

KENIC

Kaiser Expansion Neighborhood Impact Coalition

**RESPONSE and COMMENTS
to the**

DRAFT ENVIRONMENTAL IMPACT REPORT

for the

**KAISER PERMANENTE OAKLAND MEDICAL
CENTER MASTER PLAN PROJECT**

Case No.: ER 05-0004 (State Clearinghouse No. 2005032134)

17 April 2006

Acknowledgments

KENIC is a coalition of neighborhood groups around the proposed Kaiser "Campus". We wish to thank all those who reviewed the Draft EIR and our responses.

In Particular we wish to acknowledge the members of the drafting committee listed below. They have each given dozens of hours to this effort.

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KENIC is a coalition of neighborhood groups around the proposed Kaiser “Campus”. We appreciate the opportunity to submit comments on Kaiser’s DEIR. While we are strongly supportive of Kaiser’s health care work and them remaining as a major presence in this neighborhood, we believe that the DEIR inadequately analyses the impacts that the proposed major expansion will have on our neighborhood and on life as a whole. We greatly appreciate the City’s retention of SMWM, particularly their architect designing the new pacific medical center in San Francisco, and their assistance in designing the Condensed Campus Alternative (Alternative 4). As discussed below we believe that Alternative 4 addresses many of the problems discussed below, and should be analyzed more thoroughly in the Final EIR.

1. Long Term Plan (Master Plan)

The Piedmont Avenue Neighborhood Improvement League (PNNIL) and other neighborhood groups have for years requested that Kaiser and the City prepare a long term plan for the Kaiser “campus” around MacArthur and Broadway. KENIC is pleased that the instant EIR purports to be for a master plan for the Kaiser “campus.” We are skeptical, however, because Kaiser’s preferred alternative leaves large areas of land tantalizingly underdeveloped,

The original “campus” North of MacArthur between Howe and Broadway is developed at a very low level as undefined administrative and convention uses. Kaiser has admitted that none of that development is in their long-term capital plan.

Areas West of Broadway, on the AAA site and on the original “campus” are ground level parking lots. That space combined with the proposed institutional zoning could lead to substantial future development.

2. Project Phasing

The phasing is based on Kaiser's stated need for continuity of service. What services? The ones currently located at the M/B center. What services are these?

Floor 1: This floor is patient oriented. The directory lists: Lobby, Internal Medicine MB1, Pharmacy (MB Center), Oncology.

Floor 2: Parking

Floor 3: This floor was patient oriented. The directory lists: Employee Medicine, Occupational Health Department, Utilization Management.

Floor 4: The majority of this floor is administration in character. The only apparent non admin type functions were 6 exam rooms for physical therapy, each 9ft x 16ft. The directory lists: Business Office, Human Resource, Physical Therapy, Nutrition Clinic, Work Smart Injury Prevention.

Floor 5: There were a number of different departments on this floor, but an employee of the floor indicated that most do not see patients at this location (office / admin functions). The only patient services were Maxillofacial Surgery and Speech Pathology, which share an office. The directory lists: Conference Room, HCON Clinic Nutritionist, Health Education, Hospice Program, Maxillofacial Surgery (HNS), Medical Social Work, Parking and Transportation, Security Services, Speech Pathology, Transportation System Management.

Floor 6: All of the doors were closed w/ few windows in doors. Some of the doors had "coded entry" requirements. The entire floor is

administration in character. The directory lists: Conference Room, Continuing Care, Medical / Legal Dept, Public Affairs, SNF Services.

Floor 7: All of the doors were closed w/ few windows in doors. Most of the doors had “coded entry” requirements. The entire floor is administration in character. Home health has a large sign pointing towards it, but the door requires a “buzzed” entry. The directory lists: Classroom, Business Strategy Finance, Home Health Agency, Infection Control, Ombudsman, Quality Outcomes, Risk Management.

It is not stated in the DEIR but the M/B services are mostly administrative which can easily and temporarily located elsewhere. The other patient services are Occupational Medicine and Physical Therapy, which can likely be accommodated on the 10th and 11th floors of the existing hospital tower which are now used for mostly storage.

The only department that would seem to be a problem is Maternity. It was opened in August of 2004 after being at Alta Bates Hospital in Berkeley for 7 years. And there is the answer; send it back to Alta Bates till the new hospital is opened.

See additional comments in attachment A

3. Project Description (DEIR Section III)

A. The current Kaiser proposal would take current and future patient services and spread them out onto West Broadway. There are a number of negatives to the City of Oakland in doing this that are not addressed in this DEIR:

- i) Spreads out the future hospital in a suburban like way requiring patients, staff, and parking to be dispersed, rather than consolidating the campus in an urban like setting.
 - ii) Removes the West Broadway properties from the City tax rolls.
 - iii) Inflicts the Manila Street Neighborhood with a massive medical office building and parking garage.
- B. At III-3-6 the EIR discusses the Existing Project Site. The description and map include all of the block across Howe from the existing hospital, yet, the section on Existing Non-Kaiser uses on the Project site does not discuss either the Shell station at MacArthur and Piedmont or the tire store at Howe and MacArthur. The failure to discuss those properties leaves the decision makers with an inadequate understanding of the site and how the project could be structured.
- C. Flexible Phased Development (III-11) adds ambiguity to the project being publicly reviewed. It allows "uses and development to shift between phase 2 and phase 3." The EIR must define a limit of flexibility since relocation of large portions of the proposed hospital expansion may alter the results of the EIR.
- D. Project Objectives Bullet #6 (III-22) has been applied unnecessarily broad and in a manner detrimental to long term project design. Some services may be temporarily relocated without substantial impact to patient services.

- E. General Plan Amendment (III-23): It is inappropriate for property fronting on the residential block of Manila to be rezoned institutional. All properties on the 3700 block of Manila Ave. should be rezoned pure residential.
- F. Since Phases II and III of the project are considered part of a Master Plan a project specific EIR should be required when these projects are closer to development.

4. Land Use, Plans, and Policies (DEIR Section IV.A)

A. Impossibility of Commenting on Land Use for an Incomplete Master Plan

The Master Plan as defined in the DEIR is incomplete, being liberally sprinkled with surface parking lots and undefined, and apparently unfunded, programs. Surface lots are proposed on Sites 2, 7, and 9. In an early public meeting, Kaiser stated that this project would “max out” this campus and that future development would be at satellite clinics. In spite of this, Kaiser later stated it “reserves the right” to build on the surface lots. When pressed, Kaiser reportedly stated that the administration and convention/education functions labeled on Site 3 (the current hospital tower and last phase of construction) are unfunded as yet. The DEIR cannot analyze and the community cannot comment on undisclosed campus plans. No zoning changes should be made to accommodate undisclosed and unanalyzed future projects.

