIR's description of the changes to health care services at each of CPMC campuses and its relationship to the adequate analysis of the transportation-related, air quality, greenhouse gas, housing, and other environmental impacts of the proposed LRDP; request additional information related to changes in patient access to CPMC hospitals and patient travel patterns; state figures purportedly representing the overall reduction in the number of licensed beds and staffed beds at the CPMC campuses under the proposed LRDP; express concerns that the Draft EIR's description of existing and projected emergency room trips/admissions is incomplete; express concerns regarding potential impacts related to the lack of a helicopter landing at the CPMC campuses under the proposed LRDP; request detailed patient information (including "target patient profiles"); express concerns that the Draft EIR omits information concerning future employment at the California Campus sites; express concerns that the Draft EIR omits information regarding a plan for replacement housing for units to be demolished to facilitate project construction (at the Cathedral Hill Campus); and request details related to total projected psychiatric admissions at the CPMC campuses. Each of these concerns is addressed in turn below.

Adequacy of Description of Changes to Health Care Services at CPMC Campuses

Table 1 in Comment 93-17 includes a statement that proposed changes to services at the CPMC campuses under the LRDP are not well described in the Project Description in the Draft EIR and must be more clearly described, because such information "is essential to the adequate analysis" of various environmental impacts. Comments 93-25 and 93-27 express similar concerns. Please see Sections 2.2, 2.3, 2.5, and 2.6 in the Draft EIR, beginning on page 2-19, for the description of development at the proposed Cathedral Hill, Pacific, Davies, and St. Luke's Campuses, respectively. The comments do not provide any specific details regarding any information that would be needed additionally to adequately analyze LRDP impacts, or any reasoning as to why such additional information could affect the analysis of such impacts. In addition to the details provided in Sections 2.2, 2.3, 2.5, and 2.6, additional relevant details related to changes at the CPMC campuses are included where necessary in the environmental resource sections of Chapter 4 of the Draft EIR that contain analyses of various potential impacts of the proposed LRDP.

Please see the following Major Responses at the beginning of this section of the C&R document for additional relevant information:

- Major Response HC-1 (page C&R 3.23-1) regarding loss of acute-care beds, which explains in detail that the licensed acute-care beds that would be provided under the proposed LRDP would be sufficient to meet demand, and no direct or indirect physical environmental impacts would occur from the reduction in the total number of licensed acute-care beds under the LRDP.
- Major Response HC-2 (page C&R 3.23-8) regarding the proposed Cathedral Hill Hospital as a central hub, tertiary hospital, size and scope of services at the St. Luke's Campus, and services at Davies Campus, which explains that the effects of the location, size, or scope of facilities under the proposed LRDP on health care delivery would not result in physical environmental impacts that were not fully analyzed in the Draft EIR.
- Major Response HC-4 (page C&R 3.23-19) regarding psychiatric beds, which explains that the project would not result in any changes related to the provision of inpatient psychiatric beds.
- Major Response HC-5 (page C&R 3.23-20) regarding emergency services, which explains that the proposed LRDP would result in an overall systemwide increase in Emergency Department capacity at the CPMC campuses and therefore would not increase demand on or otherwise put a strain on or undercut emergency services within the city.

- Major Response HC-6 (page C&R 3.23-25) regarding loss of SNF and subacute-care beds, which explains that the number of SNF beds that would be provided under the proposed LRDP and pursuant to CPMC's commitment to continue to maintain 100 SNF beds and the reduction of SNF and subacute-care beds under the proposed LRDP would not result in a transfer or redistribution of services to other health care providers in a manner that would result in potential impacts on public services, or other indirect physical environmental impacts such as traffic or air quality impacts.
- Major Response HC-8 (page C&R 3.23-32) regarding access to health care services, which explains that the proposed LRDP would not reduce or fail to provide local access to health care in a manner that would result in potential physical environmental impacts.

As explained in detail in the Major Responses described above, the record indicates that the proposed LRDP would provide adequate capacity to meet CPMC's current and projected demand for health care services for its patients and, therefore, would not contribute to any project-level, program-level or cumulative impacts (or indirect effects therefrom, associated with shifts in patients or services) that are not fully disclosed in the Draft EIR. Where impacts were determined to be significant, the Draft EIR identified mitigation measures to reduce them to a less-than-significant level to the extent feasible. The Draft EIR also identified a range of reasonable alternatives that would avoid or substantially reduce the project's significant impacts.

Changes in Patient Access to CPMC Hospitals and Patient Travel Patterns.

Table 1 in Comment 93-17 also states that the change from four existing CPMC acute-care hospitals to three acute-care hospitals under the proposed LRDP "likely [would] impact who [accessed] the hospitals and how these patients [would] travel—beyond CPMC—for services," and states that additional details are needed to analyze "those implications of the proposed Project." The consolidation of services and transfer of patients, employees, and visitors from four to three acute-care hospitals at CPMC campuses under the proposed LRDP is fully accounted for in the impact analysis of all relevant topics under the Draft EIR. All air quality and traffic impacts associated with the proposed LRDP (including cumulative impacts) were analyzed in the Draft EIR in Sections 4.5 and 4.7. To the extent that changes in CPMC's patient and employee travel patterns (travel distances, types of trips, etc.) are relevant to the LRDP's direct or indirect environmental impacts (including cumulative impacts), that information has been factored into the analysis in the Draft EIR. As explained in the Draft EIR, page 4.5-72, travel surveys of CPMC personnel, patients, and visitors were conducted to develop origin-destination assumptions for purposes of the transportation analysis. Based on this survey information, trip distribution was assigned for CPMC personnel, patients, and visitors traveling to or from the CPMC campuses from four quadrants (or "Superdistricts") of the City, or from the East Bay, South Bay, North Bay, or outside the Bay Area.[445] Table 4.5-12, "Trip Distribution Patterns by Campus" in the Draft EIR, page 4.5-78, indicates the distribution of trips by San Francisco quadrant, as well as by trips originating or ending outside of San Francisco that were assumed for each of the CPMC campuses based on the survey results. The transportation analysis based upon the origin-destination assumptions developed from the travel surveys of CPMC personnel, patients, and visitors in turn was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8).

The comment does not raise any transportation or other environmental issues that are not already analyzed in the Draft EIR. The Draft EIR included a thorough and adequate analysis of the proposed LRDP and its impacts, and the Chapter 2, "Project Description" in the Draft EIR clearly indicates that the proposed LRDP would involve changes to the CPMC system that would include the change from four to three acute-care hospitals.

[445] Adavant Consulting, 2010 (January 29), *CPMC LRDP Travel Demand Estimation for the San Francisco Campuses*, prepared for the San Francisco Department of Public Works, pages 21 and 39.

Please see Major Response HC-8 for additional detailed information regarding patient access to CPMC hospitals under the proposed LRDP.

Number of Licensed and Staffed Beds

Table 1 in Comment 93-17 states that the existing CPMC system includes 1,253 licensed beds and 875 staffed beds overall, which would be reduced to a total of 952 licensed beds and 831 staffed beds under the proposed LRDP. Table 1 in Comment 93-17 also states that overall licensed beds would be reduced by 178 beds.

Please see the text revisions to Draft EIR Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" included in Chapter 4 of this C&R document. As shown in the revised version of Table 2-2, at the time Notice of Preparation (NOP) for this EIR was issued in May 2009, establishing the environmental baseline for the Draft EIR analysis of the proposed LRDP, the existing CPMC system included a total of 1,174 licensed beds, rather than 1,253 as stated by the comment. A reduction from 1,252 to 1,174 licensed beds occurred between 2008 and 2009, prior to the issuance of the NOP, because of changes in the number of licensed acute care, rehabilitation, and psychiatric beds at the Davies Campus, as shown in the revised version of Table 2-2. Additionally, as shown in the updated version of Table 2-2, the proposed LRDP would result in a total of 903 licensed beds, rather than 952, as stated in the comment. Therefore, the project would result in an overall reduction of 271 beds.

With respect to "staffed" beds, please see Major Response HC-1 (page C&R 3.23-1), which explains that although the proposed LRDP would result in a reduction in licensed acute-care beds at CPMC campuses, it would not reduce the level or capacity of care. This largely would be because the remaining number of beds would still be sufficient to deliver all of the acute care programs and services CPMC currently delivers, and would also accommodate the anticipated future demand for acute care services. As further explained in Major Response HC-1, the number of beds that are actually used for patient care on a daily basis in the current CPMC system (which includes multi-bed rooms within the existing acute care facilities) are substantially less than the number that are licensed. For example, the California Office of Statewide Health Planning and Development (OSHPD) indicates that the average daily census (actual patients in licensed beds) for all of CPMC in 2009 was 559; an occupancy rate of 48 percent for licensed beds (of the 1174 total beds) systemwide.[446] In 2010, CPMC's observed maximum systemwide census was 656; an occupancy rate of 56 percent[447] (which is significantly below the proposed total of 903 licensed beds.) These low occupancy rates reflect a past industry practice of retaining licensed acute care bed capacity beyond what the actual demand required.

With the shift to single-patient rooms under modern hospital guidelines, newer facilities, such as the St. Luke's Replacement Hospital and the proposed Cathedral Hill Hospital under the LRDP, are projected to have a higher occupancy rate than older facilities with multi-patient rooms. In other words, a much higher percentage of licensed beds are expected to be used in hospitals with single-patient rooms. Thus, a hospital with single-patient beds can serve a larger number of patients than a hospital with the same number of beds in shared patient rooms. As explained in detail in Major Response HC-1, because of the shift from multi-patient to single-patient rooms, under the proposed LRDP, all licensed beds would be effectively utilized (occupancy rates are expected to be approximately 80 percent for acute-care beds, 88 percent for rehabilitation beds, 85 percent for psychiatric beds, and 94 percent for SNF beds).[448] There

[446] Source: OSHPD ALIRTS website, Annual Utilization Reports for California Pacific Med Ctr-Pacific Campus, 2009, California Pacific Med Ctr-California West, 2009, California Pacific Med Ctr-California East, 2009, California Pacific Med Ctr-Davies Campus, 2009, and California Pacific Med Ctr-St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 6, 2011.
[447] CPMC, Memorandum from Malia Weinberg to Geoffrey Nelson re: CPMC's maximum census in 2010 (Apr. 5, 2011).
[448] CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Occupancy Rate Assumptions (May 12, 2011).

would be some variation in staffing on any given day, as staffing is adjusted based upon patient census and the acuity of patient conditions (the higher the acuity of patients, the more nurses are necessary).

Emergency Room Trips/Admissions and Ambulance Trips

Table 1 in Comment 93-17 also includes statements that the Draft EIR'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," and that the omission of this information renders the Draft EIR impact analyses incomplete. As explained in Major Response HC-5 (page C&R 3.23-20) regarding emergency services, the overall systemwide Emergency Department capacity at the CPMC campuses would be increased under the proposed LRDP, and the LRDP would not result in impacts to emergency rooms at other San Francisco hospitals. Impacts resulting from changes in trips to other non-CPMC San Francisco hospitals and admissions at the emergency rooms of other San Francisco health care providers would not be impacts of the proposed LRDP, and thus they are not required to be analyzed in the Draft EIR.

As stated on page 4.5-145 of the Draft EIR, the proposed Cathedral Hill Campus under the LRDP is expected to receive between 8,400 and 9,600 emergency calls, or about half of all emergency patients within the CPMC system, per year. The transportation impacts of these emergency vehicle trips were evaluated in Impacts TR-52, TR-53, and TR-54 in the Draft EIR, pages 4.5-145 through 4.5-147. The Pacific and California Campuses would be anticipated to receive zero emergency calls per year under the proposed LRDP.[449] The effects of emergency vehicle access at the Pacific Campus (under the LRDP) are evaluated under Impact TR-65 in the Draft EIR, page 4.5-175. The effects of emergency vehicle access at the California Campus (under the LRDP) are evaluated under Impact TR-72 in the Draft EIR, page 4.5-182. The Davies Campus would be anticipated to receive between approximately 3,200 and 3,600 emergency calls per year under the LRDP.[450] The effects of emergency vehicle access at the Davies Campus are evaluated under Impact TR-82 in the Draft EIR, page 4.5-192. The St. Luke's Campus would be anticipated to receive between approximately 5,400 and 6,300 emergency calls per year under the LRDP.[451] The effects of emergency vehicle access at the St. Luke's Campus (under the LRDP) are evaluated under Impacts TR-92 and TR-93 in the Draft EIR, page 4.5-206.

In all cases, these impacts were determined to be less than significant, because, among other reasons, (1) the proposed Cathedral Hill Hospital is located along major routes to many neighborhoods, (2) likely routes to the Cathedral Hill Hospital 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 vehicles, (3) after the relocation of acute care functions from the 2333 Buchanan Hospital at the Pacific Campus to the Cathedral Hill Campus, the Pacific Campus would no longer serve emergency ambulance vehicles, but would retain emergency vehicle access, (4) existing uses at the California Campus requiring emergency vehicle access would be relocated to the Cathedral Hill Campus, (5) the proposed LRDP would not change the existing access points for emergency vehicles entering the Davies Campus or increase the area at the Davies Campus used for emergency care, and (6) new emergency vehicle access would be provided for the St. Luke's Replacement Hospital on 27th Street between Guerrero Street and San Jose Avenue. Please also see Response TR-100 (page C&R 3.7-170) regarding emergency vehicle access, which provides further explanation regarding why the proposed LRDP would not result in significant impacts related to emergency vehicle access to the Cathedral Hill Hospital.

Existing and LRDP-related emergency room trips and admissions are fully accounted for in the trip generation for the CPMC acute-care hospitals and, therefore, were factored into the Draft EIR analysis of

[449] TransOptions4Healthcare, 2011 (Feb. 28), *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015*, prepared for California Pacific Medical Center, p. 28.
[450] Ibid.
[451] Ibid.

transportation and circulation impacts. The transportation analysis based upon theses trip generation assumptions, in turn, was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8).

Comment 93-33 also states that information related to emergency room admissions and ambulance trips is necessary to evaluate "cumulative impacts of transit and traffic generated by patients having to travel greater distances for services." As explained in Major Response HC-5, the proposed LRDP would increase Emergency Department capacity at the St. Luke's Campus, and would also increase the total combined emergency and urgent care capacity within the entirety of the CPMC system, from 88,000 visits/year currently to over 100,000 visits/year at the Cathedral Hill, Davies, and St. Luke's Hospitals. Therefore, patients would not be required to travel greater distances for services than under current conditions, except that patients who would travel to the California or Pacific Campuses for emergency services under existing conditions generally would instead travel to the Cathedral Hill Campus under the proposed LRDP.

As explained in the Draft EIR, page 4.5-72, travel surveys of CPMC personnel, patients, and visitors were conducted to develop origin-destination assumptions for purposes of the transportation analysis. Based on this survey information, trip distribution was assigned for CPMC personnel, patients, and visitors traveling to or from the CPMC campuses from four quadrants (or "Superdistricts") of the City, or from the East Bay, South Bay, North Bay, or outside the Bay Area.[452] The transportation analysis based upon the origin-destination assumptions developed from the travel surveys of CPMC personnel, patients, and visitors accounted for the shift of patients currently receiving emergency and other services at the California and Pacific Campuses to the Cathedral Hill Campus. The transportation analysis in turn was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8). An EIR is not required to further respond to comments speculating on potential impacts that are not supported by substantial evidence in the record.

The comment describes CPMC as having two existing triage areas (prior to the proposed LRDP) and indicates that there would be three triage centers under the proposed CPMC LRDP. It is not clear whether the commenter is simply referring to Emergency Departments as "triage centers." If that is the definition intended by the comment, CPMC currently has four (not two) Emergency Departments and would have three Emergency Departments under the proposed LRDP (located at the proposed Cathedral Hill Hospital, the existing Davies North Hospital Tower, and the proposed St. Luke's Replacement Hospital).[453] On the other hand, if the comment is referring to actual triage rooms within the Emergency Department, defined as a room that has two doors—one with access to the waiting room and one to the main Emergency Department to allow for a one-way flow of patients into the department, then CPMC currently has four triage rooms (one at each existing campus) and would have six triage rooms under the LRDP (three at the Cathedral Hill Campus, one of which would be dedicated to pediatric patients, one at the Davies North Hospital Tower, and two at the St. Luke's Replacement Hospital).[454] As the number of triage rooms is often a rate-limiting factor in an Emergency Department's ability to accommodate patients, the increased number of triage rooms would increase the throughput of the CPMC Emergency Departments and, therefore, their ability to serve more patients.[455]

[452] Adavant Consulting, 2010 (January 29), *CPMC LRDP Travel Demand Estimation for the San Francisco Campuses*, prepared for the San Francisco Department of Public Works, pages 21 and 39.
[453] CPMC, memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to David Reel (AECOM) & Brian Boxer (AECOM), re: System wide ED and Urgent Care (June 1, 2011).
[454] Ibid.
[455] Ibid.

Lack of Helicopter Landing Pad

Table 1 in Comment 93-17 includes a comment that the lack of a helicopter landing [pad] could result in impacts related to health care services, and related to air quality, and greenhouse gas emissions, because of reliance on other heliports outside of San Francisco. CPMC does not currently offer trauma services at any of its facilities, nor does it intend to do so under the proposed LRDP. The proposed LRDP would not result in any change to the existing baseline related to citywide medical helicopter services, as CPMC also does not currently provide any helipads at its existing facilities. The CPMC campuses would not rely on other heliports outside of San Francisco as speculatively suggested by the comment. As is current practice, any CPMC patients being airlifted in or out of San Francisco would be transported from the heliport at San Francisco International Airport, with the exception of patients arriving in helicopters from the North Bay, which would land at Crissy Field.[456] After landing, patients would be transported to a CPMC hospital by ambulance.[457] Therefore, the project would not result in any health care services, air quality, greenhouse gas emission, or other impacts related to changes in the use of or the lack of helicopter landing pads at the CPMC campuses.

Detailed Patient Information

Table 1 in Comment 93-17 also includes a statement that detailed patient information regarding outpatient visits needed to fully assess project impacts was not included in the Draft EIR. The comment does not provide details regarding specific information related to outpatient visits that would be needed to adequately analyze proposed LRDP impacts, the types of impacts that would potentially be affected by such information, or any reasoning as to why such additional information could affect the analysis of LRDP impacts in the Draft EIR. In addition to the project description details provided in Sections 2.2, 2.3, 2.5, and 2.6 of the Draft EIR, additional details related to changes at the CPMC campuses are included where necessary in the environmental resource sections of the Draft EIR that contain analyses of various potential physical environmental impacts of the proposed LRDP.

Moreover, to the extent that changes in CPMC's patient and employee travel patterns (travel distances, types of trips, etc.) are relevant to the project's direct or indirect environmental impacts (including cumulative impacts), that information has been factored into the analysis in the Draft EIR, as explained above and in page 4.5-72 of the Draft EIR. The transportation analysis based upon the origin-destination assumptions developed from the travel surveys of CPMC personnel, patients, and visitors, in turn, was utilized to develop the analyses in the Draft EIR of other environmental impacts related to traffic that would be generated by the proposed LRDP, e.g., Noise (Section 4.6), Air Quality (Section 4.7), and Greenhouse Gas Emissions (Section 4.8).

Comment 93-27 specifically requests information on CPMC's "target patient profiles." Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. Information regarding CPMC's patient base involves social and economic concerns that are outside of the scope of the CEQA requirement to analyze the environmental impacts of the proposed LRDP, except to the extent that information regarding CPMC's patient base could indirectly result in indirect physical environmental impacts under the proposed LRDP.

Other than collecting income information from those seeking to qualify for charity care, CPMC does not collect information regarding the income of its patients. Therefore, to the extent that this comment can be construed as requesting information regarding the income of CPMC's patient base under the proposed LRDP, this information is not available. Moreover, because the project would not change the income level of CPMC's existing patient base, which would continue to be served by the proposed replacement facilities, information regarding the income level of existing patients would not be relevant to analyzing

[456] Ibid.
[457] Ibid.

any potential direct or indirect environmental impacts resulting from the project. Please also see Major Response HC-8 (page C&R 3.23-32) regarding access to health services, which includes information regarding charity care and other services that CPMC currently provides and would provide under the proposed LRDP for low-income and other underserved populations.

Future Employment at the California Campus Sites

As explained on page 2-132 in the Draft EIR, future uses of the California Campus after it is sold by CPMC by 2020, are speculative in nature at this time. It is assumed that a prospective purchaser would ultimately seek to renovate and/or redevelop the California Campus; however, the nature, timing, and extent of development are unknown at this time and are therefore beyond the scope of the EIR for the proposed LRDP. Section 15145 of the State CEQA Guidelines states that "[i]f, after thorough investigation, a Lead Agency finds that a particular impact is too speculative for evaluation, the agency should note its conclusion and terminate discussion of the impact." Because future uses and related future employment at the California Campus sites after the sale by CPMC to a subsequent purchaser are too speculative for evaluation there is no need to provide the information regarding projected future employment at the California Campus as suggested by the comment.

Plan for Replacement Housing

Please refer to Responses PH-14, PH-15, and PH-16 (pages C&R 3.5-53 to 3.5-62) for a discussion of how and when replacement housing must be provided within San Francisco and the degree to which CPMC is assisting those residents that would be displaced as a result of construction at the proposed Cathedral Hill Campus.

Psychiatric Admissions

Comment 93-33 requests details related to psychiatric admissions at the CPMC campuses under the proposed LRDP and suggests that such details are essential for the analysis of the proposed LRDP's impacts. Please see Major Response HC-4 (page C&R 3.23-19) regarding psychiatric beds, which explains that the proposed total of 18 licensed psychiatric beds under the LRDP (all at the Pacific Campus) would be adequate to respond to the demand for CPMC beds, based on the past demand census (average daily census of 10.6 for psychiatric beds in 2009).[458] As shown in Table 2-2 on page 2-10 of the Draft EIR, and the updated version of Table 2-2 included in the text revisions in Chapter 4 of this C&R document, the existing 18 licensed psychiatric beds would continue to be maintained at the Pacific Campus under the proposed LRDP. As such, there would be no change in psychiatric services currently provided or the current level of psychiatric admissions within the CPMC system, and no psychiatric beds or services would be shifted from CPMC to other providers, under the proposed LRDP. Therefore, the record does not support the suggestion that the proposed LRDP would contribute to any physical environmental impacts (including cumulative impacts) related to psychiatric admissions, and no further information is necessary to provide an adequate analysis of the physical environmental impacts of the proposed LRDP.

Comments

(Gloria Smith—California Nurses Association, October 20, 2010) [96-1 HC, duplicate comment was provided in 110-1 HC]

"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

[458] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr-Pacific Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011; CPMC, Memorandum from Malia Weinberg, Senior Project Manager, Operations, Planning and Activations, to Brian Boxer (AECOM) re: Inpatient Psychiatric Beds (May 12, 2011).

('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.

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.

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

(Nato Green, September 23, 2010) [PC-317 HC]

"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?"

Response HC-41

Comment 96-1 includes a statement that the Draft EIR "is critically flawed in deciding to ignore health care 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." Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA, and Major Response HC-9 (page C&R 3.23-38) regarding the need to consider the proposed LRDP in light of a health care master plan or its equivalent.

Comment 96-1 provides no support for the statement that "[a]ll of the land use arguments are in their essence cost-benefit arguments about health care." The land use impacts of the proposed LRDP are adequately analyzed in Section 4.1, "Land Use and Planning" beginning on page 4.1-37 of the Draft EIR and, to the extent that the land use impacts potentially could have direct or indirect secondary physical impacts on the environment, in the analysis of other impacts throughout Chapter 4 of the Draft EIR. As explained in Section 4.1.4, "Significance Criteria," on pages 4.1-36 to 4.1-37 of the Draft EIR, as revised for additional clarifications in the text revisions on page 4-4 of this C&R document, consistent with Appendix G of the State CEQA Guidelines, the analysis of the proposed LRDP's land use impacts determined whether implementation of the proposed LRDP would have a significant impact on land use and planning if it would:

- physically divide an established community;
- conflict 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) adopted for the purpose of avoiding or mitigating an environmental effect; or
- have a substantial impact upon the existing character of the vicinity.

None of these significance criteria call for or involve cost-benefit arguments regarding health care. Therefore, no additional analysis of health care issues is required to provide an adequate analysis of the land use impacts of the proposed LRDP.

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-22 HC, duplicate comment was provided in 110-22 HC]

"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*...'

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."

Response HC-42

The comment makes a general statement that 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." It is unclear as to what specific impacts the comment is referring. All environmental impacts under all topics listed in Appendix G of the State CEQA Guidelines are addressed in the Draft EIR and in this C&R document in the responses regarding specific environmental impacts related to the proposed LRDP. More specifically, potential effects of the proposed LRDP on environmental issues to which the comment refers are found in the following sections and pages of the Draft EIR:

- Public health and safety is addressed in Section 4.16, "Hazards and Hazardous Materials," on pages 4.16-40 through 4.16-81.
- Effects on public services are addressed in Section 4.11, "Public Services," on pages 4.11-17 through 4.11-36.
- Water is addressed in Section 4.12, "Utilities and Service Systems," on pages 4.12-24 through 4.12-37 and 4.12-45.
- Alterations to ecological systems are addressed in Section 4.13, "Biological Resources," on pages 4.13-18 through 4.13-29.
- Changes induced in population distribution and population concentration are addressed in Section 4.3, "Population, Employment, and Housing," on pages 4.3-18 through 4.3-47.
- Changes in the human use of land (including commercial and residential development) are addressed in Section 4.1, "Land Use and Planning," on pages 4.1-37 through 4.1-70.
- Effects on historical resources are addressed in Section 4.4, "Cultural and Paleontological Resources," on pages 4.4-29 through 4.4-51.
- Effects on scenic quality are addressed in Section 4.2, "Aesthetics," on pages 4.2-95 through 4.2-194.

The Draft EIR adequately analyzes the physical environmental impacts of the proposed LRDP, including the environmental issues to which the comment refers. The comment does not provide any substantial evidence regarding any deficiency in the analyses of any of the full range of environmental impacts analyzed in the Draft EIR.

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-24 HC, duplicate comment was provided in 110-24 HC]

"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.*

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."*

Response HC-43

Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. As explained in Response INTRO-7, CEQA is concerned solely with whether a project may have adverse physical environmental effects. Accordingly, the State CEQA Guidelines provide that "[e]conomic 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." Although social and economic effects are not physical environmental effects, they can be used to connect a proposed project to a physical environmental effect. Section 15131 of the State CEQA Guidelines states that "economic and social effects of a project shall not be treated as significant effects on the environment, [a]n EIR may trace a chain of cause and effect from a proposed decision on a project through anticipated economic or social changes resulting from a project to physical changes caused in turn by the economic or social changes."

In evaluating the environmental impacts of a project, an EIR must evaluate indirect physical effects in addition to the direct effects of a project. Direct effects are effects that are caused by a project and occur in the same time and place. An indirect environmental effect is a change in the physical environment that is not immediately related to a project, but that is caused indirectly by a project.

CEQA does not require the analysis of generalized social and economic impacts, as implied or suggested by many of the comments regarding a range of health care issues, A lead agency is also not required to analyze conclusive statements regarding social and economic impacts that are not supported by substantial evidence.

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-26 HC, duplicate comment was provided in 110-26 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.

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.

[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."

Response HC-44

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. The proposed LRDP does not propose and cannot affect any changes to the State's Medi-Cal program. Therefore, any environmental or other effects resulting from changes to the Medi-Cal program would not be an effect of the proposed LRDP. Please also see Major Response HC-8 (page C&R 3.23-32) regarding access to health services.

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-27 HC duplicate comment was provided in 110-27 HC]

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

The LRDP proposes to build a 555-bed hospital at the proposed 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.)

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:"

Response HC-45

The comment states that the large size of the proposed Cathedral Hill Hospital does not guarantee better quality patient care, describes the proposed reduction in licensed beds at the CPMC campuses, and, presumably referring to the Draft EIR's analysis of the project's consistency with applicable land use plans, states that the determination is based upon the presumption that CPMC would successfully obtain entitlements that are proposed as part of the LRDP project description as described in Table 2-3. "Required Project Approvals," on pages 2-13 through 2-17 of the Draft EIR.

Please see Major Response HC-2 (page C&R 3.23-8), which explains the patient care benefits resulting from the size and co-location of services at the proposed Cathedral Hill Hospital.

The comment that the proposed LRDP would result in "all but eliminating services at the Pacific Campus" appears to be based on a misunderstanding of the proposed LRDP. As provided in the LRDP project description discussion in the Draft EIR, pages 2-114 through 2-117, although 18 psychiatric beds would be the only remaining inpatient uses at the Pacific Campus after implementing the proposed LRDP, the Pacific Campus would continue to provide outpatient services. The existing 2333 Buchanan Street Hospital at the Pacific Campus would be converted into the Ambulatory Care Center (ACC), which would offer outpatient care (23,200 square feet), diagnostic and treatment services (116,500 square feet), and Alzheimer's residential care (32,500 square feet). Uses within the proposed ACC Addition at the Pacific Campus might include outpatient space, diagnostic and treatment space, medical offices, and outpatient care, among other uses listed in the Draft EIR, page 2-116. No changes are foreseen under the proposed LRDP for the 2400 Clay Street MOB, the 2395 Sacramento Street building (Health Services Library), 2323 Sacramento Street Building (Mental Health Center, which would continue to operate as an inpatient and outpatient facility with 18 psychiatric beds), Pacific Professional Building (2100 Webster Street), or the 2300 California Street MOB, all at the Pacific Campus. Additionally, the proposed Pacific Campus urgent care center would treat patients with non-emergency ailments such as joint and muscle pain, skin infections, abdominal pain, urinary tract infections, headaches, infections of the ears, throat and sinuses, and cough/bronchitis, thereby reducing demand for services at the proposed Cathedral Hill Emergency Department by approximately 17 percent, and increasing effective overall capacity.

Although most services would be relocated from the California Campus to the Cathedral Hill and Pacific Campuses under the proposed LRDP, the comment's statement that the LRDP proposes to terminate all services at the California Campus is not accurate. As discussed in the Draft EIR, pages 2-131 through 2-132, "[a] small amount of CPMC-operated space (approximately 2,400 sq. ft.) at the 3838 California Street MOB (primarily outpatient imaging and blood drawing) would be leased from the buyer of the California Campus property indefinitely. With that exception, it is expected that by about 2020 almost all CPMC-related use of the California Campus would cease."

Please see Responses LU-5 and LU-9 in Section 3.3 of this C&R document (pages C&R 3.3-30 and 3.3-64, respectively) for detailed responses to similar comments regarding the Draft EIR's analysis of the project's consistency with applicable land use plans.

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-29 HC, duplicate comment was provided in 110-29 HC]

"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%.

[28] Kim YK, Glover SH, Stoskopf CH, Boyd SO, 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."

Response HC-46

The comment is noted. This comment addresses the potential size and profitability of proposed Cathedral Hill Hospital and does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Gloria Smith—California Nurses Association, October 20, 2010) [96-30 HC, duplicate comment was provided in 110-30 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]"

[29] 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.
[30] 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).
[31] Sutter Health statement at May 27, 2010 County of Sonoma Board of Supervisors hearing."

(Gloria Smith—California Nurses Association, October 20, 2010) [96-31 HC, duplicate comment was provided in 110-31 HC]

"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."

(Lisa Cleis, September 23, 2010) [PC-80 HC]

"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."

(Jane Martin, September 23, 2010) [PC-255 HC]

"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."

Response HC-47

Please see Major Response HC-2 (page C&R 3.23-8) regarding the size of the proposed Cathedral Hill Hospital. The comment includes a statement suggesting that Sutter Health's Santa Rosa hospital, located on a 25-acre site, is evidence to support the comment's claim that the proposed Cathedral Hill Campus is too large for its site. The proposed Cathedral Hill Campus is located in a dense, highly urbanized area, with very different site constraints than are present in the less urbanized Santa Rosa location. Sutter Health's Santa Rosa hospital will be a two-story, 174-bed hospital. A replacement hospital of two-story height and with sufficient bed capacity to replace CPMC's existing acute-care facilities at the Pacific and California Campuses (i.e., a new hospital with approximately 555 beds) could not be feasibly provided in San Francisco, because of the constraints inherent to any conceivable available site in the City.

Extensive consideration was given to the range of project alternatives evaluated in the Draft EIR, including lower and differently configured alternatives, as well as hospital development in different locations in San Francisco. Please see the discussion in Chapter 6, "Alternatives" in the Draft EIR, pages 6-20 through 6-30, regarding alternative heights and configurations that were considered and rejected, and pages 6-10 through 6-20 regarding alternative sites considered but rejected.

The comment states that numerous impacts, including those related to health care, traffic and transportation, parking, air quality, and greenhouse gas emissions, would result from the proposed size of the Cathedral Hill Campus under the CPMC LRDP. The Draft EIR has been prepared in conformance with the provisions of CEQA and the State CEQA Guidelines. Chapter 4, "Environmental Setting, Impacts, and Mitigation" of the Draft EIR adequately analyzed the physical environmental impacts that would result from development of the proposed Cathedral Hill Campus under the proposed LRDP, including the environmental issues to which the comment refers, and the Draft EIR identified mitigation measures to reduce LRDP impacts determined to be significant to less-than-significant levels to the extent feasible. The comment does not provide any substantial evidence regarding any deficiency in the analyses of any of the full range of environmental impacts analyzed in the Draft EIR. Also, as noted on page 4-1 of the Draft EIR, the significance criteria used in the EIR are based on the guidance of the San Francisco Planning Department's Major Environmental Analysis (MEA)[459] Division. Impacts TR-1 through TR-58 in Draft EIR Section 4.5, "Transportation and Circulation," address traffic, transportation, and parking impacts related to the proposed development at the Cathedral Hill Campus (see Draft EIR pages 4.5-93 through 4.5-161). Impacts AQ-1 through AQ-14 address air quality impacts (see Draft EIR pages 4.7-29 to 4.7-85), and Impacts GH-1 through GH-3 address the proposed LRDP's impacts on greenhouse gases (see Draft EIR pages 4.8-21 through 4.8-32).

The comment also refers to "impacts on health care" and "impacts to health care delivery to surrounding neighborhoods." Please see Response INTRO-7 (page C&R 3.1-17) for a detailed discussion regarding the extent to which social and economic issues are considered under CEQA. As explained in Response INTRO-7, CEQA does not require the analysis of a project's social and economic impacts, such as impacts to health care. Therefore, the analysis of the potential impacts of the proposed LRDP on health care is beyond the scope of CEQA review, unless such health care impacts would in turn indirectly result in physical environmental impacts. To the extent that such physical environmental impacts would occur as the result of changes in health care services, they were analyzed in Chapter 4 of the Draft EIR. Please

[459] Since April 2011, MEA has been renamed and is now known as Environmental Planning (EP).

also see Major Responses HC-1 through HC-9 (pages C&R 3.23-1 through 3.23-38) for responses to more specific comments regarding the proposed LRDP's impacts on health care services in San Francisco and the Bay Area, including responses in Major Response HC-8 to comments regarding access to health care for the communities surrounding the CPMC campuses.

Comments

(Gloria Smith—California Nurses Association, October 20, 2010) [96-32 HC, duplicate comment was provided in 110-32 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [96-33 HC, duplicate comment was provided in 110-33 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.

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.

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

(Gloria Smith—California Nurses Association, October 20, 2010) [96-35 HC, duplicate comment was provided in 110-35 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."

Response HC-48

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. It is not the role of the EIR to document the benefits of the project. However, if the decision-makers decide to approve the proposed LRDP, they would be required to adopt a statement of overriding considerations in which they would document the benefits of the proposed LRDP, which might, in their minds, outweigh the significant environmental impacts. Pursuant to Section 15093 of the State CEQA Guidelines, the statement of overriding considerations must be based on substantial evidence in the record. Alternative 3A, which would include increased development at the St. Luke's Campus and reduced development at the Cathedral Hill Campus, also could be approved by the decision-makers instead of the proposed LRDP. Please see Major Response HC-2 (page C&R 3.23-8) regarding the medical and other benefits of operation of the proposed Cathedral Hill Campus as a central hub of CPMC's San Francisco network and the size and scope of services proposed at the St. Luke's Campus. Please also see Major Responses HC-1, HC-2, HC-4, HC-5, and HC-6 (pages C&R 3.23-1, 3.23-8, 3.23-19, 3.23-20, and 3.23-25) for responses to various comments related to the implications of the proposed LRDP on health care services in San Francisco and the Bay Area. See also Response ALT-1 (page C&R 3.22-11) regarding Alternative 3A.

Comment 96-35 states that CPMC has requested "numerous variances." Please see Responses LU-5 (page C&R 3.3-30) and LU-9 (page C&R 3.3-64), which explain that no variances have been requested for the proposed LRDP; however, the project sponsor has requested General Plan amendments and changes to the text and maps of the San Francisco Planning Code that would be required to approve the associated CPMC LRDP as proposed (which are set forth in Table 2-3, on pages 2-14 through 2-17 of the Draft EIR, as updated in Chapter 4, "Draft EIR Text Changes", page C&R 4-37), as well as conditional use authorizations that would, consistent with the procedures in the Planning Code, exempt the project from certain otherwise applicable Planning Code requirements. These requested entitlements are described in detail in Responses LU-5 and LU-9.

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-36 HC, duplicate comment was provided in 110-36 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.

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

Response HC-49

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Issues of the profitability or other financial parameters of CPMC's operations are social and economic in nature. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

The comment states that no potential exists for a "no project" scenario to occur. The decision to approve or deny the application for the proposed LRDP, or to approve one of the alternatives to the LRDP analyzed in the Draft EIR, would be within the discretion of the decision-makers in the Lead Agency, the San Francisco Planning Department. In light of the seismic compliance deadlines of SB 1953 (even as potentially extended to 2020, pursuant to SB 90, or by successor legislation)[460] and the time that would be involved in any major redesign of the proposed CPMC LRDP and acquisition of any OSHPD approvals for such a redesign, CPMC has indicated a substantial risk exists that it would either be forced to close its existing acute-care facilities at the California, Pacific, or St. Luke's Campuses before replacement facilities were ready due to failure to meet the state-mandated deadlines or would require a significantly longer time period to complete, increasing the duration of exposure to seismic risk, if the proposed LRDP were to be materially delayed or if a major redesign to the CPMC LRDP were to be required.

Comment

(Gloria Smith—California Nurses Association, October 20, 2010) [96-37 HC, duplicate comment was provided in 110-37 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.

[34] Bloomberg News/Business Week, 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."

Response HC-50

The comment is noted. This comment states that the Draft EIR is incomplete if it does not address the ways in which the proposed LRDP might affect the cost of health care generally, and requests consideration of "appropriate" mitigation measures. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

The Draft EIR addresses all of the environmental impacts of the proposed LRDP and associated mitigation measures. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

[460] CPMC memorandum re: Overview of new seismic compliance options available under Senate Bill 90, prepared by Geoffrey Nelson, CPMC, March 21, 2012.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-4 HC]

" '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 public 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 rates of violence and a dearth of affordable, nutritious food options.' *Report Card, Community Benefit Partnership and Community Health Matters groups, 09/2010"*

Response HC-51

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. See Major Response HC-8 (page C&R 3.23-32) regarding access to health care services and Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of services at the proposed St. Luke's Campus.

Issues related to the demographics of health care are social and economic in nature. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. No specific evidence has been provided by the comment that shows the project would result in or increase any health inequities between people of different races, located in different geographic areas of the city, or of different socio-economic status, As explained in Major Response HC-2, the proposed LRDP would not result in a major shift of patients currently receiving services at the St. Luke's Campus or other CPMC campuses to other Sutter Health or non-CPMC hospitals in the region. As explained in detail in Major Response HC-8 (page C&R 3.23-32), there is no difference in policies regarding access to medical services between any of the CPMC hospitals. All CPMC hospitals are equally open to the receipt of under-insured and uninsured patients and decisions on the granting of financial assistance and waivers to patients are made on a uniform policy basis across all campuses.[461] CPMC's coverage of care for under- and uninsured patients is available to families with incomes up to 400 percent of the federal poverty level, which is a higher level than any other San Francisco hospital.[462] Therefore, there is no indication that the proposed LRDP would reduce or fail to provide local access to health care in any particular area of San Francisco, including the southeastern area of the City served by the St. Luke's Campus. Major Response HC-8 provides additional information regarding CPMC's charity care programs and access to CPMC health care services for underserved and lower-income populations such as those in the Tenderloin neighborhood and the southeastern portion of the City.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-17 HC]

"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."

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461 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011)..

462 San Francisco Department of Public Health, Healthy San Francisco, *Participant Handbook*, page 13. See also CPMC, patient financial assistance application form, dated May 31, 2007.

Response HC-52

The comment expresses concerns regarding the ability of ill persons and parents of sick or small children to reach CPMC campuses generally, and the Cathedral Hill Campus, in particular, using public transit.

The assumptions about the percentages of future patients, staff, and visitors to the proposed LRDP campuses that would use different modes of transportation were calibrated based on surveys taken by CHS Consulting Group in 2002 and 2003. Travel surveys of existing CPMC staff, patients, and visitors conducted from 2001 through 2009 were used to develop origin-destination, travel mode split, and average vehicle occupancy assumptions for the Draft EIR analysis. Survey information was determined to be valid for estimating LRDP travel demand, because existing CPMC campuses are located in established neighborhoods with limited land use changes anticipated, and with limited roadway networks, transit services, and parking supply changes.

As discussed in detail in the Draft EIR, pages 4.5-75 through 4.5-77:

> Mode split is the relative proportioning of project-generated trips to various travel modes, including automobile, transit, walking and other, where "other" includes bicycle, motorcycle and taxi. An average vehicle occupancy factor was applied to the number of automobile person trips to determine the number of vehicle trips. Mode split and average vehicle occupancy assumptions were based on information contained in the *SF Guidelines*, as well as the data described earlier that was collected at other CPMC campuses. This analysis also assumes that all physicians drive to campus.
>
> The methodology assumes that the modal share would be appropriate to represent both existing and future travel conditions at the CPMC campuses, that is, mode shifts between existing conditions and future conditions are not expected. 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.

Thus, to the extent that current patients traveling to CPMC facilities use transit, the Draft EIR assumes that a similar proportion of patients would use transit in the future.

Please see Major Response HC-2 (page C&R 3.23-8) regarding the role of the proposed Cathedral Hill Hospital as a centralized hub for CPMC's San Francisco network and the size and scope of services at the proposed St. Luke's Campus. As explained in Major Response HC-2, the proposed Cathedral Hill Campus would be at the intersection of two major transit corridors and would be closer than the existing California and Pacific hospitals to the [Tenderloin] area of San Francisco with the highest residential population density, including the highest population density of low-income households, seniors (the most frequent users of hospital care), children and youth.[463] Please also see Major Response HC-5 (page C&R 3.23-20) regarding effects on emergency services.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-45 HC]

"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

[463] S.F. Planning Department, 2009 (May), *Draft San Francisco General Plan Recreation and Open Space Element*, p. 19, Fig. 2, "High Needs Analysis." The proposed Cathedral Hill Hospital would be located only about a half-mile from the existing Pacific Hospital and would actually be further away from the existing Kaiser Hospital than the existing hospital.

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 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."

Response HC-53

The Blue Ribbon Panel evaluated several options regarding replacement of the existing 1970 Hospital Tower at the St. Luke's Hospital tower. The comment accurately states that the Blue Ribbon Panel recommended for the CPMC Board to consider Option 5 (building over San Jose Street) and Option 3 (the demolition of the 1912 Building, while preserving the chapel and tree), with a preference for Option 5 because of its better attainment of all of the value criteria considered by the Panel.[464]

CPMC's Board of Directors adopted the Blue Ribbon Panel's preferred option (i.e., Option 5) of building over San Jose Avenue.[465] However, the design of the proposed LRDP evolved as more detailed design studies were conducted, and as CPMC refined its proposal for the St. Luke's Campus, it became clear that a wider building footprint would be necessary to accommodate the services programmed for the St. Luke's Campus than had been understood to be the case at the time of the Blue Ribbon Panel's evaluation.[466] Therefore, although the proposed St. Luke's Replacement Hospital would be partially located over the portion of San Jose Avenue between 27th Street and Cesar Chavez Street that is proposed to be vacated, it also would extend west of San Jose Avenue into CPMC's existing surface parking lot.[467]

The comment also states that Option 3 (construction on the 1912 Building site and preserving the chapel and tree) should be evaluated. State CEQA Guidelines Section 15126.6(a) provides that "[a]n EIR need not consider every conceivable alternative to a project." Under the "rule of reason" governing the selection of the range of alternatives, an EIR is required "to set forth only those alternatives necessary to permit a reasoned choice" (see State CEQA Guidelines Section 15126.6[f]). This is also phrased as presenting a reasonable range of alternatives. Chapter 6, "Alternatives" in the Draft EIR evaluates a reasonable range of alternatives, including two variations of the No Project Alternative at the St. Luke's Campus and Alternatives 3A and 3B, each of which would result in a different level of development at the St. Luke's Campus.

Although an EIR must consider a reasonable range of potentially feasible alternatives, it does not have to identify and analyze alternatives that would not meet most of a project's basic objectives, nor does it have to discuss every possible variant or permutation of alternatives,[468] or alternatives that would not further reduce or eliminate significant effects. Because the Draft EIR has considered a reasonable range of alternatives, it is not necessary to analyze an alternative that would involve constructing the St. Luke's Replacement Hospital at the site of the 1912 Building.

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464 The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.

465 Resolution of the California Pacific Medical Center (CPMC) Board of Directors Regarding Its Response to the Recommendations of the Blue Ribbon Panel on the Future of St. Luke's Hospital (Sept. 25, 2008).

466 CPMC, Memorandum from Geoffrey Nelson, AICP, to David Reel (AECOM) & Brian Boxer (AECOM) re: Health Care Response #53 to comment on Blue Ribbon Panel Options (101-45 HC) (Apr. 13, 2011).

467 Ibid.

468 *Jones v. Regents*, 183 Cal. App. 4th 818, 827 (2010); *see also Mira Mar Mobile Cmty. v. City of Oceanside*, 119 Cal. App. 4th 477 (2004). (EIR need not consider in detail every conceivable variation of alternatives stated).

Moreover, as explained in the Draft EIR, page 4.4-33, the historical evaluation of the St. Luke's Campus conducted by Knapp Architects indicated that the 1912 Building (3555 Cesar Chavez Street) appears to be eligible for listing in the California Register of Historical Resources under Criterion 3 (architecture) as an early San Francisco work of a master architect, Lewis P. Hobart, and for embodying the distinctive characteristics of the unified hospital design from the early 20th century.[469] The Planning Department preservation technical specialist concurred with this finding.[470] An alternative that would involve construction of the St. Luke's Replacement Hospital on the site of the existing 1912 Building likely would result in significant and unavoidable impacts to a historical resource.

Furthermore (as described above), according to CPMC, the footprint necessary for the proposed St. Luke's Replacement Hospital is larger than was understood to be the case at the time the Blue Ribbon Panel evaluated the proposed development at the St. Luke's Campus. Therefore, in addition to demolition of the 1912 Building, Option 3 would require the demolition of either the 1957 Building or the Monteagle Medical Center to accommodate the Replacement Hospital, resulting in displacement of services that would need to be replaced elsewhere on the St. Luke's Campus.[471]

Comment

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-36 HC, duplicate comments were provided in letter-comment 114-36 HC (Carolyn Abst and Ron Case, October 19, 2010]

"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."

Response HC-54

The comment expresses concerns regarding the potential for increased health-related issues in neighborhoods surrounding the proposed CPMC hospitals, because of transmittal of infections and diseases from hospital patients to the surrounding neighborhoods. The comment states that health studies of the neighborhood surrounding UCSF have indicated a larger percentage of health-related issues than in outlying neighborhoods. However, the comments do not reference any specific studies, and neither the Planning Department nor CPMC is aware of any studies showing that UCSF's campuses have a negative impact on the health of surrounding residences. There is also no evidence to support the speculative comment that diseases and infections contracted by hospital patients are likely to spread to the neighborhood surrounding a hospital.

Comment

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-66 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

[469] California Pacific Medical Center, 2009 (May), *Historic Evaluation Report for St. Luke's Campus: California Pacific Medical Center*, San Francisco, CA: prepared by Knapp Architects, pages 33–34.

[470] San Francisco Planning Department, 2009 (May 26), *Historic Resource Evaluation Response: St. Luke's Campus, California Pacific Medical Center*. Case 2005.0555E, San Francisco, CA: Major Environmental Analysis Division, pages 2–3.

[471] CPMC, Memorandum from Geoffrey Nelson, AICP, to David Reel (AECOM) & Brian Boxer (AECOM) re: Health Care Response #53 to comment on Blue Ribbon Panel Options (101-45 HC) (Apr. 13, 2011).

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.

[168] *Id.* Policy 7.3
[169] Health Matters in San Francisco, available http://www.healthmattersins/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."*

Response HC-55

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Major Response HC-8 (page C&R 3.23-32) regarding access to health care services for neighborhoods surrounding existing and proposed CPMC facilities, including specific discussion of the Tenderloin neighborhood. Please see Major Response HC-5 (page C&R 3.23-20) regarding impact on emergency services and Responses HC-2 (page C&R 3.23-52), HC-7 (page C&R 3.23-74), HC-12 (page C&R 3.23-91), HC-25 (page C&R 3.23-131), HC-29 (page C&R 3.23-149), HC-31 (page C&R 3.23-160), HC-40 (page C&R 3.23-184), and HC-45 (page C&R 3.23-195), for responses to individual comments regarding Emergency Department capacity, distribution of emergency services, and access to emergency services under the proposed LRDP. Please also see Response LU- 4 (page C&R 3.3-19) regarding consistency with City of San Francisco health care policies and Response PD-8 (page C&R 3.2-12) for responses to comments regarding the project objective of consolidating specialized medical services and women's and children's services at the proposed Cathedral Hill Campus.

Comment

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-67 HC]

"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.

[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.orglPlanlHeallh/intro.htm."

Response HC-56

The comment states that the Draft EIR's analysis of the *Sustainability Plan for the City of San Francisco* (Sustainability Plan) "is cursory at best, suggests that this analysis should have been expanded to include a discussion of consistency with the human health topic in the Sustainability Plan, states that the Sustainability Plan stresses the importance of removing barriers to health care access and the equitable citywide distribution of health care services, and suggests that the Draft EIR should have considered impacts of the proposed LRDP related to neighborhood-based and citywide health care access and distribution issues.

Adequacy of Draft EIR Discussion of Consistency with the Sustainability Plan

The Draft EIR discusses the consistency of the proposed LRDP with the Sustainability Plan within Chapter 3, "Plans and Policies," on pages 3-22 through 3-23. As explained on page 3-1 of the Draft EIR, "[c]onflicts of the CPMC LRDP with policies do not, in and of themselves, constitute significant environmental impacts; they are considered environmental impacts only when they would result in direct physical environmental effects. . . The consistency of the proposed development with applicable plans and policies that do not directly relate to physical environmental issues will be considered by decision-makers when they determine whether to approve or disapprove the project."

As explained on page 3-22 of the Draft EIR, "[a]lthough the Sustainability Plan became official City policy in July 1997, the Board of Supervisors has not committed the City to perform all of the actions addressed in the plan. The Sustainability Plan serves as a blueprint, with many of its individual proposals requiring further development and public comment."

The same principles that apply to the determination as to whether a given project is consistent with a City's General Plan should be applied to the determination of a project's consistency with the Sustainability Plan, particularly given the nature of the Sustainability Plan as a blueprint, without City commitments to perform all of the actions addressed in the plan, making the Sustainability Plan less of a compulsory document than a General Plan. An analysis of the consistency of the project with General Plan goals, objectives, or policies must be conducted within the framework established by the principle that a given project need not be in perfect conformity with each and every general plan policy.[472] The "policies in a general plan reflect a range of competing interests" and, therefore, a city "must be allowed to weigh and balance the plan's policies when applying them, and it has broad discretion to construe its policies in light of the plan's purpose."[473] A similar weighing and balancing must be applied to the determination of a project's consistency with the goals and policies of the Sustainability Plan.

Comment 104-67 quotes language from the "Introduction" chapter of the Human Health topic within the Sustainability Plan, which states that "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." However, the comment does not cite to any specific goals, objectives, or actions related to human health set forth in the Sustainability Plan as raising any potential inconsistencies with the proposed LRDP.

Please also see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA. As explained in Response INTRO-7, CEQA is concerned solely with whether a project may have adverse physical environmental effects. Accordingly, the State CEQA Guidelines provide that "[e]conomic 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

[472] See *Sequoyah Hills Homeowners Ass'n v. City of Oakland*, 23 Cal. App. 4th 704, 719-20 (1993).
[473] *Friends of Lagoon Valley v. City of Vacaville*, 154 Cal. App. 4th 807, 816 (2007).

that a physical change shall be regarded as a significant effect on the environment." In evaluating the environmental impacts of a project, an EIR must evaluate indirect physical effects in addition to the direct effects of a project. Direct effects are effects that are caused by a project and occur in the same time and place. An indirect environmental effect is a change in the physical environment that is not immediately related to a project, but that is caused indirectly by a project. CEQA does not require the analysis of generalized social and economic impacts, as implied or suggested by many of the comments regarding a range of health care issues, A lead agency is also not required to analyze conclusive statements regarding social and economic impacts that are not supported by substantial evidence.

Please also see Major Response HC-1 (page C&R 3.23-1) regarding supply of licensed acute-care beds, Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services, Major Response HC-6 (page C&R 3.23-25) regarding skilled nursing facilities, and Major Response HC-8 (page C&R 3.23-32) and Responses HC-2 (page C&R 3.23-52), HC-7 (page C&R 3.23-74), HC-12 (page C&R 3.23-91), HC-16 (page C&R 3.23-101), HC-17 (page C&R 3.23-111), HC-29 (page C&R 3.23-149), and HC-31 (page C&R 3.23-160) regarding access to health services. As explained in the Major Responses listed above, the proposed LRDP would not result in an inequitable distribution of health care services or place a disproportionate health burden on any individual or group, and the LRDP would not create any barriers to health care access and would replace existing acute-care facilities at the California and Pacific Campuses by moving them to the proposed Cathedral Hill Campus, which would be closer to the City's highest population and the largest citywide concentrations of low-income households, seniors (the most frequent users of hospital care), children, and youth, thereby improving access to modern medical facilities for those populations.[474] As explained in detail in Major Response HC-8, there is no difference in policies regarding access to medical services between any of the CPMC hospitals. All CPMC hospitals are equally open to the receipt of under-insured and uninsured patients and decisions on the granting of financial assistance and waivers to patients are made on a uniform policy basis across all campuses.[475] CPMC's coverage of care for under- and uninsured patients is available to families with incomes up to 400 percent of the federal poverty level, which is a higher level than any other San Francisco hospital.[476] Therefore, there is no indication that the proposed LRDP would reduce or fail to provide local access to health care in any particular area of San Francisco, including the southeastern area of the City served by the St. Luke's Campus. Thus, the proposed LRDP would be consistent with the policies of the San Francisco Sustainability Plan, related to human health.

The Draft EIR concluded on pages 3-22 to 3-23 that the proposed CPMC LRDP would generally be consistent with the Sustainability Plan, primarily because of the LEED® components, TDM program, and greenhouse-gas reducing features incorporated into the proposed LRDP. Given the principle that City's must weigh and balance the various policies in a planning document such as the Sustainability Plan in determining a project's consistency with them, that no evidence has been presented to suggest that the proposed LRDP would be inconsistent with Sustainability Plan goals, policies or actions related to human health, and that no evidence has been presented that any such inconsistency would result in a physical environmental impact, the Draft EIR's analysis of the proposed LRDP's consistency with the Sustainability Plan and conclusion that the proposed LRDP would generally be consistent with the Sustainability Plan constituted an adequate analysis for purposes of CEQA.

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474 S.F. Planning Department, 2009 (May), *Draft San Francisco General Plan Recreation and Open Space Element*, p. 19, Fig. 2, "High Needs Analysis."

475 CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).

476 San Francisco Department of Public Health, Healthy San Francisco, *Participant Handbook*, page 13 (updated July 2009). See also CPMC, patient financial assistance application form, dated May 31, 2007.

Analysis of Health Care Access and Distribution

The suggestion that the Draft EIR should have analyzed neighborhood-based and citywide health care access and distribution issues raises concerns similar to other comments suggesting that the Draft EIR analysis is incomplete without prior completion of a health care services master plan or an equivalent analysis of citywide health care services. Please see Major Response HC-9 (page C&R 3.23-38) regarding a health care master plan and Response HC-7 (page C&R 3.23-31) for a detailed response to these comments.

As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause a physical impact on the environment, and no such evidence has been provided by any of the comments. As further explained in Major Response HC-9, the proposed LRDP would not result in any transfer or displacement of services at other non-CPMC health care facilities that could result in a physical environmental impact of the LRDP that is not analyzed in the Draft EIR. Please also see Major Response HC-1 (page C&R 3.23-1) and Major Response HC-2 (page C&R 3.23-8), which explain that the proposed LRDP would provide adequate capacity to meet CPMC's current and projected demand and, therefore, would not contribute to any cumulative impacts (or indirect effects associated with shifts in patients or services). Please also see Major Response HC-3 (page C&R 3.23-17) and Responses HC-7 (page C&R 3.23-74) and HC-31 (page C&R 3.23-160) regarding potential impacts to other health care services, including impacts related to competition. As explained in Major Response HC-3, the comments present no substantiating evidence that increased competition would occur or that any shift in patients from one hospital to the other would result in any physical impact to the environment.

Major Response HC-9 also explains that no further information is necessary regarding the delivery of health care services systemwide to adequately identify and analyze the environmental impacts of the proposed LRDP. All air quality and traffic impacts associated with the proposed LRDP (including cumulative impacts) were analyzed in the Draft EIR in Sections 4.5 and 4.7. To the extent that changes in CPMC's patient and employee travel patterns (travel distances, types of trips, etc.) are relevant to the project's direct or indirect environmental impacts (including cumulative impacts), that information has been factored into the analysis in the Draft EIR.

Comment

(Stephanie Barton, et al—Hastings Civil Justice clinic for the Good Neighbor Coalition, October 19, 2010) [104-79 HC]

"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."

Response HC-57

The comment states that the Draft EIR downplays or overlooks potential significant environmental impacts of the proposed LRDP. This statement represents an apparent misunderstanding of the contents of the Draft EIR. The Draft EIR addresses all of the physical environmental impacts of the proposed LRDP, including direct, indirect, and cumulative impacts for all topics set forth in Appendix G of the State CEQA Guidelines as well as Chapter 31 of the Administrative Code of the City and County of San

Francisco. It is not the role of an EIR to document the benefits of a project. However, if the decision-makers decide to approve the proposed LRDP, they would be required to adopt a statement of overriding considerations in which they would document the benefits of the proposed LRDP, which might, in their minds, outweigh the significant environmental impacts. The decision-makers may choose to approve, disapprove, or modify the proposed project or may choose to approve an alternative to the project. Pursuant to Section 15093 of the State CEQA Guidelines, the statement of overriding considerations must be based on substantial evidence in the record.

The comment includes a statement regarding the proposed LRDP's potential impacts on "the accessibility and equitable distribution of health care services." The suggestion that the Draft EIR should have analyzed the potential impacts related to the accessibility and equitable distribution of health care services raises concerns similar to other comments that suggest that the Draft EIR analysis is incomplete without prior completion of a health care services master plan or an equivalent analysis of citywide health care services. Please see Major Response HC-9 (page C&R 3.23-38) regarding a health care master plan for a detailed response to these comments.

As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause an adverse physical impact on the environment, and no such evidence has been provided by any of the comments. As further explained in Major Response HC-9, the proposed LRDP would not result in any transfer or displacement of services at other non-CPMC health care facilities that could result in a physical environment effect of the LRDP that is not analyzed in the Draft EIR. Please also see Major Response HC-1 (page C&R 3.23-1) and Major Response HC-2 (page C&R 3.23-8), which explain that the proposed LRDP would provide adequate capacity to meet CPMC's current and projected demand and, therefore, would not contribute to any cumulative impacts on citywide or regional health care services (or indirect effects associated with shifts in patients or services). Please also see Major Response HC-3 (page C&R 3.23-17) regarding potential impacts to other health care services, including impacts related to competition. As explained in Major Response HC-3, the comments present no substantiating evidence that increased competition would occur or that any shift in patients from one hospital to the other would result in any physical impact to the environment.

Major Response HC-9 also explains that no further information is necessary regarding the delivery of health care services systemwide to adequately identify and analyze the environmental impacts of the proposed LRDP. All air quality and traffic impacts associated with the proposed LRDP (including cumulative impacts) were analyzed in the Draft EIR in Sections 4.5 and 4.7. To the extent that LRDP-related changes in CPMC's patient and employee travel patterns (travel distances, types of trips, etc.) are relevant to the project's direct or indirect environmental impacts (including cumulative impacts), that information has been factored into the analysis in the Draft EIR

Comment

(Iris Biblowitz, October 26, 2010) [115-1 HC]

"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.

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."

Response HC-58

The comment is noted. Concerns regarding delivery of health care services at San Francisco General Hospital (SFGH) are not relevant to the LRDP EIR, unless the proposed LRDP would contribute to the burden at SFGH in a manner that would result in direct or indirect adverse physical environmental impacts. Please see Major Response HC-3 (page C&R 3.23-17) and Response HC-2 (page C&R 3.23-52) for detailed responses to comments regarding potential impacts of the proposed LRDP to SFGH.

As explained in Major Response HC-5, the proposed LRDP would increase the effective Emergency Department capacity at the St. Luke's Campus from approximately 26,000 visits per year currently to accommodate approximately 31,600 visits per year. According to the San Francisco Health Commission Task Force in CPMC's IMP Updates and Accomplishments document, the increased Emergency Department capacity at the St. Luke's Campus under the proposed LRDP "will be able to handle many more visits than envisioned by the Blue Ribbon Panel and will provide significant backup capacity for SFGH."[477] As explained in Major Response HC-5 (page C&R 3.23-20), emergency capacity in the southeastern portion of San Francisco will be increased by the new UCSF Mission Bay Hospital and the replacement of the existing SFGH hospital with a new SFGH main hospital (which will have 33 percent more emergency room capacity), which would reasonably be expected to reduce the need for diversions from SFGH.[478]

The statement in the comment that "[a]mbulances are diverted from SFGH over 50% of the time" is not supported by the evidence in the record. A hospital (such as SFGH) would be on divert status if its Emergency Department was full or temporarily unavailable.[479] Currently, SFGH is on diversion 20 percent of the time for non-trauma cases (no trauma cases are diverted from SFGH and all trauma cases brought to SFGH are treated there).[480] The St. Luke's Campus is located approximately 1.4 miles from SFGH and the new UCSF Mission Bay Benioff Children's Hospital will be located approximately 1.5 miles from SFGH. The UCSF Emergency Department/Urgent Care is expected to be approximately 16,000 square feet, with 14 treatment stations, three observation rooms, one decontamination room, plus two trauma stations and two triage rooms. Using industry standards of 1,700–2,000 visits/year/station, this new Emergency Department at UCSF could accommodate 23,800–28,000 visits per year (approximately 10 percent fewer visits per year than the St. Luke's Campus under the proposed LRDP). Therefore, some portion of non-trauma cases currently diverted from SFGH to St. Luke's Hospital would be expected to be diverted to UCSF Mission Bay. Diversions from SFGH currently may be directed to the St. Luke's Campus, but may also be directed to other hospital Emergency Departments throughout the city, depending on several factors.[481]

As explained in Major Response HC-5, the proposed LRDP would not only increase Emergency Department capacity at the St. Luke's Campus, but would also increase the total combined emergency and urgent care capacity within the entirety of the CPMC system from 88,000 visits/year currently to over 100,000 visits/year at the Cathedral Hill, Davies, and St. Luke's Hospitals. Therefore, emergency service

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[477] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.

[478] San Francisco Planning Department, 2008 (June 4), San Francisco General Hospital Seismic Compliance, Hospital Replacement Program EIR, *Comments and Responses*, pages 56-57.

[479] TransOptions4Healthcare, 2011 (February 28), *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015*, prepared for California Pacific Medical Center, p. 15-16.

[480] San Francisco Planning Department, 2008 (June 4), San Francisco General Hospital Seismic Compliance, Hospital Replacement Program EIR, *Comments and Responses*, page 55.

[481] *See* TransOptions4Healthcare, 2011 (February 28), *City of San Francisco Fire Department 911 Emergent Transports to CPMC Campuses: 2004, 2008, 2015*, prepared for California Pacific Medical Center, pages 14-16.

vehicles would not be forced to transport patients to hospitals located further away and would not result in additional pressure on dispatch capacity at the San Francisco Police Department (SFPD) and San Francisco Fire Department (SFFD) or increase the average response time associated with delivery of emergency cases to acute care hospitals. The discussions of Impacts PS-1 and PS-2 on pages 4.11-17 to 4.11-30 of the Draft EIR analyze the potential for the proposed LRDP to result in substantial adverse physical impacts associated with the provision of or the need for new or physically altered fire, emergency, and police services, identified mitigation measures where needed, and concluded that these impacts would be less than significant.

For all of the above reasons, the evidence in the record indicates that the proposed LRDP would not contribute to the burden at SFGH in a manner that would result in direct or indirect adverse physical environmental impacts. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Hisashi Sugaya—Planning Commission, October 15, 2010) [116-15 HC]

"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."

(Commissioner Sugaya, September 23, 2010) [PC-363 HC]

"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."

Response HC-59

The following discussion is intended to provide information regarding health care planning in other jurisdictions.

According to the American Health Planning Association, Certificate of Need (CON) programs for health care facilities are still in effect in a majority of states (although not in California).[482] These programs require sponsors of medical facility projects to secure a certificate of need from the state agency or department administering the program before initiating such projects. Certificates are granted based on criteria that typically include requirements to demonstrate demographic and geographic need for the facilities being proposed. Consequently, it is relatively rare for local governments to adopt specific planning prescriptions, such as health care services master plans, for expanding or building new health care facilities.

The American Planning Association's Planning Advisory Service found no local government effort comparable to the health care services master plan that the City is now required to prepare because of the

[482] American Health Planning Association, available http://www.ahpanet.org/copn.html, accessed Dec. 22, 2010.

recent adoption of Ordinance No. 300-10.[483] The typical role for local governments in health care planning, in both states that have CON programs and states, such as California, which do not have CON programs, is to create and implement goals and policies for health care facilities in their general plans or equivalent documents. In California, state law requires non-profit hospitals to prepare and provide community benefit plans, and perform community needs assessments every 3 years. This information, together with the applicable general plan policies, provides local governments with the background information necessary to make decisions on proposed health care facilities projects.

Most local general plan goals and policies addressing health care facilities are broad[484] and focus on facilitating the availability of health care in appropriate locations with respect to local residents, without providing specific guidance regarding the location of health care facilities within particular neighborhoods or areas. For example:

- The City of Walnut Creek 2025 General Plan sets out the following policy statement on health care services: "Facilitate the availability of high-quality health care—routine and advanced—including trauma and other clinical services in appropriate locations close to Walnut Creek residents."[485]
- The City of San José Draft General Plan Update, Chapter 4, "Quality of Life" offers general guidance on the siting of health care facilities. For example, the Draft Plan Update sets out 14 policies for meeting Goal ES-6—Access to Medical Services: "[p]rovide for the health care needs of all members of the San José community."[486] The policies specify land use districts where health care facilities would be appropriately considered (including residential, commercial and mixed districts) (Policy ES-6.2); recommends that the City "[r]espond to changing technology, changes in the City form, and changes in how health care is provided by maintaining and updating, as necessary, regulations for where and how health care can be provided and where health care facilities can be located (Policy ES-6.4); encourage locating new health care facilities in proximity to existing or planned public transit services (Policy ES-6.5) and in areas that are underserved and lack adequate health care facilities (Policy ES-6.6); and encourage major land use planning efforts to consider strategies to address health care needs as part of the planning process (Policy ES-6.14)."[487]

  Other policies in the San José Draft General Plan Update complement policies for meeting Goal ES-6, such as Emergency Management Policy ES-4.6, "Coordinate with other public, private, and non-profit organizations to ensure that emergency preparedness and disaster response programs serve all parts of the City equitably with regards to access to health care."[488]

- The City of San Diego 2008 General Plan, Public Facilities, Services and Safety Element offers general guidance on providing health care services within the City. The Plan establishes three policies to achieve its goal for health care services, "[p]ublic and private health care services and facilities that are easily accessible and meet the needs of all residents."[489] The Plan's discussion of this goal states that the City of San Diego "should continue to coordinate with public, private, and non-profit health care facility and service providers to help ensure that health care services and facilities are available to residents and that siting decisions are integrated with the City's growth strategy. For example, equitably and carefully locating these facilities and services in communities with village

[483] David Morley, AICP, Research Associate, Planning Advisory Service Coordinator, American Planning Association, 2010 (Nov. 16), E-mail correspondence to Geoffrey Nelson, CPMC.
[484] Ibid.
[485] City of Walnut Creek, *General Plan 2025, Quality of Life Element,* Action 11.1.1, page 2-18, available: http://www.walnut-creek.org/civica/filebank/ blobdload.asp?BlobID=2811, accessed December 22, 2010.
[486] City of San Jose, *Envision San José 2040 Draft General Plan, Chapter 4 – Quality of Life*, pages 39–40, available: http://www.sanjoseca.gov/planning/gp_update/DraftPlan/009_Chapter04_9-20-2010.pdf, accessed December 22, 2010.
[487] Ibid., page 41–42.
[488] Ibid., page 39–40.
[489] City of San Diego, *City of San Diego General Plan 2008, Public Facilities, Services and Safety Element*, page PF-52, available: http://www.sandiego.gov/planning/genplan/pdf/generalplan/adoptedpfelemfv.pdf, accessed December 22, 2010.

characteristics can help meet the health care needs of a growing population in a manner that increases accessibility, reduces driving trips, and provides for educational, employment, and training opportunities."[490] The policies in place to achieve this goal include "encouraging the provision of diverse, adequate, and easily accessible health care facilities and services to meet the needs of all residents (Policy PF-O.1); striving to locate health care facilities and services near public transit; (Policy PF-O.1.a); and coordinating with providers so that the expansion or construction of new health care facilities addresses General Plan and community plan goals (Policy PF-O.3)."[491]

- Sacramento County, California, has adopted "Good Neighbor" policies for County-owned or leased hospital and medical facilities, which sets out guidance for minimizing impacts on surrounding areas.[492] As expressly set out in the policy document, the County does not use the document to make policy on the propriety of the location of a facility or program in an otherwise properly zoned neighborhood or community.[493]

Two examples of jurisdictions outside of California that have adopted some form of land use planning guidance for hospitals and medical centers are Loudon County, Virginia and Seattle, Washington (both states with a CON program).

