



12.8 ORAL TESTIMONY FROM SEPTEMBER 23, 2008 CITY COUNCIL HEARING

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CITY OF SANTA CLARITA
CITY COUNCIL MEETING
SEPTEMBER 23, 2008
6:00 P.M.

REPORTED BY: CYNTHIA DOMINIQUE, CSR NO. 13252

1 APPEARANCES :
2 MAYOR BOB KELLAR
3 COUNCILMEMBER FRANK FERRY
4 COUNCILMEMBER LAURIE ENDER
5 COUNCILMEMBER MARSHA McLEAN
6 COUNCILMEMBER LAURENE WESTE
7 KEN PULSKAMP
8 CARL NEWTON
9 JOE MONTEZ
10 LISA WEBBER
11 SHARON SORENSON

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1 SANTA CLARITA, CALIFORNIA, TUESDAY, SEPTEMBER 23, 2008

2 6:00 P.M.

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4 MAYOR KELLAR: We will move to Item No. 10.

5 This is also a public hearing. I'll open the public
6 hearing at this time. This is Master Case 04-325:
7 Henry Mayo Newhall Memorial Hospital Master Plan,
8 Development Agreement And 2008 Revised Draft
9 Environmental Report And Authorization To Modify The
10 Professional Services Agreement With RBF Consulting For
11 Preparation Of The Henry Mayo Memorial Hospital EIR.

12 Mr. Brotzman, I assume we're gonna have what
13 Lisa hands us in your stead, sir?

14 Lisa Webber, please.

15 MS. WEBBER: Thank you, Mayor Kellar and
16 council members. Good evening. Lisa Webber, planning
17 manager of the city's community zone and department.
18 This is a continued public hearing for the proposed
19 Henry Mayo Hospital Master Plan Project. Today you will
20 be receiving a three-part-staff presentation, a
21 presentation for the applicant team, as well as
22 testimony from the public.

23 The focus of tonight's presentation will
24 include an overview of the project's history and recent
25 activities that have occurred with the project. We'll

1 be reviewing the project components, discussing the CEQA
2 process and the findings of the September 2008 Revised
3 Draft Environmental Impact Report. We'll look at the
4 various project alternatives. And the assistant city
5 attorney, Joe Montes, will be discussing the terms of
6 the Development Agreement.

7 The original proposal was submitted by the
8 hospital team in August of 2004. And this original
9 project was proposed in two phases over a 25-year time
10 frame. This proposal added 583,000 square feet of net
11 new square footage of both hospital and medical office
12 space to the campus for a total buildout of
13 approximately 923,000 square feet. As a result of this,
14 a Draft Environmental Impact Report was prepared and was
15 circulated in 2005.

16 In 2006 during the planning commission process,
17 the applicant revised the project, and this was to
18 address planning commission and community concerns at
19 the time. The project was changed to be a three-phase
20 project over a 25-year time frame. And as a result of
21 these project modifications, a revision was necessary to
22 the Draft EIR. This was prepared and recirculated in
23 2006. Later in the planning commission process, the
24 applicant removed the 90,000-square-foot Medical Office
25 Building 4 from the request, and also Medical Office

1 Building 1 was reduced in height from four stories to
2 three stories.

3 In February of 2007, the planning commission
4 took action on this project, and that included a
5 recommendation of approval of the project entitlement, a
6 recommendation of certification of the Environmental
7 Impact Report and the statement of overriding
8 considerations. And at that time, the planning
9 commission denied the Development Agreement request.

10 Prior to the City Council process in June of
11 2007, the applicant removed the remaining components of
12 the buildout phase of the project, and this included an
13 84,000-square-foot inpatient Building B and the
14 113,000-square-foot administration building. Therefore,
15 the current project before the City Council would
16 increase the project to a total of 667,000 square feet
17 which is a 327,000 net square-foot increase over the
18 life of the project. And the life of the project was
19 reduced to 15 years. This total represents a 56 percent
20 decrease from the original project submitted to the City
21 in August of 2004.

22 So to date, two planning commission site tours
23 were conducted in 2005. Seven public hearings were
24 conducted before the planning commission. Two Draft
25 Environmental Impact Reports were prepared and

1 circulated before the planning commission. Five City
2 Council meetings were held in 2007, and two Revised
3 Draft EIRs were prepared and circulated in 2008.

4 During the City Council process in 2007, the
5 Council made a number of comments, and that resulted in
6 some further project revisions by the hospital
7 applicant. In August of 2007, these project revisions
8 were brought to the City Council for their review. Also
9 in September of 2007, the City Council provided some
10 feedback with regard to the terms of the Development
11 Agreement, and that will be discussed later in this
12 presentation.

13 With regard to the project modifications of
14 August 2007, some of the major components included the
15 following: A 15-year Master Plan time frame, the
16 relocation of Medical Office Building 1 further away
17 from the main hospital entrance along McBean Parkway,
18 Parking Structure 4 was redesigned to be a fully
19 subterranean parking structure with surface parking,
20 McBean Parkway realignment option was identified through
21 some additional engineering analysis, and this
22 eliminated any potential for the future need for eminent
23 domain, Medical Office Building 2 was relocated closer
24 to existing MOBF, and this was to address some of the
25 concerns to the residential neighborhood further to the

1 west, and this created a greater buffer, architectural
2 enhancements were added to Medical Office Building 1 and
3 Parking Structure 1, enhanced landscaping was proposed
4 along the project boundaries and outdoor pedestrian
5 amenities were added throughout the campus.

6 Upon reviewing these project modifications,
7 staff determined that additional CEQA analysis was
8 required to fully analyze the impact of the project.
9 And so those additional technical studies and CEQA
10 analysis took place from late 2007 into 2008. These
11 included provisions to the traffic study, air quality
12 and noise study. Additional visual simulations were
13 prepared, and additional esthetic analysis was
14 conducted. There was a discussion added regarding
15 global climate change to the air quality section. A
16 water study and a parking study were both prepared.
17 Sewer and hydrology studies were prepared and new
18 project alternatives were analyzed.

19 In June of this year, a Revised Environmental
20 Impact Report was prepared and circulated from June 26th
21 to August 11 for 45 days. Now, due to a date
22 discrepancy that was identified in the Notice of
23 Completion, Notice of Availability, a decision was made
24 to recirculate this document. But before we did that,
25 we looked to make some further revisions to this

1 document both to adjust some of the calculations in the
2 technical appendices and also to add a more
3 comprehensive analysis of global climate change.

4 So in September of 2008, the Revised Draft EIR
5 was sent out -- recirculated -- for an additional 45
6 days, and that is presently occurring. That started on
7 September 3rd. It will end on October 17th. A list of
8 revisions from the June 2008 document to the September
9 2008 document was included as part of this new September
10 EIR, and that list was also attached to the new Revised
11 Notice of Completion, Notice of Availability that went
12 out to the public and to the agencies.

13 So before the City Council you have a number of
14 items to consider. There is a Master Plan booklet of
15 exhibits which demonstrates the various components of
16 the Master Plan, a Draft Development Agreement, Draft
17 Conditions of Approval and the September 2008 Revised
18 Draft Environmental Impact Report with technical
19 appendices. All of these materials and documents are
20 available on the City's website and have been available
21 at various public locations.

22 Two entitlements are requested by the applicant
23 team. This includes a Master Plan and a Development
24 Agreement. The Master Plan encompasses the expansion of
25 the medical campus over a 15-year time frame. It would

1 encompass building height and greater than the 35-foot
2 threshold established by the City's Unified Development
3 Code. It would allow for the exportation of 93,293
4 square feet -- sorry -- cubic yards of dirt over the
5 life of the project, and it will allow for operation of
6 a helipad.

7 Again, a Development Agreement is requested,
8 and that is currently on appeal to the City Council. I
9 would like to talk a moment about the original
10 conditional use permit that was filed by the applicant
11 which has been removed from the entitlement package.
12 This original CUP was submitted by the applicant as one
13 of the entitlements back in August 2004. And at that
14 point in time, a Master Plan entitlement within our
15 Unified Development Code did not exist. That was
16 subsequently added by the applicant after the January
17 2005 date at which point that became effective.

18 What we have determined, is that the
19 Conditional Use Permit request in addition to the Master
20 Plan request is redundant in nature in that the Master
21 Plan encompasses all of the components originally
22 requested by the Conditional Use Permit. A memorandum
23 which details this further has been included as part of
24 your Agenda Report. It was prepared by the Assistant
25 City Attorney, and that is also available on the City's

1 website.

2 So in summary, the Master Plan components
3 include the following: An inpatient building, three
4 medical office buildings, a central plant building,
5 three aboveground parking structures and one
6 subterranean parking structure, two helipads, traffic
7 improvements and landscaping improvements. Throughout
8 the City Council Hearing process, there has been some
9 questions about the types of services offered within
10 medical office buildings. Staff has found that uses
11 typical in medical office buildings include doctor's
12 offices, outpatient services and care, surgery centers,
13 diagnostic services centers of excellence, imaging, and
14 when associated with a hospital, other non-direct
15 patient care facilities and services, such as, medical
16 records, human resources or administration.

17 Again, to remind the Council, here is an aerial
18 view of the proposed Master Plan followed by a Site
19 Plan. I'm now going to briefly go through the
20 statistics of each of the proposed buildings. The
21 inpatient building located in the central portion of the
22 campus would measure 125,363 square feet and would offer
23 a room for 120 new acute care beds. It would measure 85
24 feet in height to the top of the parapet and 100 feet to
25 the top of the windsock in the elevator shaft. And this

1 building would accommodate a rooftop helipad.

2 Medical Office Building 1 located along McBean
3 Parkway would be three stories in height and measure
4 80,000 square feet. It would measure 45.5 feet to the
5 top of the parapet and 51.5 feet to the top of the
6 screen and the roof access.

7 Medical Office Buildings 2 and 3: Medical
8 Office Building 2 is located in the western portion of
9 the campus along McBean Parkway. Medical Office
10 Building 3 would be located behind that along the
11 western edge of the hospital campus. Both of these
12 buildings would measure 60,000 square feet and be three
13 stories in height. They would be 45.5 feet to the top
14 of the parapet and 51.5 feet to the top of the screen
15 and the roof access.

16 A central plant building measuring 10,000
17 square feet and 26 feet in height would be located in
18 the central portion of the campus adjacent to the
19 inpatient building and would support the functions of
20 the inpatient building.

21 Four parking structures, as I mentioned, are
22 proposed as part of this project. Parking Structure 1
23 would be located along McBean Parkway. This parking
24 structure would be six levels with five levels
25 aboveground. It would accommodate 750 parking spaces

1 and also accommodate a rooftop helipad. It would
2 measure 47 feet in height to the top of the parapet and
3 49.5 feet to the top of the parking lot light and 60
4 feet -- 60.5 feet -- to the top of the screen and roof
5 access.

6 Parking Structure 2 would be located in the
7 northwestern portion of the campus. This would be six
8 levels, five levels aboveground offering 579 parking
9 spaces. It would measure 47 feet in height to the top
10 of the parapet and 49.5 feet to the top of the parking
11 lot light. Parking Structure 2 would connect directly
12 to Parking Structure 3 and be built with a solid wall
13 along the western facade to screen any lights or noise
14 impact to the adjacent residential neighborhood.

15 Parking Structure 3 would be four levels in
16 height, three levels aboveground, 278 parking spaces and
17 27 feet to the height -- in height to the top of the
18 parapet, 30 feet to the top of the light. Again, there
19 would be a solid wall along the western facade.

20 Parking Structure 4 would be located adjacent
21 to the main hospital entrance. It would be three levels
22 with two of those levels as subterranean parking with
23 surface parking at the top, 316 parking spaces in total.
24 Aboveground structures would be limited to an elevator
25 shaft, lighting and stairwell access. Integrated

1 planters would be provided along the surface. And until
2 Parking Structure 4 is needed later in the -- in the
3 phasing, surface parking would be provided and the
4 holiday tree would remain.

5 In addition to those major components of the
6 project, there are eight additional modifications that
7 would be applied as part of the Master Plan. These
8 include the addition of 90 beds in the nursing pavilion,
9 the demolition of the 8,000-square-foot foundation
10 building, the reconfiguration of surface parking for a
11 total of 308 parking spaces, as I mentioned before, the
12 provision of a helipad on both the rooftop of Parking
13 Structure 1 and the inpatient building, the provision of
14 right-turn pockets and the modification of traffic
15 signals along McBean Parkway, the reconfiguration of
16 9,700 square feet of administration space within the
17 existing main hospital building to accommodate 18 new IC
18 beds -- those administration functions would move to
19 Medical Office Building 1 -- the exportation of up to
20 93,293 cubic yards of dirt over the life of the project,
21 and that would be specific to subsurface excavation for
22 the inpatient building and Parking Structures 1 through
23 4, and finally, the dedication of public right-of-way
24 from the center line along McBean Parkway with an
25 additional right-of-way dedication to accommodate a new

1 right-turn lane from McBean Parkway to Orchard Village
2 Road for future McBean Parkway improvements. And this
3 is also part of that McBean Parkway realignment option.

4 Campus parking: Existing parking on the campus
5 totals 972 parking spaces. Code required parking for
6 the project would total 2,190 spaces. And I'd like to
7 be clear that this includes not only the proposed
8 facilities as part of the Master Plan, but it would take
9 all of the existing buildings and facilities on the
10 campus and bring those up to current City Code
11 standards. The Master Plan proposes a total of 2,231
12 spaces, and that would be accommodated in the four
13 parking structures with 1,923 spaces and 308 surface
14 parking spaces. I'd like to also note that no gating of
15 parking structures or paid parking will be permitted as
16 part of this Master Plan. The applicant would need to
17 apply for that point in the future if they chose, and
18 that would require approval of a permit as well as the
19 City Council approval.

20 Helipad operations: I did mention two separate
21 helipads are proposed. The first short-term helipad
22 would be built on the rooftop of Parking Structure 1,
23 and the long-term helipad would be provided on the
24 inpatient building. Both helipads will remain through
25 the life of the project, but only one would be in

1 operation. The only way that Parking Structure 1
2 helipad would become operational again is if there's any
3 major emergency situations or any future construction
4 activities that would include the use of the inpatient
5 building helipad.

6 At this point, I'd like to turn the
7 presentation over to Senior Planner, Sharon Sorenson,
8 who will detail the components of the Draft EIR.

9 MS. SORENSON: Thank you, Lisa.

10 The September 2008 Revised Draft EIR has been
11 prepared to evaluate the environmental impacts
12 associated with the hospital campus Master Plan as
13 required under state law. All 18 environmental sections
14 of the Draft EIR have been updated with current
15 information, and about half of these -- the ones shown
16 in dark gray -- include updated technical studies or
17 analysis.

18 Significant changes include a new parking
19 section addressing existing and proposed parking at the
20 hospital campus. And the air quality section includes
21 discussion of global climate change. The esthetics,
22 light, and glare section now describes the history and
23 character of Valencia as it relates to the project site.
24 It includes a series of photo simulations that depict
25 how the hospital campus would appear when the buildings

1 are constructed and how trees and other plantings would
2 appear at 15- and 25-year intervals from locations along
3 McBean Parkway and from the adjacent residential
4 neighborhood.

5 Parking: To evaluate current parking
6 conditions, field observations were conducted at the
7 hospital campus between the hours of 6:00 a.m. and 8:00
8 p.m. These parking surveys were documented and then
9 analysis of peak-hour parking demand was performed. The
10 study also includes a review of the City's Parking Code
11 requirements for medical office buildings and other
12 hospital related parking and compares that Code to 39
13 other cities.

14 The study found that the Cities' requirements
15 for parking are among the most conservative of the
16 samples surveyed ranking in the top 10 percent. The
17 study concluded that construction of the Master Plan
18 project as proposed would bring all existing buildings
19 into compliance with today's Parking Code requirements
20 and all newly constructed buildings would also comply
21 with the current Code.

22 Traffic: The updated traffic section reflects
23 the findings of a revised traffic study which addresses
24 traffic conditions for both with and without the project
25 using the city/county traffic model forecasting the

1 traffic volumes under both the interim year and the
2 long-range cumulative 20- 30- conditions. With
3 construction of identified streets and intersection
4 improvements, right-of-way dedication along the McBean
5 frontage and payment of B&T fees, all project related
6 traffic impacts can be mitigated to less than
7 significant.

8 Although project related traffic in and of
9 itself does not create significant impact, the project
10 does contribute to long-term cumulative traffic impacts
11 beyond the 15-year project timeline. Cumulative traffic
12 would result in significant delays at the intersections
13 of McBean Parkway and Valencia Boulevard and at McBean
14 Parkway and Orchard Village Road. Today, these two
15 intersections are not included in the Fair Share Program
16 to fund needed improvements.

17 However, an amendment to include them in the
18 Valencia B&T District is currently pending before the
19 County Board of Supervisors. The Master Plan project
20 proposes to dedicate sufficient right-of-way to
21 accommodate needed future street improvements at the
22 intersection of McBean and Orchard Village Road
23 eliminating consideration of eminent domain. If the
24 Valencia B&T District Amendments are adopted as
25 proposed, the project's contribution toward cumulative

1 impacts at these two intersections would be fully
2 mitigated with payment of the increased B&T fee.

3 The air quality study was updated based on the
4 revised traffic study. With mitigation measures
5 applied, mobile and stationary sources of air pollutants
6 would not exceed South-coast Air Quality Management
7 District thresholds. Therefore, project operations
8 would not result in long-term impact to air quality in
9 the Santa Clarita Valley. However, constructions and
10 related activities create particulate matter known as
11 PM10 and PM2.5 or dust which would exceed South-coast's
12 localized significant thresholds. Even with
13 implementation of standard dust control and other
14 mitigation measures, the project as well as cumulative
15 development would result in significant, unavoidable air
16 quality impacts during periods of construction.

17 Global climate change was assessed as part of
18 the revised air quality analysis based on the latest
19 information available from the Governor's Office of
20 Planning and Research. Project level thresholds of
21 greenhouse gas emissions have yet to be established, so
22 evaluating project's effect on global warming is still
23 speculative. However, since vehicle emissions are the
24 biggest generator of greenhouse gas, it is reasonable to
25 assume that by reducing vehicle-miles-traveled, the

1 amount of greenhouse gas emissions would also be
2 reduced.

3 The Draft EIR takes the conservative position
4 that a project of this size would contribute to
5 cumulative greenhouse gas, and that the project's
6 contribution to greenhouse gas emissions from vehicle
7 exhaust are considered to have a significant effect on
8 global climate change.

9 The noise impact for the project was also
10 revised based on the traffic study. Existing noise
11 conditions on site were evaluated as well as
12 project-generated noise both on site and off site
13 including traffic, helipad operations and construction.
14 Of these, only construction related noise impacts would
15 remain significant with implementation of mitigation
16 measures. All other impacts are either already
17 considered less than significant or could be fully
18 mitigated through state regulations or noise standards
19 adopted under the general plan and Municipal Code.

20 Solid waste disposal: Even with compliance of
21 all regulatory and voluntary recycling programs, the
22 amount of solid waste generated by the project as well
23 as for cumulative development would be considered
24 significant since landfill sites are a finite resource.
25 Therefore, impacts from solid waste are considered

1 significant and unavoidable.

2 Collectively, the Draft EIR concludes that
3 unavoidable significant impacts would occur as a result
4 of the project in the following five areas:

5 Construction related air quality for both the project
6 and cumulative developments, construction related noise,
7 cumulative global climate change, long-range year 20-
8 30- traffic at two intersections and both project
9 related and cumulative solid waste disposal.

10 If the City Council wishes to approve the
11 project as proposed, statements of overriding
12 consideration would need to be adopted for each
13 significant impact. As required under CEQA, in addition
14 to the no-project alternative, a range of reasonable
15 alternatives which feasibly attained most of the project
16 objectives were analyzed. The alternatives analyzed in
17 the Draft EIR include: The no project/no development
18 alternative, meaning no change to the existing hospital
19 campus, the inpatient building alternative where no
20 medical office buildings would be constructed, the
21 Medical Office 1 and 2 plus inpatient building
22 alternative and the reduced height alternative, which
23 includes all three medical office buildings plus the
24 70-foot-high inpatient building rather than the
25 85-foot-high building that's proposed.

1 The Draft EIR concludes that after the
2 no-project alternative, Alternative 2, the MOB1 and 2
3 plus inpatient building would be the environmentally
4 superior alternative primarily due to the reduced number
5 of vehicle trips associated with one less medical office
6 building. It should be noted that Alternative 3, the
7 reduced height alternative, has similar impacts as the
8 proposed project. However, because the square footage
9 of the inpatient building would be slightly increased,
10 traffic volumes associated with the project would also
11 slightly increase.

12 The EIR schedule: As Lisa mentioned, we're
13 currently within a 45-day proposed review period that
14 will end on October 17th, 2008. And copies of the EIR,
15 technical appendices, Master Plan, Development
16 Agreement, Conditions of Approval are all available at
17 City Hall, at the Valencia, Newhall and Canyon Country
18 Libraires and on the City's website. Written comments
19 on the Draft EIR must be received by 5:00 p.m. on
20 October 17th in order to be included in the final EIR.

21 CEQA process and next steps: Staff and the EIR
22 consultant, Colette Morris, with RBF Consultants will
23 prepare written responses to the comments received and
24 to the oral comments received during the hearing this
25 evening. And this item will be turned to the Council,

1 the final EIR, in November 2008. The final EIR will
2 include responses to the environmental comments
3 received, any document changes due to public input and
4 the mitigation monitoring and reported programming.

5 MR. MONTES: Mr. Mayor, members of the City
6 Council, we've heard a little bit about the EIR which is
7 the environmental document that analyzes the impacts of
8 the project. We've talked briefly about the Master
9 Planning conditions of approval. Master Planning
10 conditions of approval are the overarching planning
11 documents that are similar in nature to a conditional
12 use permit that set forth the comprehensive plan for
13 expansion of the site.

14 Now, we're gonna talk about the Development
15 Agreement. The Development Agreement insures which
16 rules and standards are going to apply over the 15-year
17 life of the Development Agreement in exchange for
18 certain benefits to be provided to the City. Currently
19 as indicated, the Development Agreement is on appeal
20 from the Planning Commission under your Code following
21 the denial of a -- following an appeal of a denial of a
22 Planning Commission's decision on a Development
23 Agreement.

24 The City Council may approve, modify or
25 disapprove the Development Agreement, so we're gonna

1 start with what modifications have been made to the
2 Development Agreement since last we met. We discussed
3 this back in September of last year.

4 First, in the recital portion of the document,
5 we have some minor revisions. We've clarified some of
6 the square footages that are listed. Some of the
7 defined terms have changed. We had current
8 "construction" identifying certain facilities on the
9 campus, and those have now been changed to
10 "constructed." We've eliminated the CUP reference for
11 the reasons that were stated earlier, and we've added
12 height limits to Exhibit E. And the height limits are
13 also, I think, set forth in the Master Plan.

14 On the Timing of Construction Table -- we have
15 that table in the middle of the Development Agreement --
16 we've broken the traffic improvements that have to be
17 made into two exhibits, Exhibit F and Exhibit K. And
18 we'll talk about those in a little bit. MOB3, the
19 requirements have been broken into both building permit
20 associated requirements and certificate of occupancy
21 associated with the requirements. And it's just a
22 function of the fact that we had several requirements
23 tied to building permit and several tied to the CMO.