The future of the existing MRI site, “Site 8” on the east side of Broadway at 38th Street, is not addressed in the Master Plan. It is KENIC’s understanding that this function will move to one of the new buildings. What is to happen at this site?

B. Difficulty of Commenting on a Zoning Designation That Does Not Exist

Much of the Land Use section of the DEIR is given over to advocating for a zoning designation which does not yet exist or discussing the project on the assumption that this designation will be applied to various properties. The “Institutional Zone” is apparently under formulation, but no draft has been made public, other than the information that its maximum FAR would be 8.00, an intensity of use twice that of the existing S-1 Hospital Overlay Zone, 2.67 times that of C-40 on Broadway, and fully 4 times that of the C-25 currently assigned to the AAA site.

Many of the sites to be rezoned have no structures currently proposed but there are surface parking lots large enough to allow significant future development. Both the AAA site and the 34-space parking lot proposed for Manila Ave are in residential zones with small-scale structures. Another surface lot abuts small-scale residences on 38th Street, where sensitive design would place lower intensity use, while the ill-defined and apparently lower intensity education/conference facility is placed at the intersection of MacArthur and Broadway, where more height would be not just tolerated, but appropriate. Yet no discussion is made of the impacts of increasing this potential intensity of future development via a new zone with a high FAR.

The zoning proposed should be defined and growth-inducing potential for the Kaiser properties should be defined and impacts analyzed.

C. Impossibility of Meaningful Discussion of New Zoning

Some participants in KENIC also participated in the General Plan process. Overarching intent was defined by public process, and then specific language was publicly proposed, debated and revised over an extended

period of time before satisfactory results were reached. It is clear that no meaningful, nuanced crafting of a new zone can be occur in the time frame the City has announced for approval of this project. At the March 22 Public Hearing on this DEIR, staff stated that the intent is to approve this entire project before City Council's annual August recess; the last Council meeting before the recess is July 18. Yet no information has been made public about the new zone.

D. AAA Site Not Appropriate for Institutional Zoning

It is not clear from any of the maps or descriptions how the AAA site came to include a parking lot in a residential zone. What is the current zoning of those properties? Figure IV.A-2 shows it as R-70, Figure IV.A-1 shows a General Plan designation of Mixed Housing Type Residential. Is there a variance in effect?

The current parking lot use appears to be counter to Zoning Codes, Sections 7011 (Conditions for Accessory Parking Serving Activities Which Are Not Themselves Allowed) and 7012 (Conditions for Expansion of Use into Adjacent Zones, (d) Expansion of Use on Abutting Lot, (e) Maximum Distance from Zone Boundary.) It inappropriately abuts small scale residential uses on almost the full block of Webster and 38th Streets, as well as across Shafter Ave.

The surrounding residential area should be considered for a rezoning as one of the mitigations for impacts of Kaiser's presence at currently proposed levels. A designation of R-50 or lower would be more appropriate for this "preserve and enhance" area under the General Plan. No increase in intensity of institutional use should be granted for this property.

The DEIR states that “actual development [in the Institutional zone] would be restricted by the limits...prescribed by the applicable zoning designation...and at the discretion of the City through the discretionary review process of the project.” In reality, Kaiser does not have a history of asking for less than the maximum allowed, and is not doing so with the elements of this project (the only exception is the nebulous and apparently unfunded proposal in the Master Plan for the Site 2--the current hospital tower site); correspondingly, the City does not have a plausible history of imposing strong limits on such proposals.

Institutional Zoning for this set of properties would be strongly opposed as inappropriate by KENIC and neighbors for the following reasons:

- i) The C-25 designation is more sensitive to adjacent small scale residential uses, and under the General Plan this is an existing area of lower density which should be preserved and enhanced. C-25 has a maximum FAR of 2.00, more compatible with the nearby residences. Institutional Zoning has a maximum FAR of 8.00, four times that of C-25 and completely out of scale with nearby residences, especially if applied to the parking lot portion of the property. This is a violation of LUTE Policy N1.8, Making Compatible Development.
- ii) This property is separated from the rest of the Kaiser facilities, leapfrogging a block and a half. The intervening residential uses would be negatively impacted by both the scale of future projects on the site and by the invasive nature of related impacts of the use. Continuity of use would be broken, dividing a community.
- iii) Kaiser has stated that they have no future plans for other uses at this site than the administrative use currently proposed. C-25 allows Administrative Offices and Medical Services by right, and Health Care

with a CUP. The current designation should be sufficient for Kaiser's needs while protecting nearby residential properties from the scale and greater intensity of impacts allowed under Institutional zoning.

- iv) This proposal again points up the difference between what is being called a Master Plan in the DEIR document and a true Master Plan. The zoning should not be so radically changed without a specific plan for the site. There is no need for a change under the current so-called Master Plan.

E. Institutional Zoning Inappropriate for Manila Ave Properties

Institutional Zoning for this set of properties would be strongly opposed as inappropriate by KENIC and neighbors for the following reasons:

- i) Again, Institutional zoning would be completely out of scale with the rest of the block.
- ii) The two properties proposed for Institutional zoning are panhandles extending into a residential zone. The Institutional use is completely incompatible with the residential character and use of the rest of the block and would have significant negative impacts. Impacts would include, but not be limited to, visual and aesthetic impacts, shadows, light spillover, loss of privacy. Private investment, which has been fueling a resurgence of this block, would be discouraged by the incompatible use.
- iii) The DEIR states that Institutional zoning is proposed for "all properties within the Kaiser Permanente OMC that are currently owned by Kaiser Permanente. While this document was being prepared, Kaiser has been purchasing the homes of neighbors on the east side of Manila

who are potentially most heavily impacted by development on the Honda site. It is not clear whether these newly-acquired properties are to be included in this rezoning. Institutional encroachment into the residential block is completely inappropriate and incompatible with adjoining uses. Kaiser use of these houses for non-residential activities should be prohibited.

F. Institutional Zoning on Piedmont Avenue Not Appropriate

Institutional zoning on Piedmont Avenue would be completely out of scale with C-31 Zoning. The design of the existing garages in the 3700 block of Piedmont (accessed from Howe Street) has had severe impacts on that block of Piedmont Avenue, breaking the symbiotic relationships between businesses on the two sides of the street. The east side of that section of Piedmont Avenue has consequently struggled. Other institutional uses are unlikely to be an improvement. The garage facade is extraordinarily unattractive, made more monolithic by the single color paint job (the building is constructed in sections which could be painted different colors to reduce the apparent overall bulk). As unwelcome as this building's impacts are from Piedmont Avenue, it is unlikely that Kaiser will reduce its need for parking to the extent that these structures can be demolished, and a zoning change for the site is unjustified.