- In Loudon County, although medical services providers are required to seek a CON before initiating projects, the County undertook a needs assessment of health services within the County to provide a basis for making health care services policy recommendations to be incorporated into its countywide Comprehensive Plan.[494] This process and the resulting final policies, referred to by the County as its "Health Care Facilities Plan," were designed to provide policy direction on location and type of health care facilities and health care-related businesses throughout the County, among other things.[495] The final policy guidance provided through the County's planning process is similar to that provided in the California jurisdictions discussed above. For example, the policies advise that:

  - health care facilities to be developed within the County should take into consideration area, population, topography, transit and geographic socioeconomic, cultural and transportation characteristics of the area to be served (Policy 3);

  - the County will encourage the location of a variety of health care facilities in those areas where needs have been identified that may be underserved [and] the County will establish incentives [such as density bonuses, expedited review and special zoning districts] to facilitate the private development of primary medical care services in locations across the County (Policy 4);

  - the County will encourage co-location of services and location of health-care related businesses in proximity to established and proposed medical centers and establishment of health-care related zoning districts (discussed below) (Policies 5, 7 and 8);

  - the County will support incentives to encourage the private sector to provide psychiatric, geriatric and indigent care services to satisfy unmet needs (Policy 10);

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490 Ibid.
491 Ibid., page PF-53.
492 Sacramento County Good Neighbor Policy Implementation Team, *Sacramento County Good Neighbor Policy Manual*, available: http://www.dgs.saccounty.net/gnp/manual.pdf, accessed December 22, 2010.
493 Ibid., page 2.
494 Loudon County, Virginia, 2005 (February 8), *Staff Report to Board Concerning Health Care Facilities Plan*, page 2, available: http://www.loudoun.gov/controls/speerio /resources/RenderContent.aspx?data=3e314b15972c416e88001dbc5a c695ee&tabid=326&fmpath=%2fCompPlan+and+Remap%fHealth+Care%2f02-08-05, December 22, 2010.
495 Ibid., pages 2–3.

- the County will encourage development of multiple health care facilities and sites that support regional disaster planning efforts that can provide medical support in the event of a catastrophe, including dispersal of facilities (Policy 14);

- health care facilities should be considered in the County's transportation and land use planning (Policy 15).[496]

► The City of Seattle, Washington (also a CON state) takes an approach somewhat similar to San Francisco, in that its Comprehensive Plan establishes goals and general policy guidance for the City's approach to locating institutional uses (such as medical centers), and its zoning code requires City-approved, detailed institutional master plans for planned expansion of institutions within the City.[497] Comprehensive Plan Policy LU200 states that a master plan is required for each Major Institution proposing development which could affect the livability of adjacent neighborhoods or has the potential for significant adverse impacts on the surrounding areas. The institutional master plan is the City's tool for comprehensive review of benefits and impacts of proposed expansion.[498] The master plan also is intended to give clear guidelines and development standards on which major institutions can rely for long-term planning and development (Policy LU201.1).[499] As part of the master plan process, underlying zoning can be modified or rezoned to facilitate a better relationship between the institution and surrounding uses (Policy LU204).[500]

  Other than the foregoing, the Seattle Comprehensive Plan provides only general guidance concerning health care services, similar to those jurisdictions previously discussed. For example, Comprehensive Plan—Human Development Element Policy HD24 states that the City should seek to improve the quality of, and access to, health care, by collaborating with community organizations and health providers to advocate for quality health care and broader accessibility to services and by pursuing co-location of programs and services, particularly in underserved areas and in urban village areas.[501] Policy HD25 states that the City should work with other jurisdictions, institutions, and community organizations to develop a strong continuum of community-based long-term care services.[502]

According to the American Planning Association (APA): "[a]part from general plan goals and policies for new health care facilities, a number of communities address specific issues of site design for hospitals and medical centers in their local land-use regulations. In many zoning ordinances new hospitals are listed as conditional uses in certain nonresidential districts subject to general conditional use review criteria and, at times, specific use standards. Typically, these standards include bulk controls (e.g., setbacks, lot sizes, coverage limits, and heights) and considerations for development review to ensure functionality and compatibility with nearby properties while mitigating traffic effects.

"Alternately, communities may create a special hospital or medical center zoning district to ensure a compatible mix of uses and to mitigate the effects of these major institutions on surrounding neighborhoods. Rezoning requests (and sometimes any development within the district) are then subject

[496] Loudon County, Virginia, 2006, *Comprehensive Plan: Revised General Plan - Ch. 2, Planning Approach*, available: http://www.loudoun.gov/controls/speerio/resources/ RenderContent.aspx?data=e3991de956b7431ea25447d08bcca187&tabid=327&fmpath=%2fComp+Plan, accessed December 22, 2010.

[497] City of Seattle, Washington, 2007, *A Plan for Managing Growth: City of Seattle Comprehensive Plan 2004-2024, Land Use Element*, Policy LU200, page 2.46, available: http://www.seattle.gov/dpd/cms/groups/pan/@pan/@plan/@proj/documents/web_informational/dpdp020401.pdf, accessed December 22, 2010.

[498] Ibid.

[499] Ibid., page 2.47.

[500] Ibid.

[501] Ibid., Human Development Element, page 9.6.

[502] Ibid.

to a development plan review similar to a planned unit development process."[503] The San Francisco Planning Code provides the City with similar authority to proceed in this manner.

Because no examples of other planning requirements appear that are similar to the health care services master plan required under Ordinance 300-10, it does not seem that any such plans inform environmental review in other jurisdictions. However, as part of the environmental review process under CEQA, lead agencies in California generally are required to discuss a proposed project's consistency with existing, applicable general plans and their policies.[504] That requirement would encompass a discussion of a health care facilities project's consistency with relevant general plan policies. Similarly, environmental review documents prepared by the City of Seattle under the Washington State Environmental Policy Act (SEPA), in connection with its review of hospital institutional master plans, also contain discussions of consistency with the City's Comprehensive Plan land use and health care-related policies. Virginia does not have an environmental review statute similar to CEQA and, therefore, Loudon County's Health Care Facilities Plan would not be used as part of any similar environmental review process.

Please also see Major Response HC-9 (page C&R 3.23-38) and Response HC-7 (page C&R 3.23-74) regarding a health care services master plan or an equivalent analysis of citywide health care services. As explained in Major Response HC-9, Ordinance No. 300-10, effective January 2, 2011 (the Ordinance), directs the preparation of a citywide health care services master plan (Health Care Plan), which is anticipated to be completed by 2013 at the earliest. The recently adopted Ordinance sets out a lengthy and detailed series of requirements and processes, preceding adoption of a Health Care Plan. The Ordinance would not apply until the Health Care Plan was adopted. Furthermore, the Health Care Plan would be subject to its own review under CEQA, before adoption. The Ordinance would apply to applicable changes in medical uses after either January 2, 2013, or formal adoption of the Health Care Plan, whichever occurs later. Therefore, the Ordinance could not apply to proposed changes under the LRDP that are approved before January 2, 2013. As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause a physical effect on the environment, and no such evidence has been provided.

Comments

(Felicidad Afenir, September 23, 2010) [PC-35 HC]

"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 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."

(Jessica Weimer, September 23, 2010) [PC-43 HC]

"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 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."

[503] David Morley, AICP, Research Associate, Planning Advisory Service Coordinator, American Planning Association, 2010 (November 16), E-mail correspondence to Geoffrey Nelson, CPMC.
[504] State CEQA Guidelines Section 15125(d).

(Jessica Weimer, September 23, 2010) [PC-45 HC]

"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 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."

(Lisa Cleis, September 23, 2010) [PC-83 HC]

"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 Francisco General. Thank you."

(Denise Rowe, September 23, 2010) [PC-144 HC]

"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."

(Jane Sandoval, September 23, 2010) [PC-275 HC]

"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."

Response HC-60

The comments raise concerns regarding "upgrading" rather than "downgrading" the existing Davies, St. Luke's, and "Sutter" Hospitals, and "downsizing" of the St. Luke's and Pacific Campuses and the "elimination of beds in hospitals in outlying and underserved areas," which is presumably a reference to the reduction of beds that would occur at the St. Luke's Campus under the proposed LRDP. It is not clear which CPMC campus Comment PC-35 is referring to as the "Sutter" hospital. The comments also express concerns regarding CPMC increasing primary care access in community-based clinics and long-term commitments to partner with community based clinics in providing secondary care at CPMC hospitals, access to health care for underserved populations, closure of the pediatric emergency room at the California Campus, the "closure" or "elimination" of CPMC, elimination of subacute-care services, elimination of acute rehab services, and closure of CPMC's dialysis unit. Each of these issues is addressed below.

St. Luke's Campus

Please see Major Response HC-1 (page C&R 3.23-1) regarding licensed acute-care beds and Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of services at the St. Luke's Campus under the proposed LRDP.

Major Response HC-1 explains that the 80 beds proposed to be provided at the St. Luke's Hospital would provide sufficient capacity to meet the current and projected demand at the St. Luke's Campus, with additional capacity to meet peak demand periods. Major Response HC-1 also explains that with the shift

from multi-patient to single-patient rooms under modern hospital guidelines, newer facilities such as the St. Luke's Replacement Hospital are projected to have a higher occupancy rate (i.e., a higher percentage of licensed beds that are expected to be used) than existing facilities with multi-patient rooms such as the 1970 Hospital Tower that the St. Luke's Replacement Hospital would replace. Therefore, fewer licensed beds are required to serve the same number of patients. In addition, as explained in detail in Major Response HC-1, over time, the demand for hospital bed capacity has been reduced because of technological and clinical advances that reduce the average length of hospital stays and allow more medical services to be provided on an outpatient basis.

Major Response HC-2 further explains that the proposed LRDP would not exacerbate any shortage of inpatient acute-care beds for the south of Market Street area traditionally served by the St. Luke's Campus, in part because the Health Commission Task Force has determined that the St. Luke's Replacement Hospital would be appropriately sized to accommodate existing and projected future patient demand for that service area,[505] and because the St. Luke's Replacement Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need to the community.

As explained in more detail in Major Response HC-2, with the exception of inpatient pediatrics (to be provided at the Cathedral Hill Hospital), skilled nursing facilities (to be continued at the Davies Campus and at the California Campus, consistent with CPMC's overall 100 SNF bed commitment), and subacute care (to be discontinued), all services currently provided at the St. Luke's Campus are proposed to be maintained or expanded at the St. Luke's Campus under the LRDP, including various outpatient pediatric services; chronic disease management; comprehensive women's care; senior care including orthopedic surgery, medical cardiology, ophthalmic surgery, and a diabetes center; diagnostic services; family-oriented urgent care (which would be a new service at the St. Luke's Campus); and Emergency Department.

For the above reasons, the proposed LRDP would not result in "downgrading" or "downsizing" of the St. Luke's Campus.

Pacific Campus

As explained on page 2-114 of the Draft EIR, under the proposed LRDP, "the Pacific Campus would be converted to the primary outpatient-care campus for the area north of Market Street." As explained on page 2-115 of the Draft EIR, all of the inpatient acute care and Emergency Department functions at the Pacific Campus's existing 2333 Buchanan Street Hospital would be decommissioned and transferred to the Cathedral Hill Campus under the LRDP. However, this would not result in "downsizing" of the Pacific Campus. As shown on Table 2-7a, "Pacific Campus: Project Summary Table-Existing Conditions by Building" on page 2-105 of the Draft EIR, the total square footage of existing uses at the Pacific Campus is approximately 1,117,334 square feet. As shown on Table 2-7b, "Pacific Campus: Project Summary Table" on page 2-109 of the Draft EIR, the total square footage of uses at the Pacific Campus under the proposed LRDP would be approximately 1,345,645. Therefore, the total square footage of CPMC uses at the Pacific Campus would increase by approximately 228,311 square feet under the LRDP.

Davies Hospital

Please see Major Response HC-1 (page C&R 3.23-1) regarding licensed acute-care beds and Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of services at the Davies Campus under the proposed LRDP.

[505] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

As explained in Major Response HC-1, according to OSHPD data for the most recent year with data available (2009), the average daily census for acute-care beds at the Davies Campus was 42 acute-care patients (29 percent overall occupancy).[506] Under the proposed LRDP, 63 licensed acute-care beds would be located in the Davies Hospital North Tower in single-patient rooms. With acute-care bed occupancy increased to 80 percent, approximately 50 acute-care patients could regularly be accommodated at the Davies Campus. Thus, the Davies hospital would accommodate existing and projected demand at Davies with capacity to meet peak periods.

As explained in Major Response HC-2, the proposed Neurosciences Institute building at the Davies Campus under the LRDP would not require the demolition of any existing buildings on Campus, and no functions or physicians currently in the Davies Hospital or 45 Castro Street Medical Office Building would be displaced as a result of the proposed Neuroscience Institute building project. The long-term project at the Davies Campus under the LRDP, the Castro Street/14th Street MOB, would be constructed on the parking garage site and would include medical offices and four levels of parking.

Major Response HC-2 further explains that the service lines currently available at the Davies Campus would continue to be available under the proposed LRDP. Primary and specialist physicians associated with the Davies Campus service lines, and their respective offices and patient visits, are similarly assumed to stay at the campus, primarily at the 45 Castro Street Medical Office Building under the LRDP. In some cases, services would be expanded, such as those related to the provision of additional neurosciences clinical space in the proposed Neuroscience Institute building. The proposed LRDP calls for the creation of approximately 50,000 gross square feet (gsf) of new clinical area and new post-surgical recovery capacity in the proposed Neuroscience Institute building, and a future medical office building, the Noe Street MOB (as described in the Draft EIR, pages 2-143 to 2-148).

As of 2010, 232 licensed beds were in the Davies Hospital (North and South Towers combined). Davies Hospital South Tower contains some inpatient facilities, including 32 licensed, acute-care inpatient beds, and contains skilled nursing facilities, outpatient care and diagnostic and treatment space (Draft EIR page 2-141). After December 31, 2012, consistent with the requirements of SB 1953, all acute-care functions within the Davies Hospital South Tower are expected to cease or be relocated to the Davies Hospital North Tower, and under the proposed LRDP, the Davies Hospital South Tower would then be used for outpatient care, diagnostic and treatment services, and licensed skilled nursing beds, which would remain at 38.

As stated in the DEIR (page 2-141) the North Tower is currently used primarily for inpatient care, diagnostic and treatment space, education and conference space and support. It also has an Emergency Department. Under the proposed LRDP, the inpatient care uses at the Davies Hospital North Tower would include 61 licensed acute-care beds and 48 licensed rehabilitation beds. All CPMC rehabilitation beds are, and would continue to be, located at the Davies Hospital North Tower. The Emergency Department would also remain in the Davies Hospital North Tower under the LRDP.

The proposed LRDP would expand care and services for patients with neurological conditions, such as stroke, migraines, and ALS (Lou Gehrig's disease), and would enhance rehabilitation services at the Davies Campus to allow patients to receive same-site treatment. According to OSHPD statistics, the 2009 average daily census for acute rehabilitation beds at CPMC (at the Davies Campus) was 23.3.[507]

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[506] For acute rehabilitation beds, it was 23 (48% occupancy), and for skilled nursing beds it was 31 (82%). Average daily census across all service lines was 97 (42% occupancy).
Source: OSHPD, ALIRTS. Annual Utilization Report of Hospitals, Davies Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011.

[507] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Med Ctr–Davies Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 6, 2011.

Therefore, the number of rehabilitation beds at the Davies Campus would be sufficient to meet demand. Please see Major Response HC-2 for additional detail.

For the above reasons, the proposed LRDP would not result in "downgrading" of the St. Luke's Campus.

Community-Based Clinics/Access to Health Care Services for the Underserved

Please see Major Response HC-8 (page C&R 3.23-32), which provides detailed information regarding access to health services for the underserved, including information regarding CPMC's commitments to partner with community-based clinics and to increase charity care. Major Response HC-8 includes a detailed list of some of CPMC's current partnerships in delivering low- or no-cost care to the medically underserved, and explains that CPMC also supports community health through initiatives such as Operation Access, Lions Eye Foundation, the Hep B Free Campaign, and Project Homeless Connect.

Major Response HC-8 further explains that CPMC provides direct service to Healthy Kids patients through:

- The pediatrics clinic at the Family Health Center (currently at the California Campus, to be relocated to the Cathedral Hill Campus under the LRDP).
- St. Luke's Health Care Center (existing and to remain under the LRDP)
- Bayview Child Health Center – (existing and to remain)

Beyond direct care delivery through the clinics above, a wide array of primary care and specialty physicians in the CPMC system are available to Healthy San Francisco/Healthy Kids patients. Two of the six provider groups offered to Healthy Kids patients are Brown & Toland and North East Medical Services (NEMS), both of which are affiliated with CPMC.

Closure of the California Campus Pediatric Emergency Room

Under the proposed LRDP, the pediatric emergency room at the California Campus, which began its existence in October 2008, would be replaced by the emergency room at the proposed Cathedral Hill Campus.

Closing or Elimination of CPMC

Comment PC-43 refers to "the closing of CPMC" and Comment PC-45 similarly refers to "eliminating California Pacific Medical Center." The proposed LRDP would not include the closing or elimination of CPMC. As explained on page 2-1 of the Draft EIR, the proposed LRDP is a multi-phased strategy proposed by CPMC to meet state seismic safety requirements for hospitals, and the LRDP would create a 20-year framework and implement CPMC's institutional master plan (IMP) for CPMC's four existing medical campuses and one proposed new medical campus in San Francisco.

Subacute Care Services

Please see Major Response HC-6 (page C&R 3.23-25) for a detailed discussion regarding subacute-care beds. CPMC currently maintains 60 subacute-care beds at the St. Luke's Campus, but would no longer provide subacute-care beds under the proposed LRDP.

As explained in Major Response HC-6, according to a study by The Camden Group, almost all of the subacute patients in the existing 60-bed subacute care unit at the St. Luke's Campus have been direct admit patients residing in areas outside of the South of Market, and often outside San Francisco

County.[508] The Blue Ribbon Panel, therefore, did not recommend that CPMC provide replacement subacute-care beds for those in the existing St. Luke's Hospital. Instead, the Blue Ribbon Panel recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[509] Further, the San Francisco Health Commission has memorialized its agreement with CPMC that "When the St. Luke's inpatient tower is decommissioned, CPMC will place all remaining subacute-care patients in its other hospital campuses, or in community facilities."[510] Consistent with the Blue Ribbon Panel's recommendations and its agreement with the Health Commission, CPMC would gradually remove the existing 60 subacute-care beds at the St. Luke's Hospital from service, through attrition or transfers to other facilities between now and when the existing St. Luke's Hospital tower would be demolished.[511] The proposed St. Luke's Replacement Hospital under the LRDP would not have subacute-care beds. Any patients not able to be transferred to other subacute care facilities by that time would be placed, as appropriate, in a CPMC acute care or SNF bed.[512]

Acute Rehabilitation Services

CPMC's acute rehabilitation services, currently located at the Davies Campus, were recently expanded and would remain as they are at the Davies Campus under the proposed LRDP. As shown in Table 2-2 on page 2-10 of the Draft EIR, and the updated version of Table 2-2 included in the text revisions in Chapter 4 of this C&R document (page C&R 4-36), CPMC increased the number of rehabilitation beds at the Davies Campus from 32 to 48 between 2008 and 2009, and CPMC would continue to maintain 48 rehabilitation beds at the Davies Campus under the proposed LRDP.

Dialysis Unit

Comment PC-45 states that CPMC is "closing" its dialysis unit. Although CPMC has recently sold its dialysis units to DaVita, the dialysis units have not been closed. Please see Response HC-21 (page 3.23-127) above for a detailed response to comments regarding the sale of the CPMC dialysis unit to DaVita. As explained in Response HC-21, the transfer of CPMC's dialysis services to DaVita, which became effective on February 1, 2011, has not resulted in any physical change to the environment. Regardless of the provider of dialysis services, all are held to the same regulatory standards and are overseen by the California Department of Health. The process of stabilizing and transporting dialysis patients to an Emergency Department remains the same, regardless of the transfer of dialysis services operations from CPMC to DaVita. Therefore, the sale of the dialysis unit has not contributed to any cumulative impacts on City services or traffic. Response HC-21 further explains that dialysis services and staff, and the location of dialysis services all remain mainly unchanged. CPMC has indicated that dialysis services have not been materially reduced or cut, nor are they planned to be materially reduced or cut in the future.

Comments

(Margarita Lopez Perez, September 23, 2010) [PC-49 HC]

"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 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

[508] The Camden Group, 2009 (April 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 10.
[509] The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.
[510] S.F. Health Commission Resolution No. 02-10.
[511] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).
[512] Ibid.

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."

(Natalie Logan, September 23, 2010) [PC-174 HC]

"…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."

(Richard Margary, September 23, 2010) [PC-219 HC]

"…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 proposed new Cathedral Hill location, and for our neighbors in the Davies area. Thank you very much."

Response HC-61

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Raven Allen, September 23, 2010) [PC-89 HC]

"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 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."

Response HC-62

The comment is noted. The comment states that CPMC has not contacted churches that are immediately in the construction area. Please see Response INTRO-5 (page C&R 3.1-5) regarding the NOP process, including the public scoping meeting, and soliciting public comments. Response INTRO-5 details the public noticing and outreach to the communities in the vicinity of the project that that were undertaken before and during the preparation of the Draft EIR. This comment does not raise issues regarding the adequacy, accuracy or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Michael Theriault—San Francisco Building and Construction Trades Council, September 23, 2010) [PC-149 HC]

"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 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."

Response HC-63

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Reiko Furuya, September 23, 2010) [PC-175 HC]

"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 transportation to be with their elderly mother, who spoke only Spanish during her hospitalization away from home."

Response HC-64

The average daily census of ICU beds at the St. Luke's Campus was approximately 5.8 in 2009, 6.0 in 2008, and 6.6 in 2007.[513] Therefore, the eight licensed ICU beds proposed at the St. Luke's Campus under the LRDP would provide sufficient capacity to meet demand at the St. Luke's Campus. According to CPMC, although no information is available regarding the specific instance described in the comment, the possibility exists that some patient transfers would occur at times when the ICU beds at the St. Luke's Campus were at capacity. Transferring patients due to a particular bed type being at capacity is a regular occurrence at most hospitals, including CPMC's existing hospitals. For instance, the Davies Campus hospital currently has eight ICU beds and there is a fairly regular need to transfer patients to the Pacific or St. Luke's Campuses. If ICU capacity is full and another ICU admission is needed, the normal procedure is to identify any patients in the ICU that appropriately could be moved to a "Tele" or "Step Down" bed. If no patients in the ICU meet that criteria, the patient needing admission would be transferred to another facilitiy. Under the proposed LRDP, a patient needing to be transferred due to the St. Luke's Campus being at capacity could be transferred to the Davies Campus (especially if the patient requires specialized treatment involving neurosciences), to the Cathedral Hill Campus, or to a non-CPMC hospital.

The comment is noted. This comment raises social and economic concerns and does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comments

(Dr. Ted Lee, September 23, 2010) [PC-244 HC]

"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

[513] OSHPD, ALIRTS, Annual Utilization Report of Hospitals, St. Lukes Hospital, 2007 and 2008, and California Pacific Medical Center - St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 8, 2011.

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."

(Dr. Ted Lee, September 23, 2010) [PC-245 HC]

"The proposed centralized location for its new campus at Van Ness and Geary will be in closer 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 inpatient hospital next to the highest density of infants and children in the City, as healthcare just begins for our NEMS babies upon their delivery."

(Dr. Ted Lee, September 23, 2010) [PC-246 HC]

"Additionally, CPMC and NEMS have developed a referral process for inpatient 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."

Response HC-65

The comments state general support for the location of the proposed Cathedral Hill Hospital, stating that the centralized location of this hospital would provide more accessible health care. The comment is correct in stating that the proposed Cathedral Hill Hospital would provide pediatric services, an Emergency Department, and would be an inpatient medical facility, as discussed in the Draft EIR, beginning on page 2-26. Please also see Major Response HC-2 (page C&R 3.23-8) regarding the location, size, and scope of services at the proposed Cathedral Hill Campus.

These comments raise social and economic concerns and do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comments

(Lance Toma, September 23, 2010) [PC-249 HC]

"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."

(Lance Toma, September 23, 2010) [PC-250 HC]

"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 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."

Response HC-66

The comments state an opinion that the centralized location of the proposed Cathedral Hill Campus would provide more accessible health care options. The comments are noted. These comments raise social and economic concerns and do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comment

(Eileen Prendiville, September 23, 2010) [PC-264 HC]

"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."

Response HC-67

The comment is noted. This comment raises social and economic concerns and does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comment

(Nato Green, September 23, 2010) [PC-319 HC]

"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 to get their buildings approved 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."

Response HC-68

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

As described in the Responses ALT-1 (page C&R 3.22-11) regarding Alternative 3A and Alternative "3A Plus," alternatives or new plans under the LRDP for the proposed Cathedral Hill and St. Luke's Campuses would take time to develop, both in terms of design and permit approvals (including OSHPD approvals). According to the project sponsor, a major re-design of the proposed LRDP as suggested by such comments likely would add at least 5 years to the schedule, because of redesign and OSHPD repermitting requirements for replacement hospital facilities becoming available, resulting in the closure of existing acute-care hospital facilities at the California, Pacific, and St. Luke's Campuses before replacement facilities would be operational.[514] Under SB 1953, unless the deadline is extended (potentially out to 2020) by SB 90 or successor legislation, if replacement hospitals are not available by January 1, 2013, the Pacific, California and St. Luke's Hospitals would face delicensure.

One of the key project objectives is compliance with the seismic safety standards of SB 1953 for acute-care hospitals. CPMC is seeking to comply with these requirements and has sought reasonable extensions to SB 1953 deadlines to maintain the ability to continue to provide health care during any interim period before replacement facilities could be constructed and become operational. The comment states that SB 289 passed and implies that it has become law in California. This is a misunderstanding of the legislative history of SB 289. Although SB 289 did pass out of the State Legislature, it was vetoed by Governor Schwarzenegger on October 7, 2010. More recent legislation, SB 608 (Alquist), was approved on August 31, 2010, and signed by the Governor on September 30, 2010, and provided for a one-year extension. However, CPMC's facilities are no longer eligible for the SB 608 extension.[515] Even more recently approved, SB 90 allows extensions up to 2020, provided that certain milestone and reporting requirements are met. Nevertheless, a major redesign of the proposed LRDP likely would result in the inability to complete design, permitting, and construction of new facilities before state-mandated deadlines or require a significantly longer time period to complete, increasing the duration of exposure of acute care facilities to seismic risk.

Comments

(Suzanne Girardo, September 23, 2010) [PC-320 HC]

"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 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."

(Suzanne Girardo, September 23, 2010) [PC-321 HC]

"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."

[514] CPMC, construction schedule re: "Sub Alternative 3A – St. Luke's Campus – 80 Bed Replacement, 160 Bed Women & Children & 200KSF MOB W- Parking," transmitted to the Planning Department.

[515] See "Status of CPMC Hospitals and SB 1953 Compliance in San Francisco," a memorandum prepared by Geoffrey Nelson, CPMC, with input from Carl Scheuerman, Director of Regulatory Affairs for Sutter Health, December 1, 2010, transmitted to the San Francisco Planning Department.

Response HC-69

The comments are noted. These comments raise social and economic concerns and do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comments

(Mary Lanier, September 23, 2010) [PC-324 HC]

"I am also here, though, today to address CPMC's continuing commitment to skilled nursing beds 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 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."

(Mary Lanier, September 23, 2010) [PC-325 HC]

"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."

(Mary Lanier, September 23, 2010) [PC-326 HC]

"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."

Response HC-70

The comments state CPMC's commitment with respect to provision of 100 SNF beds, and are noted. These comments raise social and economic concerns and do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comment PC-325 is correct in stating that Table 2-2 in the Draft EIR, page 2-10, has been updated to reflect the most recent bed counts (see Response PD-6 [page C&R 3.2-6]). Please also see Major Response HC-6 (page C&R 3.23-25) regarding SNF beds.

Comment

(Dionne Miller, September 23, 2010) [PC-330 HC]

"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 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."

Response HC-71

The comment states that the LRDP will be sufficient to meet demand at the St. Luke's Campus and is noted. This comment raises social and economic concerns and does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Response INTRO-7 (page C&R 3.1-17) regarding the appropriate consideration of social and economic impacts under CEQA.

Comment

(Mary Michellcci, September 23, 2010) [PC-341 HC]

"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."

Response HC-72

The comment expresses concerns regarding the Blue Ribbon Panel (BRP) recommendation for a Center of Excellence at St. Luke's and plans for the subacute patients and skilled nursing patients at the St. Luke's Campus.

Blue Ribbon Panel Center of Excellence Recommendations

The BRP recommended the creation of three centers of excellence at the St. Luke's Campus: Women's Health (i.e., gynecology and low-intervention obstetrics), Senior Health Care, and Community Health.[516] The March 2, 2010, San Francisco Health Commission Task Force Update on CPMC's IMP states the following with respect to CPMC's compliance with the Blue Ribbon Panel's recommendation regarding these Centers of Excellence: "CPMC is committed to organize and expand existing programs, both inpatient and outpatient, to serve the three areas noted by the BRP as described below:

[516] The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.

Community Health Center: health promotion, prevention, and primary care for general population

- Health First Center for Education and Prevention
- St. Luke's Pediatric Clinic
- Child Development Center
- St. Luke's Neighborhood Clinic provides primary care services to adults

Women's Health Center: a system of care for women across the care continuum

- St. Luke's Women's Center offering outpatient prenatal care, midwifery care and support, gynecological care, breastfeeding support, childbirth and yoga classes
- Women's and Children's Inpatient Floor providing labor and delivery, postpartum care, and gynecologic surgery
- St. Luke's Breast Center

Senior Health Center: health promotion, prevention, and primary care for seniors

- St. Luke's Diabetes Center
- Orthopedic Surgery Clinic
- St. Luke's Neighborhood Clinic provides primary care service to seniors
- St. Luke's Heart Services."[517]

Please see Major Response HC-2 (page C&R 3.23-8) for additional detailed information regarding the scope of health care services that would be provided at the St. Luke's Campus under the proposed LRDP.

St. Luke's Campus Subacute-care Patients

Please see Major Response HC-6 (page C&R 3.23-25) regarding subacute-care beds. As explained in Major Response HC-6, according to a study by The Camden Group, almost all of the subacute patients in the existing 60-bed subacute care unit at the St. Luke's Campus have been direct admit patients residing in areas outside of the South of Market, and often outside San Francisco County.[518] The Blue Ribbon Panel, therefore, did not recommend that CPMC provide replacement subacute-care beds for those in the existing St. Luke's Hospital. Instead, the Blue Ribbon Panel recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[519]

Further, the San Francisco Health Commission has memorialized its agreement with CPMC that "[W]hen the St. Luke's inpatient tower is decommissioned, CPMC will place all remaining subacute-care patients in its other hospital campuses, or in community facilities."[520] Consistent with the Blue Ribbon Panel's recommendations and its agreement with the Health Commission, CPMC would gradually remove the existing 60 subacute-care beds at the St. Luke's Hospital from service, through attrition or transfers to other facilities between now and when the existing St. Luke's Hospital tower would be demolished.[521] The proposed St. Luke's Replacement Hospital would not have subacute-care beds under the LRDP. Any

[517] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*
[518] The Camden Group, 2009 (Apr. 28), *San Francisco Blue Ribbon Panel: Utilization Projections and Assumptions for St. Luke's Campus*, page 10.
[519] The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors
[520] S.F. Health CommissionResolution No. 02-10.
[521] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).

patients not able to be transferred to other subacute care facilities by that time would be placed, as appropriate, in a CPMC acute care or SNF bed.[522]

Major Response HC-2 further explains that most of the patients utilizing CPMC's existing subacute-care facilities at the St. Luke's Campus do not reside in the south of Market Street area but rather come from other areas of the City or outside the City. Therefore, it is anticipated that patients would, in the future, seek services across a wide geographic area and would not cluster at any one facility or area. Furthermore, the patient transition plan for the current patient population utilizing the existing subacute-care beds at St. Luke's Hospital anticipates that a limited number of patients would be transitioning at any given time from St. Luke's Hospital to other non-CPMC hospital or other health care facility.

St. Luke's Campus Skilled Nursing Facility Patients

Please see Major Response HC-6 (page C&R 3.23-25) regarding SNF beds, which describes CPMC's commitment to continue to maintain 100 SNF beds system wide (38 at the Davies Campus and 62 at another yet-to-be-determined on-campus or off-campus location). Major Response HC-6 explains that until a plan for providing the additional 62 beds needed to meet the 100 SNF bed commitment is ready to be implemented, SNF beds would continue to be provided at the St. Luke's Campus (until demolition of the existing hospital) and at the California Campus. In the interim, the existing facilities, which would continue to provide SNF beds, would be adequate and no legal (e.g., SB 1953) constraints exist on their continued utilization.

Major Response HC-6 further explains that acute-care patients who continue to require SNF in-hospital care would be accommodated at the Davies Campus. Other patients require less acute-care services would be served in other on-campus or off-campus facilities.

Comment

(Jason Fried, September 23, 2010) [PC-344 HC]

"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."

Response HC-73

The comment states that the existing St. Luke's Hospital "used to have a lot higher census there until they started pulling all the services out of the hospital." This statement is not supported by the evidence in the record. CPMC acquired the St. Luke's Campus in 2007, and the average daily census of inpatients at the St. Luke's Hospital has not substantially decreased in the time since CPMC acquired the campus. As explained in Major Response HC-1 (page C&R 3.23-1), according to OSHPD data, the average daily census of acute-care beds at the St. Luke's Campus for the 8-year period from 2002 through 2009 was 60 patients (40 percent occupancy), ranging from a low of 50 (33 percent occupancy) in 2008 to a high of 71

[522] Ibid.

(47 percent occupancy) in 2003.[523] For the most recent year available, 2009, St. Luke's Hospital averaged 51 acute-care patients (34 percent occupancy).[524]

As explained in Master Response HC-1 (page C&R 3.23-1), the 80 beds proposed to be provided at the St. Luke's Hospital under the LRDP would provide sufficient capacity to meet the current and projected demand at the St. Luke's Campus, with additional capacity to meet peak demand periods. Major Response HC-1 also explains that with the shift from multi-patient to single-patient rooms under modern hospital guidelines, newer facilities with single-patient rooms, such as the St. Luke's Replacement Hospital, are projected to have a higher occupancy rate (i.e., a higher percentage of licensed beds that are expected to be used) than existing facilities with multi-patient rooms, such as the 1970 Hospital Tower that the St. Luke's Replacement Hospital would replace. Therefore, fewer licensed beds are required to serve the same number of patients. In addition, as explained in detail in Major Response HC-1, over time the demand for hospital bed capacity has been reduced because of technological and clinical advances that reduce the average length of hospital stays and allow more medical services to be provided on an outpatient basis.

Please also see Major Response HC-2 (page C&R 3.23-8), which further explains that the proposed LRDP would not exacerbate any shortage of inpatient acute-care beds for the south of Market Street area traditionally served by the St. Luke's Campus, in part because the Health Commission Task Force has determined that the St. Luke's Replacement Hospital would be appropriately sized to accommodate existing and projected future patient demand for that service area[525], and because the St. Luke's Replacement Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in clinical areas of demonstrated need to the community.

Please also see Response HC-72 (page C&R 3.23-227) regarding the provision of Centers of Excellence at the St. Luke's Campus.

Comment

(Commissioner Antonini, September 23, 2010) [PC-347 HC]

"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, 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."

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523 OSHPD, ALIRTS, Annual Utilization Report of Hospitals, St. Lukes Hospital, for years 2002 through 2008, and California Pacific Medical Center - St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011.

524 OSHPD, ALIRTS, Annual Utilization Report of Hospitals, California Pacific Medical Center - St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed Apr. 7, 2011.

525 San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments.*

Response HC-74

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Commissioner Antonini, September 23, 2010) [PC-349 HC]

"I think if you look at the overall picture 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 outpatient 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 outpatient 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 outpatient basis and hopefully will keep them from having to be in acute hospital care."

Response HC-75

The comment reflects the changing nature of health care delivery, with increasing use of outpatient services compared to the past, when more health care services were delivered on an inpatient basis. The comment notes that a small increase in licensed beds would occur relative to the present situation. To clarify and as shown in the updated version of Table 2-2 (Draft EIR, page 2-10) provided in Chapter 4, "Draft EIR Text Changes" (page C&R 4-36), under the proposed LRDP, licensed beds would actually decrease from 1,174 beds to 955 beds. However, unlike the existing CPMC hospitals that provide licensed beds in mulit-patient rooms, all licensed beds at the new hospital facilities under the proposed LRDP would be provided in single-occupancy rooms. Therefore, the proposed LRDP would increase capacity overall and meet demand. Please see Response PD-6 (page C&R 3.2-6) for a discussion of text revisions to Table 2-2 and licensed beds under the proposed LRDP.

The comment correctly notes that an increase would occur in medical services and square footage under the proposed LRDP. C&R Table 3.23-2 (below) notes the existing and proposed square footage totals under the proposed LRDP, as shown in the Draft EIR in Table 2-5, page 2-21 (Cathedral Hill Campus), Tables 2-7a and 2-7b, pages 2-105 to 2-109 (Pacific Campus), Table 2-9, page 2-127 (California Campus), Table 2-11, page 2-139 (Davies Campus), and Table 2-13, page 2-175 (St. Luke's Campus).

C&R Table 3.23-3
CPMC LRDP Existing and Proposed Square Footage

Campus	Existing Sq. Ft.	Proposed LRDP Sq. Ft.	Difference in Total Sq. Ft.
Cathedral Hill (proposed)	167,400	1,827,468	1,660,068
Pacific	1,117,334	1,345,645	228,311
California	942,187	2,400	(939,787)
Davies	500,016	702,408	202,392
St. Luke's	451,868	605,735	153,867
TOTAL	**3,178,805**	**4,473,856**	**+1,304,851**

Source: San Francisco Planning Department, 2010, CPMC LRDP Draft EIR. CPMC, 2011 (March 10), E-mail correspondence to AECOM.

Please also see Major Response HC-1 (page C&R 3.23-1) regarding supply of licensed acute-care beds.

Comment

(Commissioner Antonini, September 23, 2010) [PC-352 HC]

"And I said, particularly at St. Luke's in looking at the numbers, it looks like the outpatient 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 outpatient 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 care."

Response HC-76

The comment is noted. Please see Major Response HC-1 (page C&R 3.23-1) regarding supply of licensed acute-care beds, Major Response HC-2 (page C&R 3.23-8) regarding the size and scope of services at the St. Luke's Campus, and Table 2-13, "St. Luke's Campus: Project Summary Table" on page 2-175, for detailed information regarding the square footage increases that would occur with respect to various types of outpatient uses at the St. Luke's Campus under the proposed LRDP.

Comments

(Commissioner Antonini, September 23, 2010) [PC-353 HC]

"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 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."

(Commissioner Antonini, September 23, 2010) [PC-359 HC]

"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.

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 Sugaya, September 23, 2010) [PC-360 HC]

"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 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."

(Commissioner Moore, September 23, 2010) [PC-366 HC]

"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."

(Commissioner Miguel, September 23, 2010) [PC-384 HC]

"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."

(Commissioner Miguel, September 23, 2010) [PC-386 HC]

"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."

Response HC-77

The comments express concerns regarding the preparation of a citywide health care services master plan or an equivalent or similar analysis of subacute care and/or skilled nursing facility needs, citywide shortages of subacute care and skilled nursing facility services, and the sale of CPMC's dialysis services.

Health Care Services Master Plan

The suggestion in Comment PC-353 that the responsibility for determining a way to meet the need for subacute care and/or skilled nursing facility (SNF) services should be spread between all other hospitals in San Francisco and the region, and that the City potentially could get involved, is at least somewhat similar to, or could be part of, what is envisioned Ordinance No. 300-10, effective January 2, 2011 (the Ordinance), which directs the preparation of a citywide health care services master plan (Health Care Plan). Similarly, several of the other comments discuss or allude to the lack of an overall community health care plan to provide context for addressing citywide issues related to subacute care and SNF services.

The Health Care Plan is anticipated to be completed by 2013 at the earliest. As explained in Major Response HC-9 (page C&R 3.23-38), the recently adopted Ordinance sets out a lengthy and detailed

series of requirements and processes, preceding adoption of a Health Care Plan. The Ordinance would not apply until the Health Care Plan was adopted. Furthermore, the Health Care Plan would be subject to its own review under CEQA, before adoption. The Ordinance would apply to applicable changes in medical uses after either January 2, 2013, or formal adoption of the Health Care Plan, whichever occurs later. Therefore, the Ordinance could not apply to proposed changes under the LRDP that are approved before January 2, 2013.

As explained in Major Response HC-9, CEQA does not require the CPMC LRDP EIR to include an analysis of citywide or regional health care service delivery systems, absent evidence that the proposed LRDP would contribute to health care service gaps that would cause a physical effect on the environment, and no such evidence has been provided by the comments. As further explained in Major Response HC-9, the proposed LRDP would not result in any transfer or displacement of services at other non-CPMC health care facilities that could result in a physical environment effect of the LRDP that is not analyzed in the Draft EIR. Please also see Major Response HC-1 (page C&R 3.23-1) and Major Response HC-2 (page C&R 3.23-8), which explain that the proposed LRDP would provide adequate capacity to meet CPMC's current and projected demand and, therefore, would not contribute to any cumulative impacts (or indirect effects associated with shifts in patients or services). Major Response HC-9 also explains that no further information is necessary regarding the delivery of health care services systemwide to adequately identify and analyze the environmental impacts of the proposed LRDP.

Subacute Care Services

With respect to subacute-care services, please also see Major Response HC-6 (page C&R 3.23-25), which explains that the Blue Ribbon Panel did not recommend that CPMC provide new replacement subacute-care beds in the proposed new replacement hospital at St. Luke's Campus for those in the existing St. Luke's Hospital. Instead, the Blue Ribbon Panel recommended that "CPMC should replace lost subacute beds with placements for all individuals currently in those beds."[526] Consistent with the Blue Ribbon Panel's recommendations, CPMC would gradually remove the existing 60 subacute beds from service at St. Luke's Hospital, through attrition or transfers to other facilities between now and when the existing St. Luke's Hospital tower would be demolished.[527] Any patients not able to be transferred to other subacute-care facilities by that time would be placed, as appropriate, in a CPMC acute-care or SNF bed.[528] As presented in the Major Response HC-1 discussion of licensed or acute care bed capacity, this volume could be accommodated by the CPMC system under the LRDP.

Skilled Nursing Facility Services

With respect SNF services, please also see Major Response HC-6 (page C&R 3.23-25), which explains that CPMC has committed to maintain sufficient SNF beds (a total of 100) to meet its actual patient demand. CPMC has also committed that no existing community-based beds would be utilized to provide these 100 SNF beds, and that to provide the 62 beds needed in addition to the 38 beds that would remain at Davies, it would utilize either new community-based facilities or replacement capacity provided on one of its campuses. Furthermore, the text revisions in Chapter 4 of this C&R document to Draft EIR Table 2-2, "CPMC Existing and Proposed Licensed Hospital Bed Uses," clarify that, in order to ensure that sufficient beds would remain available to meet its actual patient demand of 100 beds, CPMC would continue to maintain the 101 existing licensed beds at the California Campus unless and until an

[526] The Blue Ribbon Panel, 2008, Consensus Positions for Recommendations to CPMC's Board of Directors.
[527] CPMC, Memorandum from Malia Weinberg to David Reel (AECOM) & Brian Boxer (AECOM) re: Subacute Care (May 26, 2011).
[528] Ibid. With the future decommissioning of the St. Luke's Hospital tower after construction of the St. Luke's Replacement Hospital, CPMC would place all remaining subacute-care patients in the hospital or in community facilities. By doing so, CPMC would comply with the Blue Ribbon Panel's recommendations related to subacute-care beds. S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010; *CPMC Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*, Sept. 30, 2010.

alternative plan for providing the additional 62 beds is identified. Therefore, the proposed LRDP would not exacerbate any existing citywide SNF bed shortage .

Accordingly, The Lewin Group's report regarding CPMC's IMP concluded that although CPMC's plan to eliminate SNF beds would not reduce the potential citywide need for skilled nursing services, "given the extent of potential need, a broader, citywide plan will likely be needed to appropriately address the shortage."[529]

Major Response HC-6 also includes detailed discussion of issues related to the continuity of care/intermediary care for SNF patients, and explains that under the proposed LRDP, patients who continue to require SNF in-hospital care would be accommodated by the 38 beds at the Davies Campus, and other patients in less severe conditions, would be served in the 62 additional SNF beds to be provided at other on-campus or off-campus facilities (as explained above, such patients would be accommodated by the 101 existing SNF beds that would remain licensed at the California Campus, unless and until an alternative plan for providing the additional 62 beds necessary to meet CPMC's commitment to provide 100 SNF beds is identified). Major Response HC-6 further explains that a nationwide trend of decreased in-hospital SNF beds and an increase in community-based off-campus facilities (for SNF beds) has been occurring for several reasons, including the following: (1) hospital rooms are the most costly to build, (2) staffing requirements in hospitals are often much higher than what is necessary in an SNF, and (3) many patient health outcomes are better in more home-like settings. Accordingly, CPMC is exploring a collaborative relationship with community providers of transitional care to accomplish appropriate and safe home discharges for patients who do not need to be cared for in hospital-based SNF beds.[530]

The Long Term Care Coordinating Council (LTCCC) acknowledged that CPMC is in the process of developing "a program of transitional care services that will facilitate the move of vulnerable adults from acute-care services to post-acute services, provided either by CPMC or other health care institutions in San Francisco, or provided at home or in the community. . . ."[531] A resolution adopted by the LTCCC also "urges all stakeholders, including the Health Commission, Planning Commission, and Aging and Adult Services Commission, to work to preserve and expand access to a comprehensive continuum of services and support that optimizes an individual's best chance of returning from hospital to home or to the most integrated setting, provides alternatives to hospitalization, as well as minimizing re-admission to an acute-care setting."[532]

Additionally, as explained in Major Response HC-6, the Blue Ribbon Panel recognized that a broader citywide and regional Bay Area plan would be needed to address improved transitional care citywide from acute to subacute to rehab facilities overall. Through the Blue Ribbon Panel consensus process, CPMC has committed with the LTCCC and the San Francisco Hospital Council to find ways that the City of San Francisco can expand the community's capacities to offer appropriate skilled nursing beds.

Dialysis Services

Comment PC-359 also requests discussion of issues related to dialysis services. Please see Response HC-21 (page C&R 3.23-127) for a detailed response to comments regarding the sale of the CPMC dialysis

[529] The Lewin Group, 2009 (June 26), *California Pacific Medical Center Institutional Master Plan Review*, prepared for the San Francisco Department of Public Health, at page 23.

[530] The San Francisco Health Commission Task Force on CPMC's IMP stated that it "supports CPMC's collaboration with the Department of Aging and Adult Services (DAAS), the San Francisco Senior Center, St. Francis Memorial Hospital on a pilot to provide comprehensive support to senior patients with transition services such that many can successfully be restored to their own homes with appropriate support services." San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.

[531] Long Term Care Coordinating Council, *LTCCC resolution affirming the need for citywide health planning, and optimizing an individual's return from hospital to home, or to the most integrated setting*, revised draft, June 15, 2009.

[532] Ibid.

unit to DaVita. As explained above in Response HC-21, the transfer of CPMC's dialysis services to DaVita became effective on February 1, 2011, and has not resulted in any physical change to the environment. Regardless of the provider of dialysis services, all are held to the same regulatory standards and are overseen by the California Department of Health. The process of stabilizing and transporting dialysis patients to an Emergency Department remains the same, regardless of the transfer of dialysis services operations from CPMC to DaVita. Therefore, the sale of the dialysis unit has not contributed to any cumulative impacts on City services or traffic. Response HC-21 further explains that dialysis services and staff, and the location of dialysis services all remain mainly unchanged. CPMC has indicated that dialysis services have not been materially reduced or cut, nor are they planned to be materially reduced or cut in the future.

Comment

(Commissioner Olague, September 23, 2010) [PC-397 HC]

"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 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."

Response HC-78

The comment states that a significant demand for charity care citywide is in the Tenderloin area of the City. The comment raises concerns regarding access of Tenderloin area residents to health care services, CPMC's record of providing charity care, and that a plan be in place for the CPMC facilities in the event of a disaster. The comment expresses hope that the Cathedral Hill Hospital would serve the community rather than become a "luxury care facility."

Provision of Service to the Community and Access to Tenderloin Residents at the Cathedral Hill Campus

Please see Major Response HC-8 (page C&R 3.23-32), which provides detailed information regarding access to health services for the underserved, including information regarding CPMC's commitments to partner with community-based clinics, and access to services by patients that are on Healthy Kids and/or Medi-Cal, and/or are Tenderloin residents. Please also see Responses HC-2 (page C&R 3.23-52), HC-7 (page C&R 3.23-74), HC-12 (page C&R 3.23-91), HC-16 (page C&R 3.23-101), and HC-31 (page C&R 3.23-160), which provide detailed information regarding the charity care provided by CPMC in comparison to other hospitals in San Francisco.

Although the proposed Cathedral Hill Hospital would provide tertiary, specialized medical services to patients referred from other CPMC community hospitals at the Davies and St. Luke's Campuses, the Cathedral Hill Hospital itself would operate as a full-service, community hospital. Therefore, it would

provide similar services to members of the surrounding community as would a typical community hospital. The proposed Cathedral Hill Hospital would include a women's and children's center with a full range of inpatient pediatrics programs, as well as an Emergency Department that would include a dedicated treatment area for pediatric care, as well as general care, critical care and triage, and a secured psychiatric area. As explained in Major Response HC-5 (page C&R 3.23-20), the Emergency Department at the proposed Cathedral Hill Campus would have 32 treatment stations and would be able to serve about 64,000 visits per year. Therefore, the Cathedral Hill Campus would provide all the services of a community hospital, would serve the needs of children, and would include an emergency room.

CPMC provides direct service to Healthy Kids patients through:

- The pediatrics clinic at the Family Health Center (currently at the California Campus, to be relocated to the Cathedral Hill Campus under the LRDP).
- St. Luke's Health Care Center (existing and to remain under the LRDP)
- Bayview Child Health Center (existing and to continue)[533]

Beyond direct care delivery through the clinics above, a wide array of Primary Care and specialty physicians are available to Healthy San Francisco/Healthy Kids patients.[534] Two of the six provider groups offered to Healthy Kids patients are Brown & Toland and North East Medical Services (NEMS) both of which are affiliated with CPMC.[535]

CPMC only has direct control over a small subset (approximately 13 percent) of the currently approximately 1,700 physicians affiliated with the CPMC campuses. CPMC hospitals and all physicians under the direct control of a CPMC entity (e.g., Sutter Pacific Medical Foundation physicians and the St. Luke's HealthCare Center physicians) do at present and would continue under the LRDP to accept Medi-Cal patients.

As explained in Major Response HC-8 (page C&R 3.23-32), the financial makeup of the patient population of a particular hospital is a combination of location, private physician ability or preference for a particular insurance type, historical admitting patterns, and other factors not analyzed in this EIR.[536] CPMC has limited control over many of these factors but does have control over (1) whether or not CPMC hospitals accept Medi-Cal for hospital charges, and (2) whether or not its clinics, staffed with CPMC physicians (e.g., at the approximately 15 San Francisco Sutter Pacific Medical Foundation Clinics[537] and the St. Luke's Healthcare Center) accept Medi-Cal. As part of its commitments made to the Health Commission, CPMC committed to (1) continue to accept Medi-Cal, as it always has, at all of its hospitals, (2) to guarantee access to Medi-Cal patients through all of the clinics controlled by CPMC as described above, and (3) to increase the amount of unpaid Medi-Cal shortfall systemwide by 22 percent over a 5-year period, from $53,369,000 in 2007 to $65,000,000 by 2012.[538]

According to the project sponsor, CPMC cannot compel private practice physicians who are not part of the Sutter Pacific Medical Foundation to see or not see Medi-Cal patients. Brown and Toland Medical

[533] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011); see also CPMC, *2008 Report: CPMC Community Benefit Strategy, Programs & Impact*; CPMC, *Report to the Community 2009*.
[534] CPMC, Memorandum from Geoffrey Nelson, Director, EDP, to Brian Boxer (AECOM) re: Access to Healthcare Services (May 13, 2011).
[535] Ibid.
[536] Ibid.
[537] For a list of 15 San Francisco and over 50 regional locations of Sutter Pacific Medical Foundation Clinics, see http://www.sutterpacific.org/locations/
[538] San Francisco Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, 2010 (Mar. 2), *Updates and Accomplishments*.

Group physicians, many of whom practice at CPMC facilities, for example, currently accept Medi-Cal patients, but this is a matter of personal physician choice.

Additionally, San Francisco Health Commission Resolution 02-10 memorialized CPMC's agreement to increase its amount of Medicaid shortfall (the uncompensated portion of providing care to Medicaid patients) by 22 percent in a 5-year period, from $53,369,000 in 2007 up to $65,000,000 by 2012.[539]

Major Response HC-8 includes a detailed list of some of CPMC's current partnerships in delivering low- or no-cost care to the medically underserved, and explains that CPMC also supports community health through initiatives such as Operation Access, Lions Eye Foundation, the Hep B Free Campaign, and Project Homeless Connect.

Comment PC-397 also raises the concern that CPMC could ultimately become a "luxury care facility." In addition to the above discussion of CPMC's commitments to provide health care services to the surrounding communities and the discussion below regarding CPMC's charity care commitments, please see Major Response HC-7 (page C&R 3.23-31). Major Response HC-7 explains that the current patient standard of guidelines recommend single-occupancy hospital rooms regardless of patient income level, and that Medicare rules would allow patients receiving Medicare to be placed in single-patient rooms at facilities such as the Cathedral Hill Hospital and St. Luke's Replacement Hospital that have only single-patient rooms.

Charity Care

Please see Major Response HC-8 (page C&R 3.23-32) regarding access to health services, which includes a discussion of CPMC's delivery of charity care. San Francisco Health Commission Resolution 02-10, approved on March 16, 2010, memorialized CPMC's commitment to increase it charity care contribution by 79 percent in a 5-year period, from approximately $5,315,000 in 2007 to $9,500,000 by 2010.[540] As explained in Major Response HC-8, according to the latest reporting by CPMC, in 2009, CPMC provided over $80 million in services for the poor and underserved.[541] The 2009 report on community benefits shows an increase in traditional charity care,[542] from $7,584,000 in 2008 to $10,215,000 in 2009. Traditional charity care at CPMC for 2007 was approximately $5,300,000.[543] From 2007 to 2008, traditional charity care increased approximately 31 percent, and from 2008 to 2009, an additional increase of 35 percent in charity care has occurred.[544] Preliminary reporting of 2010 total charity care provided by CPMC is approximately $14.9 million, an approximately $4.7 million increase over the 2009 total of approximately $10.2 million, representing an approximately 46 percent increase from 2009 to 2010.[545]

The comment includes a comparison of charity care provided by CPMC to Catholic Healthcare West, based upon charity care expenditure per bed. As explained in Major Response HC-1, the number of beds that are actually used for patient care on a daily basis in the CPMC system is substantially less than the

[539] S.F. Health Commission Resolution No. 02-10.
[540] Ibid..
[541] California Pacific Medical Center: *Report to the Community 2009,* page 8.
[542] Traditional charity care is the care CPMC provides for people who come to the emergency room but are uninsured and unable to pay. In 2009, CPMC extended this community benefit to more than 3,500 people. CPMC's total provision of "services to the poor and underserved" includes this amount, plus CPMC's contributions to Healthy San Francisco, unpaid Medi-Cal costs, health programming provided directly by CPMC or through partnerships with other providers, and grants and sponsorships. CPMC, *Report to the Community 2009*, pages 4–9.
[543] S.F. Health Commission Task Force on CPMC's IMP Addressing Resolution No. 10-09, *Updates and Accomplishments*, Mar. 2, 2010.
[544] CPMC, 2010 (Sept. 30), *Interim Report to the San Francisco Health Commission Regarding Progress Toward Commission Recommendation in Resolution No. 10-09*.
[545] CPMC, 2011 (Jan. 26), *Fourth Quarter 2010 Report to the San Francisco Health Commission Regarding CPMC's Progress Toward Commission Recommendations in Resolution No. 10-09*.

number that is actually licensed.[546] For this reason, the ratio of charity care expenditure to the number of licensed beds provided by a health care services provider is not considered an appropriate metric for determining the level of charity care expenditures made by that provider. A more appropriate metric is the ratio of charity care expenditures to net patient revenue, as utilized by the San Francisco Department of Public Health in its annual charity care reports analyzing the amount of charity care expenditures by different health care providers in San Francisco.[547]

According to the *San Francisco Charity Care Report Fiscal Year 2009* published by the San Francisco Department of Public Health, CPMC provided approximately $11.45 million in traditional charity care in the City in 2009, compared to $10.4 million for UCSF. $6.6 million for St. Francis Memorial Hospital, and $360,343 for Chinese Hospital.[548] In October 2011, DPH published its San Francisco Hospitals Charity Care Report for fiscal year 2010, which states that CPMC provided approximately $16.6 million in traditional charity care in fiscal year 2010 , compared to $11.2 million for UCSF and $7.8 million for St Francis Memorial Hospital. [549] When measured in terms of net patient revenue, CPMC provided approximately 1 percent of net patient revenue in traditional charity care in fiscal year 2009, increasing to 1.38 percent in 2010. This compares to 0.64 percent for UCSF in both years and 4.13 and 4.43 percent for SFMH in fiscal years 2009 and 2010, respectively. [550] Over the time period 2006 to 2009, the number of charity care patients at CPMC systemwide increased from 3,156 to 3,683.[551] This number further increased to 9,801 charity care patients in 2010 from 2009 and 2006, respectively.[552]

Furthermore, whereas all of San Francisco's hospitals provide free care to patients up to 200 percent of the federal poverty level (FPL), CPMC provides free care to patients earning up to 400 percent of FPL.[553]

Disaster Planning

Comment PC-397 raises the issue of the plan that would be in place in the event of a disaster and how CPMC's institutions would play into such a plan.

The proposed Cathedral Hill Hospital would be centrally located within the area of San Francisco with the highest density of population, reducing the amount of travel by being within walking distance of more people than the existing California and Pacific Campuses Emergency Departments. The proposed Cathedral Hill Hospital would also be located closer than the California and Pacific Campuses to the areas with the greatest risk of experiencing damage from a major earthquake and, thus, would move Emergency Department services closer to the areas likely to have the highest number of persons needing emergency

[546] CPMC's occupancy rate for 2009 systemwide was 48%, e.g. approximately 1 in 2 beds was actually in use on average. OSHPD, ALIRTS, Annual Utilization Reports for California Pacific Med Ctr-Pacific Campus, 2009, California Pacific Med Ctr-California West, 2009, California Pacific Med Ctr-California East, 2009, California Pacific Med Ctr-Davies Campus, 2009, and California Pacific Med Ctr-St. Lukes Campus, 2009, available at http://www.alirts.oshpd.ca.gov, accessed accessed Apr. 6, 2011.

[547] *See e.g.*, San Francisco Department of Public Health, 2010 (October), *San Francisco Charity Care Report Fiscal Year 2009*, at pp. 22-23.

[548] Ibid.

[549] San Francisco Department of Public Health, 2011 (Oct.), *San Francisco Charity Care Report Fiscal Year 2010, 10 Years of Charity Care Reporting*, p.26, Table 5, "Charity Care Expenditures by Hospital, FY10. " (CPMC and St. Luke's numbers consolidated)

[550] Ibid. 2009 Charity Care Report, p. 23, Table 6, "Ratio of Charity Care to Net Patient Revenue."; 2010 Charity Care Report, p. 31, Table 7 "Charity Care as Compared to Net Patient Revenue" (CPMC and St. Luke's numbers consolidated).

[551] 2010 Charity Care Report, Attachment A- Report Chart Pack, p.4.

[552] Ibid. (CPMC and St. Luke's numbers consolidated)._CPMC representatives indicated that "[t]he substantial increase in CPMC's charity care for 2010, as compared to previous years, is due to a change in the method used to process patient care applications. In 2010, CPMC implemented a major change – we streamlined the application process so that, for the most patients, eligibility was determined at the initial point-of-service. Prior to 2010, the charity care eligibility process required the patient to complete the application after the service was provided, "2010 Charity Care Report, p.23.

[553] Ibid. p. 15 (the *San Francisco Charity Care Report Fiscal Year 2009* published by the San Francisco Department of Public Health also states that many San Francisco Hospitals go up to 350 percent of FPL, citing Chinese Hospital as an example).

medical care.[554] Please also see Major Response HC-2 (page C&R 3.23-8) regarding the location of hospital facilities for disaster response, which explains CPMC's rationale for selecting Van Ness and Geary as the location for the new Cathedral Hill Campus.

In the event of an earthquake or other major disaster, not only CPMC's emergency bays, but all of its inpatient and outpatient facilities would be used to provide emergency care. Although the location of Emergency Departments is one factor in determining capacity for responding to disasters, physicians and specialized equipment also provide such capacity regardless of whether they are located within an Emergency Department or elsewhere.[555]

In addition to the proposed Cathedral Hill Hospital, CPMC would be providing emergency room services in other CPMC Campus locations, and CPMC's hospitals are not the only hospitals that would be available to provide emergency services in San Francisco in the event of a disaster. As explained in Major Response HC-5 (page C&R 3.23-20), in addition to the emergency room at the proposed Cathedral Hill Campus, the LRDP would increase the capacity of the emergency room at the St. Luke's Campus. Emergency services would also continue to be provided at the Davies Campus. In addition to the CPMC emergency rooms (and urgent care facilities at the CPMC campuses that would be available to provide services in the event of an emergency), other emergency rooms in San Francisco that would be available to provide services in the event of a major disaster would include Chinese Hospital, the Kaiser Permanente San Francisco Medical Center, Saint Francis Memorial Hospital, St. Mary's Medical Center, San Francisco General Hospital, San Francisco Veterans Affairs Medical Center, UCSF at Parnassus Heights, and the proposed UCSF Mission Bay hospital.

As explained in Major Response HC-2, from a citywide hospital distribution perspective, the proposed LRDP has been planned in the context of other proposed and pending medical campus projects in the City. Three new hospital facilities have been recently planned in the south of Market Street area: CPMC's proposed St. Luke's Replacement Hospital, San Francisco General Hospital's replacement hospital, and the University of California, San Francisco's new hospital/medical campus at Mission Bay. CPMC's proposed Cathedral Hill Campus is the only new acute care facility currently proposed in the north of Market Street area. Therefore, given the proposed and pending medical campuses in the south of Market Street area, the proposed LRDP would not result in a concentration of medical services on the north side of the City in a manner that would adversely affect the southern portion of the City in the event of a disaster.

Moreover, the proposed LRDP is intended to increase the seismic safety of CPMC patients that would receive inpatient medical services at the proposed new Cathedral Hill Campus, many of whom currently receive inpatient services at the California and Pacific Campuses, which have medical facilities and buildings that are rated SPC-1, the lowest seismic safety rating, and are expected to close by January 1, 2013, unless extended by SB 90 (potentially out to 2020) or successor legislation. To do this, the proposed LRDP includes the replacement of existing acute-care facilities at the California and Pacific Campuses (that would be required to close under SB 1953) with new, seismically compliant, acute-care facilities at the proposed Cathedral Hill Campus that could remain open beyond 2030.

Please see Section 1.5.2, "Seismic Requirements for Hospitals" and Section 1.5.3, "Review Process for Compliance with Seismic Requirements" in the Draft EIR, pages 1-17 to 1-20, for detailed information regarding State seismic safety requirements under SB 1953 and related laws and regulations, including

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554 See R. D. Borcherdt et. al., *Integrated Strong-Motion, Soil-Response Arrays in San Francisco California*, U.S. Geological Survey, available: http://nsmp.wr.usgs.gov/Presentations/San_Francisco_Array/San_Francisco_Array_Presentation_s.html, last updated September 23, 1999; accessed December 16, 2010; Figure 1b, map showing estimated losses for a repeat of the 1906 earthquake (Mw = 7.7), from Risk Management Solutions, Inc., Shah, et al. 1995.

555 American Journal of Emergency Medicine. 2004 Sep;44(3):253-61. "Health care facility and community strategies for patient care surge capacity." Hick JL, Hanfling D, Burstein JL, DeAtley C, Barbisch D, Bogdan GM, Cantrill S.

the structural ratings of acute-care hospital buildings by Structural Performance Category (SPC). The proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital would both meet the highest seismic safety rating, SPC-5, which would enable it to be used as an acute-care facility through 2030 and beyond. The existing California, Pacific, and St. Luke's Campus hospitals are rated SPC-1, the lowest seismic safety rating, and would be required to close by January 1, 2013, under SB 1953, unless extended by SB 90 (potentially out extension to 2020) or successor legislation. In addition, the Davies Hospital North Tower was recently seismically retrofitted to meet SPC-2, enabling it to be used as an acute-care facility until 2030. Therefore, the proposed LRDP would increase the City's preparedness for an earthquake or other natural disaster and would increase the safety of the patient population that currently receives inpatient services at the California and Pacific Campuses by relocating such services to newer facilities that would meet the highest seismic safety standards under State law.

The Draft EIR included an analysis of the proposed LRDP's potential impacts related to earthquakes, seismicity, emergency response and evacuation plans in Section 4.14, "Geology and Soils" and Section 4.16, "Hazards and Hazardous Materials," as discussed in more detail below.

The discussion of Impact HZ-6 on pages 4.16-72 to 4.16-76 of the Draft EIR concluded that the project would not conflict with emergency response or evacuation plans during the proposed LRDP's construction and operational periods because CPMC is integrated into the continuous citywide preparation for emergencies and disasters, each CPMC campus would have an emergency operations and evacuation plan, the current emergency operations and evaluation plans at the existing campuses would continue to be maintained during construction and the San Francisco Fire Department (SFFD) and Police Department would be notified by CPMC of all temporary changes to campus access during construction, and CPMC would continue to work with the Hospital Council Emergency Preparedness Partnership, Emergency Medical Services, and SFFD on updated emergency planning. Therefore, the Draft EIR concluded that Impact HZ-6 would be less than significant.

The analysis of Impact GE-1 on pages 4.14-42 to 4.14-45 of the Draft EIR, which concluded that the proposed LRDP would not expose people or structures to the risk of loss, injury, or death involving rupture of a known earthquake fault or strong seismic ground shaking, because no earthquake zones have been mapped in the city, no evidence of fault rupture was observed at the Cathedral Hill, Pacific, Davies, and St. Luke's Campuses, because the proposed LRDP is intended to ensure that all existing and proposed CPMC campus structures are in full compliance with SB 1953 and subsequent seismic safety legislation, as applicable, which require that acute-care hospitals remain life-safe and operational after a seismic event, because the proposed new hospitals would be subject to OSHPD design review to ensure such compliance, and because all new structures proposed under the LRDP that would not provide acute care services would be required to comply with California Building Code, San Francisco Department of Building Inspection, and San Francisco Building Code seismic standards

Similarly, the analysis of Impact GE-2, on pages 4.14-45 to 4.14-49 of the Draft EIR, concluded that the proposed LRDP would not expose people or structures to the risk of loss, injury, or death involving ground failure, including liquefaction, or be located on a geologic unit or soil that is unstable, or that would become unstable as a result of the proposed LRDP, and potentially result in liquefaction or lateral spreading, because the Cathedral Hill, Pacific, Davies, and St. Luke's Campuses are not located within a liquefaction zone as identified by the California Geological Survey and the potential for liquefaction or lateral spreading is very low at the Cathedral Hill, Pacific, Davies, and St. Luke's Campuses,

Additionally, the analysis of Impact GE-5, on pages 4.14-55 to 4.14-58 of the Draft EIR, concluded that the proposed LRDP would not expose people to the risk of loss, injury, or death involving ground failure, including densification or seismic settlement because excavation for the planned basements of the proposed near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would extend well below the zones of loose geologic material, and because Mitigation Measure MM-GE-L5 (on page 4.14-

58 of the Draft EIR) would ensure that geotechnical studies are updated and prepared once the design-level plans for long-term projects at the Pacific and Davies Campuses are finalized, and that all recommendations in the geotechnical studies would be implemented and followed.

For the above reasons, the Draft EIR concluded that the proposed LRDP would have less than significant impacts related to such risks associated with earthquakes and seismicity analyzed under Impacts GE-1, GE-2, and GE-3.

3.23.2 MISCELLANEOUS OTHER

3.23.2.1 LRDP

Comments

(Marvis Phillips—Alliance for a Better District 6, May 19, 2010) [1-1 OTH]

"My name is Marvis J. Phillips. I'm the Land Use Chair of the Alliance For A Better District 6 and I am writing you on behalf of our Board of Director's regarding the upcoming California Pacific Medical Center Hearing on the DEIR.

The Board of Director's of the Alliance For A Better District 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 District 6 is neutral on this project."

(Marvis Phillips—Alliance for a Better District 6, August 6, 2010) [4-1 OTH]

"The Board of Directors have taken a neutral position on Case No. 2005.0555E CPMC Long Range Development Plan. There-by allowing it's member to voice their own opinion. The comments below therefore are my personal opinions.

Overall the proposed Long Range Plan for CPMC is really quite good. My concerns however are few."

Response OTH-1

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Marvis Phillips—Alliance for a Better District 6, August 6, 2010) [4-11 OTH]

"A new neuroscience is cool but if you cannot afford to get there what good is it."

Response OTH-2

The comment states concern regarding traveling affordably to the Davies Campus. As shown in Figure 4.5-9 on Draft EIR page 4.5-21 and listed in Table 4.5-4 on Draft EIR page 4.5-26, 16 Muni lines are located within a 0.5-mile radius of the Davies Campus and can reasonably be considered to serve the Davies Campus. Therefore, the location of the Davies Campus and the proposed facilities at this campus under the proposed CPMC LRDP would be sufficiently accessible by public transit, which is provided by the City and County of San Francisco as a means of affordable travel throughout San Francisco. The proposed CPMC LRDP would not adversely affect the capacity or reduce the functionality of existing transit opportunities, including the San Francisco Muni transit system. Impact TR-77 on page 4.5-187 in Section 4.5, "Transportation and Circulation," of the Draft EIR provides a summary of the potential impacts, including improvements to the Davies Campus, on transit capacity, concluding that implementation of the proposed CPMC LRDP would represent a less-than-significant impact on transit capacity.

Comment

(Scott Morgan, Office of Planning and Research—California State Clearinghouse, September 9, 2010) [8-1 OTH]

"The State Clearinghouse submitted the above named Draft EIR to selected state agencies for review. On the enclosed Document Detail 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.'

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."

Response OTH-3

This comment acknowledges that the City has complied with the State Clearinghouse review requirements for draft environmental documents. The State Clearinghouse also forwarded a comment letter on the Draft EIR that was submitted by Caltrans regarding traffic forecasting, highway operations, and construction, addressed in the Draft EIR in Section 4.5, "Transportation and Circulation."

Comment

(Scott Morgan, Office of Planning and Research—California State Clearinghouse, September 10, 2010) [9-1 OTH]

"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.

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 regarding the environmental review process. If you have a question regarding the above-named project, please refer to the project's ten-digit State Clearinghouse number (2006062157) when contacting this office."

Response OTH-4

The State Clearinghouse forwarded a comment letter on the Draft EIR that was submitted by Caltrans, Division of Aeronautics, regarding airport-related noise, safety, and regional land use planning. This

comment is addressed in Section 3.18, "Hazards and Hazardous Materials," of this C&R document; please refer to Response HZ-2 for further information (page C&R 3.18-2).

Comments

(Jack Scott, September 23, 2010) [19-1 OTH, duplicate comment was provided in 40-1 OTH]

"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."

(Donald Scherl, October 18, 2010) [74-40 OTH]

"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)."

Response OTH-5

These comments express opposition to the proposed CPMC LRDP. The comments also suggest that the Cathedral Hill Campus would be detrimental to the surrounding neighborhood, and that the St. Luke's Campus would not adequately serve its neighborhood. They also state that if the Planning Commission rejects the proposed CPMC LRDP, the project would be required to obtain a temporary waiver and time extension for seismic compliance. These comments do not raise specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR.