24 And with regard to MOB3, we've also added a
25 requirement for construction of the foundation and

1 vertical steel for the inpatient building as a condition
2 of -- condition of issuance of the MOB3 building permit.
3 We've filled in the section that was blank last time
4 dealing with McBean Parkway. It now requires dedication
5 of certain frontage along the project. There's
6 construction of realignment improvements that have to be
7 built, and those are identified in Exhibit K.

8 There's payment of \$500,000 for the cost of
9 future realignment project. That's due within five
10 years of the effective date of the Agreement. B&T fee
11 credits are identified only for specific improvements,
12 if they end up being in the B&T fee program. So it's
13 not for all of the improvements. And we've clarified
14 that no residential eminent domain for traffic
15 improvements will be needed. The exhibits have been
16 included at this time. We've got the site maps in
17 there. Again, as I said, the traffic improvements have
18 been broken into the EIR traffic improvements -- those
19 are in Exhibit F -- and the realignment required traffic
20 improvements in Exhibit K.

21 We've also added the parking exhibit which
22 outlines the required parking as well as the McBean
23 frontage design exhibits. So what I'd like to do, now,
24 is walk you through the Agreement like we did last time,
25 just so everybody's familiar with roughly what the

1 sections are.

2 Again, the first part of the Agreement deals
3 with recitals, and it just describes the setting and the
4 reasons for entering into the Development Agreement.
5 When we get into numbered sections, Section 1 through 3
6 are boilerplate paragraphs dealing with the relationship
7 between the City and the developer. Section 4 deals
8 with development issues, which rules are going to apply
9 to the developer, how we would process amendments to the
10 Agreement. There's still no obligation to develop the
11 project. The timing of the Construction Table is
12 included prior to left column. The right column must be
13 accomplished. And there are different benchmarks for
14 MOB1, MOB2, MOB3 and the inpatient building.

15 And we also talk about parking requirements as
16 well the centers of excellence discussion. In Section
17 5, we talk about restrictions on the use of the various
18 buildings as well as the TCU contribution of \$250,000
19 that has to be made. Section 6 deals with the process
20 that the developer would have to go through if they
21 wanted to have pay- or gated parking on the property
22 other than the gated parking that exists right now.
23 Section 7 deals with dedications, the B&T fee program,
24 McBean Parkway and the eminent domain restriction we
25 mentioned previously.

1 Section 8 is essentially boilerplate language
2 dealing with process and cooperation between the City
3 and the developer. Section 9 identifies the term in 15
4 years now. And then Sections 10 through 32 include
5 various boilerplate sections regarding the remedies for
6 breach, what constitutes a default, certain defense
7 indemnity obligations that the developer has with
8 respect to any challenges to the project as well as
9 paragraphs defining how certain things in the Agreement
10 will be interpreted.

11 Finally, the Exhibits A and B are the legal
12 description. Exhibit C is a map of the property.
13 Exhibit D depicts the existing improvements. Exhibit E
14 are the improvements to be built under the Master Plan.
15 Exhibit F are the EIR required traffic improvements.
16 Exhibit G is the City-required parking table. Exhibit H
17 is the language for the right of first offer. That has
18 to be extended to the hospital by G&L for any leases of
19 the buildings. Exhibit I, same thing, except for sale
20 of the buildings. Exhibit K defines what the
21 realignment improvements are that have to be built by
22 the applicant. And Exhibit L is a map of the frontage
23 design plan as it stands now. With that, I'll turn it
24 over to Lisa.

25 MS. WEBBER: Mayor and Council Members, the

1 recommended action before you this evening is twofold.
2 The first is to authorize the City Manager to extend and
3 increase the contract with RBF Consulting, our EIR
4 consultant, for the preparation of the Revised
5 Environmental Impact Report with all costs borne by the
6 project applicant.

7 The second component is to receive our staff
8 report, the applicant -- applicant presentation and
9 public testimony, provide direction, if any, to staff
10 and continue the Public Hearing this evening to a
11 special meeting of the City Council to be held on
12 November 19th, 2008. I'd also like to note that we have
13 a number of resources in the audience this evening. The
14 City's EIR consultant, RBF Consulting, is here, and a
15 number of the sub consultants including traffic, water
16 and parking are also available if the Council has any
17 questions. Thank you.

18 MAYOR KELLAR: Thank you, Lisa.

19 Council, are there any questions for staff
20 before we move forward? Okay. The applicant has a
21 30-minute period to present their project to us. And,
22 Roger Seaver we have is the first person forward
23 followed by Craig (sic) Peters followed by
24 Mr. Jim Barber. I believe, the three of you will be
25 utilizing a half-hour period.

1 MR. SEEVER: Yes. That's correct. Thank you.

2 MAYOR KELLAR: Thank you, sir.

3 MR. SEEVER: Mayor, Members of Council, I'm
4 pleased to be here tonight to continue the review
5 process on a very important investment in this
6 community. Before I begin, I want to just highlight the
7 two gentlemen that will be joining in this presentation,
8 Mr. Craig Peters, serves as vice-chairman of the Board
9 of Directors and chair of our Facilities Development
10 Committee at the hospital. And Mr. Jim Barber, who I'm
11 privileged to have here tonight, is president of the
12 Hospital Association of Southern California, an
13 organization that represents in the six-county area over
14 150 hospitals to give his perspective to the health care
15 delivery system.

16 Our Master Plan, I think, is most important,
17 the largest investment in health care delivery in the
18 Santa Clarita Valley. I think we sometimes lose sight
19 of the importance of health care delivery in all of the
20 details of this plan, but I want to bring us back to the
21 real need for expansion of health care delivery. This
22 Master Plan promises to bring forth 125,000 square feet
23 of new hospital inpatient services. That's a critical
24 resource in our very near future. With the current
25 capacity of our hospital and our existing demand, we

1 will be at full capacity in less than three years.
2 Choices will have to be made by citizens of this
3 community and the health care providers on where that
4 health care's gonna be provided outside of this valley.
5 There is no other source.

6 The Master Plan also has a very important
7 element of over 200,000 square feet that will be
8 dedicated to outpatient services, being physician
9 offices -- with the recruitment and retention of new
10 physicians -- outpatient services or hospital support
11 services. All critical to the development of health
12 care delivery here.

13 The helipad, at this time, as it's incorporated
14 in the Master Plan, is a critical resource that needs to
15 be brought back on line to make sure that our existing
16 trauma center remains in this community. It's a
17 required element to be in the trauma system of
18 Los Angeles County we're not currently meeting. We do
19 need to bring that back into service. Of course, the
20 important infrastructure to serve the campus, convenient
21 parking -- I might add and re-emphasize -- exceeding the
22 Code for all parking on the campus will be a benefit of
23 this Master Plan. And, of course, the required
24 mitigation that will occur on street improvements will
25 also be an enhancement to the community.

1 Over the course of discussion of this Master
2 Plan, we've been asked to modify several elements.
3 We've scaled back medical buildings by nearly 30
4 percent. We reduced the medical office building on
5 McBean Parkway from four stories to three stories.
6 We've enhanced the architecture on all buildings to
7 reflect the look of Valencia. And we've increased our
8 parking to surpass current Codes that put us in the top
9 10 percent of all cities in southern California. We've
10 reduced the massing, improved the esthetics on all
11 McBean facing parking structures by creating at least
12 one subterranean parking level. We've reduced the total
13 plan square footage by over 56 percent. We've reduced
14 the plan from 25 to 15 years. Probably, the most
15 challenging element that we've been faced with is the
16 concern that it's all about medical buildings and not
17 about the hospital.

18 You've just heard in the Development Agreement
19 where our guarantee that before a building permit on the
20 second medical building can be issued, that the hospital
21 will have to submit its plans to the state of
22 California. Not a small investment.

23 Multi-million-dollar development of hospital
24 plans will occur before a building permit before the
25 second medical building can be issued. And, finally, on

1 the third building, the foundation of the hospital
2 building and steel in the air -- a defined term in the
3 Development Agreement -- will be required before Medical
4 Office Building 3 can be issued. Both of these items
5 give you the guarantee that this is not just about
6 medical buildings. This is about health care delivery
7 including a major expansion to the hospital.

8 I might add that in the Development Agreement,
9 it's important to note that in the control of all
10 medical office building use, the hospital remains in
11 control either through the granting of privileges to
12 physicians on the staff or for services that the
13 hospital might approve as complimentary to the hospital
14 or to use those facilities for the hospital itself. In
15 addition to that, we, of course, have the right of first
16 refusal to release any of the space. And we also have
17 the right of first refusal to acquire the property if it
18 becomes available in the future.

19 Further guarantees on health care delivery: An
20 increase in intensive care beds by 50 percent, a new
21 labor and maternity unit -- all private -- labor,
22 delivery and postpartum and postsurgical care beds and
23 dedicated operating rooms for women's services, a new
24 service to the Santa Clarita Valley, a neonatal
25 intensive care unit, increase of normal operating rooms

1 by a minimum of 50 percent in the main hospital and
2 private rooms for all types of care in the addition.

3 The further guarantees and the commitments in
4 the Development Agreement include: The replacement and
5 added capability of skills labs that will be used for
6 professional and community health education, our
7 commitment for a direct payment of \$500,000 to the City
8 for the future realignment of McBean Parkway across the
9 frontage of the hospital campus, and, of course, not to
10 be left out of this, a very important element of
11 expanding health care delivery in the Santa Clarita
12 Valley is, that we will be an employer of more long-term
13 and high-wage jobs here in the Santa Clarita Valley for
14 many of the residents and for the attraction of new
15 residents.

16 And very important, as we look past over the
17 year or so since we've been here, that improving our
18 readiness for emergency services is not an insignificant
19 matter. A full house, a full emergency room, at no
20 capacity is not where you want to have a community
21 disaster. In addition to the helipad that helps retain
22 our trauma center and the expansion of beds, we're also
23 a regional disaster resource center, part of the
24 Los Angeles County network. And all of this investment
25 will make sure that stays in place. I'd like to ask

1 Craig to come forward.

2 MR. PETERS: Good evening. I'm Craig Peters.
3 In addition to being vice-chair of the Board, I'm a
4 resident of our city, and I've spent most of my waking
5 moments specializing in commercial real estate here in
6 the Santa Clarita Valley. I've been in front of the
7 Council and Planning Commission over many years on
8 different projects. And this just -- this is not just
9 another development. This is a vital and urgent project
10 that protects the lives of residents in our community.

11 It's probably the most important issue that's
12 come before our city during its history. You all know
13 that we're not for profit, so we reinvest every dime we
14 make whether it's through philanthropy, whether it's
15 through earnings, whether it's money we save back in
16 health care in our community. And we look to our
17 community members to help us raise money, so many of us
18 are active in raising money for the hospital.

19 One of the things about what hospitals do is,
20 they've learned over the years that medical office
21 buildings aren't part of their poor competency, so they
22 rely upon private developers -- private investors -- to
23 go and help them provide that critical space for the
24 operation of a health care system.

25 So let's spend a minute talking about medical

1 office buildings and the state of the market. As I have
2 mentioned before, we have a huge supply and demand
3 imbalance here. Currently, our vacancy rate has dropped
4 to about 2.12 percent which represents 18,000 square
5 feet of space available in the entire Santa Clarita
6 Valley. Since I last spoke on this issue 15 months ago,
7 that's a drop of 24 percent, so the vacancy continues to
8 come down for medical office building space. Largest
9 available space today is only 6,200 square feet. That's
10 a very small space. As a matter of fact, tomorrow,
11 we'll sign -- on the other side of the transaction -- a
12 22,000-square-foot deal with a medical office building
13 user that's being forced to go to a retail center in
14 order to accommodate their demand because the retail
15 center is the only one with parking. That should have
16 been a user of the medical office building campus.

17 Currently, if we look at the demand in the
18 market, we have over 58,000 square feet of deals we've
19 completed this year, another 53,000 square feet of users
20 actively looking, but can't find space. So the demand
21 for medical office space in this area is extraordinary,
22 and we have very little supply. Mayor Kellar, earlier
23 today, spoke at the economic development luncheon about
24 how our population will double over the next 20 years.
25 Well, our need for medical office space is going to

1 double over that time as well.

2 And if you look at the square footage being
3 proposed for the hospital campus, 15 years from now,
4 that will represent about 9 percent of the medical
5 office building space in the Santa Clarita Valley. So
6 the opponents of this project for awhile have said,
7 well, not all of the medical office space needs to be on
8 campus. Well, they're right. And we're talking about
9 less than 10 percent being on the hospital campus for
10 our physicians, our specialists, our centers of
11 excellence.

12 Why do physicians need to be near the hospital
13 anyway? Let's think about that for a second. Can't
14 they just drive over from their off-campus offices?
15 Well, we want to supplement our current physicians with
16 the best and brightest young physicians -- young
17 specialists -- looking for space. We want to be able to
18 attract them in a great amenity by allowing them to
19 practice in an efficient environment.

20 If we think about off-campus alternatives,
21 about the best we can do in this area is maybe ten
22 minutes away with our traffic signals. It's not like
23 they're gonna work from across the street or something
24 like that. If they're ten minutes away, and they make
25 two back and forth trips each day to the hospital,

1 you're talking about wasted hours of 173 hours in a
2 year. That's not a great attractor for the physicians
3 that we're looking to help supplement what we have here
4 today.

5 Why G&L? I've heard comments from a handful
6 regarding the killing that the hospital's redevelopment
7 partners is going to make on this transaction. Those
8 comments clearly come from individuals whose never done
9 speculative development. To them, I would offer to try
10 financing spec development -- construction of any type
11 of development on a insubordinate ground lease. If
12 they're still standing after that experience, they can
13 come back and express their expert opinions on
14 development profits. Keep in mind, the developer in
15 today's market is making between a 8 percent and a 8 1/2
16 percent return on cost.

17 When you think about G&L, we're asking them --
18 they've agreed to invest over a hundred million dollars
19 in our community to provide a critical need that we have
20 in the Santa Clarita Valley to provide spaces for our
21 physicians to quickly access the hospital. They're
22 gonna provide a hundred million dollars. We have shared
23 with you the benefits of MOB1 and MOB2. And I know that
24 there's been a lot of discussion about centers of
25 excellence. Well, I think you've all learned what

1 centers of excellence are or the process.

2 I know there are a lot of doubters thinking
3 that that's a term we crafted in order to justify
4 medical office space. Well, it's not. If you Google
5 centers of excellence -- medical centers of
6 excellence -- you'll get a little over 1.2 million on
7 Google. And the great definition of it, the term
8 "center of excellence" in health care is an accolade
9 given to specialized programs that excel in cutting-edge
10 technology, a proven team of highly experienced medical
11 professionals, successful patient outcomes and community
12 outreach to address and identify community health need.

13 Well, that's a pretty good goal and vision for
14 us to have. And, fortunately, through a lot of hard
15 work and a lot of philanthropy, we've been able to
16 establish one with the Breast Imaging Center. And in
17 our future, we hope to be able to have others, such as,
18 spine and cancer and cardiac, joint replacement, and
19 women's health. That's a great goal to have. That's
20 something that I, personally, would like to help see
21 fill our medical office buildings on campus.

22 I want to spend a minute talking about the
23 volunteers that are on the board with me. I have had to
24 sit through many meetings hearing some say that there's
25 no commitment to build a hospital. And you know many of

1 our board members, and each will tell you their
2 commitment to build. Sure. There are risks: Capital,
3 campaign success, financing market, state approval,
4 litigation delays. But each of our board members, to a
5 person, will tell you their commitment to expand to meet
6 the needs of the community.

7 The commitment is further illustrated by the 27
8 acute care beds we're currently adding. And the
9 commitment is shown by the decision to Dick Roger and
10 his staff and the rest of the administration out, end of
11 foundation, put them into trailers in offset locations,
12 so we can go ahead and get started on our new ICU and
13 following that our new NICU.

14 In closing my portion of the presentation, I
15 just ask you to listen to the experts. A handful of
16 opponents offer opinions based on their experiences:
17 Community activists, note brokers, attorneys and
18 mortgage brokers. By comparison, you have the foremost
19 experts in health care in the Santa Clarita Valley
20 telling you what the needs of the community are. And
21 you have one of the foremost experts in commercial real
22 estate telling you about the huge supply and demand
23 imbalance that exists for medical office building space,
24 the critical need for new supply and the extraordinary
25 challenges that exist for new medical office building

1 development today.

2 Just like you wouldn't allow mortgage brokers
3 to perform neurosurgery, you shouldn't listen to
4 nonexperts when it comes to setting the course of our
5 health care future in the Santa Clarita Valley. Look at
6 who supports this plan, look at the needs of our
7 community and help us move forward to meet those needs.

8 Jim.

9 MR. BARBER: Good evening. I've been an
10 observer of hospitals and health care for over 30 years
11 now. And the environment that we are now in is more
12 difficult and more uncertain for hospitals than I have
13 seen in the last 30 years. Demand and needs are
14 increasing, but hospital capacity is actually going
15 down. In LA County, 15 hospitals have closed in the
16 last five years. Five additional ERs have closed, and
17 these are not all in poor inner-city areas. 33
18 hospitals have changed ownership in the last five years.
19 And physicians are moving out of our state for a lower
20 cost of living and better compensation.

21 So the point here is that poor reimbursement
22 from government sources, indigent case loads, staff
23 shortages, cost inflation, all are coming together to
24 make this, kind of, a make-or-break era for hospitals.
25 So in my opinion, it takes four things for a hospital to

1 do well in hard times, and even then, there's no
2 guarantee.

3 One: If you can, you must aggressively invest
4 in facilities, technology and personnel, work in a new
5 age of transparency of quality of patient service.
6 Hospitals that demonstrate better value will distance
7 themselves from those that don't. The gap between
8 winners and losers will happen quickly, too quickly, I
9 think, to delay decisions that maintain your edge.

10 If maintaining the hospital's edge is what
11 we're talking about here tonight -- if you believe
12 that -- then the window of opportunity is certainly now.

13 Two: You need a medical staff that is
14 absolutely committed to quality and bringing new blood
15 into the community. It's critical that you keep
16 attracting quality physicians to your community.
17 Quality physicians are in high demand everywhere. If
18 you don't have office space and ancillary services and
19 technology, there are many other places that they can go
20 practice. And here's the key point here: The
21 deterioration of a medical community is almost
22 imperceptible, but when it's gone, it's very difficult
23 and very expensive to replace it.

24 Three: Having a good hospital is not enough.
25 The future belongs to organizations that can put

1 together an integrated delivery system. You have to
2 create a medical campus, a destination place where
3 people can get as many services as possible. The
4 hospital edifice represented by the traditional
5 multi-story nursing tower is a big piece of the medical
6 landscape, but by no means is it the only piece. You
7 also have to have that medical office space and
8 outpatient facilities to complete the picture and have
9 them connected together for good communication and
10 efficiency.

11 Here's the point, here. Stopping short of
12 creating an integrated system, I believe, is a mistake.

13 And four: The community has to rally around
14 the hospital and support growth and health care
15 services. Your community is also in competition to
16 attract the best and the brightest. Positive examples
17 of this include Huntington Memorial in Pasadena,
18 Providence in Burbank, Hogue in Newport Beach,
19 Los Robles in Thousand Oaks and others. These
20 communities are supporting their hospitals, and that's
21 the company you want to be in. The communities taking
22 more laissez-faire approach to development or pushing
23 decision off are actually losing ground as we speak.

24 So in conclusion, if you want the hospital to
25 stay independent, if you want citizens to get high

1 quality health care in your own community, if you want
2 to be attractive to physicians, nurses and other staff,
3 then in my opinion, I would strongly suggest moving
4 forward with this Master Plan. Thank you.

5 MAYOR KELLAR: Thank you, sir. I want to thank
6 our three speakers now: Roger Seaver, Craig Peters and
7 Jim Barton. Thank you very much. Oh, I'm sorry.

8 MR. SEAVER: I'll just take one minute in
9 closing. Thank you very much. I do appreciate both
10 Craig and Jim's comments here tonight. I think they
11 were very relevant to our community and to our hospital.
12 I'd just like to always keep in mind that this is a
13 local community hospital. Decisions are made here. And
14 that we are the only hospital, now, and in the
15 foreseeable future. I think we have the right plan for
16 the right hospital at the right time. I encourage your
17 deliberations tonight and to move forward to the
18 November meeting to conclude this approval process.
19 Thank you.

20 MAYOR KELLAR: Thank you, Roger.

21 Council, we've got -- I'm gonna approximate --
22 approaching 20 cards in support that we'll move forward
23 with. Okay. We'll proceed. Our first speaker will be
24 Mr. John Barstis. Next speaker will be Jodi Monte Leone
25 followed by Linda Hafizi. Doctor Barstis.

1 DR. JOHN BARSTIS: I'm John Barstis. I'm the
2 medical director of the UCLA Cancer Center here in Santa
3 Clarita. I've been a member of the medical staff here
4 for 25 years. I think I can be described as one of the
5 architects of cancer care in the Santa Clarita Valley.
6 I think people that know me would say that I've just
7 fought as hard as I can to make cancer care as good as
8 possible in this community to bring in new doctors, to
9 open up our medical staff and to try to have quality of
10 care that this community deserves.

11 I've been on the board of the hospital. I've
12 been on the Medical Executive Committee. I've had most
13 of the positions you can have. I think this is the
14 fourth time I've spoken to this -- to this committee,
15 including the Planning Commission, and I think that it's
16 really important tonight that the City Council
17 understand the magnitude of what you're doing. We're
18 not talking about a shopping mall, here. We're talking
19 about a hospital. And I think they eyes of southern
20 California are on you. I think you need to be decisive
21 and think of the big picture and realize what you're
22 talking about here.

23 You have to help this hospital thrive. This is
24 an amazing community that's grown. It has a very high
25 quality population of people who are also very demanding

1 and want very, very, very good medical care. We can't
2 have that. You're not gonna get it if you pinch the
3 hospital in this situation. I find that this process
4 has been -- for all of us involved with the hospital --
5 has been very diverting. It's taken us away from the
6 process of trying to provide health care. It's been
7 very expensive. And I, frankly, am baffled at some of
8 the things that have gone on here. So I really hope
9 that you're going to be paying attention to the big
10 picture and realize that we're talking about things like
11 the heliport. It's so easy for our freeway to be closed
12 off here, and we can't get people out of here. So why
13 are we having any discussion about whether the heliport
14 exists or not?

15 The medical office buildings are not simply to
16 try to have some commercial enterprise. They're for the
17 hospital to move administration out, so we can have more
18 ICU beds and more hospital beds, and we can have better
19 cancer care. But then many of us as leading doctors in
20 the community would come here and talk to you repeatedly
21 about the need for that. So I just would encourage you
22 to look at the big picture here and realize that the
23 eyes of southern California are on you. Thank you.

24 MAYOR KELLAR: Thank you. If I may, your
25 reputation precedes you in this community. You have

OT1

1 done a remarkable job. Thank you very much, sir.

2 Our next speaker is Jodi Monte Leone followed
3 by Linda Hafizi.

4 JODI MONTE LEON: My name is Jodi Monte Leone,
5 and I've lived and worked in the Santa Clarita Valley
6 for 29 years. However, I do remember a time prior to
7 Henry Mayo Hospital being here, because a friend of mine
8 died at the old Golden Triangle Hospital site in 1971.
9 They said they were not equipped to deal with the trauma
10 of his car accident. I feel qualified to speak about
11 Henry Mayo because I had three babies born there, three
12 C-sections -- two of them emergency -- and a
13 miscarriage. And over the years, I've made numerous
14 trips to the emergency room with my children and their
15 sports injuries.