G. Sensitivity to Surrounding Residential Uses (DEIR IV.A-10)

Contrary to DEIR statements, a number of elements in the design have not responded adequately to neighborhood concerns.

- i) The Master Plan rings the campus with parking structures (existing and new) isolating the complex from the surrounding commercial areas and

presenting incompatible and unattractive uses adjacent to residential areas.

- ii) The DEIR asserts that a mixed use residential development on the Honda block under Alternative 4 (DEIR V-33) would worsen “conditions at the already identified locations with significant and unavoidable impacts...” This assertion ignores the important comparison to future impacts of Kaiser’s expansion on its surface parking lots proposed for Institutional zoning. Residential use would not involve people simultaneously using every room of the building (a residential suite/unit is typically occupied by far fewer inhabitants), with a large percentage of those people coming and going 3 to four times per hour (the average rate of turnover of patients in a medical office). It also ignores the much lower intensity of use in the evening compared to clinic hours and maintenance staff.

- iii) The garage on Broadway at 38th is still out of scale and an incompatible use next to residences on Manila. KENIC continues to strongly support Alternative IV, which would place parking and medical functions across Broadway. However, if built, the parking structure should be better integrated with the medical services building, and designed with a solid rear wall to reduce noise “broadcast” to the residential areas. The structure should be ventilated mechanically with the discharge at the roof and towards Broadway to reduce air quality and impacts.

- iv) The proposed 34-space parking lot on Manila Ave is completely incompatible with the block’s residential zoning. The parking lot should be eliminated. It is not “designed and [cannot be] operated in a manner that is sensitive to surrounding residential...use.” (LUTE Policy N2.1, Designing and Maintaining Institutions) The lot should be a landscaped

garden in perpetuity as part of mitigations, or sold off for residential development.

v) The 100-foot tall Medical Services Building on the Honda site looms incompatibly over adjacent residences, shadowing them for significantly longer periods than necessary with more sensitive design.

H. Lute Objectives Bullet #3 (IV.A-9): A long term surface parking lot with access from Manila Ave. is not "sensitive to surrounding residential" use. The 34 space surface parking lot with access from Manila should not be allowed.

I. Lute Objectives Bullet #5 (IV.A-9&10): Supports restricting institutional development on Manila ave.

3. Transportation, Circulation, and Parking (DEIR Section IV.B)

Automobile traffic is one of the most negative effects of this complex. Not only will it increase congestion on Broadway, Piedmont Avenue and MacArthur Blvd, but it will be detrimental to pedestrian and bicycle transportation in the whole area. It will add to noise and air pollution. The massive parking structures are also a major eyesore and point of contention with the neighborhood. The previous parking structure Kaiser constructed between Howe and Piedmont Avenues provides a case study of how a large parking structure can degrade a neighborhood. It killed economic activity on lower Piedmont Ave. Accordingly, Kaiser should do everything in its power to reduce the number of automobile trips through adequate pricing of spaces, and reducing the planned number of spaces

A. Transportation Demand Management (TDM) Not Adequately Studied

There should be a much more fulsome discussion of how to improve the transit mode split to the project. The DEIR finds at Impact B-4 (IV-B-41) that the demand for alternative transportation services would be less than significant. That is a sign of failure and calls for further analysis.

The DEIR estimates that the project will generate 11,766 new daily trips, resulting in significant environmental impacts. A combination of the best practices in Transportation Demand Management (TDM) could provide an effective and feasible means of reducing transportation and related environmental impacts of the Kaiser OMC Master Plan. Elements of Kaiser's current TDM plan include, a no-cost shuttle to BART, subsidy for mass transit, tax incentive for mass transit, bicycle parking, preferred car pool parking. The DEIR suggests that a future TDM plan might include increasing employee transit subsidies and parking pricing measures; however, a detailed TDM plan is not provided and evaluated with the DEIR. Given that the project has adverse impacts on transportation, and Phase I of the project is slated for construction in 2006 a comprehensive TDM plan should be evaluated in the course of CEQA review for this project.

In 1991 the DEIR for the Fabiola MOB (Medical Office Building) set a goal of a ten per-cent transit mode split for the entire Kaiser "campus." At that time the transit mode split was nine per-cent for employees and eleven per-cent for patients and visitors. (See, Fabiola MOB DEIR at p. 125.) With seven per-cent (2% AC Transit and 5% BART) of employees and eight percent (6% AC Transit and 2% BART) of patients and visitors using transit that goal has not been achieved. (See, IV-B-41) In fact, the situation has gotten worse.

The conditions of approval for this project should set an ambitious goal of a twenty per-cent transit mode split for employees (obviously larger for the majority of employees who work an ordinary schedule and much smaller or non-existent for employees who work at multiple locations or work the night shift) and a fifteen per-cent transit mode split for patients and visitors.

There should be over ten years of data from which information can be drawn and analysis and options presented. PANIL's response to the DEIR for the Fabiola MOB requested a mitigation monitoring program and such a program was included in the conditions of approval for the Fabiola MOB. (The TDM program and its monitoring component were negotiated by then planning director Alvin James, who, when he was with the San Francisco Planning Department, had designed the TSM program for Kaiser's San Francisco hospital.) That mitigation monitoring condition required yearly reports from Kaiser to the City on the TDM program with a number of specific elements, That information and how it can be used to propose a better TDM program should be made available to the decision makers.

In the past fifteen years there has been a great deal of study on increasing transit use by organizations such as the Transit Cooperative Research Program ("TCRP") and university centers such as the Institute For Transportation Studies ("ITS") at U. C. Berkeley and reported at places like the Transportation Research Board ("TRB"). The Metropolitan Transportation Agency, the Bay Area Air Quality District, the South Coast Association of Governments may have useful public resources for judging the effectiveness of TDM measures. Vehicle emissions programs such as URBEMIS also allow the estimation of effectiveness of TDM measures. The project sponsor could also survey Kaiser Employees in order to directly gauge the employee travel behaviors expected in response to TDM plan measures. Drawing on that research, the DEIR should propose strategies to improve the transit mode split to the fifteen and twenty per-

cent goals set out above. That would help avoid the traffic, noise, air pollution and other problems associated with the single occupancy automobile.

One of many possible techniques is individualized transportation education and marketing. It involves having someone available who can plan all of an individual's trips using multiple transit modes. This technique has been used in Germany, Perth and Melbourne Australia and in Federal Transit Administration ("FTA") trials in Bellingham, Washington and other U. S. cities. Currently TALC (Transportation and Land Use Coalition) has been funded to do pilot programs in parts of Oakland and the City of Alameda. That project is called TravelChoice. It is not yet on TALC's web site, but the project manager is John Knox White

The existing mitigation monitoring program should be continued, strengthened and made more transparent. The program should continue through the life of the program, should be strengthened and all the required reports should be available on the web -- either on the City's site or on a Kaiser site – for the life of the program.

