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IN REPLY REFER
TO OUR FILE NO.

Bakersfield

028738/062494

April 30, 2014

VIA U.S. CERTIFIED MAIL

Chairman Dan Richard
and Honorable Board Members
California High-Speed Rail Authority
1770 L Street, Suite 800
Sacramento, CA 95814
Attn: Mark McLoughlin

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Daniel Valenstein, Chief of the Environmental
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Federal Railroad Administration
1200 New Jersey Avenue, SE MS-20, W38-303
Washington, DC 20590

Re: Final EIR/EIS for High-Speed Rail Project

Dear Gentlemen and Honorable Board Members:

Our office represents Dignity Health which owns and operates Mercy Hospital in Bakersfield, California. Mercy Hospital is, to our knowledge, the only hospital impacted by the High-Speed Rail (HSR) project. On March 26, 2014 we wrote to each of you explaining that we had been promised additional studies concerning noise and vibrations because of the close proximity to Mercy Hospital and the significant and unique health and safety issues both during and subsequent to construction. We wrote to explain to you that we have still not seen the additional studies and/or mitigation measures as promised. On April 18, 2014 the Authority released it's final EIR/EIS without the promised and appropriate additional studies and mitigation measures.

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Dignity Health therefore makes the following comments in opposition to going forward with the certification of the final EIR/EIS until appropriate studies and mitigation measures are undertaken. Please add this comment letter to the administrative record and present it to your representative Boards for consideration prior to voting for certification of this Final EIR and Final EIS.

In addition to our comments presented below, Dignity Health also asks to join in and incorporate by reference the comments of the City of Bakersfield, Kern County and Kings County, both as to the draft EIR/EIS, and as to their comments to the final EIR/EIS, rather than take up more space repeating same within our comments.

In this comment letter Dignity Health will specifically address those areas of concern beyond those incorporated by reference. Part I will address the Authority's response to Mercy Hospital's comment letter of October 17, 2012. Part II will discuss Mercy Hospital's comment letter of June 28, 2013 and the lack of response by the Authority and its failure to undertake agreed to and appropriate studies with proper mitigation measures that are site specific. Part III is Dignity Hospital's comment regarding the lack of studies and appropriate measures for protection from Valley Fever.

PART I **COMMENTS**

We respond to the responses to comments made by Bakersfield Mercy Hospital in its October 17, 2012 letter to the California High-Speed Rail Authority. The Authority's responses to those comments can be found starting at Page 40-828 of Volume V, Response to Comments from Business and Organization; We will number each comment to response under the Response Numbering System found in the final EIR/EIS.

Dignity Health attaches for reference and incorporates Mercy Hospital's comments of October 17, 2012 to the Draft EIR/EIS as **Exhibit 1** and the Authority's response to the comments found in the Final EIR/EIS as **Exhibit 2**.

Comment re Response BO063-1: The response is entirely unsatisfactory and fails to address the issues raised by Bakersfield Mercy Hospital. Measurements, noise and vibration comments specifically said that the ambient noise environment at the south side of Mercy Hospital is dominated by the traffic on 16th Street, railroad operations and rail yard activities, a measurement position of ST-2 should have been selected to reflect this. However, instead, the noise environment at that position selected for ST-2 was dominated by the hospital's own mechanical equipment yard. The hospital's own noise cannot be included as part of the existing ambient noise that will be used

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to assess noise impacts on the hospital. The hospital's comment stated: "in summary, site ST-2 should have been located on hospital property away from any onsite mechanical equipment or other hospital related noise sources and it should have been compared to a long term measurement obtained at a location that is representative of the ambient noise environment at the hospital (e.g. the residential location on 16th Street immediately west of the hospital). This would have provided a more accurate estimate of existing ambient noise environment at the hospital." The Authority chose to disregard entirely the location of measurements and the appropriateness of the measurements and continues to state how the measurements were done but not show the accuracy or appropriateness of same.

Comment re Response BO063-2: In response to Mercy Hospital's comment that the calculation procedures listed on the bottom of Page 4-11 and at the top of Page 4-12 for estimating the LDN based on short term measurements failed to comply with procedures identified in the FRA document, the Authority's response was not to deny but just to say the method had to be used in order to come up with estimated LDNs at noise sensitive receivers other than where long term measurements were set up. The Authority states it would not have been practical to conduct long term measurements at all of these locations. The comment does not explain why it isn't practical or its failure to follow the appropriate measurement standards involving hospitals.