16 In addition, this past year, I spent 40 days
17 and nights at the hospital. On November 3rd, I went to
18 the emergency room with severe abdominal pain. I walked
19 in the door at 11:00 o'clock a.m., but couldn't get a
20 hospital room until 9:00 p.m. After two emergency
21 operations, I spent approximately two weeks on a
22 ventilator in ICU. My surgeon told my husband that I
23 had a 20 percent chance of surviving. Thanks to the
24 excellent care I've received from specialists for almost
25 every organ and countless wonderful nurses, I survived.

OT2

1 Fortunately, a neighborhood hospital was
2 available to me, close enough for my husband or children
3 to visit daily. The new hospital wing will add up to
4 120 much needed beds resulting in greater access to care
5 and more private rooms. Approval of the Master Plan
6 will assure that local residents will continue to have
7 local access to their increasing health care needs and
8 that fewer people will have to travel out of the area
9 for care.

10 I understand that there are people who do not
11 want growth in what they consider their backyards. But
12 Henry Mayo preceded most of the homes in its immediate
13 vicinity, and anyone moving in nearby had to know that
14 hospitals need to expand as communities expand. I used
15 to live right behind the Methodist Church and still live
16 less than a mile from the hospital. I occasionally
17 heard helicopters landing at the hospital, but was very
18 grateful that medical care was being speedily expedited
19 for my neighbors in need. Henry Mayo is the only Trauma
20 Center in the Santa Clarita Valley. And the heliport
21 included in the Master Plan is required in order for the
22 hospital to retain this important designation which
23 benefits all of us.

24 Henry Mayo's expansion is being designed to not
25 only meet all environmental requirements, but to balance

OT2

1 the need for growth with neighborhood quality of life
2 issues, such as, noise, traffic and lighting. It's not
3 the hospital's fault that everyone in Valencia needs to
4 turn left at Orchard Village at least once a day. I
5 know, because I work at Placerita and turn left there
6 daily.

7 The overwhelming majority of community's
8 residents along with the medical staff of the hospital,
9 itself, supports this project because they know it is
10 good for the community and will enhance both quality and
11 accessibility of care. I strongly urge you to support
12 Henry Mayo's Master Plan for the betterment of the city
13 of Santa Clarita. Thank you.

14 MAYOR KELLAR: Thank you. Our next speaker is
15 Linda Hafizi followed by Dr. David Henry. And our
16 speakers, if I may invite you to, kind of, give you a
17 heads up, maybe, come up here to the front row. It will
18 help us expedite our public participation portion.

19 Linda Hafizi, are you out there?

20 Dr. Henry? Steven Colf followed by
21 Nick Tusso -- Dr. Tusso.

22 STEVE COLF: Hi. My name is Steve Colf. Mary
23 Ann, my wife, and I have lived in the Santa Clarita
24 Valley for about 42 years now, and so we go back to
25 Golden State Hospital and come forward to watching Henry

OT2

OT3

1 Mayo built. And I can tell you that I'm standing at
2 this podium tonight to talk to you because Henry Mayo
3 saved my life.

4 I had a surgery at another hospital -- a cancer
5 hospital -- there was a complication, paramedics got me
6 to Henry Mayo. And they saved my life. It's that
7 simple. I can tell you that I have a family member
8 that's 95 years old, and she has spent several nights in
9 the emergency room because there wasn't a hospital bed
10 available for her. When Roger and the rest of the staff
11 talks about the need for hospital beds, it is real. And
12 we have experienced it. My family has experienced it.
13 My wife, Mary Ann, has had a couple surgeries at Henry
14 Mayo Hospital, and its been superb. The care has been
15 superb. No complaints about anything at the hospital
16 except that their under bedded, and they need more beds.
17 That's why we need this growth.

18 The recent train tragedy in Chatsworth pointed
19 out the need for our helipad. I remember I was down in
20 the Valley when I heard about the accident, and I was
21 driving home. I'm thinking, we're not gonna get --
22 we're not going to be able to be a part of this rescue
23 because we don't have a helipad. We need to get that
24 helipad back, and we need to get it back right away. I
25 would also like to add to -- I think it was Jodi that

OT3

1 brought up the point of the noise. Every time we hear
2 the plop, plop, plop of the helicopter or siren, if we
3 can remember that's one of our neighbors whose life is
4 being saved or whose getting the medical care they need,
5 all of a sudden, the noise isn't troublesome.

6 When Mary Ann and I lived for a year over here
7 at -- behind Graduate Square, we heard it all the time.
8 The helipad was in operation at that time. And we used
9 to remark to each other, "Aren't we lucky to have that?"
10 And I've heard the experts tell you, and I can tell you
11 that from the business I retired from where we were
12 suppliers to the health care industry, when they talk to
13 you about the need for having a campus and a coordinated
14 effort of office building and spaces for the doctors and
15 so forth, that is correct. That is what we saw
16 constantly as suppliers to the hospital, the need for
17 that. The hospitals that didn't have that, ultimately,
18 failed and left the community.

19 I urge this Council for the courage to move
20 forward and make this decision promptly and remove
21 whatever bureaucratic roadblocks we can to get the
22 shovels in the ground and get the buildings up and the
23 beds the community needs. Thank you.

24 MAYOR KELLAR: Thank you, Steve.

25 Dr. Tusso followed by Wayne Crawford followed by

OT3

1 Glenn Debatos.

2 Dr. Tusso.

3 UNIDENTIFIED FEMALE: We apologize --

4 MAYOR KELLAR: No apologies necessary. We
5 understand. Thank you.

6 Wayne Crawford, is he out there? Mr. Crawford.

7 WAYNE CRAWFORD: Mayor Kellar, members of
8 Council, I'm gonna be really brief. We've had about
9 four years, five years -- I don't know how long --
10 reviewing this process. The first thing I'm gonna do,
11 I'm going to thank the staff and Lisa. That
12 presentation tonight was fantastic. I also want to make
13 a comment that Lisa was very accurate in pointing out
14 all of the compromises -- let's call them
15 improvements -- that have been made over these four
16 years by the City and by the hospital applicant.

17 And I think that it's fantastic where we are
18 today, but it is a long process, and it's time for it to
19 end. There's no other project that's ever been built in
20 the Santa Clarita Valley -- and I mean, none -- that's
21 had this kind of scrutiny or had this many obstacles.
22 I'm gonna call them obstacles. Put it this way, I think
23 it's time for all this to come together now. We've got
24 a great project. Almost all the things that some of the
25 people who didn't like the project objected to have been

OT4

1 corrected. So it's time to get -- get the EIR thing --
2 get this approved, and let's get building a hospital.
3 Thank you.

4 MAYOR KELLAR: Thank you, Wayne. Next speaker
5 is Mr. Debatos, will be followed Sue Walroth.

6 GLENN DEBATOS: Good evening. My name's Glenn
7 Debatos, and I'm a physical therapist. My family moved
8 to Valencia from Kansas City in 1997. We chose this
9 valley for two reasons: Safe environment, proximity to
10 good health care. My family -- like most of us in this
11 room -- are percipients to the health care services from
12 Henry Mayo. My wife underwent surgery at Henry Mayo, so
13 did my mother. And they save the life of my
14 father-in-law while here on vacation from the
15 Philippines. In 2002, I joined Henry Mayo as director
16 of rehabilitation services and reopened the outpatient
17 physical therapy clinic. I believe the hospital-based
18 physical therapy clinics provide important services to
19 the community by setting the highest standards of care
20 that other clinics in the community will follow.

21 Besides, we provide more types of treatment for
22 a variety of diagnosis in these corridors than anyone
23 else in the Santa Clarita Valley. Also, I'm the program
24 director of RP, rehabilitation program, located in the
25 hospital's pavilion building. Our outpatient physical

OT4

OT5

1 therapy service is located in the medical office
2 building about 50 yards from the pavilion. If you've
3 ever had a loved one that's had a stroke, you can relate
4 to what I'm about to say. You know how valuable it is
5 to have speech therapists who can help you bring back
6 your will to swallow and talk, physical therapists to
7 help you regain your ability to walk and pick up your
8 grandchild and occupational therapists to help you be
9 able to shower or feed yourself without help. Our
10 clinic's the only place that provides all three
11 disciplines, full time, in one location in the entire
12 valley.

13 We work together to make it happen, and we're
14 very proud to bring the service. Right now, next to our
15 office, which is the medical office building, our
16 neurosurgeons are very well respected and known to have
17 saved lives in this community. They send their patients
18 to us. Also, there are doctors throughout our campus at
19 Henry Mayo that is sending patients to us and our
20 laboratory.

21 This close proximity of specialists is very
22 good for our physician relations and convenient for our
23 patients and their families. I can say from my own
24 experience that this means better health care for you
25 and your family. I've sure a few of those people in

OT5

1 this room have been to our clinic and experienced that.
2 Because my wife works -- sorry. My staff works in the
3 premier medical campus in the Santa Clarita Valley. No
4 other medical campus can make this claim. We only want
5 to give you the best care, and I feel my staff and the
6 doctors we work with do give you the best care.

7 Please remember that the medical office
8 buildings are not just buildings that are brick and
9 mortar. It's where we work, and it's our community of
10 experts. Please help keep us together, so we can give
11 you our very best. And I urge your support for the
12 Master Plan. Thank you very much.

13 MAYOR KELLAR: Thank you, sir. Sue Walroth
14 followed by David Brennan followed by Apo Yessayan.

15 UNIDENTIFIED FEMALE: Mayor Kellar, Dr. Tusso is
16 here now, too, as well.

17 MAYOR KELLAR: Oh, excellent.

18 SUE WALROTH: Mayor Kellar and City Council
19 members, my name is Sue Walroth, and I'm an RN director
20 of Med Surge 1 and 2 at Henry Mayo Hospital. I have
21 been a resident of the Santa Clarita Valley for over 21
22 years, and I've worked at the hospital for over 12 in
23 various positions. In 1975 when the hospital opened its
24 doors, Henry Mayo was able to accommodate the 50,000
25 residents in the valley. Today, the city has a

OT5

OT6

1 population of more than 170,000 residents with even more
2 residents in the surrounding valley.

3 The hospital needs to expand in order to meet
4 the needs of the growing community. It's important that
5 expectant mothers in the area have access to the care
6 they need without having to travel out of the area.
7 It's important that Henry Mayo has a neonatal ICU for
8 high-risk pregnancies, so mothers are not separated from
9 their precious newborns. It's important to have quality
10 services, such as, a cancer center so those undergoing
11 treatment can stay in the Santa Clarita Valley.

12 The buildings on the campus will serve our
13 physicians. They are needed so the relationship between
14 the patient, physician and the hospital are able to make
15 a smooth transition. A vote in the favor of the Master
16 Plan will accomplish all of this and more. Thank you
17 for allowing me to address you regarding the importance
18 of Henry Mayo's Expansion Plan and its positive affect
19 on the community as a whole. Thank you.

20 MAYOR KELLAR: Thank you. Our next speaker
21 will be Dr. Tusso. Doctor. And you'll be followed by
22 Mr. David Brennan.

23 DR. NICHOLAS TUSO: Hello, my name is Nicholas
24 Tusso, and I'm a physician in town here. I've practiced
25 OB/GYN since 2004 in town. I previously practiced on

OT6

OT7

1 the East Coast. I'll be brief. I think that it's
2 important that the Master Plan go forward as a
3 centralized medical center is far superior to divisive
4 little pieces of medicine throughout the Santa Clarita
5 Valley. I've practiced in communities where there are
6 two or three or -- I've been on staff at seven hospitals
7 in one community, and you spend a lot of traffic time,
8 tying up traffic, rushing with your heart beating fast,
9 trying to get to a patient that needs obstetrical
10 services fast. And I thank God, if we allow for this
11 plan to go forward, we're gonna have a medical center of
12 excellence right where we are. And they are a great
13 place, right now, but they'll be even better.

14 The other thing is, look at the place. It will
15 be a vast improvement a few years down the road. And
16 talent -- nursing talent, medical talent -- looks at the
17 facility, right now, as your average community hospital
18 quite frankly. It can look a lot better. It can be a
19 lot better. It can provide a lot more service. There's
20 a lot more to service than -- the argument that we are
21 just medical beds and just a number of beds. It's a
22 center with offices. It's a center with a lot of
23 medical services. There's a pharmacy on site there.

24 Many people desire one-stop shopping. They
25 would rather go to one spot, get their X rays there, not

OT7

1 have to go across town to see their doctor, their
2 specialist. It would be nice to have that all in one
3 center as there are centers like that in other areas
4 that are very successful and do well by the community.
5 That's pretty much all I have to say. Thank you very
6 much for your time.

OT7

7 MAYOR KELLAR: Thank you, doctor.

8 David Brennan followed by Apo Yessayan. I know
9 I mispronounced it. I apologize. Yessayan, followed by
10 Bob Benjamin.

11 DAVE BRENNAN: Thank you, Council. My name is
12 David Brennan. I've been living in Santa Clarita for --
13 since 1989. I've been a resident of Valencia Summit
14 neighborhood since 1993. My home is on Saint Mark's
15 Drive which is about 1,800 feet away from the back of
16 Henry Mayo Hospital. For the 19 years I've been a
17 resident in this valley, I've worked for (inaudible)
18 Corporation in the Los Angeles based office, a property
19 casualty company. My specialty is in security. I
20 sincerely appreciate the opportunity to speak to all of
21 you tonight and develop and engineer the expansion plan.

OT8

22 Over the years of my residence, I have come to
23 rely on what is the only hospital in the community.
24 While I've been a visitor to Henry Mayo's emergency room
25 on several occasions during 2002 at Christmastime, I

1 sliced my arm with a box cutter while I was trying to
2 wrap a present. In the midst of the holiday season, a
3 skilled, staff neurosurgeon there at Henry Mayo took me
4 into surgery that evening and repaired sliced tendons
5 and nerves on my arm. It's a comfort that this scale
6 facility is right here in my backyard. It gives me
7 great comfort and pride to see emergency helicopters as
8 they buzz my backyard, knowing that they're carrying
9 back an accident victim from some site unknown.
10 Benefits that I have attended for Henry Mayo have always
11 given details in some local freeway accident.

12 I'm always amazed at the skill the surgeons at
13 Henry Mayo are able to perform. Now, I'm dismayed and
14 disappointed at various flyers that keep getting plopped
15 on my mailbox in the past abdicating a halt to the
16 modernization of the hospital. Such flyers contain
17 venomous, emotional allegations that I see on a regular
18 basis in class action litigation. Such lawsuits for the
19 most part appear -- motivated by greed of plaintiff and
20 other motivations. Most of the class members never see
21 a benefit, and the allegations are generally spurious.
22 Likewise, it seems the allegations in the opposition to
23 the hospital expansion seem the same way.

24 The expansion provides for desperately needed
25 hospital parking. I don't know if you've been over

OT8

1 there. You can't find a parking space at Henry Mayo
2 anymore. The expansion does nothing to impinge upon the
3 homes adjacent to the hospital. The creation of doctor
4 office space near the hospital with adequate parking, so
5 the patient doesn't have to traverse the entire valley
6 to see their specialist is critical. I'm not sure as to
7 what the opposition has in mind. I'm sure they have
8 their views. But I look forward to have a central
9 hospital in my backyard where I can go one stop for the
10 doctors, for the hospital, for anything else that I
11 need. This expansion presents the opportunity for City
12 Council to keep Henry Mayo up to date.

13 MAYOR KELLAR: We have to wrap it up, sir.

14 DAVID BRENNAN: Thank you.

15 MAYOR KELLAR: Thank you very much. Mr.
16 Yessayan followed by Mr. Benjamin followed by Roscoe --
17 Dr. Roscoe Marter.

18 UNIDENTIFIED MALE: Dr. Henry has arrived.

19 MAYOR KELLAR: Oh, excellent. By all means,
20 thank you for that insight.

21 DR. DAVID HENRY: Hello, everyone. I'm
22 Dr. David Henry. I'm the director of emergency
23 services, the physician director, at Henry Mayo. I've
24 spoken here on a number of occasions, and I just wanted
25 to thank you once again for giving me a few minutes. In

OT8

OT9

1 addition to being a physician on staff, I should say
2 I've been here 22 years since I finished my residency at
3 USC, and I've been working at the hospital. I've been
4 the director, I think, now about ten years. I'm also a
5 resident of Santa Clarita. I think I moved here about
6 eight years ago. I used to live in the San Fernando
7 Valley. I do use that hospital for my medical needs as
8 well as a place for employment. I'd just like to update
9 everyone. I think I spoke maybe two years ago. I can't
10 remember when we started all this, but I spoke about the
11 new expansion.

12 We have an 18-bed expanded emergency room that
13 opened about a year and a half ago. And at that time,
14 everything was great. We had plenty of room. The
15 hospital wasn't up to a hundred percent occupancy. We
16 weren't holding people in the emergency room. Well,
17 that's all changed. It's common to go to the emergency
18 room now, and you're stuck in the hallway again. We
19 admit patients that sometimes wait hours to get a bed,
20 sometimes days. Sometimes people -- their whole stay at
21 the hospital is in the emergency room. And that's not
22 right. This community deserves better than that. We
23 need more beds. The Master Plan talks about a new
24 addition of 120 beds that are greatly needed now.
25 Certainly, we're not gonna have it now, but a little bit

OT9

1 later is better than nothing.

2 We don't have a heliport any longer. We had
3 that, but the expansion that has gone on so far has made
4 the flight path for the previous heliport, so we've lost
5 that. That takes away about 30 trauma patients a month.
6 We've been one of the best trauma programs in the county
7 with numbers that support that we may be the best trauma
8 center in the county. We could just use more services
9 at the hospital we are expanding.

10 We have a new CAT scan. We have a 64-slice CAT
11 scan that we're using now that's state of the art. Most
12 hospitals -- most emergency rooms -- don't have that.
13 We're gonna have a cath lab soon, but there's still
14 other programs that we need, and with the new Master
15 Plan a lot of this would happen quicker than if anything
16 else was done. So I'll keep it short.

17 The most important thing to me is my family and
18 health care of my family. I'm very motivated to provide
19 it for everyone else. Thank you.

20 MAYOR KELLAR: Thank you, Dr. Henry.

21 Apo Yessayan. Not here? Bob Benjamin.

22 BOB BENJAMIN: Thank you, Mayor Kellar and
23 Council Members. I'm Bob Benjamin. I'm a business
24 owner here in Santa Clarita. I've been active in
25 several community nonprofit organizations, and have been

OT9

OT10

1 a resident of Santa Clarita Valley for 30 years next
2 month. My two kids both graduated from Santa Clarita
3 Valley high schools, and I have three grandchildren
4 living here in Santa Clarita, two of them born at Henry
5 Mayo.

6 Every member of my family has been a patient at
7 Henry Mayo over the last ten years, except me, and I
8 know my time is coming. Henry Mayo's hospital staff and
9 the trauma team were instrumental in saving my son's
10 life a few years ago after a serious motorcycle
11 accident. And that trauma team needs to be able to
12 continue with the required helipad. I hope we reopen
13 the helipad. But I work in the community, and I play in
14 the community, and I live here in the community. And I
15 want the security of knowing that the health care for
16 myself and my family will be here in the community when
17 we need it.

18 Another speaker spoke of a flyer that was
19 distributed. I, too, was angered by this flyer that
20 came to my attention that was distributed to the
21 households all around the hospital. The opponents take
22 a lot of the issues and they use themn to rally the
23 forces behind their -- their causes or their missions.
24 And the recent flyer threated eminent domain and
25 significant tree removal and 1.2 million square feet of

OT10

1 hospital space. I know these are all untrue facts.
2 They're all hot topics. They rile people's emotions.
3 But I believe the City Council when they tell us "No
4 eminent domain will be needed in this plan." I believe
5 the hospital administrators when they show us plans for
6 replacement to recover the greenbelt along McBean. I've
7 also testified several times before on this project, and
8 I know that the community input has -- has a major
9 impact on the plan. And I'm -- have trust that the
10 negative impacts will be mitigated to the satisfaction
11 of all the city planners and the engineers and community
12 leaders. The plan balances, I think, an immediate need
13 for hospital growth with neighborhood and community
14 qualify of life.

15 The idea of supporting the hospital expansion
16 without the medical office buildings is based on
17 unrealistic and wishful thinking. Let's not cripple our
18 only full-service hospital with the hope that we'll get
19 a new hospital. We must support our current hospital.
20 The approval to grow this hospital is the most important
21 and positive decision that any City Council member can
22 make. And I favor the hospital Master Plan, and I
23 strongly urge you to approve it. Thank you.

24 MAYOR KELLAR: Thank you, Bob. Dr. Roscoe
25 Marter followed by Jonathan Miller followed by

OT10

1 Dr. Pechter, Edward Pechter.

2 DR. ROSCOE MARTER: Good evening, Mr. Mayor and
3 Members of the Council. My name is Dr. Roscoe Marter.
4 I'm an OB/GYN and have lived and practiced here for nine
5 years. I'm the assistant medical director for Facey
6 Medical Group. I delivered two of my own children at
7 Henry Mayo. I've operated on several people who have
8 worked at City Hall, and I likely have delivered
9 somebody you know. Normal labor delivery is a wonderful
10 experience, but, frequently, is not normal. Our
11 children are likely the greatest financial and emotional
12 investment of our lives. If our car's a lemon, we sell
13 it, we give it back. Children cannot be sold, nor can
14 they be put back; although, every honest parent has
15 considered it at some time.

16 The Master Plan allows us dedicated C-section
17 rooms for when it doesn't go as planned. Private labor
18 and delivery and recovery rooms compliment the
19 first-class nursing staff that we already have. The ICU
20 provides a safety net for the newly delivered son or
21 daughter that's off to a premature or shaky start. To
22 take our vulnerable children and drive them to Valley
23 Presbyterian or Northridge or even the distant UCLA is
24 not the care the citizens of Santa Clarita are
25 requesting of you. To say no to the hospital Master

OT11

1 Plan based on traffic, parking or medical buildings, is
2 now nothing more than a diversionary excuse resulting in
3 the citizens of Santa Clarita being deprived of ongoing
4 quality health care in your valley. We have assured
5 them of access to the Black Angus, McDonald's, to BJ's
6 despite the traffic and parking issues.

7 Honestly, the medical buildings are a financial
8 and logistical necessity that will provide much of the
9 health care to the Santa Clarita Valley. As a
10 physician, I can tell you that medical buildings paired
11 with a larger hospital will attract new physicians -- as
12 we've heard already tonight -- and highly trained
13 specialists that Santa Clarita will not otherwise see.
14 We have quality physicians here, now, but as a resident
15 and medical director here, I know we need more. A vote
16 for the Master Plan will help make ongoing health care
17 of our community a reality. I urge you to care for the
18 health care needs of your citizens and vote yes. Thank
19 you for your time.

