

# NEIGHBORS OF SAN FRANCISCO GENERAL HOSPITAL

P.O. Box 410242  
San Francisco, CA 94141-0242

April 22, 2008

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

RE: 2007.0603E San Francisco General Hospital Seismic Compliance Rebuild DEIR

Dear Mr. Wycko:

These comments are submitted on behalf of the Neighbors of SFGH, an unincorporated association formed over two years ago to monitor development proposals at the SFGH campus. Members of the Neighbors of SFGH live in close proximity to the SFGH campus in the Inner Mission, Bernal Heights and on Potrero Hill. Many members of the Neighbors of SFGH are landowners who have lived near the SFGH campus for decades. Many members of the Neighbors of SFGH have been provided health care at SFGH.

The Neighbors of SFGH appreciate the services that SFGH provides to them and to the San Francisco community at large. The Neighbors support the Hospital's mission to provide health care services to San Francisco residents, especially those without health insurance and indigent San Franciscans. The Neighbors of SFGH have amicably lived side by side with the only public Hospital in the City of San Francisco for many years. In recent years, however, SFGH has not been willing to engage with the neighborhood in ongoing communication about its myriad development. This stance stands in stark contrast to the actions of UCSF in its Mission Bay hospital development plans.

We submit comments on the proposed rebuild of SFGH, as specified in the Draft Environmental Impact Report published by the City, in order to ensure the best possible continuation of SFGH's health care services in the most cost effective and efficient way. We are concerned that haste makes waste, and that ensuring that the provision of emergency, acute and trauma services be provided in a seismically safe facility is important to get right, and not just get fast. We are concerned that the City is moving so quickly to implement its proposed project, that it is cutting necessary planning, evaluation and analysis corners that will come back to haunt the project, and the taxpayers of San Francisco. It is in this spirit that we submit the following comments on the DEIR:

**I. The DEIR Does Not Inform the Public as to the Current Deadlines to Achieve SB 1953 Compliance.**

The DEIR fails to note that hospitals like SFGH have been given an extension, upon application, until 2020 to comply with SB 1953. Please provide information as to whether SFGH has applied for such an extension, and if so, whether such an extension has been or is likely to be granted. If such an extension has not been applied for by SFGH, please explain why not.

**II. The DEIR's Noise Analysis is Defective and Not Based on Substantial Evidence.**

In this section we discuss the adverse noise effects of the Rebuild, both on the patients at the existing SFGH and on the community surrounding SFGH, and the inadequacy of the DEIR in discussing those impacts. It is important to note what we do not discuss here, *i.e.*, the noise effects of the helipad which may be proposed for construction at SFGH.

The DEIR purports to discuss the cumulative effects of the Rebuild and the proposed helipad. But it fails to provide data or analysis sufficient for the public to assess and comment on a helipad. We will not comment on the proposed helipad until we have been provided with information that is sufficient to inform those comments. The necessary information and analysis has not yet been provided.

**A. The Proposed Rebuild Will Violate the Law & the General Plan's Noise Restrictions.**

The San Francisco General Plan states that “not only does noise annoy, it can endanger our physical and even mental health. Because of this potential health hazard, some people are becoming convinced that we are as much entitled to a quiet environment as to unpolluted air and water and pure food.” (General Plan Intro., Noise Sec., Environmental Element.) Among the General Plan's basic assumptions are the following:

- People do react adversely to excessive noise when it interferes with sleep and other activities.
- People want and are entitled to a quiet environment. (*Id.*)

The DEIR reprints the Department of Public Health's Street Noise Levels Map (“Map” - Figure IV.H-1, DEIR page 223.) The Map shows the current time-averaged-equivalent (“LEQ”) noise levels in the neighborhoods surrounding SFGH (See DEIR, p. 221, 3d para.). Those neighborhoods are Potrero Hill and the Mission District from 16<sup>th</sup> Street on the north to Cesar Chavez Street on the South, and from Mississippi Street on the east to Folsom Street on the west.

The Map shows that much of the community surrounding SFGH already suffers noise at or above the level above which new construction should not be undertaken.

***General Plan Policy 11.1 states that if new development will cause noise levels to exceed the guidelines charted below, then “either needed noise insulation features should be incorporated in the design or else the construction or development should not be undertaken.”***

The General Plan contains the following chart showing permissible and impermissible community noise levels:

## LAND USE COMPATIBILITY CHART FOR COMMUNITY NOISE

LAND USE CATEGORY	Sound Levels and Land Use Consequences <small>(see explanation below)</small>						
	L <sub>eq</sub> Value in Decibels						
	55	60	65	70	75	80	85
<b>RESIDENTIAL</b> All Dwellings, Group Quarters			■	■	■	■	■
<b>TRANSIENT LODGING</b> Hotels, Motels			■	■	■	■	■
<b>SCHOOL CLASSROOMS, LIBRARIES, CHURCHES, HOSPITALS, NURSING HOMES, ETC.</b>			■	■	■	■	■
<b>AUDITORIUMS, CONCERT HALLS, AMPHITHEATRES, MUSIC SHELLS</b>			■	■	■	■	■
<b>SPORTS ARENA, OUTDOOR SPECTATOR SPORTS</b>			■	■	■	■	■
<b>PLAYGROUNDS, PARKS</b>			■	■	■	■	■
<b>GOLF COURSES, RIDING STABLES, WATER-BASED RECREATION AREAS, CEMETERIES</b>			■	■	■	■	■
<b>OFFICE BUILDINGS</b> Personal, Business, and Professional Services			■	■	■	■	■
<b>COMMERICAL</b> Retail, Movie Theatres, Restaurants			■	■	■	■	■
<b>COMMERCIAL</b> Wholesale and Some Retail, Industrial/Manufacturing, Transportation, Communications and Utilities			■	■	■	■	■
<b>MANUFACTURING</b> Noise-Sensitive <b>COMMUNICATIONS</b> Noise-Sensitive			■	■	■	■	■



Satisfactory, with no special noise insulation requirements.



New construction or development should be undertaken only after a detailed analysis of the noise reduction requirements is made and needed noise insulation features included in the design.



New construction or development should generally be discouraged. If new construction or development does proceed, a detailed analysis of the noise reduction requirements must be made and needed noise insulation features included in the design.



New construction or development should generally not be undertaken.

The DEIR's Map discloses that *there are already significant transgressions* of the General Plan's noise standards in the neighborhoods surrounding SFGH. The Map shows that the *ambient noise levels in almost all of the neighborhoods surrounding SFGH are already at or above the legally-permissible levels.*

The DEIR states that the maximum "satisfactory" environmental noise level is a 24-hour average of 60 A-weighted decibels ("60 dBA") for residential areas and 65 dBA for schools, libraries and hospitals. And as the DEIR states, Section 2909 of the San Francisco Police Code sets maximum noise levels for medium- and high-density

residential districts at 60 dBA during the day and 55 dBA at night. (DEIR p. 220.)

But the Map shows that many parts of the community similarly average 66-70 dBA LEQ, and many more average 71-75 dBA LEQ. The 1200 block of De Haro Street, for example, already averages 66-70 decibels. This means that ***any additional noise pollution will illegally exacerbate*** the already-excessive ambient noise levels in the community. Although the DEIR attempts to downplay the increases in ambient noise levels that the Rebuild project will impose on the community, it concedes that the project will create both short-term (*i.e.*, construction-related) and permanent increases in ambient noise.

Moreover, the DEIR is inadequate in identifying the effects of noise on the neighborhood and on current hospital patients and staff. The DEIR focuses on the effect of noise on sleep, omitting significant noise effects previously identified by the City. For example, the Environmental Health Section of SFDPH's Environmental Regulatory Programs Annual Report for 2004-2005 concludes:

“Loud noise affects our health in many ways. Hearing loss is the most well-known effect of loud noise. Increased heart rate, blood pressure, and changes in blood circulation are other potential consequences of sudden loud noises. Chronic exposure to moderate levels of environmental noise results in poor quality, interrupted sleep that may cause both physical and psychological problems. Noise interferes with speech communication in the workplace and in the schoolrooms, interfering with the ability of people to perform their work. Traffic noise may also prevent pedestrians from hearing cars approaching. Noisy environments give individuals and their community the feeling of powerlessness, because they cannot even control the environment within their own home.” Page 18.

Nowhere does the DEIR analyze the proposed project's exacerbation of the effects of noise that the City has previously identified. We request that the City evaluate the impact of this project on all the noise effects that the City has previously identified, as listed above, and provide the public and decision-makers with an analysis of how the City plans to mitigate these noise effects on sensitive receptors, neighbors, and patients and staff in the current hospital building.

### **1. Near-term issues – illegal construction noise**

In the near term, the DEIR discloses that construction-related noise will unavoidably exceed legal limits. Police Code section 2907(b) prohibits the use of construction equipment that creates noise exceeding 80 dBA when measured at a distance of 100 feet. The DEIR states that the Rebuild project's construction equipment will create *85 dBA noise levels* at 100 feet. (DEIR, pages 230-231.) This would be flatly illegal. The DEIR fails to explain how the proposed project can constantly violate these City ordinances for a minimum of 57 months during the

anticipated construction period. And of course, construction schedules almost always grow longer. Certainly, the proposed project will fall far behind, since so many issues are not addressed in the DEIR. Thus it is reasonably foreseeable that these significant noise impacts will exist for more than 57 months, negatively affecting patients, staff, schools and neighbors generally.

Another near-term noise problem is the effect of construction noise on patients and staff at the existing SFGH during the Rebuild. The DEIR acknowledges that noise levels inside the new hospital's rooms will have to be kept at or below 45 dBA. (DEIR, p. S-21 and pp. 217-219.) It states that special noise-insulation measures will have to be taken to accomplish that attenuation in the new hospital's rooms. But *it says nothing about noise levels inside the existing hospital's rooms during construction*. Moreover, no analysis of the cumulative effects of the project's construction noise with the current levels of noise in the Main Hospital building, has been undertaken or provided. These serious analytical deficiencies must be rectified, both in the failure to raise and discuss the issues and in the failure to present the options for solving these very serious problems.

## **2. Long-term issues – permanent ambient noise exceeding legal limits**

As to long-term effects, the DEIR acknowledges that the proposed project **will create permanent increases in community noise levels**. (DEIR, pages 234-238.) The DEIR dismisses these effects as “less-than-significant” impacts. But the fact remains that the ambient noise levels in our community already exceed the legal limit. Accordingly, anything done to increase the current levels would violate the law. Please provide information as to how this Project can be constructed without violating the noise limits required by current law.

### **B. The DEIR Does Not Adequately Discuss or Answer Fundamental Questions of the Rebuild Project's Interior-Noise Effects.**

The DEIR fails to provide adequate discussion of some of the most important noise-related issues the Rebuild project presents: the reduction of noise transmitted into the interiors of homes, schools, businesses and rooms at the existing hospital.

#### **1. The DEIR fails to discuss construction-noise mitigation in existing hospital rooms.**

The DEIR acknowledges that hospital-interior noise must not exceed 45 dBA. (DEIR p. 383.) Without offering any specifics as to the particular construction measures that can be taken or – more importantly – how the project sponsor actually plans to mitigate the noise the Rebuild will cause, the DEIR vaguely suggests possibilities for mitigating noise penetration into the new hospital's rooms. In fact, the DEIR punts the acoustical analysis, leaving it for a later date. This discussion and deferral of any mitigation analysis to later is entirely inadequate. It forecloses EIR certification.

More immediately, however, the DEIR *fails to examine the harm that construction noise will inflict on patients in the existing hospital's rooms* during construction, or the effects of increased ambient noise on patients in those rooms after the proposed project is completed. The 106 bed psychiatric unit will remain in the Main Hospital building. Nor does it discuss any possibilities – much less concrete plans – for mitigating those effects. The DEIR cavalierly acknowledges that recognized adverse health effects of noise include hypertension and heart disease as well as hearing loss, sleep disturbance, speech interference, learning interference and annoyance. (DEIR, p. 215.) Are stressors that cause hypertension and heart disease matters of significance for hospital patients? Ordinarily one would think so. But nowhere does the DEIR discuss the harm that the project will cause to these especially-vulnerable people and it must do so to be adequate.

## **2. The DEIR fails to discuss noise effects or mitigation in the neighborhoods surrounding SFGH.**

Similarly, the DEIR fails to discuss the effects of the Rebuild project's noise on the neighborhoods surrounding SFGH. It provides charts and legal citations showing that current noise levels are at or above permissible limits, and it concedes that both construction noise in the near future and ambient noise in the long term will increase community noise levels. It does not analyze the noise effects on the innumerable over-100-year-old Victorians in the inner Mission and Potrero Hill.