Concerning the general comments, there is no formal or informal waiver process as is suggested by the comment. Senate Bill (SB) 1953, as amended by successor legislation, states what constitutes compliance and noncompliance. SB 1953 establishes an applicable compliance deadline of January 1, 2013. SB 90 was approved on April 13, 2011, and would authorize extensions of up to 7 years (i.e., potentially out to 2020) if certain milestones and other requirements were met. In response to the time extension under the state's retrofit regulations, refer to Response HC-68 (page C&R 3.23-224). Regarding the relative sizes of the CPMC campuses, refer to Response ALT-1 (page C&R 3.22-11) concerning Alternative 3A and the sizes of the Cathedral Hill and St. Luke's Campuses. Refer to Responses AE-1 to AE-14, TR-1, TR-9, TR-10, TR-14, and TR-20 for discussion of the aesthetic and traffic impacts of the Cathedral Hill Campus, and Major Responses HC-1 and HC-2 (pages C&R 3.23-1 and 3.23-8) concerning the adequacy of health care services provided at the St. Luke's Campus. These comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Barbara Ann Berwick, September 23, 2010) [36-7 OTH]

"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."

Response OTH-6

The comment is noted. This comment does not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Unitarian Universalist CPMC Task Force, October 5, 2010) [44-1 OTH]

"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."

Response OTH-7

The comment states that the organization wishes to support quality health care for all San Franciscans, but has concerns regarding the proposed CPMC LRDP and the Draft EIR. The comment also states that some sections of the Draft EIR are brief and inadequate, with errors. However, the comment does not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR. The Draft EIR includes evaluations of all the environmental topics listed in Appendix G of the State CEQA Guidelines, which have been adopted by the San Francisco Planning Department and are applied to the environmental reviews of all development projects in the City and County of San Francisco. The impact analysis sections in Chapter 4 of the Draft EIR are consistent with State CEQA Guidelines and considered appropriate for the corresponding project- and program-level components. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Madlyn Stein—Seniors of Cathedral Hill, October 7, 2010) [45-7 OTH]

"Please include our comments in the Environmental Impact Report and answer our concerns."

Response OTH-8

This comment is located at the end of Comment Letter 45 and requests that the comments related to land use, alternatives, and transportation and circulation be responded to in the Final CPMC LRDP EIR. The comments and concerns referenced in this comment letter are addressed in this C&R document along with all of the written and oral comments submitted to the City during the Draft EIR public review and comment period, or made through testimony at the Draft EIR public hearing. Refer to Responses LU-11 (page C&R 3.3-75), LU-12 (page C&R 3.3-76), ALT-1 (page C&R 3.22-11), TR-46 (page C&R 3.7-70), and TR-67 (page C&R 3.3-124) for responses to the substantive comments of Comment Letter 45 (Comments 45-1 LU, 45-2 LU, 45-3 ALT, 45-4 ALT, 45-5 TR, and 45-6 TR, respectively).

Comment

(Ryan Bresnick, August 1, 2010) [57-2 OTH]

"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."

Response OTH-9

The comment expresses concern regarding CPMC's ability to follow through with its commitments of caring for the community and environment. CPMC and the City have been in negotiations regarding the terms and conditions of a development agreement, that would, among other things, provide certain assurances and benefits, subject to the terms and conditions of the development agreement. Please see Section 3.23.1.2 "Development Agreement" on page C&R 3.23-41 for additional details regarding the development agreement. In addition, as stated in the Draft EIR, page 1-12, a mitigation monitoring and reporting plan (MMRP) must be adopted as part of an approval action if mitigation measures are made part of the project. State CEQA Guidelines Section 15126.4 (a) (2) requires that "mitigation measures must be fully enforceable through permit conditions, agreements, or other legally binding instruments." All of the mitigation measures contained in the Draft EIR would be fully enforceable and would require future legal action or compliance and proof to be shown in the MMRP. As stated in State CEQA Guidelines Section 15097, "In order to ensure that the mitigation measures and project revisions identified in the EIR or negative declaration are implemented, the public agency shall adopt a program for monitoring or reporting on the revisions which it has required in the project and the measures it has imposed to mitigate or avoid significant environmental effects." The MMRP would be included as part of the Findings of Fact for the project and would be adopted by the decision-makers if the proposed LRDP or one of the alternatives was approved.

Comment

(Donald Scherl, October 18, 2010) [74-1 OTH]

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

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

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."

Response OTH-10

The comment is noted. This comment does not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Arthur and Jacqueline Cimento, October 19, 2010) [78-2 OTH, duplicate comment was provided in 99-2 OTH]

"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.

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

Response OTH-11

This comment states opposition to the proposed CPMC LRDP and provides specific comments in an attached document. The comment also expresses an interest in providing more open space in the vicinity of the Pacific Campus. This opposition to the LRDP is noted, and the comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Specific responses to the individual comments from Letter 78 are responded to in Responses for 78-1 TR (page C&R 3.7-146), 78-3 LU (page C&R 3.3-141), 78-4 TR (page C&R 3.7-147), 78-5 LU (page C&R 3.3-144), 78-6 NO (page C&R 3.8-73), 78-7 TR (page C&R 3.7-147), 78-8 TR (page C&R 3.7-138), 78-9 RE (page C&R 3.12-10), 78-10 OTH (page C&R 3.23-310), and 78-11 PD (page C&R 3.2-22). The comment also states that CPMC should provide more open space in the Pacific Campus area. Figure 4.10-3 on page 4.10-14 of the Draft EIR indicates the existing parks and open space within .5 mile of the Pacific Campus. In addition, the campus contains four open space areas and a garden. Refer to Draft EIR pages 4.10-10 through 4.10-13 for a description of parks and open spaces near the Pacific Campus. Refer to Draft EIR pages 4.10-36 through 4.10-39 in Section 4.10, "Recreation," for the Pacific Campus impact analysis of parks/open spaces. As noted in the Draft EIR, implementation of the proposed CPMC LRDP would represent a less-than-significant impact on citywide recreational opportunities.

Comment

(Barbara Kautz—CHNA and Bernal Heights Neighborhood Center, October 19, 2010) [87-1 OTH, duplicate comment was provided in 108-1 OTH]

"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, prioritizing 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."

Response OTH-12

The comment states that there are deficiencies in the CPMC LRDP Draft EIR. This comment, however, does not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR; rather, it presents an introduction to the Cathedral Hill Neighbors Association (CHNA) and states that the CHNA's comments are in agreement with those of the Bernal Heights Neighborhood Center. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-4 OTH]

"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 we fare 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. CAN therefore has a strong interest in enforcing environmental laws such as CEQA to protect its members.

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."

(Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-46 OTH]

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

[109] CEQA Guidelines §2100(g).
[110] CEQA Guidelines §15064(e). *See also El Dorado Union High School District v. Placerville,* 144 Cal App. 3d 123 (3d Dist. 2003).
[109] *Bakersfield, supr* n. 108, 124 Cal. App. 4th at 1219; CEQA Guidelines §15126.2(a)"

Response OTH-13

The comments provide background on the CNA as part of an introduction to specific comments on the Draft EIR. The comment also introduces the technical experts used by CNA to assist in commenting on the technical analysis in the Draft EIR. Refer to Letters 91, 92, 93, and 119 of this C&R document for comments received from the technical experts. The information presented in these comment is noted. It does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR, and will be transmitted as part of the C&R document to and may be considered by the decision-makers as part of their deliberations on the project.

The comment also states that CNA members would be negatively affected with respect to traffic, air quality, geology and soils, and affordable housing impacts as a result of implementation of the proposed CPMC LRDP because they work and live near the CPMC campuses that would be developed. The comment also notes that CNA members would be harmed, because the CPMC LRDP Draft EIR did not analyze access to safe and affordable medical care.

As noted in Section 4.5, "Transportation and Circulation," of the Draft EIR, beginning on page 4.5-93, the proposed CPMC LRDP would result in significant and unavoidable traffic impacts on the intersections of Van Ness Avenue/Market Street, Polk Street/Geary Street, and Church Street/Market Street/14th Street. All other impacts would be considered less than significant and would not represent a substantial adverse (negative) impact on the areas surrounding the CPMC campuses. As noted in Section 4.7, "Air Quality," of the Draft EIR, beginning on page 4.7-38, implementation of the proposed CPMC LRDP would result in operational air emissions that exceed Bay Area Air Quality Management District (BAAQMD) thresholds of significance but would not exceed established standards for carbon monoxide (CO) hotspots or toxic air contaminants (TACs). Section 4.16, "Hazards and Hazardous Materials," of the Draft EIR provides a detailed discussion of hazards and hazardous materials impacts (including groundwater and soil contamination) and mitigation measures related to the proposed LRDP. As noted in that section of the Draft EIR, with inclusion of the mitigation measures identified, implementation of the proposed LRDP would not result in a substantial adverse impact on the surrounding area. For information on San Francisco's ability to accommodate affordable housing, refer to Response PH-9 (page C&R 3.5-31). Please also see Major Response HC-9 (page C&R 3.23-39) regarding the effects of the proposed LRDP on access to health care in San Francisco.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-14 OTH]

"• 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."

Response OTH-14

This comment states an opinion and does not provide any facts to support the statement that the Draft EIR omitted credible analysis and substantial evidence for its conclusions related to CPMC LRDP impacts analyzed in the Draft EIR. The environmental analyses provided in Chapter 4, "Environmental Setting, Impacts, and Mitigation," through Chapter 6, "Alternatives," in the Draft EIR are thorough and based on substantial, objective evidence that has been placed into the administrative record. The information on which the impact assessments were based is objective and unbiased, and is cited in the Draft EIR, consistent with the requirements of Section 15148 of the State CEQA Guidelines.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-15 OTH]

"• The DEIR omitted a mitigation monitoring and reporting plan ('MMRP'). Instead, mitigations measures lack specificity, performance objectives, enforceability and timelines for implementation."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-8 OTH]

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

The Draft EIR does not provide a mitigation monitoring and reporting plan ('MMRP') as is customary for CEQA documents for large projects. An MMRP identifies the measures 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 191-80TH 1 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]

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]

[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 Mil.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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-9 OTH]

"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.

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.

[14] Draft EIR, p. 1-12."

Response OTH-15

The comments state that the CPMC LRDP Draft EIR does not include a mitigation monitoring and reporting program (MMRP). The comments are general in nature and do not provide input or criticism concerning any specific mitigation measures or related performance standards. Thus, a response to concerns for a particular mitigation measure is not included.

The requirement for an MMRP is established in Section 15097 of the State CEQA Guidelines. According to Section 15097(a) of the State CEQA Guidelines:

> This section applies when a public agency has made the findings required under paragraph (1) of subdivision (a) of Section 15091 relative to an EIR or adopted a mitigated negative declaration in conjunction with approving a project.

Thus, an MMRP is triggered by the decision to approve a project and is to be included as part of the findings related to such an approval; the MMRP is not required to be part of a Draft EIR.

Consistent with the Guidelines, the Draft EIR, page 1-12, states that an MMRP must be adopted as part of an approval action if mitigation measures are made part of the project. A summary of potential impacts and proposed mitigation measures for the proposed LDRP are included in Table S-2 in the Draft EIR, page S-37. This information will be incorporated into the MMRP as required and approved by decision-makers. Also, it should be noted that a draft MMRP was prepared prior to the issuance of the Draft EIR, was available for review as part of the administrative record of the CPMC LRDP EIR, and was provided to the commenter.

State CEQA Guidelines Section 15126.4(a)(2) requires that "mitigation measures must be fully enforceable through permit conditions, agreements, or other legally binding instruments." All of the mitigation measures contained in the CPMC LRDP Draft EIR are fully enforceable and would require future legal action or compliance, and proof would be shown in the MMRP. As stated in State CEQA Guidelines Section 15097, "In order to ensure that the mitigation measures and project revisions identified in the EIR or negative declaration are implemented, the public agency shall adopt a program for monitoring or reporting on the revisions which it has required in the project and the measures it has imposed to mitigate or avoid significant environmental effects." The MMRP would be included as part of the Findings of Fact for the project and would be adopted by the decision-makers, if the proposed LRDP or one of the alternatives was approved.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-16 OTH]

"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.

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."

(Gloria Smith—California Nurses Association, October 19, 2010) [90-21 OTH]

"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.

[13] Draft EIR at pages 4-1 - 4-3."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-10 OTH]

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

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

[15] Pub. Resources Code, §2JO03(d)."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-12 OTH]

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

For each environmental impact in these sections, the Draft EIR discusses the environmental setting, regulatory framework, cumulative conditions, significance criteria, and impact evaluations. Within the impact evaluations, the Draft EIR first provides a summary of the level of significance for each campus including mitigation, if required, and then discusses impacts associated with construction and operation of the Project components and their mitigation measures separately for *Near-Term Projects* at tile 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).

[16] Draft EIR, pp. 4-1—4-3."

(Gloria Smith—California Nurses Association, October 19, 2010) [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 tile various near-term and long-term project components. Unfortunately, the poor formatting of the Draft EIR's environmental 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [91-58 OTH]

"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] 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.

[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/."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-3 OTH]

"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

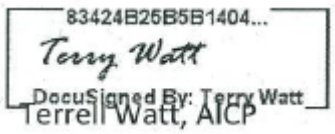
expansive Project on the region, the City and local neighborhoods including, but not limited to: 1) significant unmet demand for housing, and in particular, housing affordable to the workforce; 2) jobs-housing imbalance and related impacts on transportation, air quality, growth inducement and public 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."

(Gloria Smith—California Nurses Association, October 19, 2010) [93-99 OTH]

"**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.

Very truly yours,



"

(Stephanie Barton, et al—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-79 OTH]

"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."

Response OTH-16

The comments relate to the organization and quality of the CPMC LRDP Draft EIR. The comments state that the Draft EIR evaluated a limited/narrow set of potential impacts against an "impermissibly narrow description of the … environmental setting," thereby limiting the public's ability to review the analysis. The comments also state that due to the "impenetrable" and "repetitive" language and structure of the document, the Draft EIR "fails to provide an easily understandable discussion of impacts." The comments also raise concerns regarding the level of detail, and consequently the analysis of certain aspects of the proposed CPMC LRDP, including those that are supposed to be evaluated at a project level. The comments raise concerns over the adequacy of the Draft EIR as an informational document for the public and decision-makers. One comment suggests the proposed CPMC LRDP requires "heightened justification" based on the potential impacts on both environmental and non-environmental issues. Finally, the comments also state general perceptions that the Draft EIR contains "flawed assumptions and analyses."

Chapter 2, "Project Description," in the Draft EIR provides a detailed description of the project sites and existing on-site conditions, the LRDP proposal for each CPMC campus, CPMC's project objectives, and approvals required to implement the project. The project description is consistent with the requirements of State CEQA Guidelines Section 15124 and environmental review requirements set out in Chapter 31 of the San Francisco Administrative Code. The project description first provides an overview of the LRDP as a whole and then provides separate subsections on each of the existing and proposed campuses.

Not every detail related to the LRDP or the proposal for each campus is contained in the project description. In some cases details that pertain specifically to certain environmental issue areas are provided in those [environmental issue analysis sections] of the Draft EIR to facilitate understanding and ease of reading. For example, there are details of the proposed project's trip generation characteristics and proposed TDM programs that are introduced in the Transportation chapter, because they are most relevant and appropriately discussed in the context of the evaluation of transportation impacts. This is standard practice in EIRs prepared by San Francisco Planning Department, such as the Candlestick Point–Hunters Point Shipyard Phase II Development Plan Project EIR and the Parkmerced Project EIR, for which the San Francisco Planning Department serves as the lead agency under CEQA. This is consistent with the directions of the State CEQA Guidelines, which state in Section 15124(c) that the project description should include, "[a] general description of the project's technical, economic, and environmental characteristics, considering the principal engineering proposals if any and supporting public service facilities."

As stated in the Draft EIR, page 1-3, all 18 of the environmental issue areas identified in the CEQA checklist (Appendix G of the State CEQA Guidelines and Chapter 31 of the San Francisco Administrative Code) have been addressed and are ordered in accordance with City practices in Chapter 4 of the Draft EIR. The Chapter 4 impact analysis sections provide thorough evaluations of the potential physical environmental impacts that would occur with implementation of the proposed CPMC LRDP. These sections are organized as follows: first by environmental setting (tailored to the resource area being evaluated), regulatory framework, and significance criteria, and then impact analysis, including project-level and cumulative impacts. The issue area–specific environmental settings provided within each section of Chapter 4 are considered to be of an appropriate level of detail to evaluate the potential impact on the physical environment that may result from implementation of the proposed CPMC LRDP. Each impact is summarized in a numbered impact statement that addresses the preceding previously identified significance criteria; the appropriate number(s) for the significance criterion or criteria are presented in parentheses. The ultimate level of significance[1] of the impact at the proposed Cathedral Hill, Pacific, California, Davies, and St. Luke's Campuses is presented immediately below the impact statement.

For each impact question/topic, the analysis is split into separate discussions of near-term and long-term projects. The proposed LRDP includes near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses, most of which are scheduled for completion before January 2015 (at the St. Luke's Campus, the MOB/Expansion Building would not be constructed until after demolition of the existing St. Luke's Hospital tower). These near-term projects (and the project variants proposed for the Cathedral Hill and St. Luke's Campuses) are analyzed at a project-specific level. The effects of the No Van Ness Avenue Pedestrian Tunnel Variant for the proposed Cathedral Hill Campus, and the Alternate Emergency Department Location Variant and the Cesar Chavez Street Utility Line Alignment Variant are analyzed for all resource areas, but the effects of the Two-Way Post Street Variant and the MOB Access Variant at the proposed Cathedral Hill Campus are analyzed only in Section 4.1, "Land Use and Planning," Section 4.5, "Transportation and Circulation," and Section 4.6, "Noise," because only land use and planning, and traffic and circulation effects (including related noise effects) would result from these variants.

Long-term projects to be initiated at the Pacific and Davies Campuses after January 1, 2015, are analyzed at a programmatic level. The long-term projects would require additional or supplemental project-level CEQA environmental review and approval at a later date, which is discussed in the Draft EIR.

Each impact statement and list of significance level is followed by a detailed impact analysis, generally in the following format:

[1] The "ultimate level of significance" means the level of significance of an impact after mitigation is applied, if implementing a mitigation measure is required. The ultimate level of significance presented will be either "no impact" or "less than significant" (if no mitigation is required) or "less than significant with mitigation" or "significant and unavoidable" (if the impact would be potentially significant or significant, thus requiring mitigation).

- Near-Term Projects
  - Cathedral Hill Campus (including a brief separate discussion of the No Van Ness Avenue Pedestrian Tunnel Variant for this campus in all resource sections, and discussions of the Two-Way Post Street Variant and the MOB Access Variant in Section 4.1, "Land Use and Planning," Section 4.5, "Transportation and Circulation," and Section 4.6, "Noise")
  - Davies Campus (Neuroscience Institute building)
  - St. Luke's Campus (Replacement Hospital and MOB/Expansion Building, including brief separate discussions of the Alternate Emergency Department Location Variant and the Cesar Chavez Street Utility Line Alignment Variant for this campus)
- Long-Term Projects
  - Pacific Campus
  - Davies Campus (Castro Street/14th Street MOB)

In some instances, the impact for a certain resource area and significance criterion would be identical under both near-term and long-term projects. In this case, the impact discussion for the long-term project simply states that the impact(s) would be identical and provides a cross-reference to the discussion of near-term impact(s).

Pursuant to State CEQA Guidelines Section 15125(a), the "Environmental Setting" sections in Sections 4.1 through 4.18 in the Draft EIR provide the "baseline condition" against which the project-related impacts are compared. The baseline condition is normally the physical conditions that existed at the time the notice of preparation is published, which for the CPMC LRDP was in May 2009 (see Appendix A, "Notice of Preparation"). For some analyses in the Draft EIR, such as the transportation impacts evaluation, the Draft EIR included an evaluation based on both existing conditions and a modified future baseline condition. The modified baseline is presented as a point of comparison in situations where the City believes that comparison to only existing conditions would underestimate or obscure the magnitude of the environmental impacts. Please also see Response TR-9 (page C&R 3.7-11) for further information regarding the use of a modified baseline to appropriately evaluate the impacts of the CPMC LRDP.

The thresholds for determining the significance of impacts are consistent with the environmental checklist in Appendix G of the State CEQA Guidelines and Chapter 31 of the San Francisco Administrative Code, which has been adopted and modified by the City and County of San Francisco. The City and County of San Francisco use the same thresholds of significance for each environmental issue area regardless of the perceived magnitude of potential project impacts, as suggested by the comment. A heightened standard of analysis based on the potential number of impacts is not required under CEQA. The State CEQA Guidelines address the standard of adequacy in Section 15151, which states that "[a]n EIR should be prepared with a sufficient degree of analysis to provide decision makers with information which enables them to make a decision which intelligently takes account of environmental consequences. An evaluation of the environmental effects of a proposed project need not be exhaustive, but the sufficiency of an EIR is to be reviewed in the light of what is reasonably feasible." In fact, the level of detail of analysis in an EIR is appropriately based on the level of detail of the project, as directed in section 15146 of the State CEQA Guidelines, which addresses the degree of specificity in an EIR, and which states that "The degree of specificity required in an EIR will correspond to the degree of specificity involved in the underlying activity which is described in the EIR." All potentially significant impacts and feasible mitigation measures are discussed in Sections 4.1 through 4.18 of the Draft EIR and are summarized in Table S-2, starting on Draft EIR page S-37.

The comments state that the Draft EIR presents significant and unavoidable impacts without attempting to propose mitigation for these impacts. Each potentially significant impact in the Draft EIR was evaluated for availability of potential mitigation measures that would be feasible, enforceable, and that would serve to reduce the potential impact of the proposed LRDP to less-than-significant levels, if possible. When environmental impacts are concluded to be significant and unavoidable, the Draft EIR notes whether any feasible mitigation measures would be available to reduce the potential impact, regardless of the ultimate significance determination in Chapter 4, "Environmental Setting, Impacts, and Mitigation," of the Draft EIR, and in Table S-2, starting on Draft EIR page S-37.

The comment states that mitigation measures are impermissibly deferred, but do not identify any examples of such deferred mitigation measures. Mitigation measures in the Draft EIR are not deferred. However, in some cases where the full extent and nature of project-specific environmental impacts cannot yet be precisely predicted, mitigation measures may be presented in a manner that permits flexibility in application as those impacts become more specifically identified. As an example, Mitigation Measure M-NO-N1a, identified to mitigate construction noise impacts, identifies a range of types of noise measures that are to be included in future construction contracts in order to ensure that the proposed LRDP construction activities meet the requirements of the City of San Francisco Noise Control Ordinance. In this case, and in others in the Draft EIR, the mitigation measure identifies the required performance standard (compliance with the Noise Control Ordinance) but provides flexibility in the specific steps to be taken to achieve the performance standard. In this case, while the measure calls for installation of noise barriers, it does not dictate the specific type of barrier (i.e., noise blankets or wood barriers). A further example is contained in Mitigation Measure M-NO-N1c, which requires noise monitoring during construction in order to measure the effectiveness of noise attenuation measures, and indicates that if the measures prescribed in M-NO-N1a are not effective to ensure compliance with the Noise Control Ordinance, then additional measures would be required to be implemented which "may include erecting additional temporary noise barriers at either the source or the receptor; building large temporary enclosures to shield receptors from the continuous engine noise of delivery trucks during offloads (e.g., concrete pump trucks during foundation work); or lining temporary noise barriers with sound absorbing materials." These measures to not improperly defer mitigation, but rather acknowledge that there are factors that cannot be accurately predicted in an EIR and identify steps that are to be taken in the future based on real world conditions. Please also see Response INTRO-11 (page C&R 3.1-22) for further clarification of what would constitute deferred mitigation versus the mitigation presented in the Draft EIR. The MMRP (a draft of which is available) would provide additional detail regarding mitigation measures and would be adopted as part of the approval action for certifying the EIR.

There is no evidence to support the statement that 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 groundwater contamination." The Draft EIR provides a comprehensive analysis of air quality impacts (see Section 4.7.5, "Impact Evaluations," in the Draft EIR, page 4.7-26), transportation and circulation impacts (see Section 4.5.4, Impact Evaluations," in the Draft EIR, page 4.5-87), land use and planning impacts (see Section 4.1.5, "Impact Evaluations," in the Draft EIR, page 4.1.37), geology and soils impacts (see Section 4.14.5, "Impact Evaluations," in the Draft EIR, page 4.14-41), and hazards and hazardous materials impacts (see Section 4.16.5, "Impact Evaluations," in the Draft EIR, page 4.16-37). The Draft EIR provided adequate analysis of all of the environmental resource areas in the Draft EIR, which was based on substantial evidence that was provided in the technical reports, modeling, and references used for the Draft EIR and part of the administrative record for the EIR and available for public review.

The comment states that the Draft EIR does not analyze the LRDP's impacts on affordable housing, job opportunities for San Franciscans, or equitable access and distribution of health care services. These are social and economic impacts. CEQA is concerned solely with whether a project may have physical environmental effects (e.g., air quality, biological resources, cultural resources). Accordingly, CEQA

would not require the analysis of the proposed LRDP's social and economic impacts, except to the extent that they might provide a linkage to physical changes in the environment. Please also see Response INTRO-7 (page C&R 3.1-17) for a further discussion of why social and economic impact evaluations are not provided as part of the Draft EIR, consistent with CEQA requirements.

Please also see Major Response HC-9 (page C&R 3.23-39) and Response HC-57 (page C&R 3.23-208) for a discussion of the potential effects of the proposed CPMC LRDP on citywide health care services, including accessibility and distribution.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-18 OTH]

"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]

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

[4] CEQA Guidelines §§ 15126.4, 15091.
[5] CEQA § 21002.
[6] CEQA Guidelines, at § 15126.4(a)(1)(D)."

Response OTH-17

The comment cites specific sections of CEQA and the State CEQA Guidelines. The comment is noted. The CPMC LRDP Draft EIR and its environmental review process are in conformance with State CEQA Guidelines Sections 15126.4 and 15091 and CEQA Section 21002, as cited in this comment. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-19 OTH]

"**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.

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

Response OTH-18

The comment expresses concerns regarding the public's access to supporting documentation and technical reports referenced in the CPMC LRDP Draft EIR. Under CEQA, it is proper and allowable for the Draft EIR to contain summaries and synthesis of highly technical information that is included in the record through separate appendices or technical reports on file with the lead agency. Furthermore, it is common, especially on larger and more complex EIRs, for the document to be published with multiple volumes. These practices are specifically allowable under CEQA, as addressed in Section 15147 of the State CEQA Guidelines: "Placement of highly technical and specialized analysis and data in the body of an EIR should be avoided through inclusion of supporting information and analyses as appendices to the main body of the EIR. Appendices to the EIR may be prepared in volumes separate from the basic EIR document, but shall be readily available for public examination and shall be submitted to all clearinghouses which assist in public review."

Furthermore, it is proper and allowable under CEQA for a public agency to charge the public for the cost of reproduction of reports (media recovery cost). As is stated under Section 15045 of the State CEQA Guidelines, "Public agencies may charge and collect a reasonable fee from members of the public for a copy of an environmental document not to exceed the actual cost of reproducing a copy."

Thus, the structure and style of the Draft EIR is entirely in keeping with the requirements and standards of CEQA and the State CEQA Guidelines.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-36 OTH]

"**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.

[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 Ca1.3d 553, 564; Laurel Heights Improvement Ass'n v. Regents of the University of California (1988) 47 Cal.3d 376, 400)."

Response OTH-19

The comment provides a broad and unspecific critique of the breadth of the impact analysis contained in the CPMC LRDP Draft EIR. The Draft EIR contains a very detailed analysis of all potential physical environmental effects of the proposed LRDP, presented in hundreds of pages of text, tables, and graphics.

Regarding additional comments made in Comment Letter 90, the breadth and depth of analysis of the Draft EIR, please see Response HZ-5 (page C&R 3.18-7) for a discussion of impacts related to soil and groundwater contamination. Response TR-12 (page C&R 3.7-29) evaluated the comment's concerns regarding the Draft EIR's discussion of impacts related to traffic and transit. Please see Response LU-6 (page C&R 3.3-60) for a discussion of the comment's concerns regarding the Draft EIR's evaluation of

impacts related to land use and Response AQ-13 (page C&R 3.9-36) for a discussion of concerns raised related to potential air quality impacts. Please also see Major Response HC-8 (page C&R 3.23-32) for a discussion of how the proposed CPMC LRDP would not reduce access to affordable and safe health care in San Francisco. In addition, Response OTH-16 (page C&R 3.23-254) provides discussion on the appropriate level of detail of the mitigation measures presented in the Draft EIR.

The Draft EIR meets the CEQA requirement for analyzing a "reasonable range of alternatives." Under State CEQA Guidelines Section 15126.6(1), "[A]n EIR need not consider every conceivable alternative to a project." Under the "rule of reason" governing the selection of the range of alternatives, the EIR is required, "to set forth only those alternatives necessary to permit a reasoned choice," as stated in State CEQA Guidelines Section 15126.6(f). Although an EIR must consider a reasonable range of potentially feasible alternatives, it does not have to identify and analyze alternatives that would not meet a project's objectives nor does it have to discuss every possible variant or permutation of alternatives.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [90-81 OTH]

"**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.

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 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.

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.
53 CEQA Guidelines section 15043(b)."

Response OTH-20

The comment states that the Draft EIR identified almost 100 significant and unavoidable impacts, and did not provide a detailed discussion of potential mitigation measures that were considered but deemed infeasible. The comment also provides several citations of the State CEQA Guidelines with respect to findings and the mitigation of potential significant environmental impacts and states that the City did not comply with the State CEQA Guidelines, Sections 15043(b), 15126.4, and 15091.

Table 5-1, page 5-2 of the Draft EIR, presents a summary of the significant and unavoidable impacts identified in the Draft EIR, and includes significant and unavoidable impacts of the LRDP as proposed, as well as the significant and unavoidable impacts of the Cathedral Hill Campus variants evaluated in the

transportation section of the Draft EIR. In total, the Draft EIR identified 53 significant and unavoidable impacts of the project as proposed, 56 significant and unavoidable impacts of the Two-Way Post Variant, and 54 significant and unavoidable impacts of the MOB Access Variant. The commenter's notation of "nearly 100" significant and unavoidable impacts appears to represent a tally of all impacts noted in Table 5-1, including significant and unavoidable impacts of the proposed LRDP, the Two-Way Post Variant, and the MOB Access Variant.

All feasible and enforceable mitigation measures have been identified to reduce the physical environmental impacts of the proposed CPMC LRDP, and are discussed in Sections 4.1 through 4.18 of the Draft EIR (see Table S-2 in the Draft EIR, page S-37 for a summary of mitigation measures), consistent with the requirements of Section 15126.4. Under Section 15126.4, an EIR is required to describe "feasible" mitigation measures that would reduce potentially significant adverse impacts of a particular project. However, Section 15126.4 also stipulates that a lead agency may determine that a measure cannot be legally imposed or is infeasible, and in that case, the measure need not be proposed or analyzed. CEQA explicitly recognizes that an EIR may identify significant and unavoidable impacts that cannot be mitigated below the level of significance or where no feasible mitigation measures are possible to implement and enforce. Pursuant to the requirements of section 15093, if the decision-makers determine to approve the project despite the acknowledgement of significant and unavoidable impacts, they must adopt a statement of overriding considerations that documents how the decision-makers "balance, as applicable, the economic, legal, social, technological, or other benefits, including region-wide or statewide environmental benefits, of a proposed project against its unavoidable environmental risks…. If the specific economic, legal, social, technological, or other benefits, including region-wide or statewide environmental benefits, of a proposed project outweigh the unavoidable adverse environmental effects, the adverse environmental effects may be considered acceptable."

Section 15091 of the State CEQA Guidelines relates to the preparation of findings, which occurs later in the CEQA process during consideration of the EIR for certification and the project for approval. Therefore, the statement in this comment that the City did not comply with this requirement as part of the Draft EIR analysis is not correct. Similarly, Section 15043(b), as cited by the comment, relates to the certification of the EIR and adoption of a statement of overriding considerations, which also has yet to occur and would not occur until certification/approval hearings on the EIR and the CPMC LRDP.

However, the Draft EIR concludes that the proposed CPMC LRDP would result in significant, unavoidable impacts to transportation and circulation, noise, air quality, and greenhouse gases, which are summarized in Table 5-1 in the Draft EIR, pages 5-2 to 5-7. To approve the proposed CPMC LRDP, the decision-makers must adopt a statement of overriding considerations, indicating that the benefits of the project would outweigh the significant environmental impacts, and make findings with respect to the significant and unavoidable impacts of the project, as analyzed in the EIR.

Please see Responses AQ-20 (page C&R 3.9-48), GH-1 (page C&R 3.10-3), and TR-31 (page C&R 3.7-53) for detailed responses to specific comments on significant and unavoidable impacts of the CPMC LRDP and the evaluation of potential mitigation measures during preparation of the EIR to reduce those impacts. As noted in these responses, the San Francisco Planning Department evaluated potential mitigation measures that could reduce the significance of the identified impacts and suggested mitigation where feasible and enforceable, as required by the State CEQA Guidelines and Chapter 31 of the San Francisco Administrative Code. There are not 29 significant and unavoidable impacts on air quality and greenhouse gases, as suggested by the comment. The Draft EIR identifies seven significant and unavoidable air quality impacts and one significant and unavoidable impact with respect to greenhouse gas emissions, which is the result of a thorough analysis.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [90-84 OTH]

"**G. Cumulative Impacts Are Significant and Unmitigated**

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

[56] CEQA Guidelines section 15130(a);
[57] Communities for a Better Environment v. Cal. Resources Agency (2002) 103 Cal.App.4th 98, 117.
[58] CEQA Guidelines § 15355(b)."

Response OTH-21

These comments state that an EIR must investigate and disclose all potentially significant cumulative impacts. These comments also state that the LRDP Draft EIR needs to include cumulative impacts related to housing demand and potential development at the California Campus.

Pursuant to State CEQA Guidelines Section 15130(a)(1), "A cumulative impact consists of an impact which is created as a result of the combination of the project evaluated in the EIR together with other projects causing related impacts." The Draft EIR evaluated cumulative impacts in accordance with State CEQA Guidelines Section 15130, for all short-term and long-term LDRP projects for all relevant environmental topics. As discussed in the Draft EIR, pages 4-1, 4-3, and 4-4, cumulative conditions and cumulative impacts were presented for each environmental resource area in Sections 4.1 through 4.18. The analysis of the potential for the proposed LRDP's effects to contribute considerably to a cumulative effect or to be cumulatively considerable is based on a combination of a list of related projects identified by the Lead Agency, San Francisco Planning Department (see pages 4-3 and 4-4 in Section 4, "Environmental Setting, Impacts, and Mitigation," of the Draft EIR) and projections of growth expected in San Francisco (see page 4.3-11 in Section 4.3, "Population, Employment, and Housing," of the Draft EIR). This topic is discussed in each cumulative conditions subsection in Sections 4.1 through 4.18 of the Draft EIR. The geographic scope of the cumulative impact analysis varies, depending on the resource area being analyzed and the cumulative context area.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-1 OTH]

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

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 resume is attached to this letter.

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

Response OTH-22

The comment provides information on the qualifications of the commenter, Petra Pless, a technical expert that commented on behalf of Gloria Smith. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [91-4 OTH]

The following table of contents summarizes the organization of this letter:

"

Figures

Tables

"

Response OTH-23

The comment includes a table of contents for Comment Letter 91, and is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [91-16 OTH]

"**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:

- 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 ('SF')
- significant and unavoidable ('SU')
- significant and unavoidable impact after mitigation ('SU/M')[17]

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.

[17] Draft EIR, p. *S-80.*"

(Gloria Smith, California Nurses Association, October 19, 2010) [91-17 OTH]

"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 the proposed project will improve the environment regardless of the threshold of significance.[18]

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').

[18] Bass, R.E., Herson, A.I., Bogdan, K.M., CEQA Deskbook, A *Step-by-Step Guide on How 10 Comply with the California Environmental Quality Act.* 1999, p. 98; *emphasis* added.

[19] *Ibid.*"

Response OTH-24

These comments question whether the project-level impact terminology in the CPMC LRDP Draft EIR meets established CEQA standards.

In an effort to clearly disclose the nature of the environmental consequences of the proposed LRDP as well as the nature of the conclusions of the analyses, the Draft EIR employs a series of carefully worded conclusions that differentiate conclusions about significance. These conclusions are presented below:

- no impact ("NI"): after conducting the analysis, it was concluded that the project would not have any adverse effect on the particular environmental resource.

- less than significant ("LTS"): after conducting the analysis, it was concluded that the environmental change caused by the project would be adverse, but would not exceed the established standard of significance.

- less than significant with mitigation ("LTSM"): after conducting the analysis, it was concluded that the environmental change caused by the project would be significant, but, by implementing identified mitigation measures, would be reduced to a less-than-significant level.

- potentially significant ("PS"): after concluding the analysis, it was concluded that there may be an adverse environmental change caused by the project that would exceed the established standard of significance. Because of uncertain conditions in the future or unknown characteristics about long-term projects, the term potential is used to convey uncertainty as to whether the impact would occur.

- potentially significant and unavoidable ("PSU"): after concluding the analysis, it was concluded that there may be an adverse environmental change caused by the project that would exceed the established standard of significance and no feasible mitigation measures would be available. Because of uncertain conditions in the future or unknown characteristics about long-term projects, the term potential is used to convey uncertainty as to whether the impact would occur.

- potentially significant and unavoidable after mitigation ("PSU/M"): after concluding the analysis, it was concluded that there may be an adverse environmental change caused by the project that would exceed the established standard of significance, even after implementing available feasible mitigation measures. Because of uncertain conditions in the future or unknown characteristics about long-term projects, the term potential is used to convey uncertainty as to whether the impact would occur.

- significant impact ("SI"): after concluding the analysis, it was concluded that there would be an adverse environmental change caused by the project that would exceed the established standard of significance.

- significant and unavoidable ("SU"): after concluding the analysis, it was concluded that there would be an adverse environmental change caused by the project that would exceed the established standard of significance.

- significant and unavoidable impact after mitigation ("SU/M"): after concluding the analysis, it was concluded that there would be an adverse environmental change caused by the project that would exceed the established standard of significance, even after implementing available feasible mitigation measures.

It is not the intent of the lead agency (San Francisco Planning Department) to create any level of confusion but simply to be precise and clear about the nature of each impact conclusion. Although the term "potentially significant impact" and other similar terms are not found in the State CEQA Guidelines, the term "potential" is commonly used in CEQA documents to differentiate between impacts that the lead agency can say with certainty "would" occur and those impacts that the lead agency believes "could" occur. In both cases, the impacts are treated as significant impacts under CEQA, and become the basis for the identification of available feasible mitigation measures and alternatives. Further, if findings were

prepared to support approval of the short-term and long term CPMC LDRP projects or an alternative, all significant impacts, including all potentially significant impacts, would be addressed.

Comments

(Gloria Smith—California Nurses Association, October 19, 2010) [91-18 OTH]

"**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-NI0a, 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, MAQ- 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-I.) 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."

(Gloria Smith, California Nurses Association, October 19, 2010) [91-19 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."

Response OTH-25

The comment states that the CPMC LRDP Draft EIR uses redundant or confusing acronyms for mitigation measures. The comment also states that the improvement measures in the Draft EIR seem to be optional and should either be clearly required or removed from the EIR. Lastly, the comment states that the improvement measures imply that more mitigation would be required than is actually the case.

The San Francisco Planning Department prepares EIRs for many different projects. As the lead agency for CEQA purposes, the Planning Department has established an approach to environmental documentation to assure consistency in its environmental review. The Planning Department has the following requirement pertaining to identification of impacts and mitigation measures:

> Each significant impact shall be keyed to a subject area abbreviation (e.g., LU, AE, PH) and an impact number (e.g., 1, 2, 3) for a combined alpha-numeric code (e.g., Impact LU-1, Impact LU-2, Impact LU-3). Similarly, each mitigation measure shall be keyed with a combined alpha-

> numeric code with an "M" in front to signify it is a mitigation measure (e.g., Mitigation Measure M-LU-1 for a mitigation measure for Impact LU-1).[2]

Other EIRs in San Francisco utilize the same numbering system because the Planning Department is the lead agency, and they have adopted similar guidelines for the preparation of environmental review documents.

The key provides a unique designation to impacts and mitigation measures pertaining to each component of the proposed LRDP discussed in the Draft EIR, ensuring that the decision-makers and the public are clearly informed of the impacts of and mitigation measures required for each component of the proposed LRDP. The LRDP contains a complex set of requirements, and the Draft EIR necessarily contains a similar level of complexity to ensure that the proposal can be comprehensively evaluated and decision-makers will have adequate information to consider approval of any and all parts of the proposal.

Similarly, improvement measures are commonly used in EIRs prepared by the Planning Department to supplement required mitigation measures or are included as stand-alone measures to further reduce less-than-significant impacts. Pertaining to identification of impacts and improvement measures, the Planning Department has the following requirement:

> Although not required, improvement measures may be recommended to reduce or avoid impacts that are identified as being less than significant. Each improvement measure, however, shall be keyed with a combined alphabetic code with an "I" in front to signify it is an improvement measure and a letter, beginning with "A," indicating the order of improvement measure (e.g., Improvement Measure I-LU-A for the first improvement measure identified for a less-than-significant land use impact).[3]

In the case of the CPMC LRDP Draft EIR, the letters "N" and "L" are used to identify near- and long-term impacts, respectively.

While the comment correctly states that the improvement measures are not included in Summary Table S-2, the comment is mistaken with regard to implementation requirements of improvement measures stated in the Draft EIR. The proposed LRDP would be required to implement the Mitigation Monitoring and Reporting Program (MMRP) and an Improvement Measures Monitoring and Reporting Plan (IMMRP) for the proposed LRDP. Pertaining to the organization of the MMRP and the IMMRP, the Planning Department has the following requirement:

> The mitigation and improvement measures shall be organized and grouped as follows, using the same environmental topic order as appears in the Planning Department's Initial Study checklist for each group of measures: (A-1) Mitigation Measures Agreed to be Implemented by Project Sponsor; (A-2) Mitigation Measures Not Agreed to be Implemented by Project Sponsor or Feasibility of Mitigation Implementation Uncertain; (B-1) Improvement Measures Agreed to be Implemented by Project Sponsor; and (B-2) Improvement Measures Not Agreed to be Implemented by Project Sponsor.[4]

If the decision-makers were to certify the Final EIR and then determine to approve the LRDP as proposed, with a variant, or an alternative, the City would adopt an MMRP and an IMMRP that includes both the mitigation measures required under CEQA to reduce the magnitude of or avoid significant environmental impacts, as well as other "improvement measures" identified in the EIR. It is important to

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[2] City of San Francisco, Planning Department, Major Environmental Analysis Division. 2008 (September 11). *Consultant Guidelines for Preparation of Environmental Review Documents.* Page 6-15.

[3] *Ibid.*

[4] *Ibid.*, Page 6-21.

note that the improvement measures would not be required pursuant to CEQA, but are measures that the Planning Department has identified which could further reduce less-than-significant impacts identified in the EIR and which the project sponsor will implement as agreed to or imposed as conditions of approval by the City. In accordance with San Francisco Planning Department guidelines, all such measures are to be included in the MMRP. The MMRP and IMMRP may be attached to the EIR findings document.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [92-1 OTH]

"At your request, I have reviewed the July 21, 2010 Draft Environmental Impact Report (Draft EIR) prepared for the San Francisco Planning Department for the California Pacific Medical Center (CPMC) Long Range Development Plan (Project). My review focused on Section 4.5 of the Draft EIR, Transportation and Circulation. I have also reviewed various other documents including the June 2010 Traffic Impact Studies prepared by Fehr & Peers for each of the five campuses in the Project and the 'California Pacific Medical Center Institutional Master Plan 2008 Transportation Study' prepared by CHS Consulting Group.

Education and Experience

Since receiving a Bachelor of Science in Engineering from Duke University in Durham, North Carolina in 1969, I have gained over 40 years of professional engineering experience. I am licensed as a Professional Civil Engineer both in California and Hawaii and as a Professional Traffic Engineer in California. I formed Tom Brohard and Associates in 2000 and now serve as the City Traffic Engineer for the City of Indio and as Consulting Transportation Engineer for the Cities of Big Bear Lake, Mission Viejo, and San Fernando. I have extensive experience in traffic engineering and transportation planning. During my career in both the public and private sectors, I have reviewed numerous environmental documents and traffic studies for various projects. Several recent assignments are highlighted in the enclosed resume."

Response OTH-26

The comment is noted. The comment introduces the qualifications of Mr. Tom Brohard. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Gloria Smith—California Nurses Association, October 19, 2010) [93-1 OTH]

"RE: Comments on the Draft Environmental Impact Report for the proposed California Pacific Medical Center Long Range Development Plan

Dear Ms. Smith:

The purpose of this letter is to provide you with comments on the Draft Environmental Impact Report (hereinafter DEIR) for the proposed California Pacific Medical Center Long Range Development Plan (hereinafter CPMC LRDP or proposed Project). My qualifications as a planning expert include a Bachelor's Degree in Environmental Studies from Stanford University, a Master's Degree in City and Regional Planning from the University of Southern California and over twenty years as a professional planning consultant and paralegal. My resume is attached to this letter, Attachment 1.

These comments focus on the following sections of the DEIR:

- Land Use
- Plans and Policies
- Population, Employment and Housing

In preparing these comments, I have reviewed the following documents:

- The proposed CPMC LRDP DEIR and appendices
- The Administrative Record to the DEIR, provided by the City of San Francisco
- Applicable Plans, Policies and Codes"

Response OTH-27

The comment provides information regarding the qualifications of Terrell Watt, outlines the topic addressed in the comments that follow in the letter, and indicates the documents that were reviewed. The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-20 OTH]

"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."

Response OTH-28

The comment is noted. This comment does not raise specific issues regarding the adequacy, accuracy, or completeness of the Draft EIR. It is assumed that the comment is referring to special events at local churches and other facilities. It is uncertain exactly how the comment is relating concerts and programs to the CPMC LRDP Draft EIR analysis and whether the comment provided is referring to CEQA analysis in general or to the analysis in the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-1 OTH]

"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 YuLang Central YMCA, Tenderloin Housing Clinic, and Central City SRO Collaborative.

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."

Response OTH-29

The comment is noted. The comment presents an introduction to the Good Neighbor Coalition's comment letter and references further comments. The comment states that the Good Neighbor Coalition's comments focus on environmental and land use planning impacts and more specifically on the following topics: housing and affordable housing; transportation and circulation; air quality and greenhouse gas emissions; local hiring and employment; health care access and distribution; and alternatives. The comment provides introductory information regarding the substantive comments that follow in the rest of Comment Letter 104. Please refer to the issue area-specific responses to Comment Letter 104 contained throughout this C&R document and divided according to the environmental resource area to which a particular comment is related.

Comment

Stephanie Barton, et al.—Hastings Civil Justice Clinic for the Good Neighbor Coalition, October 19, 2010) [104-77 OTH]

"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.

[200] CEQA Guidelines § 15093(b)."

Response OTH-30

The comment states that the CPMC LRDP Draft EIR contains insufficient evidence for decision-makers to prepare a statement of overriding considerations, and also notes while the supporting materials are not required in the EIR, such evidence must be added to the administrative record. The comment does not specifically discuss or contain evidence of impacts of the CPMC LRDP that have been insufficiently documented or analyzed in the CPMC LRDP Draft EIR. The comment also states the importance and extent of the proposed project's impact on health care in San Francisco necessitates full and careful consideration of all environmental issues.

In the event that the decision-makers decide to approve a project, as part of the project approval they are required to adopt findings pursuant to section 15091 of the State CEQA Guidelines and, in light of the presence of significant and unavoidable impacts, a statement of overriding considerations pursuant to section 15093 of the State CEQA Guidelines. The statement of overriding considerations must document the balancing of environmental and other factors that formed the basis of the approval decision. According to Section 15093(b) of the State CEQA Guidelines:

> When the lead agency approves a project which will result in the occurrence of significant effects which are identified in the final EIR but are not avoided or substantially lessened, the agency shall state in writing the specific reasons to support its action based on the final EIR and/or other information in the record. The statement of overriding considerations shall be supported by substantial evidence in the record.

It is important to note that the statement of overriding considerations must be based on evidence in the entirety of the record, not simply evidence limited to that contained in the Draft EIR. In fact, because the statement of overriding considerations represents documentation of the balancing of "the economic, legal, social, technological, or other benefits, including region-wide or statewide environmental benefits, of a proposed project against its unavoidable environmental risks," it is likely that some of the evidence may pertain to issues that would not be appropriate for inclusion in the EIR.

The Draft EIR is considered a full-scope EIR in accordance with the suggested environmental impact areas in Appendix G of the State CEQA Guidelines and Chapter 31 of the San Francisco Administrative Code. The Draft EIR contains and cites evidence in the record regarding the environmental conditions and consequences of implementation of the proposed CPMC LRDP at and in the vicinity of each development site in accordance with state and local guidance regarding the type and degree of analysis that should be completed. In addition, the impact analysis sections in Chapter 4 of the Draft EIR are consistent with the State CEQA Guidelines and appropriate for a project- and program-level EIR to fully inform the decision-makers (San Francisco Planning Commission) of the potential physical environmental impacts of the proposed CPMC LRDP. In the event that the decision-makers decide to approve a project, the administrative record, including the CPMC LRDP Draft EIR, will provide substantial evidence upon which the decision-makers can base a statement of overriding considerations. The Draft EIR appropriately focused on environmental factors, contained a proper level of analysis, and no additional studies would be required in order to fully inform the public and decision-makers of the potential environmental impacts of the project.

With respect to the comment's statements regarding impacts on the accessibility and provision of health care services within San Francisco as a result of implementation of the proposed CPMC LRDP, see Major Responses HC-8 and HC-9 on pages C&R 3.23-32 and 3.23-39, respectively. Evidence related to the project's health care and other social, economic, and legal factors that might be considered by the decision-makers would be placed in the record and relied on in a statement of overriding considerations, if such a statement were adopted. With respect to the level of detail of analysis of the project, please see Response OTH-16, page C&R 3.23-254).

Comments

(Kent Woo—NICOS Chinese Health Coalition, Nov. 2, 2010) [118-1 OTH]

"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.

NICOS is taking a neutral position on the report. We commend CPMC for its continuing support and partnership in improving the health and wellbeing 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."

(Dick Shrum, September 23, 2010 [PC-1 OTH]

"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."

Response OTH-31

These comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Lois Scott, September 23, 2010) [PC-21 OTH]

"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 you very much for your time."

Response OTH-32

The comment from the representative from the Lost Block Association, Tiffany Neighbors, and the San Jose Guerrero Coalition to Save our Streets is noted. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please refer to Section 3.3.6 in Section 3.3, "Land Use and Planning," Responses LU-31 to LU-33 on pages C&R 3.3-147 to 3.3-156 of this C&R document, for specific comments and responses for Letter 101 from Lost Block and Save our Streets regarding the consistency of the proposed St. Luke's Campus under then LRDP with existing plans and policies and land use compatibility. Please refer to Section 3.4.6 in Section 3.4, "Aesthetics," Responses AE-17 to AE-20 on pages C&R 3.4-28 to 3.4-31, for specific comments and responses from Letter 101 from Lost Block and Save Our Streets regarding the height, bulk, and architectural compatibility of the proposed St. Luke's Campus, the aesthetic impacts of the proposed St. Luke's Campus related to adjacent residences, the proposed St. Luke's Campus's landscape and streetscape, and the proposed campus's light and glare impacts.

Comments

(Felicidad Afenir, September 23, 2010) [PC-33 OTH]

"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."

Response OTH-33

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Rosa Marquez, September 23, 2010) [PC-37 OTH]

"Mi nombre es Rosa Marquez. No hablo mucho Ingles, pero—yo tengo 45 anos, mi madre, mi—todos los servicios [My name is Rosa Marquez. I don't speak much English, but—I am 45 years old, my mother, me—all the services]."

Response OTH-34

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Helene Dellanini, September 23, 2010) [PC-40 OTH]

"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."

(Helene Dellanini, September 23, 2010) [PC-42 OTH]

"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."

Response OTH-35

These comments are noted. Comment Letters 71 and 72 were received from Helene Dellanini of Daniel Burnham Court, which is located adjacent to the proposed Cathedral Hill Campus, during the public comment period for the Draft EIR and have been responded to as part of this C&R document. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Marc Anthony, September 23, 2010) [PC-56 OTH]

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

Response OTH-36

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. Although social and economic issues are not required to be discussed as part of the CEQA process, see Response PH-26 (page C&R 3.5-90) for details regarding CPMC's job hiring program and the utilization of San Francisco's priority hiring program. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(James Tracy, September 23, 2010) [PC-76 OTH]

"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."

Response OTH-37

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Raven Allen, September 23, 2010) [PC-88 OTH]

"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."

Response OTH-38

The comment is noted. The comment states that a "biological bio-psychosocial impact report" has not been prepared that analyzes the psychological and physical impacts on residents near the proposed Cathedral Hill Campus with development of the CPMC LRDP. The type of impact analysis or report as suggested by the comment is beyond the scope and requirements of environmental analysis under CEQA. However, physical environmental impacts on residents in the Cathedral Hill Campus area are evaluated as part of the CPMC LRDP Draft EIR, as required by CEQA. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Raven Allen, September 23, 2010) [PC-90 OTH]

"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."

(Raven Allen, September 23, 2010) [PC-91 OTH]

"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 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."

Response OTH-39

The comment states that the CPMC LDRP would disrupt services at the San Francisco Lighthouse Church and the church's ability to provide services to the working class of the City. The comment suggests that the CPMC LDRP has the potential to dislodge families, not only in the Western Addition, but also in the Polk Gulch area. The comment states the San Francisco Lighthouse Church has not been contacted and dealt with regarding the proposed Cathedral Hill Campus project. In particular, the comment notes funding has not been discussed with the church for moving or acquiring another building, if necessary, so they can continue to provide services to individuals who cannot receive services elsewhere. The CPMC LRDP Draft EIR acknowledges significant and unavoidable impacts in the vicinity of the proposed Cathedral Hill Campus, with respect to transportation at the intersections of Polk Street/Geary Street and Van Ness Street/Market Street, neither of which is located within three blocks of the San Francisco Lighthouse Church. All other intersections would not be significantly affected by operation of the proposed Cathedral Hill Campus, and as such, the project would not disrupt the ability of the church to provide services to its parishioners.

The comment does not provide evidence on how the CPMC LDRP would dislodge families or create racial tension; thus, a response to this comment is not possible. Impacts from racial tension are not considered in the CPMC LRDP Draft EIR, because these types of impacts are not considered environmental impacts in CEQA documents. The San Francisco Lighthouse Church is on the CEQA distribution list for the proposed Cathedral Hill Campus project, and a Notice of Preparation of an EIR (NOP) and Notice of Availability of an EIR when the Draft EIR was published were sent to the church. There are no plans in the CPMC LRDP to acquire the church; thus, no funding to move the church is necessary. No information or evidence was provided in the comment about providing increased services to individuals; therefore, no further response is necessary. Please see Major Response HC-2 regarding the location and scope of services at the Cathedral Hill Campus under the LRDP (page C&R 3.23-8). These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Randy Shaw, September 23, 2010) [PC-92 OTH]

"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 parts in this project."

(Randy Shaw, September 23, 2010) [PC-93 OTH]

"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."

(Randy Shaw, September 23, 2010) [PC-98 OTH]

"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."

(Yolanda Jones, September 23, 2010) [PC-105 OTH]

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 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."

(Yolanda Jones, September 23, 2010) [PC-107 OTH]

"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."

(Retilah [phon] Patel, September 23, 2010) [PC-110 OTH]

"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..."

(Nella Manuel, September 23, 2010) [PC-129 OTH]

"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."

(Denise Rowe, September 23, 2010) [PC-140 OTH]

"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."

(Gaudioso Galicia, September 23, 2010) [PC-145 OTH]

"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 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."

Response OTH-40

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Lidia Pantig, September 23, 2010) [PC-147 OTH]

"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."

Response OTH-41

Although social and economic issues are not required to be discussed as part of the CEQA process, see Response PH-26 (page C&R 3.5-90) for details regarding CPMC's job hiring program and the utilization of San Francisco's priority hiring program. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Michael Theriault, September 23, 2010) [PC-148 OTH]

"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 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."

Response OTH-42

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Catalina Dean, September 23, 2010) [PC-157 OTH]

"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 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."

Response OTH-43

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. Refer to Response AQ-10 (page C&R 3.9-26) for a discussion of the potential air quality impacts associated with operation of the hospital campuses included as part of the proposed CPMC LRDP. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Patricia Ruiz, September 23, 2010) [PC-169 OTH]

"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."

Response OTH-44

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Natalie Logan, September 23, 2010) [PC-172 OTH]

"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."

Response OTH-45

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Paul Dziadij, September 23, 2010) [PC-177 OTH]

"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."

Response OTH-46

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Paul Dziadij, September 23, 2010) [PC-178 OTH]

"And I believe that the Planning Department did a thorough and comprehensive job analyzing the proposed project and its alternatives."

Response OTH-47

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Paul Dziadij, September 23, 2010) [PC-180 OTH]

"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."

Response OTH-48

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Rigo Rodriguez, September 23, 2010) [PC-185 OTH]

"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."

(Rigo Rodriguez, September 23, 2010) [PC-186 OTH]

"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 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."

Response OTH-49

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Florence Kong, September 23, 2010) [PC-190 OTH]

"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 project and alternatives are thoroughly analyzed in the EIR Report."

Response OTH-50

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Chris Poland, September 23, 2010) [PC-194 OTH]

"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, 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."

Response OTH-51

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Reverend Arnold Townsend, September 23, 2010) [PC-195 OTH]

"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."

(Reverend Arnold Townsend, September 23, 2010) [PC-199 OTH]

"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, 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."

(Reverend Arnold Townsend, September 23, 2010) [PC-201 OTH]

"…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."

Response OTH-52

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Benjamin Aune, September 23, 2010) [PC-203 OTH]

"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."

Response OTH-53

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Mark Schroer, September 23, 2010) [PC-204 OTH]

"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 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."

Response OTH-54

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(David Meckel, September 23, 2010) [PC-208 OTH]

"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."

(David Meckel, September 23, 2010) [PC-211 OTH]

"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 appropriate CPMC facilities. Thank you."

Response OTH-55

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Richard Margary, September 23, 2010) [PC-216 OTH]

"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."

Response OTH-56

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Joel Koppell, September 23, 2010) [PC-221 OTH]

"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 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."

(Joel Koppell, September 23, 2010) [PC-222 OTH]

"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."

Response OTH-57

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Ed Vitsitch [phon], September 23, 2010) [PC-225 OTH]

"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 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."

(Ed Vitsitch [phon], September 23, 2010) [PC-227 OTH]

"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."

(Ed Vitsitch [phon], September 23, 2010) [PC-228 OTH]

"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 accomplish it with the minimum feasible impact. I urge the Commission to move this project ahead. Thank you very much."

Response OTH-58

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Kamani Hamid [phon], September 23, 2010) [PC-230 OTH]

"…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."

Response OTH-59

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Ramon Hernandez, September 23, 2010) [PC-232 OTH]

"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."

(Ramon Hernandez, September 23, 2010) [PC-234 OTH]

"I tell you guys, I am speaking in favor of that project, I would appreciate it if you guys would support it. Thank you."

Response OTH-60

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Brian Webster, September 23, 2010) [PC-235 OTH]

"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 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."

(Brian Webster, September 23, 2010) [PC-237 OTH]

"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."

(Brian Webster, September 23, 2010) [PC-238 OTH]

"I would also like to echo Mike Theriault [phon]—some of Mike Theriault's [phon] comments from the Building 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."

Response OTH-61

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Lori Martins, September 23, 2010) [PC-242 OTH]

"I also live five blocks from the proposed 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."

(Lori Martins, September 23, 2010) [PC-243 OTH]

"Again, I would like to thank CPMC for their help in moving my business, and hope their project moves forward. Thank you."

Response OTH-62

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Dr. Ted Lee, September 23, 2010) [PC-247 OTH]

"So, I want to thank you for your time and I request that you accept CPMC's DEIR without delay. Thank you."

Response OTH-63

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Lance Toma, September 23, 2010) [PC-248 OTH]

"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 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."

(Lance Toma, September 23, 2010) [PC-251 OTH]

"I respectfully ask that you, the planning Commission proceed forward with this process. Thank you very much for your time."

Response OTH-64

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Unidentified Speaker, September 23, 2010) [PC-267 OTH]

"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 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 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."

(Unidentified Speaker, September 23, 2010) [PC-270 OTH]

"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, 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."

(Commissioner Olague, September 23, 2010) [PC-379 OTH]

"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."

Response OTH-65

The comments state concerns regarding CPMC's level of effort with respect to community outreach, especially regarding multilingual dialogue. Another comment states that there has not been an open and meaningful community process. The comments note that Latino residents in the Tenderloin, who would be affected by the CPMC LRDP, have not been sent notices of the community outreach efforts. CPMC has conducted ground and grassroots outreach in the Tenderloin neighborhood since January 2008 in

efforts to engage and educate neighbors, merchants, and residents regarding the proposed LRDP development at Cathedral Hill Campus at Van Ness and Geary, CPMC has participated in community outreach efforts about the proposed project in the neighborhood, including going door to door to Tenderloin merchants and business owners including discussions with residents of affordable housing units and single-room occupancy (SRO) hotels. Presentations were made by CPMC staff at public meetings with neighborhood groups including during public community events in the Tenderloin neighborhood.

On October 23, 2008, CPMC facilitated and promoted a community forum to educate and engage the public about the proposed project at Van Ness Avenue and Geary Street. Prior to the event, CPMC mailed 3,000 postcards to the residences and businesses within a four-block radius of the Cathedral Hill Campus to invite any interested parties to the event. Spanish and Chinese advertisements regarding the event were placed in local publications including *El Mensajero* and *SingTao*, respectively. Additional advertisements were placed in neighborhood publications including the *Bay Area Reporter, New Bernal Journal, New Fillmore News, Noe Valley Voice, and Sun Reporter.* During the event, Spanish, Tagalog, and Chinese translators were available and utilized to answer questions about the project.

CPMC has actively participated in community outreach during public events in the Tenderloin and Civic Center neighborhoods hosted by third parties including:

- Asian Heritage Festival (5/15/2010)
- Juneteenth Celebration (6/19/2010)
- Sunday Streets—Civic Center (10/24/2010)

During these events, CPMC displayed renderings and images of the proposed project and provided literature and information about the project in English, Spanish, and Chinese. Spanish and Chinese speakers were available at all of these events to answer questions or clarify any information about the project.

On September 12, 2010, CPMC facilitated an open house event at the proposed Cathedral Hill Campus site of the CPMC LRDP to provide an opportunity for neighbors, merchants, and community members to understand and ask any questions about the project. Leading up to the open house, CPMC went door to door to residences and businesses surrounding the project site with literature and information about the event in English, Spanish, Chinese, and Vietnamese. Spanish and Chinese speakers participated in these door-to-door communications and were available to answer any questions about the event in those respective languages. If no one was home, literature about the open house was left under the property's gate or at the door. CPMC also requested permission from all businesses to post a flyer about the event in visible areas of their property, which an overwhelming amount of businesses allowed. CPMC also placed print advertisements about the open house in community publications including the *Central City Extra, New Fillmore, SingTao, World Journal, Philippine News, and Castro Courier* at least 2 weeks prior to the event. The following media outlets received a media advisory regarding the event:

- *San Francisco Chronicle*
- *San Francisco Examiner*
- *Bay Citizen*
- *Bay Area Reporter*
- KGO
- KCBS
- *Central City Extra*
- *World Journal*
- *SingTao*

During the event, Spanish, Tagalog, and Chinese translators were available and utilized to answer questions about the project.

To date, CPMC has made initial contact and provided educational materials with 20 residential housing buildings in the Tenderloin. During each of these contacts, CPMC representatives expressed to the building representative their desire to provide education opportunities and resources about the proposed CPMC LRDP—including accessibility for low-income populations and acceptance of Medi-Cal, Medicare, Healthy Families, and Healthy San Francisco by CPMC—to building residents and tenants, and to answer questions about the projects. A number of building managers noted that their buildings already have existing meetings and regularly sponsored events that could be potential opportunities for CPMC to provide information about the proposed CPMC LRDP.

Please find below a comprehensive list of public meetings, gatherings, forums, and events that CPMC has attended or participated in. *(The level of participation is noted specifically after each listing.)*

- Middle Polk Neighborhood Association, 1/21/2008—*CPMC presentation*
- Lower Polk Neighbors, 2/5/2008—*CPMC presentation*
- Lower Polk Neighbors, 4/1/2008—*CPMC presentation*
- Lower Polk Neighbors, 8/5/2008—*CPMC presentation*
- Polk Corridor Business Association, 9/9/2008—*CPMC presentation*
- Community Forum at Cathedral Hill Hotel, 10/23/2008—*presentation hosted by CPMC*
- Project Homeless Connect, 2/11/2009—*participated*
- Lower Polk Neighbors, 5/5/2009—*CPMC presentation*
- Tenderloin Futures Collaborative, 9/9/2009—*CPMC presentation*
- Alliance for a Better District 6 presentation, 9/9/2009—*CPMC presentation*
- Good Neighbor Coalition meeting, December 2009—*meeting*
- Good Neighbor Coalition meeting, January 2010—*meeting*
- Lower Polk Neighbors, 1/5/2010—*attended*
- Alliance for a Better District, 6 1/12/2010—*attended*
- Project Homeless Connect, 2/24/2010—*participated*
- Tenderloin Futures Collaborative, 4/21/2010—*attended*
- Informational session with Van Ness/Geary site neighbors, April 2010—*meeting*
- Asian Heritage Festival outreach, Civic Center/Little Saigon, 5/15/2010—*information table*
- Lower Polk Neighbors, 6/1/2010—*CPMC presentation*
- Good Neighbor Coalition meeting, June 2010—*meeting*
- Juneteenth Celebration outreach, Civic Center, 6/19/2010—*information table*
- Middle Polk Neighborhood Association—6/21/2010—*attended*
- Tenderloin Futures Collaborative, 7/21/2010—*CPMC presentation*
- Van Ness/Geary Open House, 9/12/2010—*Facilitation and door-to-door outreach leading up to event*
- Lower Polk Neighbors, 9/21/2010—*CPMC presentation*
- Tenderloin Futures Collaborative, 10/20/2010—*attended*
- Sunday Streets Civic Center outreach, 10/24/2010—*information table*
- Lower Polk Neighbors, 10/5/2010—*attended*
- Lower Polk Neighbors, 11/9/2010—*attended*
- Lower Polk Neighbors, 1/11/2011—*attended*
- Middle Polk Neighborhood Association, 1/17/2011—*attended*
- Alliance for a Better District 6, 1/19/2011—*attended*
- Lower Polk Neighbors, 2/9/2011—*attended*
- Tenderloin Futures Collaborative, 2/16/2011—*attended*
- Lower Polk Neighbors 3/9/2011—*attended*
- Project Homeless Connect 3/16/2011—*participated*

Comment

(Jane Sandoval, September 23, 2010) [PC-274 OTH]

"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 underserved, but also with the staff nurses of St. Luke's; it is a common goal, or asked of CPMC, as well as transparency."

Response OTH-66

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. Further, the comment raises concerns regarding existing labor agreements between CPMC and its employees, which is not applicable to the consideration of the merits of the LRDP for the five CPMC campuses. Refer to Response PH-26 for further clarification of CPMC's contractual obligations to its employees and current hiring practices. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Paul Lentz, September 23, 2010) [PC-102 OTH]

Good afternoon, my name is Paul 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…"

(Retilah [phon] Patel, September 23, 2010) [PC-108 OTH]

"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 development is a positive..."

(Unidentified Speaker, September 23, 2010) [PC-278 OTH]

"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."

Response OTH-67

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Linda Chapman, September 23, 2010) [PC-287 OTH]

"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 they're doing a presentation."

Response OTH-68

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Rachel Ibarra, September 23, 2010) [PC-297 OTH]

"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."

(Barbara Berwick, September 23, 2010) [PC-335 OTH]

"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."

Response OTH-69

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the analysis of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. For informational purposes, CPMC, a Sutter Health affiliate, is one of the largest private, not-for-profit, academic medical centers in California.

Comment

(Suzanne Girardo, September 23, 2010) [PC-322 OTH]

"So, in this vein, I encourage your support of the CPMC project, particularly for the children and families. Thank you."

Response OTH-70

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Mary Lanier, September 23, 2010) [PC-323 OTH]

"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."

Response OTH-71

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Manny Flores, September 23, 2010) [PC-345 OTH]

"Thank you, President Miguel, 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!"

Response OTH-72

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Unidentified Speaker, September 23, 2010) [PC-346 OTH]

"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."

Response OTH-73

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Commissioner Moore, September 23, 2010) [PC-364 OTH]

"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 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."

(Commissioner Antonini, September 23, 2010) [PC-354 OTH]

"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."

Response OTH-74

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Commissioner Moore, September 23, 2010) [PC-372 OTH]

"I think there are a 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."

Response OTH-75

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Commissioner Antonini, September 23, 2010) [PC-392 OTH]

"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."

(Commissioner Antonini, September 23, 2010) [PC-394 OTH]

"…you know, we have to be 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 health care facilities in the past, but I think we have to try to be supportive and work with them to make a solution."

Response OTH-76

The comments are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Commissioner Miguel, September 23, 2010) [PC-399 OTH]

"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 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."

Response OTH-77

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.23.2.2 CATHEDRAL HILL CAMPUS

Comment

(Marlayne Morgan—Cathedral Hill Neighbors Association, September 21, 2010) [15-1 OTH, duplicate comment was provided in 39-1 OTH]

*"**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."

Response OTH-78

The comment states that the Draft EIR is incomplete, lacking substantial evidence, and does not include feasible mitigation measures and alternatives. Please refer to Response ALT-1 (page C&R 3.22-11) for a discussion of an analysis of "Alternative 3A Plus" or of a modified Alternative 3A or Alternative 3A with a different mix of services. Because the comment does not provide specific information regarding the inadequacies suggested by the comment (i.e., lack of substantial evidence and feasible mitigation measures), it is not possible to provide a specific response. The Draft EIR was prepared consistent with the requirements of Chapter 31 of the Administrative Code of the City and County of San Francisco, CEQA (California Public Resources Code 21000–21177), and the State CEQA Guidelines (California Code of Regulations, Title 14, Division 6, Chapter 3, Sections 15000–15387), as well as relevant case law.

Comment

(Rose Hillson—Member, Jordan Park Improvement Association, September 23, 2010) [18-127 OTH, duplicate comment was provided in 30-127 OTH]

"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 1/2-mile radius of the campus. (See Item 20 and Item 64 above.)"

Response OTH-79

The comment is noted. This comment does not raise specific issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. As a point of clarification, CPMC, a Sutter Health affiliate, is one of the largest private, not-for-profit, academic medical centers in California.

The comment references items 20 and 64 in the comment letter, which are numbered as multiple comments in this C&R document. The following comment numbers are part of item 20 in Letter 18: 18-33 INTRO, 18-34 TR, 18-35 AQ, and 18-36 TR to 18-40 TR. The following comment numbers are part of item 64 in Letter 18: 18-118 TR, 18-119 TR, and 18-120 TR. Please refer to Responses INTRO-1 and TR-19 (page C&R 3.1-1 and page C&R 3.7-41, respectively), which address the use of Appendix G of the State CEQA Guidelines in the Draft EIR and respond to comments 18-33 INTRO and 18-34 TR, respectively. Please refer to Response AQ-10 (page C&R 3.9-26), which addresses comments on operational emissions and responds to comment 18-35 AQ. Please refer to Response TR-34 (page C&R 3.7-58), which addresses traffic calming measures on residential streets within each respective campus area and responds to comment 18-36 TR. Please refer to Response TR-56 (page C&R 3.7-93), which addresses the impact of the CPMC shuttle service and responds to comments 18-37 to 18-40 TR and 18-118 TR. Please refer to Response TR-75 (page C&R 3.7-145), which addresses potential off-site parking lots to which CPMC could provide shuttle service and responds to comment 18-119. Please refer to Response TR-106 (page C&R 3.7-185), which addresses the adequacy of transportation demand

management measures developed by CPMC and Herrero Boldt to address construction worker parking needs and responds to comment 18-120 TR.