20 MAYOR KELLAR: Thank you, Doctor. Mr. Miller
21 followed by Dr. Pechter followed by Robert Hill.

22 JONATHAN MILLER: Good evening, members of the
23 City Council. Thank you for the opportunity to speak
24 with you this evening on behalf of the Henry Mayo Master
25 Plan. My name's Jonathan Miller, and I'm the director

OT11

OT12

1 of Laboratory and Pathology Services at Henry Mayo. My
2 family and I have lived in Valencia for six years, and
3 my son is attending Rio Norte Junior High School. When
4 we relocated from northern California to southern
5 California, my wife and I pretty much had the option of
6 living anywhere in the Los Angeles area. We chose
7 Valencia for its unique combination of affordable
8 housing, great schools, open space and community
9 atmosphere.

10 Part of our decision was also based on having
11 access to health care options that were close to home.
12 My wife and I are both health care workers, and it was
13 important for us to have nearby access to a reputable
14 hospital that offered the range of services that we've
15 come to expect in other communities where we've lived.
16 No one in this room would dispute that our population is
17 expanding. Our schools are packed. Our malls are
18 crowded. Our restaurants are full, and our roads feel
19 the pinch of more and more cars every day.

20 Lasts week, at the State of the City Luncheon,
21 each of you took turns to rightfully boast about some of
22 the projects that you and the City of Santa Clarita are
23 overseeing to help address this situation; for example,
24 the Cross Valley Connector which will accommodate the
25 needs of our daily commute and expanded parks and

OT12

1 recreations for our growing neighborhoods. I firmly
2 believe that now is the time for you to address or
3 valley's unmet health care needs. Henry Mayo should be
4 allowed to grow in order to provide more beds, more
5 private rooms and vital services, such as, centers of
6 excellence for cardiac, oncology, orthopedic and women's
7 services to name a few.

8 In addition, Henry Mayo needs to have a helipad
9 to better provide our trauma services. However,
10 expanded services do not come without the commitment of
11 talented top-notch physicians who want to set up
12 practices in our area. In order for us to recruit and
13 retain them and for them to provide cutting-edge health
14 care, we need medical office buildings closet to our
15 hospital for physicians practices and associated
16 infrastructure to accommodate patients, like, convenient
17 parking and access to services like laboratory, imaging
18 and physical therapy.

19 I urge you to vote yes to approve the Henry
20 Mayo Master Plan. I ask you to picture yourselves one
21 year from now at next year's State of the City Luncheon
22 speaking with pride about the improvements in health
23 care that you have allowed during your term as member of
24 the City Council, thus approving the expansion of
25 services offered by Henry Mayo, thus, supporting your

OT12

1 constituents' access to quality health care services
2 without the commute. Thank you.

3 MAYOR KELLAR: Thank you, Dr. Miller.
4 Dr. Picnar -- Pechter. Excuse me, sir. Followed by
5 Robert Hill, followed by Jeanne Wray.

6 DR. EDWARD PECTER: Mayor Kellar and City
7 Council members, my name is Edward Pechter. I've been
8 practicing plastic surgery in the Santa Clarita Valley
9 for 25 years. I've been a member of the board of the
10 Health Foundation at the hospital for about 20 years.
11 We've heard some testimonials this evening about the
12 good care provided at Henry Mayo from former patients
13 and their families. But I'd like to relay a story that
14 had an ending that wasn't quite so positive.

15 Four years ago, I was taken to the emergency
16 room at Henry Mayo Hospital with chest pain. Some
17 testing revealed I was having an acute heart attack. I
18 distinctly remember the emergency room staff discussing
19 that time is muscle, meaning, that the quicker the
20 situation could be resolved, the less heart damage there
21 would be. Unfortunately, the facilities needed to treat
22 me were not available at Henry Mayo. After some delay,
23 I was transported by helicopter to Holy Cross where I
24 had a stint placed in one of my main coronary arteries.
25 Obviously, I lived to tell the story, but there's some

OT12

OT13

1 regret over the fact that I sustained permanent heart
2 damage that I might not have had if the facilities were
3 available at Henry Mayo.

4 As a long-term resident of Santa Clarita, I
5 understand concerns about traffic congestion, loss of
6 habitat and all those things that come with
7 overpopulation. But when you're lying on a hospital
8 gurney having a heart attack, you don't care if the
9 noise from an emergency transport helicopter might
10 disturb someone's slumber for a few minutes or whether
11 the chopper lands or a three- or four story parking lot.
12 You just want to be taken care of.

13 On my personal list of priorities, sitting
14 through a City Council meeting ranks right up there with
15 having a heart catheterization. I am here because I
16 truly believe that all the of the buildings and
17 facilities and the Master Plan are necessary for the
18 future health and wellbeing of the community. I urge
19 you to support the Master Plan.

20 MAYOR KELLAR: Thank you, Doctor.

21 Mr. Robert Hill.

22 ROBERT HILL: My name is Robert Hill, and I
23 live in Newhall. Henry Mayo Newhall Memorial Hospital
24 is the primary health care resource and the only
25 hospital in the Santa Clarita Valley. When the hospital

OT13

OT14

1 first opened 33 years ago, there were only about 45,000
2 people living here. Today, there's more than 200,000
3 people living in the Santa Clarita Valley, but our
4 hospital is not much larger than when 45,000 people
5 lived here. For the health and wellbeing of our
6 friends, neighbors and families, we need to allow
7 Henry Mayo to grow and expand their services. When
8 we're sick or injured, we want to have excellent,
9 competent care available close to home.

10 Henry Mayo can continue to provide excellent
11 health care if you approve their Master Plan. They will
12 do this by building medical office buildings for the
13 physicians and specialists that will come here to
14 practice if there is office space available. We all
15 know the hospital has a parking shortage. When a
16 patient comes to the hospital or a family member comes
17 to find their loved one, they are anxious and may be
18 scared. The last thing they need to do is circle the
19 parking lot looking for a parking spot. The Master Plan
20 parking structures will make it easier and more
21 convenient for everyone.

22 In 2004, I came to Henry Mayo's emergency room
23 as a patient with a possible heart attack. I received
24 excellent care from competent hospital personnel, and I
25 was transferred to an available patient room. Luckily,

OT14

1 tests revealed that I did not have a heart attack.
2 Today, patients often wait a very long time to be
3 transferred from the ER to a room. I volunteer two days
4 a week at Henry Mayo, and I'm glad to give back to the
5 hospital for the care I received. I hope that you will
6 also give back to the hospital for all it has done for
7 our community by approving the Master Plan as it
8 currently is. Thank you very much.

9 MAYOR KELLAR: Thank you, Mr. Hill. And thank
10 you for your volunteer service. I know we have many
11 volunteers in our room. We appreciate your service to
12 this community, I assure you.

13 I'm gonna ask one more time, did Mr. Yessayan
14 arrive by chance? Okay. We also have a couple cards'
15 comments, if I may recognize them now? One of them
16 says, "How long are we going to postpone the inevitable?
17 Santa Clarita needs a competent facility." The other
18 one, "Approve the hospital expansion. The growing
19 community needs and deserves this." I would like to
20 suggest that before we go to the opponents, perhaps, we
21 take a ten-minute break? Would that be acceptable?

22 (A break was taken.)

23 MAYOR KELLAR: Thank you, ladies and gentlemen.
24 At this time, we'll resume or meeting. If you don't
25 mind, I'm gonna have one more speaker that I missed

1 earlier come forward and speak on this matter in
2 support, and that is Teri Sullivan.

3 Teri.

4 TERI SULLIVAN: Mayor, thank you, and City
5 Council members. Good evening, my name is Teri
6 Sullivan. I'm one of the clinical education specialists
7 over at Henry Mayo Hospital. I'm also the CE Program
8 Director, which means I'm responsible -- from the
9 Department of Health Emergency Medical Services -- to
10 provide education, pre-hospital education to firemen,
11 paramedics and nurses. I've been at the hospital for 20
12 years, and I've lived in the community for 30.

13 I'm going to make this very short and sweet.
14 About a week and a half ago, I was on a cruise ship. I
15 happen to teach on a cruise ship once a year. And I was
16 with close to a hundred firemen, nurses, paramedics and
17 families. Fun. Anyway, when we were on it, we saw on
18 CNN about the Metrolink train crash happening. And we
19 all looked at each other in my class the following
20 morning thinking, oh, my God. Who got the patients?
21 How did LA County Medical Alert distribute the patients
22 to all the hospitals? We were very concerned. Most of
23 the guys -- there were about 20 guys on this cruise
24 ship, this particular one, who were also at the Glendale
25 incident that happened -- what -- couple years ago.

OT15

1 Three or four years ago. So we were discussing it. And
2 I was thinking the whole time -- all we heard on CNN --
3 there was, like, 24, 25 deceased patients, there was 44
4 to 50 critical patients and 100 basic patients. So we
5 are all trying to decide who would get what in the area.
6 Then it dawned on me -- and I know we've talked a lot
7 tonight about the helicopter -- then it dawns on me, we
8 don't have a helipad. We're not going to be able to
9 service some of these people who need help because we do
10 not have a helipad. And I was pretty distraught over
11 that. And in turn, when I did get home from the cruise,
12 I called over to the hospital. We'd received two
13 patients. They are called BLS. That means they're
14 minor because we were such a proximity from the
15 accident. So I really pray and encourage. We don't
16 want our family members out there on that train. We
17 don't want anybody else -- please. We need to have that
18 golden hour. We need to have air transport. We need to
19 get these people to us. We had a qualified trauma team
20 and surgeons and operating room ready to go. We
21 received no major patients from this -- this bad crash.

22 In addition, I was at the hospital during the
23 1994 earthquake. Helicopters not only helped bring
24 people to us, during that time, helicopters took
25 patients away from us. Our operating room was down.

OT15

1 Our critical care was damaged. Our pharmacy was
2 destroyed. And the helicopter came from USC -- LA
3 County Fire Department -- their squad came in, picked up
4 two of our patients. Picked them up at our hospital and
5 took them away to USC because that was the only way to
6 get out during that time. So I really urge you to move
7 forward, that we can please conclude this approval
8 process. Thank you. And thank you, Mayor, for giving
9 me the time.

OT15

10 MAYOR KELLAR: Thank you, Teri.

11 Okay. At this time, we'll move to some of our
12 speakers that are in opposition. I'm going to ask, once
13 again, if you will come to the forward part of the room,
14 it will certainly help us in our time. Our first
15 speaker will be Jeanne Wray followed by Todd Hoover
16 followed by Martha Willman.

17 Are you ready?

18 JEANNE WRAY: My name is Jeanne Wray. I live
19 in Valencia. First, I want to say I have had to use the
20 emergency room twice this summer, and I think it's
21 excellent. I'm not against anything like that with the
22 hospital. I want the hospital. But it's been brought
23 to my attention that there is some workers at Henry Mayo
24 Hospital who are required to park at the Valencia Golf
25 Course and shuffled over to the hospital to go to work.

OT16-1

OT16-2

1 To some, this means to come in one hour earlier. If
2 this is going on now, imagine how it will be during the
3 construction years. With the parking shortfall of 300-
4 to 400 spaces upon completion, can you imagine what the
5 neighborhood will be left with? Also, in regards to Mr.
6 Seaver's talk about the need for the expansion in case
7 of a disaster, if there was a disaster, we couldn't get
8 to the hospital, not with the congestion that's out here
9 now. We need other places, not just one place.

OT16-2

10 And the entrances are limited to two and both
11 on the same street. These specialists wouldn't be able
12 to get there unless they intend to reside there.
13 Please, all of you, please hear us in what we're saying.
14 We need your help. Please put aside any of your
15 preconceived thoughts and consider the predicament with
16 an unbiased mind. Thank you all very much.

OT16-4

17 MAYOR KELLAR: Thank you. Our next speaker is
18 Todd Hoover followed by Martha Willman followed by Jerry
19 Noltemeyer.

OT16-5

20 TODD HOOVER: Good evening ladies and
21 gentlemen, Council members. My name is Todd Hoover. I
22 live in Castaic. Although I'm not a resident of the
23 city of Santa Clarita, I feel very much impacted by the
24 ongoing problems with the Henry Mayo Hospital expansion.
25 I would like to think if I needed medical care or needed

OT17-1

1 to go there, I would not need to worry about it being
2 overcrowded and possibly have to be transferred somewhere
3 else further away. I feel it's important for the
4 hospital to be expanded, but at what cost? I find it
5 appalling that G&L Reality and Henry Mayo are conspiring
6 to hatch this plan -- seemingly to me -- for no other
7 reason than to make big profits, and for certain people
8 to walk off with big bonuses. This needs to be stopped
9 now. Without a guarantee that we'll be getting a real
10 hospital with real hospital beds, this will do no more
11 than create a traffic and congestion nightmare for those
12 who live in the immediate area. And it will guarantee
13 that the facilities that we really do need will not get
14 built.

OT17-1

OT17-2

15 Just think, if you're having a heart attack or
16 stroke, would you want to go to a medical office
17 building instead of a hospital bed? This is absurd.
18 According to the latest Development Agreement Summary,
19 250,000 will be set aside for a transitional care unit.
20 How nice. They took away the transitional care unit
21 that was there to start with just so they could make it
22 appear that they're giving us something. We have all
23 seen how backboard deals and corrupt politicians have
24 brought our great nation to the brink of financial ruin
25 and the very possibility of another Great Depression.

OT17-3

1 So I implore you, please, let's, at least, try to keep
2 our local politics beyond reproach and aboveboard.
3 Therefor, I would ask that the Master Plan as it is
4 currently presented be soundly rejected, and that Laurie
5 Ender and Frank Ferry please recuse themself from any
6 further involvement in this matter. Thank you.

OT17-4

7 MAYOR KELLAR: Thank you, Mr. Hoover. Our next
8 speaker will be Martha Willman followed by Jerry
9 Noletmeyer followed by Cam Noltemeyer.

10 MARTHA WILLMAN: Good evening, Mayor and City
11 Council members. My name is Martha Willman. I live in
12 Valencia. The EIR before you is fatally flawed. It
13 needs substantial provisions. Here why. In the City's
14 Uniform Development Code in Section M which describes
15 the requirements for Master Plans, you will find the
16 following language. "quote. All development standards
17 of the underlying zone shall apply to Master Plans.
18 unquote." Nowhere in this EIR is there any discussion
19 whatsoever about how a massive project of office
20 buildings and parking structures will be in conformance
21 at all with the zoning on this site. In no case, no one
22 recalls all the land owned by G&L Realty and by the
23 Henry Mayo Newhall Hospital Foundation is governed by
24 the existing zoning which is for residential use, low
25 density. The City, itself, realizes how inappropriate

OT18-1

OT18-2

1 the G&L no-hospital plan is for the existing general
2 plan and zoning.

OT18-2

3 The new proposed -- but not yet adopted --
4 general plan shows a general zoning on this site from
5 residential low to something called institutional. If
6 this project was broken beyond fixing, the City wouldn't
7 be trying for backdoor old change in the new general
8 plan. We see this. Do you? This EIR must describe in
9 detail how this monstrous proposal conforms with the
10 City's old rule that Master Plans conform to the
11 requirements of their underlying zone. It doesn't, and
12 it hasn't in four years. We see this. Do you? I'm
13 counting on this City Council to make tough calls, not
14 politically expedient ones.

OT18-3

OT18-4

15 I also want to point out that all of the rules
16 that once applied to the heliport on controlling noise,
17 controlling number of flights to have requirements that
18 comply with the City's noise ordinance, no long apply to
19 this Master Plan. All of the rules involved with
20 heliport are gone. So if helicopters are buzzing over
21 rooftops, there is nowhere for residents to turn. We
22 must maintain control over the flights in this city.
23 Thank you.

OT18-5

24 MAYOR KELLAR: Thank you.

25 Mr. Noltemeyer.

1 JERRY NOLTEMEYER: Good evening, Mayor Kellar,
2 City Council members. My name is Jerry Noltemeyer, and
3 I live in Valencia. Smart Growth SCV wants to be
4 certain that the City will treat all the verbal
5 testimony submitted this evening about this flawed EIR
6 according to the requirements of the California State
7 law. State law requirements -- state law requires that
8 verbal testimony submitted in a public hearing be given
9 the same weight as testimony submitted in writing.

10 This requires that all verbal testimony be
11 transcribed, present in the proposed final EIR and
12 thoroughly analyzed with immediate response. Anything
13 less would be C-E-Q-A violation -- CEQA violation.

14 Miss Ender and Mr. Ferry, I'm sure you
15 know that this -- but I felt the need to make this point
16 tonight to give Mrs. Ender's poor choice of words at the
17 last hearing on the bias issue and Mr. Ferry's total
18 lack of response.

19 MAYOR KELLAR: Thank you, sir. Our next
20 speaker is Cam Noltemeyer who will be followed by
21 Dr. Gene Dorio followed by Barbara McElmeel.

22 CAM NOLTEMEYER: Cam Noltemeyer speaking for
23 SCOPE. We will be submitting written comment on the
24 Master Plan Development Agreement and of the Draft EIR
25 prior to the end of the public comment period on October

OT19

OT20-1

1 17th. In our three-minute time frame, I want to address
2 just a few issues.

3 The Master Plan which is -- just, now, appeared
4 on your website demonstrates bad planning. The only
5 reduction in this plan has been in hospital reduction
6 and administration building. If it's so desperately
7 needed, why is that the only thing that has really been
8 reduced while G&L Realty is allowed to have four
9 one-story medical office buildings and one two-story
10 medical office building? Meanwhile, the hospital is
11 planning to put a hundred-foot medical building -- a
12 inpatient building -- right next to a residential area.
13 You don't even comply with your own Master Plan that's
14 in your City's requirements.

15 The Development Agreement, there are two of
16 them. You haven't explained which one you are dealing
17 with, the one that was appealed or the one that -- the
18 Draft Agreement as of August 7? In that one medical
19 office building, it's excluded from being used for
20 hospital uses. We want to know why -- when you made the
21 agreement to subdivide the property. There's no
22 commitment to a neonatal facility in the Development
23 Agreement if another hospital provides it. It also
24 allows G&L to come back for paid parking, something the
25 community was dead set against.

OT20-2

OT20-3

1 You also have Draft Conditions of Approval
2 which weren't even addressed by staff. Yet, if you go
3 in them, you will find that there's your eminent domain
4 hidden quietly in your Conditions of Approval. It's
5 called a Resolution of Necessity. Same thing as eminent
6 domain, not even addressed by your staff.

OT20-4

7 We also want to mention the Revised Draft EIR.
8 In there, the slopes to the north of the site -- that's
9 the summit -- has the potential for landslide movement
10 which could impact -- they say -- the project site. But
11 it certainly could impact the Summit Housing
12 Development.

OT20-5

13 Significant threshold criteria: Under CEQA
14 guidelines, earth movement of a hundred thousand cubic
15 yards or more is significant. Yet, under your impacts
16 and mitigations measures, you're playing with the total
17 of 93,293 cubic yards. However, it clearly says that
18 there would be over a hundred thousand cubic yards,
19 significant threshold. That needs to be addressed. We
20 also question the legality of excluding your CUP by the
21 City Attorney. We feel that really needs to be
22 addressed thanks to its legality. Thank you.

OT20-6

23 MAYOR KELLAR: Thank you. Our next speaker is
24 Dr. Dorio followed by Barbera McElmeel followed by
25 Lindsay Newhall.

1 DR. GENE DORIO: Good evening. I'm Dr. Gene
2 Dorio. I'm on staff at Henry Mayo Hospital. There is
3 no one in this room that does not want Henry Mayo to
4 expand. The outside promoters of the Master Plan don't
5 want you to believe this community is divided using
6 public relations and lobbyists for elusions to obscure
7 the truth.

8 The ad in the Signal today quotes seven
9 doctors: "We love and believe in our community and in
10 our hospital." Four of them told me today that the ad
11 distorts their opinion of the Master Plan. The ad also
12 touts "quote, more operating rooms, a maternity unit
13 with private rooms, and the development new clinical
14 centers of excellence, it also safeguards our trauma
15 center through the addition of a new heliport, unquote."
16 The tragic shortsightedness of the Master Plan is
17 reflected in the erroneous neglect of not having enough
18 operating rooms to provide appropriate health care to
19 this community.

20 Presently, we have three. Far less than any
21 other hospital in northern LA County, and our doctors
22 are waiting for OR time. Ask them. After the fourth OR
23 is built out at the end of 2009, the only way to add
24 more is by building a hospital tower. When will that
25 be? After the three medical office buildings and for

OT21-1

OT21-2

1 parking garages, that's ten years. What medical
2 surgical specialists will come to a center of excellence
3 that has only four operating rooms where they have to
4 wait? Two years ago, Roger Seaver told the medical
5 staff a 12-bed NICU was not financially feasible in this
6 community from a study they did. Is this now being
7 dangled in our face to gain Master Plan support? Ask
8 them for the study.

OT21-2

9 Having the heliport on the sixth level of the
10 parking structure is absurd. The trauma victim will not
11 only be unduly exposed to the elements, but to traverse
12 the parking structure, go down an elevator and travel
13 one third mile will waste precious time of that golden
14 hour. The vehicle they intend to use is top heavy, and
15 in itself is dangerous. Ask them why.

OT21-3

16 Finally, the new cath lab may be archaic before
17 it opens. 64-cut CT scan technology may virtually
18 eliminate the need for cardiac catheterization. Under,
19 also, this cath lab will not place stints, nor do
20 angioplasty. Not being qualified as a LA County stemi
21 hospital, paramedics will not be bringing those heart
22 attack victims to our ER. If you indeed do have
23 catheterizations at Henry Mayo that need further
24 evaluation, your insurance company may well not pay for
25 a second catheterization at another hospital.

OT21-4

1 Those who support the Master Plan should be
2 impervious to this evidence. We all need to ask
3 questions and to demand truthful answers. This is our
4 hospital.

5 MAYOR KELLAR: Thank you, Doctor. Our next
6 speaker is Barbara McElmeel followed by Lindsay Newhall.

7 BARBARA McELMEEL: Mayor and Council members,
8 my name is Barbara McElmeel, and I live in Valencia.
9 Please follow the lead of your own Planning Commission.
10 On a five to zero vote, they denied a version of what is
11 presented to you now. The so called new Development
12 Agreement shares the same fatal flaws as the one that
13 was denied. Inpatient medical care isn't guaranteed in
14 any way. Other flaws are present that are actually
15 dangerous. These two applicants, G&L Realty and Henry
16 Mayo Newhall Memorial Hospital, couldn't be more
17 different. One is privately held for profit real estate
18 developers, the other is a nonprofit-tax exempt public
19 benefit corporation. Despite the enormous differences,
20 these two entities -- both of which own completely
21 separate pieces of real estate -- are blended together
22 in a contract with the City. In this so called
23 Development Agreement, these two applicants are known
24 as -- and I quote -- "the Developer." This kind of
25 co-mingling of a for profit and a nonprofit -- any

OT21-5

OT22-1

1 contract where the costs are blurred between them is bad
2 public policy.

3 There is another reason for denial. Several
4 other Development Agreements currently enforced with
5 Santa Clarita have something called a "most favored
6 nation" clause in them. This requires that benefits
7 contained in any future Development Agreement that are
8 not in older agreements be applied and made available to
9 the holders of those older agreements. The give-aways
10 to G&L Realty in this so called new Development
11 Agreement are substantial. They amount to millions of
12 dollars in road mitigation fees that are assigned to the
13 public and far more than I can list here. If you
14 approve this no benefit to the City deal, count on the
15 following: Several other developers will appear, they
16 will ask you to honor your contracts with them under the
17 Most Favored Nation clause. The City will then have no
18 choice, but to comply. The cost to Santa Clarita will
19 be in millions. Don't give anything to G&L that is
20 different from what you give to any other private for
21 profit developer. Please vote to deny this terrible
22 Development Agreement. Thank you.