The conclusion is inescapable that the increased noise caused by the Rebuild will have adverse effects on the neighbors of SFGH. But the DEIR does not explain what those effects will be. The DEIR is deficient in its cavalier assumption that noise levels can be brought down in the current hospital and in the neighborhood to acceptable levels. No evidence is contained in the DEIR to support this conclusory assertion.

Nor does the DEIR discuss actual measures that can, should or will be taken to mitigate the effects of the Rebuild project's added noise. In the most condescending of "happy-talk" terms, the DEIR (at pp. 383-384) tells the reader that homes build to "northern California residential standards" ought to reduce Rebuild-created noise to acceptable interior levels.

But the DEIR does not say what those "northern California residential standards" are. Does it mean current Building-Code standards? We're not told. Does the DEIR employ a study of the ages and construction characters of the homes, schools and other buildings in the affected areas? Apparently not. Please clarify and provide the missing analysis.

The DEIR blithely states that air conditioning will help solve the problem. (DEIR, pp. 383-384.) But it doesn't disclose how very, very few homes, schools and

other buildings in the neighborhood have the air conditioning on which the DEIR relies as a mitigation factor.

Does the project sponsor plan to install air conditioning, sound insulation and multi-pane windows in the homes, schools and other buildings in order to achieve the exterior-to-interior noise reduction it hopes for? The DEIR doesn't tell us.

Please provide information and analysis of how it will be possible, and at what cost, to mitigate the admittedly significant noise levels to 45 dBA or less in the current hospital buildings and throughout the SFGH campus. Also please provide information and analysis how it will be possible, and at what cost, to mitigate noise levels exceeding 45 dBA in the surrounding neighborhood during construction activities. And please provide us with the program sponsor's commitment to implement the suggested mitigation measures, and a mitigation monitoring plan as discussed below.

**C. The DEIR's Discussion of Residential Noise Attenuation is Contradicted by Statements From Other SFGH Noise Consultants.**

The DEIR states on page 383-384 that "Based on the EPA's Protective Noise Levels, with a combination of walls, doors, and windows, standard construction for northern California buildings built to residential standards would provide more than 25 dBA in exterior to interior noise reduction with windows closed and 15 dBA or more with windows open." This statement – which is an essential component of the DEIR's argument that interior noise levels of 45 dBA can be achieved – is directly contrary to the representations of the noise consultants who are preparing the noise study for the proposed SFGH Helipad.

HMMH is the consulting firm that has conducted noise studies for both the proposed SFGH Helipad and the proposed helipad at UCSF's new Mission Bay hospital. In its helicopter noise analysis for the UCSF Mission Bay hospital, dated March 2008, HMMH states on page 39 (section 3.4.2):

*"Conservatively, open windows reduce the outdoor A-weighted noise level by 10-15 dB; and closed windows provide 15-20 dB of reduction."*

The DEIR's and HMMH's statements directly contradict each other. HMMH states that closed windows supply 15-20 dBA exterior-to-interior noise reduction, while the DEIR claims that closed windows provide "more than 25 dBA" reduction. ***This is an enormous conflict, because a 10 dBA difference constitutes a doubling of the loudness experienced by the human ear!*** (DEIR, p. 212.)

Similarly, the two contradict each other with respect to open windows: HMMH states that open windows supply 10-15 dBA reduction, but the SFGH DEIR states that they provide "15 dBA or more" reduction. This 5dBA difference with

windows open would result in a very substantial difference in perceived loudness.

The representations in its DEIR are thus disputed by SFGH's own noise consultants.

Moreover, nowhere in the DEIR are the terms "window" or "bedroom window" defined as to the construction quality of the window being used to support the DEIR's representations. It is obvious that single pane glass windows (which are still in a *vast* majority of the residences surrounding the hospital campus) do not offer the same level of sound level reduction as do more current dual pane or even triple pane laminated glass window technologies.

We need to know what criteria the DEIR relies upon for its assertions of the noise reductions that can be had from windows:

Are they single pane, dual pane or triple pane bedroom windows?

What is the thickness of the glass being used?

What is the frame construction (wood, aluminum or vinyl) of the bedroom window?

What is the STC (Sound Transmission Class) rating of the windows being referred to?

How do the performance criteria relied-upon by the DEIR compare to the performance of the vast majority of older single pane wood or aluminum frame windows existing in the surrounding community?

What would the noise level reduction factors be for slightly open windows of the pre-existing level of community construction and their STC ratings?

For comparison's sake, the windows being used in Chicago's O'Hare Airport Residential Sound Insulation Program are acoustically-rated windows with a sound transmission class ("STC," which denotes a material's ability to resist sound transmission) rating of 40 to 44, depending on the home's proximity to the airport. The combination of the glass layers, glass thickness and the air spaces between the glass panes give the windows their acoustical rating. There are few window manufacturers that make "acoustic" windows. Genuine acoustic windows are tested by an accredited laboratory to obtain a certified Sound Transmission Class (STC) rating.

The DEIR states that "... the project sponsor shall prepare a detailed final acoustical analysis report with building design noise reduction requirements, once design plans have been finalized ..." (V. Mitigation Measures, p. 384). However,

Specific STC (Sound Transmittance Class) rating of proposed glass walls/windows must be indicated **prior to design finalization**, because typically, the windows will transmit more sound than any other part of a building façade, except direct open vents and grilles. The windows also must be properly installed and sealed to achieve the necessary rating as a barrier to sound. The specific transmittance of sound, occurring across the range of audible tone, affects structural design. The ability of a window to diminish transmission of sound therefore depends on sound frequency, as well as decibel level.

It is not sufficient to simply state that “[i]ncorporation of minimum noise insulation features ...”(EIR p. 384) will be the mitigation measure. The DEIR fails to address any of the reverberation or reflection issues that will create or amplify sound within the patient and hospital rooms – both in the current hospital and at the new hospital. In an enclosed space, when a sound source stops emitting energy, it takes some time for the sound to become inaudible. Continued multiple reflections causes this prolongation of the sound in the room, called reverberation. Reverberation time plays a **crucial role in the ability to understand speech** in a given space. When room surfaces are highly reflective, sound continues to reflect or reverberate. A high reverberation time will cause a build-up of the noise level in a space.

The effects of reverberation time on a given space are crucial to understanding speech. Moreover, reflected sound strikes a surface or several surfaces before reaching the receiver. These reflections can have unwanted or even disastrous consequences. For example, the new hospital will have operating rooms with exterior walls made entirely of glass. Will surgical staff be able to hear each other over the traffic noise from outside? What effect will passing buses and motorcycles have on the intelligibility of speech in operating rooms? Will it cause surgeons and staff to misunderstand each other and make mistakes? Although reverberation is due to continued multiple reflections, controlling the reverberation time in a space does not ensure the space will be free from problems from reflections. The current Main Building is set back from the street and is much farther away from the heavy traffic of Potrero Avenue, than the proposed project. Please explain how the health care rooms in the proposed project will be less loud than the current provision of health care in the main building today.

Please provide information and analysis of how it will be possible, and at what cost, to mitigate the admittedly significant exterior noise levels to 45 dBA or less in the current hospital buildings and throughout the SFGH campus. Please include in that information and analysis the composition of the surfaces in the rooms, and their relative reflective capacities. Also please identify what type of glass you will be using for patient and operating rooms, both on the façade of the building and within the rooms facing the hallways of the building. Please analyze and explain the extent to which these materials (choices of walls, windows, floors and other reflective surfaces) are capable of reducing sound to your identified mitigation levels. Also please provide information and analysis how it will be possible, and at what cost, to

mitigate noise levels exceeding 45 dBA in the surrounding neighborhood during construction activities.

**D. The Proposed Project Violates the San Francisco General Plan’s Siting Policies Concerning Noise Reduction.**

General Plan Policy 11.3 states a clear mandate for SFGH’s hospital reconstruction project. It states:

*Locate new noise-generating development so that the noise impact is reduced.*

Developments which will bring appreciable traffic into or through noise-sensitive areas should be discouraged, if there are appropriate alternative locations where the noise impact would be less. For those activities — such as a hospital — that need a quiet environment, yet themselves generate considerable traffic, the proper location presents a dilemma. In those cases, the new development should locate where this traffic will not present a problem and, if necessary, incorporate the proper noise insulation.

The inconvenient truth for SFGH’s seismic-compliance efforts is that the Hospital cannot be rebuilt at its current site without violating both the General Plan and applicable law.

**III. The DEIR’s Information Concerning the Project’s Effects on Patients Needs Supplementation for Meaningful Public Comment.**

The CEQA guidelines quoted on page 73 state that “ ‘ ...economic and social effects of a physical change may be used to determine that the physical change is a significant effect on the environment.’ ”

This DEIR does not analyze how the project will reduce the number of times ambulances will be diverted away from the Emergency Department (ED). Currently SFGH is on diversion about 20% of the time. In fact it implies that the overcrowding issues will remain because even though there will be 32 more acute care beds, this will not lead to an expansion of services because patients will now be treated under “code compliant” conditions,( i.e., not on gurneys in the halls.) (p18) In March ’07, at a public meeting with the Mayor, Dr Katz said they were so crowded that they had about 20-50 more patients a day than they were budgeted for. Please include information about whether the proposed project adequately provides for foreseeable expansion in acute/trauma/and ER services for San Francisco residents. How many more patients does the City expect to be able to serve in those units upon completion of the proposed project than it actually serves now? Won’t the proposed project just

move the current patient overcrowding from the halls and recovery areas into hospital rooms, thereby providing for little if any expansion of services?

Because of the limited space on Campus, given the design of the new hospital, there will be room for just 7 ambulances and private citizens cars (plus 2 overflow spaces) when they bring a patient to the new ED entrance. (p 184). That area will be extremely congested, providing less than optimal care for ED patients. Please provide your mitigation measures for this congestion. Please explain how the proposed project provides better patient, visitor, and staff access than the current Hospital or than the alternatives to the proposed project. Is valet parking for the new Emergency Department, as the DEIR offers as a mitigation, a feasible or effective way to decrease traffic congestion at the new ED receiving area?

Because the new hospital will not allow for any expansion of acute care services, the DEIR needs to analyze the effect of that on the patients using SFGH, the number of whom can only increase in the City as immigration, the uninsured population and families in the SF Healthy Family Program increase in numbers. Please provide an explanation and analysis of how these populations will be provided for by the new Hospital. There will also be an expanded need for health care service in the Eastern neighborhoods if St Luke's closes its ED or its inpatient beds. Please provide an analysis of how these likely future patients in this area of the City will be provided for if Saint Luke's closes its ER and inpatient beds.

The DEIR does not analyze this project and its small size in the light of the need for "surge" beds to be available in times of major disaster. The SFGH Annual Report 06-07 states that the hospital is full an average of 93% of the time. "The industry standard for acceptable occupied capacity is 80%". (p 13) Aside from enhancing good clinical care, this industry standard of 80% allows for emergency availability (i.e., "surge" beds). How will the proposed project meet requirements for surge capacity?

Additionally there will be a net loss of 357 parking spaces that will not be replaced. (p 200) Please provide your data and the specific traffic plan upgrades you will implement that show you will actually induce patients and staff to take transit and not drive to the new hospital.

The DEIR also does not provide an analysis of how bus and car traffic on Potrero Ave. and helicopter noise from the proposed helipad will actually be mitigated down to 45dBs in all the patient rooms. What will the additional cost of insulating the glass tower against noise be? This additional cost could be better used for more patient rooms which would be a significant positive effect of a new design.

Additionally, there is no analysis of patient flow within the hospital. The cafeteria and kitchens will remain in the old building and there are only two enclosed

corridors that connect the two facilities. How will visitors, staff and patients be impeded by food carts for 284 patients 3 times a day?

#### **IV. The DEIR's Shadow Study and Wind Analysis Are Inconsistent, Inadequate and Do Not Comply With Current Law.**

The evaluation of the potential wind and shadow effects of the proposed new hospital are inconsistent and inadequate.

##### **A. The DEIR's Wind Analysis Does Not Adequately Examine Or Provide Mitigation For Foreseeable and Likely Wind Effects of the Proposed Project.**

According to the EIR, winds in San Francisco “occur most frequently from the west to northwest direction.” (p. 104) Winds will therefore blow onto the west and northwest face of the proposed new hospital building. According to the EIR, wind exposure is a “measure of the extent that the building extends above surrounding structures into the wind stream.” (p. 104) The new hospital will be taller than all surrounding structures at approximately 124 ft, plus a 16 foot mechanical penthouse, yet there is no evaluation as to how the height of the new hospital will influence the wind effect. Please provide for subsequent public comment an analysis of how the height of the new hospital will influence the wind effect.