Comment

(Alan Wofsy—Emeric-Goodman Associates, September 23, 2010) [26-1 OTH]

"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:

> Therefore, the Cathedral Hill Campus cumulative construction impacts would be significant and unavoidable.

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."

Response OTH-80

The comment states their building, the Emeric-Goodman Building, which is adjacent to the proposed Cathedral Hill Campus development, is designated as Official City Landmark No. 71 and is listed on the National Register of Historic Places. The comment states that the Draft EIR does not provide feasible or reasonable mitigation measures for significant adverse impacts, especially concerning impacts to the neighborhood surrounding the proposed Cathedral Hill Campus development. As noted in Response CP-11 (page C&R 3.6-10), the Draft EIR incorporated the analysis of the Historic Resources Evaluation Report (HRER) conducted by Knapp Architects, in which the Emeric-Goodman Building is noted as being a designated historically significant structure. Regarding the comment's statement regarding the provision of meaningful mitigation, refer to Response OTH-9 (page C&R 3.23-247) for further explanation of how the Draft EIR complied with the requirements of CEQA with respect to the evaluation and commitment to feasible mitigation of the potentially significant impacts of the proposed CPMC LRDP.

Comment

(Barbara Ann Berwick, September 23, 2010) [36-4 OTH]

"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."

Response OTH-81

The comment states that Cathedral Hill Neighborhood Association of District 2 does not want building variances granted for the proposed CPMC LRDP. The comment states that the Cathedral Hill

Neighborhood Association does not want to live in the shade of the proposed Cathedral Hill Campus development. Lastly, the comment suggests that additional capacity could be maintained at sites where that capacity already exists.

The proposed Cathedral Hill Campus would require variances from the San Francisco Planning Code, as described in Section 2.2.4 of the Draft EIR, pages 2-43 through 2-48. In response to the suitability of the site for the Cathedral Hill Campus, Section 4.1, "Land Use and Planning," analyzes the compatibility of the proposed LRDP in its surrounding context. Impact LU-3 (Draft EIR page 4.1-55), concludes that although the construction and operation of the Cathedral Hill Campus would intensify the use of the site, because it is already a densely developed and active area, land use impacts would be less than significant. The comment's statement expressing a preference for the denial of building variances associated with the proposed Cathedral Hill Campus is noted.

Please see Response WS-3 (page C&R 3.11-10) regarding shadow impacts surrounding the proposed Cathedral Hill Hospital and MOB. Under CEQA, the question is whether a project would affect the environment in general, not whether a project would affect particular individuals or property owners. CEQA does not mandate that lead agencies find significant impacts of a proposed project on private views from adjacent residential properties. The analysis as discussed in the Draft EIR, pages 4.9-33 through 4.9-43, determined that the small amount of increase in net new shadows on sidewalks and publicly accessible plazas near the proposed Cathedral Hill Campus would not substantially alter their use. Therefore, the shadow impacts from the proposed Cathedral Hill MOB would be less than significant.

As it relates to the capacity of the proposed Cathedral Hill Campus, the number of beds planned for the proposed Cathedral Hill Campus is based on several factors, including accommodation of annual growth based on population projections and assumed growth in particular services, the projected health care needs of an aging population, average occupancy projections, and the need to provide capacity for seasonal and other fluctuations in hospitalization rates. In addition, the proposed CPMC LRDP and proposed development plan for the Cathedral Hill Campus would aid CPMC in complying with SB 1953, which places seismic requirements on hospital facilities throughout California, while maintaining an adequate level of health care services in San Francisco. With respect to the comment's statement regarding an alternative to the proposed CPMC LRDP that distributes the capacity of the Cathedral Hill Campus across the existing CPMC campuses, please refer to Response ALT-1 (page C&R 3.22-11) for discussion about the range of alternatives and the reason no additional analysis is required under CEQA.

Comment

(Diane and Richard Wiersba, October 11, 2010) [49-1 OTH]

"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."

Response OTH-82

This comment states opposition to the proposed LRDP and provides specific comments in an attached document. This opposition to the LRDP is noted, and the comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Specific responses to the individual comments are responded to throughout this C&R document, in sections specific to the environmental issue areas to which they pertain. See Major Responses HC-1 and HC-2 (pages C&R 3.23-1 and 3.23-8, respectively) for a discussion of the size and location of health care services at the proposed Cathedral Hill Campus and how the level of development evaluated in the Draft EIR was determined.

Comment

(Alan Wofsy—Emeric-Goodman Associates, August 7, 2010) [56-1 OTH]

"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 site degrade.

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
T9: <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.

From: Emeric-Goodman Associates [mailto:emgoodman@mindspring.com]
Sent: Sunday, August 01, 2010 8:2S 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: htlp:llwww.live-work.us/cgi-bin/artbooks/san francisco.hlml
<htlp:llwww.art-books.com/cgi-bin/arlbooks/san francisco.hlml>

Dear V,

Let me help you with the mitigation measures.

Yours,
Alan Wofsy

From: Massehian, Vahram [mailto:MassehV@sutterhealth.orgl
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.coml
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.

Due to the negative impacts of your large vacant building 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,

AlanWofsy
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"

Response OTH-83

The comment presents e-mail correspondence between Emeric-Goodman Associates and Sutter Health regarding graffiti and trash at the proposed Cathedral Hill Campus. The comment also provides e-mail correspondence between Emeric-Goodman Associates and Sutter Health regarding the Draft EIR and demolition schedules. Because the comment does not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR, no response is required.

Comment

(Ryan Bresnick, August 1, 2010) [57-1 OTH]

"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 modem facilities, and ultimately I hope the new structure is approved."

Response OTH-84

This comment expresses general support for the proposed LRDP, but does not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comments

(Trudy Lionel, October 15, 2010) [60-1 OTH]

"I am writing to protest the Draft of the Environmental Impact Report for the California Pacific Medical Center Long Range Development tan 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."

(Rev. Alyson Jacks—First Unitarian Universalist Church, October 17, 2010) [63-1 OTH]

"I am writing 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."

Response OTH-85

These comments express opposition to the proposed LRDP but do not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. The comments support the comments from the Unitarian Universalist CPMC Task Force (Letter 44) and the Cathedral Hill Neighbors Association (Letter 15). Please refer to issue area-specific responses to Letters 15 and 44 throughout this C&R document for further clarification.

Comments

(Helene Dellanini—DBC Master Owner's Association, October 18, 2010) [71-22 OTH, duplicate comment was provided in 72-22 OTH]

"**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 137S construction sites and neighboring areas."

(Carolyn Abst and Ron Case, October 19, 2010) [102-18 OTH, duplicate comment was provided in 114-18 OTH]

"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."

(Lower Polk Neighbors, October 19, 2010) [103-10 OTH, duplicate comment was provided in 113-10 OTH]

"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)."

Response OTH-86

These comments express concern with safety and security at construction sites related to the proposed CPMC LRDP. One comment states construction sites attract vandalism, theft, and other impacts on safety. While construction site crime, such as theft or vandalism, is considered a socioeconomic issue, not an environmental issue, the Draft EIR analyzed impacts to maintain acceptable ratios and response times of the police to the proposed LRDP campuses on pages 4.11-23 to 4.11-30 in Section 4.11, "Public Services." CEQA analysis regarding impacts on police protection and other emergency services is not required to evaluate specific incidents of crime, such as vandalism or theft. In addition, the construction management plans for both the proposed Cathedral Hill Hospital and MOB include provisions for 24-hour security and safety lighting. CPMC would have a security officer make rounds of the entire campus, including the MOB, between 8 p.m. and 7 a.m., when less exterior construction activity would be planned. Refer to Response INTRO-7 (page C&R 3.1-17) for a discussion of social and economic impact discussion requirements under CEQA.

Comment

(Donald Scherl, October 15, 2010) [74-32 OTH]

"7.0: Conclusions

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

Response OTH-87

The comment does not provide any specific information to support the suggestion that the CPMC LRDP EIR regarding the Cathedral Hill and St. Luke's Campuses should be rejected; thus, no response is possible. The comment is noted, and it will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Charles Freas, October 19, 2010) [79-4 OTH, duplicate comment was provided in 100-4 OTH]

"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."

Response OTH-88

The comment states that certain environmental issues related to the Cathedral Hill community were not addressed in the Draft EIR. As discussed in the Draft EIR, page 1-3, the purpose of an EIR is to provide decision-makers, public agencies, and the public with an informational document that fully discloses the environmental effects of the proposed project. The EIR process is intended to facilitate the objective evaluation of potentially significant direct, indirect, and cumulative impacts of the proposed project, and to identify feasible mitigation measures and alternatives that would reduce or avoid the project's

significant effects. The Draft EIR addressed all of the physical environmental issues within the purview of CEQA, as articulated by the State CEQA Guidelines, including Appendix G, and relevant case law.

At times, issues are raised by interested parties that fall outside of this purview; these are primarily of a social and economic nature. Under CEQA, these social and economic issues are relevant only insofar as they provide a linkage between the proposed project and a physical environmental impact or provide a measure of the significance of a physical environmental impact. Such issues are appropriately considered by the decision-makers, based on evidence in the record, as part of their deliberations on the project, but do not have a bearing on the adequacy of the EIR under CEQA.

The comment also suggests that the impact analysis of the CPMC LRDP Draft EIR appears to support desired outcomes and therefore may not be objective, and makes assumptions that may not be borne out. The comment does not provide any specific instances of bias or of invalid assumptions found in the Draft EIR. The environmental analyses provided in Chapter 4 "Environmental Setting, Impacts and Mitigation" through Chapter 6, “Alternatives,” in the CPMC LRDP Draft EIR are thorough and based on substantial, objective evidence that has been placed into the administrative record. The information on which the impact assessments were based is objective and unbiased, and is cited in the Draft EIR, consistent with the requirements of Section 15148 of the State CEQA Guidelines.

Because this comment does not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR, no further response is required.

Comments

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-1 OTH, duplicate comment was provided in 114-1 OTH]

“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 of 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.

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-l 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-l"

(Lower Polk Neighbors, October 19, 2010) [103-1 OTH, duplicate comment was provided in 113-1 OTH]

*"***Lower Polk Neighbors**

The proposed Cathedral Hill Campus will be built and operated within the boundaries of LowerPolk Neighbors (LPN). LPN is a registered nonprofit community organization that was established in 2002. LPN's defined boundaries ore both sides of California Street on the North, Von 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.

All comments are directed to 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 then 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-1 00 thru 103
Impact TR-1 07 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

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"

Response OTH-89

The comments do not raise any specific issues on the adequacy, accuracy, or completeness of the analysis presented in the Draft EIR; rather, they present an introduction to the Case+Abst Architects LLP and the Lower Polk Neighbors comment letters, and state that their comments in Letter 102 are directed at construction and operations of the proposed Cathedral Hill Campus and "acceptable mitigation measures" in Letter 103 are directed at environmental and economic impacts. The comments list specific impacts that were analyzed in the Draft EIR and are referenced in the specific comments for Letters 102 and 103. Refer to the responses to the specific comments made in Letters 102 and 103 throughout this C&R document. The comments are noted, and will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Carolyn Abst and Ron Case—Case + Abst Architects LLP, October 19, 2010) [102-39 OTH, duplicate comment was provided in 114-39 OTH]

"**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.

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 bock]

[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 Properly [after construction]

A. Install metering lights at MOB parking exit on Cedar Street so that we can halt exiting traffic briefly while we enter 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.]"

Response OTH-90

The comment states that the construction and operation of the proposed Cathedral Hill Campus would create intolerable living and working conditions at the commenter's residence. The comment states that CPMC should assist the commenter in permanently moving away from the site (Option #1) or requests a specific set of measures to reduce the effects of the project on the commenter's property (Option #2).

The construction of the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be consistent with the standards set forth for construction of new buildings in an urban environment and would comply with the mitigation measures set forth in the Draft EIR for the proposed CPMC LRDP. The proposed Cathedral Hill Campus would not result in any operational impacts that would significantly affect human health and safety. Temporary construction impacts would occur but would not necessitate relocation assistance for off-site uses. However, this comment is noted and will be forwarded to the project sponsor for its consideration. Furthermore, the comment may be considered by the decision-makers as part of their deliberations on the project.

Option #2 presents a list of measures requested by the commenter. The suggested measures are subjective requests made by a single local property owner that fall outside of the objective standards set forth by CEQA. Mitigation measures can only be identified and imposed on a project when necessary to avoid or reduce the magnitude of a significant environmental impact. The measures suggested by the comments do not meet these criteria. These comments therefore reflect proposed conditions and are noted. Nonetheless, it should be noted that the project sponsor, through the development agreement (see Section 3.23.1.2 on page C&R 3.23-41 for additional information), would provide funding for some additional streetscape, pedestrian, and related improvements in the vicinity of the proposed LRDP campuses that would provide benefits to the communities, consistent with the requests made under Option #2. The project sponsor would provide parking within the Cathedral Hill MOB at market rates to the public during normal business hours, and would be available to meet quarterly, consistent with the request made in the comment, to address conflicts that arise from the operations of the proposed Cathedral Hill Campus. Furthermore, measures would be taken to ensure that surrounding structures are monitored during construction and structural damage as a result of project construction is repaired, as required by Mitigation Measure M-NO-N5. Also, Mitigation Measure TR-55 would require the preparation of a construction traffic management plan that would continually evaluate construction traffic in the project area. In addition, coordination with local property owners along Cedar Street would take place to ensure that traffic flow is maintained to the extent feasible during Cathedral Hill development under the LRDP; all traffic activity along Cedar Street would be monitored once construction is completed to determine what, if any, improvements are necessary to maintain and improve traffic flows.

Comments

(Lower Polk Neighbors, October 19, 2010) [103-23 OTH, duplicate comment was provided in 113-23 OTH]

"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."

(Lower Polk Neighbors, October 19, 2010) [103-24 OTH, duplicate comment was provided in 113-24 OTH]

"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.)

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)

D. Sponsor four Neighborhood events with LPN. such as farmers markets, alley closings for neighborhood block parties, etc."

(Lower Polk Neighbors, October 19, 2010) [103-26 OTH, duplicate comment was provided in 113-26 OTH]

"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.)"

(Lower Polk Neighbors, October 19, 2010) [103-30 OTH, duplicate comment was provided in 113-30 OTH]

"A. Help finance design and construction upgrades to existing neighborhood SRO (Single Room Occupancy) buildings."

(Lower Polk Neighbors, October 19, 2010) [103-31 OTH, duplicate comment was provided in 113-31 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."

(Lower Polk Neighbors, October 19, 2010) [103-32 OTH, duplicate comment was provided in 113-32 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."

Response OTH-91

The comments make a number of recommendations regarding mitigation measures and improvements. Mitigation measures are only identified and imposed on a project when necessary to avoid or reduce the magnitude of a significant environmental impact (see State CEQA Guidelines Section 15064.4). The measures suggested by the comments do not meet these criteria. These comments, therefore, reflect proposed conditions and are noted. These comments do not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. Nonetheless, it should be noted that the project sponsor (CPMC), through the development agreement (see Section 3.23.1.2 on page C&R 3.23-41 for additional information), would provide funding for some additional streetscape, pedestrian, and related improvements in the vicinity of the proposed LRDP campuses that would provide benefits to the communities, consistent with the requests made in these comments. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Jack Scott, September 23, 2010) [PC-5 OTH]

"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."

Response OTH-92

The comment is noted. This comment expressed general opposition to the proposed Cathedral Hill Hospital but does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Margarita Lopez Perez, September 23, 2010) [PC-47 OTH]

"Our future depends on Cathedral Hill. We need hospitals that are 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."

Response OTH-93

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. It should be noted that all written comments received during the public review comment period pertaining the Draft EIR are responded to as part of this C&R document.

Comment

(Dina Hilliard, September 23, 2010) [PC-55 OTH]

"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."

Response OTH-94

These comment is noted. The comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comments will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Lorenzo Listana, September 23, 2010) [PC-126 OTH]

"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."

Response OTH-95

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Paul Grech, September 23, 2010) [PC-327 OTH]

"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."

Response OTH-96

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.23.2.3 PACIFIC CAMPUS

Comment

(Paul Wermer—CPMC Neighbors Coalition and Pacific Heights Residents, October 18, 2010) [67-3 OTH]

"• 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.

• We propose adoption of alternative metrics to aid the City in projecting the true impact of this proposed project."

Response OTH-97

The comment states that a more detailed analysis of the Pacific Campus development under the LRDP is required in a project-specific EIR. As stated in Section 1.3, "CEQA Analysis of CPMC Long-Range Development Plan: Near-Term versus Long-Term Project Components," of the Draft EIR, pages 1-12 and 1-13, long-term projects under the CPMC LRDP would be analyzed at a program level, pursuant to State CEQA Guidelines Section 15168. The proposed long-term projects at the Pacific Campus under the LRDP would require additional or supplemental project-level environmental review in the future, as necessary to gain approval.

The comment provides a summary of the more specific comments presented later in Letter 67, which include comments on impacts related to land use and planning, aesthetics, transportation and circulation, noise, and wind and shadows. Please refer to the environmental topic-specific responses to the comments made in Letter 67 in Sections 3.1 ("Introduction"), 3.2 ("Project Description"), 3.3 ("Land Use"), 3.4 ("Aesthetics"), 3.5 ("Population, Employment, and Housing"), 3.6 ("Cultural Resources"), 3.7 ("Transportation and Circulation"), 3.8 ("Noise"), 3.9 ("Air Quality"), 3.11 ("Wind and Shadow"), 3.12 ("Recreation"), 3.18 ("Hazards"), and 3.23 ("Other Issues") of this C&R document (see Appendix I: Cross Reference Matrix of Draft EIR Comments). The metrics (i.e., thresholds of significance) that were used to determine the significance of the impacts of the proposed CPMC LRDP are in accordance with Appendix G of the State CEQA Guidelines, San Francisco Planning Department Guidelines for the Preparation of Environmental Review Documents, and standard City practice with respect to CEQA documents. As such, the metrics used in the Draft EIR are considered appropriate, and the use of alternative metrics is not considered warranted or necessary to properly evaluate the potential physical environmental impacts of the project.

Comment

(Arthur and Jacqueline Cimento, October 19, 2010) [78-10 OTH, duplicate comment was provided in 99-1 OTH]

"**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 C02 from vehicles idling in the garage.

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."

Response OTH-98

The comment states that the Draft EIR does not include mitigation measures for numerous potential project impacts at the Pacific Campus, including construction vibration, light from vehicle headlamps, noise from on-site ventilation units, traffic at on-site parking facilities, and idling emissions from vehicles.

The Pacific Campus is analyzed in the Draft EIR at the program level, and project-level mitigation is not possible nor appropriate as part of the Draft EIR. A more detailed analysis of the Pacific Campus, including analyses of potential construction vibration, heating, ventilation, and air conditioning (HVAC) noise, vehicle air emissions, light spillover, and local traffic impacts, would be required in a project-specific EIR in the future. As stated in Section 1.3, "CEQA analysis of CPMC Long-Range Development Plan: Near-Term versus Long-Term Project Components," in the Draft EIR, pages 1-12 and 1-13, long-term projects would be analyzed at a program-level, pursuant to State CEQA Guidelines Section 15168. The proposed long-term projects at the Pacific Campus under the LRDP would require additional or supplemental project-level environmental review in the future.

The comment is incorrect in stating that project impacts "must" be mitigated to a level of insignificance. Rather, an EIR must identify feasible mitigation measures that could avoid or reduce the magnitude of significant effects. Under CEQA, ultimately, the determination of feasibility and the applicability of mitigation measures is made by the decision-makers. In fact, in making findings on a project, one of the possible findings that is specifically identified in the State CEQA Guidelines (Section 15091[a][3]) is that:

> Specific economic, legal, social, technological, or other considerations, including provision of employment opportunities for highly trained workers, make infeasible the mitigation measures or project alternatives identified in the final EIR.

Thus, it is clear that, under CEQA, in some situations some impacts might not be feasibly mitigated to a less-than-significant level. Nonetheless, as noted above, once more specific development plans for the Pacific Campus have been developed, a project-level environmental review would be conducted in accordance with CEQA requirements. At such time, the project-level impacts of the Pacific Campus development would be evaluated, and mitigation measures would be proposed, where appropriate.

Comment

(Paul Wermer, September 23, 2010) [PC-260 OTH]

"Good afternoon, Commissioners. My name is Paul Wermer and I am here tonight wearing 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."

Response OTH-99

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

3.23.2.4 CALIFORNIA CAMPUS

No miscellaneous comments solely related to this campus were received during public review of the Draft EIR.

3.23.2.5 DAVIES CAMPUS

No miscellaneous comments solely related to this campus were received during public review of the Draft EIR.

3.23.2.6 ST. LUKE'S CAMPUS

Comment

(Alex Bernstein, August 4, 2010) [3-3 OTH]

"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.

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."

Response OTH-100

The comment states that CPMC did not retrofit the St. Luke's Campus previously and that now the proposed LRDP development at the St. Luke's Campus would negatively affect the permanent quality of life of the surrounding neighborhood. The comment also expresses a preference for building new hospital structures that directly replace the existing structures (i.e., on the site of former structures that would be demolished). It is assumed based on this comment that there is a concern related to the height and bulk of the proposed new structures. "Quality of life" is a broad, nonspecific term that generally refers to health and well-being; however, the comment's concerns regarding placement of structures implies concerns regarding visual character and shade and shadow. With respect to aesthetics, the proposed structures at the St. Luke's Campus under the LRDP would not be as tall as the existing on-campus hospital structure;

in addition, as noted on Draft EIR page 4.2-106, the proposed LRDP development would not substantially alter long-distance views in the area, and as noted on Draft EIR page 4.2-185, the development would not represent a substantial change in visual character. Furthermore, as shown in Draft EIR Figures 4.9-8 through 4.9-11 (pages 4.2-49 through 4.9-52), the proposed LRDP development at the St. Luke's Campus would incrementally increase shadows in the project area, but would not increase shadows at local public open space or nearby residences. As a result, no substantial changes in the level of shading in the local community are anticipated. Therefore, the aspects of quality life described in this comment would not be considered to be permanently negatively impacted by implementation of the proposed CPMC LRDP at St. Luke's Campus, as alluded to in this comment. This comment represents the commenter's opinion regarding the size and scale of development at the St. Luke's Campus but does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Margaret Kettunen Zegart, October 20, 2010) [97-12 OTH]

"**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."

Response OTH-101

The comment is noted. The comment states a preference that no variances or exemptions should be allowed under the San Francisco General Plan or Planning or Police Codes. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project.

Comment

(Rachel Sater—Lost Block and Save Our Streets, October 19, 2010) [101-1 OTH]

"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 collect 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."

Response OTH-102

This comment presents an introduction to the Lost Block and Save Our Streets comment letter and lists the sections of the Draft EIR in which it believes the document has inadequately analyzed potentially significant impacts on land use compatibility, consistency with plans and policies, visual character, traffic, noise, light, and wind and shadow; associated mitigation measures; and alternatives related to

residential uses in the area of the Lost Block. Lastly, the comment suggests that the additional analysis for the deficiencies in the CPMC LRDP Draft EIR would identify new impacts and new mitigation measures that would require recirculation of the EIR.

Please refer to Section 3.3.6 in Section 3.3, "Land Use and Planning," Responses LU-32 to LU-34 on pages C&R 3.3-151 to 3.3-156 of this C&R document, for specific comments and responses for Letter 101 regarding the consistency of the proposed St. Luke's Campus under then LRDP with existing plans and policies and land use compatibility. Please refer to Section 3.4.6 in Section 3.4, "Aesthetics," Responses AE-17 to AE-20 on pages C&R 3.4-28 to 3.4-31, for specific comments and responses from Letter 101 regarding the height, bulk, and architectural compatibility of the proposed St. Luke's Campus, the aesthetic impacts of the proposed St. Luke's Campus related to adjacent residences, the proposed St. Luke's Campus's landscape and streetscape, and the proposed campus's light and glare impacts. Please refer to Section 3.7, "Transportation and Circulation," Response TR-11 (page C&R 3.7-28), Response TR-74 (page C&R 3.7-143), Response TR-103 (page C&R 3.7-175), Response TR-106 (page C&R 3.7-185), and Response TR-110 (page C&R 3.7-193) for specific comments and responses from Letter 101 regarding transportation and circulation impacts. Please refer to Section 3.8, "Noise," Response NO-40 (page C&R 3.8-49), Response NO-59 (page C&R 3.8-64), and Responses NO-69 to NO-78 (pages C&R 3.8-74 to 3.8-82) for specific comments and responses from Letter 101 regarding noise impacts. Please refer to Section 3.11, "Wind and Shadow," Response WS-1 (page C&R 3.11-1) for specific comments and responses from Letter 101 regarding the significance thresholds used for wind and shadow in the Draft EIR. Also, please see Response ALT-1 (page C&R 3.22-11) regarding an alternative related to the residential uses surrounding St. Luke's Hospital. Please also see Response INTRO-6 (page C&R 3.1-11) for a discussion of the conditions under which recirculation of all or a portion of a Draft EIR is required.

Comment

(Bruce Hicks, September 23, 2010) [PC-288 OTH]

"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 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."

Response OTH-103

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. Please see Major Responses HC-1 and HC-2 regarding the downsizing of the St. Luke's Campus (pages C&R 3.23-1 and 3.23-8, respectively).

Comment

(Commissioner Antonini, September 23, 2010) [PC-351 OTH]

"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."

Response OTH-104

The comment is noted. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment will be transmitted to and may be considered by the decision-makers as part of their deliberations on the project. CPMC currently leases space in the Hartzell Building on the St. Luke's Campus to the Samuel Merritt School of Nursing. CPMC noted to the City that it is not aware of any plans for the nursing school to relocate and CPMC does not have plans to seek other tenants for that space.

Comment

(Commissioner Antonini, September 23, 2010) [PC-358 OTH]

"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."

Response OTH-105

The comment is noted. CPMC will be required to enter into a development agreement with the Lead Agency, San Francisco Planning Department, which will specify CPMC and City obligations for implementation and construction of the proposed LRDP. This comment does not raise issues regarding the adequacy, accuracy, or completeness of the Draft EIR. The comment may be considered by the decision-makers as part of their deliberations on the project.

4. DRAFT EIR TEXT CHANGES

This section presents text changes for the California Pacific Medical Center Long Range Development Plan Draft Environmental Impact Report. The text changes shown below reflect modifications/clarification to the Draft EIR, which were developed either in response to comments or were staff-initiated text changes to clarify information. The revisions are organized according to the type of text change that they represent (i.e., resulting from responses to comments versus staff-initiated) and by Draft EIR section. As in the responses in this C&R document, deleted text is shown in strikethrough and new text is shown in single underline. The text additions and revisions presented below clarify and expand on the information presented in the Draft EIR. The revised text does not identify mitigation measures that, if implemented, would result in significant environmental impacts. The revised text does not provide new information that identifies new significant environmental impacts. The revised text does not identify any considerably different alternatives and/or mitigation measures that would clearly lessen the significant environmental impacts of the proposed project, but which the project sponsors declined to adopt.

4.1 TEXT CHANGES AS A RESULT OF RESPONSES TO COMMENTS

4.1.1 GLOSSARY (WITHIN TABLE OF CONTENTS)

An additional term has been added to the Glossary in alphabetical order within the Table of Contents in the Draft EIR, page xxiii, as follows:

Term	Definition
maximally exposed individual receptor (MEIR)	The off-site location where the highest incremental cancer risk is calculated resulting from project construction or operational emissions. Incremental means the potential additional cancer risk posed by the proposed activities above the background cancer risk already present (e.g., breathing existing air pollutants).

4.1.2 EXECUTIVE SUMMARY

Conforming changes to the Summary Chapter related to text, impact determination, and mitigation measure revisions are noted throughout Chapter 4 under the appropriate environmental impact sections.

Mitigation Measure MM-TR-55 has been amended to revise the following bullet on page S-50 of the Draft EIR as shown below:

> Require 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~~ blocks addressed within the construction TMP for the project.

4.1.3 PROJECT DESCRIPTION (CHAPTER 2)

The text in the Draft EIR, pp. 2-27 (last paragraph) to 2-28 (first paragraph) has been revised as follows to show that CPMC would attain LEED® certification for the proposed Cathedral Hill Hospital:

> CPMC ~~intends to~~ would attain at a minimum, a LEED® ~~certification~~Certified level for the proposed hospital building, which is exempt from Chapter 13C of the City's Building Code (San Francisco Green Building Requirements).

The text in the Draft EIR, p. 2-40 last two paragraphs have been revised as follows to show the updated construction hours at the proposed Cathedral Hill Hospital, MOB, and Van Ness Avenue pedestrian tunnel:

> The hours of construction for the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be from 7 a.m. to ~~midnight~~ 7 p.m. on typical work days (Monday through Friday, excluding holidays). Saturday shifts would be from 7 a.m. to 5 p.m.; work is not expected to be done on Sundays. Work extending past 7 p.m. will be limited to activities such as: concrete finishing, steel detailing and general production preparation. Work extending past 7 p.m. would be communicated with the neighbors on a weekly basis. Second shift work (Work occurring between 4 p.m. and midnight) is anticipated on the project only during the interior build out phase.
>
> Construction of the Van Ness Avenue pedestrian tunnel generally would occur from 7 a.m. to 7 p.m. on typical working days (Monday through Friday, excluding holidays), ~~and not on Saturday and Sunday~~. Weekend shifts would be from 7 a.m. to 5 p.m. ~~However,~~ Nighttime construction of the tunnel would occur in the evenings (including weekends) ~~and on Saturdays~~ from 7 p.m. to 5 a.m., if permitted by Caltrans and the San Francisco Municipal Transit Agency (SFMTA). ~~During aboveground improvements and surface restoration phases, work would take place from 7 p.m. to 5 a.m.~~ to allow excavation of one lane of Van Ness Avenue at a time while traffic volumes are low. Two traffic lanes in one direction at a time would be closed periodically during evening hours to complete the pedestrian tunnel.

The text in the Draft EIR, page 2-140, first sentence of the first paragraph, has been revised as follows to clarify the updated existing bed count at the Davies Hospital North and South Towers:

> The Davies Campus is recognizable by the Davies Hospital North and South Towers. There are currently ~~201~~ 232 licensed beds in the Davies Hospital (North Tower and South Tower, combined) (Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses," page 2-10).

The text in the Draft EIR, page 2-143, final two sentences in the second paragraph, has been revised as follows to show the updated bed count at the Davies Campus under the proposed CPMC LRDP. The existing licensed acute care beds and skilled nursing beds also have been updated to correct previous number error in the Draft EIR:

> The inpatient-care uses at the Davies Campus~~North Tower~~ under the LRDP would include ~~115~~ 63[38a] acute-care beds, and 48 rehabilitation beds in the North Tower, and 38 beds for skilled nursing in the South Tower ~~under the LRDP~~. This compares to the existing ~~150~~ 146 licensed acute care beds, 48 rehabilitation beds, and ~~79~~ 38 skilled nursing beds (see Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses," page 2-10). The existing South Tower would continue to be used for skilled nursing, outpatient care, and diagnostic and treatment space.
>
> [38a] Bed number changed from 115 to 114 per footnote 2 in Table 2-2, above.

The text in the Draft EIR, p. 2-181 first paragraph has been revised as follows to show that CPMC would attain LEED® certification for the proposed St. Luke's Hospital:

> Additionally, CPMC ~~is considering implementing~~ would implement measures that ~~would~~ enable the St. Luke's Replacement Hospital to achieve, at a minimum, a LEED® ~~certification~~Certified level.

4.1.4 PLANS AND POLICIES (CHAPTER 3)

For clarification purposes, a new sentence and reference to Map 2 has been added on page 3-6:

> Map 4 of the Recreation and Open Space Element identifies existing public open space, and areas that would be desirable to acquire for or convert to public open space. Map 2 of the Recreation and Open Space Element identifies existing public open space and open space service areas.

The text in the Draft EIR, page 3-15, has been revised with the addition of the following text, added below the first paragraph under the heading, "Cathedral Hill Campus," to more completely address the requirements of the Van Ness Special Use District:

> Section 243 of the San Francisco Planning Code established the Van Ness Special Use District (SUD). As described in the municipal code, the purpose of the Van Ness SUD is to implement the objectives and policies of the Van Ness Avenue Plan, which includes:
>
> (i) creation of a mix of residential and commercial uses on the boulevard,
>
> (ii) preservation and enhancement of the pedestrian environment,
>
> (iii) encouragement of the retention and appropriate alteration of architecturally and historically significant and contributory buildings,
>
> (iv) conservation of the existing housing stock, and
>
> (v) enhancement of the visual and urban design quality of the street, the following controls are imposed in the Van Ness Special Use District.[1]
>
> [1] http://library.municode.com/index.aspx?clientId=14139&stateId=5&stateName=California
>
> The requirements of the Van Ness SUD include the provisions of the City Planning Code applicable to an RC-4 District, except as otherwise noted in Section 243, including:
>
> - Height and Bulk Restrictions. See Height and Bulk Map No. 2H. See Section 270 of the SF Municipal Code for bulk limits.
> - Basic Floor Area Ratio. The basic floor area ratio limit shall be 7.0 to 1 in the 130-foot height district and 4.5:1 in the 80-foot height district.
> - Demolitions. All demolitions of buildings containing residential use and all conversions from residential uses to nonresidential uses above the ground floor shall be permitted only if authorized as a conditional use under Section 303 of this Code.
> - Residential Uses; Ratio Established. In newly constructed structures, nonresidential uses shall only be permitted if the ratio between the amount of net additional occupied floor area for residential uses, as

defined in this paragraph below, to the amount of occupied floor area for nonresidential uses in excess of the occupied floor area of structures existing on the site at the time the project is approved is 3 to 1 or greater.

- Reduction of Ground Level Wind Currents. New buildings and additions to existing buildings shall be shaped, or other wind baffling measures shall be adopted, so that the development will not cause year-round ground level wind currents to exceed, more than 10 percent of the time, between 7:00 a.m. and 6:00 p.m., the comfort level of 11 m.p.h. equivalent wind speed in areas of pedestrian use and seven m.p.h. equivalent wind speed in public seating areas. An exception to this requirement may be permitted but only if and to the extent that the project sponsor demonstrates that the building or addition cannot be shaped or wind baffling measures cannot be adopted without unduly restricting the development potential of the building site in question.

Page 3-19, section 3.2.6, the following is added after the first full paragraph:

"Proposition M also amended sections 320 and 321 of the Planning Code. These two sections regulate the approval of office space in the City, setting an annual limit on the amount of qualifying office space that can be approved in buildings of 25,000 sf or greater."

Page 3-19, section 3.2.6, the following is added to the end of the second paragraph:

" The office space in the Cathedral Hill MOB and in the St. Luke's MOB/Expansion Building would need to be approved pursuant to the process established in Sections 320 and 321 of the Planning Code. Because the office space in the two medical office buildings would not be approved without the City's determination that the LRDP meets the requirements of those provisions, the proposed LRDP, if implemented, would be consistent with these elements of the Accountable Planning Initiative."

4.1.5 LAND USE AND PLANNING (CHAPTER 4.1)

The text in the Draft EIR, page 4.1-37, second bullet, has been revised as follows to read:

4b—conflict 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) adopted for the purpose of avoiding or mitigating an environmental effect; or

The text in the Draft EIR, page 4.1-46, Impact 4.1-2, has been revised as follows to read:

IMPACT LU-2 The project would not conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project adopted for the purpose of avoiding or mitigating an environmental effect. (Significance Criterion 4b)

The text in the Draft EIR, page 4.1-48, third full paragraph, has been revised as follows to read:

The amendments to the *General Plan's* VNAP and amendments to the Planning Code text and zoning and height and bulk district maps; the PUD and CU authorizations; and other approvals, as discussed above, are part of the proposed LRDP. ~~Therefore, i~~If they are approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies. ~~The proposed LRDP at the Cathedral Hill Campus with the requested amendments and approvals would therefore not conflict with any applicable land use plan, policy, or regulation.~~ **This impact would be less than significant.**

The text in the Draft EIR, page 4.1-50, third complete sentence, has been revised as follows to read:

Therefore, the proposed near-term project at the Davies Campus would not conflict with any applicable land use plan, policy, or regulation adopted for the purpose of avoiding or mitigating an environmental effect.

The text in the Draft EIR, page 4.1-51, last partial paragraph (and first partial paragraph on page 4.1-52), has been revised as follows to read:

The *General Plan* amendments and Planning Code text and map amendments, the PUD and CU authorizations, and other approvals described above are proposed as part of development at the St. Luke's Campus under the proposed LRDP. ~~Therefore, i~~If these amendments and authorizations are approved, the LRDP would be consistent with the relevant amended plans and policies~~,~~. The proposed arrangement and design of land uses would not implicate any environmental protection objectives of the current land use designations in the applicable land use plans; thus, the inconsistencies do not give rise to a significant impact on the environment. ~~and implementing the LRDP at the St. Luke's Campus would not conflict with any applicable land use plan, policy, or regulation.~~ **This impact would be less than significant.**

The text in the Draft EIR, page 4.1-51, the second full paragraph is revised to read:

The ~~proposed~~ draft *Mission District Streetscape Plan*, ~~currently in the planning stages~~ published for public review in October 2010, encompasses an area that includes the St. Luke's Campus.[1] The design framework of the proposed *Mission District Streetscape Plan* ~~does not~~ proposes ~~any improvements within~~ widened sidewalks and a new pocket park on the west side of Valencia Street between Cesar Chavez Street and Duncan Street, adjacent to the St. Luke's Campus.~~; however,~~ The *Streetscape Plan* also calls for a new pedestrian ~~it identifies a potential new public space and gateway~~ plaza at the intersection of Valencia and Mission Streets, one block southeast of the campus. All construction and demolition under the proposed LRDP would occur within the existing St. Luke's Campus. Implementing the LRDP would not alter the Valencia Street frontage and the southeastern corner of the St. Luke's Campus, which is closest to the new public space and gateway plaza proposed under the ~~*Mission District*~~ *Streetscape Plan*. No aspect of the proposed LRDP would conflict with the *Streetscape Plan's* provisions for improvements around the St. Luke's Campus. Furthermore, the proposed LRDP would create a "campus plaza," open space that would serve as an entrance between the St. Luke's Replacement Hospital and MOB/Expansion Building, creating a connection to the *Mission District Streetscape Plan's* streetscape improvements. CPMC is also working with the City to ensure consistency of the LRDP at the St. Luke's Campus with the open space and streetscape improvements underway on Valencia Street. Therefore, the proposed LRDP would not conflict with the ~~proposed~~ October 2010 Draft *Mission District Streetscape Plan's* ~~draft~~ policies encouraging the creation of improved streetscapes and public realm areas. Please refer to Section 4.5, "Transportation and Circulation," for a discussion of the proposed LRDP's street improvements and a discussion of pedestrian and bicycle access.

The text in the Draft EIR, page 4.1-54, has been revised with the addition of the following new text, added after the third sentence:

The proposed arrangement and design of land uses would not implicate any environmental protection objectives of the current land use designations in the applicable land use plans; thus, the text amendments and CU authorization do not give rise to a significant impact on the environment.

[1] San Francisco Planning Department. October 2010 ~~2009. Preliminary Mitigated Negative Declaration for the *Mission District Streetscape Plan*~~. San Francisco, CA. Available: http://www.sf-planning.org/ftp/CDG/CDG_mission_streetscape.htm ~~files/MEA/Final_042810_PMDSP_2PM.pdf.~~ Accessed ~~June 15~~, March 29, 2010.

4.1.6 AESTHETICS (CHAPTER 4.2)

The text in the Draft EIR, page 4.2-132, second sentence of first complete paragraph, has been revised as follows to read:

> The proposed hospital would also replace the less intricate, more uniform ~~and uninteresting~~ visual quality of the existing hotel facades with a greater variety of ~~more interesting~~ forms, patterns, color, and texture in a more contemporary architectural style.

The text in the Draft EIR, page 4.2-176, second paragraph, has been revised as follows to read:

> Along the western façade of the St. Luke's Replacement Hospital, an earth-tone colored block-form structure would form the northwest corner of the building. West-facing windows would be located ~~in the lower two stories~~ on the fourth and fifth floors facing Guerrero Street. The upper floors would be recessed from the northwest corner of the building. At its north end, a plain stucco wall with muted color would extend to the roof. Levels two and three would contain diagnostic and treatment rooms which, with few exceptions, would have no windows. Any windows proposed for these floors on the west side would have obscuring (frosted or translucent) glass or would have high sills (clerestory glazing) that cut off sight lines from all interior areas. Level one would be largely below grade along the west elevation and would have no windows. ~~The remainder of the façade would have long rows of individual rectangular (almost square) windows on a flat, light colored, plain glass reinforced concrete façade wall.~~ The long roofline would be level and straight. Most of the lower floors of the western façade would be located directly opposite the adjacent residential properties to the west, and thus would not be visible from the street. Only the upper floors would be visible.

4.1.7 CULTURAL AND PALEONTOLOGICAL RESOURCES (CHAPTER 4.4)

The text in the Draft EIR, page 4.4-31, the second full paragraph, has been revised as follows to better reflect the inclusion of the 2010 William Kostura historic resources survey in the Draft EIR analysis of project impacts, and also to clarify an erroneous characterization of the Van Ness Avenue Area Plan:

> The Van Ness Avenue Area Plan does not acknowledge any of the buildings on the proposed Cathedral Hill Campus referred to in this impact discussion as being historically significant as defined by CEQA ~~or contributing to the overall character of the area~~. The Van Ness Avenue corridor is characterized by remnant residential structures and distinctive automobile showrooms. The commercial buildings that also make up the streetscape are less significant because they tend to later be used for commercial infill. The ~~Planning Department also~~ Knapp Architects survey identified the area as a potential district composed of a cohesive group of commercial buildings associated with the reconstruction period following the 1906 San Francisco Earthquake and Fire. The Planning Department determined that the buildings on the site of the proposed Cathedral Hill Medical Office Building (MOB) did not retain sufficient integrity to qualify as a district. The Knapp Architects survey also identified a potential historic district on Van Ness Avenue, associated with trends in automotive history. However, this district was also found to not meet the CRHR criteria because of a lack of integrity.

The text of Mitigation Measure M-CP-N2, beginning on page 4.4-38 and on pages S-38 to S-42 of the Draft EIR, has been revised as follows to add a provision for notifying and involving the appropriate descendent representative organization in the event of a discovery of a potentially CRHR-eligible Overseas Chinese or Japanese archaeological deposit:

Chinese and Japanese Archaeological Sites. In the event of discovery of a potentially CRHR-eligible Overseas Chinese or Japanese archaeological deposit, the appropriate descendent representative organization, that is, the Chinese Historic Society of America or the National Japanese American Historical Society, shall be notified and shall be allowed the opportunity to monitor and advise further mitigation efforts, including archaeological identification, evaluation, interpretation, and public interpretive efforts.

4.1.8 TRANSPORTATION AND CIRCULATION (CHAPTER 4.5)

Draft EIR Table 4.5-6 on page 4.5-30 of the Draft EIR are revised to add a row and footnote as follows:

Table 4.5-6 (Revised)
Golden Gate Transit Lines in the Vicinity of the Proposed Cathedral Hill Campus—Existing Conditions

Route	Direction	Hours of Operation	Frequency of Service (average time between buses in minutes)	
			A.M.	P.M.
Route 10	Southbound	6:38 a.m.–7:47 p.m.	60	30–60
	Northbound	6:32 a.m.–8:27 p.m.	30–60	60
Route 70	Southbound	5:27 a.m.–9:01 p.m.	30–60	50–60
	Northbound	5:18 a.m.–1:55 a.m.	30–60	30–60
Route 73[3]	Southbound	4:59 a.m.–9:51 a.m.	45–60	–
	Northbound	2:58 p.m.–6:43 p.m.	–	30–60
Route 80[2]	Southbound	5:43 p.m.–9:56 p.m.	–	50-60
	Northbound	7:31 p.m.–11:31 p.m.	–	30-60
Route 93[1]	Southbound	7:10 a.m.–8:35 a.m.	10–15	–
	Northbound	4:07 p.m.–5:31 p.m.	–	30
Route 101[1]	Southbound	4:33 a.m.–7:14 p.m.	60	60
	Northbound	7:04 a.m.–8:38 p.m.		

Note:
[1] Route provides commuter service on weekdays only.
[2] Route provides commuter service on evenings and weekends only
[3] Since the issuance of the NOP, service on Route 73 has been discontinued, effective September 2010.
Source: Data provided by Golden Gate Transit and compiled by Fehr & Peers in 2009

The text in the Draft EIR, page 4.5-30, the last sentence in the first full paragraph has been revised to read as follows:

Golden Gate Transit is operated by the Golden Gate Bridge, Highway and Transportation District. GGT provides bus and ferry service between the North Bay (Marin and Sonoma Counties) and San Francisco. GGT operates 22 commuter bus routes, nine basic bus routes, and 16 ferry feeder bus routes into San Francisco. Basic bus routes operate at regular intervals of 15–90 minutes, depending on time and day of week. GGT also operates ferry service between Larkspur and Sausalito in the North Bay and the Ferry Building in San Francisco during the morning and evening commute periods. GGT operates five lines near the Cathedral Hill Campus. The closest stop is located at Van Ness Avenue and Geary Street. GGT Routes 10 and 92 also operate~~s~~ in the vicinity of the California Campus~~, and has~~; both routes have a stop at the intersection of Geary and Arguello Boulevards.

The text in the Draft EIR, page 4.5-75, first bullet point at the top of the page, has been revised to clarify that there would be a monthly parking fee for physicians and employees, as follows:

- a monthly parking fee charge of $110 ~~by~~for CPMC staff and physicians who drive ~~(although physicians receive free parking)~~;

Table 4.5-11 in the Draft EIR (page 4.5-77) has been revised as shown below to clarify transit trips:

Table 4.5-11
Net-New Peak-Hour Person Trips by Mode and Vehicle Trips by Campus [1]

	Person Trips by Mode					
Campus	Auto	Transit	Walk	Other 2	Total	Vehicle Trips
Cathedral Hill Campus						
a.m. peak hour	682	586	108	54	1,430	593
p.m. peak hour	689	551	107	50	1,399	609
Pacific Campus						
p.m. peak hour	114	37	27	20	198	71
Davies Campus						
p.m. peak hour	224	138	10	34	406	202
St. Luke's Campus						
p.m. peak hour	~~251~~223	~~39~~71	~~25~~23	~~6~~9	~~321~~326	207

Notes:
[1] The analysis does not assume any new travel demand at the California Campus because campus activities would remain unchanged until 2015, and would then be gradually relocated to the Pacific and Cathedral Hill Campuses. By 2020, almost all CPMC-related uses at the California Campus are expected to cease.
[2] "Other" includes bicycle, motorcycle and taxi trips.
Source: Data compiled by Adavant Consulting and Fehr & Peers in 2010

The text in the Draft EIR, page 4.5-77, last sentence prior to Table 4.5-11 is revised as follows:

> "At the St. Luke's Campus, about 71~~78~~ percent of trips would be by auto, 20~~12~~ percent would be by transit, and 9~~10~~ percent by walking, bicycling, and other modes."

The text in the Draft EIR, page 4.5-201, first paragraph under Impact TR-86 is revised as follows:

> "The St. Lukes Campus project would generate 71~~39~~ p.m. peak-hour net-new transit trips (13~~9~~ inbound and 58~~30~~ outbound), as shown in Table 4.5-11 (page 4.5-77)."

The text in the Draft EIR, page 4.5-204 of the Draft EIR is revised as follows:

> The St. Luke's Campus project would result in an increase in pedestrian activity in the vicinity of the campus, including walk trips to and from the proposed uses, plus walk trips to and from Muni bus stops and 24th Street BART Station. Overall, during the p.m. peak hour the project would add about 64 net-new pedestrian trips (an increase of 25 walk trips, and ~~39~~ 71 net-new trips that account for walk trips to and from the transit stops) to the surrounding streets (see Table 4.5-11, page 4.5-77).

The text in the Draft EIR, page 4.5-102 has been revised as follows to include the following the text and improvement measure related to Impact TR-5:

Although the impact of queuing (queue spillback) from the Cathedral Hill parking garages would be less than significant, implementation of Improvement Measure I-TR-5 below would further reduce the less-than-significant impact by specifying actions that would be required should queues form on adjacent streets.

Improvement Measure I-TR-5 – Off-Street Parking Queue Abatement

It shall be the responsibility of the owner/operator of any off-street parking facility primarily serving a non-residential use, as determined by the Planning Director, with more than 20 parking spaces (excluding loading and car-share spaces) to ensure that recurring vehicle queues do not occur on the public right-of-way. A vehicle queue is defined as one or more vehicles blocking any portion of any public street, alley or sidewalk for a consecutive period of three minutes or longer on a daily or weekly basis.

If a recurring queue occurs, the owner/operator of the parking facility shall employ abatement methods as needed to abate the queue. Suggested abatement methods include but are not limited to the following: redesign of facility layout to improve vehicle circulation and/or on-site queue capacity; employment of parking attendants; installation of LOT FULL signs with active management by parking attendants; use of valet parking or other space-efficient parking techniques; use of off-site parking facilities or shared parking with nearby uses; use of parking occupancy sensors and signage directing drivers to available spaces; travel demand management strategies such as additional bicycle parking, customer shuttles or delivery services; and/or parking demand management strategies such as parking time limits, paid parking or validated parking.

If the Planning Director, or his or her designee, suspects that a recurring queue is present, the Department shall notify the property owner in writing. Upon request, the owner/operator shall hire a qualified transportation consultant to evaluate the conditions at the site for no less than seven days. The consultant shall prepare a monitoring report to be submitted to the Department for review. If the Department determines that a recurring queue does exist, the facility owner/operator shall have 90 days from the date of the written determination to abate the queue.

Improvement Measure I-TR-40 on page 4.5-134 of the Draft EIR has been revised as follows:

Improvement Measure I-TR-40 Install Pedestrian Countdown Signals

As an improvement measure to facilitate pedestrian movements, SFMTA should install pedestrian countdown signals for all directions at the signalized intersections of Franklin/Sutter, Franklin/Post, Franklin/Geary, Van Ness/Sutter, Van Ness/Post, and Polk/Post.

In addition to the above, although the project would have less than significant impacts on the pedestrian and bicycle environment, the project sponsor has agreed as part of the development agreement negotiations to provide certain funding for City agencies, including Planning, SFMTA, and DPW to study and possibly implement additional streetscape, pedestrian, and related improvements in the vicinity of the proposed Cathedral Hill Campus that would improve the less-than-significant impacts to the pedestrian and bicycle

> environment. Improvements under consideration by the City would be consistent with those identified in the Little Saigon Report as well as other potential sidewalk improvements such as bulb-outs, lighting and pedestrian signal modifications, advance stop bars, right turn vehicle turn restrictions and other safety facilities, at such intersections as Polk Street/Ellis Street, Larkin Street /Geary Street, Larkin Street /Grove Street, Larkin Street /9th Street, Hyde Street /O'Farrell Street, and Leavenworth Street/Geary Street. The City would have sole authority to determine whether to proceed with the Tenderloin and Little Saigon neighborhood area improvements and to issue required permits and authorizations. The City would also retain the discretion to modify or select feasible alternatives to the improvements to avoid any identified impacts or concerns that arise in connection with their further review, including any required environmental review under CEQA.

Mitigation Measure MM-TR-55 in the Draft EIR, page 4.5-160 is amended to revise the following bullet list as shown below:

- Require 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~~ blocks addressed within the construction TMP for the project.

4.1.9 NOISE (CHAPTER 4.6)

The text in the Draft EIR, page 4.6-27, the second sentence of the second full paragraph, has been amended to reflect the inclusion of residential uses along 27th Street and Cesar Chavez Avenue in the Draft EIR analysis:

> The noise- and vibration-sensitive land uses located near the campus are the surrounding residential buildings and units on San Jose Avenue and Cesar Chavez, 27th, Duncan, and Guerrero Streets.

Data in the Draft EIR, in Table 4.6-22 "Exposure of Sensitive Receptors near the Proposed Cathedral Hill Campus to Demolition/Excavation/Construction Noise," page 4.6-44, has been revised as follows to reflect a distance correction between source and receptor from 100 to 75 feet, as stated under Comment 71-11:

Table 4.6-22
Exposure of Sensitive Receptors near the Proposed Cathedral Hill Campus to Demolition/Excavation/Construction Noise

Sensitive Receptor	Existing Noise Level (dB, L_{eq})	Distance (feet)	Modeled Construction Noise Level (dB, L_{eq})	Exceeds Ambient (dB)
Geary Boulevard residences (across from hospital site)	70	**90**	**81**	+11
Hamilton Square Baptist Church	70	**80**	**82**	+12
1 Daniel Burnham Court (residential/mixed use)	68	~~**100**~~**75**	~~**81**~~**82**	+1~~3~~4
1142 Van Ness Avenue (Concordia Argonaut)	70	**50**	**87**	+17
1001 Polk Street (Episcopal Community Services- residential)	66	**75**	**83**	+17
990 Geary Avenue (Rex Arms Apartments)	70	150	77	+7
990 Polk Street (Senior Apartments)	65	190	75	+10
The Opal San Francisco Hotel—1050 Van Ness Avenue	70	**90**	**81**	+11
Super 8 Hotel—1015 Geary Street	70	**90**	**81**	+11
First Unitarian Church—1187 Franklin Street	72	180	75	+3

Note: dB = (A-weighted) decibels; L_{eq} = equivalent noise level (hourly)
Boldface indicates noise level in excess of 80 dB at 100 feet or less from the noise source.
Source: Data calculated by AECOM in 2010

Mitigation Measure M-NO-N1, beginning on Draft EIR page 4.6-46 and pages S-59 to S-61, has been revised as follows to provide additional clarifications for implementation of the measure and incorporate recommended measures under Comments 71-15 and 71-16, which would be feasible and assist the project with reducing noise complaints:

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. These measures shall be required in each contract agreed to between CPMC and a contractor under the LRDP and shall be applied to all projects and programs covered by th~~is~~e CPMC LRDP EIR.

- Construction equipment shall be properly maintained in accordance with manufacturers' specifications and shall be fitted with the best available noise suppression devices (e.g., mufflers, silencers, wraps). All hand-operated impact tools shall be shrouded or shielded, and all intake and exhaust ports on power equipment shall be muffled or shielded.

- Construction equipment shall not idle for extended periods (no more than 5 minutes) of time near noise-sensitive receptors.

- Stationary equipment (compressors, generators, and cement mixers) shall be located as far from sensitive receptors as feasible. Sound attenuating devices shall be placed adjacent to individual pieces of stationary source equipment located within 100 feet of sensitive receptors during noisy operations to prevent line-of-sight to such receptors , where feasible.

- Temporary barriers (noise blankets or wood paneling) shall be placed around the construction site parcels and, to the extent feasible, they should break the line of sight from noise sensitive receptors to construction activities. If the use of heavy construction equipment is occurring on-site within 110 feet of an adjacent sensitive receptor, the temporary barrier located between

source and sensitive receptor shall be no less than 10 feet in height. For all other distances greater than 110 feet from source to receptor, the temporary noise barrier shall be no less than 8 feet in height. For temporary sound blankets, the material shall be weather and abuse resistant, and shall exhibit superior hanging and tear strength with a surface weight of at least 1 pound per square foot. ~~Placement~~Procedures for the placement, orientation, size, and density of acoustical barriers shall be reviewed and approved by a qualified acoustical consultant.

- When temporary barrier units are joined together, the mating surfaces shall be flush with each other. Gaps between barrier units, and between the bottom edge of the barrier panels and the ground, shall be closed with material that would completely close the gaps, and would be dense enough to attenuate noise.

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. The community liaison shall keep a log of all relevant and appropriate complaints and responses to those complaints through a website that can be accessed and viewed by the public. The log or a copy of the log shall also be available upon request to any affected citizen or their representative. The community liaison shall produce a weekly and six-week schedule of construction operations and shall provide this schedule in advance and upon request to any affected citizens or their representatives. Contact information for the community liaison shall be posted in a ~~conspicuous~~ location ~~so~~ that ~~it~~ is clearly visible to the nearby receptors most likely to be disturbed. The community liaison shall be responsible for ensuring that reoccurring noise complaints are evaluated by a qualified acoustical consultant to determine and implement appropriate noise control measures that would be taken to meet applicable standards. The community liaison shall contact nearby noise-sensitive receptors and shall advise them of the construction schedule.

M-NO-N1c A construction noise management plan shall be prepared by a qualified acoustical consultant. The noise management plan shall include, but shall not be limited to, the following tasks:

- A detailed evaluation of nighttime tunnel construction at noise-sensitive receptors shall be prepared. The evaluation shall include calculations of construction noise levels based on detailed information regarding construction methods and duration. If it is determined that construction noise levels would exceed City noise ordinance standards, a qualified acoustical consultant shall review and approve additional mitigation measures to minimize prolonged sleep disturbance (e.g., using acoustical treatments to existing buildings, such as upgraded weatherstripping, or determining the feasibility of constructing a cantilevered overhang along temporary barriers around the construction area to reduce construction noise levels at elevated receptors).

- Long-term (24-hour) and short-term (15-minute) noise measurements shall be conducted at ground level and elevated locations to represent the noise exposure of noise-sensitive receptors adjacent to the construction area. The measurements shall be conducted for at least 1 week during the onset of each of the following major phases of construction :demolition, excavation, and structural steel erection. Measurements shall be conducted during both daytime and nighttime hours of construction, with observations and recordings to document combined noise sources and maximum noise levels of individual pieces of equipment.

- If noise levels from construction activities are found to exceed City standards (daytime [80 dB at a distance of 100 feet] or nighttime [5 dB over ambient]) and result in complaints that are lodged with the community liaison, Aadditional noise mitigation measures shall be identified. These measures shall be prepared by the qualified acoustical consultant. These measures shall identify the noise level exceedance created by construction activities and identify the anticipated noise level reduction with implementation of mitigation. ~~provided if noise levels from construction~~

~~activities are found to exceed City standards and result in complaints that are lodged with the community liaison.~~ These measures may include, among other things, additional temporary noise barriers at either the source or the receptor; operational restrictions on construction hours or on heavy construction equipment where feasible; temporary enclosures to shield receptors from the continuous engine noise of delivery trucks during offloads (e.g., concrete pump trucks during foundation work); or lining temporary noise barriers with sound absorbing materials. Measures such as these have been demonstrated to be effective in keeping construction noise levels within 80 dB at a distance of 100 feet.

Data in the Draft EIR, in Table 4.6-24 "Exposure of Sensitive Receptors near the St. Luke's Campus to Construction Noise," page 4.6-52, and in Table 4.6-35 "Modeled Vibration Levels Resulting from Near-Term LRDP-Related On-Campus Demolition Activities-Cathedral Hill, Davies, and St. Luke's Campuses," page 4.6-92, has been revised as follows to clarify the appropriate block number of residents located along Duncan Street, as stated under Comment 88-1 NO:

Table 4.6-24
Exposure of Sensitive Receptors near the St. Luke's Campus to Construction Noise

Sensitive Receptor	Existing Noise Level (dB)	Distance (feet)	Modeled Construction Noise Level (dB, L_{eq})	Exceeds Ambient (dB)
On-site sensitive receptors (patients, staff)	65	170	76	+11
1450–1600 blocks of Guerrero Street	70	**65**	**84**	+14
3400–3700 blocks of Cesar Chavez	70	175	76	+6
~~1600–1700~~0-100 block of Duncan Street	62	380	69	+7
578–643 blocks of San Jose Avenue	62	**100**	**81**	+19
000–100 blocks of 27th Street	63	125	76	+11

Notes: dB = (A-weighted) decibels; L_{eq} = equivalent noise level (hourly)
Boldface indicates noise level in excess of 80 dB at 100 feet or less from the noise source.
Source: Data calculated by AECOM in 2010

Table 4.6-35
Modeled Vibration Levels Resulting from Near-Term LRDP-Related On-Campus Demolition Activities—Cathedral Hill, Davies, and St. Luke's Campuses

Location	Distance (feet)[1]	PPV (in/sec)	Approximate L_v (VdB)[2]	Exceeds Threshold?	
				Building Damage	Human Annoyance[3]
Cathedral Hill Campus					
Geary Boulevard residences	80	0.037	79	No	No
Hamilton Square Baptist Church	70	0.045	81	No	Yes
1 Daniel Burnham Court	90	0.031	78	No	No
1142 Van Ness Avenue—Concordia Club	40	0.104	88	No	Yes
1001 Polk Street—Episcopal Services	65	0.050	82	No	Yes

Table 4.6-35
Modeled Vibration Levels Resulting from Near-Term LRDP-Related On-Campus Demolition Activities—Cathedral Hill, Davies, and St. Luke's Campuses

Location	Distance (feet)[1]	PPV (in/sec)	Approximate L_v (VdB)[2]	Exceeds Threshold?	
				Building Damage	Human Annoyance[3]
990 Geary Street—Rex Arms Apartments	140	0.016	72	No	No
990 Polk Street—senior apartments	180	0.011	69	No	No
The Opal SF Hotel—1050 Van Ness Avenue	80	0.037	79	No	No
Super 8 Hotel—1015 Geary Street	80	0.037	79	No	No
First Unitarian Church—1187 Franklin Street	170	0.012	69	No	No
Davies Campus					
On-site sensitive receptors (North Tower)	80	0.037	79	No	Yes
On-site sensitive receptors (South Tower)	115	0.021	75	No	Yes
900 block of 14th Street residences	410	0.003	58	No	No
000 block of Noe Street residences	110	0.023	75	No	No
700 block of Duboce Avenue residences	335	0.004	61	No	No
St. Luke's Campus					
On-site sensitive receptors (patients, staff)	160	0.013	70	No	No
1450–1600 blocks of Guerrero Street	55	0.064	84	No	Yes
3400–3700 blocks of Cesar Chavez Street	165	0.012	70	No	No
~~1600–1700~~0-100 block of Duncan Street	370	0.004	59	No	No
578–643 blocks of San Jose Avenue	100	0.026	76	No	No
000–100 blocks of 27th Street	115	0.021	75	No	No

Notes:
in/sec = inches per second; PPV = peak particle velocity; VdB = vibration decibels
[1] Measured from sensitive receptor property line to assumed location for equipment operation, 50 feet within construction sites ± 10 feet.
[2] Where L_v is the root mean square velocity expressed in VdB, assuming a crest factor of 4.
[3] Thresholds recommended for human annoyance and structural damage by the Federal Highway Administration and California Department of Transportation.
Source: Data compiled by AECOM in 2010

The text in the Draft EIR, page 4.6-52, first paragraph, has been revised as follows to clarify proposed construction hours at the St. Luke's Campus, as stated under Comment 101-31:

> The proposed St. Luke's Replacement Hospital would be completed and occupied by 2015. As stated above, the loudest construction noise would occur during excavation, land preparation, and demolition. Demolition would include removal of trees and pavement at the existing parking lot. Excavation of a pit for the hospital foundation and lower floor would follow and include removal of 15,200 cubic yards of material. About 7,800 cubic yards of soils would be excavated and hauled away for the utilities. Thus, the loudest noise during construction of the St. Luke's Replacement Hospital would occur in the first 20 months. The next phases of activities (structural work, exterior finishing, and interior finishing) would occur for 32 months, and would have lower noise levels, because activities would be shielded by the structure and use of heavy-duty construction equipment would be limited. Demolition of the existing St. Luke's Hospital tower would occur during the last 5 months.

All construction work for the proposed St. Luke's Replacement Hospital is proposed to occur between 7 a.m. and 5 p.m., Monday–Friday, excluding holidays~~. Work may continue to 8 p.m. on typical work days and select Saturdays, as required. Saturday shifts would be from 7 a.m. to 5 p.m., if needed.~~ Construction may also occur on select Saturdays from 7 a.m. to 5 p.m., if needed. Work is not expected to be done on Sundays. The hours of operation would vary slightly during the project's various stages. Construction of the MOB/Expansion Building would begin after the St. Luke's Replacement Hospital construction is completed. Excavation for the MOB/Expansion Building would be much deeper than that for the St. Luke's Replacement Hospital, with removal of 42,000 cubic yards of soil.

The text in the Draft EIR, page 4.6-70, last sentence of the last paragraph on the page, has been amended to include the following clarification of potential siren noise levels in the vicinity of the proposed Cathedral Hill campus, as requested under Comment 87-60:

As a result, noise associated with the ambulance entrance/exit, without the use of sirens, would comply with the City's noise limit of 8 dB above the ambient noise level at the property line.~~; however, such noise could result in a substantial increase in ambient noise levels at nearby sensitive receptors, above existing levels with the frequent use of sirens.~~ With respect to siren noise and as stated above, ambulances accessing the proposed Cathedral Hill Campus could require the use of their sirens. The use of emergency sirens could cause a temporary elevation of ambient noise levels up to 106 dB on an intermittent basis at nearby noise-sensitive land uses adjacent to the ambulance route. Emergency services are prevalent throughout the City under existing conditions, and the use of sirens is a common element of the urban noise environment in the City of San Francisco, including the neighborhoods around the site of the proposed Cathedral Hill Campus, and is considered a necessary part of negotiating traffic congestion on local roadways when responding to public needs within an urban environment within appropriate emergency response times. It should be noted that the proposed CPMC LRDP is not anticipated to increase the total number of emergency transport requests within the City, as those are driven by the location of San Francisco residents and businesses, and not the location or availability of emergency facilities.

Only 702 (4.5 percent) of the total emergency calls for service (15,610) to all CPMC facilities or fewer than two per day (1.7) between January 2008 and February 2009 were Code 3 responses, which necessitate the use of sirens, per the SFFD records. Under the proposed CPMC LRDP, the proposed Cathedral Hill Campus would accept the emergency transports currently directed to the Pacific and California Campuses. Based on the projected emergency medical service needs associated with the proposed Cathedral Hill Campus, the number of Code 3 emergency transports which require the use of a siren would average less than 1.5 Code 3 transports per day or 535 annual Code 3 transports. This calculation reflects a high-end estimate of the total number of emergency transports (9,562) projected for the proposed Cathedral Hill Campus in 2015. Assuming that the highest percentage (5.6 percent) shown in C&R Table Noise Response 3.8-2 of this total would consist of Code 3 emergency transports, up to 535 Code 3 transports could reasonably be anticipated on an annual basis with operation of the proposed Cathedral Hill Campus.

Assuming that a receptor in the vicinity of the proposed Cathedral Hill Campus would experience siren-related noise for no more than 15 seconds per emergency transport, L_{dn} noise levels would experience less than a 0.1-dBA increase, and hourly L_{eq} would experience an increase of up to approximately 0.4 dBA, as shown in Table 4.6-30. These estimates are based on the hourly L_{eq} values obtained at Site B on Post Street during noise monitoring. Furthermore, the estimates provided above represent the greatest potential change in hourly L_{eq} by evaluating siren noise during the quietest observed hourly period in the vicinity of the proposed Cathedral Hill campus (59.1 dBA L_{eq}).

Table 4.6-30
Change in Ambient Noise Levels Associated with Siren Usage in Cathedral Hill Campus Area

	L_{eq}	L_{dn}
Existing[1]	59.1	70.3
With Project	59.5	70.3
Change	*0.4*	*< 0.1*
Significant Impact	No	No

Notes:
[1] Lowest measured hourly L_{eq} was used to allow for the greatest potential change in hourly L_{eq} as a result of a 30-second siren event. Noise measurements taken on May 29, 2009.

As noted above, the proposed LRDP would add approximately one emergency vehicle travelling under siren and lights (Code 3) per 24-hour day, of which nighttime events would average fewer than one per three nights. While the proposed LRDP would represent an increase in the annual frequency of events in the vicinity of the proposed Cathedral Hill campus, the level of siren-related noise that would be experienced by sensitive receptors located in the vicinity of the proposed Cathedral Hill Campus would not be distinguishable from the level of urban noise in the project vicinity.

Furthermore, as noted on page 4.6-17 above, it is common for ambulances to discontinue the use of their sirens within a few blocks of emergency access at other hospitals within the City of San Francisco. This is dependent on traffic flow and other factors, and such practice could reasonably be assumed to occur at the proposed Cathedral Hill Campus. As such, in consideration of the potential change in ambient noise levels, the frequency of emergency transports that could occur, and historic practice by ambulance service providers in the City, impacts would be considered less than significant.

The text in the Draft EIR, page 4.6-71 and S-61, second and fourth sentences under Mitigation Measure M-NO-N3a, has been revised to clarify requirements for exterior equipment complying with noise level standards, as stated under Comment 71-44:

> If exterior equipment meets daytime and nighttime sound-level standards, no further action is required. If exterior equipment does not meet sound-level standards, CPMC shall replace and/or redesign the exterior equipment to meet the City's noise standards. Results of the measurements shall be provided to Hospital Facilities Management/ Engineering and the City to show compliance with daytime and nighttime standards.

Mitigation Measure M-NO-N3b, on Draft EIR pages 4.6-71 and S-61, has been revised as follows to provide additional clarifications for implementation of the measure:

> M-NO-N3b Bay doors shall be required to be closed during Aduromed operations, to the extent feasible.

Mitigation Measure M-NO-N3c, on Draft EIR pages 4.6-71 and S-61, has been revised as follows to provide additional clarifications for implementation of the measure:

> M-NO-N3c In the event that it is determined to be infeasible for bay doors to be closed ~~If bay doors are open~~ during Aduromed operation, a noise-absorptive material shall be applied (prior to initiation of Aduromed operations with open bay doors) to the entire ceiling structure of the loading-dock area to reduce noise levels from Aduromed operations. The material shall have a minimum Noise Reduction Coefficient of 0.75.

The text in the Draft EIR, page 4.6-91, has been amended to include the following sentences at the bottom of the page, immediately preceding the last sentence on the page:

> Furthermore, as shown in Table 4.6-35 (page 4.6-92), construction-related vibration could exceed 65 VdB, which, as stated previously, could affect the operation of certain types of sensitive equipment, including medical equipment. Nearby land uses that may include potential vibration-sensitive medical equipment include 1 Daniel Burnham Court adjacent to the proposed Cathedral Hill Campus.

The text in the Draft EIR, pages 4.6-93 and S-62 to S-63, under Mitigation Measure M-NO-N5, has been revised with the addition of a third bullet point as follows to address concerns stated under Comment 71-48:

- As part of the vibration management plan, vibration levels shall be monitored at the nearest interior location of adjacent [medical uses] containing vibration-sensitive equipment, to monitor potential impacts from the project site. In the event that measured vibration levels exceed 65 VdB and would disturb the operation of sensitive medical equipment, additional measures shall be implemented to the extent necessary and feasible, including provision of notice to medical tenants in order to coordinate the timing of construction activities showing vibration levels above 65 VdB, possible temporary relocation of medical tenants with sensitive equipment, and/or installation of isolation equipment.

The text in the Draft EIR on page 4.6-95 has been amended to include the following text within the first full paragraph on page 4.6-95 of the Draft EIR:

> Predicted groundborne noise and vibration levels would range from 77 to 94 VdB, and up to 0.210 in/sec PPV, at the Pacific Campus and would range from 58 to 79 VdB, and up to 0.037 in/sec PPV, at the Davies Campus. As a result, for both campuses, attenuated vibration-inducing construction activities at the locations of on-site and off-site sensitive receptors would not exceed Caltrans's building damage threshold of 0.25 in/sec PPV. However, predicted groundborne noise and vibration levels would exceed FTA's standard for human response (i.e., annoyance) at nearby on-site and off-site vibration-sensitive uses. Furthermore, as shown in Table 4.6-36 (page 4.6-95), construction-related vibration could exceed 65 VdB, which, as stated previously, could affect the operation of certain types of sensitive equipment, including medical equipment. Nearby land uses that may include potential vibration-sensitive medical equipment include the University of the Pacific School of Dentistry adjacent to the Pacific Campus. Therefore, this **impact would be significant**.