23 MAYOR KELLAR: Thank you. Lindsay Newhall
24 followed by Anthony Newhall followed by Reena Newhall.
25 Lindsay.

OT22-1

OT22-2

1 LINDSAY NEWHALL: Hello, Mayor Kellar, members
2 of the City Council and City staff. My name is
3 Lindsay Newhall, and I'm a resident of Valencia. I was
4 a Henry Mayo Hospital debutante in 2001, and both of my
5 two sisters were debs before me. In fact, my mother and
6 Johnny Prits helped to start the debutante program back
7 in the early 1980s as a fundraiser for the hospital. My
8 grandparents and many other relatives contributed
9 substantial sums to found the hospital back in the 1970s
10 which was before I was born. So for the past few years,
11 I've heard my parents and friends saying the proposed
12 hospital project is just too big for the small piece of
13 land it sits on, and the increased traffic will be a
14 nightmare, especially to the people who live around the
15 hospital, and the paid parking garages will be
16 inadequate for all the proposed offices. So I'm getting
17 really tired of this whole thing dragging on so long.
18 It seems to be that if the citizens of Santa Clarita
19 could be assured that an actual new hospital building,
20 and not just leftovers from the existing hospital
21 building, could be a definite component of the plan,
22 then I think the citizens would be more agreeable to
23 accepting some office buildings in exchange for a
24 first-class hospital, which is what we all want.

25 The way it stands now, we're granting

OT23-1

OT23-2

OT23-3

1 permission for a bunch of offices and getting no
2 hospital in return. So this seems like a rip-off to me.
3 Thank you for your time.

OT23-3

4 MAYOR KELLAR: Thank you. Anthony Newhall,
5 more commonly known as Tony.

6 ANTHONY NEWHALL: Thank you, Mayor. Honorable
7 Mayor, City Council members, City staff, and fellow SCV
8 residents, my name is Tony Newhall. I'm a resident of
9 Valencia. And I've been a resident of this valley for
10 four years. I first want to say that I am representing
11 Smart Growth SCV. And I'm handing you herewith my
12 written declaration in support of the motion for
13 disqualification which Smart Growth SCV will be filing
14 based on Laurie Ender's and Frank Ferry's refusal to
15 recuse themselves from hearing the Henry Mayo Newhall
16 Hospital Master Plan on the claim of bias and abuse of
17 due process.

OT24-1

18 I'm speaking in opposition to the Henry Mayo
19 Campus expansion. Is the light running? It's not that
20 I am anti-hospital. I'm for a hospital, and a bigger
21 and better hospital. I am not a no growther or slow
22 growther. Over the past five decades, I've witnessed
23 this valley grow from a small town to a bustling
24 suburban community, and I really liked it. One symbol
25 of this growth has been the Henry Mayo Newhall Memorial

OT24-2

1 Hospital, our great nonprofit community medical center.
2 The hospital got a jump start 35 years ago when it
3 received 30 acres of donated land and millions of
4 dollars in contributions from local citizens and from
5 supporters outside this valley.

OT24-2

6 Now, we've been debating recently this current
7 expansion issue for three year now, and look where we're
8 at today. There is no hospital actually committed.
9 After three years of debating and changing plans, the
10 Agreement is committing only to have one vertical column
11 of rebar erected on the new hospital building, while the
12 developer finishes all it's hospital buildings and opens
13 for business.

OT24-3

14 Of the 200,000 square feet of medical office
15 buildings planned, nothing is committed to the centers
16 of excellence, the specialty cancer, orthopedic and
17 similar services the developer has been selling to the
18 public.

OT24-4

19 We all know there is insufficient parking. The
20 existing parking shortfalls are being carried forward,
21 and plan calls for even more cuts. Well, where will we
22 park the cars that can't find a space, and they don't
23 want to pay G&L's parking fees? They will park in
24 surrounding streets. And, yes, eminent domain will be
25 required to mitigate the traffic. It's stated clearly

OT24-5

OT24-6

1 in the reports reviewed by the state, but hidden in the
2 contracts, where they hope to bamboozle the City
3 Council.

OT24-6

4 This is not a hospital deal. This is a real
5 estate deal. If it were just a hospital, why would
6 anyone be opposing it? Would an applicant be
7 contributing \$30,000 to buy a City Council vote? If it
8 were just a hospital, would the applicant hire
9 80 percent of our valley's city lobbyists to push it
10 through? No. This deal's about real estate, about
11 changing the zoning, about getting a need entitlement
12 and about collecting millions of dollars in revenues or
13 about selling the entitlement at a healthy profit. The
14 applicants are selling this as a solution to long-term
15 health care in the Santa Clarita Valley. And, yet, this
16 plan fails to commit to one of the most essential,
17 immediate needs, and that is to operating rooms, which
18 Dr. Dorio addressed.

OT24-7

19 Henry Mayo has only three operating rooms right
20 now, the lowest of any hospital in urban LA County.
21 Doctors currently have to stand in line to wait to use
22 them. We need less office space, more operating rooms.
23 The City Council has a duty to vote no and reject this
24 plan. This project is a horrible gamble. The impacts
25 are huge and irreversible for a Master Plan with what

OT24-8

OT24-9

1 ifs. Why take such a gamble with thousands of
2 homeowners at risk? To give G&L Realty everything
3 without any substantive commitment is shameful. You
4 have the time now to right any wrongs. Please do.
5 Thank you.

OT24-9

6 MAYOR KELLAR: Thank you, Tony. Next, we have
7 Reena Newhall followed by Linda Pedersen followed by
8 Tony Natoli.

9 Reena.

10 REENA NEWHALL: Save the best for last.

11 MAYOR KELLAR: There you go.

12 REENA NEWHALL: Good evening, Mr. Mayor, City
13 Council members. My name is Reena Newhall. I live in
14 Valencia. Over the past four years and after attending
15 a dozen -- dozens of hearings on the no-hospital plan, I
16 can't believe that G&L is still trying to get away with
17 this. Don't they know what the Uniform Development Code
18 says in Santa Clarita? Don't their lobbyists know what
19 the Uniform Development Code says in Santa Clarita?

OT25-1

20 The Santa Clarita Uniform Development Code No.
21 17.03.025, Section M, entitled Property Development
22 Standards states in relevant part "All development
23 standards of the underlying zone shall apply to Master
24 Plans." Section 1 states in relevant part, "The Master
25 Plan shall be designed and developed in a manner

OT25-2

1 compatible with and complimentary to existing and
2 potential development in the immediate vicinity of the
3 project site. Site planning on the perimeter shall
4 provide with protection of the property from adverse
5 surrounding influences as well as protection of the
6 surrounding areas from potentially adverse influences
7 within the development." This is the law, and we expect
8 the City Council to enforce the law.

OT25-2

9 But I also wanted to say something about the
10 nice, adorable ad I saw today, a double-truck half page
11 in the Newhall Signal, our wonderful hometown newspaper.
12 And in it, it says -- I think Gene Dorio mentioned that
13 we have some reluctant models. Some of these doctors
14 were reluctant models. But I really think that
15 dedicated doctors -- especially one Lawrence Lighter,
16 M.D. should be complimented for being at Henry Mayo
17 Newhall since 1966. He started working nine years
18 before the hospital was even built. Because the
19 hospital opened their doors August 1975. Isn't that
20 amazing? Could it be that some of the lobbyists
21 designed this ad? Anyhow, I don't think the hospital
22 should waste money on advertising.

OT25-3

23 If this was a great project, this would have
24 been passed a long time ago, but it didn't happen,
25 because I'd like to follow the money and find out who's

OT25-4

1 getting paid. Who at the end of the day is getting paid
2 off? I think the people here are so well-meaning that
3 they're coming out, campaigning for the hospital, but
4 they should do the homework as should the City Council.
5 I appreciate your time.

6 MAYOR KELLAR: Thank you, Reena. Linda
7 Pedersen followed by Tony Natoli.

8 LINDA PEDERSEN: Good evening, City Council
9 members. My name is Linda Pedersen. I live in
10 Valencia, used to live in Newhall. This evening a draft
11 of a new Development is on your agenda. The old
12 Development Agreement was denied by your Planning
13 Commission by a five/zero vote. This occurred for a
14 good reason. The Development Agreement proposed here
15 violates every public policy in the City's history.
16 Here a six reasons why, one, it is City policy for a
17 project to be proposed with benefits; two, in addition
18 to the project benefits, City policy requires that
19 projects fully mitigate their adverse effects on the
20 environment and the community; three, three, once a
21 project with mitigation has been designed and is
22 approved, it is City policy that then and only then, may
23 a Development Agreement be discussed; four, a
24 Development Agreement is supposed to give the City
25 substantial additional public benefits beyond those

OT25-4

OT26-1

1 already obtained through the approval of just the
2 project; five, the proposed Development Agreement before
3 you tonight violates each and every one of these City
4 and state law requirements; six, neither the project
5 itself and certainly not the bogus Development Agreement
6 offer any benefit to the City at all.

OT26-1

7 Even the idea of an expanded acute care
8 hospital facility is an illusion. In the very
9 Development Agreement itself, the same language is found
10 that relieves Henry Mayo of any obligation to build a
11 hospital. And since G&L Realty is a private for-profit
12 developer, why would you want to give any special
13 consideration to a private for-profit developer? Here's
14 one example of special consideration of G&L. At the
15 last City Council meeting, the City adopted a new
16 version of the Valencia bridge and Thoroughfare
17 District. No staff reports, Council discussion of the
18 content nor public testimony occurred. Did the City
19 Council know that the new bridge and Thoroughfare
20 District gave a 2.2 million-dollar gift of public funds
21 to G&L Realty? Improvements to the intersection of
22 Orchard Village Road and McBean Parkway would routinely
23 be the responsibility of a major development project
24 located at that intersection.

OT26-2

25 Prior to the last Council Meeting, the

1 improvements to this intersection were clearly the
2 responsibility of this project. In addition to
3 improving this intersection, the project would routinely
4 have to make a substantial cash contribution in bridge
5 and thoroughfare fees for regional traffic improvements
6 off site of the project. Astoundingly, the 2.2
7 million-dollar corporate welfare gift was presented to
8 G&L Realty. This has significant implications for this
9 Revised EIR.

10 The Revised EIR must explain how the
11 intersection of Orchard Village and McBean is not one of
12 the required mitigations assigned to the project.
13 Please fix this.

14 MAYOR KELLAR: Thank you. Our next speaker is
15 Tony Natoli followed by Robin Clough followed by TimBen
16 Boydston.

17 TONY NATOLI: My name's Tony Natoli. I'm from
18 Ben's Road, and I'm also an expert speaker. I am an
19 expert patient tonight. In the last 25 years, I've been
20 fighting non Hodgkin's lymphoma induced by Agent Orange.
21 In the last 14 months beginning in April 2007, my wife
22 and I have utilized various hospital facilities on 12
23 separate occasions with stays ranging from one day to 15
24 days. We've used OR six times, the ER four times along
25 with scans of power, grams and belows, epidurals and

OT26-2

OT27-1

1 gray walls, X rays, blood tests, and numerous other
2 sundries and follow up visits.

3 Our first visit to this ER in the old eight
4 room, 10 Hall bed area, at 6:00 p.m. on a Friday night,
5 it was understandably up, overflowing. The next visit
6 was on a Tuesday at 3:00 a.m. And now the new 18-room,
7 ten-hall bed ER was overflowing back into the old ER.
8 My wife waited in the ER three days for a room and an OR
9 to open up in the regular hospital for a two-hour
10 laparoscopic surgery. The five days she waited on
11 Morphine must have contributed to the nine days she was
12 in a coma-like state afterwards. The next two ER visits
13 were on a Tuesday morning at 11:00 and a Wednesday
14 morning at 10:00 a.m. and both were full by noon and
15 overflowing.

16 Follow up doctor visits to the campus amounted
17 to two or three a week, and required me to stop in
18 traffic, escort my wife to a bench, take my car to the
19 valet to park, go back to get my wife and escort her to
20 the doctor's office. Then to leave, I did the same
21 routine in reverse. The parking problem could be
22 improved with more valet stops and multi-level garages.
23 The ER already has valet parking, and it work
24 exceptionally well.

25 In short, follow up visits today are like

OT27-1

OT27-2

OT27-3

1 taking your Cadillac back to Detroit for an oil change.
2 It makes sense to expand the ORs, ERs, and numbers of
3 beds. It makes no sense in expanding the number of
4 outlying offices. It would appear that the only people
5 that might benefit from more offices on this campus are
6 the developers and possibly the doctors. A perfect
7 example of outrageous traffic congestion with hundreds
8 of offices at a huge facility would be Saint John's in
9 Santa Monica. Another perfect example of a good campus
10 is Heart Hospital in Bakersfield. Unfortunately, I've
11 been to them all.

OT27-3

12 In summary, this hospital needs more space for
13 ORs, ERs and beds because in an emergency we have no
14 other choice. Ambulances bring us to the first
15 available and closest hospital and there is no other.
16 And that is the subject for another time. Please do not
17 accept this plan as currently proposed. Chose
18 alternatives one or two. Build the offices elsewhere.
19 Please put the patients first. And just closing, on a
20 personal note, I'd like to thank Daniel Lupold
21 (phonetic) who's standing in the back for expediting my
22 wife's pathology. And I'd like to thank the doctors and
23 nurses and the volunteers at Henry Mayo for all the help
24 they've given me over the years. Thank you.

OT27-4

OT27-5

25 MAYOR KELLAR: Thank you. Next is Robin

1 Clough.

2 ROBIN CLOUGH: Good evening, Mayor Kellar,
3 Council members. I have just one thing to ask you, but
4 it's a very difficult request. I ask you to read the
5 Master Plan and Developers Agreement once more. Read it
6 in quiet with an open and indifferent mind. Read it
7 without emotion. Vanquish from your memory the smoke
8 screen of rhetoric, testimonials and those who do or do
9 not endorse the plan. Read every word objectively.
10 Scrutinize every detail with a fresh pair of eyes. Let
11 only the facts and the truth stare back at you and
12 rattle what is included or more importantly what is not
13 included or guaranteed. Then absorb the full impact and
14 far-reaching magnitude of your decision. It is your
15 responsibility to protect your constituents knowing that
16 most who come before you, regardless of status, are low
17 information constituents. Pay attention when the alarms
18 are blinking red. Bear in mind this critical judgement
19 and its ramifications are being made under your watch
20 and ill be your legacy. Thank you.

21 MAYOR KELLAR: Thank you, Robin. TimBen
22 Boydston followed by Alan Zada followed by Minerva
23 Williams.

24 TIMBEN BOYDSTON: Mayor Kellar, City Council
25 members and Mr. Pulskamp, our City Manager, and the

OT28-1

OT29-1

1 citizens of the great city of Santa Clarita. I'm former
2 Council member, TimBen Boydston, speaking to you this
3 evening as a former council member and as a member of
4 the Santa Clarita Neighborhood Coalition. I asked our
5 Planning Director, Paul Brotzman, in an e-mail if I
6 could be given 30 minutes at the City Council meeting to
7 present the results of a study of a parking shortage of
8 the G&L Realty office complex in Henry Mayo Hospital. I
9 was told that this choice was up to the City Council.
10 So I'm here to ask the City Council for 30 minutes of
11 the next Council meeting which deals with the hospital.
12 And please let me know, so that I may break it down into
13 three-minute segments with a Power Point presentation if
14 my request is denied.

OT29-1

15 It's critical that the public and the City know
16 that the project has a huge parking deficit, why this
17 deficit exists, and that it will get worse. My study
18 also shows huge flaws in the parking study which is part
19 of the current EIR. I do not do this study with any
20 outcomes in mind, and I have not been paid to do it. It
21 is important to note that each parking space that is
22 left out of this project saves the developers
23 approximately \$30,000. A hundred spaces is three
24 million dollars. It was frustrating to have this -- to
25 leave this Council while this project was still being

OT29-2

OT29-3

1 considered. I was told that the current EIR would be
2 given to us before last Christmas. However, when I kept
3 my word and did not run for office, suddenly, there was
4 no hurry to get the project back before the Council.

5 Now that the election has taken place, we can
6 see why. G&L Realty donated \$30,000 to get Miss Ender
7 elected because they expect to get a yes vote from her
8 with no changes to this grossly under-parked project.
9 \$30,000 is about the cost of one parking space.
10 Miss Ender, please ask your fellow Council members to
11 give me 30 minutes to present my Power Point
12 presentation, as I know you have said that your mind is
13 still open. Unlike what the proponent is saying, the
14 hospital is not being parked to Code. The Planning
15 Department is allowing an egregious misinterpretation of
16 the Code and allowing a newly loophole to create a huge
17 deficit.

18 For starters, ask the proponents how many
19 parking spaces are supplied for the 33 beds in the
20 emergency rooms? I will tell you: Zero.

21 MAYOR KELLAR: Thank you, sir. Alan Zada.

22 ALAN ZADA: Good evening. My name is Alan
23 Zada. I am the president of the Valencia Summit
24 Homeowner's Association, but tonight, I'm not here
25 representing them. I'm just a parent, husband and

OT29-3

OT29-4

OT29-5

OT30-1

1 concerned 20-year resident of Santa Clarita. For one
2 thing, I am for expanding our hospital. That is the key
3 word here, hospital. I'm all for hospitals. I don't
4 think there's one single person here that would tell
5 you, let's not make our hospital bigger. I don't think
6 there is one person here. By the way, there was a
7 slough of doctors today out here, so I'm not a doctor,
8 but I was a premed at USC. I don't know if that counts
9 or not.

OT30-1

10 Well, here's a little story. On November 16th
11 of 2007, my 18-year-old son, Troy, was attending college
12 and was skateboarding after turning in his term paper.
13 He was riding the skateboard and hit a crack in the
14 sidewalk and went flying about six feet in the air and
15 landed straight on his head. He suffered severe head
16 trauma, was transported by ambulance to the nearest
17 trauma center emergency room. He was very lucky to
18 arrive at the trauma center within 42 minutes of the
19 accident. The caring and wonderful nurses and doctors
20 saved his life. He spent the next five days in
21 intensive care, underwent numerous CT scans. And
22 emergency surgery saved his life. The wonderful
23 hospital was Cottage Hospital, a hospital very
24 similar -- Cottage Hospital of Santa Barbara -- a
25 hospital very similar to Henry Mayo. It's also

OT30-2

1 expanding. It's going to do a huge expansion, but none
2 of their expansion includes one single office building.

3 They instead invested in expanding their
4 emergency rooms, added more beds, added more operating
5 rooms and made a facility better for their patients, not
6 for their investors. My son's life was saved not
7 because they had three or four new office towers and not
8 because they had a new parking structure, but because
9 they invested in the welfare of their patients.

10 One of the reasons G&L uses for wanting office
11 towers was that they want the doctors to be just a few
12 minutes away from the hospital. My son's neurosurgeon
13 is 30 miles away. His office is 30 miles away. To add
14 to that, Cedar Sinai Medical Office -- Medical
15 Hospital -- none of their medical office buildings are
16 closer than three miles away. Cedar Sinai is one of the
17 premier hospitals in the United States. They attract
18 top doctors. I don't think that discourages any of
19 their doctors from going to Cedar Sinai. So please
20 don't use that excuse that we have to have office
21 buildings to do that. Let's not kid ourselves. This is
22 all about money and profit, and not anything about us or
23 the patients. Have we not learned anything about the
24 recent financial crisis? It's all about money.

25 I say go ahead and improve our hospital and add

OT30-2

OT30-3

OT30-4

1 more beds and needed neonatal intensive care units, but
2 don't promise something you have no intention paying up.
3 You have been lied to by too many of our politicians,
4 and it's sad to see how our City Council members can sit
5 up here and look at us in the face after they have
6 accepted money from G&L and tell us it's not all about
7 money. Thank you very much.

8 MAYOR KELLAR: Thank you, Mr. Zada.

9 If I can -- if you would like, Andy, we have
10 some seats right up front here. I know your mother and
11 wife are there. You're welcome to come up front and
12 take those seats. Minerva Williams. And you'll be
13 followed by Henry Schultz.

14 MINERVA WILLIAMS: Good evening, Bob Kellar,
15 Mr. Mayor, City Council members, my name is Minerva
16 Williams, and I live in Castaic. I believe in great
17 health care. I believe that it's necessary that a city
18 this size has the ability to service the people here.
19 I'm also an insurance rep with Afflek West which is
20 based here in the Santa Clarita Valley. I drive past
21 the hospital almost every day, and I know this has been
22 said by someone prior to me. But I care about the
23 nightmare that I'm sitting here watching happening with
24 this hospital, the developers, and the urgency that's
25 needed at the same time. I also believe in

OT30-4

OT31-1

1 transparency. I also believe at the last Santa Clarita
2 Council Meeting that the City adopted a new version of
3 the Valencia Bridge and the Thoroughfare Districts.
4 There was no staff report, the Council decision of the
5 content, nor the public testimony occurred. Does the
6 Santa Clarita Council know that the new bridge and
7 thoroughfare district gave a 2.2 million-dollar gift of
8 public funds to G&L Realty? The intersection of Orchard
9 Village Road and McBean Parkway are the responsibilities
10 of a major development project located at that
11 intersection. In addition to improving this
12 intersection, the project would have to routinely have
13 to make a substantial cash contribution in bridge and
14 thoroughfare fees for the regional traffic improvements
15 off site of the project.

16 Astoundingly, again, a 2.2 million-dollar
17 corporate welfare gift was presented to G&L. We can
18 recognize the conflict of interest here, and we
19 understand the difference between business and
20 nonprofit. It is a significant infraction on your
21 Environmental Impact Report. The guys said earlier that
22 we needed to respect those experts that have presented
23 this information to you. And those experts are your
24 Planning Commission, which I wish you would take very
25 serious in their consideration. I do not believe that

OT31-2

OT31-3

1 we should be juvenized, called nimbys or any other
2 disrespectful terms, because we're simply just bringing
3 it to your attention. Watch the money. Thank you.

4 MAYOR KELLAR: Thank you, Miss Williams.
5 Henry Schultz. Henry, you'll be followed by Alan Wright
6 followed by Sandra Cattell.

7 HENRY SCHULTZ: Thank you, Mayor Kellar and
8 Council members. There's -- this Master Plan has a lot
9 of problems, but I just want to focus on what I think is
10 the main problem which is operating rooms. Dr. Dorio
11 mentioned that there are only three operating rooms at
12 our hospital here, Henry Mayo. And that's for 217 beds.
13 Roughly, over at Holy Cross, you have eight operating
14 rooms for roughly the same number of beds. So we have a
15 real problem, a real shortage of operating rooms. One
16 of the problems, of course, is if you want to have
17 centers of excellence, you need to attract doctors. And
18 the way to attract doctors, and the way to attract
19 doctors is to have operating rooms. We don't have that.
20 So this plan is completely missing the point as people
21 have said over and over, and I wanted to reiterate it.
22 What you need to do is, expand the hospital, not rooms
23 for -- offices for our doctors. I have a bunch of
24 doctors unfortunately. And two of them just recently
25 left the confines after many years and moved away from

OT31-3

OT32-1

1 the campus -- hospital campus. And that's because
2 they're being gouged. And what's gonna happen here,
3 these offices are being built for profit, and there's no
4 intention of improving the quality of care which is good
5 right now, but you can't keep that up if you don't have
6 the facilities. So you really need to have operating
7 rooms and the appropriate number of beds to go with
8 that, so that's what needs to be done with this plan, or
9 this plan is useless.