The DEIR States that “slab-shaped buildings have the greatest potential for wind acceleration effects” and “buildings with a longer axis oriented across (obstructing) the prevailing wind direction have greater impacts on ground-level winds” (p. 104) The proposed new hospital will have “an approximately 28-foot tall rectangular podium base” (p. 113) at the ground level, with a curved structure above. The conclusion drawn on p. 114 is that “The proposed hospital design of a tower above a low-rise base would limit wind accelerations caused by the tower to occur at higher levels away from pedestrians at ground level.” This conclusion is inconsistent with the two principles of building aerodynamics quoted above. Since the tower is rounded and the base is rectangular, the quoted principles lead one to conclude that the highest wind effect would occur at the ground level where the building is “slab-shaped” and where pedestrian walkways are located. Indeed one would expect increased winds along the walkways between the proposed new hospital and the buildings on its north and south sides. Please address this inconsistency in the DEIR.

The DEIR states that “the proposed building's seventh floor rooftop terrace garden would be elevated and unsheltered, potentially exposing hospital patients, visitors, and staff who would use those gardens to uncomfortably high winds and low temperatures.” (p. 114) It goes on to suggest ways the high wind effects on the terrace may be mitigated through the use of “porous materials or structures” to shield visitors from the wind and suggests “outdoor furniture and any landscape structures should also be attached.” It concludes that “less-than-significant wind effects to

rooftop terraces would be minimized and usability would be improved.” It does not address significant wind effects which are likely due to the height of the tower above the surrounding buildings and the direction of prevailing winds. It states that usability would be “improved” but not that it would be assured or acceptable.

There is no assurance that the rooftop terrace would be usable due to wind effects on the west side of the building at the roof level. Indeed, on p. 114 the EIR states that “the proposed hospital design of a tower above a low-rise base would limit wind accelerations caused by the tower to occur at higher levels away from pedestrians at ground level.” However, the plan is for pedestrians to also use the rooftop garden at the top of the tower where there are expected to be “wind accelerations caused by the tower.” This again represents a contradiction and an inconsistency.

The San Francisco Planning Code Section 148 which is quoted in the EIR (p. 104) lists wind speeds in miles per hour. Yet, the graph used in the EIR lists wind speed in knots, making comparison difficult. The EIR contains information on “seasonal wind direction frequency and average speed” (p. 105) for San Francisco but there is no site specific information on wind frequency and speed. Please provide information in a consistent measurement format so that the neighbors can assess the analysis and conclusions drawn from this disparately measured data. Please explain the significance of this disparate data to your wind conclusions.

The San Francisco Planning Department’s Initial Study Checklist states “the proposed project would have a significant shadow or wind effect if it would... alter wind in a manner that substantially affects public areas.” (p. 105) Both the north and the south sides of the proposed new hospital are public areas, providing pedestrian access to the campus and on the south, to the main entrance of the new hospital. The EIR does not sufficiently examine whether the wind effects of the building would substantially affect these public areas, especially the area where patients would presumably be unloaded at the northeast and southeast corners of the proposed building. In addition, the rooftop garden of the proposed building is a “partially accessible” (p. 107) public area which would potentially expose the public to “uncomfortably high winds and low temperatures,” rendering it potentially useless. The suggestions aimed at mitigating these effects do not guarantee their effectiveness. Therefore, the project may “alter wind in a manner that substantially affects public areas” on the SFGH campus which are limited now but which will be far more limited under the new proposed plan.

**B. The DEIR’s Shadow Analyses Do Not Study All the Hours Required By Law and Are Internally Inconsistent.**

Planning Code Section 295, the Sunlight Ordinance, as quoted in the EIR (p. 101) addresses shadows cast during the period “between one hour after sunrise and one hour before sunset” yet the shadow studies quoted in the EIR address shadows

cast by the proposed hospital at 9 AM, noon, and 3 PM, a six hour period representing less than half of the daylight hours. These are the hours of shortest shadows. The EIR is deficient in that it does not address or analyze shadows cast during the hours referred to in the Ordinance – the hours immediately after sunrise and before sunset, when shadows are longest. The result is a misleading and inadequate shadow study. Please perform a thorough shadow analysis that evaluates shadows cast during the entire pendency of daylight hours as required by Planning Code Section 295. Please include an analysis of whether the full range of shadow cast during all daylight hours complies with all applicable planning codes, building codes and the City’s General Plan.

“The proposed hospital would cast shadows on existing and proposed publicly-accessible open spaces on Campus in the afternoon and evenings; these shadows would not significantly decrease the usability of these spaces.” (p. 107) Currently, there are numerous concrete stools and benches in front of the existing hospital building. These areas are used by patients, visitors, staff, and the general public and are currently bathed in sunlight on sunny days. In addition, there is a refreshment concession selling drinks and snacks. People gather, drink, eat, talk, and wait in this area. If the new hospital is built as proposed, these public areas will be shadowed from about 3 PM until sunset most of the year. According to the diagrams on pages 108-111, the shadow from the new hospital will reach the edge of the old hospital building at approximately 3 PM daily, every season of the year. The conclusion states that “these shadows would not significantly decrease the usability of these spaces” but the DEIR contains no evidence to support that conclusion. There is no examination of how shadows will effect their usability, no discussion of how much the shadow will lower the temperature in those spaces. Neither does the report examine how shadows will alter the lighting and effect patients in the existing hospital building which will still be in use. Please include such analyses for public review prior to proceeding with CEQA certification.

“The mechanical penthouse on the top of the proposed acute care hospital would cast a shadow on the buildings seventh floor rooftop garden during morning hours.” Therefore, the proposed rooftop garden would be exposed to shadows in the morning and exposed to increased winds in the afternoons. “Winds also exhibit a diurnal variation with the strongest winds occurring in the afternoon and the lightest winds occurring in the early morning.” (p. 104) The usability of the rooftop garden is again called into question. Please explain how the rooftop garden will be usable given the data contained and discussed in the DEIR.

The EIR states that both at noon and at 3 PM, the proposed new hospital will cast a shadow on the landscaped and pedestrian open space between the proposed building and Building 20 to the north. That side of the building would therefore usually be in shadow. Again, the EIR does not examine how the shadow will affect the temperature and usability of that public area. The EIR should conduct such an

examination and include such an analysis, particularly given how essential this remedial but smaller open space is to the neighborhood.

In conclusion, the EIR presents contradictory statements and does not fully examine the effects the proposed building will have on the wind patterns around the building, shadows created throughout the day and resulting temperature effects, and the impact both these factors will have on public spaces surrounding the building. In addition, the EIR's data, in contravention to the EIR's conclusions, questions the viability of the rooftop garden space, given the wind, shadow, low temperatures identified in the EIR. These contradictory facts and statements, combined with a failure to perform adequate shadow and wind analyses, result in inadequate discussion and analysis of these negative environmental impacts. Thus, the EIR's conclusion that such effects will be insignificant are not supported by substantial evidence and cannot stand.

**V. The DEIR's Discussion of the Project's Open Space Reductions is Inadequate & the Open Space Reductions Conflict with the General Plan.**

“The [San Francisco] General Plan identifies a portion of the Inner Mission neighborhood that includes the residential area west and northwest of the hospital as an ‘area not served by public open space,’ and designates this area as a targeted zone where the City should seek to ‘provide new open space in the general vicinity’.” (DEIR p. S-33) Additionally, General Plan Policy 2.2 requires the City to preserve open space. The proposed site of the new hospital is presently a park-like open space, completely accessible to the neighborhood and hospital community. Moreover, this park is in constant use, including by members of the public and their dogs.

The DEIR states that the footprint of the new building will be 51,000 sq ft and thus removes “this amount of open space”. The project proposes adding a public roof top garden of 8,370 sq ft, “resulting in a net loss of approximately 43,000 square feet of usable open space on the Campus”. (p. S-33) However, not all of the roof-top garden will be open for use by the neighbors, as the DEIR states that significant portions of the roof-top garden will be reserved for use solely by staff and by patients.

Moreover, while dramatically reducing open space in a neighborhood that is recognized to lack sufficient open space today, the project will increase the average weekday population on Campus by 1,075 people. Thus, the proposed project will result in a significant number of additional people on the SFGH Campus while taking away the only significant area now used as open space, leaving very little open space left at the Campus and for neighborhood use.

The DEIR, despite the uncontested information above, concludes that “[w]hile the project would result in a net loss of open space, this would not be a substantial loss, given the open space resources available throughout the City.” (p S-34) This conclusion is not supported by any evidence, much less by substantial evidence. How

is the loss of 43,000 square feet of open space (or more), in a community already recognized by the city to be severely impacted by the lack of open space, not “substantial”?

How is the proposed project’s removal of at least 43,000 feet of open space and the DEIR’s conclusion that the project’s reduction of open space is insubstantial consistent with the General Plan’s specification that the “Inner Mission” is a neighborhood not served by public space? How is the DEIR’s conclusion as to the project’s reduction of open space consistent with the General Plan’s designation of the Inner Mission as an “area as a targeted zone where the City should seek to provide new open space in the general vicinity”?

The DEIR’s analysis suggests that residents in this severely impacted neighborhood should just go to “other open space in other neighborhoods.” How can this be accomplished, especially as the residents in this area are the least likely to be able to travel to Pacific Heights, Glen Park, or the Richmond and Sunset districts which contain large swath’s of the City’s open space? How is the DEIR’s recommendation for neighbors of SFGH to go somewhere else to experience open space consistent with the SF General Plan which states that the open space should be “in the general vicinity” of the Inner Mission? How is it an adequate mitigation for the proposed project’s removal of such a substantial acreage of current open space in a severely impacted neighborhood subject to environmental justice treatment under the city’s own policies to tell affected residents to spend money to travel to parks far away? The DEIR lacks entirely any discussion of any additional transit plans, transit changes or accommodations that could assist in actually implementing this theoretical mitigation for the project’s reduction in open space. Additional analysis as to how residents of this section of the city can access sufficient open space to make up for the project’s removal of open space should actually be evaluated and included, for additional public comment, prior to certifying this EIR. As the DEIR discussion now stands, the City makes clear its disdain for and lack of interest in the open space needs of the neighbors of SFGH.

Moreover, the proposed rooftop garden itself is an inadequate mitigation. It will be 124’ above ground, and not easily accessible to the mom with kids or the dog walking neighbor. Please clarify whether children and neighbors with dogs will even be allowed in the section of the rooftop garden that will be open for public use. Please explain any conditions on the use of the public section of the roof-top garden, and if any conditions are to be imposed, please explain the reasons for such conditions and how they equate to the public’ current open space access to the SFGH campus.

In addition it will almost always be cold from the height and the extremely windy neighborhood. The DEIR states that the plants, chairs and tables will need to be attached due to the windy conditions.. Additionally, this garden is barely 200’ away from the proposed helipad on the 7<sup>th</sup> floor rooftop of the Main Hospital

Building. Please provide an evaluation and fact-based information, given the uncontested information in this paragraph, above, that supports the DEIR's claim that this roof-top space will be usable as open space by the neighbors.

Ultimately, the project as proposed is too big for the space available in the current open space and too small for the needs of current and future San Francisco residents.

**VI. The DEIR Contains Estimated, not Actual, Traffic Data; the Traffic Methodology is Incomplete; and Obvious Traffic Sources Are Omitted. Thus, the DEIR Traffic Conclusions Are Inadequate.**

Traffic is a critical element of this DEIR. The weekly increase of average daily population would be 1,075 due to the proposed project. (S-5) however the analysis of the existing traffic conditions and the proposed mitigation measures are desperately inadequate.

**A. The DEIR's Incomplete and Inadequate Traffic Data and Analytical Methodologies Inaccurately Lessen the Project's Actual Traffic Impacts.**

The existing traffic conditions described on pages 171 through 176 are based on an inadequate number of data points. Only two dates were measured (May 9, 2007 and Jan 31, 2008) and only a short time interval was measured three hours on the first date and three on the second date. It rained on Jan 31<sup>st</sup> and that date was called a worst case scenario.

To understand the impact on the neighboring freeway, the traffic volumes at the on and off ramps to 101 were measured on May 9, 2007 and February 5, 2008 (page 172). Then a field observation was conducted on June 26, 2007 to determine the need for any adjustment to the traffic analysis to account for the northbound bus lane along Potrero Ave (page 175).

In the notes to Table IV. G-5 EXISTING WEEKDAY PM PEAK HOUR INTERSECTION LEVEL OF SERVICE, reference is made to the fact that the LOS measurements are not based on actually measured values, but estimations based on existing traffic volumes.

On Page S-2 the DEIR states that Psychological Emergency Services will remain where it currently resides. The SFGH Annual Report 06-07 confirms that PES has 7,700 patients, which are primarily delivered by car, police or ambulance.