- i) Charging employees for parking fees with the following parameters:
 - a) Minimum parking prices should exceed the unsubsidized cost of transit fares
 - b) Set prices at par with market price for area all day parking facilities
 - c) Minimum discount for long-term passes
- ii) Universal transit passes or a Parking Cash out program

- iii) Clothes changing facilities for bicyclists
- iv) Design and implementation of a class II or above continuous bicycle path between BART and the medical center
- v) Design and implementation of class II or above continuous bicycle paths between the medical center and other priority bicycle network routes
- vi) Adequately sized on site child care for all shifts (N.B. This may allow some employees to use transit to get to work who would otherwise use personal automobiles).

Given the many opportunities to reduce parking demand, a project alternative should be evaluated where parking supply is no higher than the municipal code requirement of 2763 spaces while using the associated project cost-saving to aggressively pursue transport demand management.

- B. The proposed off-street parking supply exceeds demand estimates based on current demand and City Code Requirements; excess parking may induce mode shift to vehicle travel, exacerbating transportation-related environmental impacts.

According to the DEIR, current Kaiser's peak off-street parking demand is 2115 spaces or 80% of parking facility capacity of 2656 spaces. This off-street overall peak parking demand is equivalent to 0.85 spaces per employee or 2115 spaces. A reasonable estimate of future parking demand is thus 0.85×3715 employees or 3158 spaces.

This 'straight line' estimate is substantially lower than the 3584 spaces estimated to be required by the peak parking demand estimation model. This estimate also exceeds Oakland Municipal Code requirements of 2763 spaces. The DEIR does not explain the discrepancy between modeled demand and this simple projection even though the DEIR states that the estimation model was validated against current parking data.

Excess parking supply is not only costly in terms of material and economic resources, but it can also induce mode shift to personal vehicle travel which may aggravate transportation related environmental and health impacts (see below). Excess parking supply is also inconsistent with the City's Transit First Policies.

Parking construction might also be phased in such a way that responds to an actual supply-demand mismatch instead of building excess capacity in advance.

C. The Project should be more specific with regards to certain actions to improve pedestrian access and circulation

i) The following comments speak to actions and mitigations in the DEIR to improve pedestrian access, circulation, and safety:

a) Creating a signalized mid-block crossing at the West Broadway Garage would result in greater safety than crosswalk enhancements without a signal. The signal should be a required mitigation. Crossing times should reflect the needs of the elderly and families with children.

b) Barrier fences on the median of Broadway or other streets might limit pedestrian crossings but may also inadvertently increase

vehicle volumes on these roadways due to cars dropping of passengers. Aesthetically, barrier fences might harm pedestrian environmental quality of the area.

- c) As written, mitigation measures B.7.d and B.7.e are vague. The DEIR should describe specific available design features to minimize vehicle speeds on driveways and maximize pedestrian visibility.
- d) Basing implementation of unspecified traffic calming measures on future monitoring of traffic is not protective of the environment. Traffic calming measures, including speed humps, road diversions, and traffic circles should be evaluated and implemented as a condition of the project in the residential neighborhoods surrounding the project.

- D. The project should identify and evaluate pedestrian safety mitigations outside the immediate project area

Few pedestrian safety mitigation measures are proposed at intersections outside the immediate project area even though traffic volume will increase significantly in distant areas as a result of the project. Subsequent environmental analysis should consider pedestrian injury impacts resulting from changes in vehicle volume at all intersections and roadway segments. As the DEIR does not fully analyze impacts on pedestrian injuries secondary to project-related changes in vehicle volumes, it is not yet possible to judge the significance or non-significance of pedestrian safety impacts of the project.

Pedestrian safety countermeasures should be identified and evaluated for all intersections and segments with a significant (5% cumulative) increase in vehicle volumes where significant pedestrian activity is anticipated.

Roadways with significant traffic volume increases include Mac Arthur Blvd., Broadway, Piedmont Avenue, and Pleasant Valley Avenue. Mitigations to crossings at intersections on these roadways might include: median refuge islands, bulb outs, cross walk treatments, signal lights, sidewalk widening, roadway buffers, and street lighting.

Pedestrian safety countermeasures for residential areas adjacent to these major streets should also be considered should also include traffic calming measures including traffic diversion, speed humps, traffic circles, and lowered speed limits. International studies demonstrate that on average traffic calming interventions in residential area reduce accident rates by 15%.

We would strongly suggest authors of the DEIR review the National Cooperative Highway Research Program's recent State of the Knowledge Report on crash reduction factors for traffic engineering. The report summarizes the best evidence on the effectiveness of diverse interventions.

- E. The study lacks an analysis of the different parking pricing models on parking demand. If for example, parking was \$10 day, the demand for single occupancy vehicle parking would go down considerably, along with the corresponding need for the proposed huge parking facilities.
- F. While there is mention of a TDM and charging more for parking (III-19) they "are not assumed in the EIR for reducing significant impacts." TDM programs should be defined and the effects quantified to allow independent determination. The effects of charging more for parking should be analyzed and presented.

- G. Per ITE, urban parking demand ranges between .034 to .096 per employee. Yet Kaiser expects the demand to remain at a very high .085 (IV.B-68), despite higher gas prices, proposed improvement in bus services, and massive increases in housing in North Oakland and Emeryville, greater accommodation of bike routes and a stronger TDM. Unless the TDM is entirely ineffectual, the estimate demand is much too high.
- H. In the Parking Facility Operations and Recommendations there is no mention of:
- i) Bicycle parking as a replacement for required car parking
 - ii) Use of compact parking systems, that could greatly reduce the bulk of parking structures
- I. Bike lanes should be accommodated on both sides of Broadway, and circuitous driving should not be mandated. Accordingly, Alternative B should be pursued. Median strips can be eliminated -- they are essentially "no mans lands" that enable higher vehicle speeds.
- J. Kaiser should encourage transit access walking and bike riding, and should make a concerted effort to promote those healthy modes of transportation, for both patients and employees.
- K. ITE Parking Generation does not look adequately at pricing of parking, and as a result inflates demand when appropriate pricing is in place. Costs for urban garage space range between \$35,000 and \$50,000. This should not be subsidized by non-driving public or the health-care systems, and not demanded by municipalities. Parking facilities should not be built out

until there is a strong TDM in place and overwhelming demand is demonstrated.