10 MAYOR KELLAR: Thank you, Mr. Schultz.

11 Mr. Alan Wright.

12 ALAN WRIGHT: Mayor Kellar, City Council
13 members, members of the audience, I'm Alan Wright. I
14 live in Valencia, and I've been involved with this
15 project now for a couple of years, so I've heard a lot
16 of things. One of the things that's stuck in my craw
17 is -- has to do with the semantics of the term "Hospital
18 Master Plan," which has been used to sell the plan. And
19 it's been used to define it when we're really looking at
20 a development plan. And if you listen to all of the
21 speakers, you really realize that's exactly what it is.
22 If -- had the hospital prepared a realistic definitive
23 Master Plan -- which I'm familiar with. As an
24 architect, I worked on many of these -- they would have
25 defined all of these elements in their plan. They would

OT32-1

OT33-1

1 have -- we would all know what it is they want. And
2 instead of the G&L Realty running the show with the
3 hospital funding for it, the hospital would be running
4 the show, and the medical office buildings would be part
5 of that medical plan. That would make sense. Had they
6 done that a couple of years ago, I have no doubt that
7 they would have succeeded and moved this thing forward.
8 But we're here now, and I can't change that. Only now,
9 some elements of their plan are really being revealed
10 to us as if this was a competitive secret to tell us
11 anything about these things. So I really came here to
12 talk a little bit about the parking.

13 TimBen Boydston, of course, is in much more
14 detail about this, and I'm really leaving the details to
15 him. But one of the things I did, I spent quite a bit
16 of time looking at the EIR and looking at the
17 Development Agreement with respect to parking. And as
18 you look at that, and you look at the City Code
19 requirements, you see that it seems to all match up.
20 They've got the right number of square feet for it. And
21 so the net result, if you look at that plan, is that
22 they're providing the Code amount of parking all the way
23 up through -- if they choose to do it -- a third office
24 building. That -- however, I looked at the existing
25 conditions. We hear many times about how many people

OT33-1

OT33-2

1 are disenchanted with the parking. Well, there's 1,114
2 existing spaces. The Code requirement for that is only
3 950. So what gives? You need to look at the plan.

4 MAYOR KELLAR: Thank you, Mr. Wright. Sandra
5 Cattell followed by Valerie Thomas followed by Robin
6 Stevenson.

7 Sandra.

8 SANDRA CATTELL: Good evening, Council. My
9 name is Sandra Cattell, and I'm a resident of Newhall,
10 so this is not exactly in my backyard. I am not in
11 opposition to a hospital expansion. For the past 30
12 years, Henry Mayo has been my hospital as it is the
13 hospital of first response for most people in this room.
14 I'm had natural childbirth there, surgery for extremely
15 rare bone tumor, numerous trips to the ER with my
16 children who somehow managed to become adults. Like
17 everyone else here, we all want to see that hospital
18 expanded. By the way, I feel all those things I've been
19 through, just like all the other speakers, it makes me
20 an expert now on hospitals. We need more beds. We need
21 the replacement of the heliport, and we need many more
22 operating rooms. These immediate needs have been put on
23 hold behind parking structures and office buildings to
24 be considered after the construction. We need beds and
25 office room now. And I beg G&L and your Council to

OT33-2

OT34-1

OT34-2

1 insist that a hospital expansion become a priority. And
2 remember that true disaster readiness will be delayed
3 under this particular plan for probably 10 to 15 years.

OT34-2

4 I would suggest that you look, again, at Alternative 2
5 which is two office buildings and an inpatient building.
6 That would be a viable alternative especially if the
7 hospital inpatient building was commenced immediately.

OT34-3

8 Thank you very much for your time.

9 MAYOR KELLAR: Thank you, Sandra.

10 Val Thomas.

11 VALERIE THOMAS: Good evening, Mayor Kellar,
12 City Council. I'm here this evening representing myself
13 and also Placerita Canyon Property Owners Association,
14 PCPOA. Virtually, nobody in this room opposes a
15 hospital expansion plan, but many oppose this proposal.
16 This ad ran in the Signal last Friday. It's an ad for
17 Providence Holy Cross. Construction is ahead of
18 schedule on an expansion that will add 136 new patient
19 beds, plus, a vitally needed neonatal intensive care
20 unit. That's hospital expansion. And Henry Mayo -- to
21 get additional beds, it goes down to TCU and sent our
22 seniors over the hill for their recuperation.

OT35-1

23 The proposal before us tonight is primarily for
24 office buildings and parking structures. Council member
25 Ferry says "It's the brains that make us better, not the

OT35-2

1 beds." Yes, Councilman, we do get that. In the last
2 few years, I have had several orthopedic surgeries. My
3 surgeon is affiliated with Curly Job and Cedars Sinai.
4 The Curly Job Clinic is a freestanding facility with
5 equipment to perform MRIs, CAT scans, even day
6 surgeries. I have no idea where the nearest hospital
7 is, but I can assure you, it is not on the other side of
8 the meditation garden. Cedars has a similar setup to
9 their orthopedic surgeons. It's located more than a
10 mile from the hospital tower, and that's as the crow
11 flies. You have to get across San Vincente Boulevard
12 and a few other streets like that, but Cedars continues
13 to attract some of the finest physicians and surgeons in
14 the world. Now, we in Placerita Canyon are very
15 sensitive to problems involved with getting in and out
16 of places. All access to Henry Mayo is off McBean
17 Parkway.

OT35-2

18 A few weeks ago, a broken water main shut down
19 McBean. I was caught in that traffic, and I wondered if
20 a husband driving his wife to Henry Mayo to have their
21 baby might also be caught there. What about a parent
22 taking his child there for an X ray or stitches from a
23 soccer mishap? Everyone was caught in that. Possibly,
24 ambulances could have gotten through, but individuals,
25 no. Please give us a true hospital expansion with

OT35-3

OT35-4

OT35-5

1 adequate beds and operating rooms to attract the brains
2 we need to make us well, and keep the roads as clear as
3 possible, so we can get to them when we need to. Thank
4 you.

5 MAYOR KELLAR: Thank you, Val. Our next
6 speaker is Robin Stevenson followed by Annette Lucas
7 followed by Richard North.

8 ROBIN STEVENSON: Thank you. My name is
9 Robin Stevenson, and I live in Valencia. And,
10 incidentally, in two days it will be eight years since I
11 stood before you and talked to you about a different
12 issue. I talked to you then about my concerns about
13 restriping McBean. I stated at the time that I was
14 really concerned about crowding six lanes into the
15 existing roadway would be dangerous. I stated I feared
16 it was only a matter of time before a car would jump the
17 curb and -- Heaven forbid -- and cause a terrible
18 accident and hurt someone. Remember, along McBean
19 there's a heavily used sidewalk, and in some cases,
20 houses are as close to six yards from the traffic.

21 Immediately after restripping, that happened,
22 within days, within just my little four-block
23 neighborhood. A car jumped the curb and went careening
24 down the sidewalk and crashed into a tree. It has
25 continued to happen since that time up and down McBean.

OT35-5

OT36-1

1 Just a few weeks ago on August 2nd, it happened again.
2 I have some pictures I'd like to share with the Council
3 members. As you can see, as you receive these pictures,
4 a utility van jumped the curb and crashed through the
5 little decorative wall -- I don't know what they call
6 it. It's right there at the end of the street -- ending
7 up just inches from a homeowner's fence. The wall
8 exploded. The blocks went flying everywhere. Had
9 anyone been standing within a 30-foot range of this
10 accident, or had children been playing on the
11 cul-de-sac -- which they often do -- they could have
12 been killed by the flying blocks. Like it was eight
13 years ago when I was here, my concern is one of safety.
14 It is not what we really talked about here tonight, but
15 I think that the additional traffic that this expansion
16 would bring to the neighborhood would just be too great.
17 The homes are too close. That's why it's zoned the way
18 it is, right now. We can't handle the extra traffic,
19 and we can't handle the danger it brings. If we can't
20 handle it now, how will it be after this expansion? I
21 am -- like everyone else -- not anti-hospital. I just
22 ask you to please consider the scale versus the size of
23 the campus and the type of neighborhood as recently, I
24 have noticed personnel parking in front of my house and
25 walking across the street.

OT36-1

OT36-2

OT36-3

OT36-4

1 That doesn't really bother me that much right
2 now, but this is before the expansion. This is before
3 the paid parking. How is it going to be when it's later
4 on when there won't be room for the neighborhood people
5 to park on their street in front of their houses?

OT36-4

6 Please scale back to something appropriate for the
7 neighborhood. Scale back, and you'll have my support.
8 Thank you very much.

OT36-5

9 MAYOR KELLAR: Thank you. Annette Lucas.

10 ANNETTE LUCAS: Mayor Kellar and members of the
11 City Council, my name is Annette Lucas, and my family
12 and I reside in Newhall. I do not oppose expanding the
13 hospital. Expand the hospital. We need it. However,
14 the public has been misled by a flawed EIR that hides
15 the massive parking and too many medical office
16 buildings. Many of these flaws have been brought to
17 your attention by well-meaning Santa Clarita citizens.

OT37-1

OT37-2

OT37-3

18 The revision in the new general plan will only bring
19 rapid growth to a city that is already landlocked with
20 traffic that cannot be mitigated because we do not have
21 the ability to provide grid cross traffic. I am
22 counting on this Council to make tough calls, not
23 politically expedient ones.

OT37-4

24 I vote at every single election, and this
25 statement is not meant to be a threat, just the fact

OT37-5

1 that I expect this Council to study all the facts and
2 build a hospital on land that is adequate for the needs
3 of the community and not impose hardship on surrounding
4 residences. And as my daughter comes to speak tonight,
5 she is a testimony of what has happened in the past at
6 Henry Mayo. Our family is greatly indebted to them, but
7 I can tell you, we need a hospital, not buildings.
8 Thank you.

9 MAYOR KELLAR: Thank you, Annette. Sir, I'm
10 probably going to mispronounce your name. Richard --

11 RICHARD NORTH: North.

12 MAYOR KELLAR: North? Thank you, sir.

13 RICHARD NORTH: Good evening, Mr. Mayor, City
14 Council members, my name is Richard North. I live in
15 Valencia. After watching this no-hospital drama unfold
16 for nearly four years, I believe that the hospital
17 EIR -- the one that's been bought up tonight -- should
18 be divided into two sections. The first EIR should show
19 the effects of the property owned by G&L, and the second
20 EIR should show the effects of the projects proposed by
21 Henry Mayo.

22 Practically speaking, this is true from a
23 standpoint that Roger Seavers stood before you last year
24 and testified that he cannot guarantee a hospital would
25 ever be built. See the need for two EIRs to protect the

OT37-5

OT38-1

1 citizens of this valley? Legally, the need for this is
2 clearly shown in the Santa Clarita City UDC. In the
3 Code Section of the UDC, devoted to Master Plans,
4 specifically, Section L, grounds for revocation of
5 Master Plans are listed. Is clear that when this Code
6 Section was drafted, that the idea that two completely
7 dissimilar applicants -- each owning a different part of
8 the land -- each legally quite different -- one being
9 for profit, one being a nonprofit -- would never be
10 co-mingled in the same series of development
11 applications.

12 In the Revocation of Master Plans, described in
13 Section L of the City's Unified Development Code, there
14 is no provision for the City to be able to repeal any
15 portion of a granted Master Plan. Under the Code, you
16 either repeal all of it, or none of it. Our nonprofit
17 hospitals should not have to worry about nonperformance
18 by G&L, or should G&L have to worry about another
19 bankruptcy by Henry Mayo. In conclusion, as the City
20 has done with many other applicants and divide this EIR
21 so the effects can be allocated to their owner. Thank
22 you.

23 MAYOR KELLAR: Thank you, Mr. North. Our last
24 two speakers, Sheryl Lucas. And Sheryl will be followed
25 by Jack Lizarian. (phonetic)

OT38-1

1 SHERYL LUCAS: Here I am, as the testimony my
2 mom was talking about. There's been a lot of other
3 testimony of what Henry Mayo has done for this city, and
4 I'm not the only one. It was in 1988 when I had my
5 accident, and the emergency and the hospital and
6 everything was wonderful. We had a wonderful experience
7 and wonderful doctors. And the trauma team was amazing.
8 But as the city has grown, and as I continue to go to
9 Henry Mayo because of this, that or whatever, being in
10 my condition, it makes it so that you see the emergency
11 room slowing down. And you're waiting either in the
12 hallway to get into an emergency room, to get into
13 another room so the doctor can see you, and I've ended
14 up on all levels of the hospital or all places in the
15 hospital that have nothing to do with where I'm supposed
16 to be. So when I look at the hospital anyway, to put
17 more office spaces there, and then try and say that's
18 helping the hospital, I don't understand. Because you
19 need more room for the hospital and more room for the
20 parking because there's not enough parking. And there's
21 not enough hospital.

22 So if you put more office spaces there, you're
23 definitely not helping out the hospital. So, I guess,
24 what I'm trying to say is, that when you look around at
25 this hospital, you see a very small hospital, and you

OT39-1

1 see very small parking for that hospital. And when you
2 think about putting even more buildings there, that
3 suit -- office spaces that -- even around town, when you
4 look at the office spaces, most of those buildings are
5 empty. They aren't full. So if you put those office
6 buildings where the hospital should be, and they're
7 empty, why wouldn't you with a hospital to have more
8 space there than to have empty office spaces. Thank
9 you.

10 MAYOR KELLAR: Thank you, Miss Lucas. Our last
11 speaker is Jack Lizarian. Jack Lizarian. Am I
12 mispronouncing your name, sir? Okay. Perhaps he's no
13 longer with us this evening.

14 If I may, on some of the comment cards, I have
15 another card in support by a gentleman, here, that I
16 misplaced earlier. I've got probably, folks, in
17 opposition a dozen cards, letters to Council and
18 comments on Revised Draft EIR hospital expansion, five
19 copies of the letter provided. I'm gonna ask the City
20 Clerk, if he would, we'll be happy to attach these. Can
21 you please have -- make sure that Council gets these.
22 People have gone to great length to prepare some
23 remarks. Another one is an attachment.

24 UNIDENTIFIED MALE: Mr. Mayor, time should be
25 allowed for rebuttal, if you desire.

1 MAYOR KELLAR: Not too late. "Not opposed to
2 the expansion, but am opposed to how it should be
3 expanded. Project changes over the last three years."
4 Another one, opposition, "hospital needs to expand for
5 our community, but our Master Plan was never intended
6 for serving such a large area." And a couple of others
7 with similar comments. Okay.

8 The applicant, Roger, would you like to come
9 forward, sir?

10 ROGER SEAVER: Mr. Mayor and members of
11 Council, I'd be happy to answer questions of some of the
12 issues that came up tonight, if you would like?
13 Otherwise, we can respond in writing as well.

14 MAYOR KELLAR: Okay. Do you have any responses
15 based upon what you've listened to?

16 MR. SEAVER: There were several things said
17 regarding operating rooms and so on. I've clarified
18 that in prior testimony. I'd be happy to clarify it
19 again in writing or respond to the issue on some of the
20 services or statements made in the past. But I think,
21 in interest of time, I can do that either to your
22 questions or with written comments.

23 MAYOR KELLAR: I can read the body language of
24 Council member Weste. I think you should stay right
25 where you are and prepare for questions.

1 MR. SEAVER: Just for clarification, the
2 hospital operates eight operating rooms, but in the main
3 hospital for inpatient care, the four operating rooms,
4 we always have one blocked for trauma or emergency
5 C-section. We have space and one additional operating
6 room in the main hospital, and we have state plans in
7 for final approval. Unfortunately, that project will
8 take probably over a year to complete. And I would
9 agree that we need more operating rooms. There is no
10 facility available on our campus, and the commitments in
11 the Master Plan are to increase the inpatient operating
12 rooms, at least, by 50 percent. We will do further
13 study to see if that's adequate, or if we need more than
14 that in expansion. As you may be aware, even in an
15 hospital, more than 60 percent of our surgeries are on
16 an outpatient basis. We have four operating rooms on an
17 outpatient basis. They do not run in that same
18 capacity, nor does the inpatient. However, on the
19 inpatient it is inconvenient.

20 COUNCILMEMBER WESTE: The 60 percent of those
21 surgeries that are outpatient, are those not done on the
22 campus?

23 MR. SEAVER: Yes, they are. And we have an
24 outpatient service center. And, obviously, handling the
25 outpatient surgeries is likely in one of the medical

1 buildings that will be developed. It certainly could
2 handle the continued increase and capacity would be
3 available in the medical.

4 COUNCILMEMBER WESTE: I think this is an
5 important issue to review. When we come back, I think
6 that needs to be restated and clarified and all the
7 problems with that.

8 MAYOR KELLAR: Other questions for Roger?

9 COUNCILMEMBER FERRY: Yes, heliport rules. It
10 mentions heliport rules, and that's been a concern.
11 What can the hospital put in place for the City in
12 regards to heliport rules?

13 MR. SEAVER: Well, the heliport, for hospital
14 use, is a restricted use, and I'm going to defer to some
15 other experts, but I know it's in some of the
16 documentation. It's either in the civil aeronautics or
17 the FAA, but the use of an heliport on hospital campus
18 is strictly for medical transport. So for -- our use,
19 historically, was under ten trips a month. Much of our
20 expansion and services would reduce the use for
21 outgoing, either for cardiac care or for NICU. So
22 the -- I think the EIR has an estimate projected use
23 could max out at 17 trips a month, but that's -- that's
24 a projection independent of the hospital.

25 COUNCILMEMBER FERRY: The next question I had,

1 it is a real concern that Miss Wray brought up, and I
2 believe Mr. Wright. During the construction, the
3 construction parking -- obviously, your construction, it
4 is gonna affect residents. I know I'm going through
5 that issue now with the Holy Cross Hospital. Doctors,
6 construction workers, patients, what can you do? What's
7 your plan to offset parking impact?

8 MR. SEAVER: There's also a comment about
9 transport to the golf course parking lot, right now.
10 Over the past three weeks, there's been some resurfacing
11 of parking around the medical buildings two days a week.
12 And the staff in the medical buildings have been
13 transported off site to that golf course where they
14 park, and the bus picks them up. I don't believe any
15 hospital personnel were involved in that; although,
16 we're tenants in the building. That staff would have
17 been affected. We will have to have a significant
18 transportation plan for off-site parking during the
19 construction of the first parking structure, which will
20 be the first building we build simply because of time
21 issues and need. So during that time, we do not have a
22 formal plan at the moment. We have to locate a site,
23 enter it into the busing contracts and plan that prior
24 to breaking ground of the parking structure, which we
25 will do for that first structure.

1 COUNCILMEMBER FERRY: I know you have someone
2 transcribing tonight's meeting?

3 MR. SEEVER: Yes, we do.

4 COUNCILMEMBER FERRY: I know it's mentioned by
5 Miss Noltemeyer in regards to transcription, can you
6 make sure when you receive that, a copy is put in the
7 record for public comment?

8 MR. SEEVER: I believe I can do that, yes.

9 MAYOR KELLAR: Marsha.

10 COUNCILMEMBER McLEAN: I was wondering if you
11 have -- Roger, have you been able to -- do you have any
12 plans or blueprints for us tonight on the four-story
13 alternative?

14 MR. SEEVER: No. We -- we're not doing
15 architectural drawings. We've done the analysis.
16 Analysis has been done for the ER. Let me just speak
17 about that on a little bit expanded basis. As you know,
18 this Master Plan is for entitlement to buildings. We
19 have not engaged in full design other than the parking
20 structure, first Medical Building 4 design review
21 purposes. But on the hospital, until we know how high
22 we can build, what plot of land we can use, and what's
23 going to be allowed by this process, we have not engaged
24 in detailed plans. We have analyzed the impact of the
25 four story versus five story.

1 COUNCILMEMBER McLEAN: Where is that in the
2 EIR?

3 MR. SEAVER: I believe the analysis was done by
4 the EIR Consultant.

5 COUNCILMEMBER McLEAN: Okay. Well, you know, I
6 asked her that, and, unfortunately, there's some
7 information in there regarding Alternative No. 3 that
8 the City Council needs to understand. The wording may
9 be technically correct because of square footage, but,
10 practically, there will not be an increase in parking or
11 traffic. The way it was explained to me is that when
12 you have a certain amount of square footage, technically
13 they allot a certain amount of parking and traffic to
14 that.

15 MR. SEAVER: I can address that.

16 COUNCILMEMBER McLEAN: However, there really no
17 increase in traffic or parking with a four-story
18 building?

19 MR. SEAVER: I believe that's correct.

20 COUNCILMEMBER McLEAN: Yes. Okay. And it's
21 unfortunate that it doesn't clarify that in the
22 statement so that we can understand that Alternative No.
23 3 isn't such a bad thing.

24 MR. SEAVER: Councilwoman McLean, I think to
25 the extent the EIR analysis is lacking your, you know,

1 requested input, we'd be happy to supplement that prior
2 to the close of the EIR.

3 COUNCILMEMBER McLEAN: Okay. Thank you. I
4 think I had another question I wanted to ask you. Okay.
5 I guess -- okay. I think the rest would be for our
6 staff.

7 MR. SEAVER: Okay.

8 COUNCILMEMBER McLEAN: Thank you.

9 COUNCILMEMBER ENDER: There have been a lot of
10 issues regarding parking. Has the existing parking lot
11 been reconfigured? Will that be reconfigured as part of
12 all of this?

13 MR. SEAVER: There's several steps to the
14 reconfiguration. The most significant, of course, is
15 building the first structure which both eliminates
16 recurrent ground parking, reallocates spaces, as well as
17 other land spaces around the campus to both meet the
18 Code and maximize available parking. But it will all
19 occur after approval of this process.

20 COUNCILMEMBER ENDER: So is it -- are there
21 more ground-level parking spaces that will be available
22 once its been reconfigured? It just -- it's a really
23 funky parking lot.

24 MR. SEAVER: Thank you very much.

25 COUNCILMEMBER ENDER: I'll start over again.

1 I'm a bad parker, so that part of your problem.

2 MR. SEAVER: Please use our valet parking.

3 COUNCILMEMBER ENDER: Thank you.

4 MR. SEAVER: The answer is yes, but I don't
5 want to mislead here. The added surface parking is
6 small in number, and nowhere really adds to the current
7 parking in and of itself of any significant amount. The
8 structure has to be built to really solve the parking
9 problem. The first structure is in excess of both
10 current demand and required demand for the first medical
11 office building and substantially meets the requirements
12 for the addition to the hospital. It's a major need,
13 and, of course, the heliport on top is also a major
14 need. So it will for all practical reasons with any
15 capability we have of projecting that, solve all of the
16 parking issues before anything else is built. Of
17 course, we'll have other construction after that will be
18 somewhat disruptive, but with the parking structure on
19 campus, the flexibility is increased very significantly.