Comment re Response BO063-3: The Authority once again fails to adequately respond to the comments of Mercy Hospital as to the inaccuracy of its measurement positions and incorrect calculations which make the measurements incomprehensible and therefore invalid. No real response is given to inaccuracies and mistakes made.

Comment re Response BO063-5: In response to Mercy Hospital's comment that there were no ground borne vibration measurements conducted at Mercy Hospital or anywhere in the vicinity, the Authority merely stated that Mercy Hospital was located too far away from the existing rail to obtain an accurate measurement of vibration levels caused by existing operations. Such a comment shows that appropriate studies were not done for a project level environmental document.

Comment re Response BO063-6: Mercy Hospital's comment was that there were no calculations presented in the draft EIR to substantiate the estimated project noise levels. The Authority responded basically that they quality checked their model and the results are accurate without explaining how.

Comment re Response BO063-11: Mercy Hospital commented on the use of barriers to mitigate noise and asked where the constraints came from since they are not found in the FRA document. The response of the Authority was that "these constraints conclusions were worked

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out between the noise consultants and the California High-Speed Rail Authority, and they are consistent with CalTrans restraints/conditions." There was still no cite of any authority for the use of the constraints included in the document.

Comment re Response BO063-13: In response to Mercy Hospital's comment regarding mitigation measures for each floor of the hospital regarding sound intrusion, the Authority's response was that "noise impacts have been calculated for all floors of the hospital and the proposed mitigation will protect each of the floors at the hospital." There is no calculation of the noise impacts of the floors so, the mitigation cannot be validated.

Comment re Response BO063-18: Mercy Hospital comments that there was no analysis to substantiate the construction noise results presented in Table 8-6 and therefore the accuracy of the results could not be verified. The Authority mainly responded to that comment with generalization as to how they reached their results and the information is still not clearly enunciated.

Comment re Response BO063-20: Mercy Hospital comments that the potential impacts were mentioned only at residencies and that significant impacts would clearly occur at the hospital and should be identified. The Authority in its response to that comment, instead of showing how they would go about analyzing the hospital impacts, just states that the report will be changed to say "noise sensitive receivers." This obviously dodges the need at a project level to study the impacts on the hospital itself and adopt proper mitigation measures.

Comment re Response BO063-21: Mercy Hospital's comments point out that the use of pile drivers and other equipment would be a significant impact for the hospital. In response, the Authority just states that mitigation measures will be implemented and that the impact of construction will be significant under CEQA but, temporary in duration. It is to be pointed out that the mitigation measures in a project EIR should come before the project is approved so they can be commented on and studied by the citizens. Further, the construction period or, the type of equipment that is recognized to be significant under CEQA, would probably significantly impact the hospital. The mitigation measures for construction must be studied and commented on before CEQA's certification.

Comment re Response BO063-22: Once again Mercy Hospital commented that the construction noise measurements should be revised to address potential impacts of the hospital, not just residences. The Authority dodged addressing the potential impacts to the hospital by just changing the wording to say "noise sensitive receivers, instead of residencies." There is quite a difference between a residence and a hospital and that study should be done if this is truly to be a project EIR or Environmental document.

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Comment re Response BO063-23: Mercy Hospital comments that there was no analysis provided of how the recommended mitigation measures will reduce the construction noise to levels that comply with FRA guidelines or the local noise ordinance standards. Once again, the response of the Authority is that mitigation measures will reduce noise to acceptable levels to meet the Federal Transit Administration's construction noise level thresholds. The Federal Transit Administration's noise and vibration construction level thresholds for hospitals was not used as will be discussed in Part II. Studies and appropriate mitigation measures should be circulated to the public before adoption of the project EIR/EIS.

Comment re Response BO063-25: Response to Mercy Hospital's comment that the construction vibration damage to nearby buildings does not identify the hospital building and that the Mercy building should be listed as potentially significant is countered merely by stating that Section 8.5.2 provides construction vibration mitigation measures that will be undertaken near sensitive receivers. This once again is an inadequate response on a project EIR and the building should be listed with appropriate findings of significance and specific mitigation measures for a hospital setting.

Comment re Response BO063-26: Mercy Hospital comments that Section 8.5.1 mentions the potential for annoyance due to vibration from construction activities, but provides no analysis or conclusion. Mercy further noted that the amount of vibrations would be well above 72 VdB and is a significant impact and should be listed as same with appropriate mitigation measures. The Authority merely responded by stating that specific areas where pile driving may be conducted have not been identified, therefore specific mitigation measures for a hospital district had not been analyzed and would be subject to general mitigation measures for vibration at a later time. This is inappropriate for a project level EIR.

