

BB. COMMENTS FROM JACK MEYER

Comment on the Cottage Hospital Draft Environmental Impact Report

Submitted by Jack Meyer
515 Tallant Rd.
Santa Barbara, CA 93105

"When the 400 lb. man complains about his feet hurting, chances are, the problem isn't with his shoes...."

(Samarkand neighborhood proverb....)

The draft proposal submitted by Cottage Hospital for their planned renovation is inadequate to the true impact of the hospital to the Samarkand neighborhood. The mitigations to the impact of the hospital do not address the implications of the expansion to the surrounding neighborhood. I appreciate this opportunity to highlight a few of the issues that I feel should be weighed heavily by the planning commission as they consider the impact of Cottage Hospital and the surrounding neighborhood.

BB-1

Background:

I have lived in the Oak Park neighborhood, on Tallant Road, for thirty years. Over that time, one single, key event has impacted the peace and tranquility of the neighborhood more than anything else: In the 1980's, Caltrans changed the traffic patterns on Calle Real from two-way, to one-way. As a result, Tallant Rd. and the entire Samarkand portion of the Oak Park neighborhood have seen increased traffic from automobiles that are attempting to travel from the Las Positas side of the neighborhood to the Cottage Hospital area, De La Vina, and Oak Park. As you may be aware, this particular project, the closure of Calle Real to two-way traffic, was performed with an inadequate environmental assessment.

For all practical purposes, my street, Tallant Rd., changed from one where we used to toss a football in the street in front of my house, to one where I must shout to be heard over traffic when I have a conversation with my neighbor across the street. I want to make sure that the commission understands this context for my concerns over the Cottage Hospital Draft Environmental Impact Report (DEIR). Inadequate reports have drastically changed my neighborhood in the past, and I do not want a limited, inadequate report to add any more burdens to my neighborhood.

The Issue:

Cottage Hospital proposes to renovate and expand their operations, and they have presented the planning commission with an environmental plan that is limited in scope; it does not take into account the larger issues of the development. Cottage Hospital is the 400 lb. man, presenting the planning commission with a plan to purchase some shiny, new shoes.

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CITY OF SANTA BARBARA
PLANNING DIVISION

At the core of the issue of the Cottage Hospital renovation is the plain fact that this hospital is in the middle of a residential neighborhood. Indeed, if one imagines this neighborhood without the hospital, one can identify a supremely desirable neighborhood, within walking distance of a beautiful park and green space, and mid-distance between downtown center, a neighborhood that would command great value to homeowners. Unfortunately, as the hospital has developed over the years, access to the hospital has grown worse, not better.

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Currently, access to the hospital from the north either requires roundabout negotiation at Mission Street, exiting the freeway, entering the freeway onramp, and exiting the freeway again, or traffic must exit at Las Positas and travel through the Samarkand portion of the neighborhood on the cut-through to Oak Park. This is neither efficient, nor desirable. The access routes to Cottage are not the result of careful planning, but rather the result of a lack of foresight and piecemeal project approval.

In addition to the inadequate access from the freeway, the Oak Park neighborhood has borne not only the weight of the hospital in a neighborhood, but also the burden of the Samarkand Retirement Community remodel, which was completed in recent years. Samarkand is a large complex by itself, supported by a large working staff, and represents existing neighborhood impact that cannot be discounted when taking into account the expansion of Cottage Hospital. Any expansion of Cottage must adequately address the impacts of the combined traffic from Cottage and Samarkand. Even now, there is a predictable stream of traffic on Tallant Road to Samarkand at times likely to represent shift changes.

BB-3

Changes to the number of medical facilities available to Santa Barbara has also impacted the Oak Park neighborhood. Recently, with involvement from Cottage Hospital, St. Francis hospital closed its doors. The closure to St. Francis makes Cottage the only hospital in the area. Since the closure of St. Francis (and to my understanding, a fact not reflected in the DEIR due to when traffic patterns were measured), we have noticed an increase in traffic on Tallant Rd. Although this is based upon our personal observations, I suspect that empirical traffic flow measurement would reflect increased traffic to the Cottage Hospital area.

The closure of St. Francis has a larger impact for Oak Park. Cottage Hospital cannot be considered in isolation. As a provider of medical services, it maintains a "gravity" of its own. It draws doctors, medical labs and supportive services, and all manner of related businesses, drawn into a residential area that will inevitably suffer from increased traffic and noise and distraction.

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As a matter of anecdote, in a recent conversation with my own physician he described how he was looking for office space in the neighborhood. Currently located near St. Francis, he described how he would need to move as St. Francis was converted into affordable housing. He also expressed his concern that because of its location, Cottage would price itself out of affordability for many physicians. Realistically, Cottage and its supportive labs, doctors, and services will only continue to encroach upon the neighborhood. It is not an optimistic situation for my neighborhood.

The DEIR

The Cottage Hospital DEIR identifies significant impacts of this project relative to *the Cottage Hospital renovation*. It does not place these impacts clearly in context with the current status and future plans of the Samarkand Retirement facility, the influx of medical supportive services, and the lack of an adequate transportation/traffic management plan for the neighborhood.

BB-5

The DEIR identifies twelve (12) intersections in the neighborhood, three of them unsignaled (DEIR, Vol. I, p. 13-12), that are forecast to operate at an unacceptable level of service (LOS D or worse) in cumulative, long term levels. This is a particularly significant warning. If the Cottage Hospital plan is allowed to pass without mitigating these impacts in a unified, thoughtful, comprehensive manner, the effects to the neighborhood will be harsh.

Indeed, an overall view of the mitigations proposed by the DEIR clearly demonstrates that Cottage is not willing to take responsibility for all of the effects of their renovation to the neighborhood:

First, there is a significant mitigation to the Southbound 101/Mission Street off ramp. This mitigation, reasonable in cost, and potentially effective, is the only one identified in the report that will be entirely effective. Given the routing of traffic right now, enabling traffic with an additional space by providing a right turn lane, makes sense. And, if the intersection is easier to use, more people will take advantage of it and not “cut through” the Samarkand portion of the Oak Park neighborhood.