- L. The existing freeway access to 580 going West which leads to the 980 connector for 880 South is completely insufficient for the proposed expansion. The access to that freeway from the expansion area is a meandering circuitous route through a residential neighborhood, onto Moss street then taking a tight turn leading to a tightly banked uphill circular on ramp – from Harrison Street. Another more suitable access for trucks is on 17th street and West Street, which is the 980 connector to 880 South. This entrance does not work for access to 80/580 north (Contra Costa/ Richmond) or 80 west to San Francisco.

- M. In spite of the fact that a Kiaser public outreach person participated in a neighborhood walk-through KENIC was disappointed that Richmond Boulevard, which runs only one block away from and for the full length of the proposed medical center main campus was not named or described on pages IV.B-2 and 3 as one of the local streets near the project that merited study and data collection. The local side streets of Warren Avenue, Westall, Croxton, and Randwick that connect Richmond Boulevard to Piedmont Avenue, which borders the entire east side of the project, were also not described nor studied. In fact, Richmond Boulevard and these critical side streets were not even drawn in on the map of the neighborhood shown on page IV.B-6 in Figure IV.B-1. All of these streets are residential streets that will be severely impacted by the proposed medical center and should be included in EIR

- N. The listing that appears on page IV.B-4 of intersections that merited study of traffic conditions again fails to include Richmond Boulevard and these connecting side streets. The intersection of Richmond Boulevard with West MacArthur Boulevard is an important one and must be studied.

Traffic conditions at each of the intersections of the side streets with Richmond Boulevard and Piedmont Avenue also deserve study.

- O. Except for a one-paragraph discussion of cut-through traffic on Richmond Boulevard on page IV.B-53, and a one-paragraph recommended improvement for consideration during project review, these streets have been completely ignored by this DEIR. I consider these omissions to be a serious flaw of the DEIR and unacceptable. The proposed medical center will bring almost 10,000 net new trips to and through adjacent neighborhoods. These streets must be studied in order to adequately assess traffic and circulation impacts on the neighborhood and to propose adequate mitigation.

- P. We strongly support the recommendation on page IV.B-53 that the existing median on West MacArthur be extended to eliminate left turns from westbound MacArthur Boulevard onto Richmond Boulevard.

- Q. We strongly disagree with the DEIR's statement on page IV.B-53 that "It is unlikely that northbound traffic from Piedmont Avenue would use Richmond Boulevard to access eastbound MacArthur Boulevard because there would be no time savings because Glen Echo Creek in the median of Richmond Boulevard would prevent vehicles traveling east from Westall Avenue and Croxton Avenue from turning left to northbound Richmond Boulevard." Residents frequently witness speeding traffic and vehicles driving against the one-way section of Richmond Boulevard between Westall and Warren to access West MacArthur. Traffic engineers should be consulted to learn whether any physical guides or barriers can be installed in this area to prevent traffic from driving the wrong way down Richmond Boulevard. Traffic from Westall, Croxton, and Randwick avenues onto Richmond Boulevard must have no physical choice but to turn right.

- R. We want to call attention to the general movement of cars and pedestrians along West MacArthur Boulevard and Piedmont Avenue. Page IV.B-13 indicates that the City of Oakland Public Works Agency is now studying the reconfiguration of north and southbound traffic from Piedmont Avenue onto MacArthur. The proposal to just restripe lanes does not go far enough, however. Protected left turn signals from Piedmont in both directions should be installed. It is a dangerous intersection. Drivers wanting to turn left from Piedmont onto MacArthur in both directions should only be allowed to do so on a protected left-turn signal so that they are separated from pedestrians and oncoming cars. This should be a specific safety mitigation proposed by the DEIR.
- S. We also want to point out that cars currently traveling eastbound along the stretch of West MacArthur Boulevard between Broadway and Piedmont Avenue are incentivized to drive at excessive speeds by the poor timing of the light signals at Broadway, Howe, and Piedmont. After a driver along West MacArthur passes through the Broadway and Howe signals, the Piedmont signal stays green for only a few seconds before turning to yellow and then red. Drivers know this and accelerate to dangerous speeds to avoid getting caught at the red light at Piedmont Avenue. Of course, they don't always make the green or even yellow light and end up running the red light, posing an incredible hazard to both cross traffic and pedestrians. The timing should be readjusted for the signal at Piedmont to turn red sooner so that there is no incentive or reason for drivers to accelerate through that light. We discussed this problem with Kaiser outreach officials, but again saw no mention of efforts to mitigate this problem in the DEIR.
- T. Page IV.B-72 of the DEIR recommends that Kaiser work with the City of Oakland to establish RPP for residential neighborhoods to the northwest

sector of the project, but fails to recommend similar mitigation for heavily impacted neighborhoods to the east and southeast of the project.

- U. Among the mitigations should be the expansion of area and extension in time of the existing residential parking permit system.

4. Air Quality (DEIR Section IV.C)

- A. The DEIR rates as significant, yet unavoidable, the fact that Particulate Matter levels, due to increased vehicular traffic, will “exceed Bay Area Air Quality Management District significance criteria for daily emissions,” not just during the 14-year Construction Phase of the project, but will continue indefinitely during the Operational Phase. The proposed mitigation is an “assumed” expansion of the existing Transportation Demand Management program. However, no specific assurances of implementation, nor any quantification of such measures, are made “since the components of the expanded Transportation Demand Management program have not been determined yet, and their effectiveness on reducing trip generation cannot be quantified, this analysis assumes that there would not be a reduction in Particulate Matter emissions” as a result of the proposed mitigation. Additional mitigation is required since the proposed DEIR mitigation is assumed to have no effect.
- B. No mention of the cogeneration plant was made in this section. IV.M-18 references a proposed cogeneration plant as part of the project. The emissions from a cogeneration power plant will be different than a CUP w/ only boilers. The cogeneration plant must be considered in the air quality study.

- C. The use/storage of ammonia for cogeneration plant tail pipe emissions control must be prohibited due to the residential nature of the surroundings.

5. Noise (DEIR Section IV.D)

- A. Though the DEIR notes that “noise modeling using Federal Highway Administration’s Noise Prediction Model was conducted for roadway segments on West MacArthur Boulevard, Piedmont Avenue, Manila Avenue, and Broadway,” Piedmont Avenue has been inadvertently or otherwise omitted from the reported results in Table IV.D-8 (page IV.D-20). As it happens, Piedmont Avenue will arguably experience the greatest differential increase in traffic of the entire project, as the Emergency Room entrance, the loading dock, and the Central Utility Plant will all be accessed from that roadway.

6. Cultural Resources (DEIR Section IV.E)

A Mosswood Park

Mosswood Park Regulatory framework: Mosswood House is a designated city landmark and a CEQA Historic Resource. At a Landmarks Preservation Advisory Board meeting March 13, 2006, city staff explained that Mosswood Park, as the setting for Mosswood House, is considered a historic resource. DEIR incorrectly states that there would be no significant impact on the setting.