The analysis of the existing traffic conditions is accordingly inadequate. Please consider the following:

- 1) Measure foreseeable traffic events, including major sports arena events, Bay Bridge construction and closures, a combination of events such as rain and a football game at Candlestick Point.
- 2) Measure a statistically meaningful number of data points
- 3) Longer time periods should be analyzed, not just 2 and 3 hour increments.
- 4) Keep all data points in the analysis for consistency and to retain validity of conclusions. For example, the January 31<sup>st</sup> data should not have been replaced with a non-rainy day, rather January 31<sup>st</sup> should have also been an on/off ramp measurement date and a field observation date for bus lane violations.
- 5) Table IV. G-5 should be recalculated using actual, not estimated data. Further the worst case data in this table should include actual possible events, such as a poor weather conditions in combination with a major local sporting event.
- 6) Tables IV. G-32 and IV G-33 project that the 101 Ramp will be significantly impacted; the projected condition of these on/off ramps could be considered a borderline condition, easily tipped to unacceptable. These tables, in particular need to be re-analyzed using a valid sample size of actual data.
- 7) Page 196 explains that the LOS would drop to an unacceptable range for the Freeway 101 ramps. A better mitigation measure needs to be created.
- 8) Provide the hospital's plan to accommodate traffic related to the 7,700 PES patients currently being served and include projections for the increase in those patients by 2021.
- 9) Provide the emergency services route to the hospital in the event of significant delays on Potrero Ave, the main artery for the proposed new Campus.
- 10) Provide data for other Transportation Demand Management programs used for hospitals or other organizations located in dense urban neighborhoods.
- 11) Support the underlying theory that SFGH's TDM program will be able to impact the auto demand of city-wide drivers, not just hospital employees. Potrero Ave is a city street leading to a major freeway. Congestions caused by the proposed hospital campus will not be mitigated solely by encouraging hospital employees to use alternate means of transportation.
- 12) Concrete actions and goals to be included in TDM, current descriptions leave too much to future development, making it difficult to measure the benefit it will provide and whether TDM will actually serve as a mitigation to the serious traffic problems posed by the new project.
- 13) Minimum, finite mitigation goals need to be produced and measured into the future. For example, traffic to the 101 on/off ramps on Potrero will be maintained at 1,080 vehicles in 2021 and will be measured at 6 month intervals. Additionally, further mitigation measures should be implemented in the event these goals are not maintained.
- 14) If the TDM is not effective, the EIR should include alternate mitigation measures and a plan for ensuring that the mitigation is implemented. What are the Hospital's plans to implement the identified measures to encourage the additional and current campus personnel to take transit to the SFGH Campus?

**B. The Project’s Parking Mitigations Cannot Meet SF Code Requirements and Will Result in Significant Neighborhood Congestion.**

While parking is considered a social insignificant impact (p 198), the CEQA does require that secondary physical impacts be addressed in the DEIR.

Page 201- “The demand for parking is higher than code-required parking” as evidenced by the existing parking congestion in the surrounding neighborhoods currently at capacity. The code would require 357 new parking spaces, which we know would still not solve the current unmet parking demand.

The section concludes that “as alternative transportation solutions are available to the Campus, a parking shortfall would not result in a significant impact.” (page 210 last sentence).

The proposed mitigations are inadequate to address severe parking congestion that will be created by the project. Please include the following additional information in the EIR’s traffic analysis:

- 1) Provide descriptions of where increased visitor, employee and patient population will park.
- 2) Analyze and supply past history of similar mitigations for hospitals.
- 3) Describe the actual plans for reducing the 385 single driver employee autos. What measures will be taken if this is not accomplished?
- 4) Consider increasing the cost of parking to be consistent with other heavily congested areas of the City (such as downtown).
- 5) Describe how the hoped for increase in carpools will be handled. Where will these additional Carpooler autos park and how will that be enforced?

**C. The DEIR Fails to Adequately Consider the Cumulative Impacts of Other Foreseeable Development Projects in the Neighborhood.**

The DEIR fails to analyze the cumulative construction impacts and traffic impacts of the project, combined with the construction of the helipad and of the emergency generators projects anticipated by the Hospital. Moreover, these three construction projects’ traffic, air quality and cumulative impacts are not analyzed cumulatively with the construction, traffic and air quality impacts of the Mission and the Eastern Neighborhood Rezoning Projects’ plans, which anticipate significant traffic and development impacts to the Mission and Potrero Hill neighborhoods.

23<sup>rd</sup> Street, a key street affected by the construction and continuing traffic impacts of the project, is the main gateway (and the sole freeway overpass from the Mission) to Potrero Hill. The DEIR is deficient in failing to analyze the cumulative impacts of the project on access to Potrero Hill by residents and businesses throughout the

project's construction, especially when combined with construction reasonably anticipated by the Eastern Neighborhood Rezoning Project.

Specifically, the Potrero Hill projects will add 1154 new market rate units to the current 654 units which will also be rebuilt. The DEIR does not sufficiently address or provide factual analysis of the traffic, land use, air quality and increased population impacts of this reasonably foreseeable development.

## **VII. The DEIR's Analysis and Information Regarding the Proposed Emergency Generators is Internally Contradictory, Insufficient and its Lack of Specificity Precludes Meaningful Public Comment.**

The DEIR is inadequate because it fails to specify how much energy these generators will need to provide the project. Please provide your analysis of the amount of energy needed or reasonably anticipated to be needed based on historical use of emergency generators at the SFGH campus, so that the neighbors can assess the accuracy of the DEIR's impact analysis that the diesel generators will add an insignificant amount of pollution to this already severely impacted neighborhood. The Hospital also plans to add two 2,000kw emergency diesel generators to serve the main campus. As the DEIR does not identify how many kws the 3 project generators will be, the DEIR fails to be able accurately to identify the level of significance of cumulative effects of the emissions of all the generators.

The DEIR's lack of specificity precludes meaningful comment on the insignificance determination and the neighbors request an opportunity to provide additional comments as to this determination of insignificance once the information requested herein is provided.

The three proposed emergency diesel generators are proposed to serve only the new hospital building, and are proposed to run for testing and emergency purposes only, allegedly for a total of less than 20 hours per year. (p. S-26) The DEIR is confusing and inconsistent in its statements concerning how often the diesel generators will run. The DEIR's "less than 20 hours per year" estimate (p, S-26) conflicts with the math that running the generators for testing purposes ("just as the existing generators are tested now: every Wednesday at 6:30 a.m. for 30 minutes" – p.233) calculated to a minimum of 26 hours per year, plus any real emergency time. The DEIR is inconsistent in that it mentions repeatedly that the emergency generators would be subject to the CARB Air Toxics Control Measure Program but the DEIR also mentions that because these three emergency generators would run less than 20 hours per year and are not located within 500 feet of a school that they would be mostly exempt from the program guidelines. (p. 267, 279, S-26) The DEIR states that if the generators run less than 20 hours per year, they will be exempt. However, according to the DEIR's own calculations, 30 minutes x 52 weeks totals 26 hours per year, plus any actual use during a power emergency.

The twenty hour rule operates as an important threshold to determine whether the proposed diesel emergency generator is subject to Air Quality Management District Control. BAAQMD implements the CARB's Air Toxic Control Measure Program regulations for developments in San Francisco Bay Area. See <http://www.arb.ca.gov/diesel/ag/documents/finalreg101807.pdf>, p.3 - (j) Request for Exemption for Low-Use Prime Engines Outside of School Boundaries. The district APCO may approve a Request for Exemption from the provisions of section 93115.7(b)(1) for any in-use stationary diesel-fueled CI engine located beyond school boundaries, provided the approval is in writing, and the writing specifies all of the following conditions to be met by the owner or operator: (1) the engine is a prime engine; (2) the engine is located more than 500 feet from a school at all times; (3) the engine operates no more than 20 hours cumulatively per year. The district APCO may use a different number of hours for applying this exemption if the diesel-fueled CI engine is used solely to start a combustion gas turbine engine, provided the number of hours used for this exemption is justified by the district, on a case-by-case basis, with consideration of factors including, at a minimum, the operational requirements of a facility using a combustion gas turbine engine and the impacts of the emissions from the engine at any receptor location. Thus whether the generator will operate more than 20 hours per year or not is significant to any analysis of the air quality and environmental impacts of this project.

Please resolve the inconsistencies identified in the prior paragraph and provide an analysis of the extent to which the emergency generators will be subject to or exempt from the CARB program. Moreover, the DEIR lacks substantial evidence to conclude that the environmental impacts from the installation and use of the proposed diesel emergency generators are insignificant. Because of the inconsistencies in the data as to actual use of the generators, we cannot analyze the inadequacies of the conclusion that the impacts are insignificant or can be mitigated to an insignificant level. Thus, we request an analysis and explanation of the actual use of the generators and a further analysis of how actual use can be determined to be insignificant. The DEIR fails to include any information or analysis regarding the actual historical use of emergency generators on campus due to the failure of electrical systems on the SFGH campus.

Although the DEIR presumes that the proposed project will not use these emergency generators often, this estimation fails to account for the need to use these generators when the electrical system in the rest of the campus fails, triggering potential failure at the proposed project. For instance, we know of at least one incident where, because of electrical system failures in the campus, the current steam generators ran continuously for extended periods. See Feb. 5, 2008 Memorandum from Greg Sass to Mitchell Katz and Aaron Peskin, requesting a supplemental appropriation in part for the December 5, 2007 "catastrophic failure" of the electrical distribution system at the SFGH campus. Please provide historical data as to the actual running of the emergency generators at SFGH and an analysis of the air quality impacts of such use of the proposed diesel generators in the future, based on this

historical use. If the City maintains that historical use will not reflect future use, please explain the reasons used to reach such a conclusion. Moreover, please provide the air quality impacts of the use of the proposed emergency diesel generators prior to the time that the current steam-powered generators are replaced, as mentioned as a possible future development event at the SFGH campus.

Please explain how the cumulative effects of the use of the generators can meet CARB rules and therefore produce insignificant effects if they are required to run for extended times during electrical systems failures such as occurred in December 2007 and which are likely to occur prior to the time that the rebuild of the steam-powered generators is accomplished.

If the generators will largely be exempted from the CARB program, and this exemption is questionable, the DEIR fails to explain how the presence, storage and use of the generators will comport with best environmental practices and likely future changes in best environmental practices with respect to diesel fuel as a source of generator fuel. Please provide such an explanation and analysis. How would the Hospital measure emissions, pollutants and the impacts on air quality of those emissions and pollutants to ensure patient, staff and resident health?

Diesel may be a common standard for commercial emergency generators to date, but current environmental conditions of substantial pollution in the affected neighborhood and in the world, when combined with the City's own policies regarding reduction of its carbon footprint and a reduction of greenhouse gas emissions result in a need for consideration of other emergency generator fuel sources. Moreover, the DEIR fails to address the safety, location, availability and air and potential ground pollution impacts of fuel storage for the diesel emergency generators proposed on the SFGH campus. The City should provide information regarding the storage and availability and costs of diesel fuel for these generators and an analysis of the safety, air pollution impacts and potential ground pollution impacts of using diesel generators for emergency purposes.

The DEIR fails to analyze or provide information as to whether the diesel generators envisioned by the project will include emission control technology to limit diesel emissions into this already impacted region of the City. One possible technology that should be evaluated for use that offered by CleanAIR Systems, Inc. an emissions control technology for diesel generators. <http://www.environmental-expert.com/resultEachPressRelease.aspx?cid=22849&codi=27644&level=0&idproducttype=8> An option like this could/should be considered for reducing emissions and an analysis of this and similar options should be included in the FEIR.

Diesel generators are still not as clean-burning as other types of emergency generators. There are other sources of fuel that can be utilized to power a standby generator which have not been and should be analyzed and evaluated for use in the proposed project. Please explain why diesel generators were chosen for this project

rather than cleaner-burning, “greener” emergency generator options. Some alternative fuel sources for emergency generators include:

- \* Natural gas only
- \* Natural gas and propane
- \* Lean burn
- \* Bio-diesel
- \* Natural gas and diesel combination

In all cases, if the generator will feed life-safety loads, it must comply with NEC requirements for an on-site fuel supply. NEC Section 700.12(B)2, “Internal Combustion as Prime Mover,” indicates that where an internal combustion engine is used as the prime mover for an emergency generator to feed life-safety loads, the system shall be provided with an on-premises fuel supply sufficient for not less than two hours of the system at full-load amps. Standby generators can also run on natural gas or propane. The primary advantage of either of these fuel choices is that no fuel storage is required - the generator is simply connected to utility lines and draws fuel when it needs to. Both portable and standby generators are sometimes available in dual- or tri-fuel configurations, where switching from natural gas to gasoline to propane is as easy as reconnecting a hose.