Second, there is a proposal to improve the northbound ramp at Earl Warren by adding an additional lane. This mitigation makes no sense. The lanes would not have two receiving lanes on the onramp, and the mitigation would only solidify the damage done when Caltrans made Calle Real a one-way, northbound exit.

Third, there is a mitigation proposal to change a north-bound entrance to US 101 at Mission into a free right-turn lane with ramp metering. Although this may be a benefit, it certainly does not fit with a “comprehensive” traffic management plan for the area.

Finally, there is a proposal to consider a project study to provide a vehicular overcrossing from the other side of the freeway as an alternative to Las Positas and Mission access to the Cottage Hospital complex. And, although this makes complete sense given the location of Cottage, it is in the end only a proposal for a study.

And, other than temporary construction mitigation and MTD adjustments, this is Cottage’s plan for the increased traffic and congestion that will accompany its renovation and expansion: two dedicated turn lanes on freeway ramps, a freeway onramp that constricts once it is on the freeway, and a proposal to fund a study.

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This is not a comprehensive plan to deal with traffic impacts to a neighborhood. This is not a plan that accepts responsibility for the impacts of location. This is certainly not a plan that respects neighborhoods.

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Obstructionism and Money

Two weeks ago I went to the public meeting for comments on this DEIR. I listened to the contributions of the Cottage staff and other members of the public. I heard statements like, "Don't let this project be *stalled* or *obstructed*. We need hospitals." I heard Mr. Werth declare that people are very concerned about medical costs and that the commission should think carefully before adding any more costs to this project.

I worry about these comments a great deal. Just because the project involves a hospital, it might be easy to fast-track the proposal and give carte-blanche latitude for the development. Words like "obstruction," are emotional and biased. It might be easy to use these words to take a complex problem and boil it down, but it certainly will not provide the best solution to the problem. There is nothing that I am commenting on in this letter that has anything to do with obstructing hospital redevelopment. I merely want a plan that thinks ahead and plans for changes in the next thirty years. And, it is certainly possible that a better solution might cost more money, but that doesn't mean that we shouldn't consider it.

BB-7

Over the last year I attended most of the meetings of the Oak Park Mobility Plan, and participated actively. We looked at the issues in our neighborhood and participated in a process that would lead to spending \$300,000 to make improvements to our neighborhood. As it turns out, there are few options for neighborhood mitigations that will be effective in reducing traffic on Tallant Rd. However, throughout that process I steadfastly held to principle: Whatever we do, it should be part of a comprehensive solution to neighborhood problems, not just a transference from one part of the neighborhood to another, and certainly not to just placate the loudest voices in the group.

This is the standard that I held myself to, and I guess that I expect Cottage Hospital to have the same outlook. Hospitals are good. Good, responsible, and responsive hospitals are better. Cottage needs to provide and be a part of a comprehensive plan that deals effectively with the traffic and growth that will surely accompany its renovation and expansion.

What Now?

Cottage Hospital is just like the 400 lb. man noting, "Well, my feet are thin, so those shoes won't hurt." However, the footprints Cottage will leave in my neighborhood will neither be light-footed nor insignificant.

Cottage Hospital is a nonprofit corporation that is supposedly dedicated to the health and well-being of people. It cannot have it both ways. It cannot give lip-service the public good while

destroying a neighborhood with traffic, noise, and pollution. It must recognize its responsibility to provide an adequate traffic plan for the area, and it must seek support for a plan proactively, even if it costs more money. It's the right thing to do.

To the members of the Planning Commission, whose sensible comments I so appreciated at the end of the public meeting on December 2, I urge you to do everything in your power to support Cottage Hospital to develop a cooperative, long-range plan for development and traffic mitigation that will look long into the future. We need quality medical care in Santa Barbara, and we need to develop the location and resources for that hospital with all of the stake holders: City, California Department of Transportation, hospital, and neighbors.

Please, put yourself in the shoes of the neighbors.

Sincerely,

Jack, Lynette, and Mallory Meyer
515 Tallant Rd.
Santa Barbara, CA 93105
(805) 687-6244

BB. RESPONSES TO COMMENTS FROM JACK MEYER

- BB-1 **Traffic Mitigation Inadequate.** The commentator expresses concern that the Draft EIR did not adequately assess the traffic impacts to the larger surrounding area, including the Samarkand neighborhood, and therefore adequate mitigation has not been identified in the EIR. The EIR analyzed 22 intersections in the project area that could potentially be impacted by traffic trips generated by the proposed hospital project. The intersection of Tallant Road at Las Positas was among the 22 analyzed intersections. Page 13-24 of the EIR describes the analysis conducted for Tallant Road/Las Positas and concludes that delays at this intersection would increase. However, a signal warrant analysis for this intersection concluded that a traffic signal is not warranted at this location. No other feasible mitigation was identified to alleviate the traffic at this intersection. It should be noted that Mitigation Measure TRF-1, referenced on page 13-26, would provide funding for the preparation of a Project Study Report to study access and circulation improvements that would benefit the entire surrounding area, including the Samarkand neighborhood.
- BB-2 **Access to Hospital.** Please refer to Response to Comment BB-1.
- BB-3 **Traffic Effects/Samarkand.** The Samarkand Retirement Community was not discounted in the EIR for Cottage Hospital. Samarkand was taken into consideration in the EIR in the cumulative analysis. The cumulative analysis is explained on pages 13-18 and 13-19 of the EIR. The cumulative project list that was taken into consideration totaled 110 projects. That list is included in Volume III of the DEIR, Appendix C. In the analysis of the 110 projects on the cumulative list, the smaller projects that would generate 10 peak hour trips or fewer were assigned a growth rate of 1 percent per year, which was added to the existing traffic volumes. The Samarkand Master Plan is proposing 19 net new units, which amounts to less than 10 peak hour trips and therefore is included in the 1 percent growth rate assigned to the existing traffic volumes.
- BB-4 **Traffic Effects/St. Francis Closure.** The closure of St. Francis occurred in June 2003, and SBCH's July patient volumes indicate a temporary sharp increase as a result of the closure. Additionally, the traffic counts to determine existing traffic volumes were undertaken in July 2003. Therefore, the traffic analysis does reflect the patient volume shift as a result of the closure of St. Francis. The July 2003 temporary sharp increase was also accounted for in determining the future growth rate of inpatient and outpatient volumes. The growth rate was a factor in determining the trip rate for the existing and proposed hospital. Please refer to Topical Response 1 on trip generation.