4.1.10 AIR QUALITY (CHAPTER 4.7)

The text in the Draft EIR, pages 4.7-35 and S-65, under Mitigation Measure M-AQ-N2, has been amended to reflect the addition of a second, third, and fourth bullet point as follows to provide additional clarifications regarding the timing/use of accelerated emission control devices on construction equipment:

> **M-AQ-N2** Install Accelerated Emission Control Device on Construction Equipment.
>
> 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.~~
- Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used.
- During any construction phase for near-term projects, at least half of each of the following equipment types shall be equipped with Level 3-verified diesel emission controls (VDECs): backhoes, concrete boom pumps, concrete trailer pumps, concrete placing booms, dozers, excavators, shoring drill rigs, soil mix drill rigs, and soldier pile rigs. If only one unit of the above equipment types is required, that unit shall have Level 3 VDECs retrofits.
- For long-term projects, which are presumed to begin when Tier 4 equipment would be widely available, all diesel equipment of all types shall meet Tier 4 standards.

The data in the Draft EIR, page 4.7-39, Table 4.7-6, "Emissions of Criteria Air Pollutants and Precursors Attributable to Operations under the LRDP – Modeled Daily Net Changes from Existing Conditions," have been revised as follows to accurately reflect particulate emissions from stationary source equipment:

Table 4.7-6
Emissions of Criteria Air Pollutants and Precursors Attributable to Operations under the LRDP—Modeled Daily Net Changes from Existing Conditions

Source	Emissions (lb/day)[a, b, c, e]			
	ROG	NO_X	PM_{10}	$PM_{2.5}$
2030 Conditions				
Cathedral Hill Campus				
Area sources	3.5	2.1	–	–
Mobile sources	18.4	20	104	20
Stationary sources	~~5.4~~6.0	~~13.6~~18	~~–~~7.5	~~7.7~~0.3
Cathedral Hill Campus Total	**~~27.3~~28**	**~~35.7~~40**	**~~104~~112**	**~~27.7~~20.3**
Pacific Campus[d]				
Area sources	-0.4	-0.5	–	–
Mobile sources	-4.4	-4.7	-24.7	-4.6
Pacific Campus Total	**-4.8**	**-5.2**	**-24.7**	**-4.6**
Davies Campus				
Area sources	1.3	1	0.02	0.02
Mobile sources	2.4	2.5	13.3	2.5
Stationary sources	~~0.01~~0.09	~~0.1~~0.6	~~–~~0.02	~~0.02~~0.01
Davies Campus Total	**~~3.7~~3.8**	**~~3.6~~4.1**	**13.3**	**2.5**
St. Luke's Campus				
Area sources	0.4	1.2	–	–
Mobile sources	4.6	4.9	26	5
Stationary sources	~~0.02~~1.4	~~1.2~~2.8	~~–~~1.7	~~-0.02~~-0.01
St. Luke's Campus Total	**~~5.0~~6.4**	**~~4.9~~8.9**	**~~26~~28**	**5**
Total Unmitigated Emissions	**~~31~~33**	**~~39~~48**	**~~126~~128**	**~~31~~23**
1999 BAAQMD significance criterion	80	80	80	–

Notes: BAAQMD = Bay Area Air Quality Management District; lb/day = pounds per day; NA = not applicable; NO_X = oxides of nitrogen; PM_{10} = respirable particulate matter with an aerodynamic diameter of 10 micrometers or less; $PM_{2.5}$ = fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less; ROG = reactive organic gases.

[a] Area and Mobile source emissions modeled using the URBEMIS 2007 (Version 9.2.4) computer model, based on proposed land uses identified in Chapter 2, "Project Description," and trip generation rates obtained from the traffic analysis in Section 4.5, "Transportation and Circulation," of this EIR.

[b] Negative values indicate a net reduction in emissions compared to existing conditions.

[c] Totals may not add exactly because of rounding.

[d] No new stationary sources are planned for Pacific Campus.

[e] $PM_{2.5}$ emissions are compared against proposed significance thresholds under Impact AQ-11.

Source: Area and mobile source emissions modeled by AECOM in 2010; stationary source emissions modeled by ENVIRON 2009–1~~0~~1. Information on these calculations is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E

The text in the Draft EIR, beginning at the bottom of page 4.7-38, has been revised as follows to accurately reflect particulate emissions from stationary source equipment:

> As shown in Table 4.7-6, "Emissions of Criteria Air Pollutants and Precursors Attributable to Operations under the LRDP—Modeled Daily Net Changes from Existing Conditions" (page 4.7-39), and Table 4.7-7, "Emissions of Criteria Air Pollutants and Precursors Attributable to Operation of Projects under the LRDP—Modeled Annual Net Changes from Existing Conditions" (page 4.7-40) the net change in operational PM_{10} emissions from implementation of projects under the CPMC LRDP (~~119~~128 pounds/day, ~~2~~23 tons/year) would exceed BAAQMD's applicable daily and annual emission significance criteria (80 pounds/day, 15 tons/year).

The data in the Draft EIR, page 4.7-40, Table 4.7-7, "Emissions of Criteria Air Pollutants and Precursors Attributable to Operations under the LRDP – Modeled Annual Net Changes from Existing Conditions," have been revised as follows to accurately reflect particulate emissions from stationary source equipment:

Table 4.7-7
Emissions of Criteria Air Pollutants and Precursors Attributable to Operation of Projects under the LRDP—Modeled Annual Net Changes from Existing Conditions

Source	Emissions (TPY)[a, b, c, e]			
	ROG	NO_X	PM_{10}	$PM_{2.5}$
2030 Conditions				
Cathedral Hill Campus				
Area sources	0.7	0.4	-0.02	-0.02
Mobile sources	3.6	4.2	19	3.6
Stationary sources	~~1.0~~1.1	~~2.60~~3.3	~~<0.001~~1.4	~~1.4~~0.05
Cathedral Hill Campus Total	**~~5.3~~5.4**	**~~7.2~~7.9**	**~~19~~20.4**	**~~5~~3.6**
Pacific Campus[d]				
Area sources	-0.08	-0.09	<0.001	<0.001
Mobile sources	-0.85	-1	-4.5	-0.85
Pacific Campus Total	**-0.9**	**-1.1**	**-4.5**	**-0.9**
Davies Campus				
Area sources	0.2	0.2	<0.001	<0.001
Mobile sources	0.5	0.5	2.4	0.5
Stationary sources	~~0.01~~0.02	~~0.03~~0.1	~~<0.001~~0.004	~~0.004~~0.001
Davies Campus Total	**0.7**	**~~0.7~~0.8**	**2.4**	**0.5**
St. Luke's Campus				
Area sources	0.07	0.23	<0.001	<0.001
Mobile sources	0.9	1	4.7	0.9
Stationary sources	~~0.003~~0.3	~~-0.2~~0.5	~~<0.001~~0.3	~~-0.005~~-0.002
St. Luke's Campus Total	**~~1~~1.2**	**~~1~~1.7**	**~~4.7~~5.0**	**0.9**
Total unmitigated emissions	**~~6~~6.4**	**~~8~~9.4**	**~~22~~23**	**~~5.5~~4.2**
~~Recently adopted~~ 1999 BAAQMD significance criterion	15	15	15	–

Table 4.7-7
Emissions of Criteria Air Pollutants and Precursors Attributable to Operation of Projects under the LRDP—Modeled Annual Net Changes from Existing Conditions

Source	Emissions (TPY)[a, b, c, e]			
	ROG	NO_X	PM_{10}	$PM_{2.5}$

Notes: BAAQMD = Bay Area Air Quality Management District; NA = not applicable; NO_X = oxides of nitrogen; PM_{10} = respirable particulate matter with an aerodynamic diameter of 10 micrometers or less; $PM_{2.5}$ = fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less; ROG = reactive organic gases; TPY = tons per year.

[a] Area and mobile source missions modeled using the URBEMIS 2007 (Version 9.2.4) computer model, based on proposed land uses identified in Chapter 2, "Project Description," and trip generation rates obtained from the traffic analysis in Section 4.5, "Transportation and Circulation," of this EIR. Stationary source emissions

[b] Negative values indicate a net reduction in emissions compared to existing conditions.

[c] Totals may not add exactly because of rounding.

[d] No new stationary sources are planned for Pacific Campus.

[e] $PM_{2.5}$ emissions are compared against proposed significance thresholds under Impact AQ-11.

Source: Area and mobile source emissions modeled by AECOM in 2010; stationary source emissions modeled by ENVIRON 2009-1~~0~~1. Information on these calculations is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E

The text in the Draft EIR, page 4.7-41, first paragraph, has been revised as follows to accurately reflect particulate emissions from stationary source equipment:

> Net Changes from Existing Conditions" (page 4.7-40) the net change in operational PM_{10} emissions from implementation of projects under the CPMC LRDP (~~119~~128 pounds/day, ~~22~~23 tons/year) would exceed BAAQMD's applicable daily and annual emission significance criteria (80 pounds/day, 15 tons/year). No feasible mitigation is available to reduce this impact to less than significant. Therefore, operation of proposed LRDP projects would result in or contribute to a violation of air quality standards. Thus, under the applicable (1999) BAAQMD CEQA significance criteria, no feasible mitigation is available to reduce this impact to a less-than-significant level and **this impact would be significant and unavoidable**.

The first sentence of the second paragraph on Draft EIR page 4.7-72, has been revised as follows to accurately reflect particulate emissions from stationary source equipment:

> Based on the emissions summary shown previously in Table 4.7-6, "Emissions of Criteria Air Pollutants and Precursors Attributable to Operations under the LRDP—Modeled Daily Net Changes from Existing Conditions" (page 4.7-39), and Table 4.7-7, "Emissions of Criteria Air Pollutants and Precursors Attributable to Operation of Projects under the LRDP—Modeled Annual Net Changes from Existing Conditions" (page 4.7-40), both under Impact AQ-3, the net change in operational PM_{10} emissions from implementation of projects under the CPMC LRDP (1~~19~~128 pounds/day, ~~22~~3 tons/year) would exceed BAAQMD's applicable daily and annual emission significance criteria (82 pounds/day, 15 tons/year).

The first sentence of the second paragraph on Draft EIR page 4.7-74, has been revised as follows to accurately reflect particulate emissions from generators at the Cathedral Hill Campus:

$PM_{2.5}$ from diesel generators: Impact AQ-5 presented screening-level air dispersion modeling for emissions from four emergency diesel generators at the Cathedral Hill Campus, which estimated a maximum DPM (using $PM_{2.5}$) incremental concentration of ~~0.02~~0.001 µg/m^3.

The first sentence of the first paragraph on Draft EIR page 4.7-76, has been revised as follows to accurately reflect particulate emissions from generators at the Davies Campus:

$PM_{2.5}$ from diesel generators: Impact AQ-5 presented screening-level air dispersion modeling for emissions from an emergency diesel generator at the Davies Campus, which estimated a maximum $PM_{2.5}$ incremental concentration of ~~0.008~~0.016 µg/m^3.

The first sentence of the fifth paragraph on Draft EIR page 4.7-76, has been revised as follows to accurately reflect particulate emissions from generators at the St. Luke's Campus:

$PM_{2.5}$ from diesel generators: As discussed under Impact AQ-5, the net incremental emissions from diesel generators are below the trigger threshold for air toxics. As described above, emissions from the Davies Campus generator (which did exceed the threshold) produced $PM_{2.5}$ concentrations on the order of ~~0.008~~0.016 µg/m^3.

4.1.11 GREENHOUSE GAS EMISSIONS (CHAPTER 4.8)

The text in the Draft EIR, page 4.8-17, fourth bullet point has been deleted to clarify proposed project design features that could yield further GHG emission savings as part of the CPMC LRDP, as follows:

- ~~*Diversion of cooling tower water from wastewater treatment:* The efficient design of the Cathedral Hill Hospital's cooling tower system would prevent approximately 98% of total cooling tower water from requiring wastewater treatment. The volume of cooling tower water requiring treatment was not available to quantify the GHG impacts of this feature.~~

The text in the Draft EIR, page 4.8-21, under Impact GH-1, has been revised as follows because it was incorrectly labeled to refer to the 1999 BAAQMD Guidelines versus the State CEQA Guidelines, although it was described correctly in the Draft EIR text:

IMPACT GH-1 Direct and indirect CPMC LRDP-generated GHG emissions would not have a significant impact on the environment, nor would they conflict with an applicable plan, policy or regulation adopted for the purpose of reducing GHG emissions (State CEQA ~~1999 BAAQMD~~ Guidelines, Appendix G). (Significance Criteria 8a and 8b).

The text in the Draft EIR, pages 4.8-31 and 4.8-32, under Impact GH-3, has been revised as follows, following MEA's approval of the CPMC LRDP GHG Compliance Checklist:

IMPACT GH-3 Direct and indirect CPMC 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~~2010 BAAQMD Guidelines). (Significance Criteria 8a and 8b)"

Levels of significance:

Cathedral Hill: Significant and unavoidable
Pacific: Significant and unavoidable
Davies (near term and long term): Significant and unavoidable
St. Luke's: Significant and unavoidable

Near-Term Projects and Long-Term Projects

All Campuses Except California Campus

As described previously, the proposed LRDP would be required to comply with San Francisco's GHG Reduction Strategy, which would reduce operational GHG emissions. Given that the City's GHG Reduction Strategy adopts numerous GHG reduction strategies recommended in the *Climate Change Scoping Plan*; that it includes binding, enforceable measures to be applied to development projects; and that the strategy has produced measurable reductions in GHG emissions, the proposed LRDP would be consistent with state and local GHG reduction strategies. In addition, the proposed LRDP would not conflict with any plans, policies, or regulations adopted for the purpose of reducing GHG emissions.

The BAAQMD has identified the following three alternative thresholds for determining whether a project's GHG emissions are significant:

1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or
2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalents ($MTCO_2e$); or
3) Whether a project's GHG emissions exceed 4.6 $MTCO_2e$ per service population.

A lead agency may choose the threshold against which to analyze a project in order to determine the significance of a project's GHG emission impacts; however, BAAQMD encourages lead agencies to prepare a Qualified GHG Reduction Strategy and then to use Threshold #1, above, as the standard of significance for GHG emissions.[43] Thus, on August 12, 2010, the San Francisco Planning Department submitted a draft of the *City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions* to BAAQMD. This document presents a comprehensive assessment of policies, programs, and ordinances that collectively represent San Francisco's Qualified GHG Reduction Strategy. The BAAQMD reviewed San Francisco's GHG reduction strategy and concluded that the strategy meets the criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's 2010 CEQA Guidelines.[44] Therefore, projects that are determined to be consistent with San Francisco's GHG reduction strategy would result in a less-than-significant GHG emissions impact.

As shown in Table 4.8-2, the proposed LRDP's net operational GHG emissions would be approximately 22,503 $MTCO_2e$/yr, which exceeds BAAQMD's recently adopted second alternative GHG emissions threshold of 1,100 $MTCO_2e$/yr. In addition, a net increase in SP of nearly 3,819 full-time or full-time equivalent employees (i.e., the average number of employees and volunteers on a given work day) would result in a GHG-efficiency value of 5.9 $MTCO_2e$/SP/yr. Therefore, the proposed LRDP would exceed BAAQMD's recently adopted third alternative GHG emissions threshold of 4.6 $MTCO_2e$/SP/yr for project-level analysis.

As noted in this section, several sustainability attributes that would serve to reduce GHGs were not accounted for in the calculation of operational GHG emissions, because of the unavailability of sufficient methodologies to accurately account for associated GHG emission reductions. In order to facilitate a determination of project compliance with San Francisco's GHG reduction strategy, in November 2010 the San Francisco Planning Department Environmental Planning division released a Greenhouse Gas Analysis Compliance Checklist that is required to be completed for each proposed project. Thus, a checklist breaking down LRDP compliance by building for near-term projects has been completed. Based on the CPMC LRDP GHG Compliance Checklist, on December 14, 2010 Environmental Planning determined that the proposed CPMC LRDP would be in compliance with the City's Qualified GHG Reduction Strategy (see CPMC LRDP GHG Compliance Checklist included as C&R Appendix D).[45] Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. ~~The proposed LRDP would be above BAAQMD's recently adopted GHG efficiency criterion of 4.6 $MTCO_2e$/SP/yr for project-level analysis.~~ However, the Planning Department has determined that because the significance conclusion in the CPMC LRDP Draft EIR regarding operational greenhouse gas emissions was made prior to a determination of equivalency with a qualified GHG reduction strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (which the Planning Department determined applied), the proposed LRDP should conservatively be considered to result in a significant and unavoidable impact, despite the determination that the proposed LRDP would be consistent with the BAAQMD-approved GHG Reduction Strategy. Therefore, **this impact would be significant and unavoidable**.

~~Although this proposed LRDP exceeds the efficiency metric of 4.6 $MTCO_2e$/SP/yr, additional factors were considered. First, it was not clear whether the BAAQMD efficiency metric applies to facilities such as hotels and hospitals, whose large numbers of visitors are not included in the service population (which includes employees and residents only). Second, as noted in this section, 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.~~

~~It 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.**~~

43 Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, ap p. 4-7 and Appendix D: Threshold of Significance Justification, at p. D-24. Available: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/Draft_BAAQMD_CEQA_Guidelines_June_2010_Final.ashx.

44 Bay Area Air Quality Management District. 2010 (October 28). GHG Reduction Strategy Approval Letter from Jean Roggenkamp, Deputy Air Pollution Control Officer, to Bill Wycko, Environmental Review Officer at San Francisco Planning Department. Available at: http://www.sf-planning.org/index.aspx?page=1570.

45 San Francisco Planning Department. 2010 (December 14). California Pacific Medical Center Long Range Development Plan Greenhouse Gas Compliance Checklist Approval by Jessica Range, Environmental Planner.

4.1.12 RECREATION (CHAPTER 4.10)

The text in the Draft EIR, page 4.10-42, last sentence of the first paragraph and first sentence in the second paragraph, have been revised as follows to accurately reflect the outdoor courtyard at the Cathedral Hill Hospital would be a private space:

The near-term projects under the LRDP include the addition of privately owned, publicly accessible open space at the proposed ~~Cathedral Hill,~~ Davies~~,~~ and St. Luke's Campuses.

A privately owned~~, publicly accessible~~ outdoor courtyard (approximately 6,600 sq. ft.) would be located on the podium component of the Cathedral Hill Hospital, with access from Level 5 (Figure 2-21, "Cathedral Hill Hospital—Level 5," page 2-81).

4.1.13 UTILITIES AND SERVICE SYSTEMS (CHAPTER 4.12)

The text in the Draft EIR, page 4.12-19, following the San Francisco Mandatory Recycling and Composting Ordinance No. 100-09 paragraph, has been revised with the addition as follows to reflect adoption into law:

Commercial Water Conservation Ordinance No. 77-09

Effective July 1, 2009, the City of San Francisco passed the Commercial Water Conservation Ordinance (No. 77-09) updating building code guidelines to retrofit all commercial properties with water-efficient plumbing fixtures. Commercial properties must be retrofitted when undergoing certain tenant improvements, but not later than January, 1 2017. The new ordinances are expected to save San Francisco up to 4 million gallons a day by 2017. The new conservation ordinances establish the following guidelines for commercial properties:

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

Compliance with San Francisco's water conservation ordinances must be completed through the San Francisco Department of Building Inspection (DBI).

Proposed Water Efficient Irrigation Ordinance

The San Francisco Public Utilities Commission (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.

The text in the Draft EIR, page 4.12-21, last two sentences in the first complete paragraph, has been revised as follows to reflect adoption into law:

The San Francisco Board of Supervisors adopted the *San Francisco Stormwater Design Guidelines* in the form of the San Francisco Stormwater Management Ordinance on April 6, 2010, and adopted into law May 22, 2010.[44] ~~Adoption and~~ Implementation of this ordinance will improve San Francisco's environment by reducing pollution in stormwater runoff in areas of new development and redevelopment.

SFPUC staff members are currently developing additional guidance for achieving LEED® SS Credit 6.1 in combined sewer areas.

The text in the Draft EIR, page 4.12-21, above the heading "San Francisco Electricity Resource Plan," has been revised with the addition as follows:

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, a project will meet the requirements of the Stormwater Management Ordinance for all project sites located in the combined sewer system areas.

4.1.14 HAZARDS AND HAZARDOUS MATERIALS (CHAPTER 4.16)

The text in the Draft EIR, pages 4.16-4 through 4.16-6, under Section 4.16.1, "Environmental Setting," has been revised as follows to clarify the difference between recognized environmental conditions (RECs) and potential environmental conditions:

1062 Geary Street

Although the Phase I ESA identified no RECs associated with past or current uses of this building, the past site operations as an auto repair business and the possible presence of earthquake fill indicate potential environmental ~~concerns~~ conditions.

1054–1060 Geary Street

The Phase I ESA did not identify any RECs or potential ~~RECs~~ environmental conditions associated with past or current uses of the building.

1034–1036 Geary Street

The Phase I ESA for this property did not identify any RECs or potential ~~RECs~~ environmental conditions associated with the former or current uses of the property.

The text in the Draft EIR, pages 4.16-9 and 4.16-10, under Section 4.16.1, "Environmental Setting," has been revised as follows to clarify the difference between recognized environmental conditions (RECs) and potential environmental conditions:

2200 Webster Street

Although no RECs were identified during the Phase I ESA, the two hydraulic elevators and demolished residential structures represent potential ~~RECs~~ environmental conditions.

2340–2360 Clay Street

Although no RECs were identified during the Phase I ESA, the demolished residential structures represent a potential ~~RECs~~ environmental condition.

The text in the Draft EIR, pages 4.16-11 and 4.16-12, under Section 4.16.1, "Environmental Setting," has been revised as follows to clarify the difference between recognized environmental conditions (RECs) and potential environmental conditions:

2405 Clay Street

Although no significant RECs were identified during the ESA, the former laundry facility, carpentry and machine shop, and demolished residential structures represent potential ~~RECs~~ environmental conditions.

The text in the Draft EIR, pages 4.16-12 and 4.16-13, under Section 4.16.1, "Environmental Setting," has been revised as follows to clarify the difference between recognized environmental conditions (RECs) and potential environmental conditions:

2323 Sacramento Street

Although no RECs were identified during the Phase I ESA, the two hydraulic elevators and demolished residential structures represent potential ~~RECs~~ environmental conditions.

The text in the Draft EIR, pages 4.16-14 and 4.16-15, has been revised as follows to describe the conditions at the off-site cleaner site:

3773 Sacramento Street

The Phase I ESA for 3773 Sacramento Street (an existing parking garage constructed in 1971) found no significant indications of releases of hazardous materials or petroleum products at the site and no evidence of possible past releases.[58] The parcel was previously occupied by mixed residential and commercial buildings and Art~~s and~~ Craft~~s~~ Cleaners. Cleaners typically use hazardous materials in the form of chlorinated solvents, which would have affected the soil and groundwater beneath the parcel during a spill or release; however, it is unknown if this cleaner performed dry cleaning on-site, or if there were releases of hazardous materials into the environment. The former presence of this establishment does not represent a material threat of release of hazardous materials and is not a recognized environmental condition, because the site has been substantially excavated and redeveloped since the former dry cleaning use existed on-site. ~~Accordingly, t~~ The Phase I ESA included sampling and analysis of an existing groundwater monitoring well on the parcel. Sampling results revealed VOC concentrations in the groundwater, which were judged unlikely to have been the result of releases from Art Craft Cleaners; ~~however~~ in addition, the levels were well below primary drinking water standards and do not represent an REC. Accordingly, it was determined that soil sampling was not required.[59]

A French Laundry & Cleaners is located uphill and approximately 100 feet east of the site. The French Laundry & Cleaners is cross-gradient with respect to groundwater flow at the 3773 Sacramento Street site and, therefore, does not represent a material threat of a release and is not an REC. French Laundry & Cleaners, however, was identified as a possible off-site source of contamination in the Phase I ESA completed for the Marshall Hale Hospital at 3698 California Street.[60] A limited Phase II ESA was performed to evaluate this potential environmental condition and indicated that the Marshall Hale Hospital site also has not likely been impacted by the French Laundry & Cleaners.

[60] California Pacific Medical Center. 2008 (February 8). Phase I/Phase II Environmental Site Assessment (Updated and Revised), Marshall Hale Hospital, 3698 California Street, San Francisco, California. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

The text in the Draft EIR, page 4.16-16, under Section 4.16.1, "Environmental Setting," has been revised as follows to clarify the difference between recognized environmental conditions (RECs) and potential environmental conditions:

> Off-Site Uses
>
> Past activities at the cleaners may have involved processing cleaning solvent, which represents a potential ~~REC~~ environmental condition.

The text in the Draft EIR, page 4.16-43, under Impact HZ-1, has been revised as follows to clarify the difference between recognized environmental conditions (RECs) and potential environmental conditions:

> The ESAs recommended that the ECPs identify known RECs and potential ~~RECs~~ environmental conditions at the campuses, including contaminated soils and groundwater, and:

The text in the Draft EIR, page 4.16-44, under Impact HZ-1, has been revised as follows to clarify the difference between recognized environmental conditions (RECs) and potential environmental conditions:

> The ESAs recommended that the ECPs identify known RECs and potential ~~RECs~~ environmental conditions at the campuses, including USTs, and provide instruction on their removal.

The text in the Draft EIR, page 4.16-58, under Impact HZ-3 in the first bullet, has been revised as follows to include a listing for the Montessori House of Children School (1187 Franklin Street):

- Cathedral Hill Campus: Sacred Heart Cathedral Prep (1055 Ellis Street), Stewart Hall High School (1715 Octavia Street), Redding Elementary School (1421 Pine Street), Alemany College (750 Eddy Street), ~~and~~ Academy of Arts College (1561 Pine Street), and Montessori House of Children School (1187 Franklin Street).

4.1.15 MINERALS ENERGY (CHAPTER 4.17)

The text in the Draft EIR, page 4.17-7, under Impact ME-2 in the second to the last sentence in the paragraph, has been revised as follows to clarify CPMCs commitment to LEED® certification at the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital:

> Although the proposed hospitals at the Cathedral Hill and St. Luke's Campuses would not be subject to the Green Building Ordinance, CPMC ~~intends to~~ would attain LEED® ~~certification~~ Certified status for the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital.

The text in the Draft EIR, page 4.17-8, the bulleted list under Impact ME-2, has been revised as follows regarding implementation of energy efficiency elements:

> In addition, CPMC ~~intends to~~ would implement ~~the following~~ elements of energy efficiency into the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital by optimizing energy performance of the facilities.~~:~~
>
> ~~- optimizing energy performance,~~

- ~~using on-site renewable energy,~~
- ~~enhancing commissioning,~~
- ~~enhancing refrigerant management,~~
- ~~using green power, and~~
- ~~devising and implementing overall measurement and verification methods, as well as measurement and verification methods for the base building and for tenant submetering.~~

4.2 STAFF-INITIATED TEXT CHANGES

4.2.1 EXECUTIVE SUMMARY

Conforming changes to the Summary Chapter related to text, impact determination, and mitigation measure revisions are noted throughout Chapter 4 under the appropriate environmental impact sections.

The text in the Draft EIR, page S-4, first paragraph, has been amended to reflect a clarification regarding the proper methodology used to measure the maximum diagonal dimension of the Cathedral Hill Hospital for purposeds of Planning Code bulk limit restrictions (however, there have been no changes to the physical design of the building):

> The diagonal measurement would be 405 feet for the tower floors and ~~475~~466 feet for the podium. Because of its architectural design, different portions of the hospital building would have varying heights on the project block.

The text in the Draft EIR, page S-11, last two sentences in the first paragraph, has been revised as follows to correct how the parking spaces are referred to at the Pacific Campus:

> A total of 715 new structured and surface parking spaces (Webster Street/Sacramento Street Underground Parking Garage and North-of-Clay Aboveground Parking Garage combined, 688 spaces; Buchanan Street surface parking lot, 27 spaces)[1] would be ~~provided~~ added at the Pacific Campus by the year 2020. ~~This~~These changes would bring the parking total at the Pacific Campus to 1,587 spaces by 2020, 648 ~~more~~ parking spaces more than under existing conditions.

The text in the Draft EIR, page S-16, first sentence, has been revised to update the square footage at the St. Luke's Replacement Hospital, as follows:

> The CPMC LRDP would result in the construction of the five-story, 99-foot-tall, approximately 154,800-~~145,000~~-sq.-ft., seismically compliant St. Luke's Replacement Hospital, adjacent to and west of the existing St. Luke's Hospital tower.

[1] The existing Clay Street/Webster Street Parking Garage and the other surface parking spaces that would be retained at 2300 California Street (41 spaces) would not change.

The text in the Draft EIR, page S-17, the first paragraph after the bullet points, has been revised to update the square footage at the St. Luke's Replacement Hospital, as follows:

> Once completed, the approximately 154,800 ~~145,000~~-sq.-ft. replacement hospital would contain a total of 80 licensed beds and would provide acute-care (approximately ~~76,800~~65,200 sq. ft.), diagnostic and treatment facilities (~~17,500~~18,700 sq. ft.), and an Emergency Department (~~12,000~~11,500 sq. ft.), including two critical-care bays, 6 standard bays, and 4 fast-track bays, including a triage room. Other uses would include hospital administration (approximately ~~2,000~~ 3,200 sq. ft.), cafeteria (1,800 sq. ft.), support facilities (~~14,000~~ 15,900 sq. ft.), lobby (~~2,500~~ 6,300 sq. ft.), education/conference (1,000 sq. ft.) and loading area (~~1,000~~ 8,500 sq. ft.). In addition, the St. Luke's Replacement Hospital would have about 3,000 sq. ft. of utility plant space and about ~~14,400~~19,800 sq. ft. of building infrastructure (e.g., shafts, elevators, and stairways), distributed among all the building levels.

The text in the Draft EIR, Table S-2, pages S-65 and S-66, have been revised to clarify updated air quality impact determinations, as follows:

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Table S-2
Summary of CPMC LRDP Impacts and Mitigation Measures

Impact(s)[2]	Proposed LRDP Level of Significance								Mitigation Measure(s)	Level of Significance after Mitigation Measure(s)							
	CH	CH w/ variants	Pac (long-term)	Cal	Dav	Dav (long-term)	StL	StL w/ variants		CH	CH w/ variants	Pac (long-term)	Cal	Dav	Dav (long-term)	StL	StL w/ variants
4.7: Air Quality																	
Impact AQ-2: Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants (1999 BAAQMD Guidelines).	SU	SU	LTS		LTS	LTS	LTS	LTS	**M-AQ-N2 (Cathedral Hill Campus)**: 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: Implement Accelerated Emission Control Device Installation on Construction Equipment. 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 NO_X control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.	~~SU/M~~ LTS/ M	~~SU/M~~ LTS/M	LTS		LTS	LTS	LTS	LTS
Impact AQ-9: Near-term and long-term construction activities associated with the LRDP would exceed the recently adopted (6/2/10) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.	SU	SU	SU		SU	SU	SU	SU	**M-AQ-N9 (Cathedral Hill, Davies[near-term], St. Luke's)** This mitigation measure is identical to Mitigation Measure M-AQ-N1a for Impact AQ-1 and M-AQ-N2 for Impact AQ-2. **M-AQ-L9 (Pacific and Davies [long-term])** This mitigation measure is identical to Mitigation Measure M-AQ-N9.	SU/M	SU/M	~~SU/M~~ LTS/ M		~~SU/M~~ LTS/ M	SU/M	SU/M	SU/M
Impact AQ-10: Construction activities associated with the LRDP would result in short-term increases in emissions of diesel particulate matter that exceed the recently adopted (6/2/10) BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and PM2.5.	SU	SU	SU		SU	SU	SU	SU	**M-AQ-N10a (Cathedral Hill Campus)** This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2. **M-AQ-N10b (Davies Campus [near-term])** This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2. **M-AQ-N10c (St. Luke's Campus)** This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2. **M-AQ-L10 (Pacific Campus)** This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2. **M-AQ-L10 (Davies Campus [long-term])** This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2.	SU/M	SU/M	~~SU/M~~ LTS/ M		SU/M	~~SU/M~~L TS/M	SU/M	SU/M

[2] *Campuses*: CH = Cathedral Hill; Pac = Pacific; Cal = California; Dav = Davies; StL = St. Luke's. *Levels of Significance:* LTS = Less than Significant; LTSM = Less than Significant with Mitigation; PS = Potentially Significant; PSU = Potentially Significant and Unavoidable; PSU/M = Potentially Significant and Unavoidable after Mitigation; SU = Significant and Unavoidable Impact; NI = No Impact; SI = Significant Impact; SU/M = Significant and Unavoidable Impact after Mitigation. Please note that the grey area indicates that section is not applicable.

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4.2.2 INTRODUCTION AND BACKGROUND (CHAPTER 1)

The text in the Draft EIR, page 1-3, first sentence in the first paragraph, has been revised as follows to correct a typographical error:

> This EIR has been prepared in conformance with the provisions of CEQA and the State CEQA Guidelines (California Public Resources Code, Section 21000 et seq., and California Code of Regulations Title 14, Section 15000 et seq.), as amended.

The text in the Draft EIR, page 1-11, first and second sentences in the second paragraph, has been revised as follows to reflect the extension of the public review and comment period:

> This DEIR will be circulated for public review and comment for ~~60~~ 90 days. During this period, written comments concerning the accuracy and adequacy of the DEIR will be accepted and a public hearing will be held before the Planning Commission to receive oral comments.

4.2.3 PROJECT DESCRIPTION (CHAPTER 2)

The text in the Draft EIR, page 2-9, last paragraph, has been revised as follows to show the updated bed count totals under both existing conditions and the proposed CPMC LRDP:

> Operational beds refer to beds that are licensed, set up, and staffed or in use. As shown in Table 2-2, "CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses" (page 2-10), the Cathedral Hill Hospital is proposed to have 555 acute-care licensed beds. Existing licensed beds from the Pacific and California Campuses would be transferred to the Cathedral Hill Hospital by 2015, thus leaving the Pacific and California Campuses with no acute-care licensed or operational beds (18 psychiatric beds would remain at the Pacific Campus and CPMC has committed to continue to maintain the existing 101 licensed skilled beds at the California Campuses as needed until CPMC is successful in opening 62 replacement beds/facilities, consistent with its overall 100-bed skilled nursing commitment). At the Davies Campus, 32 licensed acute care beds in the South Tower would be de-licensed in 2013 as required under SB 1953, and all currently licensed semi-private rooms in the North Tower would be converted to private, single-patient rooms, resulting in a total reduction of 83 acute care licensed beds, from 232 licensed beds (145 acute care, 48 rehabilitation, and 38 skilled nursing) under existing conditions to 149 licensed beds (63 acute care, 48 rehabilitation, and 38 skilled nursing) under the LRDP. The number of licensed beds at the St. Luke's Campus would be reduced by 149 (70 acute-care and 79 skilled nursing), from 229 licensed beds (150 acute-care and 79 skilled nursing) under existing conditions to 80 licensed beds under the LRDP. CPMC intends to operate all 80 beds at the St. Luke's Campus. Overall, licensed beds on all five CPMC campuses in San Francisco would decrease by approximately ~~178~~271 beds with LRDP development, from approximately ~~1,032~~ 1,174 licensed beds under existing conditions to ~~854~~903 licensed beds under the LRDP.

Table 2-2 in the Draft EIR, page 2-10, has been revised to show the updated bed count totals under both existing conditions and the proposed CPMC LRDP:

Table 2-2 (Revised)
CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses

Bed Type	Existing Licensed Beds					LRDP Licensed Beds
	2006	2007	2008	2009	2010	
Cathedral Hill Campus						
Acute-care	0	0	0	0	0	555
Rehabilitation	0	0	0	0	0	0
Psychiatric	0	0	0	0	0	0
Skilled nursing	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**555**
Pacific Campus						
Acute-care	295	295	295	295	295	0
Rehabilitation	0	0	0	0	0	0
Psychiatric	18	18	18	18	18	18
Skilled nursing	0	0	0	0	0	0
TOTAL	**313**	**313**	**313**	**313**	**313**	**18**
California Campus						
Acute-care	319	299	299	299	299	0
Rehabilitation	0	0	0	0	0	0
Psychiatric	0	0	0	0	0	0
Skilled nursing	101	101	101	101	~~0~~101[1]	~~0~~101[1]
TOTAL	**420**	**400**	**400**	**400**	~~299~~**400**	**~~0~~101**
Davies Campus						
Acute-care	219	219	219	~~**115**~~146[2]	~~**115**~~146[2]	~~**115**~~63[3]
Rehabilitation	32	32	32	48	48	48
Psychiatric	22	22	22	0	0	0
Skilled nursing	38	38	38	38	38	38
TOTAL	**311**	**311**	**311**	**~~201~~232**	**~~201~~232**	**~~201~~149**
St. Luke's Campus						
Acute-care	150	150	150	150	150	80
Rehabilitation	0	0	0	0	0	0
Psychiatric	0	0	0	0	0	0
Skilled nursing	79	79	79	79	79	0
TOTAL	**229**	**229**	**229**	**229**	**229**	**80**
All Campus Total						
Acute-care	983	963	963	~~849~~890	~~849~~890	~~750~~698
Rehabilitation	32	32	32	48	48	48
Psychiatric	40	40	40	18	18	18
Skilled nursing	218	218	218	218	~~117~~218	~~38~~139
TOTAL	**1,273**	**1,253**	**1,253**	**~~1,133~~1,174**	**~~1,032~~1,174**	**~~854~~903**

Notes:
[1] Bed count number changed from 0 to 101 because 3698 California Street (former Marshall Hale Hospital) SNF beds to stay licensed until such time as an alternative location for these beds are identified at an existing or proposed CPMC facility.
[2] Bed count number changed from 115 to 146 because 32 beds in the Davies Hospital South Tower, originally assumed to be de-licensed in 2009, were not de-licensed. Original number of 115 beds reflected math error of 1 bed. Therefore, 114 beds added to the 32 beds equals 146 beds. The 32 Davies Hospital South Tower beds must be de-licensed in 2013, per Senate Bill 1953.
[3] Bed number changed from 115 to 63 because: CPMC plans to run all semi private rooms as private rooms (at this point all beds in CPMC system will be single-patient).
Sources: Data provided by CPMC and compiled by AECOM in ~~2010~~2011.

Table 2-3, "Required Project Approvals," beginning on page 2-13 of the Draft EIR and Table S-1, beginning on page S-23 of the Draft EIR, have been revised as follows to reflect updates to required project permits:

Table 2-3
Required Project Approvals

Project Element	Relevant Entitlement Code Sections		Current Code Restriction/ Requirement	Approval(s) Required (Approval Body in *Italics*)
Cathedral Hill Campus				
Cathedral Hill Campus (all)	General Plan Amendment to Urban Design Element	General Plan Urban Design Element ~~VNAP~~, Map 4, ~~(Urban Design Element),~~ Height Map	Permitted height is 161–240 feet.	Amendment to allow for development of the hospital up to 265 feet in height in the block bounded by Post Street, Van Ness Avenue, Geary Boulevard, and Franklin Street. ~~(Urban Design Element).~~ *(Planning Commission and Board of Supervisors)*
		General Plan Urban Design Element, Map 5, Bulk	Permitted bulk for Cathedral Hill Hospital site is maximum plan dimension of 110 feet and maximum diagonal plan dimension of 140 feet. Permitted bulk for Cathedral Hill MOB stie is maximum plan dimension of 110 feet and maximum diagonal plan dimension of 125 feet.	Amendment to allow for development of the hospital up to a maximum plan dimension of 385 feet and maximum diagonal plan dimension of 466 feet on the block bounded by Post Street, Van Ness Avenue, Geary Boulevard,and Franklin Street, and to allow for development of the MOB up to a maximum plan dimension of 265 feet and maximum diagonal plan dimension of 290 feet at the Cathedral Hill MOB site. *(Planning Commission and Board of Supervisors)*
	General Plan Amendment ~~for~~ to *Van Ness Avenue Area Plan*	General Plan VNAP, Map 1 (Generalized Land Use and Density Plan)	7:1 FAR.	~~Creation of VNAP Subarea 4 for~~ Designate the Cathedral Hill Hospital and Cathedral Hill MOB sites between Geary Boulevard/Geary Street, Franklin Street, Post Street, and Polk Street ~~to specifically allow for medical institutional use,~~ as "The Van Ness Medical Use Subdistrict" and increase the ~~an~~ FAR ~~increase~~ to 9:1 for the site of the Cathedral Hill Hospital, and to 7.5:1 for the site of the Cathedral Hill MOB. ~~Planning Department and Planning Commission discretion to allow exceptions to certain development standards~~. *(Planning Commission and Board of Supervisors)*
		VNAP text amendments		The VNAP's Objectives and Policies would be amended to allow a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard. *(Planning Commission and Board of Supervisors)*
		General Plan VNAP, Map 2 (Height and Bulk Districts)	130-V Height/Bulk District.	~~Creation of VNAP Subarea 4 would m~~Modify the height and bulk map for the hospital block bounded by Post Street, Van Ness Avenue, Geary Boulevard, and Franklin Street to ~~allow for~~ create a 265-V Height/Bulk District. *(Planning Commission and Board of Supervisors)*
	General Plan Referral	Finding of General Plan consistency, as modified		Encroachment permits for the subsurface right-of-way for the proposed Van Ness Avenue pedestrian tunnel, subsurface

Table 2-3
Required Project Approvals

Project Element	Relevant Entitlement Code Sections		Current Code Restriction/ Requirement	Approval(s) Required (Approval Body in *Italics*)
				facilities in street right-of-way, sidewalk widening and lane reconfiguration. *(Planning Commission, Department of Public Works, Board of Supervisors, and Caltrans District 4)*
	Planning Code Text/ Map Change	Planning Code Sections: - Section 243: Van Ness SUD - Section 204.5: Non-Accessory Parking - Section 154(b): Off-street loading space requirement for MOB - Section 136: Building projections - Sections 270 and 271: Bulk standards - Section 145.1: Street Frontage	Allows hospital, medical center, or other medical institution with inpatient care and office uses~~- establish requirements for 64 spaces are required for the Cathedral Hill Hospital with a maximum of 96 spaces allowed as accessory parking (under the 150% maximum accessory parking per Planning Code and~~ Establish requirements for accessory parking, minimum MOB off-street loading space dimensions~~.~~, building projections, obstructions over streets and alleys, bulk standards, and street frontages.	Creation of the Van Ness Medical Use Subdistrict: proposed Planning Code Section 243(d), in which a medical center is a conditional use, ~~that would have specific building form bulk, off-street parking and loading, street frontage and parking setback requirements and signs based upon Planning Commission conditions of approval rather the code standards. The proposed subdistrict (or the CU authorization described below) may modify residential requirements applicable to nonresidential development, i~~Increase the allowable FAR to 9:1 for the hospital and 7.5:1 for the MOB, and provide exceptions to otherwise applicable requirements related to ~~signs,~~ off-street parking and loading, building projection, street frontage, and ~~parking setback~~ bulk requirements. *(Planning Commission and Board of Supervisors)*
Cathedral Hill Campus (all) (continued)	Planning Code Text/ Map Change	Zoning Map No. SU02; Planning Code Section 302	Van Ness SUD and RC-4 District apply.	Revision to Zoning Map SU02 to show the boundaries ~~for the creation~~ of the new Van Ness Medical Use Subdistrict, which would include the Cathedral Hill Hospital and Cathedral Hill MOB sites and the area of the Van Ness pedestrian tunnel. *(Planning Commission and Board of Supervisors)*
	Planning Code Authorizations	Planning Code Sections: - Section 243 amended: CU Sections 209.3 and 209.8: CU ~~- Section 303: CU~~ ~~- Section 204.5: Non-Accessory Parking~~ - Section 253.2: Over 40 feet in Van Ness SUD - Section 253: Over 40 feet in a residential district ~~- Sections 243(c)(8)(H) and~~	Finding of compliance of Cathedral Hill MOB with above text/code changes. 130-foot building in Van Ness SUD, 130-foot buildings in RC-4 Districts. Bulk limits for length and diagonal dimensions of 110 and 140 feet, respectively, apply to the hospital and MOB sites.	- CU authorization under Planning Code Section 304, for the proposed hospital and MOB as a conditional use medical center in an RC-4 zoning district and amended Van Ness Avenue SUD. ~~- CU authorization under Planning Code Section 157 to allow for parking in addition to what is allowed under accessory parking. 513 parking spaces are proposed under the hospital and 542 parking spaces under the MOB. (1,055 independently accessible parking spaces for the medical center).~~ - CU authorization to allow buildings over ~~40~~ 50 feet in the Van Ness SUD and a residential district.

Table 2-3
Required Project Approvals

Project Element	Relevant Entitlement Code Sections		Current Code Restriction/ Requirement	Approval(s) Required (Approval Body in *Italics*)
		~~154(b): Off street loading space requirement~~ - Section 243 (c)(9); Ground-level wind currents - -Section 270: Bulk limits: measurement - Section 145.1: Street Frontages - Section 243 (c) (8): Limitation of Nonresidential Uses - Sections 243 (c) (8) (E) and 317: Residential demolition		- CU authorization for demolition of five residential dwelling units - CU authorization for modification of standard for active ground floor uses and width of curb cuts. - CU authorization to allow modification of the bulk limits for length and diagonal dimensions to approximately 385 and ~~405~~466 feet, respectively, for the hospital and 265 and 295 feet, respectively, for the MOB. - ~~Possible~~ CU authorization to modify application of the 3:1 ratio of residential to non-residential development requirement within the Van Ness SUD. - CU authorization to allow for exception to ground-level wind current comfort level exceedance. *(Planning Commission)*
	Subdivision Code	Division 1, Article 7, map	Merging of multiple lots pursuant to the Subdivision Code.	Lot mergers on hospital and MOB sites. (*Department of Public Works*)
Cathedral Hill Hospital Only	Planning Code Text/ Map Change	Height/Bulk Map No. HT02; Planning Code Section 302	130-V Height/Bulk District apply.	Revision to Height/Bulk Map HT02 for height and bulk reclassification to 265-V for the hospital block bounded by Post Street, Van Ness Avenue, Geary Boulevard, and Franklin Street. *(Planning Commission and Board of Supervisors)*
Cathedral Hill MOB Only	Planning Code Authorizations	Planning Code Sections 321 and 322: Office Allocation; Planning Code Section 317: Loss of dwelling units through merger, loss, and conversion	Specific authorization required for office buildings 25,000 sq. ft. or more.	Proposition M—office allocation findings. *(Planning Commission);* The CU authorization would allow demolition of five residential dwelling units. *(Planning Commission)*
	Administrative Code	Residential Hotel Unit Conversion and Demolition Ordinance Chapter 41		Permit to convert and demolish the 20 residential hotel units at the proposed MOB site. *(Department of Building Inspection)*

Table 2-3
Required Project Approvals

Project Element	Relevant Entitlement Code Sections		Current Code Restriction/ Requirement	Approval(s) Required (Approval Body in *Italics*)
Cathedral Hill MOB Only (continued)				Approval for the conversion of Cedar Street from a one-way to a two-way street west of the Cathedral Hill MOB garage entrance. *(San Francisco Municipal Transportation Authority, Department of Public Works, and Board of Supervisors)*
Van Ness Avenue Pedestrian Tunnel				Encroachment permits (construction) and long-term lease or other agreement (long-term occupancy) for subsurface right-of-way for Van Ness Avenue pedestrian tunnel. *(Department of Public Works, Caltrans District 4, and Board of Supervisors)*
~~1375 Sutter Street MOB~~	~~Planning Code Authorizations~~	~~Planning Code Sections: - Section 303: CU - Section 150: Off street parking requirement - Section 159(c): required off street parking not on same lot~~	~~Under Planning Code Section 150, off street parking requirement is 279 parking spaces.~~	~~CU authorization required for excess parking at hospital to accommodate required parking at 1375 Sutter MOB. *(Planning Commission)*~~
~~**Pacific Campus**~~				
~~Pacific Campus (all)~~	~~Planning Code Text Amendment/ Planning Code Authorizations~~	~~Planning Code Sections: - Section 209.3(a), Medical Institutions in Residential Use Districts - Section 303: CU~~	~~Hospital, medical center, or other medical institution is permitted as a CU in a residential district if inpatient care is primary use.~~	~~Text amendment to Planning Code Section 209.3(a) to continue previously approved medical center use without inpatient care. *(Planning Commission and Board of Supervisors)*~~
~~**California Campus**~~				
~~California Campus (all)~~	~~Planning Code Text Amendment/ Planning Code Authorizations~~	~~Planning Code Sections: - Section 209.3(a): Medical Institutions in Residential Use Districts - Section 303: CU~~	~~Hospital, medical center, or other medical institution is permitted as a CU in a residential district if inpatient care is primary use.~~	~~Text amendment to Planning Code Section 209.3(a) to continue previously approved medical center use without inpatient care. *(Planning Commission and Board of Supervisors)*~~
Davies Campus[3]				
Neuroscience Institute	Planning Code Authorizations	Planning Code Sections: - Section 303: CU - Section 304: PUD	PUD required for addition of new medical building to previously approved PUD.	CU authorization to modify existing PUD and to allow for rear-yard exception ~~and exception from independently accessible off-street parking requirements to allow for valet parking~~. *(Planning Commission)*

[3] Future renovations and new construction part of the long-term LRDP program will require additional approvals at a later time and are not included in the description of near-term project approvals.

Table 2-3
Required Project Approvals

Project Element	Relevant Entitlement Code Sections		Current Code Restriction/ Requirement	Approval(s) Required (Approval Body in *Italics*)
St. Luke's Campus				
St. Luke's Replacement Hospital and MOB/ Expansion Building	General Plan Amendment	General Plan Urban Design Element, Map 4 (Height)	88 feet maximum height.	General Plan amendment to allow height to exceed 88 feet to 105 feet for the St. Luke's Replacement Hospital site (the area bounded by Cesar Chavez Street, the portion of San Jose Avenue proposed to be vacated between 27th Street and Cesar Chavez Street, 27th Street, and residential properties to the west) and 105 feet for the area bounded by Cesar Chavez Street, Valencia Street, and the portion of San Jose Avenue proposed to be vacated between 27th Street and Cesar Chavez Street. The proposed St. Luke's Replacement Hospital would be approximately 99 feet in height and the proposed MOB/Expansion Building would be approximately 100 feet in height. *(Planning Commission and Board of Supervisors)*
		General Plan Urban Design Element, Map 5, Bulk	Permitted bulk is maximum plan dimension of 110 feet and maximum diagonal plan dimension of 125 feet.	Amendment to allow for development of the hospital up to a maximum plan dimension of 227 feet and maximum diagonal plan dimension of 270 feet, and to allow for development of the MOB/Expansion Building up to maximum plan dimension of 204 feet and maximum diagonal plan dimension of 228 feet. *(Planning Commission and Board of Supervisors)*
	Street Vacation Transfer Agreement and General Plan Referral	California Streets and Highways Code Sections 8300-8363. Finding of General Plan consistency, as modified.		Vacation and acquisition of a portion of San Jose Avenue between 27th Street and Cesar Chavez Street. *(Department of Public Works, Planning Commission, Department of Public Works, Board of Supervisors)*
	Planning Code Map Change	Height and Bulk Map HT07	65-A and 105-E Height/Bulk District.	Height and bulk reclassification to 105-E for the St. Luke's Replacement Hospital site (the area bounded by Cesar Chavez Street, the portion of San Jose Avenue proposed to be vacated between 27th Street and Cesar Chavez Street, 27th Street, and residential properties to the west). *(Planning Commission and Board of Supervisors)*
	Planning Code Map Change	Special Use District Map SU07	1.8:1 FAR	Establish a new Cesar Chavez/Valencia Streets Medical Use Special Use District at the St. Luke's Campus, which would increase the maximum FAR for the St. Luke's Campus to 2.5:1.
	Planning Code Authorizations	Planning Code Sections: - Section 303: CU	~~1.8:1 FAR~~ - 25% rear-yard requirement	CU authorization to modify existing PUD to allow for medical uses in RH-2 District, ~~exceptions to FAR,~~ rear-yard

Table 2-3
Required Project Approvals

Project Element	Relevant Entitlement Code Sections		Current Code Restriction/ Requirement	Approval(s) Required (Approval Body in *Italics*)
		- Section 304: PUD - Sections 209.3(a), 123, 134, 136, 253, 270	- 65-A and 105-E Height/Bulk Districts	requirements, restriction on projections extending over a street or alley, and height and bulk restrictions for buildings over 40 feet in RH-2 District. The CU authorization would allow an exception to off-site parking requirements, as the proposed St. Luke's Replacement Hospital and MOB/Expansion Building would provide a total of 450 spaces, where 559 spaces are required by the Planning Code. ~~An exemption from on-site independently accessible off-street parking would be sought to allow valet and off-site parking to serve the St. Luke's Campus.~~ *(Planning Commission)*
St. Luke's Replacement Hospital and MOB/ Expansion Building (continued)	Subdivision Code	Division 1, Article 7, Section 1356—Final Map	Merging of multiple lots pursuant to the Subdivision Code.	Lot merger for existing surface parking lot, part of San Jose Avenue, and existing campus. (*Department of Public Works*)[4]
St. Luke's MOB/ Expansion Building Only	Planning Code Authorizations	Planning Code Sections 321 and 322: Office Allocation	Specific authorization required for office buildings 25,000 sq. ft. or more.	Proposition M—office allocation findings. *(Planning Commission)*

Notes: Caltrans = California Department of Transportation; CU = conditional use; FAR = floor area ratio; General Plan = *San Francisco General Plan*; MOB = Medical Office Building; PUD = planned unit development; sq. ft. = square feet; SUD = Special Use District; VNAP = *Van Ness Avenue Area Plan*
Source: Data compiled by AECOM in 2009

[4] Lot merger requires only priority policies application.

The text in the Draft EIR, page 2-21, Table 2-5 "Cathedral Hill Campus: Project Summary Table", has been revised to add a footnote clarifying the building height shown for 1100 Van Ness, as follows:

> [4] The existing 1100 Van Ness building is approximately 40 feet tall, not including an approximately 18 foot-tall mechanical penthouse.

The text in the Draft EIR, page 2-27, second paragraph, third sentence, has been amended to reflect a clarification regarding the proper methodology used to measure the maximum diagonal dimension of the Cathedral Hill Hospital for purposeds of Planning Code bulk limit restrictions (however, there have been no changes to the physical design of the building):

> The proposed hospital's building length and diagonal dimensions respectively would be approximately 385 and 405 feet for the tower floors and 385 and ~~475~~466 feet for the podium floor (50 feet above ~~Van Ness Avenue~~Franklin Street). Because of its architectural design, different portions of the hospital building would have varying heights on the project block.

The text in the Draft EIR, page 2-44 under "**Van Ness Avenue Area Plan *Map 1, "Generalized Land Use and Density Plan***" has been revised to clarify FAR (floor-to-area ratio), as follows:

> Map 1 of the VNAP would be revised to designate the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict ~~create a new subarea within the VNAP area (Subarea 4) along Van Ness Avenue between Geary Boulevard./Geary Street, Franklin Street, Post Street, and Polk Street~~ (see "Van Ness Area Plan, Map 1" in Appendix C)~~.~~ ~~The VNAP would be revised to designate the new Subarea 4 (comprising the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB) as appropriate for medical institution/medical center use. Creation of this Subarea 4 would also~~ and to increase the current maximum FAR of 7:1 for the Cathedral Hill Hospital site to 9:1 and the current maximum FAR for the Cathedral Hill MOB site to 7.5:1. ~~would allow Planning Department and Planning Commission discretion for certain development standards.~~

The text in the Draft EIR, page 2-44 under "**Van Ness Avenue Area Plan *Map 2, "Height and Bulk Districts***" has been revised to clarify high and bulk limits, as follows:

> Under Map 2 of the VNAP,[5] as currently adopted, the proposed Cathedral Hill Hospital would exceed currently applicable height and bulk limits (maximum building height of 130 feet, maximum building length of 110 feet, and maximum diagonal dimension of 140 feet). ~~With the creation of VNAP Subarea 4, t~~The height and bulk district map for the block proposed for the Cathedral Hill Hospital (i.e., the block bounded by Post Street, Van Ness Avenue, Geary Boulevard, and Franklin Street) would be modified to a 265-V Height and Bulk District, which would allow a building of up to 265 feet tall~~Hospital~~ (see "Van Ness Area Plan Map 2" in Appendix C). The map amendment would not modify the basic bulk limit designation of V, but modification of the bulk limits for the Cathedral Hill Hospital and Cathedral Hill MOB would be sought under the CU application, as described below.

The following text has been added to the Draft EIR, on page 2-44 under the "**Van Ness Avenue Area Plan *Map 2, "Height and Bulk Districts***" discussion:

[5] Ibid., Map 2, "Height and Bulk Districts."

VNAP Text

The VNAP's Objectives and Policies would be amended to allow a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard.

The following text has been added to the Draft EIR, on page 2-44 just above the "**Van Ness Avenue Area Plan**" discussion:

General Plan Urban Design Element Map 5, "Urban Design Guidelines for Bulk of Buildings"

As specified in Map 5 in the Urban Design Element of the General Plan, the permitted bulk of buildings at the Cathedral Hill Hospital site is a maximum plan dimension and maximum diagonal plan dimension of 110 and 140 feet, respectively, and the permitted bulk of buildings at the Cathedral Hill MOB site is a maximum plan dimension and maximum diagonal plan dimension of 110 and 125 feet, respectively. An amendment to Map 5 of the Urban Design Element would allow for development of the proposed Cathedral Hill Hospital up to a maximum plan dimension and maximum diagonal plan dimension of 385 and 466 feet, respectively, on the block bounded by Post Street, Van Ness Avenue, Geary Boulevard, and Franklin Street, and development of the proposed Cathedral Hill MOB up to a maximum plan dimension and maximum diagonal plan dimension of 265 and 290 feet, respectively, on the Cathedral Hill MOB site.

The text in the Draft EIR, page 2-45 under "**Section 243: Van Ness Special Use District,"** has been revised to clarify FAR, as follows:

~~In order to implement the VNAP amendment to create the new VNAP Subarea 4 as described above, t~~The Van Ness SUD would be amended to include a new Van Ness Medical Use Subdistrict (VNMUSD) encompassing the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites, and the area where the proposed Van Ness Avenue pedestrian tunnel would be located (see "Van Ness Special Use District Zoning Map SU02" in Appendix C). This subdistrict would:

- ~~specifically permit a medical institution use (medical center) with a CU authorization;~~
- ~~potentially modify residential restrictions otherwise applicable to medical center development along Van Ness Avenue (unless modified by the CU authorization described below);~~
- increase the maximum floor are ratio (FAR) for the hospital site from 7:1 to 9:1 and for the Cathedral Hill MOB site from 7:1 to 7.5:1~~; and~~
- modify otherwise applicable off-street parking and~~, loading, parking setback,~~ bulk and street frontage~~, and signage~~ standards with a CU authorization; ~~for medical institutions to standards established on a case-specific basis with discretionary review by the Planning Commission.~~
- allow modification of otherwise applicable standards for building projection to allow for coverage of drop-off and entry areas;
- allow modification of otherwise applicable standards for obstructions over streets or alleys to allow architectural features to achieve appropriate articulation of building facades and to reduce pedestrian level wind currents; and
- allow modification of otherwise applicable loading standards for medical centers.

The text in the Draft EIR, page 2-46, under the Planning code Authorization Section 303: Conditional Use Authorization discussion, has been revised to clarify the CU authorization requirements for the Cathedral Hill Hospital and MOB sites, as follows:

> A CU authorization would be sought for the proposed Medical Center consisting of the Cathedral Hill Hospital and Cathedral Hill MOB (and Van Ness Avenue pedestrian tunnel) as conditionally permitted uses in the new VNMUSD, described above, and the RC-4 Zoning District.
>
> Subject to the Planning Code and map amendments described above, CU authorization would be sought for building height and bulk, ~~off-street parking and loading,~~ street frontage, and exceedance of ground-level wind comfort level~~exterior signs as shown on the plans submitted with the CU application~~; ~~potentially~~ for modification of residential requirements otherwise applicable within the Van Ness SUD; and for demolition of five residential dwelling units. More specifically, the CU authorization would include the following elements:

- **Medical Center Use.** Authorization of the Cathedral Hill Hospital and Cathedral Hill MOB as a conditional use medical center in the RC-4 district and Van Ness SUD.

- **Building Height.** CU authorization would be sought for the proposed heights of the Cathedral Hill Hospital and Cathedral Hill MOB, which would be 265 feet and 130 feet, respectively, as defined or measured by the Planning Code. In an RC-4 district and in the Van Ness SUD, buildings greater than ~~40~~ 50 feet, but within the applicable height limits (130 feet for the Cathedral Hill MOB under the existing 130-V Height and Bulk District and 265 feet for the Cathedral Hill Hospital, after the Height and Bulk amendment to the 265-V Height and Bulk District as described above) require CU authorization.

- **Floor Area Ratio.** ~~An i~~Increases in maximum FAR from 7:1 to 9:1 for the Cathedral Hill Hospital site and from 7:1 to 7.5:1 for the Cathedral Hill MOB also would be sought.

- **Building Bulk**. Bulk limits are applicable to sections of buildings above 40 feet in height; at 40 feet (taken at the corner of Geary Street and Van Ness Avenue). The Cathedral Hill Hospital and Cathedral Hill MOB would exceed the applicable bulk limits for building plan length and diagonal dimensions of 110 and 140 feet. An exception would be requested to allow the proposed hospital's building length and diagonal dimensions, which respectively are approximately 385 and 405 feet (tower floor) or 385 feet and ~~475~~466 feet (podium floor 50 feet above ~~Van Ness Avenue~~Franklin Street). An exception would also be requested to allow the proposed MOB's length of approximately 265 feet with a diagonal dimension of 295 feet.

- ~~**Off-Street Parking.** The Planning Code requires a minimum of 64 and allows up to 96 parking spaces as an accessory use for the Cathedral Hill Hospital. CPMC is proposing 513 parking spaces at the Cathedral Hill Hospital. The Planning Code requires a minimum of 669 and allows up to 1,004 parking spaces as an accessory use for the Cathedral Hill MOB. CPMC is proposing 542 parking spaces for the Cathedral Hill MOB, which would be 127 fewer parking spaces than required. CU authorization under Planning Code Section 157 would consider the Cathedral Hill Hospital and Cathedral Hill MOB as a medical center and requests approval of 513 parking spaces for the hospital and 542 under the MOB, a total of 1055 spaces. The CU authorization would allow these spaces as accessory parking for the medical center although the total number is greater than permitted under the normal accessory standards of the Planning Code. The existing Pacific Plaza Office Building (1375 Sutter Street) includes a 172-space parking garage. With the proposed conversion of office space in this building to exclusive use as an MOB, Planning Code Section 159(c) would require a total of 279 parking spaces for the medical office use. To meet Section 159(c) code requirements, 107 spaces would be provided off-site in the Cathedral Hill Hospital's parking garage.~~

- **Demolition of Residential Dwellings**. The CU authorization would allow demolition of five residential dwelling units (Planning Code Section 317 and Section 243 [c] [8] [E]) that currently occupy portions of the proposed Cathedral Hill MOB site. Demolition of an additional 20 residential hotel units requires a separate application to the San Francisco Department of Building Inspection for a permit to convert, discussed below.

- **Modification of Residential Restrictions.** Planning Code Section 243(c)(8) generally requires development projects within the Van Ness SUD to include residential uses at a 3:1 ratio to net new nonresidential uses. ~~Unless modified by the Planning Code text amendments creating the new VNMUSD within the Van Ness SUD as described above, t~~The CU authorization would modify these requirements for medical center uses within the VNMUSD.

- **Exception for Wind Comfort Level Exceedances.** The CU authorization would allow an exception for ground level wind currents to exceed pedestrian wind current comfort level criteria of 11 miles per hour applicable within the Van Ness SUD.

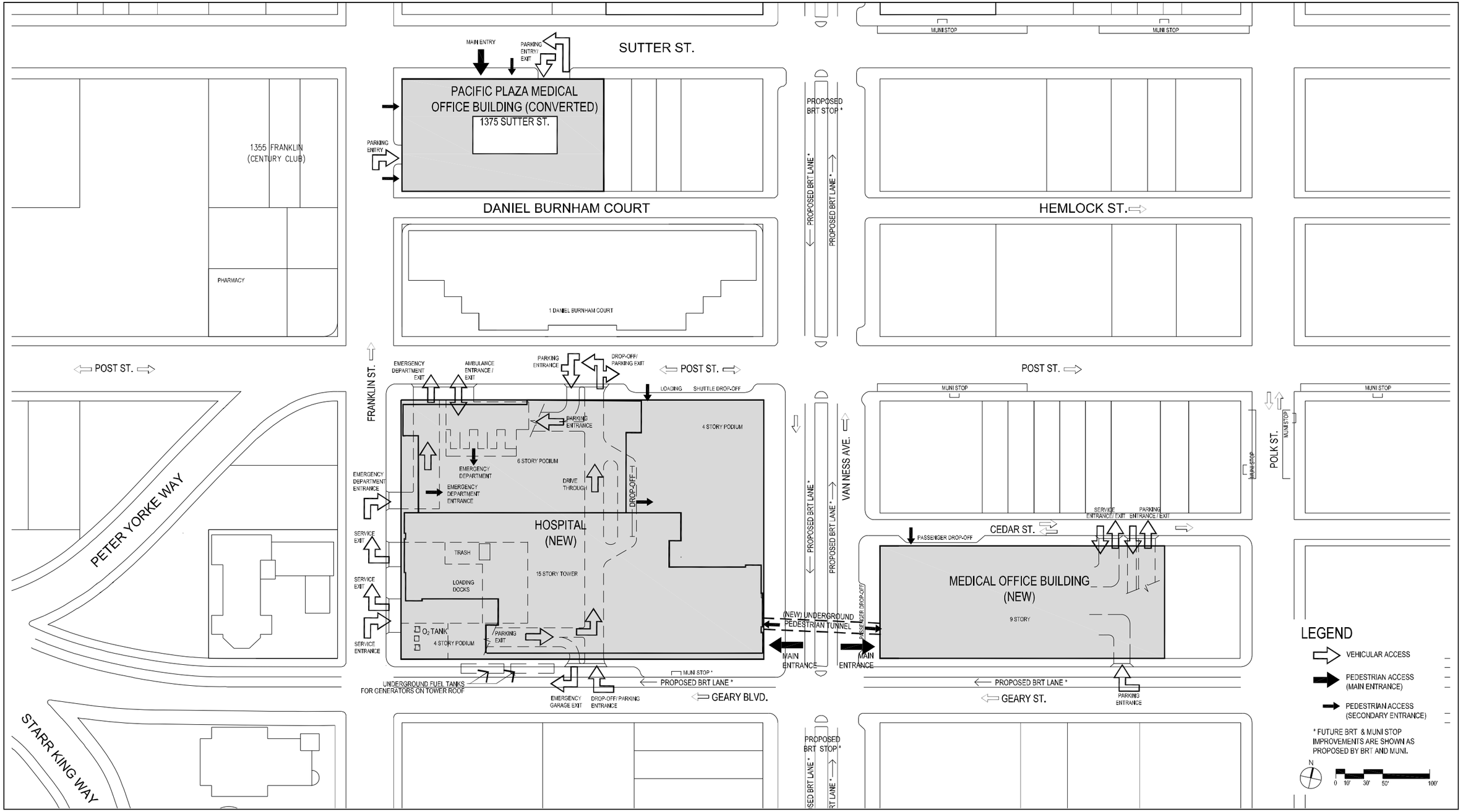
- **Street Frontage.** The CU authorization would allow modification of standards for active ground floor uses and width of curb cuts that otherwise would apply pursuant to Planning Code Section 145.1.

Figure 2-5, "Cathedral Hill Hospital-Two-Way Post Variant" in the Draft EIR, page 2-55, has been revised to correctly depict the portion of Post Street that would be converted to two-way traffic:

Figure 2-18, "Cathedral Hill Hospital-Level 2" in the Draft EIR, page 2-75, has been revised to correct an error regarding garage egress as follows:

Figure 2-37, "Cathedral Hill Campus – Proposed Streetscape Plan" in the Draft EIR, page 2-101, has been updated.