The DEIR fails to consider any of the above alternatives, like a dual-fuel generator or one using “lean burn” technology that would provide cleaner emissions. Even if the City determines that some reliance on diesel must be used in the event of an emergency, the DEIR fails to analyze to what extent can a mix of fuel sources be relied upon which would reduce the burning of diesel fuel and the concomitant additional pollution and greenhouse gas emissions.

Keith Lane, PE, RCDD.NTS Specialist and Vie President – Engineering at SASCO in Seattle, WA (see <http://www.buyerzone.com/facilities/generators/rbic-power-quality-04.html>) notes many advantages of bi-fuel generators rather than relying on solely diesel generators. For instance, environmental concerns, clean air legislation and operating costs of diesel generators have increased the interest in bi-fuel products. A dual-fuel generator capable of burning diesel and natural gas can be advantageous, because its exhaust is less toxic than diesel.

However, the challenge in bi-fuel generation is in maintaining the best possible balance of diesel and natural gas throughout the power range of the load. With newer technology, advanced microprocessor controls have improved this process. Some scientists have determined that the optimal bi-fuel ratio under normal operation is a 10% diesel and 90% natural gas mix. Under these conditions, a smaller amount of diesel fuel would be required to meet the two hours of standby fuel requirements. On the other hand, the same amount of diesel fuel could operate a building significantly longer than two hours. One study describes an example of a 300-kW generator loaded 80% to 240 kW with a 183-gal. diesel tank having a diesel

only runtime of 8.9 hours (see Generac website). The bi-fuel run time was extended to 76.2 hours or 3.2 days. This extended run time is a clear advantage in an extended power outage. In addition, the bi-fuel technology reduces the exhaust emissions.

Another technology utilizes what is referred to as “lean burn.” This technology allows the engine to run on a wide range of gasses, including natural gas, field gas or bio-gas. Any gas with a methane number of 50 can be used. De-rating of the generator output may be required if utilizing a gas with a methane number of below 70. This system can be utilized with a propane tank at the generator as the standby source and comply with NEC requirements. This system also reduces the emissions of NOx and other pollutants. The DEIR fails to include an analysis of any of these generator fuel source alternatives or the comparative costs of these fuel sources combined with an analysis of the comparative air emissions produced by these alternative fuel sources. We request that these alternative fuel sources for emergency generation be considered in this project and that such consideration and analysis be provided to the public and to decision-makers in the next iteration of the EIR and well before the EIR certification process. We as the public do not have the ability to assess the extent to which the environmental impacts of the diesel emergency generators will be worse than the options we suggest here without additional data and analysis provided by the City. Thus, we request that the City provide the additional data and analysis and investigate at least the options raised in these comments before proceeding to build diesel-only emergency generators.

Finally, standby emergency generators should have solid steel or aluminum enclosures, good mufflers to reduce noise, and be compliant with all relevant emissions regulations. The DEIR fails to include any of this information or any evaluation of its cost and availability for use in this project. Please provide this information in subsequent EIR iterations.

### **VIII. The DEIR Does Not Adequately Disclose Community Exposure to Asbestos and Lead Contaminants, Nor Does It Contain Adequate Mitigation Measures for this Excavation.**

The DEIR relies on two soils reports for much of its geology discussion.<sup>1</sup> Unfortunately, soil samples for chemical analysis were taken only by SCA, and SCA’s samples were inadequate to inform the DEIR.

Even though the excavation for the proposed project will range from 29 feet below grade to 45 feet below grade, SCA’s sampling went only to maximum depths of 5.5 to 9 feet. Obviously, *such shallow sampling cannot disclose materials and contaminants that will be encountered at greater depths*. SCA’s study only

---

<sup>1</sup> “Environmental Soil Analysis by SCA (2007, “SCA”) and “Geotechnical Investigation, New Building 25” by Treadwell and Rollo (2007, “T&R”).

addresses a very limited portion of the subsurface soils that the Rebuild project will excavate. Accordingly, we ask that soil samples be taken and analyzed to the project's stated excavation depth of 45 feet. The public and decision-makers must know what the campus workers, patients and neighbors will likely encounter when this long-used land is dug up and the sub-soils are disturbed.

Worse than the shallowness of the samplings is the fact that the various samples were all mixed together into a "composite" sample. What SCA did was to take soil samples from the walls of the shallow sampling trenches that were dug. Then they mixed the samples together into a composite. As noted in one trench, a strong diesel odor and dark-stained soil was present. However, this contaminated area was not specifically tested. Instead, it was homogenized with additional soils found in the trench. Thus, the true contaminant concentrations are still unknown.

Composite samples can give a generalized view of subsurface conditions, but *composites cannot show specific areas of contamination*. Where contaminants are present, composite samples often show lower concentrations of the contaminants, especially if the contaminants only exist at certain horizons or depths. Thus, we request sampling of the full depth of subsurface soils, and that they be analyzed individually, rather than mixed on a composite basis, to determine the actual concentrations of asbestos, lead, heavy metals, medical-waste by-products and the like which are known to be found throughout the building site. Only by knowing the actual concentrations of the materials to be encountered when excavating and building on this site can the City develop meaningful and adequate plans to mitigate and handle these hazardous materials and ensure that patients, neighbors and sensitive receptors are not adversely affected by the proposed project.

One particularly serious deficiency of SCA's "composite-mix" approach is that *it masks the true concentration of asbestos* in the excavated materials. SFGH and Potrero Hill are located atop the Franciscan Complex, which is bedrock that contains substantial amounts of serpentine rock. Serpentine contains substantial concentrations of asbestos.

The geological studies for the Rebuild show that asbestos-bearing serpentine is presented at the project site in two ways. First, and probably more hazardous, is that serpentine rock is present in the landfill at the upper layers that will be excavated. Serpentine is a friable rock, meaning that it is more easily broken than more-solid rock, like granite, and thus readily releases the asbestos fiber and dust into the air. Second is the fact that some of the Franciscan-Complex bedrock is also made up of asbestos-bearing serpentine. The subsurface rock of this depth has not been tested for analysis in the DEIR.

Particularly troubling is the fact that much of the landfill that will be excavated for the Rebuild is serpentine rock that was excavated around Potrero Hill over the past century and dumped at SFGH as landfill, according to a geologist familiar with

Potrero Hill and the SFGH campus. When that serpentine fill is excavated and broken up during the Rebuild project, the easily-broken serpentine will release large amounts of asbestos-containing dust into the air, dust that will be scattered by the winds. This asbestos-contaminated air will be inhaled by SFGH staff and patients, construction workers and neighbors throughout the community.

Has a wind analysis been performed to determine the wind levels at the construction-site level? If not, how will the City implement adequate mitigation measures or even draw up appropriate plans to mitigate asbestos and safeguard the health of nearby patients, medical staff and neighbors? Will large mounds of dirt be excavated and piled at the construction site, and if so, for any length of time? If so, how will the City prevent that hazardous material from blowing through the campus and the neighborhood? Will dirt be excavated and taken away for disposal immediately? If so, how will that practice affect your estimates of construction traffic and concomitant traffic congestion effects on 23<sup>rd</sup> Street, Potrero Avenue and surrounding feeder streets? How does the compilation and transport of these excavated materials affect estimates of and mitigation measures for air pollutants, greenhouse gas and carbon emissions that will occur from the increased heavy truck construction traffic?

The DEIR's soil study claims that SCA's composite samples contain less than 1% asbestos. This is simply not an accurate representation of the asbestos exposure that the Rebuild project will present. The proper method of asbestos analysis is to take the actual rock or other material that is suspected of containing asbestos, not a composite mixture of the suspect and other materials. The latter was done here. That is not adequate sampling. The DEIR cannot lawfully be certified in such a scientifically slovenly state.

Also contained in the landfill that will be excavated for the Rebuild are the various construction materials from buildings that were demolished over the past century, the debris from which was hauled to the SFGH site and dumped as fill. The DEIR does not disclose all of the what construction materials SCA excavated in sampling, but it does disclose that it found painted wood. One of the most problematic hazards is the lead that was widely used in paints for many decades. Lead paint is undoubtedly in any painted building surfaces that were demolished and dumped as landfill at SFGH.

Similarly, for hundreds of years 100%-asbestos insulation – the familiar white material – was commonly used in construction. The SCA study notes a white, friable materials that was possibly thermal insulation that was present in the excavated fill. It is highly likely that much more of this suspect material will be encountered, and its contents spread in the wind as dust during the Rebuild's excavation.

But the DEIR's composite-sampling method has likely camouflaged these hazardous materials. The analysis should be properly conducted.

The DEIR suggests other hazards that will be excavated for the Rebuild. Some are suggested by the fact that some of the landfill is trash from the public hospital that occupied the Rebuild site around 1900. Other hazards are presented by the gas station and the dry-cleaners that were previously on the site. The studies mention that the workers excavating the sampling trenches smelled chemicals like diesel fuel. Other hazards could also be present: solvents, oils and fuel contaminants from the gas station, and CFCs and other organic compounds from the dry-cleaners. The DEIR lacks any analysis of these materials and the contaminants likely to be found when accurate and thorough sampling is performed. And thus, the DEIR also lacks any discussion of measures to handle disposal of and to mitigate exposure to these contaminants.

These hazards should be explored, analyzed and disclosed, not concealed by techniques like mixing up composites for sampling. The DEIR should be rejected, and the project sponsor should be directed to conduct a diligent soils study if it wants to proceed at the proposed site.

## **IX. Health and Air Quality Impacts Have Not Been Adequately Examined or Discussed.**

### **A. Air Quality Monitoring and Sampling Inadequate.**

The Arkansas Street air sampling location is inappropriate for measuring SFGH Micro-Emission TACs, and understates the severity of the air quality occurring in the region immediately surrounding the SFGH Campus. The present location for the BAAQMD probe at 10 Arkansas Street is likely to give very different readings than a probe placed downwind at SFGH. Please explain why an unobstructed, unprotected, location (Arkansas Street) .33 miles down from the 80/101 freeway (and over the hill from the SFGH Campus) would have readings comparable to those of a probe located in a wind-protected, cove-like location less than one third the distance? Why would a location immediately adjacent to a freeway, in cove-like, wind-shielded location (shielded by SFGH buildings and tall trees) not concentrate pollution to a greater degree? The SFGH Campus specifically experiences greater pollution effects from hospital curve, where traffic routinely backs up, and Highway 101. Relying on monitors many blocks away from this convergence of freeway and traffic does not adequately evaluate and disclose the air quality present at the proposed site.

Please provide an air quality analysis that is more related to the project site at 23<sup>rd</sup> Street and Potrero Avenue. Why would the DEIR rely on generalizations and cumulative analysis of the Bay Area as a whole rather than specifically address the project location's air quality?

**B. The DEIR Fails to Disclose or Analyze the Risk of Rat Infestation Caused by the Proposed Construction.**

Neighbors have had the experience of having very serious rat infestation problems during construction projects, including SFGH's existing Main Building and the SFGH parking garage. That construction drove large numbers of rats into the neighborhood around SFGH. Rats even came up onto the hill, several blocks from the construction site.

Other City development projects currently have rat infestation problems due to construction, such as San Francisco's Old Mint building. Thus, rat infestation is a known, serious health impact of the proposed project. Yet the DEIR says nothing about it. What diseases are these rats likely to carry? Will SFGH ascertain the diseases carried by rats living at or near the construction site? Will SFGH inoculate neighborhood residents against those diseases?

What will happen to children who are bitten by rats that come into the neighborhoods? To adults? Please provide an evaluation of how neighbors, sensitive receptors and staff will be treated, and where, when they are affected by the rats that will come out and travel during excavation and construction.

Neighborhood residents will likely put out poison to kill the rats. What will be the environmental effects of the poison? Will rain wash it into the sewer system? Will the poison wind up in the Bay? In the soils? Will it kill neighborhood pets?

The DEIR does not identify, much less answer any of these extraordinarily serious health effects. Nor does it present any means of mitigating the threats posed by rat infestation caused by the proposed project. We request that the City address, analyze and propose reasonable and financially feasible mitigations for any negative impacts caused by the likely and foreseeable rat infestations in the surrounding neighborhoods.