The commentator's comments expressing concern regarding the traffic, noise, and disruption that will be created by the proposed hospital project are noted and will be forwarded to decision-makers. The commentator has concerns about the Oak Park neighborhood serving as the medical office provider for the area. It should be noted that

the City's General Plan has recognized this growing trend as well. There has been a continuous transition from residential to medical office and apartment use. The recommended mitigation measures on page 13-29 relate to the closure of Castillo and are intended to help offset the neighborhood livability impacts anticipated on the surrounding street network.

- BB-5 **Cumulative Traffic.** The commentator expresses concern that the Draft EIR does not consider the Samarkand Retirement facility's future plans, the influx of medical supportive services, and the lack of an adequate transportation/traffic management plan. Please refer to Response to Comment BB-3 regarding the inclusion of the Samarkand Retirement facility in the EIR analysis. Pages 13-13 and 13-18 of the EIR describe the Neighborhood Traffic Management Plan (NTMP) related to the Oak Park neighborhood, which has been underway since January 2004 and which is expected to be adopted by the City Council in the summer of 2005. The plan addresses traffic and parking concerns in the Oak Park neighborhood (which includes the Samarkand community). Also, please refer to Response to Comment BB-7 regarding the NTMP.
- BB-6 **Traffic Mitigation.** The feasibility of the traffic-related mitigations in the EIR as noted in this comment is not determined by SBCH's willingness to do them. The rest of the comments relative to mitigations are noted; City staff will not be recommending the northbound ramp at Earl Warren as feasible mitigation to decision-makers, or a ramp metering, free right-turn at US 101 at Mission Boulevard. The project study report is a proportional mitigation measure, considering the scope of the project. The construction of the bridge would be too expensive for SBCH to pay for exclusively under nexus guidelines per CEQA. However, the bridge has been deemed a feasible way to mitigate the existing and future LOS impacts at three of the impacted intersections; therefore, a project study report is SBCH's fair-share contribution to mitigate the impacts to select intersections. The comment about the plan lacking a comprehensive approach to dealing with neighborhood traffic impacts will be taken into consideration by the decision-makers.
- BB-7 **Neighborhood Traffic Management Plan.** The comment references the Oak Park Neighborhood Traffic Management Program (NTMP). Some of the components of the Mobility Plan, which is the product of the NTMP, are included as recommended mitigation for the Cottage Hospital project. The decision-makers will be responsible for evaluating the Cottage Hospital project and determining whether it presents a comprehensive plan that deals effectively with traffic and growth.

CC. COMMENTS FROM DR. MCGOWAN

To: The City of Santa Barbara and its Planning Commission
Fm: Dr Edward McGowan
Re: DEIR for Santa Barbara Cottage Hospital Seismic Compliance and Modernization Plan (SCH 2003101075)
Dt: December 15, 2000

Previous comments submitted by this writer are hereby incorporated by reference.

This commentary document involves three volumes comprising approximately 600 pages and a bibliography of approximately 110 listed citations as well as these documents in hard copy. Although in reality this number is a considerable understatement of the information available herein.

Volume I consists of direct comments on deficiencies within the DEIR, examples of cited literature discussing the differences between hospital effluent and effluent derived from urban sources, and issues with sewage. In addition, because the DEIR appears not to have adequately discussed carpets and their role in pathogenesis, this material is resubmitted. Further, the DEIR appears to have neglected the issues of terrorism and the vulnerability of the sole remaining hospital within the core area. This volume also contains a discussion of antibiotic resistance and pharmaceuticals, as presented before the Board Meeting of Dec 19, 2003 of the Chicago Metropolitan Water Reclamation District (CMWRD), spelling out the need to carefully evaluate these issues. Within the CMWRD document is also a discussion of their proposal for new laboratory equipment to more effectively deal with the issue. The document by CMWRD is well worth a read, is not long and is quite informative. The CMWRD meeting and its document may have been prompted by the recent report of the Joint International Commission on the Great Lakes in their comment that the greatest threat to the lakes came from resistant pathogens and sewer plant outfall.

This, within the same volume, is followed by a section entitled OFF-SIGHT IMPACTS. This section discusses the failure of currently designed sewer plants to effectively treat pathogens and incoming materials that continue to augment resistance and virulence as well as materials that pass through to adversely impact the environment. The section also contains several documents discussing the failure of current standards to effectively protect public health and the environment.

Following the above is a section entitled EXFILTRATION and contains a letter from the Regional Board discussing the City of Huntington Beach and its attempt to cover up the condition of its leaking sewer mains.

That section is followed by one entitled HOSPITAL SEWAGE. In this section, one also finds discussion of methodology for treating this special form of waste. It additionally contains discussion of a hospital planning for the use of pretreatment of sewer effluent, and British standards for similar ends. This section also contains a copy of the face-sheet for Cottage Hospital's sewer permit #: 99-011N, (Valid through 6-30-09), indicating that average water use is 153,560 gallons/day. This thus equates to 172-acre

feet per year, a vastly different number from that reported within the DEIR. It will be noted that no pathogens, antibiotics or pharmaceuticals are evaluated by this permit. All that is evaluated are some, but not all of the heavy metals and pH. It will also be noted that of the eleven sewer-laterals coming from Cottage, only one is sampled by this permit. Also copied therein are my notes taken from the same permit that is held within the sewer plant's files.

Next is a section on BIOFILMS AND THE SURVIVAL OF RESISTANCE. This section is composed of self-explanatory papers and abstracts discussing the ramifications of this protective bacterial mechanism and its import.