20 COUNCILMEMBER ENDER: I just have -- I have two
21 other parking questions. And this keeps coming up about
22 the paid parking --

23 MR. SEAVER: Yes.

24 COUNCILMEMBER ENDER: Am I clear in that there
25 will not be paid parking unless we have a separate vote

1 that says we want paid parking? Have we said we want
2 paid parking? I didn't hear. There is no paid parking?

3 MR. SEAVER: This approval process does not
4 allow it, and to the extent it is need to both manage
5 the parking, we would have to come back under a separate
6 process with your approval.

7 COUNCILMEMBER ENDER: Okay. And then -- it's a
8 question that just keeps coming up, and I've asked
9 staff, and I'm gonna throw it out there. Is there
10 enough parking in this plan? Is this parking sufficient
11 for the amount of buildings that is proposed and the
12 amount of office space?

13 MR. SEAVER: I think you're gonna ask the staff
14 that. I can say with great confidence it is based on
15 the studies that have been done and the known combined
16 uses we gained to a pretty rich Code which we're going
17 to adopt as part of this, not retaining the old Code
18 which is less parking than may be required today. But
19 adopting the City's Code of today for the entire campus
20 gives me great assurance for that.

21 COUNCILMEMBER FERRY: This outpatient operating
22 room is definitely a concern for the Council as well as
23 for everyone else. When you talk about outpatient
24 operating room, can you list surgeries that are done in
25 an outpatient operating room that ten years, fifteen

1 years, twenty years ago may have been done in an
2 inpatient building that today are -- is there
3 outpatient?

4 MR. SEEVER: Would could do that in a
5 supplemental, in a memorandum.

6 COUNCILMEMBER FERRY: Please.

7 MR. SEEVER: We would be happy to do that. The
8 other thing that's most interesting to try to project
9 forward, for example, we have quite a capability today
10 with the skills of the neurosurgeons to do a lot of
11 spine surgery. The prediction in the field is 75
12 percent of the spine surgery will be outpatient within
13 the next five years. So it's a current inpatient demand
14 of significant time, and because of the new techniques
15 and surgery and so on, the majority of that's gonna be
16 done on an outpatient basis. I'd be happy to respond to
17 further questions, but I'd prefer to follow on other
18 issues that have brought forward tonight. Thank you for
19 your time.

20 MAYOR KELLAR: Before I go forward, City Staff,
21 do you have any comments that you wish to make here?

22 MR. BROTZMAN: There is one comment that I
23 would like to make. It's just really one of reassurance
24 because it keeps coming back, the comment that there is
25 a threat of eminent domain, and that some people may

1 lose their homes. That is absolutely not the case. The
2 realignment that's being done on McBean takes away that
3 need. The Development Agreement precludes that
4 potential, so that -- I don't know how to say it more
5 strongly. There will be no eminent domain, and there is
6 no basis for a need for eminent domain based on the
7 redesign that's been done, so that's been done for this
8 project.

9 COUNCILMEMBER McLEAN: Paul, one of the
10 statements that was made was that there's eminent domain
11 listed in state documents which could then be turned
12 around and be used in the project. Could you address
13 that?

14 PAUL BROTZMAN: I think the City Attorney is
15 prepared to address that.

16 CARL NEWTON: Yes. I think if I heard you
17 comment correctly, there was a reference to eminent
18 domain in the Conditions of Approval. I believe the
19 Condition of Approval that's being referred to is
20 standard Condition of Approval which essentially says
21 that in the event that eminent domain is necessary to
22 acquire property for improvements that are commissioned
23 to be built the developer agrees that they're gonna
24 reimburse the city for these cost. With respect to the
25 Development Agreement, the Development Agreement

1 specifically prohibits residential eminent domain. The
2 only reason it uses the qualifier residential is there
3 were two instances that were being looked at by staff as
4 to where eminent domain might have a potential. And I
5 don't know, as I sit here today, whether those have been
6 closed off. One was at the intersection of Valencia and
7 McBean. Obviously, that would be a residential
8 acquisition. And staff was confirming whether or not
9 any right-of-way would be needed at Valencia and McBean
10 based on the traffic improvements that need to be built
11 there, and then the second possibility was if there was
12 a realignment of McBean, whether or not any additional
13 sewer easements would be needed from the adjacent
14 medical building site. So if those two items can be
15 clarified in the next few weeks, it maybe that we can
16 eliminate any reference to eminent domain. Those are
17 the only two anticipated locations where there might be
18 some right-of-way.

19 UNIDENTIFIED MALE: I think it's important
20 again to note that the City through this process will
21 not be taking anybody's homes as a result of this
22 project. So that's clearly been an issue that's been of
23 great concern. It's been raised here very carefully and
24 removed that need and precluded it through the
25 development process.

1 MAYOR KELLAR: Paul, would you make comment
2 about some concerns by the public having to do with the
3 B&T fees?

4 PAUL BROTZMAN: Yes, I can. As a matter of
5 fact, the changes in B&T District will give the hospital
6 credit for about \$300,000 worth of street improvements
7 that will be required as a part of this project. The
8 B&T fees, however, are going up. The hospital's B&T
9 fees will go up from \$450,000 to over \$750,000. And in
10 addition to that, above and beyond that, the City
11 through the Development Agreement is requiring the
12 hospital to contribute an additional \$500,000. So, yes,
13 they do get a credit. It's 300,000, however, their fees
14 will go up, and they will be required to contribute
15 500,000 over and above that.

16 MAYOR KELLAR: You indicated the hospital.
17 What about G&L?

18 PAUL BROTZMAN: Well, the project itself.

19 COUNCILMEMBER McLEAN: I have a couple more
20 questions for Paul. There was mentioned a "most favored
21 nation" clause agreement. Is anything being given to
22 G&L that is different from any other developer for any
23 other project?

24 PAUL BROTZMAN: You know, that -- every
25 Development Agreement has different provisions and

1 different requirements. I at this point, without
2 studying some specific issues or having some more
3 specifics provided to us, I am unaware of any provision
4 in this Development Agreement that would give any other
5 Development Agreement benefits that they do not already
6 have. I would certainly welcome any specific
7 information with that regard. We will definitely
8 research it, but at this point, I am not aware of
9 anything that would result in the outcome that was
10 suggested in the comments earlier today. Joe Montes may
11 have some additional comments on that.

12 MR. MONTES: In the intervening time, we will
13 certainly review the City's Development Agreements to
14 identify any that have a "most favored nation's clause"
15 as well as what impact this impact this will have on
16 those. We will be able to report back to you on that.

17 COUNCILMEMBER McLEAN: I want to assure the
18 public out there. This is the last EIR. This is the
19 Development Agreement. This is the June EIR. And it
20 had all kinds of sticky notes, and I took them off to
21 put them in the new ones. This is all the material with
22 all the little sticky notes that I have looked at, and I
23 can assure you that I am going through these documents
24 as carefully as I can to have all my questions answered.
25 These are all the sticky notes for our agenda item, so

1 I'd like to go through some things and ask you
2 questions. Okay. In the Development Agreement here
3 under -- this is just a summary but -- under sequence of
4 improvements, Section 4.71, regarding timing, this is
5 really hard to follow here. It's under Section 4.7.1,
6 but as you go down the page, and you go clear down to
7 the issuance of a building permit for Medical Office
8 Building 3, and it requires the following, it says
9 foundation for the inpatient building are to be
10 substantially complete. Either vertical steel bar must
11 be in places for the first column section. Or if a
12 steel structural frame is to be used, the first vertical
13 steel column section must be in place. Now, I asked how
14 much of the building is actual -- or the foundation and
15 the rebar is actual done. And I was told it's told it's
16 actually quite a bit. And there would be an
17 illustration here that would kind of show how much of
18 that building would need to be completed before they
19 could pull a permit for Medical Office Building 3
20 because that seems to be a concern. Is there some
21 information for me on that, or will you be getting that
22 to me?

23 MR. MONTES: We've not had an illustration this
24 evening that would show how much of the building has
25 been done, but we can provide that at the next meeting

1 in addition to an itemization of what steps had to be
2 undertaken with respect to the inpatient building prior
3 to that time.

4 COUNCILMEMBER McLEAN: And if it's possible, to
5 get it to me before -- sometime before the next meeting
6 so I could look at it. I would also like to suggest
7 that under Certificate of Occupance for Medical Office
8 Building 3, that -- if at all possible, you add a No. 4
9 and have it say inpatient building must be complete and
10 ready for occupancy.

11 MAYOR KELLAR: Marsha, you indicated that you
12 had a number of stickies?

13 COUNCILMEMBER McLEAN: Let me just go a little
14 bit. I kind of wanted it in the record. In looking at
15 this, there's different areas where you mentioned
16 mitigation, and I'm wondering if there's a list
17 somewhere that I could see, the total mitigation for the
18 surrounding neighborhood?

19 MS. WEBBER: Council member, McLean, the
20 mitigation measures are included in the executive
21 summary of the September improvised Draft EIR. They
22 were also in your agenda report specifically a
23 mitigation monitoring and reporting program will be
24 developed and incorporated into the final EIR which will
25 be brought back to the City Council before making a

1 final determination.

2 COUNCILMEMBER McLEAN: Okay. Would that
3 include, for instance, like regarding noise, starting
4 time? For instance, most city's time, I think, it's
5 what? 7:00 a.m.? But the problem is, at 7:00 a.m.,
6 then the trucks start coming with their backing up
7 little dings and bells at 6:30 a.m. And I think if the
8 residents are going to have to go through 10 or 15 years
9 of construction, we need to clarify that.

10 MS. WEBBER: Absolutely. We made the
11 construction hour provision more stringent than the
12 typical ordinance time period.

13 COUNCILMEMBER McLEAN: Okay. Because I would
14 be concerned also of addressing the droning of the air
15 conditioning unit. I think I heard that those are all
16 going to be incased in the building itself so they're
17 not sitting on the roof; is that correct? And I just
18 want to mention that in here, it says Alternative 2. It
19 will be as 1 and 2. The inpatient building at the
20 supporting facility has been selected as the
21 environmentally superior alternative to the proposed
22 project due to less construction impact, use of fewer
23 natural resources, less traffic. I don't have a whole
24 bunch more; okay? In talking -- again, let's see. In
25 Section 4.7.1, timing of construction project

1 improvements, when you go down certificate of occupancy
2 for Medical Office Building 2, when you talk about No.
3 5, written documentation that 20 percent of MOB2
4 leasable space has been leased to Henry Mayo Memorial
5 Hospital for centers of excellence or other hospital
6 related uses, I think I stated clear back in 2007 when
7 we had our last meeting that I didn't think 20 percent
8 guarantee was enough. And I think, Roger, you said
9 you're going to look at that. But it's still as 20
10 percent. So I would like to have that addressed. There
11 was one portion in Section 5.1 and 5.2 where it talk
12 about the use for the medical office buildings; however,
13 it states that all the hospital has to do is opt out with
14 a letter, so that they can change that the types of uses
15 that we have listed as being acceptable. In other
16 words, not so many dentist office, not so many
17 optometrists, but actual uses that the hospital will use
18 in these medical office buildings. I have a concern
19 about that language. Okay. I think that's all I need
20 to ask right now.

21 MAYOR KELLAR: Frank, do you have something
22 more?

23 COUNCILMEMBER FERRY: I just want to make a
24 quick comment. There were a few speakers that came
25 forward tonight specifically stating, you know, based on

1 my silence from last time. I guess what's frustrating
2 is for myself, I've been very clear from the beginning
3 that I'm trying to balance -- I think it was Miss Clough
4 stated -- our responsibility to protect constituents.
5 And for a Council member, I know my responsibility not
6 only is to that neighborhood which I live within blocks
7 of the hospital, but also to constituents who are also
8 200,000 people community wide.

9 I know as an elected official since I've sat on
10 this dais during this hospital planning period, I have
11 been very clear that I oppose no-pay gated parking as
12 well as the rest of the Council members. I agreed with
13 the community around the hospital to relocate MOB1 and
14 to go from four to three stories. I agree
15 wholeheartedly that Parking Structure 4 should be
16 subterranean. I was adamant that no homes should ever
17 be taken by eminent domain as the rest of the Council
18 stated. I agree with MOB2 being relocated. Absolutely
19 agree with the Council that we need to tie commercial
20 development to actual hospital beds and that this
21 complex is restricted to medical purposes only.

22 I agreed that there was 243,000 square feet
23 eliminated from this because I believe -- it was the
24 young lady, Miss Newhall, mentioned it's not appropriate
25 for this size. And so we've almost decreased it by

1 30,000 square feet. Those residents that came forth
2 tonight, the great issues that you brought up, and I
3 agree with you. During construction, where is the
4 parking going to be? Where are going to -- are there
5 enough operating rooms? What are the uses outside this
6 commercial building? And so I know last two weeks ago,
7 the mayor changed my mind on a vote, and my mind's
8 always open. But I want to hear from residents how to
9 make this the best health care facility for our
10 community. So when I hear people coming up and asking
11 me to recuse, I didn't get elected not to have an
12 opinion. I would be embarrassed to serve if you didn't
13 ask me my opinion.

14 And I think it's dangerous when people say --
15 when someone runs for office -- I couldn't imagine
16 asking Senator McCain or Senator Obama, give your
17 opinion on any number of topics, the banking crisis, the
18 Iraq War, and then turn around and say, we're gonna sue
19 you. You're too opinionated. I've only been a
20 supporter of the neighborhood residents and your
21 concerns, but also there's 200,000 residents.

22 The only think I've disagreed with is an area
23 of definition, and I've been adamant about that very
24 definition I want to make clear tonight. People talk
25 about commercial versus hospital beds. And that's the

1 only think I can say that I've been forthright and very
2 opinionated about. Commercial is not Walmart.
3 Commercial is not nonmedical purposes. I've always been
4 clear that commercial purposes are the brains of the
5 doctors, but their also the MRI machines, they're also
6 the outpatient care, physical therapists, the
7 neurosurgeons, the people we're trying to attract. So
8 if those who came in opposition tonight specifically for
9 me to recuse myself, I'm an elected official. I'd hear
10 you out. I agreed with 90 percent of what you guys have
11 come forward with. To say that you want a member --
12 elected member -- recused over the 10 percent you don't
13 agree. That feels a little disingenuous. During the
14 public comment, I'm more than willing to listen and to
15 make this Master Plan the best it can be. So thank you.

16 MAYOR KELLAR: Thank you. Any other comments,
17 Miss Ender?

18 COUNCILMEMBER ENDER: I don't know if it's a
19 CEQA issue, the greenhouse gas. In looking at the EIR,
20 I'm struggling with the -- we're looking at the
21 mitigations and what we can and can't address. And the
22 whole issue of the global climate because of the cars on
23 the road. That makes sense to me. But if it's
24 residents who live here who are seeking medical care,
25 they're gonna have to go somewhere to receive it. Is

1 that addressed in the EIR? I'm not a scientist.

2 I am guessing that the, you know, greenhouse
3 global emissions is going to be a lot worse if you're
4 driving from Saugus to Tarzana than it is through town.
5 But is that somehow addressed, or this is only about
6 this exact location?

7 MS. WEBBER: Council member, Enders, staff took
8 a very conservative approach when looking at the issues
9 of global climate change and greenhouse gas emissions.
10 And from a cumulative standpoint, we did feel it was
11 appropriate to consider a project of this scale in our
12 city to have significant impacts in that respect. But
13 from a practical standpoint, you're absolutely correct.
14 A very strong argument can be made that this project
15 actually promotes a number of sustainable elements in
16 building a facility in an area that is established that
17 is urbanized that does not require lands that are in
18 green-field condition to be converted to an urban use.
19 So you could really make that argument, but we did take
20 a really conservative approach.

21 PAUL BROTZMAN: And that is exactly correct.
22 The issue at hand is an extremely new issue in terms of
23 environmental law, and, therefore, we chose to error on
24 the side of being conservative. In reality, by
25 providing, for example, medical offices in closer

1 proximity to hospital facilities, you are driving less.
2 By providing services closer into the neighborhood, you
3 are potentially driving less.

4 But, again, it's in part -- any facility of
5 this size anywhere in the community, we would have
6 likely included the same SOC, simply because this is an
7 absolutely new area of the law, and we chose to take a
8 conservative approach.

9 COUNCILMEMBER ENDER: So within the scope of
10 this EIR, it's just addressing it completely, because,
11 really, the same things are applied to traffic. You
12 know -- and I -- Boy, I hear you. Mrs. Thomas was
13 mentioning water main, you know, and all that stuff.
14 Same issue would apply to traffic leaving the Santa
15 Clarita Valley, but that's not addressed; right? Okay.
16 So that -- that was one thing I kept looking for
17 especially in looking at the alternatives, the
18 alternative to doing nothing, is it really better for
19 the environment?

20 Everybody's got to go someplace else. It's
21 probably better for the environment, right there, but
22 that seems kind of limiting. You know, the only other
23 thing I wanted to say, Mayor, if you don't mind, I think
24 there must have been about 50 people that spoke tonight,
25 and I so appreciate everybody coming. Great point.

1 Lot's of things to think about. I'm going to have 50
2 more questions. I won't do it tonight. I promise. And
3 I think the thing we all have in common is, everybody
4 seems to want a hospital expansion in one way, shape or
5 form, and I'm in agreement with that. The only thing is
6 I -- I don't know what this is going to look like. I'm
7 not ready to say yes, no.

8 We still have some work to do, and I appreciate
9 everybody coming and bringing up all these things. We
10 are getting closer, and we're doing it working together.
11 So rather than an adversarial thing, I appreciate all
12 these points of view. And I hope that we will get a
13 copy. I scribbled as much as I could, but I certainly
14 would love to see all of the verbal comments in written
15 form. As we go through this, I think that would be
16 extremely helpful.

17 COUNCILMEMBER McLEAN: I just have one more
18 question. I would just like to know whether I would be
19 able to have a site tour of the houses on top of the
20 hill overlooking the hospital? I don't know if any of
21 the other Council members are interested. But I would
22 love to just be able to go up there and take a look. If
23 the residents would allow from their -- where their
24 going to be affected by this hospital.

25 MAYOR KELLAR: Thank you.

1 CARL NEWTON: Mr. Mayor, I thought it might be
2 appropriate to briefly review the law relating to bias.
3 And the basic rule is the due process requires in a
4 quasi-judicial proceeding that the decision maker be
5 fair and impartial. This rule however does not preclude
6 holding opinions, philosophies, or strong feelings about
7 issues or specific projects.

8 It also does not proscribe expression of views
9 about matters of importance in the community,
10 particularly, during any election campaign. A Council
11 member who receives campaign contributions from an
12 applicant that seeks a quasi-judicial position from the
13 City and who is the appellant who brings the matter
14 before the City Council for review is not automatically
15 disqualified from participating due to bias or
16 prejudgement. There are other extensive cases that
17 support these principles that I think that Council
18 should be aware of.

19 MAYOR KELLAR: Thank you, Carl. I appreciate
20 that. If there is nothing further -- I'm sorry.

21 COUNCILMEMBER WESTE: There seems to be still a
22 lot of confusion over issues that pertain to the
23 document, so I would like to ask that we address,
24 literally, point by point, all questions and concerns
25 that have been raised in the EIR, that we address all

1 the parking that will be saleable in the future after
2 construction as well as what will be available during
3 the construction period. Make clear, point by point, on
4 each issue that has been raised, so we can eliminate
5 further confusion; for instance, the issue -- we talked
6 about it again -- whether there is eminent domain or
7 not. That seems to be of a concern. I'd like to make
8 sure that all oral comments that were made and presented
9 tonight here are put into the record and that are
10 specifically answered in the final EIR.

11 And I think there is a lot of confusion about
12 the phasing steps of the project. What happens when,
13 and what's guaranteed, and what the steps are in each
14 project. I want to make sure clearly that is defined.
15 And down to -- the cost of the state permit to my
16 understanding is very high. It's probably something the
17 hospital should have prepared for the next meeting, so
18 that people are aware -- when we get into that point --
19 step -- that there is clearly a huge financial
20 commitment.

21 I also would like to know, for my own concern,
22 in the future, when the inpatient building is built
23 where the MRI unit will be located? And, hopefully, it
24 will be in the main building. I think that the
25 community has raised a lot of good concerns that they,

1 and I think that the real job here at this point is to
2 finalize all of the information that's been presented
3 and all questions raised and get it into a document
4 where literally everyone can look and say, "Okay.
5 There's the answer." And I'm hoping the staff has
6 everything on the record, so we can go point by point.
7 We have covered every single concern that's been raised
8 here tonight.

9 MAYOR KELLAR: Thank you. We will continue the
10 public hearing on this item until November the 19th.

11 CARL NEWTON: Mayor, would it be appropriate to
12 consider a motion to consider the public hearing -- open
13 public hearing -- to November 19th, 2008, a special
14 meeting, at 6:00 p.m.

15 COUNCILMEMBER WESTE: I will so move.

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**OT1. RESPONSES TO ORAL TESTIMONY FROM DR. JOHN BARSTIS,
SEPTEMBER 23, 2008.**

OT1-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT2. RESPONSES TO ORAL TESTIMONY FROM JODI MONTE LEON,
SEPTEMBER 23, 2008.**

OT2-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT3. RESPONSES TO ORAL TESTIMONY FROM STEVE COLF,
SEPTEMBER 23, 2008.**

OT3-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT4. RESPONSES TO ORAL TESTIMONY FROM WAYNE CRAWFORD,
SEPTEMBER 23, 2008.**

OT4-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT5. RESPONSES TO ORAL TESTIMONY FROM GLENN DEBATOS,
SEPTEMBER 23, 2008.**

OT5-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT6. RESPONSES TO ORAL TESTIMONY FROM SUE WALROTH,
SEPTEMBER 23, 2008.**

OT6-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT7. RESPONSES TO ORAL TESTIMONY FROM DR. NICHOLAS TUSO,
SEPTEMBER 23, 2008.**

OT7-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT8. RESPONSES TO ORAL TESTIMONY FROM DAVE BRENNAN,
SEPTEMBER 23, 2008.**

OT8-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT9. RESPONSES TO ORAL TESTIMONY FROM DR. DAVID HENRY,
SEPTEMBER 23, 2008.**

OT9-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT10. RESPONSES TO ORAL TESTIMONY FROM BOB BENJAMIN,
SEPTEMBER 23, 2008.**

OT10-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT11. RESPONSES TO ORAL TESTIMONY FROM DR. ROSCOE MARTER,
SEPTEMBER 23, 2008.**

OT11-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT12. RESPONSES TO ORAL TESTIMONY FROM JONATHAN MILLER,
SEPTEMBER 23, 2008.**

OT12-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT13. RESPONSES TO ORAL TESTIMONY FROM DR. EDWARD PECTER,
SEPTEMBER 23, 2008.**

OT13-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT14. RESPONSES TO ORAL TESTIMONY FROM ROBERT HILL,
SEPTEMBER 23, 2008.**

OT14-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



**OT15. RESPONSES TO ORAL TESTIMONY FROM TERI SULLIVAN,
SEPTEMBER 23, 2008.**

OT15-1. The Commentator has expressed their support for the proposed project. No CEQA-related issues were raised; thus no further response is required.



OT16. RESPONSES TO ORAL TESTIMONY FROM JEANNE WRAY, SEPTEMBER 23, 2008.