Comment re Response BO063-32: Once again Mercy Hospital comments that it is concerned about the lack of identification of pile drive areas and its impact upon the hospital. The Authority once again merely responds by saying it hasn't identified where pile drivers will be used, but has mitigation measures that would appropriately protect and will be applied later. The project EIR calls for studies to be done on the affects on the environment and does not allow for lack of studies and future mitigation measures after the environmental document has been approved.

Comment re Response BO063-33: Mercy Hospital again comments that pile drivers have not been included in the studies and that they should be studied so that Mercy can comment upon their use at or near its facility. Delaying this study is inappropriate for a project EIR.

Comment re Response BO063-35: Mercy Hospital comments that mitigation measures for pile driving equipment and other vibrating and noise activities which limits

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preconstruction surveys to locations within fifty (50) feet of piling will not protect the hospital. The Authority comments that the building in question (Mercy Hospital) is still outside the realm of potential impact without justifying that statement.

Comment re Response BO063-37: Mercy Hospital comments that the mitigation measures appear to address compliance with NEPA but not with CEQA and points out the Table 3.4-28 states that implementation of mitigation measures will reduce noise and vibration impacts to a level of less than significance with no analysis to support these claims. The Authority responds in its response to comments by stating "analysis cannot be conducted at each potential noise sensitive receiver in order to determine what mitigation measures will be necessary to ensure compliance along the entire portion of every alternative." It should be noted that the Authority has not answered as to the question regarding CEQA and ignored the fact that the only hospital in the entire high-speed rail system is Mercy Hospital and for a project EIR there should be studies and analysis and appropriate specific mitigation measures to protect the health and safety of the community.

PART II **JUNE 28, 2013 COMMENTS AND LACK OF RESONSE**

On June 28, 2013, then President of Mercy Hospital Bakersfield wrote to Jeff Morales, CEO of the California High-Speed Rail Authority with follow-up comments to Mercy Hospital's October 17, 2012 comments. The follow-up comments were the result of site visits by Chairman Morales and staff and a peer review performed by Mercy Hospital, at its own expense.

The comments provided in the June 28, 2013 letter, (see **Exhibit 3** attached hereto and incorporated by reference), explained the improper analysis and standards being used in the draft EIR/EIS and asked that the Authority do appropriate studies with site specifics and mitigation measures for a Category 1-High Sensitivity building as required by the Federal Transit Authority instead of the more general studies applied to the Hospital.

The comments letter of June 28, 2013 actually asks for the H.S.R.A. to conduct a D.V.A. prior to selecting a preferred alignment and issuing a final EIR/EIS. The Authority promised the additional site specifics studies and mitigation measure but has failed to conduct them or respond to the June 28, 2013 letter in any way and has failed to address the issue appropriately in its responses to comments or elsewhere in the final EIR/EIS.

Although the Authority had over nine (9) months to correct its errors, it chose not to do so, apparently assuming wrongfully that Dignity Health would continue to support the project, even without the proper studies and mitigation measures. It chose not to honor its commitment of good faith communication and openness and now must do what already should have been done and

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perform the studies and include the mitigation measures so the public and healthcare providers can comment on the effects to a major medical institution and its patients.

On March 26, 2014, Dignity Health wrote a letter (See **Exhibit 4**) explaining that they now oppose the Fresno to Bakersfield project on the basis that the additional studies and mitigation measures, as promised, have not been forthcoming. On Friday, April 18, 2014, just before Easter, and without warning, the Authority released its final EIR/EIS and set May 6, 2014 for the hearing on comments in Fresno, California. On Thursday, April 24, 2014, Dignity Health wrote the Authority asking for additional time to study the twenty thousand (20,000) page document and, as of this date, Dignity Health does not have a response to its request. (See **Exhibit 5**).

On Friday, April 25, 2014, Dignity Health had a conference with the Authority staff regarding the process for comments and the upcoming hearing. It appears that Authority staff is now taking the position that the Authority had agreed to pay for new studies to address Dignity Health's concerns, but did not agree to do the studies themselves, as that would call for a re-circulation. The "mis-understanding" begs the question. Were new studies needed along with new mitigation measures? Obviously, they were needed and it is the Authority's responsibility to do them before a final EIR/EIS is released. Failure to conduct proper studies with appropriate mitigation measures is a fatal flaw and the final EIR/EIS must be re-circulated to include the requirements at law.