Table 2-7b, "Pacific Campus: Project Summary Table," in the Draft EIR, page 2-109, has been revised to show updated building heights and methodology for measurement at the 2333 Buchanan Street – ACC, the ACC Addition, and the North-of-Clay Parking Garage, as follows:



Source: SmithGroup/Boulder Associates 2010

Cathedral Hill Hospital-Two-Way Post Variant **Figure 2-5 (Revised)**

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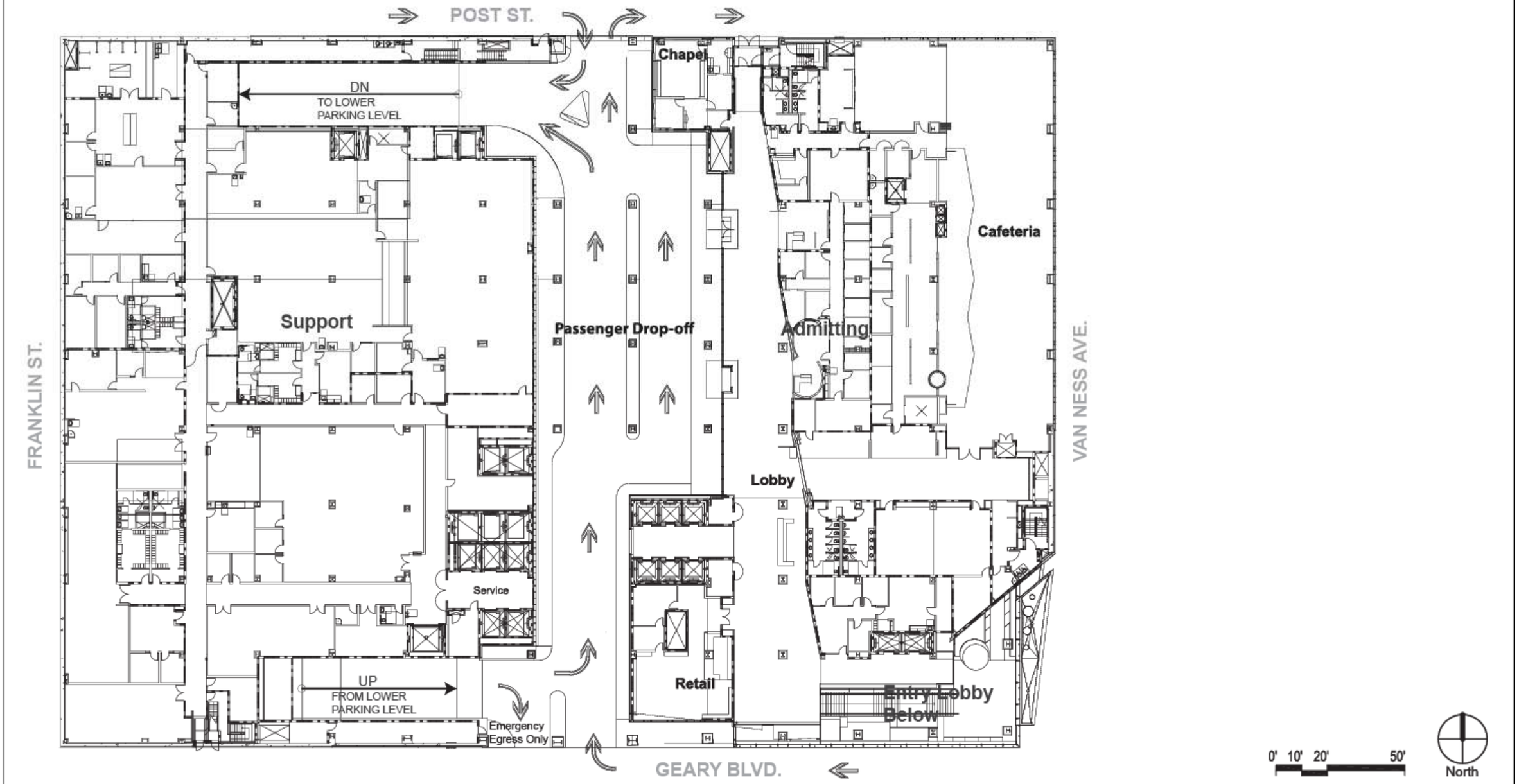

Source: SmithGroup/Boulder Associates 2010

Cathedral Hill Hospital-Level 2 **Figure 2-18 (Revised)**

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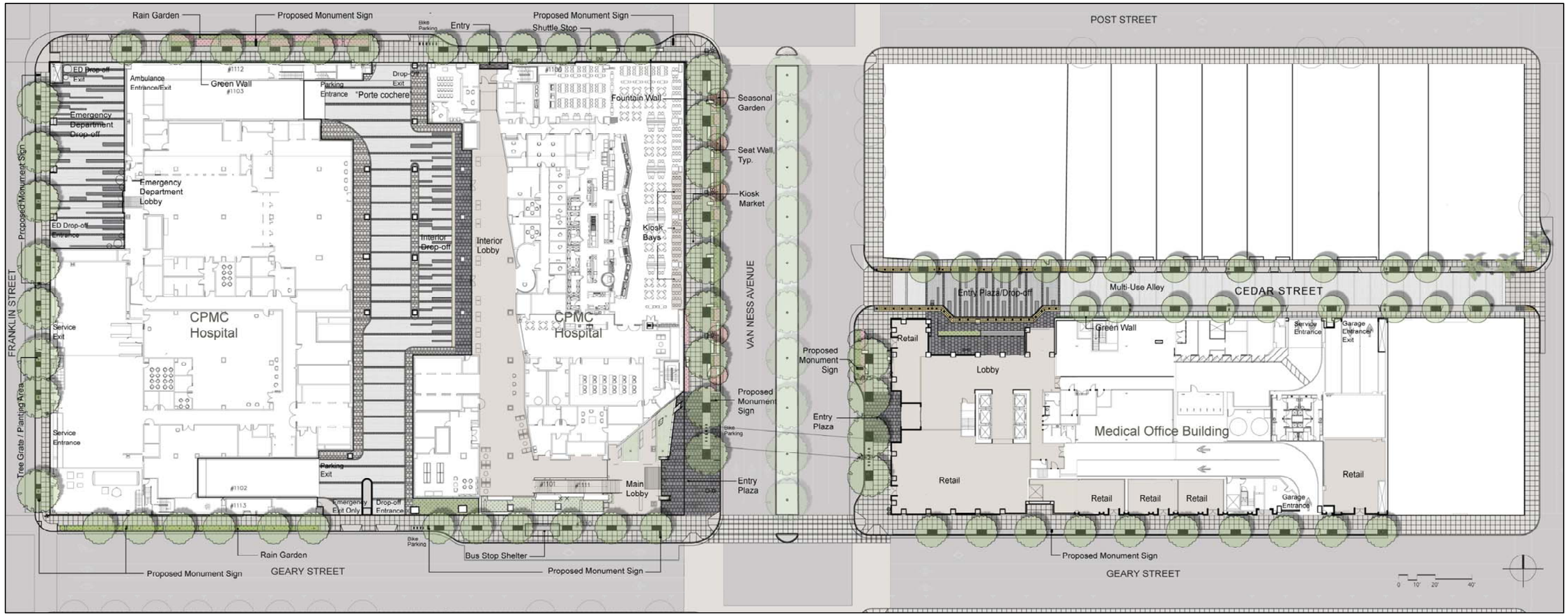

Source: SmithGroup 2012

Cathedral Hill Campus—Proposed Streetscape Plan **Figure 2-37 (Revised)**

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Table 2-7b (Revised)
Pacific Campus: Project Summary Table

Category under the LRDP (numbers for building uses below depict square footage)	Existing Uses to Be Retained	Renovation		Total Renovations	New			New Construction Total	Project Totals
		2333 Buchanan Street—ACC	2018 Webster Street		Webster/Sacramento Underground Parking[2]	Ambulatory Care Center Addition	North-of-Clay Parking Garage[2]		
Residential	27,170	–	–	–	–	–	–	–	27,170
Hotel	–	–	–	–	–	–	–	–	–
Retail	4,610	2,102	–	2,102	–	–	2,250	2,250	8,962
Office	10,040	–	5,300	5,300	–	–	–	–	15,340
Medical Office	128,691	–	–	–	–	79,200	–	79,200	207,891
Light Industrial	–	–	–	–	–	–	–	–	–
Parking—Structured	269,937	–	–	–	113,051	–	169,728	282,779	552,716
Medical Center	–	–	–	–	–	–	–	–	–
Hospital Administration	–	11,742	–	11,742	–	–	–	–	11,742
Cafeteria	–	6,858	–	6,858	–	–	–	–	6,858
Education/Conference	22,840	1,637	–	1,637	–	2,586	–	2,586	27,063
Inpatient Care	17,267	–	–	–	–	–	–	–	17,267
Skilled Nursing Care	–	–	–	–	–	–	–	–	–
Outpatient Care	9,508	23,184	–	23,184	–	21,000	–	21,000	53,692
Diagnostic and Treatment	5,588	116,448	–	116,448	–	27,000	–	27,000	149,036
Emergency Department	–	–	–	–	–	–	–	–	–
Support	9,940	56,604	–	56,604	–	14,400	–	14,400	80,944
Research	–	–	–	–	–	–	–	–	–
Residential Alzheimer's	–	32,405	–	32,405	–	–	–	–	32,405
Other	–	–	–	–	–	–	–	–	–
Lobby	2,583	5,384	–	5,384	–	2,400	500	2,900	10,867
Building Infrastructure	10,219	17,540	–	17,540	–	32,500	–	32,500	60,259
Central Plant	–	19,870	–	19,870	17,250	–	–	17,250	37,120
Mechanical and Electrical Floors	13,457	7,026	–	7,026	–	19,000	–	19,000	39,483
Loading	–	–	–	–	–	6,830	–	6,830	6,830
Total sq. ft.	**531,850**	**300,800**	**5,300**	**306,100**	**130,301**	**204,916**	**172,478**	**507,695**	**1,345,645**
Dwelling Units	18	–	–	–	–	–	–	–	18
Hotel Rooms	–	–	–	–	–	–	–	–	–
Parking Spaces—Structured	822	–	–	–	248		440	688	1,510
Parking Spaces—Surface	77	–	–	–	–	–	–	–	77
Loading Spaces	–	–	–	–		4	–	4	4
Number of Buildings	4	1	1	3	1	1	1	3	10
Height of Buildings	–	~~119~~120[1]	54[1]	–	–	138[2]	85[3]	–	–
Number of Stories	–	9	3	–	–	9	6	–	–
Stories Underground	–	3	–	–	2	–	–	–	–

Notes: ACC = Ambulatory Care Center; LRDP = *Long Range Development Plan*; sq. ft. = square feet.
[1] As measured pursuant to Section 260 of the Planning Code the 2333 Buchanan Street ACC is 120 feet-tall, not including an approximately 18-foot-tall mechanical penthouse.
[2] As measured pursuant to Section 260 of the Planning Code the ACC Addition would be 120' feet-tall, not including an approximately 18-foot-tall mechanical penthouse.
[3] The North-of Clay-Parking Garage is not measured based on Section 260 of the Planning Code.
Source: California Pacific Medical Center. 2008. *California Pacific Medical Center 2008 Institutional Master Plan*. San Francisco, CA. Available: http://www.cpmc.org/plans/links/

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The text in the Draft EIR, page 2-117, the last sentence in the first paragraph incorrectly states the height of the North-of-Clay Parking Garage. The text has been revised as follows:

> The open space north of the parking structure would be retained. The Buchanan Street parking lot, east of the Stern Building, would be partially retained; this lot would be reconfigured to allow access to the North-of-Clay Aboveground Parking Garage from Buchanan Street, north of the Stern Building. This parking garage would be six stories (plus top deck) with a height of ~~70~~85 feet.

The text in the Draft EIR, page 2-117, first two sentences in the second paragraph, has been revised as follows to clarify how the parking spaces are referred to at the Pacific Campus:

> A total of 715 new ~~structured~~ parking spaces (Webster Street/Sacramento Street Underground Parking Garage and North-of-Clay Aboveground Parking Garage combined, 688 spaces; Buchanan Street surface parking lot, 27 spaces)[6] would be added ~~provided~~ at the Pacific Campus by about 2020. Twenty-five (25) existing structured spaces (associated with 200 Webster) would be demolished. The project would ~~also~~ reduce the total number of surface parking spaces at the Pacific Campus by 15 spaces. ~~This~~ These changes would bring the parking total at the Pacific Campus to 1,587 spaces by 2020, 648 more parking spaces than existing conditions. In addition, six on-street parking spaces currently located on Buchanan Street, between Clay and Sacramento Streets, would be converted to a white-zone curb-side passenger loading and unloading zone.

The text in the Draft EIR, page 2-119, has been revised to clarify required project approvals needed at the Pacific Campus as part of the CPMC LRDP, as follows:

2.3.4 REQUIRED PROJECT APPROVALS FOR THE PACIFIC CAMPUS

> ~~CPMC would require an amendment to Planning Code Section 209.3(a) to allow medical uses without acute-care inpatient uses once acute-care uses cease at the existing 2333 Buchanan Street Hospital (proposed ACC). Once the acute-care functions at the 2333 Buchanan Street Hospital are relocated to the proposed Cathedral Hill Hospital, a text amendment to Planning Code Section 209.3(a) would be required for CPMC to continue operating the Pacific Campus's previously-approved medical center use without acute-care inpatient services. The Mental Health Center would continue to operate with 18 psychiatric beds under the LRDP.~~
>
> Based on the initial massing studies for the long-term projects, it does not appear that they would require any additional amendments to the General Plan or Planning Code height or bulk maps. When additional design detail is available in the future, CPMC and the San Francisco Planning Department will review those plans and identify any additional entitlements that could be required. Any necessary analysis of

[6] The existing Clay Street/Webster Street Parking Garage and the other surface parking spaces that would be retained at 2300 California Street (41 spaces) would not change.

those additional entitlements will be included in any project-specific environmental review of the long-term projects that may be required in the future under CEQA.

The text in the Draft EIR, page 2-131, after the fourth sentence in the last paragraph, has been revised with an addition as follows to clarify that CPMC would continue operations of the 101 licensed SNF beds at the California Campus:

> CPMC would also continue to operate the 101 licensed SNF beds at 3698 California Street (former Marshall Hale Hospital). [35a]
>
> [35a] The 101 licensed SNF beds at 3698 California Street (former Marshall Hale Hospital) would stay licensed until such time as an alternative for these beds is identified.

The text in the Draft EIR, page 2-132, has been revised to clarify required project approvals needed at the California Campus as part of the CPMC LRDP, as follows:

2.4.4 REQUIRED PROJECT APPROVALS FOR THE CALIFORNIA CAMPUS

As noted earlier, CPMC plans to sell the California Campus after nearly all medical functions have been relocated to the proposed Cathedral Hill Campus, and to lease back space for certain CPMC-operated medical uses and programs from the buyer of the California Campus property until approximately 2020. ~~As at the Pacific Campus, once the major inpatient functions at the California Campus are relocated to the proposed Cathedral Campus, a Planning Code text amendment would be required for CPMC to continue operating the California Campus's previously approved medical center use without inpatient care. CPMC would require an amendment to Planning Code Section 209.3(a) to allow previously approved medical uses to continue without inpatient care in a residential district once inpatient uses cease. Additional~~ eEntitlements required for any future proposed change in use at the California Campus would be identified at the time the change is proposed and would be subject to separate project-specific environmental review under CEQA.

The text in the Draft EIR, page 2-146, first sentence in the second-to-last paragraph has been revised to clarify the length of landscaping at Davies Campus, as follows:

> Landscape improvements on the eastern edge of the Davies Campus along Noe Street would include an approximately ~~500~~560-foot-long set of terraced landscaped hedges, intended to resemble the teak screening pattern on the façade of the proposed Neuroscience Institute building.

The text in the Draft EIR, page 2-151, has been revised to clarify that a Conditional Use authorization for valet parking at the Davies Campus is no longer necessary, as follows:

> A CU authorization to modify the previously approved PUD would be required for CPMC to construct a new approximately 51,000-sq.-ft. Neuroscience Institute building in an RH-3 (Residential, House Districts, Three-Family) District. An amendment to the existing PUD (under Planning Code Section 304, which is required for projects exceeding 50,000 sq. ft.) would be required to allow exceptions to the rear-

yard requirement ~~and the requirement for independently accessible off-street parking (to allow for valet parking)~~.

The text in the Draft EIR, page 2-179, the first sentence, has been revised to update the square footage at the St. Luke's Replacement Hospital, as follows:

> The CPMC LRDP would result in the construction of the approximately 154,800 ~~145,000~~-sq.-ft., seismically compliant St. Luke's Replacement Hospital, adjacent to and west of the existing St. Luke's Hospital tower.

The text in the Draft EIR, page 2-180, the description of the height measurement at the St. Luke's Replacement Hospital have been revised to clarify the various heights of the St. Luke's Replacement Hospital and MOB/Expansion Building, as follows:

- ~~99~~54 feet, as measured at the site's northwest corner from the top of the sidewalk on Cesar Chavez Street (Figure 2-63, "St. Luke's Replacement Hospital and MOB/Expansion Building—Proposed North Elevation," page 2-205) (north elevation);
- 82 feet, as measured at the site's southeast corner from the top of the sidewalk on 27th Street (Figure 2-64, "St. Luke's Replacement Hospital and MOB/Expansion Building—Proposed South Elevation," page 2-207) (south elevation);
- 98 feet, as measured from the top of the sidewalk, midblock on Cesar Chavez Street (Figure 2-65, "St. Luke's Replacement Hospital—Proposed East-West Elevation," page 2-209) (east elevation); and
- 54 feet, as measured at top of the sidewalk on the site's southwest corner at 27th Street (~~Figure 2-66, "St. Luke's MOB/Expansion Building – Proposed East-West Elevation," page 2-211~~Figure 2-64, "St. Luke's Replacement Hospital and MOB/Expansion Building – Proposed South Elevation," page 2-207) ~~(~~west elevation).

The text in the Draft EIR, page 2-181, the last paragraph, has been revised to update the square footage at the St. Luke's Replacement Hospital, as follows:

> Once completed, the approximately 154,800 ~~145,000~~-sq.-ft. replacement hospital would contain a total of 80 licensed beds and would provide acute-care (approximately ~~76,800~~65,200 sq. ft.), diagnostic and treatment facilities (~~17,500~~18,700 sq. ft.), and an Emergency Department (~~12,000~~11,500 sq. ft.), including two critical-care bays, 6 standard bays, and 4 fast-track bays, including a triage room. Other uses would include hospital administration (approximately ~~2,000~~ 3,200 sq. ft.), cafeteria (1,800 sq. ft.), support facilities (~~14,000~~ 15,900 sq. ft.), lobby (~~2,500~~ 6,300 sq. ft.), education/conference (1,000 sq. ft.) and loading area (~~1,000~~ 8,500 sq. ft.). In addition, the St. Luke's Replacement Hospital would have about 3,000 sq. ft. of utility plant space and about ~~14,400~~19,800 sq. ft. of building infrastructure (e.g., shafts, elevators, and stairways), distributed among all the building levels.

The text in the Draft EIR, page 2-183, the third bullet from the top of the page, has been revised to refer to Figure 2-64 and not Figure 2-65, as follows:

- 100 feet, as measured at the site's southeast corner from the top of the sidewalk on Valencia Street (~~Figure 2-65. "St. Luke's MOB – Proposed East-West Elevation," page 2-205~~Figure 2-64, "St. Luke's Replacement Hospital and MOB/Expansion Building – Proposed South Elevation," page 2-207) (east elevation); and

The text in the Draft EIR, page 2-191, has bern added just above the "**Street Vacation, Transfer, and General Plan Referral**" heading:

> **General Plan Amendment - Urban Design Element Map 5, "Urban Design Guidelines for Bulk of Buildings"**
>
> As specified in Map 5 in the Urban Design Element of the General Plan, the permitted bulk of buildings at the St. Luke's Campus is a maximum plan dimension and maximum diagonal plan dimension of 110 feet and 125 feet, respectively. An amendment to Map 5 of the Urban Design Element would allow for development of the proposed St. Luke's Replacement Hospital up to a maximum plan dimension and maximum diagonal plan dimension of 227 and 270 feet, respectively, and development of the proposed MOB/Expansion Building up to a maximum plan dimension and maximum diagonal plan dimension of 204 and 228 feet, respectively.

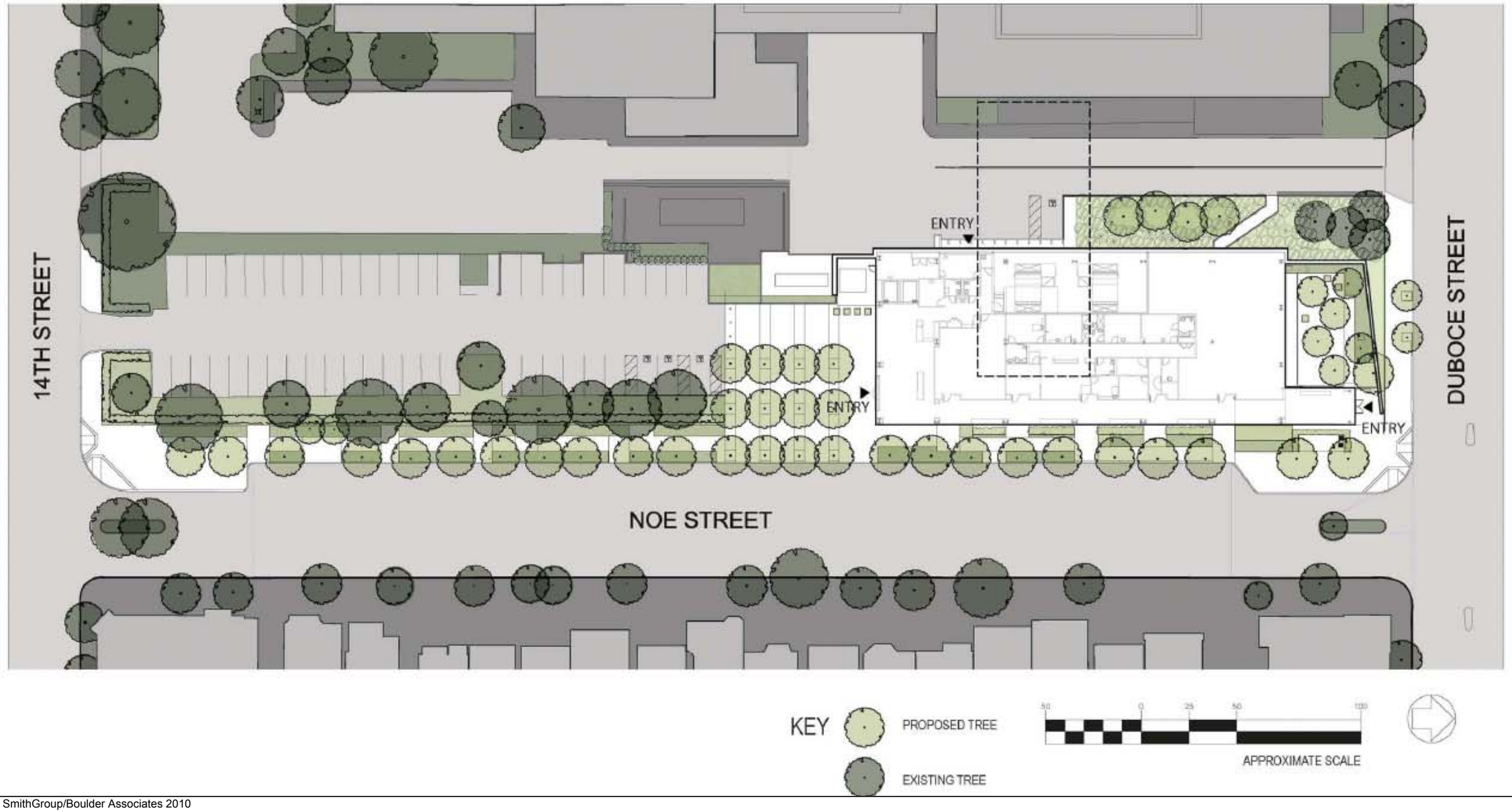
The text in the Draft EIR, page 2-192, has been revised to add a new discussion heading, "Special Use District Map SU07," to clarify FAR at the St. Luke's Campus, and to move the discussion of the campus-wide FAR to beneath the added heading, as follows:

> **Special Use District Map SU07**
>
> A basic FAR of 1.8:1 is permitted for the St. Luke's Campus. Under existing conditions, the campus-wide FAR is 2.3:1; this FAR was approved by the City under the previous PUD for the campus. The actions proposed for the St. Luke's Campus under the CPMC LRDP—to merge the area of San Jose Avenue between Cesar Chavez Street and 27th Street with the existing campus area, construct a replacement hospital, demolish the existing St. Luke's Hospital tower, and construct the MOB/Expansion Building—would result in a new overall FAR of 2.5:1 for the campus. Therefore, CPMC would seek an amendment to the Planning Code Special Use District map to establish a new Cesar Chavez/Valencia Streets Medical Use Special Use District on the St. Luke's Campus, which would increase the maximum FAR on the St. Luke's Campus to 2.5:1. ~~a FAR exception as part of the new PUD application.~~

Figure 2-56, "Davies Campus Streetscape Plan," in the Draft EIR, page 2-171, has been revised to reflect the updated Streetscape at Davies Campus, as follows:

Table 2-13, "St. Luke's Campus: Project Summary Table," in the Draft EIR, page 2-175, has been revised to reflect the correct height for the Duncan Street Parking Garage, as well as update the square footage at the St. Luke's Replacement Hospital, as follows:

Figure 2-64, "St. Luke's Replacement Hospital and MOB/Expansion Building – Proposed South Elevation," Draft EIR, page 2-207, has been revised to clarify the correct building height at the proposed St. Luke's Replacement Hospital and MOB/Expansion Building, as follows:



Source: SmithGroup/Boulder Associates 2010

Davies Campus Streetscape Plan **Figure 2-56 (Revised)**

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Table 2-13 (Revised)
St. Luke's Campus: Project Summary Table

Category under the LRDP (numbers for building uses below depict square footage)	Demo	Convert	Retain		Demo		Retain		Existing Uses—Total	Existing Uses to Be Retained or Converted[2]	New Construction		Project Totals
	St. Luke's Hospital Tower	1957 Building[1,2]	1912 Building	1580 Valencia (Monteagle)	MRI Trailer	Redwood Admin. Building	Duncan St. Parking Garage	555 San Jose (Hartzell)			St. Luke's Replacement Hospital	MOB/ Expansion Building	
Residential	–	–	–	–	–	–	–	–	–	–	–	–	–
Hotel	–	–	–	–	–	–	–	–	–	–	–	–	–
Retail	873	–	–	1,648	–		–	–	2,521	1,648	–	2,600	4,248
Office	–	–	–	–	–	2,400	–	8,974	11,374	8,974	–	–	8,974
Medical Office	–	–	–	49,717	–	–	–	–	49,717	49,717	–	31,820	81,537
Light Industrial	–	–	–		–	–	–	–	–	–	–	–	–
Parking—Structured	–	–	–	–	–	–	83,370	–	83,370	83,370	–	111,000	194,370
Hospital Administration	1,865	1,459	4,114	–	–	–	–	–	7,438	5,573	~~2,000~~3,200	2,080	10,853 ~~9,653~~
Cafeteria	3,471	–	–	–	–	–	–	–	3,471	–	1,800	1,560	3,360
Education/Conference	9,107	1,559	–	–	–	–	–	286	10,952	1,845	1,000	1,560	4,405 ~~3,405~~
Inpatient Care	52,089	–	–	–	–	–	–	–	52,089	–	~~76,800~~65,200		65,200 ~~76,800~~
Skilled Nursing Care	25,637	–	–	–	–	–	–	–	25,637	–		–	–
Outpatient Care	1,315	–	4,201	1,549	–	–	–	–	7,065	5,750		8,680	14,430
Diagnostic and Treatment	17,234	14,124	7,081	15,815	1,600	–	–	–	55,854	22,896[2]	~~17,500~~18,700	22,460	64,056 ~~62,856~~
Emergency Department	–	7,060	–	–	–	–	–	–	7,060		~~12,000~~11,500		11,500 ~~12,000~~
Support	51,540	3,516	9,421	5,781	–	–	–	2,927	73,185	42,829[2]	~~14,000~~15,900	3,640	60,369 ~~60,469~~
Research	6,668	–	–	–	–	–	–		6,668	–			–
Other		–	–	–	–	–	–		–	–			–
Lobby	1,384	–	442	870	–	–	–	196	2,892	1,508	~~2,500~~6,300	520	8,328 ~~4,528~~
Building Infrastructure	26,053	3,579	1,021	10,257	–	–	–	892	41,802	15,749	~~14,400~~19,800	15,130	50,679 ~~45,279~~
Central Plant	–	–	–	–	–	–	–	–	–	–	~~3,000~~2,900	–	2,900 ~~3,000~~
Mechanical and Electrical Floors	–	427	–	4,368	–	–	–	5,111	9,906	9,906		–	9,906
Loading	747	–	–	–	–	–	–	120	867	120	~~1,000~~8,500	–	8,620 ~~1,120~~
Total sq. ft.	**197,983**	**31,724**	**26,280**	**90,005**	**1,600**	**2,400**	**83,370**	**18,506**	**451,868**	**249,885**	**~~145,000~~154,800**	**201,050**	**605,735 ~~595,935~~**
Dwelling Units	–	–	–	–	–	–	–	–	–	–	–	–	–
Hotel Rooms	–	–	–	–	–	–	–	–	–	–	–	–	–
Parking Spaces—Structured	–	–	–	–	–	–	215	–	215	215	–	220	435
Parking Spaces—Surface	8	106[1]	–	–	–	–	–	–	114	15	–	–	15
Loading Spaces	2	–	–	–	–	–	–	–	2	2	–	–	2
Number of Buildings	1	1	1	1	1	1	1	1	8	6	–	1	7
Height of Buildings	158[3]	53[4]	53	102[5]	12	12	~~28~~34[6]	34	–	–	99	100	–
Number of Stories	12	4	4	8	1	1	2	2	–	–	5	5	–
Stories Underground	1	–	–	1	–	–	–	1	–	–	–	4	–

Note: LRDP = *Long Range Development Plan*; MOB = Medical Office Building; sq. ft. = square feet.
[1] The 106 surface parking spaces associated with the St. Luke's 1957 Building are located across San Jose Avenue and scattered throughout the campus.
[2] The project proposes to transfer existing Emergency Department (7,060 sq. ft.) and diagnostic and treatment uses (14,124 sq. ft.) in the 1957 Building and replace them with support uses. This 21,184-sq.-ft. total is accounted for in 42,829 sq. ft. of support use under existing uses to be retained.
[3] The existing St. Luke's Hospital Tower is 158 feet tall, not including an 11-foot-tall mechanical penthouse.
[4] The existing 1957 Building is 53 feet tall, not including an 14-foot-tall mechanical penthouse.
[5] The existing 1580 Valencia Street (Monteagle Building) is 102 feet tall, not including an 11-foot-tall mechanical penthouse.
[6] The existing Duncan Street Parking Garage height does not include an approximately 10-foot-tall stair enclosure on the top deck.
Source: Data compiled by AECOM in ~~2009~~2011

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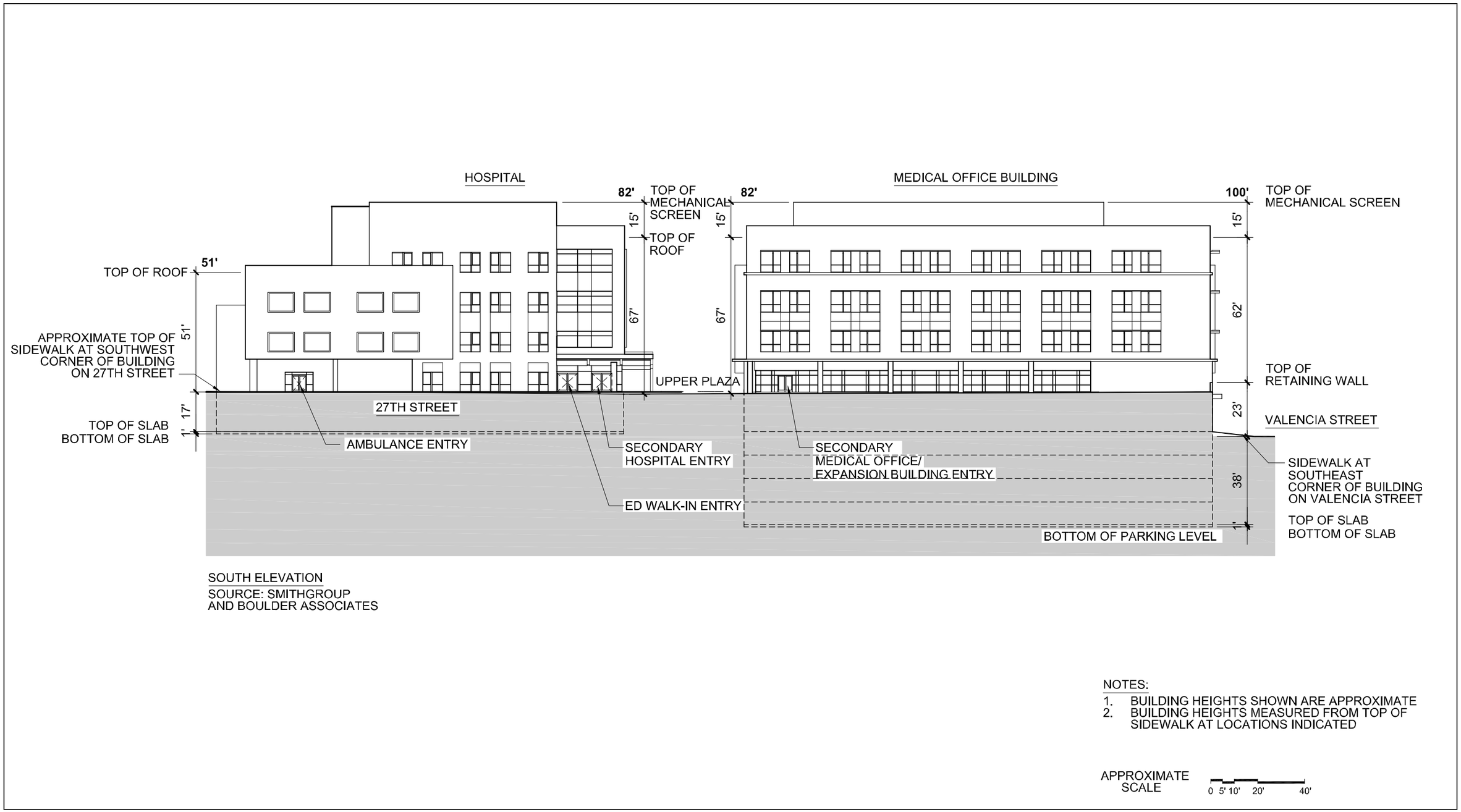

Source: SmithGroup/Boulder Associates 2010

St. Luke's Replacement Hospital and MOB/Expansion Building – Proposed South Elevation **Figure 2-64 (Revised)**

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4.2.4 PLANS AND POLICIES (CHAPTER 3)

The text in the Draft EIR, page 3-9, second paragraph under "Urban Design Element" has been revised to reflect revisions to VNAP Map 2, "Height and Bulk Districts" and Map 4 of the Urban Design Element.

> ***Consistency:*** The proposed CPMC LRDP would be generally consistent with the applicable Urban Design policies. The General Plan would allow for heights up to 161–240 feet at the Cathedral Hill Hospital site.[7] As specified in Map 4 of the Urban Design Element, the currently allowed height of buildings in the Cathedral Hill project area is 161–240 feet. A General Plan amendment to Map 4 of the Urban Design Element (and to VNAP Map 2) ~~create VNAP Subarea 4~~ would allow the height of the Cathedral Hill Hospital to extend up to 265 feet. As noted in Table 2-3, "Required Project Approvals" (page 2-13), the proposed Cathedral Hill Campus would require a General Plan amendment for the VNAP, Planning Code Section 243 text and zoning map amendments, and ~~a~~ CU authorizations. (See Appendix C for amendment to ~~the~~ VNAP ~~m~~Map 2 and General Plan Urban Design Element Map 4 at the Cathedral Hill Campus).

The text in the Draft EIR, page 3-10, third paragraph under 3.2.2 Van Ness Avenue Area Plan has been revised to reflect revisions to VNAP Map 2, "Height and Bulk Districts."

> A General Plan amendment would be required for the proposed development of the Cathedral Hill Hospital up to 265 feet in height. Specifically, amending the ~~General Plan to create~~ VNAP ~~Subarea 4~~ Map 2 (Height and Bulk Districts) would allow the hospital's height to extend to 265 feet.

The text in the Draft EIR, in the third paragraph on page 3-18, has been revised to include discussion of the Cesar Chavez/Valencia Streets Medical Use Special Use Districts.

> Proposed near-term development includes construction of the new five-story St. Luke's Replacement Hospital, which would be approximately 99 feet in height, based on the Planning Code's methodology for measurement. The existing 12-story St. Luke's Hospital tower would then be demolished and the new five-story, 100-foot-tall MOB/Expansion Building would be constructed. The St. Luke's Replacement Hospital would be located east of San Jose Avenue, within the existing 65-A Height and Bulk district. Therefore, in addition to the General Plan amendment (noted on page 3-9), a Planning Code amendment from 65-A to 105-E would be required for the construction of the 99-foot tall St. Luke's Replacement Hospital, which would be consistent with the eastern part of the project site, where the proposed 100-foot-tall St. Luke's MOB/Expansion Building would be located. With CU authorization, ~~and~~ approval of the height and bulk amendment, and the creation of the new Cesar Chavez/Valencia Streets Medical Use Special Use District, implementation of the proposed CPMC LRDP at the St. Luke's Campus would be consistent with zoning, adopted plans and policies of the General Plan, and the Planning Code. Table 2-3, "Required Project Approvals" (page 2-13), indicates the required approvals for the proposed St. Luke's Replacement Hospital and MOB/Expansion Building. The requested project approvals and the consistency of St. Luke's Campus development under the LRDP with the Planning Code are described in Section 4.1, "Land Use and Planning," beginning on page 4.1-50.

[7] San Francisco Planning Department. 2005. *San Francisco General Plan*. Urban Design Element. Available: http://www.sfgov.org/site/planning_index.asp?id=41416. Map 4, "Urban Design Guidelines for Height of Buildings."

4.2.5 LAND USE AND PLANNING (CHAPTER 4.1)

Beginning on Draft EIR page 4.1-47, the second, third, and fourth paragraphs have been revised to reflect the modifications to the requested entitlements for the proposed LRDP that have been made by the project sponsor, based upon input from the Planning Department after reviewing the initial application submittal for the proposed Cathedral Hill Campus, as follows:

> The proposed Cathedral Hill Campus would be constructed within the area covered by the VNAP, which does not specifically encourage medical centers but does encourage high-density mixed-use development, including nonresidential uses in the Cathedral Hill Campus area. The proposed Cathedral Hill Hospital would exceed the currently applicable height and bulk limits for the site, as described previously in this section. The proposed LRDP project approvals would include an amendment to the VNAP to allow a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard ~~request creation of a new Van Ness Medical Center District (Subarea 4) (see Appendix C for amendment to VNAP map)~~, as discussed in Section 2.2.4, "Required Project Approvals for the Cathedral Hill Campus" (beginning on page 2-43). The ~~subarea~~ amendment, if ~~allowed~~ approved by decision-makers, would allow medical uses at the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites and a related amendment to VNAP Map 2 (see Appendix C) would create a new 265-V Height and Bulk District to accommodate the proposed height of the hospital. The VNAP amendment would also ~~exempt medical uses within Subarea 1A from the required development of residential uses at a certain ratio (35 sq. ft. of residential use for every 15 sq. ft. of nonresidential uses) along Van Ness Avenue and would~~ increase the current allowable floor area ratio (FAR) of 7.0:1 for the Cathedral Hill Hospital and Cathedral Hill MOB to a maximum ~~an~~ FAR of 9:1 and 7.5:1 for the hospital and MOB, respectively.
>
> The proposed VNAP amendment would be accompanied by corresponding changes to the Planning Code, including the creation of a new Van Ness Medical Use ~~Institution~~ ~~s~~Subdistrict within the existing Van Ness SUD. This new subdistrict would be located on two different blocks: both the site of the proposed Cathedral Hill Hospital and the site of the proposed Cathedral Hill MOB, and the area where the Van Ness Avenue pedestrian tunnel would be located (see Appendix C for new subdistrict map). This new subdistrict would ~~allow medical institution use (medical center) as a CU, modify residential requirements (development of 3 sq. ft. of residential uses for every 1 sq. ft. of nonresidential development) applicable to nonresidential uses, and~~ increase the maximum FAR to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site, and allow modification of other applicable loading, building projection, obstructions over streets and alleys, bulk, and street frontage requirements. The Height and Bulk District map (see Appendix C for the Height and Bulk District changes for the VNAP Map 2) would be amended to reclassify the block that composes the site of the proposed Cathedral Hill Hospital from the 130-V Height and Bulk District to a 265-V Height and Bulk District, which would allow a maximum building height of 265 feet.
>
> The project approvals would include CU authorization ~~for a Planned Unit Development (PUD)~~ for the proposed Cathedral Hill Hospital and Cathedral Hill MOB as a conditional use medical center in an RC-4 zoning district and the Van Ness SUD, to allow buildings taller than ~~40~~ 50 feet within the RC-4 District and the Van Ness SUD, and an exception to otherwise applicable street frontage, ground-level wind comfort level, and bulk standards. CU authorization would also be required for demolition of five residential dwelling units at the Cathedral Hill MOB site and to modify requirements under the Van Ness SUD for the development of residential uses at a 3:1 ratio to net new non-residential uses. ~~from the minimum off-street loading space dimension. The proposed project would also require CU authorization to exceed the allowable parking, as allowed under Planning Code Section 151, for accessory parking at the Cathedral Hill Hospital.~~ The Cathedral Hill MOB would also require Proposition M office allocation findings under Planning Code Sections 321 and 322, which would allow development of office space.

With the proposed LRDP, CPMC would convert and demolish the existing 20 residential hotel units at the proposed MOB site under Chapter 41 of the Administrative Code (which requires 1:1 replacement of the residential hotel units). The Cathedral Hill Campus development would also require lot merger subdivision approvals.

The text in the Draft EIR, in the fourth paragraph on page 4.1-48, has been revised to reflect the modifications to the requested entitlements for the proposed LRDP that have been made by the project sponsor based upon input from the Planning Department after reviewing the initial application submittal for the proposed Cathedral Hill Campus, as follows:

The amendments to the *General Plan's* Urban Design Element and VNAP; ~~and~~ amendments to the Planning Code text and zoning and height and bulk district maps; the ~~PUD and~~ CU authorizations; and other approvals, as discussed above, are part of the proposed LRDP. Therefore, if they are approved by decision-makers, the proposed LRDP would be consistent with the applicable plans and policies. The proposed LRDP at the Cathedral Hill Campus with the requested amendments and approvals would therefore not conflict with any applicable land use plan, policy, or regulation. **This impact would be less than significant.**

Beginning on Draft EIR page 4.1-50, the fourth and fifth paragraphs have been revised to reflect the amendments to the Urban Design Element and the new Cesar Chavez/Valencia Streets Medical Use Special Use District, as follows:

The proposed St. Luke's Replacement Hospital would be approximately 99 feet in height and would exceed the current height and bulk limits of the new hospital site (currently zoned 65-A), described previously in this section. An amendment to the *General Plan* Urban Design Element ~~m~~Map 4 (see Appendix C for *General Plan* Map 4) would be required to increase the maximum allowable height for development to 105 feet to permit development of the new hospital in the area on campus that is bounded by Cesar Chavez Street, Valencia Street, 27th Street, and the 1912 Building. An amendment to the General Plan Urban Design Element Map 5 would be required to increase the allowable bulk for the St. Luke's Replacement Hospital to a maximum plan dimension and maximum diagonal plan dimension of 227 and 270 feet, respectively, and for the MOB/Expansion Building to a maximum plan dimension and maximum diagonal plan dimension of 204 and 228 feet, respectively. ~~This~~ These *General Plan* amendments would also necessitate text changes to the Planning Code, to reclassify the area that includes the St. Luke's Replacement Hospital site as a 105-E Height and Bulk District, which would allow a maximum building height of 105 feet. The proposed MOB/Expansion Building would be 100 feet tall and would comply with the existing 105-E Height and Bulk District classification that is applicable to the portion of the campus where the proposed MOB/Expansion Building would be developed.

The near-term projects proposed for the St. Luke's Campus would require the creation of a new Cesar Chavez/Valencia Streets Medical Use Special Use District to increase the maximum FAR on the St. Luke's Campus to 2.5:1, CU authorization to modify the existing PUD to allow for medical uses in the RH-2 District, and exceptions to rear-yard requirements and height and bulk restrictions for buildings taller than 40 feet in the RH-2 District. ~~and an exemption from off-street parking requirements to allow valet and off-site parking during the interim period until completion of the St. Luke's Replacement Hospital~~

4.2.6 AESTHETICS (CHAPTER 4.2)

The text in the Draft EIR, page 4.2-93 (first paragraph) has been revised as follows to show that CPMC would attain LEED® certification for the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital:

> The proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital are under the jurisdiction of the Office of Statewide Health Planning and Development (OSHPD) and are not subject to the Green Building Ordinance. However, CPMC ~~intends to~~ would attain at a minimum, Leadership in Energy and Environmental Design (LEED®) ~~certification~~ Certified level for these projects.

The text in the Draft EIR, page 4.2-114, first sentence under "St. Luke's Campus" heading has been revised to update the square footage at the proposed St. Luke's Replacement Hospital, as follows:

> A new, five-story, 99-foot-tall (including the mechanical penthouse), approximately 154,800~~145,000~~-sq.-ft. St. Luke's Replacement Hospital and a five-story, 100-foot-tall (including the mechanical penthouse), approximately 201,000-sq.-ft. MOB/Expansion Building would be built at the St. Luke's Campus in the near term under the LRDP.

The text in the Draft EIR, page 4.2-138, last sentence of first paragraph, has been revised as follows to read:

> In addition, the building would replace the existing ~~uninteresting,~~ set back buildings with more ~~interesting~~ development, focus and interest at the street level.

The text in the Draft EIR, page 4.2-173, first sentence under "Overview of St. Luke's Replacement Hospital" heading has been revised to update the square footage at the proposed St. Luke's Replacement Hospital, as follows:

> The approximately 154,800 ~~145,000~~-sq.-ft., seismically compliant St. Luke's Replacement Hospital would be located adjacent to and west of the existing St. Luke's Hospital tower.

The text in the Draft EIR, page 4.2-184, first sentence under "St. Luke's Replacement Hospital" heading has been revised to update the square footage at the proposed St. Luke's Replacement Hospital, as follows:

> The near-term development of the St. Luke's Campus would include a new, approximately 154,800~~145,000~~-sq.-ft., five story, 99-foot-tall St. Luke's Replacement Hospital located on the northwest corner of the campus (see Impact AE-1 for further details).

4.2.7 CULTURAL AND PALEONTOLOGICAL RESOURCES (CHAPTER 4.4)

The text in the Draft EIR, page 4.4-42, second sentence under "St. Luke's Campus" heading has been revised to update the square footage at the proposed St. Luke's Replacement Hospital, as follows:

> The CPMC LRDP would result in the construction of the five-story, approximately 154,800 ~~145,000~~-sq.-ft. St. Luke's Replacement Hospital adjacent to and west of the existing St. Luke's Hospital tower.

4.2.8 TRANSPORTATION AND CIRCULATION (CHAPTER 4.5)

Table 4.5-10 in the Draft EIR, page 4.5-76, has been revised to clarify Daily and Peak-Hour Person Trip Generation by Population Group, as follows:

Table 4.5-10
Daily and Peak-Hour Person Trip-Generation by Population Group by Campus[1]

	Daily	(A.M. Peak Hour for Cathedral Hill Only) P.M. Peak Hour				
		Physicians	Staff	Patients	Visitors	Total
Cathedral Hill Campus[2]						
Proposed Population	***9,569***	***(201) 180***	***(1,481) 1,149***	***(151) 310***	***(126) 216***	***(1,950) 1,855***
New Person Trip Generation						
Cathedral Hill Hospital	16,203	(65) 53	(1,045) 856	(25) 30	(67) 85	(1,202) 1,024
Cathedral Hill MOB	8,480	(80) 80	(324) 324	(116) 260	(58) 130	(578) 794
1375 Sutter MOB	2,929	(27) 27	(112) 112	(40) 90	(20) 45	(199) 274
Total New Trips	***27,611***	***(172) 160***	***(1481) 1,292***	***(182) 380***	***(145) 260***	***(1,980) 2,092***
Credit for Existing Uses	-7,664	–	–	–	–	(-550) -693
Net-New Trips	***19,947***	***–***	***–***	***–***	***–***	***(1,430) 1,399***
Pacific Campus						
Net-New Population Growth	***-1,495***	***-90***	***-21***	***199***	***56***	***144***
Net-New Person Trip Generation						
MOB	-3,295	-19	-339	127	63	-168
ACC	7,380	8	747	153	101	1,009
Hospital	-8,460	-37	-449	-25	-74	-585
Research/Office	-324	-3	-55	0	0	-58
Net-New Trips	***-4,701***	***-51***	***-96***	***255***	***90***	***198***
Davies Campus						
Net-New Population Growth	***1,221***	***18***	***286***	***51***	***33***	***388***
Net-New Person Trip Generation						
MOB	2,986	14	239	56	28	337
Hospital	1,081	1	56	3	9	69
Net-New Trips	***4,070***	***15***	***295***	***59***	***37***	***406***
St. Luke's Campus						

Table 4.5-10
Daily and Peak-Hour Person Trip-Generation by Population Group by Campus[1]

	Daily	(A.M. Peak Hour for Cathedral Hill Only) P.M. Peak Hour				
		Physicians	Staff	Patients	Visitors	Total
Net-New Population Growth	***1,258***	***33***	***121***	***89***	***45***	***288***
Net-New Person Trip Generation						
MOB	~~3,674~~3,671	29	119	~~113~~116	~~57~~58	~~318~~320
Hospital	~~299~~302	1	~~10~~9	-1	-1	9
Research Office	~~-34~~-32	0	-6	0	0	-6
Net-New Trips	***3,941***	***30***	***~~123~~122***	***~~112~~116***	***~~56~~58***	***~~321~~326***
Total Net-New Trips	***23,257***	***154***	***~~1,614~~1,613***	***~~806~~810***	***~~443~~445***	***~~3,017~~3,022***

Notes: ACC = Ambulatory Care Center; MOB = Medical Office Building

[1] The analysis does not assume any new travel demand at the California Campus because campus activities would remain unchanged until 2015, and would then be gradually relocated to the Pacific and Cathedral Hill Campuses. By 2020, almost all CPMC-related uses at the California Campus are expected to cease.

[2] For the Cathedral Hill Campus, the a.m. peak-hour travel demand is presented in (parentheses).

Source: Data compiled by Adavant Consulting and Fehr & Peers in 2010.

Table 4.5-17 in the Draft EIR, page 4.5-94, has been revised below to clarify Levels of Service at the Cathedral Hill Campus study intersections during A.M. peak hour conditions:

Table 4.5-18 in the Draft EIR, page 4.5-95, has been revised below to clarify Levels of Service at the Cathedral Hill Campus study intersections during P.M. peak hour conditions:

Table 4.5-17
Levels of Service at Cathedral Hill Campus Study Intersections—A.M. Peak-Hour Conditions

Intersection	Existing		Modified Baseline 2015				2030 Cumulative			
			2015 No Project		2015 Project		2030 No Project		2030 Project	
	Delay/v/c [1,2]	LOS	Delay/v/c	LOS	Delay/v/c	LOS	Delay/v/c	LOS	Delay/v/c	LOS
1. Gough/Geary	**>80/1.17**	**F**	**>80/1.18**	**F**	**>80/1.21**	**F**	**>80/1.23**	**F**	**>80/1.26**	**F**
2. Gough/Post	10.7	B	10.9	B	11.5	B	12.4	B	13.1	B
3. Gough/Sutter	9.5	A	8.4	A	9.1	A	8.4	A	8.9	A
4. Franklin/O'Farrell	**>80/1.23**	**F**	**>80/1.26**	**F**	**>80/1.31**	**F**	**>80/1.33**	**F**	**>80/1.38**	**F**
5. Franklin/Geary	8.7	A	9.1	A	9.2	A	10.5	B	11.1	B
6. Franklin/Post	15.2	B	13.4	B	14.9	B	16.3	B	18.4	B
7. Franklin/Sutter	17.0	B	13.9	B	13.6	B	19.8	B	19.3	C
8. Franklin/Bush	**71.4**	**E**	**78.3**	**E**	**79.9**	**E**	**>80/1.15**	**F**	**>80/1.15**	**F**
9. Franklin/Pine	12.6	B	13.4	B	13.5	B	14.7	B	14.7	B
10. Van Ness/Market	23.1	C	23.1	C	23.9	C	28.5	C	32.3	C
11. Van Ness/Fell	30.6	C	41.1	D	47.0	D	**63.0**	**E**	**70.5**	**E**
12. Van Ness/Hayes	20.5	C	19.4	B	19.3	B	19.7	B	19.7	B
13. Van Ness/O'Farrell	22.4	C	21.4	C	24.8	C	24.7	C	31.4	C
14. Van Ness/Geary	22.7	C	24.5	C	23.9	C	26.9	C	26.9	C
15.Van Ness/Post	15.3	B	15.0	B	15.2	B	15.9	B	16.1	B
16.Van Ness/Sutter	11.2	B	11.0	B	11.1	B	11.4	B	11.4	B
17.Van Ness/Bush	23.6	C	23.4	C	24.6	C	30.8	C	33.0	C
18.Van Ness/Pine	22.8	C	23.2	C	24.7	C	25.1	C	28.1	C
19.Van Ness/Broadway	28.0	C	34.4	C	35.1	~~C~~D	45.5	D	46.8	D
20.Polk/O'Farrell	18.6	B	19.0	B	23.6	C	20.6	C	27.8	C
21.Polk/Geary	47.9	D	50.0	D	**57.4**	**E**	**59.1**	**E**	**66.0**	**E**
22.Polk/Cedar	14.6(eb)	B	14.7(eb)	C	15.5(eb)	C	14.7(eb)	C	15.5(eb)	C
23.Polk/Post	18.3	B	17.2	B	19.0	B	17.2	B	18.8	B
24.Polk/Sutter	27.5	C	23.8	C	31.3	C	22.5	C	28.9	C
25.Eighth/Market	**>80/0.87**	**F**	**78.8**	**E**	**79.5**	**E**	**76.4**	**E**	**77.1**	**E**
26.Octavia/Market/U.S. 101	**>80/1.18**	**F**	**>80/1.21**	**F**	**>80/1.2~~0~~21**	**F**	**>80/1.31**	**F**	**>80/1.31**	**F**

Notes:
[1] Delay presented in seconds per vehicle. For unsignalized intersections, delay and LOS presented for worst approach. Worst approach indicated in ( ).
[2] Intersections operating at LOS E or LOS F conditions highlighted in **bold,** and overall intersection volume-to-capacity (v/c) ratio is presented for LOS F conditions.
Source: Fehr & Peers 2010

Table 4.5-18
Levels of Service at Cathedral Hill Campus Study Intersections—P.M. Peak-Hour Conditions

Intersection	Existing		Modified Baseline 2015				2030 Cumulative			
			2015 No Project		2015 Project		2030 No Project		2030 Project	
	Delay/v/c [1,2]	LOS	Delay/v/c	LOS	Delay/v/c	LOS	Delay/v/c	LOS	Delay/v/c	LOS
1. Gough/Geary	29.9	C	36.2	D	41.0	D	46.9	D	51.7	D
2. Gough/Post	8.6	A	10.0	A	10.9	B	12.7	B	14.4	B
3. Gough/Sutter	15.0	B	15.5	B	19.6	~~C~~B	20.8	C	26.2	C
4. Franklin/O'Farrell	30.7	C	34.1	C	33.5	C	46.7	D	45.9	D
5. Franklin/Geary	22.1	C	28.8	C	26.7	C	47.7	D	45.2	D
6. Franklin/Post	12.3	B	11.0	B	11.3	B	13.3	B	13.7	B
7. Franklin/Sutter	**65.5**	**E**	**57.0**	**E**	**56.4**	**E**	**66.1**	**E**	**65.5**	**E**
8. Franklin/Bush	9.7	A	10.1	A	10.2	B	10.4	A	10.6	B
9. Franklin/Pine	16.8	B	20.2	B	25.6	B	27.7	C	35.9	D
10. Van Ness/Market	49.1	D	54.9	D	**55.1**	**E**	**73.1**	**E**	**74.2**	**E**
11. Van Ness/Fell	23.3	C	25.1	C	25.0	C	35.2	D	35.1	D
12. Van Ness/Hayes	23.3	C	25.7	C	26.8	C	37.1	D	39.5	D
13. Van Ness/O'Farrell	26.3	C	26.5	C	26.7	C	33.2	C	33.4	C
14. Van Ness/Geary	26.3	C	40.2	D	35.9	D	**64.2**	**E**	**57.8**	**E**
15.Van Ness/Post	14.4	B	14.8	B	15.6	B	16.7	B	17.6	B
16.Van Ness/Sutter	16.9	B	17.4	B	17.6	B	24.9	C	25.2	C
17.Van Ness/Bush	26.6	C	28.7	C	36.7	~~C~~D	39.3	D	49.5	D
18.Van Ness/Pine	23.2	C	33.7	C	40.5	~~C~~D	54.6	D	**59.7**	**E**
19.Van Ness/Broadway	26.0	C	28.0	C	27.8	C	30.7	C	30.8	C
20.Polk/O'Farrell	18.3	B	20.0	B	28.7	C	21.1	C	30.4	C
21.Polk/Geary	28.6	C	34.4	C	**59.8**	**E**	54.8	D	**76.0**	**E**
22.Polk/Cedar	12.3(eb)	B	13.0(eb)	B	24.1(eb)	C	13.1(eb)	B	24.3(eb)	C
23.Polk/Post	15.9	B	16.1	B	16.9	B	17.9	B	19.1	B
24.Polk/Sutter	28.7	C	29.7	C	30.0	C	49.0	D	48.8	D
25.Eighth/Market	**70.0**	**E**	**>80/1.18**	**F**	**>80/1.19**	**F**	**>80/1.28**	**F**	**>80/1.29**	**F**
26.Octavia/Market/U.S. 101	38.7	D	49.3	D	49.8	D	**>80/1.02**	**F**	**>80/1.02**	**F**

Notes:
[1] Delay presented in seconds per vehicle. For unsignalized intersections, delay and LOS presented for worst approach. Worst approach indicated in ( ).
[2] Intersections operating at LOS E or LOS F conditions highlighted in **bold,** and overall intersection volume-to-capacity (v/c) ratio is presented for LOS F conditions.
Source: Data compiled by Fehr & Peers in 2010

Table 4.5-21 in the Draft EIR, page 4.5-119 has been revised below to clarify ridership under the Modified Baseline 2015 Project, Cumulative 2030 No Project, and Cumulative 2030 Project:

Table 4.5-21 (Revised)
Muni Corridor Analysis—Cathedral Hill, St. Luke's, and California Campuses

	Existing		Modified Baseline 2015 No Project		Modified Baseline 2015 Project			Cumulative 2030 No Project		Cumulative 2030 Project	
	Ridership	Capacity Utilization	Ridership	Capacity Utilization	Project Trips	Ridership	Capacity Utilization	Ridership	Capacity Utilization	Ridership	Capacity Utilization
Cathedral Hill—A.M. Peak Hour											
Northbound	1,377	63%	1,415	64%	188	1,603 ~~1,569~~	73~~71~~%	1,458	66%	1,646 ~~1,612~~	75~~73~~%
Southbound	1,242	57%	1,373	62%	88	1,461 ~~1,445~~	66%	1,521	69%	1,609 ~~1,593~~	73~~72~~%
Eastbound	3,687	64%	3,722	65%	250	3,972 ~~3,926~~	69%	3,761	66%	4,011 ~~3,965~~	70~~69~~%
Westbound	2,111	45%	2,510	51%	60	2,570 ~~2,559~~	52~~51~~%	2,964	60%	3,024 ~~3,013~~	61%
Cathedral Hill—P.M. Peak Hour											
Northbound	1,307	60%	1,397	56%	74	1,471 ~~1,464~~	58%	1,702	68%	1,776 ~~1,769~~	71~~70~~%
Southbound	1,176	54%	1,198	48%	186	1,384 ~~1,366~~	55~~54~~%	1,267	50%	1,453 ~~1,435~~	58~~57~~%
Eastbound	2,408	52%	2,599	52%	51	2,650 ~~2,645~~	53%	3,242 ~~3,345~~	65%	3,293 ~~3,288~~	66%
Westbound	3,926	68%	3,975	69%	238	4,213 ~~4,192~~	74~~73~~%	4,143 ~~4,249~~	72%	4,381 ~~4,360~~	76%
St. Luke's Campus—P.M. Peak Hour											
Northbound	1,553	46%	1,690	44%	29	1,719 ~~1,717~~	45%	2,054	54%	2,083 ~~2,081~~	55%
Southbound	2,157	56%	2,163	57%	24	2,187 ~~2,186~~	58~~57~~%	2,181	57%	2,205 ~~2,204~~	58%
Eastbound	442	70%	460	73%	12	472 ~~471~~	75%	500	79%	512 ~~511~~	81%
Westbound	318	50%	319	51%	6	325	52%	321	51%	327	52%
California Campus—P.M. Peak Hour											
Northbound	382	38%	387	32%	0	387	32%	393	32%	393	32%
Southbound	~~1,421~~652	~~74~~65%	~~1,421~~682	~~61~~56%	0	682~~1,452~~	56%~~62%~~	~~1,421~~746	~~61~~62%	746~~1,452~~	62%~~62%~~
Eastbound	~~3,122~~1,964	~~34~~55%	~~3,543~~2,147	~~35~~59%	0	2,147~~3,609~~	59%~~36%~~	~~3,839~~2,764	~~38~~76%	2,764~~3,905~~	76%~~39%~~
Westbound	~~7,380~~3,228	~~81~~72%	~~7,750~~3,467	~~77~~79%	0	3,467~~7,765~~	79%~~77%~~	~~8,073~~3,643	~~80~~83%	3,643~~8,088~~	83%~~80%~~

Notes: Capacity utilization calculations reflect capacity changes associated with the TEP project. Service changes resulting in capacity increases are proposed for the 5-Fulton, 12-Folsom-Pacific, 19-Polk, 21-Hayes, 22-Fillmore, 24-Divisadero, 27-Bryant, 31-Balboa, 38L-Geary Limited, 44-O'Shaughnessy, 47-Van Ness, 49-Van Ness-Mission, F-Market & Wharves, J-Church, L-Taraval, and N-Judah. Service changes resulting in decreases in capacity are proposed to occur on the 1BX-California Express, 2-Clement, 16AX/BX-Noriega Expresses, 38BX-Geary Express, 48-Quintara-24th Street, and M-Ocean View. Source: Data Compiled by Fehr & Peers in 2011.

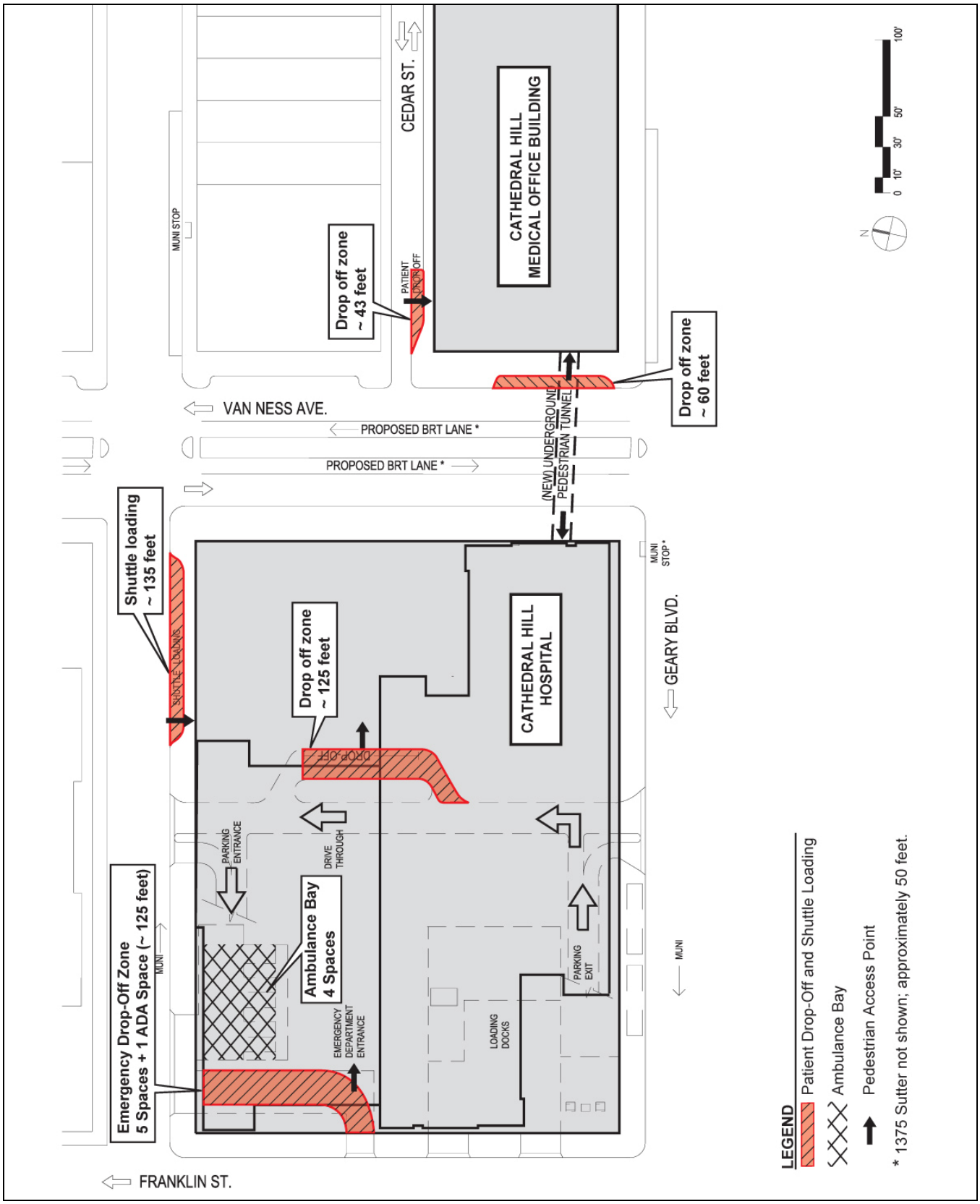
Table 4.5-36 in the Draft EIR, page 4.5-172 has been revised below to clarify ridership under the Modified Baseline 2020 Project and Cumulative 2030 Project:

Table 4.5-36 (Revised)
Muni Corridor Analysis—Pacific and Davies Campuses—P.M. Peak-Hour Conditions

	Existing		Modified Baseline 2020 No Project		Modified Baseline 2020 Project			Cumulative 2030 No Project		Cumulative 2030 Project	
	Ridership	Capacity Utilization	Ridership	Capacity Utilization	Project Trips	Ridership	Capacity Utilization	Ridership	Capacity Utilization	Ridership	Capacity Utilization
Pacific Campus											
Northbound	472	49%	514	45%	12	~~542~~526	~~48~~46%	549	48%	~~577~~561	~~51~~49%
Southbound	550	57%	550	49%	15	~~586~~565	~~52~~50%	550	49%	~~586~~565	~~52~~50%
Eastbound	1,964	55%	~~2,417~~2,401	66%	6	~~2,415~~ 2,407	66%	2,764	76%	~~2,778~~ 2,770	~~77~~76%
Westbound	2,751	77%	2,871	79%	4	~~2,881~~ 2,875	79%	2,969	81%	~~2,979~~ 2,973	~~82~~81%
Davies Campus											
Northbound	812	42%	908	39%	26	934	40%	988	43%	1,014	44%
Southbound	1,421	74%	1,421	61%	31	1,452	62%	1,421	61%	1,452	62%
Eastbound	3,122	34%	3,543	35%	66	3,609	36%	3,839	38%	3,905	39%
Westbound	7,380	81%	7,750	77%	15	7,765	77%	8,073	80%	8,088	80%

Notes:
Capacity utilization calculations reflect capacity changes associated with the TEP project. Service changes resulting in capacity increases are proposed for the 5-Fulton, 12-Folsom-Pacific, 19-Polk, 21-Hayes, 22-Fillmore, 24-Divisadero, 27-Bryant, 31-Balboa, 38L-Geary Limited, 44-O'Shaughnessy, 47-Van Ness, 49-Van Ness-Mission, F-Market & Wharves, J-Church, L-Taraval, and N-Judah.
Service changes resulting in decreases in capacity are proposed to occur on the 1BX-California Express, 2-Clement, 16AX/BX-Noriega Expresses, 38BX-Geary Express, 48-Quintara-24th Street, and M-Ocean View
Source: Data compiled by Fehr & Peers in 2011

Figure 4.5-21 in the Draft EIR, page 4.5-143, "Cathedral Hill Campus – Proposed Passenger Zones" has been revised for clarification to show the correct passenger zones and location of the ambulance bays at the Cathedral Hill Campus under the proposed CPMC LRDP. The revised figure is presented below:



Source: SmithGroup/Boulder Associates 2010

Cathedral Hill Campus Proposed Passenger Zones **Figure 4.5-21 (Revised)**

Table 4.5-34 in the Draft EIR, page 4.5-164, has been revised to update parking supply and demand by campus, as follows:

Table 4.5-34 (Revised)
Summary of Parking Supply and Demand by Campus

	Parking Supply				Parking Demand				Supply less Demand			
	Physicians	Employees	Visitors/ Patients	Total	Physicians	Employees	Visitors/ Patients	Total	Physicians	Employees	Visitors/ Patients	Total
Cathedral Hill Campus												
Hospital	107	161	245	513	107	415	242	764	0	-254	3	-251
MOB	114	113	315	542	114	107	244	465	0	6	71	77
1375 Sutter	39	73	60	172	39	37	84	160	0	36	-24	12
Total	**260**	**347**	**620**	**1,227**	**260**	**559**	**570**	**1,389**	**0**	**-212**	**50**	**-162**
Pacific Campus	260	721	606	1,587	260	708	609	1,577	0	10	0	10
Davies Campus	105	307	~~218~~214	~~630~~626	105	478	250	833	0	-171	~~-32~~-36	~~-203~~-207
St. Luke's Campus	98	165	187	450	98	337	324	759	0	-172	-137	-309
Off-Campus 1	0	623	0	623	0	0	0	0	0	623	0	623
Total LRDP	***~~739~~723***	***2,163***	***~~1,612~~1,627***	***~~4,514~~4,513***	***723***	***2,082***	***1,753***	***4,558***	***0***	***~~78~~81***	***~~-119~~-126***	***~~-41~~-45***

Note:
[1] Off-campus parking supply of 623 spaces includes 400 spaces at the Japan Center Garage, 180 spaces at 855 Geary Street Garage, and 43 spaces at garage within 2015 Steiner Street.
Source: Data compiled by CHS Consulting Group and Fehr & Peers in 2010

The text in the Draft EIR, page 4.5-147, first paragraph under "Impact TR-55" has been revised to update construction hours, as follows:

> 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 7 p.m.~~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~~. Work extending past 7 p.m. will be limited to activities such as concrete finishing, steel detailing, and general production preparation, and will be communicated with the neighbors on a weekly basis. Second shift work (work occuring between 4 p.m. and midnight) would occur only during the interior buildout phase of the Cathedral Hill Hospital construction. The proposed underground tunnel between the Cathedral Hill hospital and MOB would be located under Van Ness Avenue between Post Street and Geary Street, approximately 50 feet north of Geary Street. Construction staging for the hospital and MOB would occur on site, with some materials and equipment stored at off-site facilities outside of the City of San Francisco. Preliminary construction information for the Catheral Hill Campus was prepared by Herrero Boldt.

The text in the Draft EIR, page 4.5-147, second to last paragraph has been revised to update construction hours, as follows:

> *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~~7 p.m. ~~and 4 p.m. to midnight~~ on weekdays, and between 7 a.m. and 5 p.m. on Saturdays, except as noted above.

The text in the Draft EIR, page 4.5-167, first bullet point, has been deleted to show that the new shuttle stop for the Pacific Campus would be located in the North-of-Clay Parking Garage drop-off area, rather than on Sacramento Street. The shuttle stop would not affect the street network and the three on-street parking spaces on Sacramento described in the Draft EIR bullet point as being removed, as follows:

> ~~► A new CPMC shuttle stop would be provided on Sacramento Street near the proposed Campus Drive (approximately midblock between Webster Street and Buchanan Street). This shuttle stop would require the removal of about three on-street parking spaces on Sacramento Street.~~

The text in the Draft EIR, page 4.5-173, third paragraph, has been revised to clarify truck access to the loading dock area at the Pacific Campus, as trucks would enter only from Sacramento Street (not from Clay Street), and also incorrectly states that large trucks would be accommodated along Clay Street, as follows:

> Trucks ~~accessing the loading dock area would enter from either Clay Street and turn onto Campus Drive or~~ would access Campus Drive directly from Sacramento Street, and would back into the loading dock space from Campus Drive. Campus Drive is currently designed to be 24-feet wide and thus, a 35-foot long truck would have sufficient turning radius to back into a large truck loading space, provided it can use both lanes of Campus Drive. This maneuver would briefly interrupt traffic flow on Campus Drive. However, it is not likely that stopped traffic on Campus Drive would impact circulation on-site or on Sacramento Street. Larger trucks (e.g., 50 feet in length), would not be accommodated within the loading dock, and instead would be accommodated off-street along ~~the Clay Street stub or~~ Campus Drive. The number of larger truck deliveries (primarily linens) at the Pacific Campus would decrease as part of the project because these deliveries would be redirected to the proposed Cathedral Hill Campus.