The shadow studies in the DEIR show that Mosswood Park would be shadowed considerably longer periods of the day than it is now, especially the portions closer to Broadway. This will not only make it less desirable as recreation open space, but may change growing conditions enough to

damage the heritage trees and other landscaping. Shadow studies are inadequate to determine the duration of shading of the park.

Additional studies should be performed to better determine potential impacts on the park microclimate, especially the duration of shadow increase due to the proposed MB site hospital for both Kaiser's preferred alternative and for Alternative IV—the T-shaped hospital configuration. The results of those shadow studies should be evaluated by an independent certified arborist for expected impacts on heritage plantings and other landscaping.

Kaiser should pay for an independent historic documentation of the entire park meeting HALS (Historic American Landscape Survey) standards.

After construction on the MB Center site, landscaping documented should be monitored for survival under new shadow conditions. Kaiser should pay for care by a qualified certified arborist, including pruning and maintenance/disease treatment. Kaiser should pay for purchase, installation and maintenance of replacement trees for any landscaping that dies or demonstrates decline for at least 20 years after construction and new shadow conditions.

7. Hydrology and Water Quality (DEIR Section IV.G and Appendix I)

- A. The DEIR states that since no impervious surface would be added to the site west of Broadway, there is no impact on flood flows in the creek. However the timing of flows could be affected since the roof leaders are concentrating the runoff and may convey it more rapidly to the creek. The altered timing could augment peak flows from other parts of the watershed and exacerbate erosion or flooding problems either on site or in downstream areas. I'm particularly concerned because the area

downstream near the confluence of the two creek branches is already subject to periodic flooding. Since there is no actual hydrology report included in the document, the DEIR gives no evidence that this potential impact has been evaluated or mitigated.

- B. Landscape plans in Appendix I show extensive native planting in the "creek restoration area". The plans don't call out specific details of species placement, but appear to show trees and woody shrubs located within the channel below the high water mark, which would potentially affect the flow rate and/or peak level as in comment 1 above.

- C. While the restoration planting species list would be quite commendable and appropriate in a less urban situation, it raises concerns for this site, such as:
 - i) Security: Compromises between aesthetics and security are necessary in an urban context. The species and numbers of plants proposed in the DEIR would produce a dense understory dominated by shrubs that can reach 5' or more in a few years. Unfortunately this is potentially quite attractive to homeless persons as a camping site and to a variety of other unauthorized users for partying or other nocturnal activities (even in fenced areas). In contrast, the understory at Glen Echo Park is fairly open with more emphasis on low perennials such as ferns and iris, and some of the shrubs are kept low or thinned.

 - ii) Cottonwoods are often considered a nuisance as urban trees because of the cottony seed pods that disperse in the spring. They are more characteristic of valley bottom riparian areas and probably were not originally found in this section of Glen Echo Creek, which would have been more willow-oak dominated.

8. Visual Quality and Wind (DEIR Section IV.K)

- A. Skybridges: Skybridges across Broadway and MacArthur would be an aesthetic interruption (which is a nice way of saying an eyesore that is totally inappropriate to the setting). More importantly, they would encourage pedestrian traffic to leave the sidewalks. If we want the sidewalks and crossings to be safe, we must have pedestrians on the street. Others more knowledgeable than myself have pointed out that these passages are not necessary to hospital function (a case that should be proven before such an aberration is approved) and that tunnels like the one already in (very light) use at Howe street would suffice. (Broadway is already interrupted by Highway 580, so a pedestrian sky bridge at that location would do little further damage.)
- B. The wind tunnel effect caused by tall buildings is real. It is frequently experienced on West MacArthur. The construction of towering buildings is anathema to healthy life habits such as walking and I do not believe that sky-bridges are the solution. They appear to be a mitigation in a fundamentally flawed concept.
- C. See additional comments in attachment A

9. Utilities, Service Systems, and Energy (DEIR Section IV.M)

- A. Recycled Water
- i) What are the current boundaries of the East Bayshore Recycled Water Project?

- ii) Are there plans to extend / enlarge the East Bayshore Recycled Water Project area?
- iii) Are there plans to create new recycled water projects to serve new areas of Oakland?
- iv) Is an extension of an existing (or future) recycled water system to serve the Kaiser OMC project feasible? If it is feasible, provisions should be included to require the connection.
- iv) Is it feasible for Kaiser OMC to connect to any existing (or future) recycled water system? If it is feasible, provisions should be included to require the connection.

B. Impacts Water Supply & Sanitary Sewer

- i) Table IV.M-1 and the text on page IV.M-12 have different water demand @ buildout.
- ii) Table IV.M-1 shows a net decrease in water demand for phase 1, but the text on page IV.M-12 calls out an increase of 21% while "(p)hase 2 and 3 development sites conservatively still assumed at existing conditions". The inconsistency between phase 2 increase or decrease extends to sanitary sewer.
- iii) The text on page IV.M-12 calls out a net increase of 21%, 24%, and 6% for the three phases, but only 10% for total increase. It is assumed the increases refer only to individual pieces of the project site and not the entire site. What are the existing flows @ each site? Only total site flows are provided.

- iv) "estimated water demand (227 mgd) can be reduced to 229 mgd with ..." (End of page IV.M-12) 227 should be 277.
- v) What are the fire code flow requirements for the proposed buildings? (IV.M-13) What is the % shortfall of fire flow?
- vi) The effects of the project are only looked at on an entire EBMUD system basis. What is Kaiser's % of water and sanitary sewer usage compared to the rest of the community in the immediate project area?
- vii) The effects of the project are only looked at on an entire EBMUD system basis. What is Kaiser's % of water and sanitary sewer usage compared to system capacity in the immediate project area?

C. Solid Waste

- i) Where is the medical, toxic, and/or radioactive waste of the existing OMC disposed?
- ii) How much capacity is there at that location?
- iii) Will there be increased waste from the Project?
- iv) What site or sites will be used over the life of the project to dispose of the medical, toxic, and/or radiological waste.
- v) Similar questions regarding the use, transport, and disposal of radioactive and toxic materials were asked in an April 2005 scoping letter from a coalition of neighborhood groups (which would later form KENIC). These questions have never been address.