In Part I of this comment letter, Dignity commented to the generalized responses to comments by the Authority without restating the lack of analysis of the Category 1 building that is called for. The comments by Mercy Hospital in its June 28, 2013 letter, when overlayed on the Authorities responses to the October 17, 2012 letter from Mercy, clearly evidences the inadequacies of the study and mitigation measures, without restating them again. The lack of any responses to the June 28, 2013 Mercy letter speaks volumes and, is an admission by silence and omission, that proper studies and mitigation standards were not done or used in preparing the final EIR/EIS.

PART III **VALLEY FEVER**

Comments regarding the lack of assessment and mitigation for Valley Fever.

Dignity Health hereby submits comments on the potential health risks from Valley Fever to the public, on sight construction workers and operational personnel during construction of the HSR project from Fresno to Bakersfield.

Valley Fever or coccidioidomycosis (short cocci), is an infectious disease caused by inhaling the spores of *Coccidioides spp.*, a soil-dwelling fungus. Spores, or arthroconidia, are

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released into the air when infected soils are disturbed. The disease is endemic (native and common) in the San Joaquin Valley. No vaccine or no known cure exists for the disease. Between 1990 and 2008, more than three (3,000) thousand people have died from Valley Fever, half of whom lived in California. In recent years, reported Valley Fever cases in the Southwest have increased dramatically. The disease is highly endemic in the Central Valley where the HSR project is proposed.

The California Energy Commission staff has proposed conditions of certification for worker's safety regarding Valley Fever in the proposed HECA project in Kern County.

In response to an outbreak of Valley Fever among construction workers in 2007, the San Luis Obispo County Public Health Department in conjunction with the California Department of Public Health developed recommendations to limit exposure to Valley Fever based on scientific information from the published literature. They recommended that the following measures be implemented to reduce the possibility of worker illness when workers are exposed to dust in Valley Fever endemic areas:

2. *Implement comprehensive Injury and Illness Prevention Program (required by Title 8, Section 3203) ensuring safeguards to prevent Valley Fever are included.*
3. *Work with a medical professional with expertise in cocci to develop a training program for all employees discussing the following issues: potential presence of C. immitis in soils; the risks involved with inhaling spores; how to recognize common symptoms (which resemble common viral infections, and may include fatigue, cough, chest pain, fever, rash, headache, and body and joint ache); requesting prompt reporting of suspected symptoms to a supervisor and health care provider; discussing worker entitlement to receive prompt medical care if they suspect symptoms of work-related Valley Fever; and requesting the use of personal protection measures as outlined below.*
4. *Control exposure to dust:*
 - Consult with local Air Pollution Control District Compliance Assistance programs and with California Occupational Safety and Health Administration ("Cal/OSHA") compliance program regarding meeting the requirements of Dust control plans and for specific methods of dust control. These methods may include wetting the soil while ensuring that

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the wetting process does not raise dust or adversely affect the construction process;

- Provide high-efficiency particulate ("HEP")-filtered, air-conditioned enclosed cabs on heavy equipment. Train workers on proper use of cabs, such as turning on air conditioning prior to using the equipment.
- Provide communication methods, such as 2-way radios, for use in enclosed cabs.
- Provide National Institute for Occupational Safety and Health ("NIOSH")-approved respirators for workers without a prior history of Valley Fever.
- Half-face respirators equipped with N-100 or P-100 filters should be used during digging. Employees should wear respirators when working near earth moving machinery.
- Employees should be medically evaluated, fit-tested, and properly trained on the use of the respirators, and a full respiratory protection program in accordance with the applicable Cal/OSHA Respiratory Protection Standard (8 CCR 5144) should be in place.
- Prohibit eating and smoking at the work site, and provide separate, clean eating areas with hand-washing facilities.
- Avoid outdoor construction operations during unusually windy conditions.
- Consider limiting outdoor construction during the fall to essential jobs only, as the risk of cocci infection is higher during this season.

5. *Prevent transport of cocci outside endemic areas:*

- Thoroughly clean equipment, vehicles, and other items before they are moved off-site to other work locations.
- Provide workers with coveralls daily, lockers (or other system for keeping work and street clothing and shoes separate), daily changing and showering facilities.