Improvement Measure I-TR-63.1 in the Draft EIR, page 4.5-174, has been deleted due to the infeasibility of implementation, based on the site constraints on the western side of Campus Drive, as follows (The improvement measure suggests widening Campus Drive to "allow for an 8-foot-wide loading lane, 10-foot-wide sidewalk, 6-foot-wide landscaping and planting area, in addition to two 12-foot wide travel lanes," which would result in a total of 48 feet. However, Campus Drive cannot be widened beyond 34 feet, because of site constraints on the western side of Campus Drive):

- ~~**Improvement Measure I-TR-63.1 Provide Additional On-site Loading Spaces**~~

  ~~CPMC shall design Campus Drive between 2100 Webster Street and the ACC Addition to provide for at least one 8-foot-wide loading lane, to provide for one additional on-site loading space. Although detailed plans are not available at this time, and the Pacific Campus project would be a long-term project under the CPMC LRDP, the preliminary proposed width of 24 feet of Campus Drive (too narrow to accommodate two travel lanes and a loading lane) could be widened as part of further design efforts. The clearance width between the 2100 Webster Building and the ACC Annex is approximately 48 feet, which could potentially allow for an 8-foot-wide loading lane, 10-foot-wide sidewalk, 6-foot-wide landscaping and planting area, in addition to two 12-foot wide travel lanes.~~

The text in the Draft EIR, page 4.5-175, second sentence under Impact TR-65, has been revised to clarify that the existing ambulance/emergency room loading area at 2333 Buchanan would not just be used for patient and visitor loading, but would also be used for some medical transfers, as follows:

> The existing ambulance/emergency room loading area on Sacramento Street west of Buchanan Street would be repurposed to serve primarily for as patient and visitor loading, including urgent care drop-off. Ambulances and other vehicles would also continue to use this loading area for medical transfers.

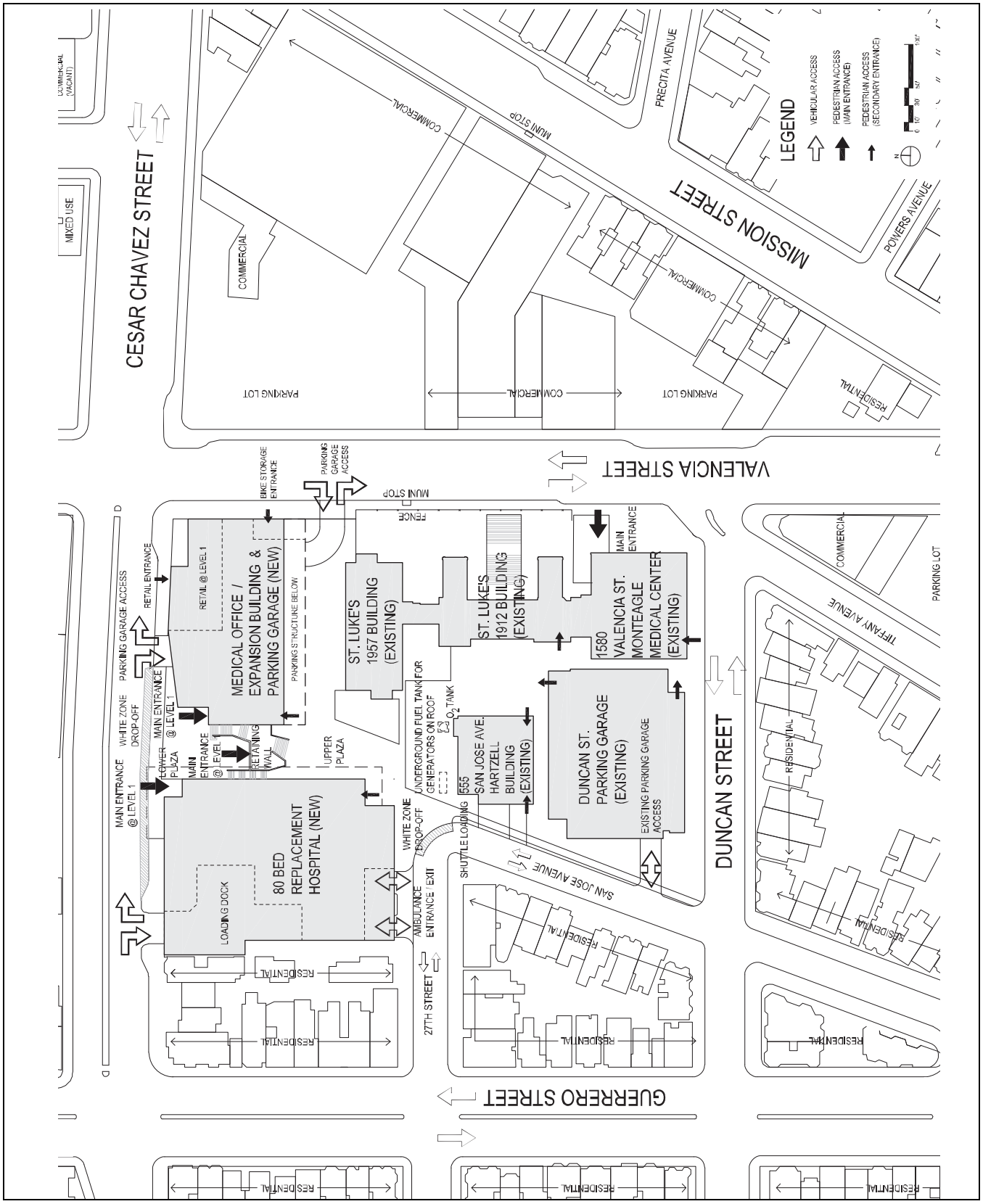
The text in the Draft EIR, page 4.5-197, first sentence in the last paragraph has been revised to update the square footage at the proposed St. Luke's Replacement Hospital, as follows:

> An approximately 80-bed, 154,800 ~~145,000~~-sq.-ft., St. Luke's Replacement Hospital is proposed on the project site, west of the existing St. Luke's Hospital tower.

Page 4.5-204 of the Draft EIR has revised as follows:

> The St. Luke's Campus project would result in an increase in pedestrian activity in the vicinity of the campus, including walk trips to and from the proposed uses, plus walk trips to and from Muni bus stops and 24th Street BART Station. Overall, during the p.m. peak hour the project would add about 64 net-new pedestrian trips (an increase of 25 walk trips, and ~~39~~ 71 net-new trips that account for walk trips to and from the transit stops) to the surrounding streets (see Table 4.5-11, page 4.5-77).

Figure 4.5-26 in the Draft EIR, page 4.5-207 "St. Luke's Campus – Proposed Passenger Zones" has been revised for clarification to show the correct passenger zones at the St. Luke's Campus under the proposed CPMC LRDP. The revised figure is presented below:



Source: SmithGroup/Boulder Associates 2010

St. Luke's Campus Proposed Passenger Zones **Figure 4.5-26 (Revised)**

The text in the Draft EIR, page 4.5-219 and S-54 for Impact TR-100 has been revised as follows because the Van Ness/Pine intersection would only be impacted under the cumulative scenario:

> *Impact TR-100 Implementation of the Cathedral Hill project would result in significant ~~project and~~ cumulative impacts at the intersection of Van Ness/Pine. (Significant and Unavoidable)*

The text in the Draft EIR, page 4.5-234, has been updated to include Improvement Measure I-TR-128

Improvement Measure I-TR-128 Divisadero/Haight Intersection Improvement

> As an improvement measure to improve the operating conditions from LOS E or LOS F to LOS D at the intersection of Divisadero/Haight, the project sponsor would provide funds to re-stripe the Divisadero/Haight intersection to accommodate a 125-foot northbound right-turn pocket. This capacity improvement would result in the loss of up to five on-street parking spaces but would decrease average delay at the intersection to acceptable levels.

The text in the Draft EIR page 4.5-238 and S-57 for Mitigation Measure MM-TR-134 has been revised as follows to make this measure consistent with the other mitigation measures requiring a Transit Mitigation Agreeement with SFMTA:

Mitigation Measure MM-TR-134

> CPMC shall ensure that the transit delay impact related to the Cathedral Hill Campus project on the 47-Van Ness is reduced to a less-than-significant level by financially compensating the SFMTA for the cost of providing the additional service needed to accommodate the project at ~~existing~~ 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.

4.2.9 NOISE (CHAPTER 4.6)

Data in the Draft EIR, page 4.6-31, Table 4.6-16 "Summary of EPA-Recommended Noise Level Standards," has been revised to correct a typographical error, as follows:

Table 4.6-16
Summary of EPA-Recommended Noise Level Standards

Effect	Level	Area
Hearing loss	$L_{eq(24)} \leq 70$ dB	All areas
Outdoor activity interference and annoyance	$L_{dn} \leq 55$ dB	Outdoor in residential areas and farms and other outdoor areas where people spend widely varying amounts of time and other places in which quiet is a basis for use.
	$L_{eq(24)} \leq 55$ dB	Outdoor areas where people spend limited amounts of time, such as school yards, playgrounds, etc.
Indoor activity interference and annoyance	$L_{\text{~~eq~~}dn} \leq 45$ dB	Indoor residential areas
	$L_{eq(24)} \leq 45$ dB	Other indoor areas with human activities such as schools, etc.

Notes:
dB = decibels; EPA = U.S. Environmental Protection Agency; L_{dn} = day-night noise level (L_{eq} with a 10-dB nighttime weighting); $L_{eq(24)}$ = equivalent noise level (the sound energy averaged over a 24-hour period)
Source: U.S. Environmental Protection Agency, 1974 (March). *Information on Levels of Environmental Noise Requisite to Protect Public Health and Welfare with an Adequate Margin of Safety.* Washington, DC. Page 3.

Data in the Draft EIR, page 4.6-32, Table 4.6-17 "Summary of FTA-Recommended Groundborne Vibration Impact Criteria," has been revised to correct a typographical error, as follows:

Table 4.6-17
Summary of FTA-Recommended Groundborne Vibration Impact Criteria

Land Use Category	Impact Levels (VdB; relative to 1 microinch per second)		
	Frequent Events[1]	Occasional Events[2]	Infrequent Events[3]
Category 1: Buildings where vibration would interfere with interior operations	65[4]	65[4]	65[4]
Category 2: Residences and buildings where people normally sleep	72	75	80
Category 3: Institutional land uses with primarily daytime uses	75	78	83

Notes: FTA = Federal Transit Administration; VdB = vibration decibels
[1] Defined as more than 70 vibration events of the same source per day. Most rapid transit projects fall into this category.
[2] Defined as between 30 and 70 vibration events of the same source per day. Most commuter trunk lines have this many operations.
[3] Defined as fewer than 30 vibration events of the same kind per day. This category includes most commuter rail branch lines.
[4] This criterion limit is based on levels that are acceptable for most moderately sensitive equipment such as optical microscopes. Vibration-sensitive manufacturing or research will require detailed evaluation to define the acceptable vibration levels. Ensuring lower vibration levels in a building often requires special design of the heating, ventilation, and air conditioning systems and stiffened floors.
Source: Federal Transit Administration. 2006 (May). *Transit Noise and Vibration Impact Assessment.* Washington, DC. Page 8-3.

The text in the Draft EIR, page 4.6-43, end of the third paragraph, has been revised as follows because during the review of the Draft EIR and continued planning of the proposed project, CPMC, in consultation with its construction partners, continued to evaluate and refine the proposed construction plan:

> Hours of operation during the Cathedral Hill and the MOB construction phases would extend from 7 a.m. to 7 p.m. Monday through Friday ~~midnight on all typical work days, using two shifts~~. Saturday work would occur from 7 a.m. to 5 p.m.; work is not expected to be done on Sunday. ~~The hours of operation would vary slightly during the development projects' various stages.~~ Construction work extending past 7 p.m. would be limited to activities such as: concrete finishing, steel detailing and general production preparation. Construction work extending past 7 p.m. would be communicated with the neighbors on a

> weekly basis. Second shift work (work occurring between 4 p.m. and midnight) is anticipated only during interior build out phase of the Cathedral Hill Hospital.

The text in the Draft EIR, page 4.6-45, first paragraph, has been revised as follows because during the review of the Draft EIR and continued planning of the proposed project, CPMC, in consultation with its construction partners, continued to evaluate and refine the proposed construction plan:

> Most of the construction activities at the proposed Cathedral Hill Campus would occur between 7 a.m. and 7~~8~~ p.m. Demolition of the existing buildings and site excavation for the Cathedral Hill Hospital would generally occur between 7 a.m. and 7~~4~~ p.m., Monday–Friday. At both the Cathedral Hill Hospital site and the Cathedral Hill MOB site, construction on Saturdays is proposed for generally between 7 a.m. and 5 p.m. No construction is planned on Sundays. There are no second shifts proposed for construction activity associated with demolition, excavation and erection of the proposed buildings. Nighttime construction would occur during the interior finishes phase. ~~However, CPMC also proposes a second construction shift during the demolition and excavation phase at the hospital and MOB sites to aid in off-site disposal of the demolished material and allow excavated material to be hauled off during lighter traffic periods. The second shift would be from 4 p.m. to midnight, Monday–Friday.[34] Extended work hours (until midnight on weekdays) are also proposed for the foundation and structural stages, during concrete placement and finishing activities and the pouring of concrete decks. Welding activities on the structural steel tower could also extend into a second shift, depending on the availability of certified welders.~~
>
> ~~[34] Herrero Boldt. 2009 (December). CPMC Cathedral Hill Hospital and Medical Office Building Construction Data. San Francisco, CA. These data are on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and are available for public review as part of the project file, in Case No. 2005.0555E.~~

The text in the Draft EIR, page 4.6-45, fourth and fifth sentences of the second paragraph, has been deleted as follows because during the review of the Draft EIR and continued planning of the proposed project, CPMC, in consultation with its construction partners, continued to evaluate and refine the proposed construction plan:

> ~~Also, the second shift of construction at the Cathedral Hill Hospital and Cathedral Hill MOB sites, and construction of the Van Ness Avenue pedestrian tunnel, conducted between 8 p.m. and midnight, would exceed the ambient noise levels by 5 dBA, as measured at the property line. This nighttime construction would occur during the initial 11–15 months of the demolition/construction phase; and as noted above, a special permit would be required to allow construction work after 8 p.m. or before 7 a.m.~~

The text in the Draft EIR, page 4.6-46, second full sentence in the first paragraph, has been revised as follows because during the review of the Draft EIR and continued planning of the proposed project, CPMC, in consultation with its construction partners, continued to evaluate and refine the proposed construction plan:

> Construction of the tunnel foundation and structure, as well as construction of the tunnel interior, would be performed between 7 a.m. and 7~~5~~ p.m., Monday–Friday.

The text in the Draft EIR, page 4.6-49, fifth through seventh sentences in the first paragraph, has been revised as follows because during the review of the Draft EIR and continued planning of the proposed project, CPMC, in consultation with its construction partners, continued to evaluate and refine the proposed construction plan:

All construction work for the proposed Neuroscience Institute building is proposed to occur between 7 a.m. and 5 p.m., Monday– Friday, excluding holidays. ~~Work may continue to 8 p.m. on typical work days and select Saturdays, as required.~~ Saturday shifts are not anticipated.

Data in the Draft EIR, page 4.6-59, Table 4.6-26 "Predicted Future Traffic Noise Levels-Cathedral Hill Campus," has been revised to correct a typographical error, as follows:

Table 4.6-26 (Revised)
Predicted Future Traffic Noise Levels—Cathedral Hill Campus

Roadway	Segment		L_{dn} at 50 Feet, dB							
	From	To	Baseline (2015) No Project	Baseline (2015) Plus Project	Net Change	+3 dB Increase	Cumulative (2030) No Project	Cumulative (2030) Plus Project	Net Change	+3 dB Increase
Franklin St	Bush St	Sutter St	72.6	72.6	0.0	No	72.8	~~82.6~~73.0	~~9.8~~0.2	No
Franklin St	Sutter St	Post St	72.4	72.4	0.0	No	72.7	72.7	0.0	No
Franklin St	Post St	Geary Blvd	72.8	72.7	-0.1	No	73.0	73.0	0.0	No
Franklin St	Geary Blvd	O'Farrell St	73.3	73.2	0.0	No	73.6	73.5	-0.1	No
Van Ness Ave	Sutter St	Post St	74.8	75.0	0.2	No	75.4	75.5	0.1	No
Van Ness Ave	Post St	Geary Blvd	75.1	75.2	0.1	No	75.6	75.7	0.1	No
Van Ness Ave	Geary Blvd	O'Farrell St	75.2	75.3	0.1	No	75.7	75.8	0.1	No
Polk St	Post St	Cedar St	65.5	65.8	0.3	No	65.9	66.2	0.3	No
Polk St	Cedar St	Geary Blvd	65.6	66.5	0.9	No	65.9	66.8	0.9	No
Polk St	Geary Blvd	O'Farrell St	65.0	65.6	0.5	No	65.3	65.8	0.5	No
Sutter St	Gough St	Franklin St	65.1	65.4	0.3	No	65.8	66.1	0.3	No
Sutter St	Franklin St	Van Ness Ave	66.0	66.5	0.5	No	66.7	67.1	0.4	No
Post St	Gough St	Franklin St	66.0	66.1	0.1	No	66.6	66.7	0.1	No
Post St	Franklin St	Van Ness Ave	67.4	67.1	-0.3	No	67.9	67.7	-0.2	No
Post St	Van Ness Ave	Polk St	66.7	67.0	0.3	No	67.4	67.6	0.2	No
Geary Blvd	Gough St	Franklin St	75.3	75.4	0.1	No	76.1	76.1	0.0	No
Geary Blvd	Franklin St	Van Ness Ave	72.0	72.0	0.0	No	72.7	72.7	0.0	No
Geary Blvd	Van Ness Ave	Polk St	71.6	72.0	0.4	No	72.1	~~75.2~~73.0	~~3.1~~0.9	No
Cedar St	Polk St	Van Ness Ave	52.0	62.3	10.3	No[1]	52.0	62.3	10.3	No[1]

Notes: dB = (A-weighted) decibels; L_{dn} = day-night average noise level
Traffic noise levels are predicted at a standard distance of 50 feet from the roadway centerline and do not account for shielding from existing noise barriers or intervening structures. Traffic noise levels may vary depending on actual setback distances and localized shielding.
[1] Existing measured noise levels on Cedar Street were 60.8 dB L_{eq} as shown in Table 4.6-4 "Existing Ambient Noise Levels—Cathedral Hill Campus." Therefore, comparing measured ambient noise levels to future modeled traffic noise levels, the increase (+2.3 dB) in traffic noise levels would be less than significant.
Source: Data modeled by AECOM in 2010

The text in the Draft EIR, page 4.6-78, first sentence at the top of the page, has been amended to include the following clarification of potential siren noise levels in the vicinity of the St. Luke's campus:

As a result, noise associated with the ambulance entrance/exit, without the use of sirens, would comply with the City's noise limit of 8 dB above the ambient noise level at the property line~~; however, such noise could result in a substantial increase in ambient noise levels at nearby sensitive receptors above existing~~

~~levels with the frequent use of sirens~~. With respect to siren noise and similar to the analysis presented above for the proposed Cathedral Hill campus, the St. Luke's campus would continue to accept Code 3 emergency transports that necessitate the use of sirens with implementation of the proposed CPMC LRDP. Based on the projected emergency medical service needs associated with the St. Luke's campus, the number of Code 3 emergency transports which require the use of a siren would average approximately 0.6 Code 3 transports per day or 219 annual Code 3 transports. This calculation reflects a high-end estimate of the total number of emergency transports (6,239) projected for the St. Luke's campus in 2015, as well as the percentage of Code 3 transports of total ambulance transports accepted by St. Luke's in 2009. Based on the ambient noise level measurements shown in Table 4.6-14, this would represent up to a 0.2 dBA increase in hourly Leq and would occur less than once per day on average. This would not be considered a substantial increase in ambient noise levels resulting from implementation of the proposed CPMC LRDP. As a result, impacts would be considered less than significant.

4.2.10 AIR QUALITY (SECTION 4.7)

The text in the Draft EIR, page 4.7-27, footnote 39, has been revised to reflect updated air quality analysis performed after publication of the Draft EIR, as follows:

39 Construction emissions and stationary-source emissions modeling was conducted for the proposed CPMC LRDP by ENVIRON in 2010 and 2011. This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

The text in the Draft EIR, page 4.7-34, has been updated to reflect the impact determination for Impact AQ-2, as follows:

IMPACT AQ-2 *Construction activities associated with the LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants (1999 BAAQMD Guidelines). (Significance Criteria 7b and 7d)*

Levels of Significance:

- *Cathedral Hill (with or without project variants): ~~Significant and unavoidable with mitigation~~ Less than significant with mitigation*
- *Pacific: Less than significant*
- *Davies: Less than significant*
- *St. Luke's (with or without either project variant): Less than significant*

The text in the Draft EIR, page 4.7-34, last paragraph, has been updated to accurately reflect Estimated Excess Cancer Risk, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

The results of the risk analysis for the MEI (i.e., resident child) are summarized in Table 4.7-5, "Screening-Level Analysis of Health Risks from Construction Emissions for All Campuses" (page 4.7-35). These results reflect a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at Cathedral Hill Campus and would result in smaller impacts. According to the analysis, the LRDP's construction-related TAC emissions at the proposed Cathedral Hill Campus would generate a cancer risk of approximately ~~17~~8.3 in a million at the maximally exposed off-site individual, assuming the receptor is a resident child. This level ~~exceeds~~is below the threshold of 10 in a million; therefore, **this impact would be less than signifcant**. ~~These results reflect a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at Cathedral Hill Campus and would result in smaller impacts. However, based on the screening-level evaluation, the LRDP's construction-related DPM emissions would be considered potentially significant under BAAQMD's applicable (1999) Air Quality Guidelines. Due to the scale of the construction activities and proximity to adjacent receptors,~~ ~~**the health risk impacts from construction of the Cathedral Hill Campus could be above BAAQMD's significance threshold and therefore would be potentially significant**~~.~~

The text in the Draft EIR, page 4.7-35, second paragraph, has been updated to reflect the revised impact determination for Impact AQ-2 at the Cathedral Hill Campus based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

Cathedral Hill Campus with Project Variants: As detailed in "Methodology for Assessing Impacts under CEQA and Applicable (1999) BAAQMD Significance Criteria" on page 4.7-26, none of the project variants for Cathedral Hill Campus are expected to significantly change the construction or operations (including the number and duration of vehicle trips) associated with the campus. Hence, the project variants are not expected to significantly change emission estimates, associated health risks, or the impact determinations derived from them. For the Cathedral Hill Campus project variants, for the same reasons as described previously, **this impact would be ~~potentially~~less than significant**.

The data in the Draft EIR, page 4.7-35, Table 4.7-5, "Screening-Level Analysis of Health Risks from Construction Emissions for All Campuses," have been revised as follows based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, to accurately reflect Estimated Excess Cancer Risk at the maximally exposed individual receptor (MEIR):

Table 4.7-5
Screening-Level Analysis of Health Risks from Construction Emissions with Mitigation for All Campuses *(1999 Criteria)*

Campus and Project	Estimated Excess Cancer Risk at MEIR – Adult Exposure Parameters (per million)	Estimated Excess Cancer Risk at MEIR – Child Exposure Parameters (per million)
Cathedral Hill Campus	~~9~~4.3	~~17~~8.3
Davies Neuroscience Institute	~~1~~0.4	~~2~~0.7
Davies Castro Street/14th Street MOB	~~0~~0.3	~~1~~0.6
Pacific Campus	~~2~~0.3	~~3~~0.5
St. Luke's Replacement Hospital	~~2~~1.9	~~4~~ 3.6
St. Luke's MOB	~~1~~0.2	~~1~~0.3
BAAQMD Threshold	10	10

Notes: BAAQMD = Bay Area Air Quality Management District; MEIR = maximally exposed individual receptor; MOB = medical office building.
Source: Modeling performed by ENVIRON in 2011. Refer to ENVIRON memo dated March 7, 2011 entitled "Revisions to CPMC Construction Emissions and Health Risk Analysis." This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

The text in the Draft EIR, page 4.7-36, second paragraph, has been revised to reflect updates to the impact determinations to Impact AQ-2 based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

> The proposed CPMC construction management plan includes measures consistent with the above mitigation measures, thereby incorporating them into the proposed LRDP. Nevertheless, to ensure that these measures would be legally binding under CEQA, they have been included as Mitigation Measure M-AQ-N2. Implementation of~~While it is possible that~~ Mitigation Measure M-AQ-N2 ~~could~~would 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~~** Therefore, this **impact would be less than significant with mitigation**.

The text in the Draft EIR, page 4.7-36, third, fourth, and fifth paragraphs, and Draft EIR page 4.7-37, first sentence and first two complete paragraphs, have been revised to accurately reflect Estimated Excess Cancer Risk at the Davies and St. Luke's Campuses, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

◆ Davies Campus

According to the risk analysis summarized in Table 4.7-5 (page 4.7-35), the construction-related TAC emissions that would result from development of the proposed Neuroscience Institue at the Davies Campus would result in an estimated excess cancer risk of approximately ~~2~~0.7 in a million at the MEI

(e.g., resident child). This level is below the threshold of 10 in a million; therefore, **this impact would be less than significant**.

Improvement Measure for Davies Campus (Near Term)

I-AQ-N2 This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus.

Implementing Improvement Measure I-AQ-N2 at the Davies Campus would ~~further~~ reduce the carcinogenic risks and chronic noncarcinogenic health hazards posed by DPM emissions during construction activities associated with development.

◆ St. Luke's Campus

According to the risk analysis summarized in Table 4.7-5 (page 4.7-35), the LRDP's construction-related DPM emissions at the St. Luke's Campus would result in an estimated excess cancer risk of approximately ~~4~~ 3.6 in a million at the MEI (e.g., resident child) associated with the proposed Replacement Hospital and approximately 0.3 in a million associated with the proposed MOB/Expansion Building. This level is below the threshold of 10 in a million; therefore, **this impact would be less than significant.**

The same group of receptors will be impacted by both the hospital and the MOB construction projects at St. Luke's Campus; therefore, the risk estimates for both projects should be considered cumulatively. A conservative estimate of overall risk from construction for these receptors would be the sum of the risks calculated for each construction project. As shown in Table 4.7-5, the sum of the estimated excess cancer risks for both St. Luke's projects is approximately ~~5~~3.9 in a million at the MEI (e.g., resident child); therefore, **this impact would be less than significant**.

Improvement Measure for St. Luke's Campus (Near Term)

I-AQ-N2 This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus.

Implementing Improvement Measure I-AQ-L2 would ~~further~~ reduce the carcinogenic risks and chronic noncarcinogenic health hazards posed by DPM emissions during construction activities associated with development.

The text in the Draft EIR, page 4.7-37, fourth and fifth paragraphs, has been revised to accurately reflect Estimated Excess Cancer Risk under long-term projects at the Pacific Campus, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

◆ Pacific Campus

According to the risk analysis summarized in Table 4.7-5 (page 4.7-35), the LRDP's construction-related TAC emissions at the Pacific Campus would result in an estimated excess cancer risk of approximately ~~3~~0.5 in a million at the MEI (e.g., resident child); therefore, **this impact would be less than significant**.

Improvement Measure for Pacific Campus (Long Term)

I-AQ-L2 This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus.

Implementing Improvement Measure I-AQ-L2 would ~~further~~ reduce the carcinogenic risks and chronic noncarcinogenic health hazards posed by DPM emissions during construction activities associated with development.

The text in the Draft EIR, page 4.7-38, first, second, and third paragraphs, have been revised to accurately reflect Estimated Excess Cancer Risk under long-term projects at the Davies Campus, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

◆ Davies Campus

According to the risk analysis summarized in Table 4.7-5 (page 4.7-35), the construction-related TAC emissions that would result from development of the proposed Castro Street/14th Street MOB at the Davies Campus would result in an estimated excess cancer risk of approximately ~~1~~0.6 in a million at the MEI (e.g., resident child); therefore, **this impact would be less than significant**.

The same group of receptors will be impacted by both near-term and long-term construction projects at the Davies Campus; therefore, the risk estimates for both projects should be considered cumulatively. A conservative estimate of overall risk from construction for these receptors would be the sum of the risks calculated for each construction project. As shown in Table 4.7-5, the sum of the estimated excess cancer risks for both Davies projects is approximately 1.3~~3~~ in a million at the MEI (e.g., resident child); therefore, **this impact would be less than significant**.

Improvement Measure for Davies Campus (Long Term)

I-AQ-L2 This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus.

Implementing Improvement Measure I-AQ-L2 would ~~further~~ reduce the carcinogenic risks and chronic noncarcinogenic health hazards posed by DPM emissions during construction activities associated with development.

The text in the Draft EIR, page 4.7-44, footnote 48, has been revised to reflect updated air quality analysis performed after publication of the Draft EIR, as follows:

[48] Modeling provided by ENVIRON in ~~2010~~2011. This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

The text in the Draft EIR, page 4.7-46, Table 4.7-8 "Screening Evaluation of Health Risks Associated with Diesel Particulate Matter (DPM) Emissions from Proposed Generators—Cathedral Hill Campus" has been revised to reflect updated air quality analysis, as follows:

Table 4.7-8
Screening Evaluation of Health Risks Associated with Diesel Particulate Matter (DPM) Emissions from Proposed Generators—Cathedral Hill Campus[a]

Receptor Height (meters)[b]	Incremental DPM Concentration ($\mu g/m^3$)[c]	Chronic Noncancer Hazard Index[c]	Inhalation Risk (excess cancer cases per million)[c]
0	~~0.001~~0.0004	~~2E-04~~8E-05	~~0.6~~0.2
20	~~0.001~~0.0004	~~2E-04~~8E-05	~~0.6~~0.2
60	~~0.003~~0.001	~~6E-04~~2E-04	~~1.5~~0.6
Applicable BAAQMD significance threshold [d]		*1.0*	*10*

Notes: $\mu g/m^3$ = micrograms per cubic meter

[a] Evaluation performed with the USEPA's SCREEN3 air dispersion model using worst-case meteorological data, emission stack parameters provided by CPMC, and estimated annual DPM emissions from new generators at (a) Cathedral Hill Hospital and (b) Medical Office Building. Separate analyses were performed for the two buildings; for a conservative estimate of total risk, the individual risk estimates at each receptor height for both buildings were summed.

[b] Receptor heights relative to ground surface were based on roof heights of surrounding buildings.

[c] Risks at each height are compared separately to the BAAQMD significance thresholds; the risks for different receptor heights are not additive.

[d] Significance thresholds are from the 1999 BAAQMD CEQA Guidelines.

Source: Modeling provided by ENVIRON in ~~2010~~2011. This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E

The text in the Draft EIR, page 4.7-49, Table 4.7-10 "Screening Evaluation of Health Risks Associated with Diesel Particulate Matter Emissions from Proposed Generator—Davies Campus" has been revised to reflect updated air quality analysis, as follows:

Table 4.7-10
Screening Evaluation of Health Risks Associated with Diesel Particulate Matter Emissions from Proposed Generator—Davies Campus[a]

Receptor Height (meters)[b]	Incremental DPM Concentration ($\mu g/m^3$)[c]	Chronic Noncancer Hazard Index[c]	Inhalation Risk (excess cancer cases per million)[c]
0	~~0.004~~0.009	~~9E-4~~2E-3	~~1~~3
20	~~0.008~~0.016	~~2E-3~~3E-3	~~2~~5
30	~~0.005~~0.01	~~1E-3~~2E-3	~~2~~3
Applicable BAAQMD significance threshold [d]	*1.0*		*10*

Notes: $\mu g/m^3$ = micrograms per cubic meter
[a] Evaluation performed with USEPA's SCREEN3 air dispersion model using worst-case meteorological data, emission stack parameters provided by CPMC, and estimated annual DPM emissions from the new generator.
[b] Receptor heights relative to ground surface were are based on roof heights of surrounding buildings.
[c] Risks at each height are compared separately to the BAAQMD significance thresholds; the risks for different receptor heights are not additive.
[d] Significance thresholds from the 1999 BAAQMD CEQA Guidelines.
Source: Modeling provided by ENVIRON in 2010. This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E

The text in the Draft EIR, page 4.7-50, second paragraph, has been revised to reflect updates to generator equipment at the St. Luke's Campus, as follows:

> **Diesel-Fueled Generators:** Two existing generators (rated at 600 kilowatts [kW] and 250 kW, respectively) would be removed from the St. Luke's Hospital tower, ~~two~~one new ~~1,500~~2,000-kW generator~~s~~ would be installed at the St. Luke's Replacement Hospital, and one new 250-kW generator would be installed at the St. Luke's MOB/Expansion Building.

The text in the Draft EIR, page 4.7-50, Table 4.7-11 "Diesel Particulate Emissions from Emergency Generators—St. Luke's Campus" has been revised to reflect updated air quality analysis, as follows:

Table 4.7-11
Diesel Particulate Emissions from Emergency Generators—St. Luke's Campus

Status	Quantity	Equipment/Model	DPM (lb/yr)
To be removed	1	Generator, 250 kW (installed ~1969)	-9
To be removed	1	Generator, 600 kW (installed ~1969)	-20
Proposed	1	Generator, 250 kW (to be installed in 2018)	0.2
Proposed	~~2~~1	Generator~~s~~, Caterpillar, ~~1500~~2000 kW ~~(to be installed by 2015)~~	~~13~~1
Net change in emissions			**~~-15~~ -27**

Notes: DPM = diesel particulate matter; lb/yr = pounds per year. Total does not add exactly because of rounding.
Source: Modeling provided by ENVIRON in ~~2010~~2011. This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E

The text in the Draft EIR, page 4.7-62, has been updated to reflect the revised impact determination for Impact AQ-9 for the long-term projects at the Pacific and Davies Campuses, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

IMPACT AQ-9

Near-term ~~and long-term~~ construction activities associated with the LRDP would exceed recently adopted (June 2, 2010) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation. (Significance Criteria 7b and 7c)

Levels of Significance:

- *Cathedral Hill (with or without project variants): Significant and unavoidable with mitigation*
- *Pacific: ~~Significant and unavoidable with mitigation~~ Less-than-significant with mitigation*
- *Davies (near-term): Significant and unavoidable with mitigation*
- *Davies (long-term): Less-than-significant with mitigation*
- *St. Luke's (with or without either project variant): Significant and unavoidable with mitigation*

The data in the Draft EIR, page 4.7-63, Table 4.7-12, "Near-Term Modeled Average Daily Emissions of Criteria Air Pollutants and Precursors Associated with Construction under the LRDP," have been replaced as follows to accurately reflect particulate emissions from stationary source equipment:

Table 4.7-12
Near-Term Modeled Average Daily Emissions of Criteria Air Pollutants and Precursors Associated with Construction under the LRDP (with Mitigation)

Activity	Emissions (lb/day)[a]			
	ROG	NO_X	PM_{10}[b]	$PM_{2.5}$[b]
Cathedral Hill Campus				
Off-road equipment	5	42	0.9	0.9
Asphalt paving	0.003	–	–	–
Application of architectural coatings	25	–	–	–
Worker commuting	3	7	0.6	0.6
On-road truck hauling	1	21	0.3	0.3
Cathedral Hill Campus Total [c]	**34**	**70**	**1.8**	**1.8**
Davies Neuroscience				
Off-road equipment	0.2	1.5	0.04	0.04
Asphalt paving	0.002	–	–	–
Application of architectural coatings	0.7	–	–	–
Worker commuting	0.2	0.6	0.05	0.05
On-road truck hauling	0.05	0.5	0.01	0.01
Davies Neuroscience Total [c]	**1.2**	**2.6**	**0.1**	**0.1**
St. Luke's Hospital				
Off-road equipment	0.7	5	0.1	0.1
Asphalt paving	0.001	–	–	–
Application of architectural coatings	2	–	–	–
Worker commuting	0.6	2	0.1	0.1
On-road truck hauling	0.1	2.2	0.03	0.03
St. Luke's Hospital Total [c]	**3.4**	**8.6**	**0.3**	**0.3**
Total average daily emissions, all campuses (lb/day)[d]	39 lb/day	**81** lb/day	2 lb/day	2 lb/day
Recently adopted BAAQMD significance criterion	54 lb/day	54 lb/day	82 lb/day[e]	54 lb/day[e]

Notes: BAAQMD = Bay Area Air Quality Management District; lb/day = pounds per day; NO_X = oxides of nitrogen; PM_{10} = respirable particulate matter with an aerodynamic diameter of 10 micrometers or less; $PM_{2.5}$ = fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less; ROG = reactive organic gases.

[a] Mitigation measures for offroad equipment: 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). In addition, on-road hauling truck diesel emissions would be equivalent to the emissions performance of model year 2007 or later.

[b] For a conservative estimate, all particulate matter exhaust emissions were assumed to be $PM_{2.5}$, which is a subset of PM_{10}. Therefore, all particulate matter exhaust emissions are also considered PM_{10}.

[c] Average daily emissions were calculated by dividing the total near-term emissions for each campus by the total number of construction days in the near-term period. Total daily emissions values may not add up to the sum of individual sources due to number rounding.

[d] "All campuses" for 2011–2015 refers to all three CPMC campuses with near-term projects.

[e] These criteria apply to exhaust emissions only.

Source: Analysis performed by ENVIRON in 2011. Refer to ENVIRON memo dated March 7, 2011 entitled "Revisions to CPMC Construction Emissions and Health Risk Analysis." This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

The text in the Draft EIR, page 4.7-64, fourth paragraph, has been revised as follows to reflect added text regarding refinements to the proposed CPMC construction management plan related to implementation of Mitigation Measure M-AQ-N9:

M-AQ-N9 Implement Construction Mitigation under Recently Adopted Thresholds of Significance.

CPMC shall implement Mitigation Measure M-AQ-N1a, "Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction," discussed under Impact AQ-1 (page 4.7-31), and Mitigation Measure M-AQ-N2, "Install Accelerated Emission Control Device on Construction Equipment," discussed under Impact AQ-2 (page 4-17), to reduce emissions of criteria pollutants from construction equipment exhaust. The proposed CPMC construction management plan includes measures consistent with the above mitigation measures, thereby incorporating them into the proposed LRDP. Nevertheless, to ensure that these measures would be legally binding under CEQA, they have been included as Mitigation Measure M-AQ-N9.

The text in the Draft EIR, page 4.7-65, has been revised to refect updated text regarding refinements to the proposed CPMC construction management plan related to implementation of Mitigation Measure M-AQ-L9, as well as updates to impact determinations under Impact AQ-10 based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

LONG-TERM PROJECTS

◆ Pacific and Davies Campuses

Table 4.7-13, "Long-Term Modeled Average Daily Emissions of Criteria Air Pollutants and Precursors Associated with Construction under the LRDP," summarizes the average daily emissions of criteria air pollutants (i.e., PM_{10} and $PM_{2.5}$) and precursors (i.e., ROG and NO_X) that would be generated during the construction period for long-term projects.

~~Emissions associated with long-term campus construction under the LRDP would exceed the recently adopted BAAQMD significance criteria for construction-related NO_X. Implementation of long-term projects under the LRDP could result in or substantially contribute to an air quality violation for NO_X. As a result, **this impact would be significant under the recently adopted BAAQMD CEQA significance criteria**.~~ The construction management plan for the proposed LRDP would include BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures, consistent with Mitiagation Measure M-AQ-N1a, and installation of emission control devices on construction equipment consitent with Mitigation Measure M-AQ-N2. Therefore, these measures have been incorporated as part of the

proposed LRPD. Nevertheless, to ensure that these measures would be leagally binding under CEQA, they have been included as the following mitigation measure:

M-AQ-L9 Implement Construction Mitigation under Recently Adopted BAAQMD Thresholds of Significance

This potential mitigation measure is identical to potential Mitigation Measure M-AQ-N9, above.

~~Even with~~With implementation of the mitigation described above, the criteria pollutant emissions from construction equipment sources associated with long-term campus construction under the LRDP are predicted to ~~remain above~~be below the recently adopted (2010) significance thresholds. Hence, the impact associated with criteria pollutant emissions from long-term construction would ~~remain~~be **less-than-significant ~~and unavoidable~~with mitigation under the recently adopted BAAQMD CEQA significance criteria**.

IMPACT AQ-10 *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)*

Levels of Significance:

- *Cathedral Hill (with or without project variants): Significant and unavoidable with mitigation*
- *Pacific: ~~Significant and unavoidable~~Less-than-significant with mitigation*
- *Davies (near-term): Less-than-significant with mitigation*
- *Davies (long-term): Significant and unavoidable with mitigation*
- *St. Luke's (with or without either project variant): Significant and unavoidable with mitigation*

The data in the Draft EIR, page 4.7-66, Table 4.7-13, "Long-Term Modeled Average Daily Emissions of Criteria Air Pollutants and Precursors Associated with Construction under the LRDP," have been replaced as follows to accurately reflect particulate emissions from stationary source equipment, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document:

Table 4.7-13
Long-Term Modeled Average Daily Emissions of Criteria Air Pollutants and Precursors Associated with Construction under the LRDP (with Mitigation)

Activity	Emissions (lb/day)[a]			
	ROG	NO_X	PM_{10}[b]	$PM_{2.5}$[b]
Pacific Campus				
Off-road equipment	0.3	1.6	0.08	0.08
Asphalt paving	0.002	–	–	–
Application of architectural coatings	15	–	–	–
Worker commuting	0.5	1.6	0.2	0.2
On-road truck hauling	0.2	3	0.07	0.07
Pacific Campus Total [c]	**16**	**6**	**0.4**	**0.4**
Davies Campus				
Off-road equipment	0.2	0.5	0.02	0.02
Asphalt paving	0.002	–	–	–
Application of architectural coatings	3	–	–	–
Worker commuting	0.2	0.5	0.07	0.07
On-road truck hauling	0.08	0.9	0.02	0.02
Davies Campus Total [c]	**3**	**2**	**0.1**	**0.1**
St. Luke's Campus				
Off-road equipment	0.08	0.2	0.01	0.01
Asphalt paving	0.001	–	–	–
Application of architectural coatings	2	–	–	–
Worker commuting	0.1	0.4	0.05	0.05
On-road truck hauling	0.06	0.6	0.02	0.02
St. Luke's Campus Total [c]	**2.5**	**1**	**0.08**	**0.08**
Total average daily emissions, all campuses (2015 and beyond)[a, d]	22 lb/day	9 lb/day	0.5 lb/day	0.5 lb/day
Recently adopted BAAQMD significance criterion	54 lb/day	54 lb/day	82 lb/day [e]	54 lb/day [e]

Notes: BAAQMD = Bay Area Air Quality Management District; lb/day = pounds per day; MOB = medical office building; NO_X = oxides of nitrogen; PM_{10} = respirable particulate matter with an aerodynamic diameter of 10 micrometers or less; $PM_{2.5}$ = fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less; ROG = reactive organic gases.

[a] 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. In addition, on-road hauling truck diesel emissions would be equivalent to the emissions performance of model year 2007 or later.

[b] For a conservative estimate, all particulate matter exhaust emissions were assumed to be $PM_{2.5}$, which is a subset of PM_{10}. Therefore, all particulate matter exhaust emissions are also considered PM_{10}.

[c] Average daily emissions were calculated by dividing the total long-term emissions for each campus by the total number of construction days in the long-term period. Total daily emissions values may not add up to the sum of individual sources due to number rounding.

[d] "All campuses" for 2015 and beyond refers to CPMC campuses with long-term projects: Pacific Campus, Davies Castro Street MOB, and St. Luke's MOB.

[e] These criteria apply to exhaust emissions only.

Source: Analysis performed by ENVIRON in 2011. Refer to ENVIRON memo dated March 7, 2011 entitled "Revisions to CPMC Construction Emissions and Health Risk Analysis." This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

The data in the Draft EIR, page 4.7-67, Table 4.7-14, "Screening-Level Analysis of Health Risks from Construction Emissions with Mitigation for All Campuses under Recently Adopted BAAQMD Significance Criteria," have been replaced as follows to accurately reflect estimated excess cancer risks under the proposed LRDP, based upon the refined estimates of construction emissions included in Appendix C to this C&R document:

Table 4.7-14
Screening-Level Analysis of Health Risks from Construction Emissions with Mitigation for All Campuses under Recently Adopted BAAQMD Significance Criteria

Campus and Project	Estimated Excess Cancer Risk at MEIR – Adult Exposure Parameters[1] (per million)	Estimated Excess Cancer Risk at MEIR – Child Exposure Parameters with ASFs[1] (per million)	Annual Average $PM_{2.5}$ Concentration at MEIR ($\mu g/m^3$)
Cathedral Hill Campus	~~9~~ 4.3	~~111~~ 63	~~0.4~~ 0.3
Davies Neuroscience Institute	~~1~~ 0.4	~~20~~ 7	~~0.1~~ 0.08
Davies Castro Street/14th Street MOB	~~0~~ 0.3	~~7~~ 6	~~0.1~~0.05
Pacific Campus	~~2~~ 0.3	~~23~~ 3	~~0.1~~0.05
St. Luke's Hospital	~~2~~ 1.9	~~13~~ 25	0.1
St. Luke's MOB	~~1~~ 0.2	~~13~~ 3	~~0.1~~0.01
BAAQMD Threshold	10	10	0.3

Notes: ASF = age sensitivity factor; BAAQMD = Bay Area Air Quality Management District; MEIR = maximally exposed individual receptor; MOB = medical office building; $PM_{2.5}$ = particulate matter with diameter of 2.5 µm or less.

[1] Cancer risks for a resident child were adjusted using the age-sensitivity factor (ASF) approach described in the OEHHA Technical Support Document (TSD) and the population-specific ASFs recommended by BAAQMD. For this assessment, it was conservatively assumed that the child exposure period begins when a child is in its 3rd trimester in utero. ~~For example, at the proposed Cathedral Hill Campus, where the overall construction duration is 4.7 years~~ Therefore, an ASF of 10 is applied for the first 2.25 years of construction, and an ASF of 3 is applied for the balance of the construction period. No ASFs are applied for adult risk.

Source: Modeling performed by ENVIRON in 2011. Refer to ENVIRON memo dated March 7, 2011 entitled "Revisions to CPMC Construction Emissions and Health Risk Analysis." This information is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

The text in the Draft EIR, page 4.7-68, first paragraph, has been revised to accurately reflect Estimated Excess Cancer Risk at the Cathedral Hill Campus, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

NEAR-TERM PROJECTS

◆ Cathedral Hill Campus

The results of the risk analysis for the MEI (i.e., resident child) are summarized in Table 4.7-14, "Summary of Screening-Level Analysis of Risk from Construction Emissions for All Campuses under Recently Adopted BAAQMD Significance Criteria" (page 4.7-67). According to the analysis, the near-term TAC emissions from construction at the Cathedral Hill Campus would generate a cancer risk of approximately ~~111~~63 in a million at the maximally exposed off-site individual, assuming the receptor is a resident child (the estimated cancer risk is ~~9~~4.3 in a million assuming the receptor is a resident adult). Furthermore, the incremental increase in annual $PM_{2.5}$ is ~~0.4~~0.3 µg/m^3. These levels exceed the threshold of 10 in a million (in the case of the resident child) and 0.3 ug/m^3, respectively

The text in the Draft EIR, pages 4.7-68 (last paragraph) and 4.7-69, has been revised to update language associated with Mitigation Measures M-AQ-N10a and M-AQ-N10b and to reflect an update to the impact determination under Impact AQ-10 for the Davies Campus (near-term), based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

M-AQ-N10a Install Accelerated Emission Control Device on Construction Equipment

This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2 (see page 4-17).

While ~~it is possible that~~implementation of Mitigation Measure M-AQ-N10a ~~could~~would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions as indicated in Table 4.7-14, this impact would remain above ~~below~~ the thresholds.~~,~~ Therefore, ~~it is unknown at this time to what extent such equipment will be available at the time of construction. In light of this uncertainty,~~ **Impact AQ-10 would remain significant and unavoidable**.

Davies Campus

According to the risk analysis summarized in Table 4.7-14, "Summary of Screening-Level Analysis of Risk from Construction Emissions for All Campuses under Recently Adopted BAAQMD Significance Criteria" (page 4.7-67), the construction-related TAC emissions that would result from development of the proposed Neuroscience Institute at the Davies Campus would generate a cancer risk of approximately ~~20~~7 in a million at the off-site MEI, assuming the receptor is a resident child. This level ~~exceeds~~is below the threshold of 10 in a million. These results reflect a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at the Davies Campus

and would result in smaller impacts. The screening-level evaluation shows that this impact would be **less than significant under the recently adopted BAAQMD CEQA significance criteria**.

Mitigation Measures for Davies Campus (Near Term)

M-AQ-N10b Install Accelerated Emission Control Device on Construction Equipment

This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2 (see page 4-17).

~~While it is possible that~~ The proposed CPMC construction management plan includes measures consistent with the above mitigation measures, thereby incorporating them into the proposed LRDP. Nevertheless, to ensure that these measures would be legally binding under CEQA, they have been included as Mitigation Measure M-AQ-N10b. Implementation of Mitigation Measure M-AQ-N10b ~~e~~would 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,~~Therefore, **Impact AQ-10 would be less than significant with mitigation.** ~~**remain significant and unavoidable.**~~

St. Luke's Campus

Because the same group of receptors will be impacted by both the hospital and the MOB construction projects at St. Luke's Campus, the risk estimates for both projects should be considered cumulatively. A conservative estimate of overall risk from construction for these receptors would be the sum of the risks calculated for each construction project. According to the risk analysis summarized in Table 4.7-14, "Summary of Screening-Level Analysis of Risk from Construction Emissions for All Campuses under Recently Adopted BAAQMD Significance Criteria" (page 4.7-67), the near-term TAC emissions from construction at the St. Luke's Campus would generate a cancer risk of approximately ~~43~~28 in a million at the off-site MEI, assuming the receptor is a resident child. This level exceeds the threshold of 10 in a million. These results reflect a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at St. Luke's Campus and would result in smaller impacts. The screening-level evaluation shows that **this impact would be significant under the recently adopted BAAQMD CEQA significance criteria**.

The text in the Draft EIR, page 4.7-70, third and fourth paragraphs, has been revised to reflect refinements to the proposed CPMC construction management plan related to implementation of Mitigation Measure M-AQ-N10c, as well as an update to the impact determination under Impact AQ-10 for the Pacific Campus (long-term), based

upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

M-AQ-N10c Install Accelerated Emission Control Device on Construction Equipment

This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2 (see page 4-17).

~~While it is possible that~~ The proposed CPMC construction management plan includes measures consistent with the above mitigation measure, thereby incorporating it into the proposed LRDP. Nevertheless, to ensure that this measure would be legally binding under CEQA, it has been included as Mitigation Measure M-AQ-N10c. While implementation of Mitigation Measure M-AQ-N10c ~~e~~would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, ~~below~~as indicated in Table 4.7-14, this impact would remain above 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,~~Therefore, **Impact AQ-10 would remain significant and unavoidable.**

LONG-TERM PROJECTS

◆ Pacific Campus

According to the risk analysis summarized in Table 4.7-14, "Summary of Screening-Level Analysis of Risk from Construction Emissions for All Campuses under Recently Adopted BAAQMD Significance Criteria" (page 4.7-67), the long-term TAC emissions from construction at the Pacific Campus would generate a cancer risk of approximately ~~23~~3 in a million at the off-site MEI, assuming the receptor is a resident child. This level ~~exceeds~~is below the threshold of 10 in a million. These results reflect a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at the Pacific Campus and would result in smaller impacts. The screening-level evaluation shows that **this impact would be less than significant with mitigation under the recently adopted BAAQMD CEQA significance criteria**.

The text in the Draft EIR, page 4.7-70, last paragraph, and page 4.7-71 have been revised to reflect refinements to the proposed CPMC construction management plan related to implementation of Mitigation Measure M-AQ-L10, as well as an update to the impact determination under Impact AQ-10 for the Pacific Campus (long-term), based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

M-AQ-L10 Install Accelerated Emission Control Device on Construction Equipment

This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2 (see page 4-17).

~~While it is possible that~~ The proposed CPMC construction management plan includes measures consistent with the above mitigation measure, thereby incorporating it into the proposed LRDP. Nevertheless, to ensure that this measure would be legally binding under CEQA, it has been included as Mitigation Measure M-AQ-L10. Implementation of Mitigation Measure M-AQ-L10 ~~e~~would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the threshold~~,~~. ~~it is unknown at this time to what extent such equipment will be available at the time of construction. In light of this uncertainty,~~Therefore, **Impact AQ-10 would be less than significant with mitigation.** ~~**remain significant and unavoidable.**~~

Davies Campus

Because the same group of receptors will be impacted by both near-term and long-term construction projects at Davies Campus, the risk estimates for both projects should be considered cumulatively. A conservative estimate of overall risk from construction for these receptors would be the sum of the risks calculated for each construction project. According to the risk analysis summarized in Table 4.7-14, "Summary of Screening-Level Analysis of Risk from Construction Emissions for All Campuses under Recently Adopted BAAQMD Significance Criteria" (page 4.7-67), the construction-related TAC emissions that would result from development of the proposed Neuroscience Institute building and Castro Street/14th Street MOB at the Davies Campus would generate a cancer risk of approximately ~~27~~13 in a million at the off-site MEI, assuming the receptor is a resident child. These results reflect a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at the Davies Campus and would result in smaller impacts. The screening-level evaluation shows that this impact would be **significant under the recently adopted BAAQMD CEQA significance criteria**.

Mitigation Measure for Davies Campus (Long Term)

M-AQ-L10 Install Accelerated Emission Control Device on Construction Equipment

This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2 (see page 4-17).

~~While it is possible that~~ The proposed CPMC construction management plan includes measures consistent with the above mitigation measures, thereby incorporating them into the proposed LRDP. Nevertheless,

to ensure that these measures would be legally binding under CEQA, they have been included as Mitigation Measure M-AQ-L10. Implementation of Mitigation Measure M-AQ-L10 ~~e~~would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions. However, this impact would remain above ~~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,~~ Therefore, **Impact AQ-10 would remain significant and unavoidable**.

4.2.11 WIND AND SHADOW (CHAPTER 4.9)

Tables 4.9-2 and 4.9-3 in the Draft EIR, pages 4.9-24 and 4.6-60, respectively, have been updated to reflect wind speed updates at locations 32 and 45 for project-level wind analysis, as follows:

Table 4.9-2
Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus

		Existing*				Proposed*			
Wind Point Location	Pedestrian Comfort Criterion (mph)	Wind Velocity[a] (mph)	Measured Equivalent Wind Speed[b] (mph)	Hours per Year Above Hazard Criterion	% Time Above Pedestrian Comfort Criterion	Wind Velocity (mph)	Measured Equivalent Wind Speed (mph)	Hours per Year Above Hazard Criterion	% Time Above Pedestrian Comfort Criterion
1	11	10	19	0	–	9	17	0	–
2	11	11	19	0	–	9	16	0	–
3	11	**13**	24	0	**15**	11	22	0	–
4	11	**12**	22	0	**13**	10	17	0	–
5	11	**13**	25	0	**16**	**14**	28	0	**21**
6	11	11	19	0	–	10	27	0	–
7	11	**14**	27	0	**20**	**13**	23	0	**16**
8	11	**12**	21	0	**14**	11	19	0	–
9	11	9	16	0	–	9	22	0	–
10	11	**12**	21	0	**12**	**12**	22	0	**14**
11	11	11	21	0	–	11	21	0	–
12	11	8	17	0	–	9	15	0	–
13	11	9	20	0	–	9	19	0	–
14	11	11	24	0	–	11	24	0	–
15	11	**13**	23	0	**18**	**14**	25	0	**22**
16	11	**14**	25	0	**20**	**13**	25	0	**15**
17	11	6	21	0	–	7	12	0	–
18	11	8	21	0	–	9	22	0	–
19	11	9	25	0	–	9	24	0	–
20	11	7	12	0	–	5	9	0	–
21	11	6	21	0	–	7	19	0	–
22	11	**12**	22	0	**13**	9	23	0	–
23	11	9	20	0	–	8	19	0	–
24	11	8	19	0	–	7	17	0	–

Table 4.9-2
Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus

		Existing*				Proposed*			
Wind Point Location	Pedestrian Comfort Criterion (mph)	Wind Velocity[a] (mph)	Measured Equivalent Wind Speed[b] (mph)	Hours per Year Above Hazard Criterion	% Time Above Pedestrian Comfort Criterion	Wind Velocity (mph)	Measured Equivalent Wind Speed (mph)	Hours per Year Above Hazard Criterion	% Time Above Pedestrian Comfort Criterion
25	11	7	11	0	–	6	11	0	–
26	11	8	20	0	–	8	18	0	–
27	11	7	14	0	–	8	18	0	–
28	11	8	14	0	–	8	16	0	–
29	11	10	18	0	–	**12**	21	0	**12**
30	11	**13**	22	0	**18**	**13**	21	0	**17**
31	11	10	18	0	–	10	18	0	–
32	11	9	19	0	–	11	~~11~~19	0	–
33	11	9	16	0	–	9	9	0	–
34	11	9	22	0	–	9	9	0	–
35	11	10	18	0	–	**12**	12	0	**12**
36	11	10	17	0	–	**13**	13	0	**17**
37	11	**21**	36	1	**43**	**18**	18	0	**37**
38	11	**12**	20	0	**13**	**13**	13	0	**15**
39	11	**17**	29	0	**31**	**13**	13	0	**19**
40	11	**14**	26	0	**23**	**14**	14	0	**20**
41	11	10	22	0	–	**12**	12	0	**17**
42	11	7	14	0	–	6	6	0	–
43	11	**17**	28	0	**29**	**18**	18	0	**37**
44	11	**13**	24	0	**17**	**18**	18	0	**33**
45	11	8	14	0	–	6	~~6~~12	0	–
Average	–	10.6	–	**1**	–	10.5	–	**0**	–

Notes: mph = miles per hour

[a] Wind velocity refers to the speed at which the wind moves in a particular direction.

[b] The term "equivalent wind speed" (EWS) denotes the mean hourly wind speed adjusted to account for the expected turbulence intensity or gustiness at the site.

* Exceedances of the comfort criterion are shown in **bold**.

Source: Ballanti, D. 2009 (September). *Wind Tunnel Analysis for the Proposed California Pacific Medical Center Cathedral Hill Campus Project, San Francisco, California*. El Cerrito, CA. Prepared for AECOM, San Francisco, CA. This document is available for review at the Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, as part of Case No. 2005.0555E.

Table 4.9-3
Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus—Cumulative Wind Impacts

Location	Criterion (mph)	Existing		Project + Cumulative	
		Wind Velocity (mph)	% Time Above Criterion	Wind Velocity (mph)	% Time Above Criterion
1	11	10	–	7	–
2	11	11	–	8	–
3	11	13	15	10	–
4	11	12	13	9	–
5	11	13	16	**12**	**16**
6	11	11	–	10	–
7	11	14	20	**12**	**13**
8	11	12	14	10	–
9	11	9	–	9	–
10	11	12	12	11	–
11	11	11	–	10	–
12	11	8	–	8	–
13	11	9	–	9	–
14	11	11	–	10	–
15	11	13	18	**13**	**18**
16	11	14	20	11	–
17	11	6	–	7	–
18	11	8	–	9	–
19	11	9	–	9	–
20	11	7	–	5	–
21	11	6	–	7	–
22	11	12	13	8	–
23	11	9	–	8	–
24	11	8	–	7	–
25	11	7	–	6	–
26	11	8	–	8	–
27	11	7	–	8	–
28	11	8	–	7	–
29	11	10	–	11	–
30	11	13	18	**13**	**19**
31	11	10	–	10	–
32	11	9	–	~~10~~18	–

Table 4.9-3
Results of the Wind Tunnel Analysis for the Proposed Cathedral Hill Campus—Cumulative Wind Impacts

Location	Criterion (mph)	Existing		Project + Cumulative	
		Wind Velocity (mph)	% Time Above Criterion	Wind Velocity (mph)	% Time Above Criterion
33	11	9	–	8	–
34	11	9	–	9	–
35	11	10	–	11	–
36	11	10	–	11	–
37	11	21	43	**16**	**32**
38	11	12	13	11	–
39	11	17	31	**13**	**20**
40	11	14	23	**13**	**18**
41	11	10	–	11	–
42	11	7	–	6	–
43	11	17	29	**17**	**33**
44	11	13	17	**16**	**29**
45	11	8	–	~~7~~12	–
Average	–	10.6	–	9.9	–

Note: mph = miles per hour. Exceedances of the comfort criterion are shown in **bold**.
Source: Ballanti, D. 2009 (September). *Wind Tunnel Analysis for the Proposed California Pacific Medical Center Cathedral Hill Campus Project, San Francisco, California*. El Cerrito, CA. Prepared for AECOM, San Francisco, CA. This document is available for review at the Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, as part of Case No. 2005.0555E.

4.2.12 RECREATION (CHAPTER 4.10)

Figure 4.10-1 in the Draft EIR, page 4.10-2, "Parks and Open Spaces within One-Half Mile of All CPMC Campuses" has been revised for clarification to show the correct public schoolyards that are publicly accessible within one-half mile of all CPMC campuses under the proposed CPMC LRDP. The revised figure is presented below:

Source: SmithGroup/Boulder Associates 2010

Parks and Open Spaces within One-Half Mile of All CPMC Campuses **Figure 4.10-1 (Revised)**

Figure 4.10-2 in the Draft EIR, page 4.10-5, "Parks and Open Spaces within One-Half Mile of the Proposed Cathedral Hill Campus" has been revised for clarification to show the correct public schoolyards that are publicly accessible within one-half mile of the proposed Cathedral Hill Campus under the proposed CPMC LRDP. The revised figure is presented below:

The text and data in the Draft EIR, page 4.10-6, Table 4.10-1, "Parks and Related Facilities within One-Half Mile of the Proposed Cathedral Hill Campus," have been revised as follows to accurately reflect public schoolyard acreage within one-half mile of the proposed Cathedral Hill Campus:

Table 4.10-1
Parks and Related Facilities within One-Half Mile of the Proposed Cathedral Hill Campus

Facility	Park Acres	Acres within One-Half Mile
Facilities Operated by SFRPD		
Buchanan Street Mall	1.81	0.68
City Hall	0.81	0.50
Cottage Row Mini Park	0.13	0.13
Father Alfred E. Boeddeker Park	0.97	0.97
Japantown Peace Plaza and Pagoda	0.71	0.71
Jefferson Square	5.64	5.64
Joseph L. Alioto Performing Arts Piazza (Civic Center Plaza)	4.43	3.65
Lafayette Park	11.49	11.49
Margaret S. Hayward Playground	5.02	5.02
San Francisco Main Library	< 0.1	< 0.1
Sgt. John Macaulay Park	0.21	0.21
Tenderloin Park and Recreation Center	0.61	0.61
Turk & Hyde Mini Park	0.11	0.11
War Memorial & Opera House	0.76	0.65
Non-SFRPD Facilities		
Buchanan Street Mall (public open space associated with shopping center)	0.42	0.42
Central YMCA Rooftop Garden	< 0.1	< 0.1
UN Plaza	3.03	< 0.1
Japantown Open Space	0.74	0.74
Rosa Parks Senior Center	0.29	0.20
Public Schoolyards		
~~Redding Elementary School~~	~~0.85~~	~~0.85~~
Rosa Parks Elementary School	3.24	3.24
~~Spring Valley Elementary School~~	~~0.94~~	~~0.43~~
TOTAL	**~~42.21~~40.42**	**~~36.25~~34.97**

Notes: SFRPD = San Francisco Recreation & Park Department. Non-SFRPD lands refer to land owned by other agencies such as the Golden Gate National Recreation Area, State of California, San Francisco Department of Public Works, San Francisco Redevelopment Agency, San Francisco Water Department, Port of San Francisco, San Francisco Municipal Railway, and private entities. Schoolyards listed include those affiliated with SFRPD. Acreage totals do not include parks with less than 0.1 acre.
Source: Data compiled by AECOM in 2010 based on GIS data provided by San Francisco Planning Department.

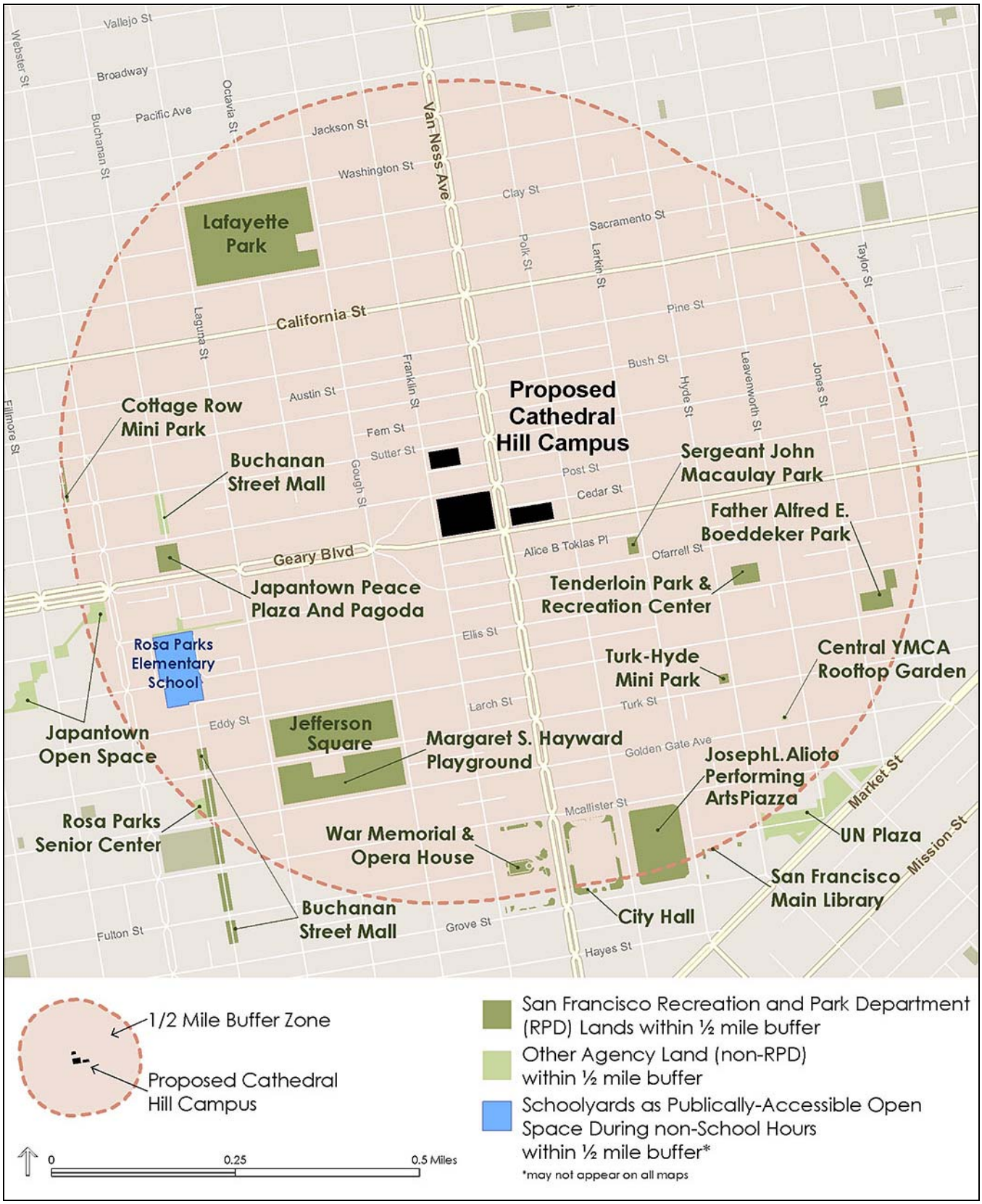
The text in the Draft EIR, page 4.10-7, first paragraph under Nearby Parks and Open Space Facilities, has been revised as follows to reflect the same revisions made to Table 4.10-1 "Parks and Related Facilities within One-Half Mile of the Proposed Cathedral Hill Campus" (shown above):

> As shown in Figure 4.10-2 and listed in Table 4.10-1, "Parks and Related Facilities within One-Half Mile of the Proposed Cathedral Hill Campus," 14 SFRPD facilities, five non-SFPRD facilities, and ~~three~~ one schoolyard~~s~~ are located within one-half mile of the location of the proposed Cathedral Hill Campus.

The text in the Draft EIR, page 4.10-8, last two sentences, has been revised as follows to reflect the same revisions made to Table 4.10-1 "Parks and Related Facilities within One-Half Mile of the Proposed Cathedral Hill Campus" (shown above):

> In addition to the parks and recreational facilities mentioned above, one SFRPD-affiliated school yard~~s~~ are~~is~~ ~~located at Redding Elementary School (1421 Pine Street) and Spring Valley Elementary School (1451 Jackson Street).~~[31] Rosa Parks Elementary School, located at 1501 O'Farrell Street~~, is also~~ and open on the weekends for the community's use.[32]

Figure 4.10-4 in the Draft EIR, page 4.10-14, "Parks and Open Spaces within One-Half Mile of the California Campus" has been revised for clarification to show the correct public schoolyards that are publicly accessible within one-half mile of the proposed the California Campus under the proposed CPMC LRDP. The revised figure is presented below:



Source: SmithGroup/Boulder Associates 2010

Parks and Open Spaces within One-Half Mile of the Proposed Cathedral Hill Campus

Figure 4.10-2 (Revised)

Source: SmithGroup/Boulder Associates 2010

Parks and Open Spaces within One-Half Mile of the California Campus **Figure 4.10-4 (Revised)**

Text and data in the Draft EIR, page 4.10-15, Table 4.10-3 "Parks and Related Facilities within One-Half Mile of the California Campus," have been revised as follows to accurately reflect public schoolyard acreage within one-half mile of the California Campus:

Table 4.10-3
Parks and Related Facilities within One-Half Mile of the California Campus

Facility	Park Acres	Acres within One-Half Mile
Facilities Operated by SFRPD		
Angelo J. Rossi Playground	6.47	3.30
Julius Kahn Playground	12.37	12.37
Laurel Hill Playground	1.47	1.47
Mountain Lake Park	12.78	1.96
Presidio Heights Playground	0.44	0.44
Non-SFRPD Facilities		
The Presidio	1,488.96	135.30
University of San Francisco	22.95	8.88
~~**Public Schoolyards**~~		
~~George Peabody School (Elementary)~~	~~0.82~~	~~0.82~~
~~Roosevelt Middle High School~~	~~2.18~~	~~2.18~~
TOTAL	~~**1,548.44**~~**1,545.44**	~~**166.72**~~**163.72**

Notes: SFRPD = San Francisco Recreation & Park Department. Non-SFRPD lands refer to land owned by other agencies such as the Golden Gate National Recreation Area, State of California, San Francisco Department of Public Works, San Francisco Redevelopment Agency, San Francisco Water Department, Port of San Francisco, San Francisco Municipal Railway, and private entities. ~~Schoolyards listed include those affiliated with SFRPD.~~ Acreage totals do not include parks with less than 0.1 acre.
Source: Data compiled by AECOM in 2010 based on GIS data provided by San Francisco Planning Department.