OT16-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT16-2. Section 5.4, Parking, of the September 2008 Revised Draft EIR reviews impacts related to on-site parking during both construction and operation. The impact analysis concluded that impacts would be mitigated to less than significant levels. In addition, refer to CEQA Issues 1 and 2 in Topical Response No. 1, which summarizes the analysis in Section 5.4 related to parking during both construction and operation.

With respect to employees parking at a golf course, the hospital acknowledged at the September 23, 2008 City Council hearing that over the past three weeks there had been some resurfacing of parking lots around the medical buildings two days a week. The resurfacing was for a limited time. During the time the lots were being resurfaced, the staff in the medical office buildings utilized the golf course parking lot, and was transported to and from the site via a bus.

With respect to the statement there is a 300 to 400-space shortfall on the project site is incorrect. As shown on Table 5.5-2 in the September 2008 Revised Draft EIR, shows that the current supply is 1,114 spaces and the current demand is 1,051 spaces.

OT16-3. Refer to CEQA Issue 3 in Topical Response No. 2. Section 5.4, Traffic, of the September 2008 Revised Draft EIR, provides an analysis of traffic impacts, both project-related and cumulative projects-related. The analysis in Section 5.4 concludes that with the implementation of the eight mitigation measures, all impacts are mitigated to less than significant levels. Site access, including emergency access is specifically addressed on pages 5.4-36 through 5.4-37 of the September 2008 Revised Draft EIR.

OT16-4. Refer to CEQA Issue 6 in Topical Response No. 2. The topic of site access was addressed in Section 5.4, Traffic, in the September 2008 Revised Draft EIR, specifically on pages 5.4-36 and 5.4-37. As noted in Section 5.4, access to the project site would be provided by three project driveways located on McBean Parkway. The main entrance for the project is provided at a four-way signalized intersection with Orchard Village Road. Orchard Village Road is a four-lane roadway in the vicinity of the project and terminates at the project entrance. A second four-way signalized intersection with McBean Parkway is located at Avenida Navarre, a two-lane local street serving the residential uses south of the project boundary.

The proposed project is required to provide separate left-turn phasing to accommodate the increase of left-turn movements out of the site at the Hospital Entrance/Avenida Navarre intersection with McBean Parkway. In addition, the



proposed project is required to design the West Hospital Entrance at McBean Parkway to (1) prohibit left turns out of this unsignalized driveway and, (2) add a separate right-turn lane for vehicles turning into the site. These improvements shall be implemented in conjunction with the construction of MOB2.

The impact analysis noted that the proposed project would require improvements (Mitigation Measure TR3) beyond those mentioned above to ensure that adequate site access continues to be provided, and with the implementation of Mitigation Measure TR3 (restated below), site access impacts would be less than significant.

TR3 In order to address impacts along Orchard Village Road at the McBean Parkway intersection, the following improvements shall be required:

- ◆ Widen the southbound approach (project driveway) to allow for a left-turn lane and a second through lane. This improvement shall be implemented in conjunction with the construction of MOB1.
- ◆ Add a separate westbound right-turn lane (for project access). This improvement shall be implemented in conjunction with the construction of the Inpatient Building/MOB2.
- ◆ Add a separate southbound right-turn lane (project driveway). This improvement shall be implemented in conjunction with the construction of the Inpatient Building /MOB2.

OT16-5. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT17. RESPONSES TO ORAL TESTIMONY FROM TODD HOOVER,
SEPTEMBER 23, 2008.**

OT17-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT17-2. The comment regarding assurance that a hospital will be constructed is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 1 in Topical Response No. 6.

With respect to traffic congestion, refer to CEQA Issue 3 in Topical Response No. 2. Section 5.4, Traffic, of the September 2008 Revised Draft EIR, provides an analysis of traffic impacts, both project-related and cumulative projects-related. The analysis in Section 5.4 concludes that with the implementation of the eight mitigation measures, all impacts are mitigated to less than significant levels.

OT17-3. The comments regarding the Development Agreement and the hospital are not CEQA-related issues; thus, no further response is required. However, information related to these topics is found in Miscellaneous Issue 7 in Topical Response No. 8.

OT17-4. The comments regarding Council member recusal is not a CEQA-related issue; thus, no further response is required.



**OT18. RESPONSES TO ORAL TESTIMONY FROM MARTHA WILLMAN,
SEPTEMBER 23, 2008.**

OT18-1. The topic of zoning and the proposed project's conformance with the zoning are provided in Section 5.1, Land Use, in the September 2008 Revised Draft EIR. In addition, refer to CEQA Issue 11 in Topical Response No. 5 and Project Issue 27 in Topical Response No. 7, which provide a summary of the impact analysis from Section 5.1.

OT18-2. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT18-3. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required. In addition, refer to Miscellaneous Issue 1 in Topical Response No. 8.

OT18-4. Refer to Response OT18-1. In addition, refer to CEQA Issue 11 in Topical Response No. 5 and Project Issue 27 in Topical Response No. 7.

OT18-5. The topic of helicopter noise is addressed in Section 5.7, Noise, in the September 2008 Revised Draft EIR, which concluded that impacts were less than significant. In addition, refer to CEQA Issue 9 in Topical Response No. 4, Miscellaneous Issue 9 in Topical Response No. 8, and Project Issue 28 in Topical Response No. 7.



**OT19. RESPONSES TO ORAL TESTIMONY FROM JERRY NOLTEMEYER,
SEPTEMBER 23, 2008.**

OT19-1. Written responses to the Oral Testimony received at the September 23, 2008 City Council will be prepared and included in the Final Environmental Impact Report. The Oral Testimony was transcribed by a professional court reporter, which is not a requirement of the *California Environmental Quality Act (CEQA)*. *CEQA* also does not require a Lead Agency to provide an immediate response to a comment, but instead that a Lead Agency evaluate comments on environmental issues received from persons who reviewed the Draft EIR and prepare a written response (*CEQA Guidelines* Section 15088).



OT20. RESPONSES TO ORAL TESTIMONY FROM CAM NOLTEMEYER, SEPTEMBER 23, 2008.

OT20-1. This comment is an introduction to the comment that follow. No further response is required.

OT20-2. Section 5.1, Land Use, of the September 2008 Revised Draft EIR concluded that the proposed project is consistent with the City's General Plan and Unified Development Code. Refer to Topical Response No. 5 for additional information related to this topic, as well as Project Issue 19 in Topical Response No. 7.

OT20-3. The comment regarding the Development Agreement is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 5 in Topical Response No. 6.

OT20-4. The comments regarding eminent domain and the conditions of approval are not CEQA-related issues; thus, no further response is required. Refer to Miscellaneous Issue 2 in Topical Response No. 8.

OT20-5. All proposed development (inpatient building, medical office buildings, and parking structures) would be located on the flat area of the site, which is the same area that has been developed for many years. No development is proposed on the slopes in the northerly portion of the site. Additional landscaping may be added to the slope, but no buildings. Therefore, the proposed project would not cause slope failure to homes in the Summit housing development to the northwest and north of the project site. This is supported by the analysis in Section 5.8.3 contained in Section 5.8, Geology, Soils, and Seismicity, of the September 2008 Revised Draft EIR. Also, refer to CEQA Issue 8 in Topical Response No. 3, which summarizes the impact analysis related to this topic.

OT20-6. Section 5.8, Geology, Soils, and Seismicity, reviews impacts related to soils and seismic-related events. With regard to the exportation of dirt off the HMNMH campus, the project proposes the construction of an Inpatient Building, three parking structures (PS1, PS2, and PS3), and one subterranean parking structure (PS4). Soil excavation and export totaling 93,293 cubic yards over the 15-year life of the project is required. The following indicates the amount of soil export required for each of the five structures:

- ◆ Inpatient Building – 13,100 cubic yards;
- ◆ PS1 – 17,700 cubic yards;
- ◆ PS2 – 11,493 cubic yards;
- ◆ PS3 – 9,000 cubic yards; and
- ◆ PS4 – 42,000 cubic yards.



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The impact analysis concludes that earth movement impacts would be at less than significant levels. Also, refer to CEQA Issue 8 in Topical Response No. 3, which summarizes the impact analysis related to this topic.



**OT21. RESPONSES TO ORAL TESTIMONY FROM DR. GENE DORIO,
SEPTEMBER 23, 2008.**

- OT21-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.
- OT21-2. The comment regarding operating rooms is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 21 in Topical Response No. 7.
- OT21-3. The comment regarding the location of the helipads is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 22 in Topical Response No. 7.
- OT21-4. The comment regarding the cath labs and related technology is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 23 in Topical Response No. 7.
- OT21-5. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT22. RESPONSES TO ORAL TESTIMONY FROM BARBARA MCELMEEL,
SEPTEMBER 23, 2008.**

OT22-1. The comment regarding the Development Agreement is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issues 1 and 8 in Topical Response No. 6.

OT22-2. The comment regarding the “most favored nation” clause in the Development Agreement is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 10 in Topical Response No. 6.



**OT23. RESPONSES TO ORAL TESTIMONY FROM LINDSAY NEWHALL,
SEPTEMBER 23, 2008.**

OT23-1. The comment provides background regarding the Commentator. No further response is required.

OT23-2. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required. In addition, refer to Project Issue 15 in Topical Response No. 7.

OT23-3. The comments regarding assurance that a hospital will be constructed and the Development Agreement are not CEQA-related issues; thus, no further response is required. However, information related to these topics is found in Project Issue 1 in Topical Response No. 6.



OT24. RESPONSES TO ORAL TESTIMONY FROM ANTHONY NEWHALL, SEPTEMBER 23, 2008.

OT24-1. The comment regarding Council member recusal is not a CEQA-related issue; thus no further response is required.

OT24-2. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT24-3. The comment regarding assurance that a hospital will be constructed is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issues 1 and 2 in Topical Response No. 6.

OT24-4. The comment regarding centers of excellence is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 11 in Topical Response No. 6.

OT24-5. Section 5.4, Parking, of the September 2008 Revised Draft EIR reviews impacts related to on-site parking during both construction and operation. The impact analysis concluded that impacts would be mitigated to less than significant levels. In addition, refer to Topical Response No. 1, which summarizes the analysis in Section 5.4 related to parking during both construction and operation. Section 5.4.3 concludes that the proposed project will provide 2,231 spaces, which surpasses the Code requirement of 2,204 spaces. Thus, adequate parking spaces will be provided on-site removing the needs for visitors to park on surrounding streets.

In addition, refer to Project Issue 26 in Topical Response No. 7, which notes that the applicant is not proposing paid parking. The Development Agreement includes language specifying the procedure should the applicant want to consider gated or paid parking in the future.

OT24-6. Eminent domain is not required to implement any of the eight traffic mitigation measures identified in Section 5.4, Traffic, in the September 2008 Revised Draft EIR. With the project applicant dedicating right-of-way fronting McBean Parkway, sufficient right-of-way will exist to implement the eight mitigation measures. In addition, refer to CEQA Issue 3 in Topical Response No. 2 and Miscellaneous Issue 2 in Topical Response No. 8, which address traffic impacts and mitigation.

OT24-7. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



- OT24-8. The comment regarding operating rooms is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 21 in Topical Response No. 7.
- OT24-9. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT25. RESPONSES TO ORAL TESTIMONY FROM REENA NEWHALL,
SEPTEMBER 23, 2008.**

OT25-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT25-2. The topic of zoning and the proposed project's conformance with the zoning are provided in Section 5.1, Land Use, in the September 2008 Revised Draft EIR. Section 17.03.25 of the *Unified Development Code* outlines the permit and application requirements for a Master Plan. Section 17.03.25(B) specifically states:

*B. **Permitted Uses.** Master plans may be considered for development projects which meet the following:*

1. Multiple uses can be included and considered as part of a master plan. The following uses may be approved as part of a master plan:

a. Uses permitted or conditionally permitted in the underlying zone;

b. Uses accessory to a permitted or conditionally permitted use; and/or

c. Uses similar in nature and directly associated with and dependent upon the primary function of the master plan.

In addition, refer to CEQA Issue 11 in Topical Response No. 5 and Project Issue 27 in Topical Response No. 7.

OT25-3. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT25-4. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT26. RESPONSES TO ORAL TESTIMONY FROM LINDA PEDERSEN,
SEPTEMBER 23, 2008.**

OT26-1. The comment regarding the Development Agreement is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issue 2 in Topical Response No. 6.

OT26-2. Refer to CEQA Issue 3 in Topical Response No. 2 and Miscellaneous Issue 5 in Topical Response No. 8, which summarizes the impact analysis and mitigation measures from Section 5.4, Traffic, of the September 2008 Revised Draft EIR, as well as provides information related to the Valencia Bridge & Thoroughfare District.



**OT27. RESPONSES TO ORAL TESTIMONY FROM TONY NATOLI,
SEPTEMBER 23, 2008.**

OT27-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT27-2. The comment expresses the opinions of the Commentator regarding improving on-site parking operations. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT27-3. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT27-4. The comments regarding operating rooms and emergency room beds are not CEQA-related issues; thus, no further response is required. However, information related to this topic is found in Project Issue 14 in Topical Response No. 7.

OT27-5. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT28. RESPONSES TO ORAL TESTIMONY FROM ROBIN CLOUGH,
SEPTEMBER 23, 2008.**

- OT28-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT29. RESPONSES TO ORAL TESTIMONY FROM TIMBEN BOYDSTON,
SEPTEMBER 23, 2008.**

OT29-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT29-2. Section 5.4, Parking, of the September 2008 Revised Draft EIR reviews impacts related to on-site parking during both construction and operation. The impact analysis concluded that impacts would be mitigated to less than significant levels. In addition, refer to CEQA Issues 1 and 2 in Topical Response No. 1, which summarizes the analysis in Section 5.4 related to parking during both construction and operation. No further response is possible as the Commentator neither provides facts or a parking study to support the comments.

OT29-3. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT29-4. Refer to Response OT29-2.

OT29-5. At the time the original hospital was constructed, Los Angeles County code required parking based on the number of hospital beds licensed by OSHPD for HMNMH. Following City incorporation, the City added an additional requirement for outpatient services. At no time has the HMNMH been required to provide a separate calculation for emergency room beds.

Section 17.18.130 of the City's *UDC* currently requires that two parking spaces be provided for each licensed bed. The *UDC* defines "licensed bed" as a bed for which a hospital holds a license to operate by the State of California Office of Statewide Health Planning and Development (OSHPD). Such beds are those intended for an overnight stay or longer. Emergency room beds are not licensed beds, according to OSHPD regulations. The definition of licensed bed was recently added to the *UDC* to provide clarification to existing parking code requirements. The *UDC* amendment adding this definition did not change how parking space requirements are calculated for hospitals. According to the U.S. Health Department's Agency for Healthcare Research and Quality (AHRQ) standardized definition of licensed hospital bed is "the maximum number of beds for which a hospital holds a license to operate." Many hospitals do not operate all of the beds for which they are licensed.

Also, refer to CEQA Issues 1 and 2 in Topical Response No. 1 for additional information related to this topic.



**OT30. RESPONSES TO ORAL TESTIMONY FROM ALAN ZEDA,
SEPTEMBER 23, 2008.**

- OT30-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.
- OT30-2. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.
- OT30-3. The comment regarding locating medical office buildings and hospital uses in close proximity to each other is not a CEQA-related issue; thus, no further response is required. However, information related to this topic is found in Project Issues 16 and 17 in Topical Response No. 7.
- OT30-4. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT31. RESPONSES TO ORAL TESTIMONY FROM MINERVA WILLIAMS,
SEPTEMBER 23, 2008.**

- OT31-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.
- OT31-2. Refer to CEQA Issue 3 in Topical Response No. 2, which summarizes the impact analysis and mitigation measures from Section 5.4, Traffic, of the September 2008 Revised Draft EIR, as well as provides information related to the Valencia Bridge & Thoroughfare District.
- OT31-3. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT32. RESPONSES TO ORAL TESTIMONY FROM HENRY SCHULTZ,
SEPTEMBER 23, 2008.**

OT32-1. The topic of operating rooms or hospital beds is not a CEQA-related issue; thus no further response is required. Refer to Project Issue 21 in Topical Response No. 7.



**OT33. RESPONSES TO ORAL TESTIMONY FROM ALAN WRIGHT,
SEPTEMBER 23, 2008.**

OT33-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT33-2. Section 5.4, Parking, of the September 2008 Revised Draft EIR reviews impacts related to on-site parking during both construction and operation. The impact analysis concluded that impacts would be mitigated to less than significant levels. In addition, refer to CEQA Issue 2 in Topical Response No. 1 and Project Issue 24 in Topical Response No. 7.



**OT34. RESPONSES TO ORAL TESTIMONY FROM SANDRA CATTELL,
SEPTEMBER 23, 2008.**

- OT34-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.
- OT34-2. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.
- OT34-3. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT35 RESPONSES TO ORAL TESTIMONY FROM VALERIE THOMAS,
SEPTEMBER 23, 2008.**

OT35-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required. In addition, refer to Miscellaneous Issue 7 in Topical Response No. 8.

OT35-2. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT35-3. The topic of site access was addressed in Section 5.4, Traffic, in the September 2008 Revised Draft EIR, specifically on pages 5.4-36 and 5.4-37. As noted in Section 5.4, access to the project site would be provided by three project driveways located on McBean Parkway. The main entrance for the project is provided at a four-way signalized intersection with Orchard Village Road. Orchard Village Road is a four-lane roadway in the vicinity of the project and terminates at the project entrance. A second four-way signalized intersection with McBean Parkway is located at Avenida Navarre, a two-lane local street serving the residential uses south of the project boundary. The impact analysis noted that the proposed project would require improvements (Mitigation Measure TR3) to ensure that adequate site access continues to be provided, and with the implementation of Mitigation Measure TR3 (restated below), site access impacts would be less than significant.

TR3 In order to address impacts along Orchard Village Road at the McBean Parkway intersection, the following improvements shall be required:

- ◆ Widen the southbound approach (project driveway) to allow for a left-turn lane and a second through lane. This improvement shall be implemented in conjunction with the construction of MOB1.
- ◆ Add a separate westbound right-turn lane (for project access). This improvement shall be implemented in conjunction with the construction of the Inpatient Building/MOB2.
- ◆ Add a separate southbound right-turn lane (project driveway). This improvement shall be implemented in conjunction with the construction of the Inpatient Building /MOB2.

In addition, refer to CEQA Issue 6 in Topical Response No. 2.

OT35-4. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a



final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

Section 5.4, Traffic, of the September 2008 Revised Draft EIR, analyzed site access impacts. The EIR concluded that site access impacts would be less than significant with the imposition of mitigation, specifically Mitigation Measure TR3. The Master Plan has been reviewed by the City, which included a review of site access. The City has determined that site access is adequate. Both the City and the HMNMH have emergency procedures that can be employed to ensure patients can still access the hospital site in the event of either a natural or man-made emergency. In addition, refer to Project Issue 27 in Topical Response No. 7.

- OT35-5. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT36. RESPONSES TO ORAL TESTIMONY FROM ROBIN STEVENSON,
SEPTEMBER 23, 2008.**

OT36-1. The Commentator has raised concerns regarding public safety along McBean Parkway that do not pertain to this project. The restriping of McBean Parkway is not related to the existing project site or proposed project; thus the comment is not a CEQA-related issue and no further response is necessary. It is worth noting that the Traffic Impact Assessment did take into account the current conditions for McBean Parkway, including number of lanes, striping, etc. These comments will be forwarded to the City's Public Works Department for their information, and action, as the Department determines appropriately.

OT36-2. Refer to CEQA Issues 3 and 4 in Topical Response No. 2. Section 5.4, Traffic, of the September 2008 Revised Draft EIR, which provides an analysis of traffic impacts, both project-related and cumulative projects-related. The analysis in Section 5.4 concludes that with the implementation of the eight mitigation measures, all impacts are mitigated to less than significant levels, and that there would not be traffic impacts in the neighborhoods surrounding the project site. In addition, refer to Topical Response No. 5 for topics related to land use.

OT36-3. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required. In addition, refer to Project Issue 15 in Topical Response No. 7.

OT36-4. Section 5.4, Parking, of the September 2008 Revised Draft EIR reviews impacts related to on-site parking during both construction and operation. The impact analysis concluded that impacts would be mitigated to less than significant levels. In addition, refer to Topical Response No. 1, which summarizes the analysis in Section 5.4 related to parking during both construction and operation. Section 5.4.3 concludes that the proposed project will provide 2,231 spaces, which surpasses the Code requirement of 2,204 spaces. Thus, adequate parking spaces will be provided on-site removing the needs for visitors to park on surrounding streets.

In addition, refer to Project Issue 25 in Topical Response No. 7 and CEQA Issue 1 in Topical Response No. 1, which notes that the applicant is not proposing paid parking. The Development Agreement includes language specifying the procedure should the applicant want to consider gated or paid parking in the future.

OT36-5. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT37. RESPONSES TO ORAL TESTIMONY FROM ANNETTE LUCAS,
SEPTEMBER 23, 2008.**

OT37-1. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT37-2. Section 5.4, Parking, of the September 2008 Revised Draft EIR reviews impacts related to on-site parking during both construction and operation. The impact analysis concluded that impacts would be mitigated to less than significant levels. In addition, refer to CEQA Issue 2 in Topical Response No. 1, which summarizes the analysis in Section 5.4 related to parking during both construction and operation. In addition, Section 5.3, Aesthetics, Light, and Glare, of the September 2008 Revised Draft EIR reviewed the visual character and aesthetics impacts (including building mass and building height) of the proposed project and concluded that impacts would be mitigated to less than significant levels.

OT37-3. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT37-4. The comment expresses the opinions of the Commentator regarding the City's new General Plan, which is not specific to the proposed project. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.

OT37-5. The comment expresses the opinions of the Commentator. The comment will be included as part of the record and made available to the decision makers prior to a final decision on the proposed project. However, because the comment does not address or question the content of the Draft EIR, no further response is required.



**OT38. RESPONSES TO ORAL TESTIMONY FROM RICHARD NORTH,
SEPTEMBER 23, 2008.**

OT38-1. The Commentator has stated an opinion regarding the revocation of the Master Plan, which is not a CEQA-related issue and no further response is required.

The California Environmental Quality Act (CEQA) does not permit segmenting (or piecemealing) project components and preparing separate environmental documents on the various project components. This rule arises from the definition a “project” under CEQA (see CEQA Guidelines Section below), which includes the phrase “whole of the action.” This phrase has been interpreted by the California Supreme Court to mean that it is inappropriate to divide a project into small segments.

CEQA Guidelines Section 15378

(a) “Project” means the whole of an action, which has a potential for resulting in either a direct physical change in the environment, or a reasonably foreseeable indirect physical changes in the environment...

Section 3.0, Project Description, of the September 2008 Revised Draft EIR, identifies the proposed project as a Master Plan and then further defines the components of the Master Plan. The components described in Section 3.0 define the “whole of the action,” which is analyzed throughout the September 2008 Revised Draft EIR. Therefore, it is not appropriate to separate the project components into separate projects requiring separate environmental documents. The September 2008 Revised Draft EIR has fully complied with CEQA Guidelines Section 15378.



**OT39. RESPONSES TO ORAL TESTIMONY FROM SHERYL LUCAS,
SEPTEMBER 23, 2008.**

OT39-1. The comments regarding the hospital and medical office space are not CEQA-related issues; thus, no further response is required. However, information related to this topic is found in Project Issue 18 in Topical Response No. 7.