D. Energy

- i) Existing average demand is @ 800kW. The proposed average demand is about 4,800 kW. The project has a substantial increases energy usage (600%). The text on page IV.M-18 "... particularly given the level of development that the project would be replacing ... " should be removed since it is inaccurate and misleading.
- ii) The effects of the project are only looked at on a very broad electric and natural gas system wide basis. What is the effect on the immediate project area?
- iii) What is the existing annual natural gas usage?
- iv) What type of cogeneration technology is proposed? (IV.M-18)
- v) A cogeneration power plant will reduce PG&E electric usage and increase natural gas usage. What is the expected effect

E. Central Utility Plant: The Central Utility Plant will have impacts on air quality, noise and public health and safety. Unfortunately, section IV M does not adequately address some of those impacts, This section will suggest some possible mitigators for the power aspects of some of those issues.

- i) Hydrogen Fuel Cells: The EIR should consider the use of hydrogen fuel cells to generate auxiliary and emergency power for the project. Fuel cells are silent and produce water (H₂O) as their only byproduct. In California, one of the experts on fuel cell technology is Dr. Peter Lehman director of the Schatz Energy Research Center of Humboldt

State University (www.humboldt.edu/~serc/). The leading commercial producer of fuel cells for on-site power is UTC Power (www.utcfuelcells.com).

- ii) Cogeneration: The EIR should consider the possibility of cogeneration, both to limit the impact of the project on local utilities and to reduce its general impact on the environment due to greater efficacy. The Ritz-Carlton hotel in San Francisco recently installed natural gas turbine cogeneration units where the waste heat from the turbines is used in the hotel laundry. This not only results in less electrical demand on PG&E, but also make more efficient use of the gas by using the waste heat.

- iii) Dual Fuel Engines: The EIR should also study the possibility of combining normal power and heat generation with dual fuel cogeneration. Such plants run on natural gas in ordinary circumstances, then switch to diesel fuel when natural gas is not available, such as during emergencies when the natural gas lines are broken. When running in gas mode the engine works according to the Otto process where the lean air-fuel mixture is fed to cylinders during the suction stroke. At leaner combustion, less NOX is produced and the engine efficiency is increased. Efficiencies exceeding 47% have been recorded. When running in diesel mode the engine works according to the Diesel process where the diesel fuel is fed to cylinders at the end of the compression stroke. The engine is optimized for running on gaseous fuels and the diesel fuel is used for back-up fuel operation. When running in gas mode the engine instantly and automatically transfers to back-up fuel operation at any load in the event of an alarm situation, e.g. an interruption in the gas supply. When the situation is normalized the engine can be restored to gas mode.

- iv) Clean Diesel Back Up Power: In the event that the Project elects to use more traditional diesel back-up power either alone or in combination with hydrogen fuel cells, the EIR should study the possibility of using diesel engines that meet the California Air Resources Board (“CARB”)’s urban transit bus standards. Engines that meet the current (2004) standards produce considerable less pollution in most categories than fixed engines. If the purchase is after 2010, then the mobile source standards will be much cleaner than the 2004 engines. There should be ample availability of heavy duty clean diesel engines after 2010 as the CARB urban transit bus standards and the U.S. Environmental Protection Agency (“U.S. EPA”) heavy truck standards will merge.

10. Alternatives (DEIR Section V)

KENIC supports alternative 4: Consolidated Campus. Kaiser’s project description constructs a long term poorly integrated campus based on a short term phasing issue. Alternative 4 designed by a firm with substantial experience in hospital contraction, solves most of the long term problems with Kaiser’s preferred alternative. Alternative 4 concentrates the building mass onto the MacArthur Broadway site and the existing ”campus”. It also accomplishes what Kaiser claims to be doing with these DEIR – creating a “final build out” of the broader Kaiser “campus” in the vicinity of the MacArthur and Broadway.

As discussed elsewhere in this response many of the uses in the existing M/B tower are not patient uses, often blocked by code locked doors. Functions such as risk management and personnel can be temporally accommodated off “campus” at commercial locations (some already owend by Kaiser) during

the construction period. More thorough study of alternative 4 in terms of all aspects of the DEIR is required.

11. Construction Access and Egress

The DEIR seems to indicate that construction trucks will be using highway 580 for access to and egress from the construction site. That cannot and should not be considered. Highway 580 in Oakland does not allow truck traffic and access to 580 would involve a meandering circuitous route through a residential neighborhood, onto Moss street then taking a tight turn leading to a tightly banked uphill circular on ramp – from Harrison Street. Another more suitable access for trucks is on 17th street and West Street, which is the 980 connector to 880 South.

12. Mitigation Monitoring Program

The California Environmental Quality Act requires that there be a monitoring program for all mitigations. No such monitoring program is identified in The Draft Environmental Impact Report. Without such a program, specifying performance standards, methods or monitoring, and penalties for failure to comply with the performance standards, the EIR cannot be considered legally adequate. In this modern day, all required reports should be available on the web.

Attachment A

The comments below were submitted in hand-written format as part of KENIC's comments and response to the Draft EIR for the Kaiser project. The writer had one hand in a cast and could not type, and it was not possible for anyone else to type it by the deadline. They are transcribed here for the reader's convenience, though the formal record includes the submitted hand-written copy.

Phasing

Construction phasing is frequently a critical element in large and complex projects such as the one being proposed by Kaiser. However, in the case of this project, phasing has become a primary determinant of the overall design rather than a factor to be accommodated within the design process. In effect, the tail has been allowed to wag the dog.

The result of this inversion of priorities is that short-term demands arising within the construction period are being allowed to determine the long-term outcome of the project, with multiple unfortunate consequences for both the community and Kaiser itself. These consequences, embedded within the design, shall remain in place for at least 50 years, the estimated life of this project.

One example of this inverted design process is Kaiser's proposed construction of a medical office building on the former Honda site. Due to Kaiser's lack of imagination and flexibility in planning and design, this major design element, placed on the west side of Broadway, is isolated from the rest of the "campus." This phasing-driven design decision not only results in the parking garage at that site being overbuilt to meet short-term demand but also creates an access issue—an issue which Kaiser proposes to resolve with a highly controversial sky bridge. In addition, it creates a jarring juxtaposition of large institutional buildings with the single family homes on

Manila Avenue. None of these problems would exist if the “campus” was consolidated as proposed in the community-based Alternative IV.

The above is just one example of how Kaiser’s inverted design process has allowed a short-term factor (phasing) to drive long-term results. Instead, a project of this size and complexity requires an overall design vision for the completed project, which is then realized through creative planning and design. If Kaiser was to adopt this approach, design more beneficial to both Kaiser and the community could result.

Massing/Urban Design/Aesthetics

The Kaiser project (1.78 million square feet) would be a huge project regardless of its location. The fact that it is being shoe-horned into an overly-small site within an existing neighborhood (largely residential) demands that particular care be given to its design. All the tools of the discipline known as “urban design” (as opposed to “architecture”) must be utilized in such a situation to assure the compatible insertion of this project into the existing context.