The text in the Draft EIR, page 4.10-16, last sentence in the first paragraph under Nearby Parks and Open Space Facilities, has been revised to reflect the same revisions made to Table 4.10-3 "Parks and Related Facilities within One-Half Mile of the California Campus" (shown above):

> ~~The Roosevelt Gym and the George Peabody Schoolyard are also located within a half-mile vicinity of the site.~~

The text in the Draft EIR, page 4.10-17, the sentence above Recreational Resources at the California Campus, has been revised to reflect the same revisions made to Table 4.10-3 "Parks and Related Facilities within One-Half Mile of the California Campus" (shown above):

~~The SFRPD-affiliated schools include the Roosevelt Gym, located at the Roosevelt Middle High School at 460 Arguello Boulevard (approximately two blocks south of the campus) and the George Peabody Schoolyard, located at 251 6th Avenue (approximately six blocks southwest of the campus).~~[52]

Figure 4.10-5 in the Draft EIR, page 4.10-18, "Parks and Open Spaces within One-Half Mile of the Davies Campus" has been revised for clarification to show the correct public schoolyards that are publicly accessible within one-half mile of the proposed the Davies Campus under the proposed CPMC LRDP. The revised figure is presented below:

Source: SmithGroup/Boulder Associates 2010

Parks and Open Spaces within One-Half Mile of the Davies Campus **Figure 4.10-5 (Revised)**

Data and information in the Draft EIR, page 4.10-19, Table 4.10-4 "Parks and Related Facilities within One-Half Mile of the Davies Campus," have been revised as follows to accurately reflect public schoolyard acreage within one-half mile of the Davies Campus:

Table 4.10-4
Parks and Related Facilities within One-Half Mile of the Davies Campus

Facility	Park Acres	Acres within One-Half Mile
Facilities Operated by SFRPD		
Alamo Square	12.69	5.67
Buena Vista Park	36.05	36.05
Corona Heights Park (including Peixotto Playground & States Street Playground)	16.78	16.78
Duboce Park	4.31	4.31
Eureka Valley Playground (also known as Collingwood Park)	1.93	0.31
Koshland Park	0.82	0.78
Panhandle Park	24	4.28
Noe & Beaver Mini Park	< 0.1	< 0.1
Page Street Community Garden	< 0.1	< 0.1
Roosevelt & Henry Stairs	0.34	0.34
Saturn Street Steps	0.10	0.10
Non-SFRPD Facilities		
Castro Commons	< 0.1	< 0.1
Divisadero Street Parklet	< 0.1	< 0.1
Dolores Parkway	0.78	0.78
Dolores Street Community Garden	< 0.1	< 0.1
Noe Street Park	0.36	0.36
Sanchez Street Park	3.11	3.11
Waller Street Park	2.09	2.09
~~**Public Schoolyards**~~		
~~John Muir Elementary School~~	~~1.05~~	~~1.05~~
~~McKinley Elementary School~~	~~1.69~~	~~1.69~~
TOTAL	~~**106.1**~~**103.36**	~~**77.7**~~**74.96**

Notes: SFRPD = San Francisco Recreation & Park Department. Non-SFRPD lands refer to land owned by other agencies such as the Golden Gate National Recreation Area, State of California, San Francisco Department of Public Works, San Francisco Redevelopment Agency, San Francisco Water Department, Port of San Francisco, San Francisco Municipal Railway, and private entities. ~~Schoolyards listed include those affiliated with SFRPD~~. Acreage totals do not include parks with less than 0.1 acre.
Source: Data compiled by AECOM in 2010 based on GIS data provided by San Francisco Planning Department.

The text in the Draft EIR, page 4.10-20, last sentence in the first paragraph under Nearby Parks and Open Space Facilities, has been revised as follows to reflect the same revisions made to Table 4.10-4 "Parks and Related Facilities within One-Half Mile of the Davies Campus" (shown above):

Several non-SFRPD properties ~~and John Muir Schoolyard~~ are also located nearby.

The text in the Draft EIR, page 4.10-21, last two sentences in the last paragraph, has been revised as follows to reflect the same revisions made to Table 4.10-4 "Parks and Related Facilities within One-Half Mile of the Davies Campus" (shown above):

~~The John Muir Schoolyard, located at John Muir Elementary School on 380 Webster Street, is approximately nine blocks northeast of the Davies Campus.[70] The McKinley Elementary School, located nearby at 1025 14th Street, is approximately 0.1 mile southwest of the Davies Campus.~~

~~70 San Francisco Recreation & Park Department. 2009. Facility Listings. Available: http://ci.sf.ca.us/site/recpark_index.asp?id=1503. Accessed December 2009.~~

Figure 4.10-6 in the Draft EIR, page 4.10-18, "Parks and Open Spaces within One-Half Mile of the St. Luke's Campus" has been revised for clarification to show the correct public schoolyards that are publicly accessible within one-half mile of the proposed the St. Luke's Campus under the proposed CPMC LRDP. The revised figure is presented below:

Source: SmithGroup/Boulder Associates 2010

Parks and Open Spaces within One-Half Mile of the St. Luke's Campus **Figure 4.10-6 (Revised)**

Text and data in the Draft EIR, page 4.10-24, Table 4.10-5, "Parks and Related Facilities within One-Half Mile of the St. Luke's Campus," have been revised as follows to accurately reflect public schoolyard acreage within one-half mile of the St. Luke's Campus:

Table 4.10-5
Parks and Related Facilities within One-Half Mile of the St. Luke's Campus

Facility	Park Acres	Acres within One-Half Mile
Facilities Operated by SFRPD		
Bernal Heights Park (including community garden)	26.32	20.71
Coleridge Mini Park	0.21	0.21
Coso & Precita Mini Park	0.15	0.15
Garfield Square	2.93	2.81
Good Prospect Community Garden	0.11	0.11
Juri Commons Open Space	0.32	0.32
Precita Park	2.21	1.79
Upper Noe Recreation Center	2.51	2.51
Non-SFRPD Facilities		
Bernal Heights Open Space	2.09	0.50
Dolores Parkway	2.83	1.73
Esmeralda Corridor (at Winfield Street)	0.19	0.19
Esmeralda Corridor (at Coleridge Street and Lundy's Lane)	0.19	0.19
Esmeralda Corridor (at Elsie Street)	0.27	0.27
Guerrero Park	< 0.1	< 0.1
Kingston Street Park	0.25	0.25
~~**Public Schoolyards**~~		
~~Horace Mann Junior High School~~	~~2.57~~	~~2.57~~
TOTAL	**~~43.15~~40.58**	**~~34.31~~31.74**

Notes: SFRPD = San Francisco Recreation & Park Department. Non-SFRPD lands refer to land owned by other agencies such as the Golden Gate National Recreation Area, State of California, San Francisco Department of Public Works, San Francisco Redevelopment Agency, San Francisco Water Department, Port of San Francisco, San Francisco Municipal Railway, and private entities. ~~Schoolyards listed include those affiliated with SFRPD~~. Acreage totals do not include parks with less than 0.1 acre.
Source: Data compiled by AECOM in 2010 based on GIS data provided by San Francisco Planning Department.

The text in the Draft EIR, page 4.10-25, last sentence in the first paragraph under Nearby Parks and Open Space Facilities, has been revised as follows to reflect the same revisions made to Table 4.10-5 "Parks and Related Facilities within One-Half Mile of the St. Luke's Campus" (shown above):

> Several non-SFRPD properties ~~and the Horace Mann Gym~~ are also located nearby.

The text in the Draft EIR, page 4.10-26, last sentence in the second paragraph, has been revised as follows to reflect the same revisions made to Table 4.10-4 "Parks and Related Facilities within One-Half Mile of the Davies Campus" (shown above):

> ~~The Horace Mann Gym, located at the Horace Mann Junior High School at 3351 23rd Street, is approximately four blocks north of the campus.~~[84]

4.2.13 BIOLOGICAL RESOURCES (CHAPTER 4.13)

The text in the Draft EIR page 4.13-19 and S-69 for Mitigation Measure M-BI-N1 has been revised as follows to correct a reference to the California Fish and Game Code:

M-BI-N1 Before any demolition or construction activities occurring during the nesting season (January 15 through August 15) that involve removal of trees or shrubs, CPMC shall conduct a preconstruction survey for nesting birds at each of its medical campuses. The surveys shall be conducted by a qualified wildlife biologist no sooner than 14 days before the start of removal of trees and shrubs. The survey results shall remain valid for 21 days after the survey; therefore, if vegetation removal is not started within 21 days of the survey, another survey shall be required. The area surveyed shall include the construction site and the staging area for the tree or shrub removal. If no nests are present, tree removal and construction may commence. If active nests are located during the preconstruction bird nesting survey, CPMC shall contact DFG for guidance on obtaining and complying with ~~the~~ Section ~~1081~~1801 of the California Fish and Game Code, which may include setting up and maintaining a line-of-sight buffer area around the active nest and prohibiting construction activities within the buffer; modifying construction activities; and/or removing or relocating active nests.

4.2.14 HAZARDS AND HAZARDOUS MATERIALS (CHAPTER 4.16)

The text in the Draft EIR, page 4.16-15, third sentence in the paragraph, has been revised as follows to clarify that a 550-gallon underground storage tank (UST), not a 55-gallon UST, was removed in 1989:

> ***3698 California Street***
>
> An existing loading dock was previously the location of a 550-gallon UST installed in 1969 and removed in 1989.

The text in the Draft EIR, page 4.16-55, the beginning of the paragraph under the heading "Davies and St. Luke's Campuses" has been revised to update the square footage at the proposed St. Luke's Replacement Hospital, as follows:

> The existing medical uses at the Davies and St. Luke's Campuses include the handling, storage, use, and disposal of medically related hazardous materials (e.g., medical wastes, sharps, radioactive waste) and cleaning supplies. As a result of the proposed CPMC LRDP, medical facilities at the Davies Campus in the near term would increase by 10% (an increase of 50,100 square feet [sq. ft.]). The St. Luke's Campus medical facilities would increase by 33~~31~~% (an increase of 153,867~~144,067~~ sq. ft.). These increases would be expected to result in related increases in the amount of hazardous materials used, stored, and produced at the campuses. However, the increase at the Davies Campus would be in the form of nonacute medical care and office space. Generally, nonacute medical care and office space would not be expected to require the use of or generate as much hazardous materials and wastes as acute-care services. Although the existing acute-care services at the Davies Campus would remain, the addition of Neuroscience Institute space would not be expected to result in a significant increase in the use or generation of hazardous materials and wastes. The increase at the St. Luke's Campus would be in the form of an approximately 154,800 ~~145,000~~-sq.-ft. acute-care hospital and an approximately 201,050-sq.-ft. MOB/Expansion Building (of which 111,000 sq. ft. would be a belowground parking structure).

The text in the Draft EIR, page 4.16-66 and pages S-78 to S-79 for Mitigation Measures M-HZ-N4e and M-HZ-N4f has been revised as follows because it incorrectly referred to the Cathedral Hill Campus, rather than St. Luke's Campus:

M-HZ-N4e This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the St. Luke's Campus~~Cathedral Hill Campus~~.

M-HZ-N4f This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the St. Luke's Campus~~Cathedral Hill Campus~~.

4.2.15 OTHER CEQA CONSIDERATIONS (CHAPTER 5)

The text in the Draft EIR, pages 5-5 through 5-7 in Table 5-1, have been revised to reflect updates to impact determinations for Imacts AQ-2, AQ-9 and AQ-10, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

CATHEDRAL HILL CAMPUS
4.7: Air Quality
~~**Impact AQ-2:** Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants (1999 BAAQMD Guidelines).~~
Impact AQ-9: Near-term ~~and long-term~~ construction activities associated with the LRDP would exceed the recently adopted (6/2/10) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.
PACIFIC CAMPUS
4.7: Air Quality
~~**Impact AQ-9:** Near-term and long-term construction activities associated with the LRDP would exceed the recently adopted (6/2/10) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation~~
~~**Impact AQ-10:** Construction activities associated with the LRDP would result in short-term increases in emissions of diesel particulate matter that exceed the recently adopted (6/2/10) BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and PM2.5.~~
DAVIES CAMPUS
4.7: Air Quality
Impact AQ-9: Near-term ~~and long-term~~ construction activities associated with the LRDP would exceed the recently adopted (6/2/10) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.
Impact AQ-10: Long-term ~~C~~construction activities associated with the LRDP would result in short-term increases in emissions of diesel particulate matter that exceed the recently adopted (6/2/10) BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and PM2.5.
ST. LUKE'S CAMPUS
Impact AQ-9: Near-term ~~and long-term~~ construction activities associated with the LRDP would exceed the recently adopted (6/2/10) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.

4.2.16 ALTERNATIVES (CHAPTER 6)

The text in the Draft EIR, pages 6-4 and 6-5, under the heading "Air Quality", has been revised to clarify updated environmental impact determination, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

AIR QUALITY

► ~~Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants. *(Significant and unavoidable only at the Cathedral Hill Campus, with or without project variants)*(1999 BAAQMD Guidelines).~~

► Operation of the LRDP would exceed Bay Area Air Quality Management District (BAAQMD) CEQA significance thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full buildout (1999 BAAQMD Guidelines).

- The LRDP's long-term operation criteria air pollutant emissions would contribute to a cumulative considerable impact, but its toxic air contaminant emissions would not be cumulatively considerable (1999 BAAQMD Guidelines).

- Near-term ~~and long-term~~ construction activities associated with the LRDP would exceed the recently adopted (June 2, 2010) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.

- 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 $PM_{2.5}$ [fine particulate matter with an aerodynamic resistance diameter of 2.5 micrometers or less] (Significant and unavoidable at the Cathedral Hill Campus, Davies Campus (long-term only), and St. Luke's Campus).

- Operation of the LRDP would exceed the recently adopted (June 2, 2010) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.

- The proposed LRDP's construction emissions of toxic air contaminants would potentially contribute to a cumulatively considerable impact on sensitive receptors (Recently adopted BAAQMD Guidelines).

The text in the Draft EIR, page 6-27, the first paragraph has been revised to clarify the Code Complying Alternative would meet the 7:1 FAR for both the Cathedral Hill Hospital the Cathedral Hill MOB sites, as follows:

> The Cathedral Hill MOB, which as proposed under the LRDP, complies with the existing Planning Code height ~~and FAR~~ limits, would be redesigned under the Code-Complying Alternative to comply with the existing FAR of 7:1 and the existing bulk limits (maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 50 feet). This redesign would limit MOB floors four through nine of the building to approximately 10,000 sq. ft. per floor (as compared to the proposed LRDP-MOB, where floors range from 18,000 to 30,000 sq. ft.). Accounting for elevators, two stairwells, mechanical shafts, and electrical rooms, the Cathedral Hill MOB would have approximately 8,000 sq. ft. of usable office space per floor. In total, approximately 75,000 fewer sq. ft. of usable space and 90 fewer physician offices would be available in the Cathedral Hill MOB under this alternative than under the proposed LRDP. The 1375 Sutter MOB would be the same as under the proposed LRDP.

Table 6-1 in the Draft EIR, page 6-33 has been updated to reflect the changes in square footage of the proposed LRDP's St. Luke's Campus Replacement Hospital and under Alternative 3B.

Table 6-1
Summary of Project Alternatives Development Program and Comparison to the Proposed CPMC LRDP

Category (numbers for building uses below depict square footage)	Totals at Buildout					
	Proposed LRDP	Alternative 1A No Project	Alternative 1B No Project	Alternative 2	Alternative 3A	Alternative 3B
Residential	27,170	33,770	33,770	39,150	27,170	35,470
Hotel	0	221,513	221,513	221,513	0	0
Retail	26,609	89,252	91,852	102,719	22,987	28,735
Office	24,314	228,232	237,206	229,656	15,340	29,204
Medical Office	719,799	379,130	410,950	535,749	635,625	789,810
Light Industrial	0	3,480	3,480	3,480	0	0
Parking—Structured	1,496,762	760,831	871,831	1,767,125	1,435,978	1,729,224
Hospital Administration	67,870 ~~66,670~~	68,862	72,401	78,922	73,908	76,719 ~~75,519~~
Cafeteria	26,617	12,457	14,017	27,038	21,547	24,907
Education/Conference	54,412 ~~53,412~~	35,198	38,603	61,022	47,682	52,087 ~~51,087~~
Inpatient Care	556,726 ~~568,326~~	86,159	86,159	552,366	529,592	543,064 ~~554,664~~
Skilled Nursing Care	22,265	22,265	22,265	22,265	22,265	22,265
Outpatient Care	100,181	122,445	131,125	489,892	214,517	130,209
Diagnostic and Treatment	429,036 ~~427,836~~	228,174	249,034	407,367	482,569	443,879 ~~442,679~~
Emergency Department	35,155 ~~35,655~~	3,755	3,755	39,439	23,505	35,005 ~~35,505~~
Support	275,187 ~~273,287~~	170,397	201,664	330,058	261,919	314,336 ~~312,436~~
Research	0	59,951	59,951	0	0	5,587
Residential Alzheimer's	32,405	32,405	32,405	32,405	32,405	32,405
Other	–	–	–	–	–	–
Lobby	39,473 ~~35,673~~	27,161	27,877	43,960	32,405	40,151 ~~36,351~~
Building Infrastructure	366,647 ~~361,247~~	70,470	90,071	443,906	382,077	396,953 ~~391,553~~
Central Plant	82,754 ~~82,854~~	36,557	36,557	60,887	80,434	75,334 ~~75,434~~
Mechanical and Electrical Floors	68,234	53,833	59,371	95,765	58,328	78,487
Loading	32,040 ~~24,540~~	NA[1]	NA[1]	24,809	33,420	33,523 ~~26,023~~
Total sq. ft.	**4,483,656 ~~4,473,856~~**	**2,746,296**	**2,995,976**	**5,605,711**	**4,433,671**	**4,917,353 ~~4,907,553~~**
Licensed Beds	854	201	201	747	859	859
Dwelling Units	18	23	23	11	18	26
Residential Hotel Units	0	20	20	20	0	0
Hotel Rooms	0	402	402	402	0	0

Table 6-1
Summary of Project Alternatives Development Program and Comparison to the Proposed CPMC LRDP

Category (numbers for building uses below depict square footage)	Totals at Buildout					
	Proposed LRDP	Alternative 1A No Project	Alternative 1B No Project	Alternative 2	Alternative 3A	Alternative 3B
Parking Spaces—Structured	3,662	1,922	142	3,636	3,707	4,052
Parking Spaces—Surface	228	404	404	305	284	415
Loading Spaces	18 + 14 vans	9	7	24	14	17
Number of Buildings	25	38	38	38	22	32

Notes: CPMC = California Pacific Medical Center; LRDP = *Long Range Development Plan*; NA = not available; sq. ft. = square feet
[1] Existing square footage unknown. Please refer to the number of loading spaces.
Source: Data compiled by AECOM in 2010

Table 6-2 in the Draft EIR, page 6-35 has been updated to reflect the changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital.

Table 6-2
Comparison of the No Project Alternative (Alternatives 1A and 1B) and CPMC LRDP Buildout

Category (numbers for building uses below depict square footage)	Proposed LRDP at Buildout	No Project Alternative with St. Luke's 1A (No Project)	Difference between Alternative 1A and LRDP	No Project Alternative with St. Luke's 1B (No Project)	Difference between Alternative 1B and LRDP
Residential	27,170	33,770	+6,600	33,770	+6,600
Hotel	0	221,513	+221,513	221,513	+221,513
Retail	26,609	89,252	+62,643	91,852	+65,243
Office	24,314	228,232	+203,918	237,206	+212,892
Medical Office	719,799	379,130	-340,669	410,950	-308,849
Light Industrial	0	6,960	+6,960	6,960	+6,960
Parking—Structured	1,496,762	760,831	-735,931	871,831	-624,931
Hospital Administration	67,870 ~~66,670~~	68,862	+992~~2,192~~	72,401	+4,531~~5,731~~
Cafeteria	26,617	12,457	-14,160	14,017	-12,600
Education/Conference	54,412 ~~53,412~~	35,198	-19,214~~18,214~~	38,603	-15,809~~14,809~~
Inpatient Care	556,726 ~~568,326~~	86,159	-470,567 ~~482,167~~	86,159	-470,567 ~~482,167~~
Skilled Nursing Care	22,265	22,265	0	22,265	0
Outpatient Care	100,181	122,445	+22,264	131,125	-30,944
Diagnostic and Treatment	429,036 ~~427,836~~	228,174	-200,862 ~~199,662~~	249,034	-180,002 ~~178,802~~
Emergency Department	35,155 ~~35,655~~	3,755	-31,400~~31,900~~	3,755	-31,400~~31,900~~
Support	275,187 ~~273,287~~	170,397	-104,790 ~~102,890~~	201,664	-71,623
Research	0	59,951	+59,951	59,951	+59,951
Residential Alzheimer's	32,405	32,405	0	32,405	0
Other	–	–	–	–	–
Lobby	39,473 ~~35,673~~	27,161	-12,312~~8,512~~	27,877	-11,596 ~~7,796~~
Building Infrastructure	366,647 ~~361,247~~	70,470	-296,177 ~~290,777~~	90,071	-276,576 ~~271,176~~
Central Plant	82,754 ~~82,854~~	36,557	-46,196~~46,297~~	36,557	-46,196~~46,297~~
Mechanical and Electrical Floors	68,234	53,833	-14,401	59,371	-8,863
Loading	32,040 ~~24,540~~	0	-32,040~~24,540~~	120	-31,920~~24,420~~
Total sq. ft.	**4,483,656** **~~4,473,856~~**	**2,746,296**	**-1,737,360** **~~1,727,560~~**	**2,995,976**	**-1,487,680** **~~1,477,880~~**
Licensed Beds	854	201	-653	201	-653
Dwelling Units	18	23	+5	23	+5
Residential Hotel Units	0	20	+20	20	+20
Hotel Rooms	0	402	+402	402	+402
Parking Spaces—Structured	3,662	1,922	-1,740	2,142	-1,520
Parking Spaces—Surface	228	404	+176	396	+168
Loading Spaces	18 + 14 vans	9	-9, -14 vans	9	-9, -14 vans
Number of Buildings	25	38	+13	40	+15

Notes: CPMC = California Pacific Medical Center; LRDP = *Long Range Development Plan*; sq. ft. = square feet
Source: Data compiled by AECOM in 2010

The text in the Draft EIR, page 6-58, second and third sentences of the second paragraph has been revised as follows to correct the total square footage under Alternative 1B and to reflect changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital:

> Under the LRDP, the St. Luke's Campus would occupy approximately 605,700 ~~595,900~~ sq. ft. The total square footage at the St. Luke's Campus under No Project Alternative 1B (453,300~~454,900~~ sq. ft.) would be about 152,400 ~~141,000~~ sq. ft. less than under the proposed LRDP.

Table 6-9 in the Draft EIR, page 6-60 has been updated to reflect the changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital.

Table 6-9
No Project Alternatives 1A and 1B and Proposed LRDP Buildout at the St. Luke's Campus

Category (numbers for building uses below depict square footage)	Proposed LRDP at Buildout at St. Luke's Campus	Alternative 1A No Project Total at St. Luke's Campus	Difference in Floor Area Between No Project Alternative 1A and LRDP	Alternative 1B No Project Total at St. Luke's Campus	Difference Between No Project Alternative 1B and LRDP
Residential	–	0	0	0	0
Hotel	–	0	0	0	0
Retail	4,248	1,648	-2,600	4,248	0
Office	8,974	2,400	-6,574	11,374	+2,400
Medical Office	81,537	49,717	-31,820	81,537	0
Light Industrial	–	0	0	0	0
Parking—Structured	194,370	83,370	-111,000	194,370	0
Hospital Administration	10,853 ~~9,653~~	4,114	-6,739~~5,539~~	7,653	-3,200~~2,000~~
Cafeteria	3,360	0	-3,360	1,560	-1,800
Education/Conference	4,405 ~~3,405~~	0	-4,405~~3,405~~	3,405	-1,000~~0~~
Inpatient Care	65,200 ~~76,800~~	0	-65,200~~76,800~~	0	-65,200~~76,800~~
Skilled Nursing Care	–	0	0	0	0
Outpatient Care	14,430	5,750	-8,680	14,430	0
Diagnostic and Treatment	64,056 ~~62,856~~	24,496	-39,560~~38,360~~	45,356	-18,700~~17,500~~
Emergency Department	11,500 ~~12,000~~	0	-11,500~~12,000~~	0	-11,500~~12,000~~
Support	60,369 ~~60,469~~	15,202	-45,167~~45,267~~	46,469	-13,900~~14,000~~
Research	0	0	0	0	0
Residential Alzheimer's	0	0	0	0	0
Other	–	–	–	–	–
Lobby	8,328 ~~4,528~~	1,312	-7,016~~3,216~~	2,028	-6,300~~2,500~~
Building Infrastructure	50,679 ~~45,279~~	11,278	-39,401~~34,001~~	30,879	-19,800~~14,400~~
Central Plant	2,900 ~~3,000~~	0	-2,900~~3,000~~	0	-2,900~~3,000~~
Mechanical and Electrical Floors	9,906	4,368	-5,538	9,906	0
Loading	8,620 ~~1,120~~	0	-8,620~~1,120~~	120	-8,500~~1,000~~
Total sq. ft.	**605,735 ~~595,935~~**	**203,655**	**-402,080~~392,280~~**	**453,335**	**-152,400~~142,600~~**
Licensed Beds	80	0	-80	0	-80
Dwelling Units	0	0	0	0	0
Residential Hotel Units	0	0	0	0	0
Hotel Rooms	0	0	0	0	0
Parking Spaces—Structured	435	215	-220	435	0
Parking Spaces—Surface	15	114	+99	106	99+91
Loading Spaces	2	1	-1	1	-1
Number of Buildings	7	5	+1-2	7	+0

Notes: LRDP = *Long Range Development Plan*; sq. ft. = square feet
Source: Data compiled by AECOM in 2010

The text in the Draft EIR, page 6-129, second sentence of the first paragraph under the subheading "Alternative 1B (St. Luke's)-Land Use Planning" has been revised to correct the square footage difference:

> Under Alternative 1B, the St. Luke's Campus floor area would increase by approximately 1,400 ~~3,000~~ sq. ft. relative to existing conditions (approximately 451,900 sq. ft.).

The text in the Draft EIR, page 6-130, the second sentence in the second paragraph has been revised to clarify FAR, as follows:

> Unlike the proposed LRDP, the No Project Alternative 1B would not require amendments to the General Plan, zoning map and Planning Code street vacation approval, or lot merger because the St. Luke's Replacement Hospital proposed under the LRDP would not be constructed; however, it would require the creation of a new Cesar Chavez/Valencia Streets Medical Use Special Use District to increase the FAR limit, and a CU authorization to modify an existing PUD ~~to allow exceptions to FAR limits~~ (as discussed in Section 2.6.4, "Required Project Approvals for the St. Luke's Campus" [page 2-191 in Chapter 2, "Project Description"]).

The text in the Draft EIR, page 6-131, first sentence of the second paragraph has been revised to correct the square footage difference:

> Compared to existing conditions, the development program at the St. Luke's Campus under No Project Alternative would be approximately 1,400~~1,500~~ sq. ft. larger; however, this development program would be approximately 152,400~~143,000~~ sq. ft. smaller than that of the proposed LRDP.

Table 6-13 in the Draft EIR, pages 6-163 and 6-164 has been updated to reflect the changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital.

Table 6-13
Comparison of Alternative 2 and CPMC LRDP Buildout

Category (numbers for building uses below depict square footage)	Proposed LRDP at Buildout	Alternative 2 Total at Buildout	Difference between Alternative and LRDP
Residential	27,170	33,770	+6,600
Hotel	0	221,513	+221,513
Retail	26,609	102,719	+76,110
Office	24,314	229,656	+205,342
Medical Office	719,799	535,749	-184,050
Light Industrial	0	3,480	+3,480
Parking—Structured	1,496,762	1,767,125	+270,363
Hospital Administration	67,870 ~~66,670~~	78,922	+13,452~~12,252~~
Cafeteria	26,617	27,038	+421
Education/Conference	54,412 ~~53,412~~	61,022	+8,610~~7,610~~
Inpatient Care	556,726 ~~568,326~~	552,366	-4,360~~15,960~~
Skilled Nursing Care	22,265	22,265	0
Outpatient Care	100,181	489,892	+389,711
Diagnostic and Treatment	429,036 ~~427,836~~	408,967	-20,069~~18,869~~
Emergency Department	35,155 ~~35,655~~	39,439	+4,284~~3,784~~
Support	275,187 ~~273,287~~	330,058	+54,871~~56,771~~
Research	0	–	–
Residential Alzheimer's	32,405	32,405	0
Other	–	–	–
Lobby	39,473 ~~35,673~~	43,960	+4,487~~8,287~~
Building Infrastructure	366,647 ~~361,247~~	443,906	+77,259~~82,659~~
Central Plant	82,754 ~~82,854~~	60,887	-21,867~~21,967~~
Mechanical and Electrical Floors	68,234	95,765	+27,531
Loading	32,040 ~~24,540~~	24,809	+7,231~~269~~
Total sq. ft.	**4,483,656 ~~4,473,856~~**	**5,605,711**	**+1,122,055 ~~1,131,855~~**
Dwelling Units	18	11	-7
Residential Hotel Units	–	20	+20
Hotel Rooms	–	402	+402
Parking Spaces—Structured	3,662	3,636	-26
Parking Spaces—Surface	228	305	+77
Loading Spaces and Vans	18 + 14 vans	24 + 0 vans	+6, -14 vans
Number of Buildings	25	38	+13

Notes: CPMC = California Pacific Medical Center; LRDP = *Long Range Development Plan*; sq. ft. = square feet
Source: Data compiled by AECOM in 2010

The text in the Draft EIR, page 6-187, third bullet point, has been revised to update the square footage at the proposed St. Luke's Replacement Hospital, as follows:

> construction of the seismically compliant, five-story, 99-foot-tall (including mechanical penthouse), 154,800~~145,000~~-sq.-ft. St. Luke's Replacement Hospital;

Table 6-24 in the Draft EIR, page 6-265 has been updated to reflect the changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital.

Table 6-24
Comparison of Alternative 3A and Proposed CPMC LRDP Buildout at All Campuses

Category (numbers for building uses below depict square footage)	LRDP at Buildout	Alternative 3A Total at Buildout	Difference Between Alternative 3A and LRDP
Residential	27,170	27,170	0
Hotel	0	0	0
Retail	26,609	22,987	-3,622
Office	24,314	15,340	-8,974
Medical Office	719,799	635,625	-84,174
Light Industrial	0	0	0
Parking—Structured	1,496,762	1,435,978	-60,784
Hospital Administration	67,870 ~~66,670~~	73,908	+6,038~~7,238~~
Cafeteria	26,617	21,547	-5,070
Education/Conference	54,412 ~~53,412~~	47,682	-6,730~~5,730~~
Inpatient Care	556,726 ~~568,326~~	529,592	-27,134~~38,734~~
Skilled Nursing Care	22,265	22,265	0
Outpatient Care	100,181	214,517	+114,336
Diagnostic and Treatment	429,036 ~~427,836~~	482,569	+53,533~~54,733~~
Emergency Department	35,155 ~~35,655~~	23,505	-11,650~~12,150~~
Support	275,187 ~~273,287~~	261,919	-13,268~~11,368~~
Research	0	0	0
Residential Alzheimer's	32,405	32,405	0
Other	–	–	–
Lobby	39,473 ~~35,673~~	32,405	-7,068~~3,268~~
Building Infrastructure	366,647 ~~361,247~~	382,077	+15,430~~20,830~~
Central Plant	82,754 ~~82,854~~	80,434	-2,320~~2,420~~
Mechanical and Electrical Floors	68,234	58,328	-9,906
Loading	32,040 ~~24,540~~	33,420	+1,380~~8,880~~
Total sq. ft.	**4,483,656 ~~4,473,856~~**	**4,433,671**	**-50,985~~40,185~~**
Licensed Beds	854	859	+5
Dwelling Units	18	18	0
Residential Hotel Units	0	0	0
Hotel Rooms	0	0	0
Parking Spaces—Structured	3,662	3,707	+45
Parking Spaces—Surface	228	284	+56
Loading Spaces and Vans	18 + 14 vans	14 + 0 vans	-4, -14 vans
Number of Buildings	25	22	-3

Note: CPMC = California Pacific Medical Center; LRDP = *Long Range Development Plan*; sq. ft. = square feet
Source: Data compiled by AECOM in 2010

Table 6-25 in the Draft EIR, page 6-266 has been updated to reflect the changes in square footage of the St. Luke's Campus Replacement Hospital under the proposed LRDP and Alternative 3B.

Table 6-25
Comparison of Alternative 3B and Proposed CPMC LRDP Buildout at All Campuses

Category (numbers for building uses below depict square footage)	LRDP at Buildout	Alternative 3B Total at Buildout	Difference Between Alternative 3B and LRDP
Residential	27,170	35,470	+8,300
Hotel	0	0	0
Retail	26,609	28,735	+2,126
Office	24,314	29,204	+4,890
Medical Office	719,799	789,810	+70,011
Light Industrial	0	0	0
Parking—Structured	1,496,762	1,729,224	+232,462
Hospital Administration	67,870 ~~66,670~~	76,719~~75,519~~	+8,849
Cafeteria	26,617	24,907	-1,710
Education/Conference	54,412 ~~53,412~~	52,087~~51,087~~	-2,325
Inpatient Care	556,726 ~~568,326~~	543,064~~554,664~~	-13,662
Skilled Nursing Care	22,265	22,265	0
Outpatient Care	100,181	130,209	+30,028
Diagnostic and Treatment	429,036 ~~427,836~~	443,879~~442,679~~	+14,843
Emergency Department	35,155 ~~35,655~~	35,005~~35,505~~	-150
Support	275,187 ~~273,287~~	314,336~~312,436~~	+39,149
Research	0	5,587	+5,587
Residential Alzheimer's	32,405	32,405	0
Other	–	–	–
Lobby	39,473 ~~35,673~~	40,151~~36,351~~	+678
Building Infrastructure	366,647 ~~361,247~~	396,953~~391,553~~	+30,306
Central Plant	82,754 ~~82,854~~	75,334~~75,434~~	-7,420
Mechanical and Electrical Floors	68,234	78,487	+10,253
Loading	32,040 ~~24,540~~	33,523~~26,023~~	+1,483
Total sq. ft.	**4,483,656 ~~4,473,856~~**	**4,917,353~~4,907,553~~**	**+433,697**
Licensed Beds	854	859	+4
Dwelling Units	18	26	+8
Residential Hotel Units	0	0	0
Hotel Rooms	0	0	0
Parking Spaces—Structured	3,662	4,052	+390
Parking Spaces—Surface	228	415	+187
Loading Spaces and Vans	18 + 14 vans	14 + 0 vans	-4, -14 vans
Number of Buildings	25	32	+7

Source: Data compiled by AECOM in 2010

The text in the Draft EIR, page 6-279, third sentence of the first bullet point has been revised as follows to reflect changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital:

- At approximately 157,900 sq. ft., the St. Luke's Replacement Hospital would be slightly (3,100~~12,900~~ sq. ft.) larger under Alternative 3A than under the LRDP, to accommodate additional diagnostic and treatment services to support the Phase 2 Women's and Children's Center. Similar to the LRDP, the replacement hospital would not have any below grade levels.

The text in the Draft EIR, page 6-280,second sentence of the first paragraph has been revised as follows to reflect changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital:

> As a result, St. Luke's Campus development would be approximately 296,000~~305,800~~ sq. ft. larger under this alternative than under the LRDP (901,700 sq. ft. versus 605,700~~595,900~~ sq. ft.), as shown in Table 6-30, "Alternative 3A and Proposed LRDP Buildout at the St. Luke's Campus" (page 6-282).

Table 6-30 in the Draft EIR, page 6-282 has been updated to reflect the changes in square footage of the St. Luke's Campus Replacement Hospital under the proposed LRDP.

Table 6-30
Alternative 3A and Proposed LRDP Buildout at the St. Luke's Campus

Category (numbers for building uses below depict square footage)	Proposed LRDP at Buildout at St. Luke's Campus	Alternative 3A Total at St. Luke's Campus	Difference Between Alternative 3A and LRDP
Residential	–	0	0
Hotel	–	0	0
Retail	4,248	0	-4,248
Office	8,974	0	-8,974
Medical Office	81,537	0	-81,537
Light Industrial	–	0	0
Parking—Structured	194,370	224,653	+30,283
Hospital Administration	10,853 ~~9,653~~	18,806	+7,953~~9,153~~
Cafeteria	3,360	0	-3,360
Education/Conference	4,405 ~~3,405~~	0	-4,405~~3,405~~
Inpatient Care	65,200 ~~76,800~~	199,704	+134,504~~122,904~~
Skilled Nursing Care	–	0	0
Outpatient Care	14,430	129,001	+114,571
Diagnostic and Treatment	64,056 ~~62,856~~	141,171	+77,115~~78,315~~
Emergency Department	11,500 ~~12,000~~	0	-11,500~~12,000~~
Support	60,369 ~~60,469~~	61,997	+1,628~~1,528~~
Research	0	0	0
Residential Alzheimer's	0	0	0
Other	–	–	–
Lobby	8,328 ~~4,528~~	1,482	-6,846~~3,046~~
Building Infrastructure	50,679 ~~45,279~~	98,920	+48,241~~53,641~~
Central Plant	2,900 ~~3,000~~	16,000	+13,100~~13,000~~
Mechanical and Electrical Floors	9,906	0	-9,906
Loading	8,620 ~~1,120~~	10,000	+1,380~~8,880~~
Total sq. ft.	**605,735 ~~595,935~~**	**901,733**	**+295,998~~305,798~~**
Licensed Beds	80	240	+160
Dwelling Units	0	0	0
Residential Hotel Units	0	0	0
Hotel Rooms	0	0	0
Parking Spaces—Structured	435	702	+267
Parking Spaces—Surface	15	0	-15
Loading Spaces	2	4	2
Number of Buildings	7	4	-3

Notes: LRDP = *Long Range Development Plan;* sq. ft. = square feet
Source: Data compiled by AECOM in 2010

Table 6-32 in the Draft EIR, page 6-286 has been updated to reflect the changes in square footage of the St. Luke's Campus Replacement Hospital under the proposed LRDP and Alternative 3B.

Table 6-32
Alternative 3B and Proposed CPMC LRDP Buildout at the St. Luke's Campus

Category (numbers for building uses below depict square footage)	Proposed LRDP at Buildout at St. Luke's Campus	Alternative 3B Total at St. Luke's Campus	Difference Between Alternative 3B and LRDP
Residential	–	0	0
Hotel	–	0	0
Retail	4,248	4,248	0
Office	8,974	8,974	0
Medical Office	81,537	49,717	-31,820
Light Industrial	–	0	0
Parking—Structured	194,370	194,370	0
Hospital Administration	10,853 ~~9,653~~	10,853 ~~9,653~~	0
Cafeteria	3,360	3,360	0
Education/Conference	4,405 ~~3,405~~	4,405 ~~3,405~~	0
Inpatient Care	65,200 ~~76,800~~	65,200 ~~76,800~~	0
Skilled Nursing Care	–	0	0
Outpatient Care	14,430	14,430	0
Diagnostic and Treatment	64,056 ~~62,856~~	64,056 ~~62,856~~	0
Emergency Department	11,500 ~~12,000~~	11,500 ~~12,000~~	0
Support	60,369 ~~60,469~~	60,369 ~~60,469~~	0
Research	0	0	0
Residential Alzheimer's	0	0	0
Other	–	–	–
Lobby	8,328 ~~4,528~~	8,328 ~~4,528~~	0
Building Infrastructure	50,679 ~~45,279~~	44,249 ~~38,849~~	-6,430
Central Plant	2,900 ~~3,000~~	2,900 ~~3,000~~	0
Mechanical and Electrical Floors	9,906	9,906	0
Loading	8,620 ~~1,120~~	8,620 ~~1,120~~	0
Total sq. ft.	**605,735 ~~595,935~~**	**567,485 ~~557,685~~**	**-38,250**
Licensed Beds	80	80	0
Dwelling Units	0	0	0
Residential Hotel Units	0	0	0
Hotel Rooms	0	0	0
Parking Spaces—Structured	435	440	+5
Parking Spaces—Surface	15	106	+91
Loading Spaces	2	5	+3
Number of Buildings	7	7	0

Notes: LRDP = *Long Range Development Plan;* sq. ft. = square feet
Source: Data compiled by AECOM in 2010

Table 6-33, "Alternative 3B—St. Luke's Campus Project Summary Table and Comparison to Existing Conditions", Draft EIR, page 6-287, has been revised to reflect the updated building height for the existing Duncan Street Parking Garage, as well as updated square footage at the St. Luke's Replacement Hospital, as follows:

Table 6-33 (Revised)
Alternative 3B—St. Luke's Campus Project Summary Table and Comparison to Existing Conditions

Category (numbers for building uses below depict square footage)	Existing Uses [1]	New		Convert	Retain				Existing Uses to Be Retained	Uses to Be Converted	New Construction	Project Totals
		30-Bed Replacement Hospital	Medical Office/ Expansion Bldg (Reduced Dev)	1957 Building [2]	1912 Building	1580 Valencia (Monteagle)	Duncan St. Parking Garage	555 San Jose Ave. (Hartzell)				
Residential	–			–	–	–	–	–	0	0	–	–
Hotel	–			–	–	–	–	–	0	0	–	–
Retail	2,521		2,600	–	–	1,648	–	–	1,648	0	2,600	4,248
Office	11,374			–	–	–	–	8,974	8,974	0	–	8,974
Medical Office	49,717			–	–	49,717	–	–	49,717	0	–	49,717
Light Industrial	–			–	–	–	–	–	0	0	–	–
Parking—Structured	83,370		111,000	–	–	–	83,370	–	83,370	0	111,000	194,370
Hospital Administration	7,438	~~2,000~~3,200	2,080	1,459	4,114	–	–	–	4,114	1,459	5,280 ~~4,080~~	10,853 ~~9,653~~
Cafeteria	3,471	1,800	1,560	–	–	–	–	–	0	0	3,360	3,360
Education/Conference	10,952	1,000	1,560	1,559	–	–	–	286	286	1,559	2,560 ~~1,560~~	4,405 ~~3,405~~
Inpatient Care	52,089	~~76,800~~65,200		–	–	–	–	–	0	0	65,200 ~~76,800~~	65,200 ~~76,800~~
Skilled Nursing Care	25,637			–	–	–	–	–	0	0	–	–
Outpatient Care	7,065		8,680	–	4,201	1,549	–	–	5,750	0	8,680	14,430
Diagnostic and Treatment	55,854	~~17,500~~18,700	22,460		7,081	15,815	–	–	22,896	0	41,160 ~~39,960~~	64,056 ~~62,856~~
Emergency Department	7,060	~~12,000~~11,500			–	–	–	–	0	0	11,500 ~~12,000~~	11,500 ~~12,000~~
Support	73,185	~~14,000~~15,900	3,640	24,700	9,421	5,781	–	2,927	18,129	24,700	19,540 ~~17,640~~	62,369 ~~60,469~~
Research	6,668			–	–	–	–	–	0	0	–	–
Other	–			–	–	–	–	–	0	0	–	–
Lobby	2,892	~~2,500~~6,300	520	–	442	870	–	196	1,508	0	6,820 ~~3,020~~	8,328 ~~4,528~~
Building Infrastructure	41,802	~~14,400~~19,800	8,700	3,579	1,021	10,257	–	892	12,170	3,579	28,500 ~~23,100~~	44,249 ~~38,849~~
Central Plant	–	~~3,000~~2,900		–	–	–	–	–	0	0	2,900 ~~3,000~~	2,900 ~~3,000~~
Mechanical and Electrical Floors	9,906			427	–	4,368	–	5,111	9,479	427	–	9,906
Loading	867	~~1,000~~8,500		–	–	–	–	120	120	0	8,500 ~~1,000~~	8,620 ~~1,120~~
Total sq. ft.	**451,868**	**~~145,000~~154,800**	**162,800**	**31,724**	**26,280**	**90,005**	**83,370**	**18,506**	**218,161**	**31,724**	**317,600 ~~307,800~~**	**567,485 ~~557,685~~**
Dwelling Units	–			–	–	–	–	–	–	–	–	–
Hotel Rooms	–			–	–	–	–	–	–	–	–	–
Parking Spaces—Structured	215		220	–	–	–	215	–	215	–	220	435
Parking Spaces—Surface	114			106	–	–	–		–	106	–	106
Loading Spaces	2	4		–	–	–	–	1	1	–	4	5
Number of Buildings	8	1	1	1	1	1	1	1	4	1	2	7
Height of Buildings [3]	NA	99	65	52	53	102	~~28~~34 [4]	34	NA	NA	NA	NA
Number of Stories	NA	5	3	4	4	8	–	2	NA	NA	NA	NA
Stories Underground	NA		4	–	–	1	–	1	NA	NA	NA	NA

Notes: sq. ft. = square feet. Convert = Would be converted to a different use under the proposed project; New = Would be new construction under the proposed project; Retain = Would be retained as it is currently being used under the proposed project.
[1] The "Existing Uses to be Retained" totals reflect the demolition of the following buildings, representing 201,983 sq. ft.: the St. Luke's Hospital Tower (197,983 sq. ft.), the MRI Trailer (1,600 sq. ft.), and the Redwood Administration Building (2,400 sq. ft.). Detailed information regarding the square footage of uses within each of these buildings is provided in Table 2-13, "St. Luke's Campus: Project Summary Table."
[2] Under Alternative 3B, the area vacated by the existing Emergency Department (7,060 sq. ft.) and diagnostics and treatment uses (14,124 sq. ft.) in the 1957 Building would be converted to General Support uses.
[3] New building heights are approximations based on the 2009 studies for purpose of analysis, because the buildings have not been designed.
[4] The existing Duncan Street Parking Garage height does not include an approximately 10-foot-tall stair enclosure on the top deck.
Source: Data compiled by AECOM in 2010

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The text in the Draft EIR, page 6-300 in the last sentence of the first paragraph and the first sentence of the second paragraph has been revised as follows to clarify requirements of the General Plan Urban Design Element.

> In contrast with the proposed LRDP, ~~a~~ height amendments under the General Plan Urban Design Element and the *Van Ness Avenue Area Plan* would not be required under Alternative 3.
>
> All other approvals associated with the proposed LRDP (discussed on page 4.1-47 in Section 4.1, "Land Use and Planning")—including non-height-related amendments to the ~~creation of~~ *Van Ness Avenue Area Plan* ~~Subarea 4~~, Planning Code text amendments, CU authorization for a new medical institution ~~and additional parking~~ at the proposed Cathedral Hill Campus, and exceptions to bulk street frontage, ~~parking setbacks, parking~~ loading, building projection, obstructions over streets and alleys, wind comfort level, and residential development~~and unloading requirements and signage~~ requirements—would still be required under Alternative 3.

The text in the Draft EIR, page 6-324,first sentence under the subheading "Alternative 3A (St. Luke's)-Land Use Planning" has been revised as follows to reflect changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital:

> Considerably more building demolition (approximately 425,600 sq. ft.[101]) and new construction (875,500 sq. ft.[102]) would occur at the St. Luke's Campus under Alternative 3A than under the proposed LRDP (approximately 202,000 sq. ft. of demolition and 355,850~~346,100~~ sq. ft. of construction).

The text in the Draft EIR, page 6-324, second sentence of the second paragraph has been revised as follows to reflect changes in square footage of the LRDP's St. Luke's Campus Replacement Hospital:

> The St. Luke's Replacement Hospital proposed under Alternative 3A would be on the same site as the replacement hospital proposed for this campus under the LRDP. However, the version of the St. Luke's Replacement Hospital proposed under this alternative would be bigger, by 3,100~~12,700~~ sq. ft., and at 115 feet tall (including mechanical penthouse), it would be 16 feet taller than under the LRDP.

The text in the Draft EIR, page 6-344, third sentence in the first paragraph, has been revised as follows to correct a typographical error:

> Therefore, implementation of Improvement Measure ~~xx-xx-xx~~ I-BI-N2 related to protection of the landmark fig tree would be required under Alternative 3A.

The text in the Draft EIR, page 6-399, sixth sentence under Alternative 3A, has been revised as follows to correct a typographical error:

> Because the St. Luke's Replacement Hospital would ~~be~~ not include specialized services, and because the St. Luke's Campus is not as centrally located as the Cathedral Hill Campus, Alternative 3A would not meet the project objective of efficiently consolidating specialized services and Women's and Children's services into one centralized acute-care hospital.

The text in the Draft EIR, Table 6-37 on pages 6-420 and 6-421, have been revised to reflect updates to the environmental impact determinations related to Air Quality for certain campuses under Impacts AQ-2, AQ-9, and AQ-10, based upon the refined estimates of construction emissions from the proposed LRDP included in Appendix C to this C&R document, as follows:

Table 6-37
Comparison of Impacts of the Proposed LRDP to Impacts of Each Alternative

		Proposed LRDP					Alternative 1: No Project					Alternative 2					Alternative 3									
																	Alternative 3A					Alternative 3B				
	CH	Pac	Cal	Dav (near-term)	Dav (long-term)	SL	CH	Pac	Cal	Dav	SL 1A/1B	CH	Pac	Cal	Dav	SL	CH	Pac	Cal	Dav	SL	CH	Pac	Cal	Dav	SL
Air Quality																										
Impact AQ-1: Construction activities associated with the LRDP would not result in short-term increases in fugitive dust that exceed BAAQMD CEQA significance criteria (1999 BAAQMD Guidelines).																										
Significance of Alternative Compared to Project							<	<	=	<	</<	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance	LTSM	LTSM	NI	LTSM	LTSM	LTSM	NI	NI	NI	NI	NI/LTS	NI	LTSM	LTSM	NI	LTSM	LTSM	LTSM	NI	LTSM	LTSM	LTSM	LTSM	LTSM	LTSM	LTSM
Impact AQ-2: Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants (1999 BAAQMD Guidelines).																										
Significance of Alternative Compared to Project							<	<	=	<	</<	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance	~~SU/M~~ LTSM	LTS	NI	LTS	LTS	LTS	NI	NI	NI	NI	NI/LTS	NI	LTS	SU/M	NI	LTS	SU	LTS	NI	LTS	LTS	SU	LTS	LTS	LTS	LTS
Impact AQ-3: 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 buildout (1999 BAAQMD Guidelines).																										
Significance of Alternative Compared to Project									<					>					=					>		
Level of Significance			SU						LTS					SU					SU					SU		
Impact AQ-4: Operation of the LRDP would not cause local concentrations of CO from motor vehicle exhaust to exceed state and federal ambient air quality standards (1999 BAAQMD Guidelines).																										
Significance of Alternative Compared to Project							<	<	=	<	<	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	LTS	LTS	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	LTS	LTS
Impact AQ-5: Operations at the LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants (1999 BAAQMD Guidelines).																										
Significance of Alternative Compared to Project							<	<	=	<	<	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	LTS	LTS	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	LTS	LTS
Impact AQ-6: Construction and operation of the LRDP would not expose a substantial number of people to objectionable odors (1999 BAAQMD Guidelines).																										
Significance of Alternative Compared to Project							<	<	=	<	<	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	LTS	LTS	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	LTS	LTS
Impact AQ-7: The LRDP's short-term construction emissions would not contribute to cumulatively considerable toxic air contaminant, criteria air pollutant or precursor emissions in the region. The LRDP's long-term operation criteria air pollutant emissions would contribute to a cumulative considerable impact, but its toxic air contaminant emissions would not be cumulatively considerable(1999 BAAQMD Guidelines) .																										
Significance of Alternative Compared to Project							<	<	=	<	=	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance[1]	SU/LTS	SU/LTS	NI	SU/LTS	LTS	SU/LTS	LTS	LTS	NI	LTS	LTS	LTS	LTS	LTS	LTS	SU/LTS	SU/LTS	SU/LTS	NI	SU/LTS	SU/LTS	SU/LTS	SU/LTS	SU/LTS	SU/LTS	SU/LTS
Impact AQ-8: Construction activities associated with the LRDP would not result in short-term increases in fugitive dust that exceed the recently adopted (June 2, 2010) BAAQMD CEQA significance criteria.																										
Significance of Alternative Compared to Project							<	<	=	<	</<	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance	LTSM	LTSM	NI	LTSM	LTSM	LTSM	NI	NI	NI	NI	NI/LTSM	NI	LTSM	LTSM	NI	LTSM	LTSM	LTSM	NI	LTSM	LTSM	LTSM	LTSM	LTSM	LTSM	LTSM
Impact AQ-9: Near-term and long-term construction activities associated with the LRDP would exceed recently adopted (June 2, 2010) BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.																										
Significance of Alternative Compared to Project							<	<	=	<	</<	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance	SU/M	~~SU/M~~ LTSM	NI	SU/M	LTSM	SU/M	NI	NI	NI	NI	NI/SU/M	NI	SU/M	SU/M	NI	SU/M	SU/M	SU/M	NI	SU/M	SU/M	SU/M	SU/M	SU/M	SU/M	SU/M
Impact AQ-10: Construction activities associated with the LRDP would result in short-term increases in emissions of diesel particulate matter that exceed the proposed BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and PM2.5 (Recently adopted BAAQMD Guidelines).																										
Significance of Alternative Compared to Project							<	<	=	<	</<	<	>	>	<	=	<	=	=	=	>	<	=	>	=	<
Level of Significance	SU/M	~~SU/M~~ LTSM	NI	~~SU/M~~ LTSM	SU/M	SU/M	NI	NI	NI	NI	NI/SU/M	NI	SU/M	SU/M	NI	SU/M	SU/M	SU/M	NI	SU/M	SU/M	SU/M	SU/M	SU/M	SU/M	SU/M

Note[1] The project would have significant and unavoidable operational impacts related to criteria air pollutants, but less-than-significant impacts related to construction criteria air pollutants and construction and operational toxic air contaminants.

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4.2.17 APPENDICES

The text in the Draft EIR, "Van Ness Area Plan, Map 1" in Appendix C: "General Plan and Zoning Maps" has been revised to reflect updated floor-to-area ratio at the proposed Cathedral Hill MOB, as follows:

The text in the Draft EIR, "Proposed Height and Bulk Map HT07" in Appendix C: "General Plan and Zoning Maps" has been revised to reflect updates at the St. Luke's Campus, as follows:

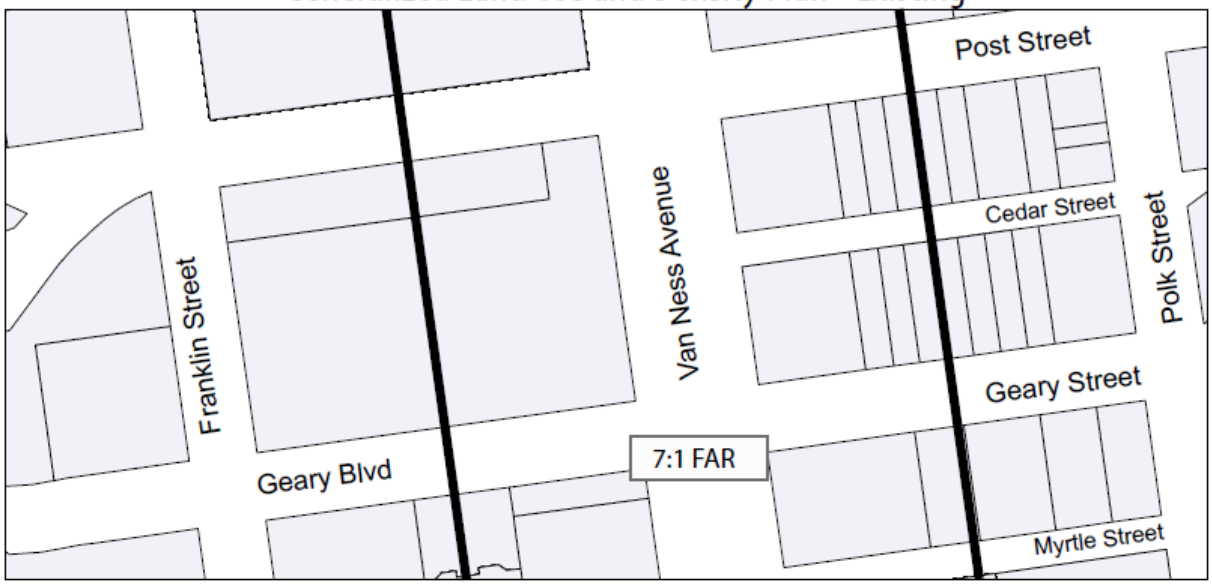
The text in the Draft EIR, "Proposed General Plan Urban Design Height - Map 4" in Appendix C: "General Plan and Zoning Maps" has been revised to reflect updates at the St. Luke's Campus, as follows:

The text in the Draft EIR, Appendix C: "General Plan and Zoning Maps" has been revised to include an additional map "Proposed Special Use District SU07" as follows:

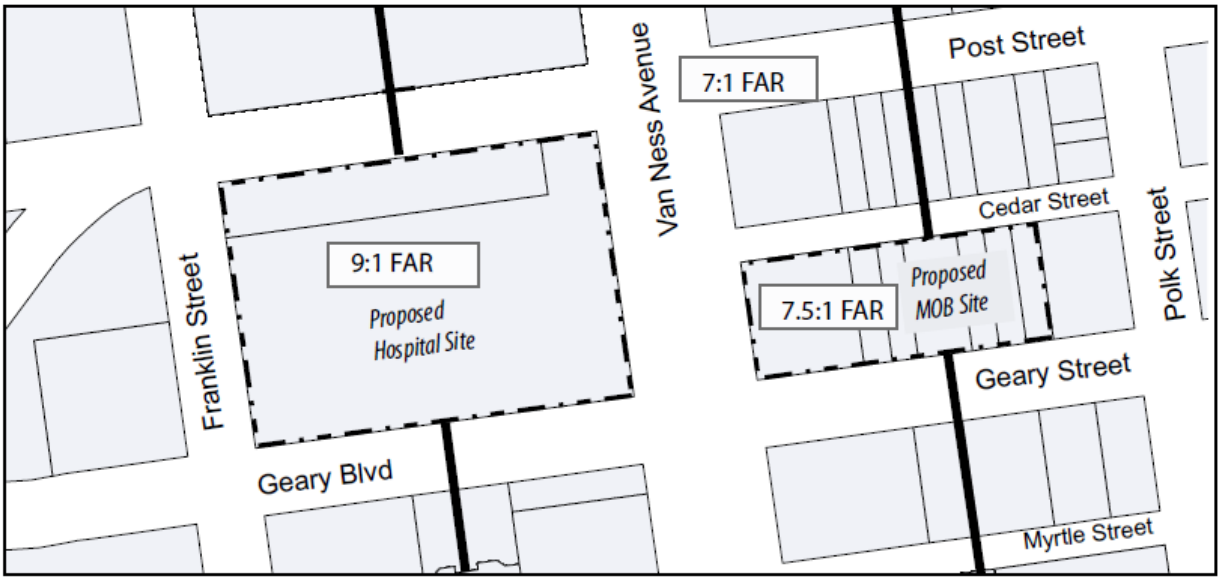
Van Ness Area Plan, Map 1

REVISED 5/3/2011

Generalized Land Use and Density Plan - Existing



Generalized Land Use and Density Plan -PROPOSED



0 200 400 Feet

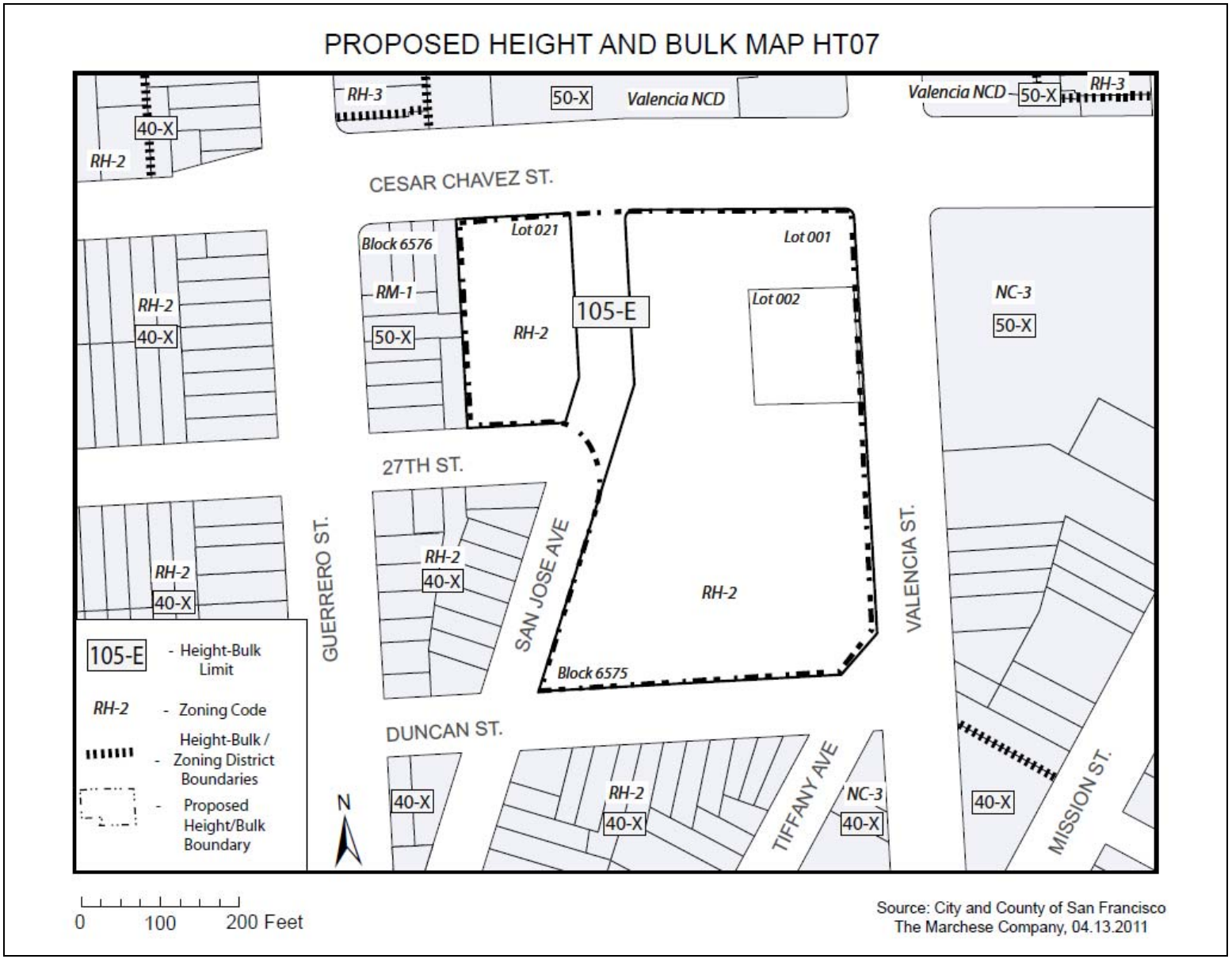
Existing Land Use and Density Boundaries

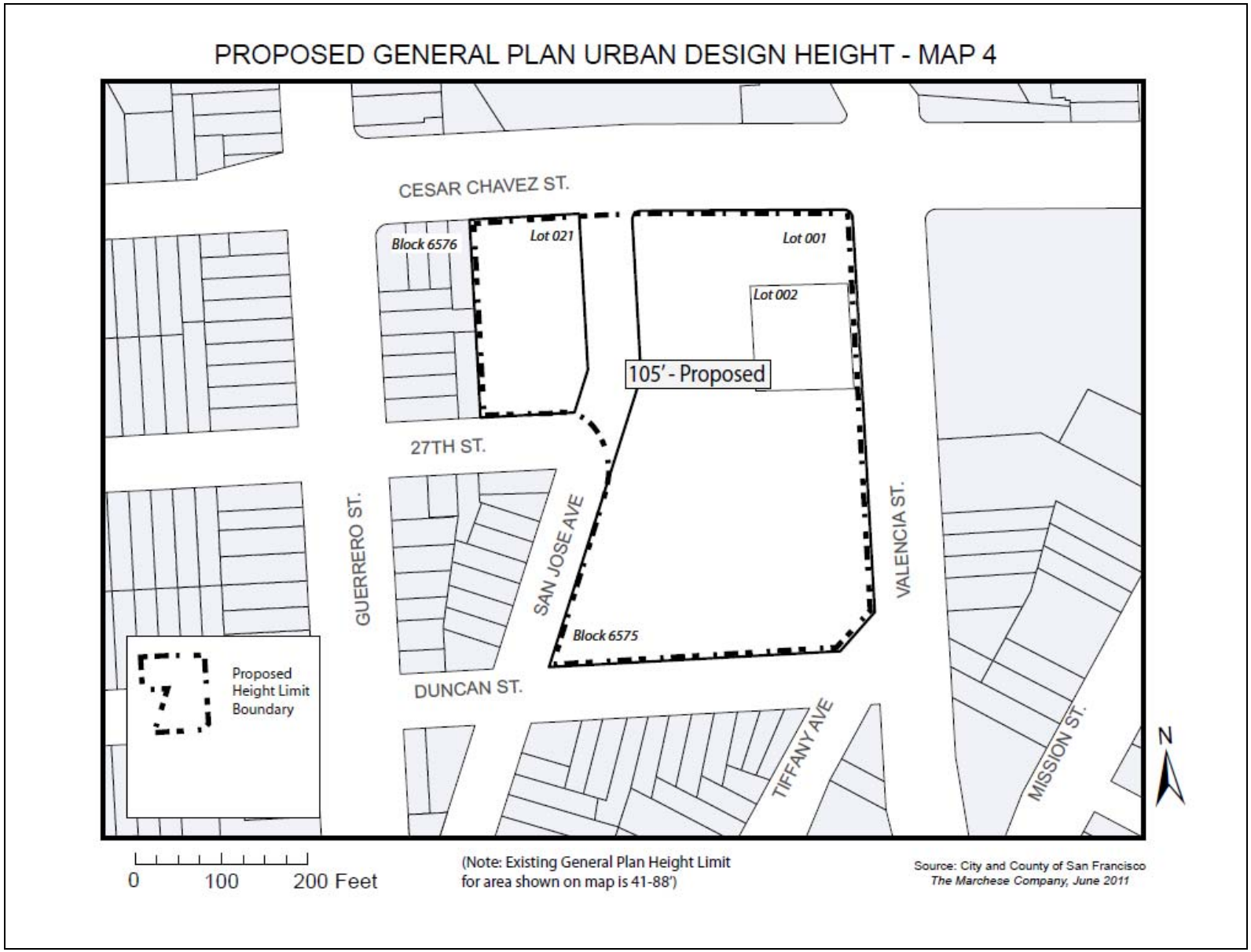
Proposed FAR Boundary

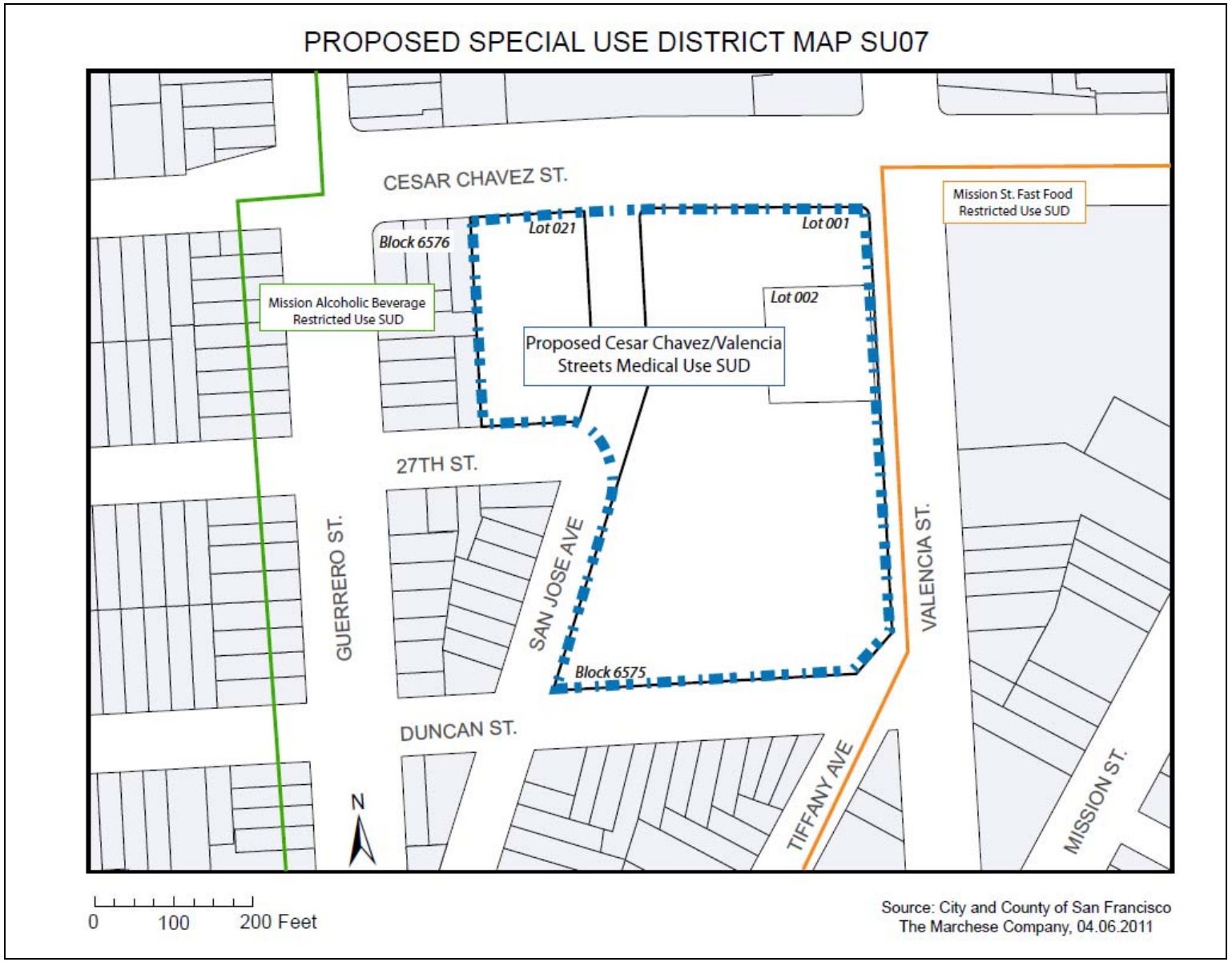
The proposal is to amend Map 1 in the Van Ness Area Plan to modify the existing FAR from 7: 1 to 9: 1 in the Proposed Hospital Site, and to 7.5:1 in the Proposed MOB Site.

N

Sources: City and County of San Francisco, ESRI
The Marchese Company, 05.03.2011


PROPOSED HEIGHT AND BULK MAP HT07
RH-3
50-X
Valencia NCD
Valencia NCD
50-X
RH-3
40-X
RH-2
CESAR CHAVEZ ST.
Block 6576
Lot 021
Lot 001
RM-1
105-E
Lot 002
RH-2
50-X
RH-2
40-X
RH-2
NC-3
50-X
27TH ST.
GUERRERO ST.
SAN JOSE AVE
RH-2
40-X
RH-2
VALENCIA ST.
RH-2
40-X
Block 6575
105-E - Height-Bulk Limit
RH-2 - Zoning Code
Height-Bulk / Zoning District Boundaries
Proposed Height/Bulk Boundary
DUNCAN ST.
N
40-X
RH-2
40-X
TIFFANY AVE
NC-3
40-X
40-X
MISSION ST.
0 100 200 Feet
Source: City and County of San Francisco
The Marchese Company, 04.13.2011


PROPOSED GENERAL PLAN URBAN DESIGN HEIGHT - MAP 4
CESAR CHAVEZ ST.
Block 6576
Lot 021
Lot 001
Lot 002
105' - Proposed
27TH ST.
GUERRERO ST.
SAN JOSE AVE
VALENCIA ST.
Block 6575
DUNCAN ST.
TIFFANY AVE
MISSION ST.
Proposed Height Limit Boundary
N
0 100 200 Feet
(Note: Existing General Plan Height Limit for area shown on map is 41-88')
Source: City and County of San Francisco
The Marchese Company, June 2011


PROPOSED SPECIAL USE DISTRICT MAP SU07
CESAR CHAVEZ ST.
Block 6576
Lot 021
Lot 001
Lot 002
Mission Alcoholic Beverage Restricted Use SUD
Proposed Cesar Chavez/Valencia Streets Medical Use SUD
Mission St. Fast Food Restricted Use SUD
27TH ST.
GUERRERO ST.
SAN JOSE AVE
VALENCIA ST.
Block 6575
DUNCAN ST.
TIFFANY AVE
MISSION ST.
N
0 100 200 Feet
Source: City and County of San Francisco
The Marchese Company, 04.06.2011

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None

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None

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