**X. The DEIR is Deficient in its Failure to Consider Reasonable Alternatives and its Failure to Perform an Independent, Fact-based Analysis of the Alternatives it Did Consider. The DEIR's Rejection of the Co-location, Smaller-building, and Other-Design Alternatives is Not Supported By Substantial Evidence.**

The DEIR fails to consider the full range of reasonable alternatives, in violation of CEQA Guideline 15126.6(c). Only three alternatives were considered in the EIR: Alternative B, the no project alternative; Alternative C, the retrofit alternative, retrofitting the current Main Building to SPC 2; and Alternative D, the South Site Alternative, building a new hospital in the parking lot fronting 23<sup>rd</sup> Street, rather than in the current open space, fronting Potrero Avenue.

The alternatives rejected by the City, co-location at Mission Bay, building a smaller hospital, or building a differently designed hospital, would all greatly reduce impacts, and all represent a reasonable range of alternatives that must be genuinely considered to comply with the spirit and the letter of CEQA. As threshold deficiencies, the DEIR fails to provide a reasoned explanation of why the EIR would not consider those alternatives. The DEIR further fails to make any findings that the smaller building alternative and the alternative design building alternatives that were rejected without analysis were in any way infeasible. Thus, these alternatives must be thoroughly analyzed and considered before proceeding with CEQA certification.

We thus request that the City perform a thorough, independent, fact-based analysis of a wider range of alternatives, including the ones discussed below, prior to the publication of an FEIR and prior to certification of this project pursuant to CEQA.

**A. The DEIR improperly rejected the Mission Bay Co-Location Alternative as Infeasible without Performing an Independent, Fact-based Analysis as Required by *Save Round Valley Alliance v. County of Inyo*.**

The DEIR raises the Mission Bay Campus Co-Location alternative, but improperly rejects it as infeasible without any factual analysis of infeasibility. Rather, the DEIR relies solely on a private Blue Ribbon Committee (“Committee”) report from 2005, which wrote supposed “findings” that co-location would not be feasible. The Committee found significant benefits accruing from the Co-Location option. But the Committee rejected Co-Location with conclusions that relied on the assertions of UCSF employees that they did not want to co-locate a hospital with the City and County of San Francisco, in part because of the effect of SFGH’s primarily uninsured patient mix on UCSF’s insured patient mix. Neither the Committee’s report nor the DEIR’s rejection of the Co-Location Alternative contained any independent factual analyses of the costs, long-term financing and site acquisition that would be required to assess whether the co-location alternative was in fact feasible. Nor did either document assess the merit of the UCSF employees’ alleged preferences.

Moreover, the Committee relied on assertions by UCSF officials in 2004 that UCSF Mission Bay was already well along in their construction planning for a new hospital, and much farther along than the planning done by SFGH to that date. The Committee relied on projections by UCSF that a UCSF Mission Bay Hospital would be completed in the then-near future. However, after the Committee wrote its report, UCSF officials significantly delayed the construction, planning and timing of their proposed hospital at Mission Bay, thereby changing the facts available to SFGH during the preparation of this DEIR. City officials now know that UCSF has significantly pushed back their hospital construction plans from the timeline relied on by the Committee. This knowledge is evidenced in part by SFGH and City officials pointing to the delays in the construction of a helipad at UCSF Mission Bay as a reason to advocate the construction of a helipad on the Main Building of SFGH.

Most significantly, neither the City nor the Committee ever analyzed the feasibility of either purchasing land or procuring land at Mission Bay through eminent domain for the construction of a new SFGH hospital. Rather, the data in front of the committee was limited to whether any Mission Bay parcels of land were being marketed for sale during the 2004 period in which the Committee met, and what the market-purchase price of various land parcels were that were on the open market at the time. Neither the City nor the Committee ever performed a fact-based analysis of the availability of eminent domain proceedings to acquire land at Mission Bay, nor any analysis of the net price of such land given that parts of the SFGH campus could be sold or developed for mixed-use purposes if the acute care hospital was co-located at Mission Bay.

This lack of any independent, fact-based analysis of the co-location alternative before rejecting it as infeasible is exactly the kind of conclusory, slap-dash work that was rejected by the California appellate court in *Save Round Valley Alliance v. County of Inyo*, \_\_ Cal.Rptr.3d \_\_, (Cal.App. Dist. 4, Dec. 17, 2007). There the appellate court found that a County's lack of analysis of the possibility of a land exchange before rejecting alternatives that would have lessened the project's visual impact rendered the EIR inadequate. The County concluded that a land exchange alternative was infeasible because no lands were available for exchange that were comparable in price and quality to the proposed project, based on analysis from the project proponent rather than an independent consideration of the possibility of a land exchange with the Bureau of Land management. The Court held that the County had failed to conduct an adequate analysis of alternatives in providing "no independent analysis whatsoever of relevant considerations" in the land exchange alternative.

Like the defective DEIR in *Save Round Valley*, this DEIR states bare conclusions and general statements unsupported by any independent analysis, much less by substantial factual analysis. The City must evaluate the Co-Location alternative here including an analysis and consideration of the use of eminent domain to obtain land suitable for co-location at Mission Bay. Additionally, consideration of the co-location analysis should include evaluation of the actual costs of construction and the lessened effects on open space, traffic, effect of construction on patients and sensitive receptors, and necessary noise and environmental mitigations at Mission Bay compared to the actual costs of construction, effect on open space, traffic, effects of construction on patients and sensitive receptors at the SFGH campus and in the neighborhood and noise and environmental mitigations at the SFGH campus in the open space parcel projected for development.

Neither the City nor the Committee ever performed an independent fact-based analysis of the operating cost efficiencies or the environmental benefits that could be obtained through the construction of a share parking garage, or shared laboratory, analysis, billing and food service facilities, all of which could be possible with a co-location alternative. Moreover, the Committee concluded that building a new SFGH

hospital in Mission Bay would disrupt service continuity through the addition of another campus, without similarly analyzing how locating the hospital at Mission Bay would *increase* patient care opportunities through lessened doctor and nurse travel. SFGH and UCSF share the same medical personnel, who are largely employed by UC. With the construction of a new UC hospital at Mission Bay, those medical personnel will be subjected to increased travel (with the increased traffic that will bring) between the Mission Bay and the Potrero Avenue campus.

Moreover, much of the research now done at SFGH by UC doctors and staff will be moved to Mission Bay. That means additional travel and service and health care disruptions through research and some hospital and emergency work being performed at Mission Bay and some clinical and emergency work being performed at the Potrero Avenue campus by the same or largely overlapping medical personnel. Please explain how the doctors and medical personnel at SFGH who currently both conduct research and provide clinical care at SFGH will be traveling to Mission Bay to conduct their research if the research facilities used by those doctors move to the UCSF Mission Bay area. What will be the effects of this wasted travel time? An analysis of the impacts on health care, research, traffic and air quality of using the same doctors and medical personnel at both campuses under the proposed project – and the benefits to be obtained through co-location -- should be completed before issuing a FEIR for the proposed project.

For these reasons, we request that SFGH perform an independent factual analysis of the feasibility of the co-location alternative that incorporates current facts about the plan and timeline of construction of the UCSF hospital and that independently analyzes the costs of constructing and operating a co-located hospital at Mission Bay. This analysis should include consideration of the issues raised above relating to environmental impacts and to service, efficiency, traffic, noise and personnel impacts.

**B. The DEIR Fails to Identify Other Locations in the South East Section of the City on Which to Build a New Acute and Emergency Care Hospital.**

The DEIR fails to include any analysis of alternative locations on which to build the new acute and emergency care hospital. The DEIR notes, in its rejection of the Mission Bay Co-Location alternative, that that alternative will be less beneficial for patients who want an acute care hospital in the South East section of San Francisco. However, the DEIR fails to include any analysis of alternatives located in the South East section of the City. At page I-7, the DEIR mentions that Saint Luke's Hospital is located in the same section of the City as SFGH and that Saint Luke's provides acute care services to City residents. It is reasonably foreseeable, however, that Saint Luke's Hospital will close its acute and emergency care services in this area of the City. The DEIR fails to consider an alternative that would involve SFGH taking over the Saint Luke's campus and rebuilding an acute and emergency care

hospital at the Saint Luke's site. We ask that the City consider alternative sites for the SFGH hospital, located in the South East section of the City, that include evaluation of the Saint Luke's campus to attain project objectives.

**C. The DEIR improperly rejects analysis of the smaller-building and design alternatives without any finding of infeasibility; the DEIR lacks substantial evidence to support a finding of infeasibility of these prematurely-rejected alternatives.**

Other reasonable alternatives should be considered that would feasibly attain the basic objectives of the proposed project but would avoid or substantially lessen any of the significant effects that the DEIR identifies. Moreover, the EIR should consider the reasonable alternatives discussed herein that would also lessen the significant effects that we identify in these comments.

The alternative of reduced scale and massing (building a smaller building on the proposed or other campus site) was inappropriately rejected without analysis of the environmental or cost benefits obtained from constructing a new hospital that conforms with the City's Building Code General Plan and other development policies, and that provides trauma and health care services at a reduced price. Instead, the DEIR provides only cursory evaluation of and conclusions regarding "operational efficiency." It prematurely rejects the evaluation and consideration of a smaller hospital that would be more consistent with the historical footprint of the campus. Such a hospital would cause fewer environmental impacts during construction **and** operation of a new hospital, and would comport with the City's stated policies and goals of reducing the City's carbon footprint and its emission of greenhouse gases into the neighborhood's and the city's atmosphere.

In rejecting the alternative of a smaller building (which was never rejected as being infeasible) the DEIR does not explain why the Hospital must contain only single-patient rooms; nor does it analyze the relative inefficiencies of providing a different mix of double -patient and single-patient rooms. Instead, it relies solely on the conclusory assertion that single-patient rooms can be filled with either gender and therefore improves operational efficiency, without any analysis of the gender of patients currently utilizing hospital beds (or likely in the future to utilize these hospital beds) and without any analysis of the problems now encountered, if any, of providing health care services in double bed rooms. For some health care needs, such as maternity wards, the provision of beds to both genders is unnecessary.

The premature rejection of the smaller hospital building option addresses none of these issues. Nor does the DEIR consider the reduced carbon footprint of double hospital rooms, which can serve more patients in the same or reduced amount of space when compared to the proposed project. Thus, we request that a full and fact-based analysis of the alternative of building a smaller building be performed prior to the FEIR.

Similarly, the alternative of using other designs for the hospital, designs that better conform to the City's height and bulk policies and rules, was prematurely rejected. No finding that these alternative designs would be unfeasible is ever made in the DEIR. For this reason alone, we request that the City analyze the alternative of other designs, using a fact-based, thorough analysis of the benefits and costs of alternative designs to the stylish but inefficient circular project design, which violates the City's height, bulk and open space limitations and policies.

The City never demonstrates why reduced square footage cannot achieve the project description of providing acute and trauma care services to the City and County of San Francisco in a seismically safe building. Given that the City, and the vast majority of public and private hospitals in use in California today, are designed in a non-circular shape, with corridors at right angles, the stated reasons for rejecting these alternatives, namely reduced observation, longer travel distance and difficult patient transport around right angles, is not sufficient to conclude that non-circular hospital shapes are infeasible. Thus, these currently rejected alternatives must be considered as alternatives using a fact-based, open-minded, non-conclusory, thorough analysis prior to the publication of the FEIR.

**D. The DEIR's analysis of Retrofit Alternative C is inadequate in the alternative scope chosen for review and in its lack of substantial evidence to reject the alternative**

The Draft EIR indicates that Senate Bill 1953 (SB 1953) requires hospitals be rated in two seismic categories: Structural Performance Category (SPC) and Non-Structural Performance Category (NPC). The scale ranges from 1 as the worst rating to 5 as the best seismic rating. SB 1953 further states that hospitals must be rated a 5 in Non-structural performance and a 3 or better in Structural Performance. However, the law allows hospital buildings rated SPC-3 or better to be used beyond 2030.

The DEIR "abandoned" (page 414) any analysis of retrofitting SFGH to SPC-5 "because OSHPD approval of a building permit for the Main Hospital was found to be unlikely" for several reasons. However, the DEIR cites to no analysis or evaluation supporting this conclusion. Nor does the DEIR consider other California hospitals built during the same period as the Main Building to determine whether those hospitals could obtain or have already obtained OSHPD approval for retrofits, the alleged reason to abandon the alternative of retrofitting to the highest, SPC-5 level. Please provide the supporting analysis and documentation that OSHPD will not approve a building permit for a SPC-5 retrofit of the Main Building.

The DEIR's conclusion that retrofit is infeasible also contradicts the City's own analysis of the costs of retrofitting to a SPC-5 level, contained in *Facility Planning Options for San Francisco General Medical Center as Related to Seismic Safety Mandates*, Nov. 29, 2000. The Facility Planning Options Report analyzed

costs of retrofitting to Level SPC-5 at \$356+ Million plus operating expenses, which under any cost scenario is significantly less than the billion dollar costs anticipated to be incurred by the proposed project.