Behind this is a section of various letters sent to Cottage, the City, others, and regulatory agencies discussing the issues of sewage—including suggestions on how to approach the necessary study to evaluate impacts, discussions of bio-terrorism, and also discussions on carpeting as a potential source of pathogens. In many cases these letters include citations and abstracts. Thus for the interested reader, this section contains much valuable information.

A note of caution may be due at this point. If the City and the applicant share these narrowly defined objectives that continue to ignore issues of sewage impacts for this project and the subject continues to be subjected to the absence of the affected public's participation then the City is not an unbiased evaluator of this project's impacts, but instead an advocate for this project. In this case there is an "abuse of discretion" by the City and thus the project may be challenged. Such a challenge would stall yet further this worthy project.

This sums up Volume I

Volume II, approximately 200 pages in length, contains cited documents A through Z.

Volume III, approximately 260 pages containing cited documents AA through FFFFF. Because some of these contain more than one source, the mere sum of the series from AA to FFFFF understates the situation. All these documents are germane, and some have marginal notations.

The length of this submittal is intended as an aid to the City, its contractors, decision-makers, and the public. The original submittals on the above subjects were offered in the same mind-frame, but were neglected and we lost a year's valuable time on the critical Cottage project. That lost time—in part—can be reclaimed through the work included within this submittal. Much of the work that should have already been accomplished is found herein. It is with that spirit in mind that this material is presented.

With all due respect



Dr Edward McGowan

Dt: Dec 2, 2004
To: Santa Barbara City Planning Commission
Fm: Dr Edward McGowan
Re: Cottage DEIR

The DEIR, if it is to be considered a "FULL DISCLOSURE" document under CEQA, has failed on several accounts. Personally, I feel that this failure was designed into it from the inception. The result in any event is a corrupted document.

This document is so fundamentally flawed, inadequate, and conclusory in its nature that public comment in effect has been utterly ignored and thus held to be meaningless. This alone should constitute grounds for recirculation.

The contract language between the City and Consultant indicates that the consultant will use the original RFP and Initial study as the base. A contract by definition is a carefully crafted document and allows for a meeting of the minds.

The initial Study with respect to the sewage issues, was based on the opinions of non-experts. These non-experts, even when given ample background material, were unable to grasp the issues. They failed to correctly view the significance of the critical areas of antibiotic resistance, hospital derived sewer effluent, and effects from system disrepair as well as the failing of the sewer works to effectively clear pathogens, their genetic material, including chemicals and pharmaceuticals that augment selection of antibiotic resistance. In consequence, these pathogens and genetic toxins continue into the environment where they pose hazards to human health and hazards to the environment because the POTW can not clear them.

In spite of such warnings, it appears that the City's staff, who are not expert affect decisions that could impact the community. That this situation has continued for some time may be attributed, in part, lack of training, to politics---not science—and economics as well as the antiquated water quality standards.

These facts were brought out before you on October 30th 2003 and you agreed that this was an area requiring critical analysis. This DEIR is directly contrary to your own recommendations, essentially downplaying your admonitions to staff that they utilize the community expertise on critical and now neglected areas of the Initial Study. The City's contract with the consultant verifies this failure to adhere to your and the community's wishes. In essence, the public and your Commission have been deceived. Upon leaving the October 30th hearing of last year, it was my clear understanding that your Commission had raised the issue of sewage and its antecedent parts to a level of potentially significant. This was clearly ignored.

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The RFP and Initial Study were circulated to obtain interest from consultants on or about October 17th and have become the basis of the contract. This premature information was proffered essentially 2 weeks before the October 30th public hearing and comments before your Commission on the scoping. It was clearly well before your receiving and reviewing all public comment. And it was clearly before the City staff had chance to analyze the incoming data and comments. Nonetheless, the contract language limits the essence of the EIR to the information received by the consultant in the RFP and Initial Study.

Thus my premise stated above, that this failure was directly designed into the document should be clear to your Commission and to anyone with intellectual honesty.

In fact, the entire issue of a sewer plant's failure to effectively treat antibiotics and other therapeutic materials is shown by numerous peer reviewed medical and scientific studies in the available published literature. These papers go back to the 1970s, are readily available via the internet, and thus there is nothing new or obscure about any of this, yet it is almost totally ignored within the DEIR. Further, there are several studies in peer reviewed scientific studies demonstrating that hospital effluent is not only different from that of the community, but carries considerably higher counts of superbugs. In one case the numbers show a 2,000,000 fold increase of hospital effluent over residential-urban. These and other peer reviewed articles in the published literature also note that such materials and serious pathogens slide directly through sewer works into the environment. Additionally such literature show that the resistant pathogens sent to sewer works are often multiplied within it, gain additional virulence and resistance, some to gain the status of "professional" pathogens---super-super bugs-- and are then sent through to the environment. Thus, the causative effect meeting the Bradford Hill criteria seem to have been met.

These issues and the issue of leaking sewer mains are given extremely short shrift within the DEIR, thus misleading you as decision-makers as well as the citizens of this town that rely on public officials and the hospital to protect the public health.

Through the DEIR, Cottage claims that the volume of sewage will diminish because the licensed bed count that it admits could never be realized, will be reduced. This current licensed bed number is 456 and will be brought down to 337 with the modernization from this project.

Within the DEIR, Cottage states that currently it has been unable to and technically or legally can not successfully fill more than about 48 to 52% of its licensed number. Its current and average census, i.e, occupied bed count prior to closing St Francis was 213. With closure of St Francis, that number jumped to



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226, a 13-bed increase, this from the closure of a 85 bed hospital which during its hay day held 128 patients.

Taking Cottage's own figures and doing the math puts this average current bed (assume 52% usage) at about 236 beds, 10 more than the currently claimed average. Cottage also expects to fill the newly designed hospital at 70% occupancy. Again, doing the math gives us, interestingly, about 236 beds occupied---- essentially no change in actual numbers. Then we add the proposed 100 bed nursing pavilion and the estimated 22,000 additional new out-patients to this, yet we have no increase in sewage?