Unfortunately, the Kaiser proposal totally ignores these principles. The only acknowledgment of the existing context visible in the Kaiser proposal is the response to the existing streets which serve as boundaries for construction (although even the streets are regarded as inconveniences to be crossed by sky bridges). The existing neighborhood is regarded as not existing at all. The Kaiser design “reads” like a typically suburban design which is placed on a large plot of land with only minimal need to respond to an almost non-existent context. In fact, the hospital is a “one size fits all” design employing a template used at Kaiser’s other facilities. No attempt was made to modify it for this unique urban site.

The surrounding residential context for this project is very much alive and well and thriving. Its existence needs to be acknowledged by the Kaiser design in such a way

that the neighborhood can continue to thrive while adapting to an altered Kaiser presence.

The construction of such a large project has the potential to do much good or much harm to the neighborhood (or a combination of the two). Unfortunately, the proposed design does much harm and little good. The multiple proposed negative impacts could be mitigated in many ways but little attempt to do so is present in the Kaiser proposal. Some of the possibilities are incorporated into the community-based Alternative IV.

One of the ways in which the visual impact of the project could be reduced would be through decreasing the massiveness of the MB Center hospital tower as well as lowering the base upon which it sits. Both of these elements are significantly out of scale with the existing neighborhood. The tower as proposed is not only over 200 feet tall (over twice the height of the existing MB Center tower), but has a footprint of approximately 150 feet by 350 feet (over 1 ½ times the size of a football field), far larger than the existing MB Center tower. The base for this tower is itself huge, creating a high vertical wall at the sidewalk edge—appropriate for a downtown urban setting, but inappropriate for this neighborhood. The base and tower together dwarf anything in the surrounding neighborhood. This must be reduced.

The Kaiser proposal leaves the center of the “campus” (the existing Kaiser Hospital site) significantly under built. By shifting some of the tower base functions to the existing site, the impact of the base can be reduced. Also, by redistributing the mass of the tower upon the base, the height of the tower can be reduced by about 50 feet, reducing significantly the visual impact of the tower on the surrounding residences. The DEIR inexplicably ignores these mid-range views, which are critical to the existing neighborhood, instead choosing to focus on short-range and long-range views. The DEIR ignores the view of the sky (and sunsets) which will be lost to many residences. It also ignores the impact of a 200-foot high, 350-foot long hospital wall

which will be lit throughout the night, forever changing the night sky in this neighborhood.

In addition, reconfiguring the tower upon the base not only lowers its height, but also gives the tower a more complex shape, breaking down the perceived scale of the massive tower (far more than can be achieved through facade articulation, etc, as proposed in the DEIR).

Reducing the height of the tower also greatly reduces the shadows cast upon Mosswood Park, a valuable community resource. The DEIR fails to provide a shadow study for the community-based Alternative design so that the greatly reduced shadow impact of this alternative could be reviewed. An additional benefit of lowering the height of the tower is that the “bar” set by this potentially precedent-setting project is somewhat lowered. Future non-Kaiser projects, using the Kaiser tower as a precedent, could drive up the surrounding land values, destabilizing and eventually destroying the surrounding 100-year-old residential neighborhood, much as has already occurred on nearby “Pill Hill.”

An additional urban-design-based rationale for a non-Kaiser development at the Honda site relates to the richness achieved through the mixture of a variety of uses within a given area. The proposed Kaiser project will dominate Broadway from Highway 580 to 38th Street. This “monoculture” of institutional use for such a long stretch of a major thoroughfare could be relieved by a mixed-use (including residential) mid-rise development, which would provide continuity with the development of lower Broadway now in progress as well as variety along the 580/38th Street stretch of Broadway (and also provide a much better transition to the single family homes on Manila Avenue).

The DEIR suggests that the Kaiser project would be aesthetically beneficial to the neighborhood. However, existing Kaiser Hospital designs displayed by Kaiser as examples of their past work were, with the exception of the Santa Clara facility, are

uniformly dreary. The thought of this sort of uninspired architecture dominating the neighborhood for the next 50 years is truly depressing. A non-Kaiser development on the Honda site would provide the opportunity for relieving this monotony somewhat and provides an additional reason for encouraging another project at that site.

Skybridges

Kaiser has proposed that four sky bridges be incorporated into this project. Two of these four seem acceptable' the other two are highly objectionable.

The skybridge located within the MB site as well as the skybridge linking that site to the Mosswood Building appear to have few, if any, negative impacts. The first is internal to Kaiser, having little impact on the public domain. The second is immediately adjacent to Highway 580 and will blend visually with that existing elevated structure.

The proposed skybridges over MacArthur and Broadway (at the Honda site), however, will significantly (and negatively) impact the public domain. First, they will remove a significant amount of pedestrian circulation from the street, decreasing the urbanity which increased density brings to city streets. Secondly, they will reinforce the fortress-like nature implicit in Kaiser's design—a design which does not integrate itself with the existing neighborhood but instead divorces itself from that context. Thirdly, skybridges crossing wide venues such as MacArthur and Broadway are visually intrusive, blocking views along major public thoroughfares. They are typically regarded by urban design professionals as a form of visual blight and are almost universally condemned for their multiple negative impacts.

The imposition by Kaiser of this blight upon the public domain in order to serve Kaiser's internal needs is unacceptable (and, in the case of the Honda site, totally unnecessary, if a consolidated design was instead employed). The negative impact

of these proposed skybridges would impact all of Oakland, not just the neighborhood. This is especially true of Broadway, the “Main Street” of Oakland.

It is interesting to note that the skybridges will not be in place for the first ten years of the project as proposed. During those years, Kaiser must employ other acceptable methods to serve the buildings in question. These alternative methods, used for ten years, could continue to be used for the remainder of the life of the project.

The DEIR fails to mention that Kaiser has an existing tunnel beneath Howe Street which has functioned very successfully for years. In fact it is the obvious model for a tunnel under the immediately adjacent MacArthur Boulevard.

Finally, it is also interesting to note that San Francisco is currently requiring California Pacific Medical Center to tunnel under Van Ness Avenue to meet its professed need to connect facilities. This is a far more complex (and expensive) undertaking than tunneling beneath either Broadway or MacArthur.

The citizens of Oakland, like the citizens of San Francisco, deserve a high quality urban environment.

Conclusion

The Kaiser project will significantly shape the design of this part of Oakland for the next 50 years. The government of the city of Oakland owes its citizens an environment driven by a vision of the future rather than by the short-term needs of an individual institution.

It is my hope that the proposed Kaiser design will be significantly modified so as to address the needs of the community as well as those of Kaiser. From this process a solution beneficial to all parties could emerge, allowing all to thrive.

[signed] George L. Horton, Architect