Please address why a retrofit to SPC-5 is rejected when the City's own analysis establishes that such a retrofit would be cheaper than the proposed project and an SPC-5 level retrofit would comply fully with the seismic safety mandates of SB 1953 for 2030 and beyond without further construction.

The DEIR lacks substantial evidence to conclude that the retrofit alternative is infeasible in light of the City's own analysis of retrofit costs. Any reliance on the DEIR's conclusory assertion at page 415 that the retrofit alternative "would increase the costs of compliance with SB 1953 by approximately 150 to 200 percent" is without any foundation and cannot constitute substantial evidence, as this sole assertion contains no foundation for its conclusion that retrofitting would cost 150-200% more than the proposed project.

The analysis of Retrofit Alternative C only assumes bringing the existing Main Hospital building to a Structural Performance level of 2, which would not meet the mandates of SB 1953 beyond 2030. By choosing a retrofit alternative only to SPC-2 levels, the EIR then rejects it as too expensive because the City would need to build another hospital by 2030 in addition to retrofitting to level SPC -2. But why would the EIR choose to retrofit to an unacceptable and interim level?

Why did the EIR not include an analysis of a retrofit alternative that would bring the current Hospital's Main Building to compliance with a level SPC-3? Please explain why a level SPC-3 compliance would not suffice for use of the Main Building as an emergency and acute care hospital past 2030, as allowed by SB 1953. Shouldn't the alternatives analysis be performed for structural performance levels of 3, 4 or 5? Please provide information whether these levels were considered and rejected, and if rejected, please provide analysis and data why such seismic compliance levels were rejected.

As with Los Angeles County's Olive/UCLA Hospital's seismic safety retrofit plans, retrofitting SFGH could be accomplished with lessened impacts to hospital operations during the construction, such as construction-phasing and move-management plans that will minimize disruptions in service during the retrofit process. The DEIR fails to analyze these methods, and methods used by other California hospitals (including Harbor UCLA, MKL Jr/Drw Medical Center, Huntington Memorial Hospital in Pasadena, Methodist Hospital in Arcadia, Cedars/Sinai Hospital in Beverly Hills/Los Angeles, St. Joseph's Hospital in Orange, and high Desert Hospital) that have chosen the retrofit alternative to attain SB 1953 compliance and reduce the impacts of the retrofit alternative discussed in the DEIR. The City should review the methods used by these hospitals to evaluate how to reduce

the DEIR-identified impacts to patient care during a retrofit and should analyze the superiority of the retrofit alternative which contains such mitigation measures.

Especially important is an analysis of how the California hospitals that have chosen to retrofit their hospitals to bring them into SB1953 compliance have been handling and plan to handle patient care issues related to infection, exposure to airborne pathogens and loss of life safety systems identified at page 421 of the DEIR. The DEIR mentions these items as elevated risks but fails to analyze how other hospitals, or how SFGH, could mitigate these potential elevated risks.

Moreover, the DEIR fails to ask whether or compare how the patients in the current hospital will experience more noise effects during a retrofit than they would with the proposed project. The DEIR should analyze the comparative risks in light of mitigation measures already in place or planned for the retrofits of the hospitals identified above.

Of course, the hospital retrofit plans identified above may represent only a small portion of hospital seismic safety retrofits in California. Many other hospitals, currently unknown to the Neighbors of SFGH, may also be retrofitting their hospital facilities rather than building new ones. The City should identify and analyze the retrofit plans, methods for operating the hospitals during retrofit activities, and all mitigation measures used by other hospitals not identified in these comments, prior to rejecting the Retrofit Alternative C. We request that the City explain and provide an analysis of why retrofit Alternative C, with mitigation and operational measures as discussed above, would not provide an environmentally superior plan to the proposed project.

The DEIR notes that traffic impacts will likely be significant and unavoidable with the retrofit alternative. However, the DEIR provides no fact-based analysis whatsoever for this conclusory assertion. Please provide all information related to any actual analysis performed that supports the conclusion that the retrofit alternative will cause significant and unavoidable traffic impacts – and comparatively more or the same level of traffic impacts as those caused by the proposed project. Moreover, although we disagree that the proposed project’s traffic impacts during construction or operation can be mitigated to insignificant levels, why can’t those same mitigation measures be used for the retrofit alternative to reduce any traffic impacts to insignificant levels? The DEIR fails to consider any mitigation measures that could easily be used to reduce traffic impacts of the retrofit alternative to acceptable levels. And it fails to consider the very mitigation measures upon which it relies to reduce traffic for the proposed project. The EIR should analyze its own proposed mitigation measures with regard to Retrofit Alternative C before rejecting Retrofit Alternative C as inadequate.

In sum, the City’s alternatives analyses are heavily – and illegally -- biased in favor of the proposed project. The alternatives identified and analyzed are scoped in

such a way as to defeat their feasibility or superiority, without reference to any specific underlying analysis. Thus the DEIR is clearly inadequate and not supported by substantial evidence. The FEIR should rectify these analytical lapses and include data and analysis for the alternatives, discussed above, prior to eliminating these alternatives.

**E. The DEIR's Rejection of Parking Lot/South Site Building Alternative D Is Not Supported By Substantial Evidence.**

There is no reason why the parking lot adjacent to the current Emergency Department couldn't become the site for the new building. The Main Hospital could be retrofitted and a new, smaller, and less expensive new building could be built next to it, giving a larger overall facility. This would allow for program expansion which may well be needed in the future.

A new, smaller hospital to be built in conjunction with the retrofit alternative was not analyzed because the Draft EIR claims the "location and design" of a future building cannot be anticipated. Yet the entire document is discussing a future building where the future location and design have been detailed. Shouldn't the analysts work equally as hard on this reasonable alternative of building a smaller building in the parking lot and retrofitting the Main Building, or meeting the project's objectives by building a substitute building in the parking lot, before dismissing it as not meeting objectives?

Instead, the DEIR provides only cursory analysis of South Site Building Alternative D, including *assumptions* that the land use, shadow and wind effects and geology results would be the same as with the proposed project. These conclusions are reached without any analysis of the alternative and without any substantial evidence supporting the conclusion that these impacts would be the same. As discussed elsewhere in these comments, the land use, geology and soils, and shadow and wind effects of the proposed project are significant. A thorough analysis of Alternative D requires that the City conduct an actual shadow study and a land use evaluation of Alternative D. Before rejecting Alternative D as inferior to the proposed project, the City should at the least conduct soils sampling of the parking area to determine the geological, lead and medical waste composition of this alternative site.

Additionally, the South Side Alternative D results in significantly different open- space impacts from the proposed project. Rather than significantly reducing the availability of open space in this severely impacted neighborhood of the city, as discussed in our comments about open space, *infra*, adoption of Alternative D would result in no net loss of open space and, if the design of the building included additional gardens, could result in a net gain of open space for this severely impacted neighborhood. The DEIR is deficient in that it is silent as to this significant difference between the proposed project and Alternative D. We request that the City

analyze the differential impacts on open space of adopting Alternative D in its future EIR analyses.

**XI. The Mitigation Measures Described by the EIR are Inadequate Because They are Either Nonexistent, Illusory, or Not Supported by Any, Much Less Substantial, Evidence.**

The mitigation measures described in the DEIR are inadequate because many (noise, asbestos and lead abatement, effects on current hospital patients and staff) are deferred to a later identification and analysis. These supposed analyses of project impacts and formulation of mitigation measures are improperly deferred to the future. This is not lawful environmental analysis. The DEIR's strategic issue-deferral makes it impossible for the public and decision-makers to determine the impacts of the project and whether impacts can be mitigated to less than significant levels, or mitigated at all, because the DEIR does not state what the mitigation measures will be and how the mitigation measures will be implemented (including financing).

Nor does the DEIR include any estimate of the costs of the mitigation measures. Thus, the public and decision-makers cannot be assured that the project's funding will cover the costs of the mitigation measures that have not yet been decided. Nor can the public or decision-makers determine if the mitigation measures to be adopted are feasible, if they are not even identified, much less analyzed, in the DEIR. Nor can the DEIR adequately determine the costs of mitigation measures, if they are to be named later.

Just as the San Francisco Giants cannot field a baseball team on the basis of players to be named (much less obtained and paid for) later, neither can the City build a hospital without determining in its EIR process what will need to be mitigated, how significant effects can and will be mitigated, and at what cost. Thus, the DEIR improperly defers mitigation analysis and the choice of actual mitigation measures to an unspecified future. This deferral violates CEQA.

Further, the DEIR fails to include adequate mitigation monitoring plans to ensure that these possible future mitigations (that are yet to be identified or analyzed) will actually be implemented. Failure to include monitoring of mitigations makes the DEIR inadequate.

Under CEQA, all mitigations are required to be monitored. There is no indication of monitoring agencies, standards, schedules, nor enforcement procedures in the DEIR. How will the implementation of mitigation measures that have not even been identified be monitored for completion and effectiveness? What reports will be done and by whom to document that mitigation will in fact be implemented? How do decision-makers and the public know that the mitigation will be effective or that the

monies will be available to implement mitigation measures if we don't even know what it is?

The City should develop a mitigation monitoring plan that identifies all mitigation measures proposed to be implemented for the project, a schedule for the measures' implementation, the identification and provision of sufficient authority to all appropriate enforcement agencies to ensure that mitigation measures will be effectively implemented, and states how all of this will be documented. This plan should be made available for public comment prior to any decision by the Planning Commission or the Board of Supervisors to approve the proposed project or to certify this EIR.

Many of the DEIR's conclusions that impacts will be mitigated to "less than significant" are mere statements of conclusions that are not supported by evidence that implementation of such measures are feasible, financially or otherwise. In a number of instances, the description of impacts and proposed mitigation lacks sufficient detail to determine the full scope of the impact and whether proposed mitigation will be effective or reasonable, e.g., is valet parking for the Emergency Department reasonable or effective?

The DEIR's discussion of mitigation measures is so slim that it runs afoul of recent California Supreme Court rulings on a different but analogous CEQA issue. The California Supreme Court has specifically forbidden EIR's from deferring the types of analysis that are deferred in this DEIR. It recently held that an EIR must address the reasonably foreseeable impacts of supplying water to a project and cannot put off the analysis to a future EIR, which is exactly what the EIR attempts to do here. (*Vineyard Area Citizens v. City of Rancho Cordova* (2007) 40 Cal.4th 412; *Stanislaus Natural Heritage Project v. County of Stanislaus, supra*, 48 Cal.App.4th 182.) And specifically relating to the availability of water from Hetch Hetchy, the DEIR is deficient in assuming that the new Hospital will not have to compete with any other uses for the water that the DEIR identifies is generally available through the City of San Francisco.

The EIR's conclusion that numerous impacts on traffic and circulation would be mitigated to less than significant is unsupported. In many instances there is no showing that proposed mitigation measures are financially or operationally feasible. How will transit first policies be implemented to mitigate the admittedly significant traffic impacts of the project? How will noise levels be reduced to acceptable levels for patients, staff, sensitive receptors and neighbors? An agency must consider all reasonably foreseeable consequences of approving a project. (*Laurel Heights Improvement Assn v. Regents of University of California* (1988) 47 Cal.3d 376, 399.) Here, the EIR fails to assess the reasonably foreseeable impacts of the project and improperly defers realistically assessing any mitigations for reasonably foreseeable impacts.

Moreover, no cost estimates are provided for any of the mitigation measures described or raised as possibilities. As an example, as described in the noise section above, costs of noise-reducing building materials can be substantial. Windows that can help achieve sufficient STC need to be reflected in cost estimates. The actual ability of a window to reduce sound to a 30-45 dBA level at the interior would depend on the exterior dB and frequency. Glass with more mass adds to cost. Thus the costs of the project cannot be determined prior to a host of decisions yet to be made, including decisions on the specifications of the exterior glass.

Moreover, the amount of the bond cannot be determined without a projection of all construction, operation, fixture and materials costs, as well as the costs of the mitigation measures as proposed. The DEIR fails to include information as to any of these costs. We request that the City provide such cost information, and an opportunity for public comment on those cost estimates and information, prior to certification of any EIR for this project.

## **XII. The DEIR Fails to Include or Consider a Financial Analysis of the Costs of the Proposed Project versus the costs of all alternatives.**

The EIR should evaluate the indirect environmental effects of social and economic impacts caused by the project. CEQA Guidelines section 15064 states:

“In evaluating the significance of the environmental effect of a project, the lead agency shall consider... reasonably foreseeable indirect physical changes in the environment which may be caused by the project.”

Furthermore, CEQA Guidelines section 15131 states:

“(a) An EIR may trace a cause and effect from a proposed decision on a project through anticipated economic or social changes resulting from the project the physical changes caused in turn by economic or social changes.