But let us for a moment forget about the volume half of the wastewater equation. Let us instead discuss the quality rather than the quantity of this wastewater or sewer effluent. As the level of antibiotic resistance continues to rise, the bugs are not only more serious, but are tougher to kill. As mentioned above, one peer reviewed and published article noted that there was a 2,000,000 fold increase in resistant pathogens when compared to community derived effluent. So how serious might this be? Recent studies from the LA Basin show that about 1/2 of the community acquired---not hospital acquired---skin infections are methicillin resistant Staph aureus. Epidemiologically, Los Angeles is about 2 years ahead of us here in Santa Barbara. In other words, what happens there will, on average, begin to be seen here two years later.

To further illustrate, the following is extracted from the recently released medical text by Christopher Walsh, of the Harvard Medical School (Antibiotics, Actions, Origins, Resistance, 2003). Resistance to antibiotics is not a matter of **IF** but one of **WHEN**. Schentag, et al., looked at how rapidly resistance could be generated. They followed surgical patients with the following results. Pre-op nasal cultures found Staph aureus 100% antibiotic susceptible. Pre-op prophylactic antibiotics were administered. Following surgery, cephalosporin was administered. Ninety percent of the patients went home at post-op day 2 without infectious complications. Nasal bacteria counts on these patients had dropped from 10 to the 5th down to 10 to the 3rd, but now there was a mix of sensitive, borderline, and resistant Staph where prior to surgery all had been susceptible to antibiotics.

For patients remaining in the hospital and who were switched on post-op day 5 to a second cephalosporin (ceftazidime), when assayed on post-op day 7, now showed a bacterial count up 1000 fold and these were mostly methicillin resistant Staph aureus (MRSA).

Then these patients were switched to a 2 week course of vancomycin. For those still in the hospital on day 21, cultures revealed vancomycin resistant enterococcus (VRE) and candida.

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Vancomycin resistant enterococci infections produce mortality rates of 42 to 81%.

Highly virulent MRSA and VRS are considered "professional" pathogens.

Interestingly, in my sample of the storm drain at Islay and Castillo, down from Cottage (see EXFILTRATION below), I picked up fairly high counts of enterococci and other bacteria, potentially from the human gut. I did not run any further analysis to look for resistance or differentiating sources. Nonetheless, this is a curious situation and should be looked into more carefully.

If one looks at the hospital's own record, the volume of sewage will go up. Further, doing the math derived from its own records on water usage, the figures don't compute. The DEIR indicates an average total water usage, based on consultant Fuscoe Engineering's analysis of current water consumption, about 43.56 acre feet (AF) now used would drop to 34.62 AF post project. At page 12-9 of the DEIR, sewered water under current bed usage is estimated to be 36.53 AF with further estimates at 70.68 AF during 100% occupancy. Additionally, using calculations from the sewer plant's files on the Cottage sewer permit, and using Cottage's own figures shows a vastly different picture---several fold higher than demonstrated within the DEIR.

The hospital's own data submitted to the sewer plant calculate figures around 172 AF of water usage, and the sewer district indicates that 60% of this will be sewage water. The DEIR uses 43.56 AF of total water consumption. Their engineers indicate 83.86% would be returned to the sewer. This is thus about 36 AF (which although it agrees with the Fuscoe data), is nonetheless, a three fold difference between what is presented within the DEIR and what the Cottage's own records at the sewer plant indicate.

These lower figures and thus their discrepancies are blended into a baseline presented within the DEIR. Thus, there are sufficient flaws, it seems right here to send the work back for a careful reanalysis and then recirculate the document again for public comment.

Nonetheless, in its argument, Cottage and the DEIR assume that a mere shuffling of numbers to give a numerical reduction based on fewer licensed beds obviates the issues of sewer impacts. Thus, if this argument is to hold that no impact accrues to the project and thus there is no real need to discuss sewage issues in a meaningful way, it fails elsewhere in the document. This argument blows up in Alternative 4B, the restructuring Goleta Valley Hospital (GVH).

Here in Alternative 4B, there is a proposed near doubling of bed numbers from GVH's current bed limit to slightly over 200. In that alternative, there is absolutely no discussion of sewage impacts. Thus not only is the subject given short shrift within the main document, but is carefully avoided in any analysis of alternatives.

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Accordingly, your board and the public have been deprived of key information and part of the data base needed to fully disclose environmental impacts.

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Further, the consultant that was brought in to do the analysis of sewage related impacts clearly acknowledges (see Appendix F) that the review of public comments was beyond its capacity. Nonetheless, that consultant appears to have made important conclusions upon which the baselines for critical determinations within the DEIR rest. Thus, this alone corrupts the document.

Additionally, the consultant, JPR, because of its lack of expertise, on 29 July, 2004 directs primary consultant, LAS, hence the City to obtain an expert opinion on the submitted public comment, something your board admonished the City to do from the very beginning. No expert analysis has been forthcoming for review, certainly none is noted within the DEIR. Thus again we have a flawed document.

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Your Commission will need to carefully shepherd this document through the rest of its voyage, as it has become very asymmetrical and thus is badly out of balance. The **selection** of expert to do the analyses of neglected public comment on sewage issues needs to be very carefully reviewed and the transparency on this issue needs to be patently clear at this point. I don't feel that there is sufficient trust remaining to allow the "business as usual" attitude to continue. You have received a letter from The Citizens Planning Association outlining its concerns, concerns that bear directly on the integrity of the whole issue of Cottage's sewage effluent, especially selection of consultants and panels for these critical analyses. We need not, at this time, reiterate those concerns, they are before you, clearly stated in the letter from CPA.

Now allow me to move to the integrity of the sewer mains underlying this city and how that ties into the arguments about Cottage Hospital's sewer effluent. You may wish now to turn to the maps in your packet. These were produced from the City's own data. The red areas represent sewer mains in poor repair. I analyzed the background data on these leaks. The numbers were in millions of gallons.