(b) Economic or social effects of a project may be used to determine the significance of physical changes caused by the project. For example, if the proposed project fails to generate revenue adequate to fund its share of public services, will the level of such services available for existing residents decline? Will roads fall into disrepair? Will the availability of parks decline as existing ones are used by more people? Will illegal dumping increase? These would all be physical effects on the environment stemming from project economics.

The cost of this project relates to environmental consequences as envisioned by CEQA, because the excess monies spent on this project, in comparison to the potential lower costs of the alternatives, could result in less money available to

perform other necessary and critical City services like providing clean water, clean-up of brownfield sites throughout the neighborhood and the city, and cleaning up the air, both city-wide and in the Potrero/Mission/Bayview/Bernal neighborhoods which are disproportionately impacted by substandard air quality in relation to the rest of the City.

Moreover, inadequately estimating the costs of environmental mitigation and remediation in the construction of the proposed project could result in *cost overruns that would prevent any actual mitigation* – the very “future mitigation” on which the DEIR relies to lessen the significance of the environmental impacts that it does acknowledge. Those cost overruns also would have significant environmental consequences for the health of all City residents, as well as the neighbors living near the proposed project. If the City must backfill with its general funds or with state or federal monies already dedicated to other purposes because of cost overruns caused by the lack of adequate analyses of the costs of addressing the environmental consequences caused by the proposed project, then this project will cause further environmental damage through the use of City funds already earmarked for parks, open space, traffic calming and mitigation, transit friendly transportation, biodiversity protection, health care, brownfield cleanup, maintaining clean water and toxics control and the like.

Despite having no information about project costs, the DEIR rejects alternatives without analyzing the relative costs of the alternatives to the proposed project. Given that the proposed project will require the largest general obligation bond in the City’s history to be passed by San Francisco taxpayers, the relative costs of each of the alternatives, and of the improperly rejected alternatives, should be determined and compared prior to certification of the EIR for this project.

Overspending on this proposed project, if thorough consideration of alternatives could result in less spending to provide trauma and emergency health care services in a seismically safe building to the residents of San Francisco, could mean less available money to obtain and maintain parks, open space, animal and plant diversity, transit first policies which reduce air pollution, and a host of critical environmental services provided by the City. Moreover, building a larger hospital than needed or building a new building versus retrofitting existing buildings would likely hinder the City’s objectives in reducing its carbon footprint and in reducing its greenhouse gas emissions, thereby defeating its own stated environmental goals and increasing negative environmental effects on the entire City, and certainly on the surrounding neighborhood.

Thus we request that the City perform a financial analysis of all alternatives to the proposed project as well as a financial analysis of the proposed project itself, which will take into consideration the construction, construction-related and permanent mitigation measures required to lessen the significant environmental effects to less than significant levels, and the operating costs of the proposed project.

We request that a fact-based financial analysis be performed that analyzes all costs reasonably foreseen for the proposed project and its operation prior to publication of the FEIR.

The CEQA guidelines note that comments on the merit of the proposed project are not relevant for environmental review, but may be taken into account by decision-makers, *e.g.*, the SF Planning Commission and the Board of Supervisors, in their decision whether to approve the project. The Planning Commission should take public policy and financial considerations into account in its decision-making process.

A quantitative analysis of the relative impacts on operational efficiency, the provision of health care to San Francisco residents, and the provision of other city services which affect the environment should be conducted so that the public and decision-makers have the information necessary to make hard choices about how San Franciscans' tax dollars should be spent and how many of those tax dollars should be spent on the proposed project versus alternatives that may meet the project's objectives at significantly less cost. While the DEIR mentions the costs of delaying construction in favor of an alternative solution to the new hospital facility (S-69-70), it does not give any data on the potential cost overruns for the new hospital.

The public can have no insight into the potential for escalating costs without data for comparison purposes: please provide cost overruns on other large projects like the San Bruno Jail and Laguna Honda hospital from the City's Blue Reports. Is it correct that the San Bruno Jail cost overruns were at 189%? We urge the Planning Department and other City Departments to conduct a financial analysis of the costs of the proposed project as well as the costs of the alternatives, including the co-location alternative prematurely rejected, so the public and decision-makers can assess these financial considerations and their effects on other city services prior to making a decision whether or not to proceed with the proposed project.

**XIII. The DEIR fails to include an analysis of the global-warming impacts or mitigation measures of the proposed project, in contravention of state law and city policies.**

The Legislature has recognized that global warming is an "effect on the environment" under the California Environmental Quality Act ("CEQA"), and an individual project's contribution to global warming can be significant.' See Pub. Res. Code section 21083.05, subd. (a); see also Sen. Rules Com., Off. of Sen. Floor Analyses, Analysis of Sen. Bill No. 97 (2007-2008 Reg. Sess.) Aug. 22,2007.

CEQA was enacted to ensure that public agencies do not approve projects unless feasible measures are included that mitigate the projects' significant environmental effects. Public Resources Code § 21002. CEQA requires that "[e]ach public agency shall mitigate or avoid the significant effects on the environment of projects that it carries out or approves whenever it is feasible to do so. Public

Resources Code §§ 21002.1(b) and 21081; see also, *Mountain Lion Foundation v. Fish and Game Commission*, 16 Ca1.4th 105,134 (1997). This requirement is recognized as "[t]he core of an EIR."

As the Attorney General has recognized with regard to other county projects, this "project could result in significant increases in emissions of greenhouse gases that cause global warming, and any increase in such emissions will make it more difficult for the state to achieve the greenhouse gas (GHG) reductions required by Assembly Bill 32. The EIR must evaluate the global warming impacts of the project and discuss feasible alternatives and mitigation measures to avoid or reduce those impacts." The lack of official thresholds and guidelines does not absolve the City from its obligation under CEQA to determine the significance of GHG emissions from the project and adopt feasible measures to mitigate any significant impacts.

The requirement that a public agency mitigate the environment impacts of projects that it approves is at the heart of the EIR process. The City must "examine reasonable, feasible options for mitigating or avoiding the project's contribution" to the problem of global warming. Cal. Code Regs., tit. 14, § 15130, subd.(b)(5).

The DEIR fails to analyze *any* mitigation measures to reduce greenhouse gas emissions associated with any aspect of the project. The City's failure to analyze mitigation measures violates CEQA and marginalizes the environmental benefit of constructing a greener building than has been constructed at the SFGH campus.

Moreover, a greenhouse gas emissions analysis is required by the City's own policies and laws. [The San Francisco Precautionary Principle](#) is codified in the City's Environmental Code, sec. 101, added by ordinance 171-03, App. 7/3/2003.

The DEIR fails to take into account the precautionary-principle rules now codified in the Environmental Code, including the following:

**1. Anticipatory Action:** There is a duty to take anticipatory action to prevent harm. Government, business, and community groups, as well as the general public, share this responsibility.

**2. Right to Know:** The community has a right to know complete and accurate information on potential human health and environmental impacts associated with the selection of products, services, operations or plans. The burden to supply this information lies with the proponent, not with the general public.

**3. Alternatives Assessment:** An obligation exists to examine a full range of alternatives and select the alternative with the least potential impact on human health and the environment, including the alternative of doing nothing.

**4. Full Cost Accounting:** When evaluating potential alternatives, there is a duty to consider all the reasonably foreseeable costs, including raw materials, manufacturing, transportation, use, cleanup, eventual disposal, and health costs even if such costs are not reflected in the initial price. Short- and long-term benefits and time thresholds should be considered when making decisions.

**5. Participatory Decision Process:** Decisions applying the Precautionary Principle must be transparent, participatory, and informed by the best available science and other relevant information.

Thus, we ask that the City, through this EIR process, follow its own precautionary principles and provide the public with complete and accurate information as to the potential human-health and environmental impacts discussed herein, a full range of alternatives assessments, a full cost accounting, and a more participatory decision process, including the re-issuance of a more complete EIR that addresses the deficiencies raised in these comments.

There are a number of measures the City can and should consider to reduce the proposed project's GHG emissions. Such measures include, but are not limited to, assessing the feasibility of incorporating into the project measures such as co-generation; requiring in a conditional use permit that construction traffic and methods reduce their carbon footprints; and measures that could reduce the amount of fuel, or require a switch from fossil to biodiesel fuel, used to transport materials to the site during construction and during operation of the proposed project. The Project should also analyze using reclaimed water in a myriad of uses rather than fresh drinking water.

The Attorney General has cited numerous state laws and policies requiring a greenhouse gas emission reduction analysis in commenting on other projects. For example,

On June 1, 2005, Governor Schwarzenegger issued Executive Order S-3-05. The Order recognized California's vulnerability to global warming and the need to implement mitigation measures to limit the impacts to the State. The Order also set greenhouse gas emission reduction targets for California. A year later the Governor signed AB 32, the California Global Warming Solutions Act of 2006, codified at Health and Safety Code section 38500, et seq. AB 32 recognizes the serious threats global warming poses to California and requires California to reduce its greenhouse gas emissions to 1990 levels by 2020. (Cal. Health & Saf. Code, §§ 38501, 38550.)

Moreover, the 4/20/08 SF Chronicle reports that the BAAQMD is seeking to impose fees on carbon dioxide emission sources from businesses and institutions. Thus these fees are reasonably foreseeable that must be analyzed in this DEIR.

CEQA requires that all aspects of potential environmental damage from a project be examined, disclosed and mitigated to the extent feasible. It requires the governmental decision-maker to make a reasonable effort to gather information, identify mitigation opportunities, and adopt mitigation measures where feasible. The CEQA Guidelines provide that “[a]n EIR shall discuss cumulative impacts of a project when the project’s incremental effect is cumulatively considerable. . . . ‘[C]umulatively considerable’ means that the incremental effects of an individual project are considerable when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects.” (CEQA Guidelines, § 15130(a).)

Although a project may only contribute a minor amount to a large problem, agencies are still required to analyze whether the project’s contribution is considered significant in light of the nature of the larger problem. (*Kings County Farm Bureau v. City of Hanford* (1990) 221 Cal.App.3d 692, 718.) Thus, where a project’s direct and indirect greenhouse gas-related effects, considered in the context of the existing and projected cumulative effects, may interfere with the City’s own greenhouse gas reduction policies or California’s ability to achieve the greenhouse gas reduction requirements of the California Global Warming Solutions Act, the project’s global warming-related impacts should be considered cumulatively significant.

Moreover, a consideration and analysis of the greenhouse gas emissions produced by the project and a thorough, fact-based analysis of how those emissions will be reduced, is also required by San Francisco’s Green Building Resolution, No. 004-08-COE, 01/22/08, which requires San Francisco to reduce its greenhouse gas emissions by 20% below 1990 levels by 2012. This resolution provides additional support for the inclusion of a greenhouse gas analysis in this EIR process.

The DEIR lacks any analysis of how the proposed project will help meet San Francisco’s new green building laws and policies. Accordingly, please provide a thorough, fact-based greenhouse gas emission reduction analysis before deciding whether to certify an EIR for this project.

The EIR must describe the existing level of greenhouse gas emissions in San Francisco, and the estimated increased greenhouse gas emissions associated with the proposed project. The EIR must then evaluate feasible alternatives and adopt mitigation measures that would avoid or reduce the development’s greenhouse gas emissions. The existing EIR does none of these things. Other measures, such as promoting bicycle trips and bus rides to and from the new hospital by the 1075 additional persons on the SFGH campus daily, are good ideas but will have only a minor impact on reducing the project’s emissions without an actual transit plan to ensure that these people do not drive or are not driven to SFGH’s campus. Additionally the bike lanes proposed for 23<sup>rd</sup> Street are being challenged and are incompatible with the increased traffic that the project will bring to 23<sup>rd</sup> Street. Thus,

the mitigation measures related to transit are too vague to satisfy a greenhouse gas reduction analysis and must be redone.

While no state agency has issued guidelines for carrying out AB 32, the absence of specific guidelines does not excuse CEQA compliance. In determining specific mitigation actions for the EIR, the City should look to a number of communities that are beginning to formulate strategies to reduce greenhouse gas emissions. There are a growing number of resources available to help guide San Francisco in calculating and mitigating the emissions. The City should take advantage of those resources and use them to develop a greenhouse gas emissions analysis and plan for this proposed project before proceeding further.

## **CONCLUSION**

For all the foregoing reasons, the Neighbors of SFGH respectfully submit that the DEIR is legally defective in a host of different ways. The proposed project cannot lawfully proceed without performing the analyses and evaluations identified above.

The Neighbors of SFGH also request the City provide all the data and information requested above and adequate time for public comment on it.

Sincerely,

Neighbors of SFGH