EXFILTRATION

In 1983, the city engaged the engineering firm of Martin Northart and Spencer to evaluate the integrity of its sewer mains. This stemmed from a large rain that caused the shallow ground water to rise above the sewer mains. In sewer mains that are in good repair, this would not have been an issue. But Santa Barbara's sewer mains were in such a neglected state, that the rising ground water entered the breaks, cracks, bad joints and holes to such an extent that the incoming storm water and rising ground water exceeded the capacity of the sewer plant's outfall---several millions gallons per day, including its unused excess. This volume caused a major sewage spill as the plant was exceed in its capacity. This says nothing of the down-gradient man-hole covers that were blown off allowing

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raw sewage to flood the lower portion of the city and near-shore marine environment. In short, this was a major disaster.

The sad thing is that some of these same man-hole covers still blow off during heavy rains, some with consistent histories that date back to the 1940s, according to residents of these areas. This raw water then seeks the storm drains, thence the creeks, and finally the beaches. One down gradient from Cottage is near Marina #3. This blows off fairly frequently. Gerba and others have demonstrated long residual infective capacity in enteric viruses, and also that once in mud is easily retransported. Dredging is one method. Dirty water from the man-hole cover loss near Marina #3 can be transported to East beach in the dredging spoils, and the viruses and pathogens along with it. Is it any wonder that we have beach closures?

Now, how does this tie back to Cottage, its off-site issues and its release of sewer effluent with high pathogen counts?

Verified studies of exfiltration---sewage leaking from sewer mains---and these are national as well as international studies---, show that a tight system will lose about 10% of its daily flow-through and a system in poor repair, about 25% to 50%. If we look at Santa Barbara, as a tight system, which it is not, then 10% of the several millions of gallons a day gives you some idea of best case potential.

Day before yesterday, I sampled the bacteria of the storm drain that exits to Mission Creek at Castillo and Islay. The results showed bacteria counts that were quite high. If you will look at the maps before you, you will notice that the sewer main runs curiously close to Mission Creek in this area. The red denotes that at the time of this study, the main was judged to be in poor repair. It is down-gradient from Cottage.

Think of sewer mains as short lengths of concrete pipes with poor joints in a gravel filled ditch. This is, in essence equivalent to a French drain. Then cross that French drain with another maintenance deferred drainage system, the storm drains that crisscross the city, emptying into the creeks.

If rain water can enter the sewer mains during rising ground water, what prohibits an internal fluid from using these same portals to exit that system when the ground water level falls below those sewer mains. What else is also below that network of crisscrossing pipes and drains---is it not our ground water?

In the documents noted in the DEIR for peer review, the Martin, Northart, & Spencer (MNS) study was conspicuous by its absence. Why was that critical document recounting the state of the sewer system withheld?

In a recent re-analysis of these data, Heal-the-Ocean (HTO, et al) and others sat with the city to discuss the state of repair of sewer mains. When asked about the

MNS study, the city is reported to have said that the study was badly flawed. HTO et al then asked to obtain the city's own TV footage of a more recent analysis of the sewer mains, showing internal condition. Based on independent expert analysis of this TV footage, the expert confirmed that there was nothing wrong with the MNS study, that in fact the sewer mains reflected much of what the MNS study demonstrated. Why, then did the city allegedly state that the MNS study was flawed? Why was it withheld from peer review?

In a somewhat analogous situation, the City of Huntington Beach continued to deny and cover up the fact that its sewer mains were in bad repair. This evidently went on for years. Finally, that city plead guilty to felony charges for its conduct and cover-up of this situation.

What needs to be done now? First, a publicly approved panel of experts needs to be empowered to design and then conduct a critical analysis of the potential impacts of hospital sewer effluent under existing conditions, and thus the potential impacts to the environment and public. This is critical to the full public disclosure that is part of CEQA. Interestingly, this recommendation was found in the document submitted by Surfrider during the scoping now well over a year ago. Further, the DEIR needs to be recirculated based on at least such information. Thus, we have lost a year on this exercise.

I believe that the community owes it to itself to assure that the Cottage project, something that may not happen again for 50 years, is done with the best available information, best available equipment and truly reaches to that quest for excellence that Cottage is so famous for touting. As it is now, it seems that, unlike statements made before the press by hospital administration, we are using technology that is based on engineering standards and health standards that were developed decades ago. The contrast between a quest for excellence and what is presented within the DEIR are worlds apart.

CC-6

To: City of Santa Barbara
Fm: Dr. Edward McGowan
Dt: 3-28-04
Re: Cottage Hospital EIR Contract

COMMENTS ON THE CURRENT CITY CONTRACT WITH LAS FOR THE COTTAGE HOSPITAL EIR.

PEER REVIEWED REPORTS. The contract should be upgraded to include the following reports for peer review: 1) the major 1983, et seq. engineering studies conducted on the leaking sewer mains by Martin Northart and Spencer (MNS); 2) the recent partial duplication of the MNS study by Heal the Ocean [HTO]. The recent HTO study reached conclusions that coincide with the MNS study and will help supply a more current appraisal of issues related to leaking sewer mains.

Additionally, the contract on p. 35, indicates that the "EIR will describe the various waste streams generated by the existing and proposed hospital...and the typical methods employed by...the POTW...." The contract goes on to say that it will rely solely on generally available information on waste streams typically generated by medical facilities, but will not include any on-site assessment. This is inadequate. Because of the numerous laterals coming from Cottage as well as the various departments and labs sending effluents, it is felt that "generally available" information may not accurately reflect local reality. The analysis could include an internal audit by the hospital's discharge of the materials. Such materials should include but not be limited to: toxins, heavy metals, radioactive substances, biologicals, pharmaceutical waste, pathology and surgery materials and specimens, as well as housekeeping chemicals and disinfectants as these may be unique to this hospital in type and amount. Further, using typical POTW protocols, again may miss the reality of the local condition and the impact from this hospital's discharge. However, if merely generally available information is used, it should include an analysis of impacts from multi-drug resistant bacteria, discharged material that would augment resistance or virulence and movement of genetic information conferring resistance and virulence into environmental niches and back to man.

Issues raised by members of the community during the scoping as well as public hearing before the PC need to be re-enunciated.

[A] The contract states [p.35] "based on a preliminary review of public comments and information received by the applicant ...it appears that the public has a high level of concern related to the potential pathogen and toxin content of waste streams...." This statement completely misses the underlying directive from the Planning Commission (PC) to pay particular attention to these issues. It should be noted that the PC, based on submitted data and testimony [**data received well after the RFP was released**], admonished city staff to raise the level of concern to "potentially significant" from its previous "less than significant" level as noted in the initial study, upon which the consultant appears to be relying.

[B] The contract goes on to say that, "based on the Initial Study and the RFP provided by the City, it appears that neither the City nor the applicant has sufficient data that would provide a basis to substantiate conclusions regarding the level of significance...." **It should be emphasized and noted for the record** that the City released the RFP **well before:** [a] receiving complete data on scoping, [b] final public comment in hearings before the PC and [c] deliberations by the PC and the necessary subsequent analyses were conducted, thus the references to this area ["based on the Initial Study and the RFP"] may be misleading the consultant in its effort. Further, it should be noted that the City did not have requisite staff expertise to evaluate the following issues when it prepared the RFP: [a] wastewater and pathogens, [b] multi-drug resistant organisms and augmentation of such by toxins and heavy metals, [c] increased virulence, [d] transfer of genetic information conferring resistance and virulence, [e] impacts to distant areas using sewer sludge derived in part from hospital effluents, [f] issues of infectious disease and their seasonality, and [g] impacts on public health.

In reviewing the consultant's specific capabilities [pp. 10 & 11] and background of its staff and their CVs [Appendix], there is concern that the consultant's capacity is thin in these above noted areas. This may be seen as a deficiency and thus may affect the quality of the draft EIR and its ultimate conclusions. If this issue is not resolved, decision-makers may be making critical judgements on information that has been withheld.

[C] The contract includes an evaluation of the literature that was received as comments to the City and the applicant [1] Dr. McGowan recommends that the contract be upgraded so that professionals from the following disciplines be enlisted to help evaluate the literature:

- a. Microbiologist having experience with resistant pathogens, their survival in processed sewage and ecosystems of the terrestrial and aquatic environments as well as their role in the clinical setting.
- b. Epidemiologist with experience in drug-resistant pathogen risk assessments.
- c. Medical ethics expert
- d. Civil engineer with background in analysis of pathogen control in wastewater processing, including a background in treatment of submicron materials. Submicron materials would include antibiotics and their breakdown products, other pharmaceuticals, endocrine disrupters, and toxins generally not effectively treated by sewer treatment. These materials will pass through the current treatment processes into the environment and may augment selection for drug-resistance and background organisms.

[2] Once the above mix of people has been assembled, they should assist the team in defining, if studies of Cottage Hospital's wastewater determine such is warranted, who has the training and expertise to consider appropriate technology for pretreatment. The domestic as well as the international literature make it abundantly clear that present regulations and sewer treatment technology are very outdated and pose a risk to public health.

[3] The contract needs to be upgraded not only with regard to the additional disciplines stated above, but also with the perspective that the present regulations should not be the major force driving decisions, but rather the ethics regarding the best public health future for our community.

[D] The contract needs to be upgraded to state that the decisions to be made will ultimately effect how the hospital treats its wastewater and how the City treats the community wastewater which impacts the ocean (tourism), public health, agriculture (attempts to introduce sludge land application in Santa Barbara), the environment, and yards and homes of citizens using or exposed to materials generated from this effluent.

[E] The contract needs to be upgraded to allow consultation with cutting-edge British hospitals on the use of carpets. (McGowan will supply contact).

[F] Bioterrorism: The contract needs to be upgraded to take into consideration the protection of ventilation systems as used in Israel. This should also include Dr. McGowan's research on water security here in Santa Barbara and Los Angeles.

[G] The contract needs to be upgraded to state that small hospitals are as vulnerable as large hospitals, that Cottage, contrary to current contract language, is involved in cancer research and houses a cancer center. Further, it should be noted that Cottage represents the sole support in the Santa Barbara's core and is situated in an internationally famous and wealthy community, which may make it (in the minds of terrorists) a highlighted target.

[H] As a result of the above upgrading, Santa Barbara may provide a progressive model for the country.

Specifics of conclusions as found within Appendix F of the DEIR

Within Appendix F, Vol II of the DEIR, the background is developed for reaching the conclusions within the body Vol I of the DEIR that sewage issues are less than significant. The author of this Appendix was very up-front and indicated that the conducted review was not—in fact—a peer review. That fact, because the author was not qualified to do a peer review.

A quote from Appendix F by its author: ***It is important to note that the review conducted by JPR was not a peer review, in that a technical analysis of the submitted comments and accompanying literature was not performed.***

There are 9 items or conclusions within Appendix F, that if taken at face value, would argue for a non-issue as to sewer problems. The problem is that these conclusions should not be taken at face value.

In rebuttal to these stated conclusions, each will be presented below in brief. It will also be noted by a careful reading of Appendix F, that there is a caveat at the end of these conclusions by its author, JPR. It is worth the time to reproduce that caveat here (see below in Italics). Thus, the author of the JPR report clearly indicates that the conclusions are unclear at best. Nonetheless, LAS, the authors of DEIR, seized upon these unclear statements and conclusion to make a “solid” foundation and basis for the DEIR’s conclusions. This all seems to have been “missed” by the City’s staff.

Additionally, in review of the CVs of the various consultants supplied by LAS for this project, the lack of expertise in matter of sewage pathogens, multi-drug resistance, infectious disease, transfer of mobile genetic elements, and terra-accumulation of this genetic information within environmental niches was conspicuous by its absence.

Interestingly, the report from JPR was submitted July 29, 2004 to the LSA and presumably then the City. Yet apparently neither took the opportunity, although there was ample time, to take this caveat seriously enough to have such review available for presentation within the DEIR. Thus if there is anything to this, it has been precluded from the review period, thus marring the full disclosure requirements under CEQA. In essence, we have unsure conclusions as a basis of the underlying premise for the DEIR. Consequently, the public and decision-makers may well base their understandings on incomplete information rooted in such non-disclosure.

Quote from Appendix F of the DEIR from report of JPR consulting. ***Based on the conclusions provided herein, the project would result in less than significant impacts. However, it is recommended that a third party with advanced expertise in the study of environmental microbiology be retained to conduct a technical analysis of the public comment related to the issues***

associated with potential drug-resistant discharges to the sewer from health care environments, and the impact of such discharges on the community's sewer treatment system.

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CC-7

The nine conclusions of JPR are summarized below, including my comments.

1. **Given the significantly larger population outside the hospital that may be infected and/or taking antibiotics, the conclusion is that the community, rather a single source such as the highly regulated Cottage Hospital, is the major source.**

First, it would be interesting to hear how this straw-man of a high degree of regulating a hospital's discharge related to fecal and urine derived pathogens is germane. I merely ask since it was placed within the argument and was brought up. Second, and importantly, the level and severity of resistant pathogens coming from hospitals is profoundly more serious than anything found in the community---both in numbers and type. This fact is well represented in available peer reviewed scientific and medical literature. It is obvious that there was a failure on the part of the consultants to appreciate this (see comment on lack of peer review above). The literature dates as far back as 1973 on this subject. It is not obscure or written in ambiguous language. Why was it not noticed? Thus to assist in the furtherance of the EIR process and to augment a full disclosure document for the public and decision-makers, I have thus placed several papers discussing this situation within the body of this comment document.

CC-8

2. The second area trumpets **the high degree of compliance by Cottage** in a number of areas and again holds up a straw-man that the community deals in few cases with such rigor. Is this an attempt to draw attention off the subject?

CC-9

3. **The Public Services and Utilities section of the DEIR states that sewage generation would decrease.**

There are several areas within the DEIR that raise red flags as to the real picture. The argument that by reducing licensed beds from 456 to 337 a priori obviates the issue may be a legal-quick-fix, but fails to reflect reality. Elsewhere in this comment document, these figures are taken to task. Additionally, there is a large disparity between what is contained within the DEIR as a basis and what is in fact found within the City's own records. This is also discussed within the body of this comment document. However, of critical importance and ignored in the DEIR is the quality difference in sewage from a hospital as compared to an urban source. By ignoring this critical difference, full disclosure has escaped. Again, there is sufficient literature to demonstrate this and is found within the body of this comment document.

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4. **The sewer mains are in tact between Cottage and the sewer plant, thus what comes out of Cottage can not escape before reaching the sewer works.** Yet the city elsewhere within the DEIR indicates that it estimates a 3%

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CC-11

loss. This is not some mere small number if one looks at the actual figures, which are presented within the body of this comment document. Further, scientifically validated studies on exfiltration consider that a "tight" system, will lose about 10%. Further, when the City's own data were reanalyzed by an independent expert, their claim for tightness was shown to be considerably understated. This area is discussed within the body of the comment document.

Additionally, this entirely misses the point of failing man-hole covers during storm conditions and spillage of raw sewage onto the streets, into storm drains and thence environment. Marina #3 experiences frequent spillage from the failing man-hole cover of the sewer main down gradient from Cottage. There are several papers discussing the long-standing survival of pathogens within marine sediments, including their maintained virulence, ease of transportability with movement and resuspension of these sediments, as well as movement by dredge operations. I remind the observant reader of the long-standing dredging within the harbor, the spoils being sent to East Beach. Thus, here we have an off-site impact that, given the survival of pathogens and frequency of sewer main failure, is cumulative. There are several papers within the body of this comment document discussing these issues. It is clearly a serious problem that increases the risks to public health.

Per state and federal law, in industrial settings, if inputs to a sewer works adversely effect the receiving waters, there is a requirement for pretreatment. How is a hospital somehow different from some factory?

5. **Pre-treatment. It is probably true that the ASHE is unaware of any hospital having pretreatment.**

6. **As to water quality. Best Management Practices**, as mentioned here and discussed within the DEIR, relate primarily to surface water systems, not principally to sewer water. The issue is not the straw-man as suggested in the proffed argument of multiple watersheds, but in the incremental added serious pathogens that are noted per # 1 above. These would be released by a hospital and not cleared through the sewer works. Again there is ample evidence within available peer reviewed scientific and medical literature to demonstrate that, as currently designed, sewer works can not effectively clear these pathogens. Neither can currently designed sewer works effectively clear many of the pharmaceuticals and disinfectants used in health care. Thus, these pathogens and other materials are transported through current sewer works and into the environment. Again, this subject is well covered within the body of this comment document, but absent within the DEIR.

7. Praise for El Estero aside, the facts are that this plant, as currently designed, is unable to clear the above discussed material and releases it to the environment. There are several papers in the literature demonstrating this fact

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for numerous plants of similar design across the nation. These papers also demonstrate that current tests discussed in the standards fail to: a) note pathogens that adversely impact human health, b) that standards do not discuss many of the constituents that are passed through sewer works into the environment that affect health, c) that the failure of standards has been a long-running issue of increasing health risks, and d) that the standards ought to be revised. Further, there is nothing in law that precludes a local agency from taking a proactive stance to correct these long-standing deficiencies.

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CC-14

8. As to **composted sewer sludge and land application**. I would suggest that the interested reader refer to the papers noted in the body of this comment document to see that the peer reviewed literature has a different take on this assertion.

CC-15

9. **With respect to drug-resistance, as it is controversial, the EIR is not required to study this area of comment.** This dismissal is laughable, but is based on the contribution difference between hospital and urban sources. Again, this flags the lack of understanding and unwillingness to read the literature. The reader is referred to the numerous papers within the body of this comment document that clearly demonstrate that hospitals are a foci of multiple drug-resistance. If somehow Cottage is vastly different than these other hospitals, it is truly a unique situation warranting high praise. Nonetheless, until this is documented within a full disclosure DEIR, the question is unanswered.

CC-16