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- Clothing should be changed after work every day, preferably at the work site;
 - Train workers to recognize that cocci may be transported offsite on contaminated equipment, clothing, and shoes; alternatively, consider installing boot-washing; and
 - Post warnings onsite and consider limiting access to visitors, especially those without adequate training and respiratory protection.
6. *Improve medical surveillance for employees*
- Employees should have prompt access to medical care, including suspected work-related illnesses and injuries;
 - Work with a medical professional to develop a protocol to medically evaluate employees who have symptoms of Valley Fever.
 - Consider preferentially contracting with 1-2 clinics in the area and communicate with the health care providers in those clinics to ensure that providers are aware that Valley Fever has been reported in the area. This will increase the likelihood that ill workers will receive prompt, proper and consistent medical care;
 - Respirator clearance should include medical evaluation for all new employees, annual re-evaluation for changes in medical status, and annual training, and fit-testing;
 - Please note that skin testing is not recommended for evaluation of Valley Fever;
 - If an employee is diagnosed with Valley Fever, a physician must determine if the employee should be taken off work, when they may return to work, and what type of work activities they may perform."

On September 11, 2013 a new study was published by the Center for Disease Control and Prevention which shows the annual rate of hospitalizations for Valley Fever, a potential lethal but often mis-diagnosed disease, has doubled over the past twelve years in California. According to the study, the fever which can be contracted by simply breathing fungus spores found in soil, has

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cost more than two billion dollars in hospital charges.

Inappropriate mitigation for the high speed rail project in the hotbed of Valley Fever territory will lead to increased utilization and need for hospitalization which will impact local hospitals, including Dignity Health hospitals. In California according to the CDC, Valley Fever cases rose from about 719 in 1998 to more than 5,500 cases reported in 2011. Please find an article marked as **Exhibit 6** published by the Associated Press on April 29, 2013 regarding the Federal Medical Receiver J. Clark Kelso's order to the Department of Corrections and Rehabilitation to exclude medically risky patients from Avenal and Pleasant Valley State Prisons because the groups are more susceptible to the fungal infection which originates in the regions soil. It was found that appropriate mitigation measures had not been carried out and that the inmates had to be transferred. The two prisons in questions are right along the alignment for the high speed rail.

The high speed rail between Fresno and Bakersfield is estimated to need over nine (9) million cubic yards of soil for construction. The final EIR/EIS fails to discuss any and all studies done that would indicate: Where the soil will be obtained? How it will be stored? How will it be used during construction? What mitigation measures are outlined for the soils use? Further, there are no studies in the final EIR/EIS that discuss the appropriate mitigation for the transmission of Valley Fever to federally protected and endangered species.

This omission to study and mitigate is a clear health and safety nightmare. Not only do prisoners have a right to protection from a disease caused by disturbance of the soil, but so do all citizens of the Central Valley. The increase in disease and death that could be caused by this project if not appropriately studied and mitigated, will impact health services throughout the valley.

Further, there was no study and /or the mitigation measures for this potential closure of Mercy Hospital and the replacement of over one (100) beds for treating patients. Surely, if CEQA requires study and mitigation for urban blight, it requires studies and mitigation for the removal and destruction of a major hospital and adjoining medical facility needed to treat disease caused by the project.

It is therefore important that the Authority do appropriate studies before commencement or approval of this project and re-circulate the final EIR/EIS for comment by the public and health care professionals.

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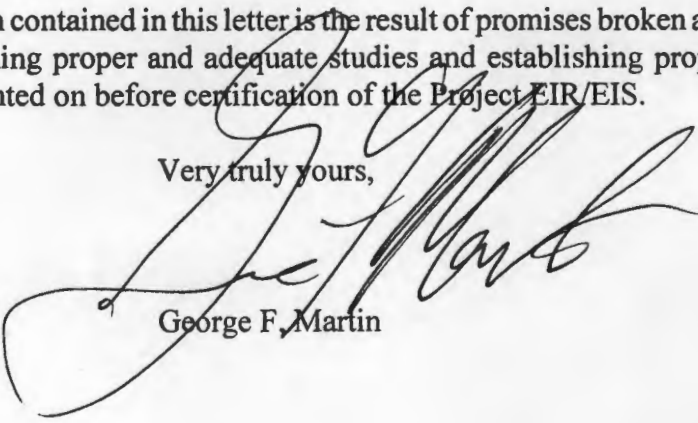
CONCLUSION

Although Mercy (Dignity Health) began the EIR/EIS process supporting the project based on promises of proper studies and adequate mitigation measures to protect the integrity and safe operation of Bakersfield Mercy Hospital, it now must object to the approval and the Final EIR/EIS, as well as, the project at this time.

Enclosed please find **Exhibit 7** which is a list of health care professionals along with their comment letters re: The Impact of Mercy Hospital.

Dignity Health's objection contained in this letter is the result of promises broken and the failure to follow the law in performing proper and adequate studies and establishing proper mitigation measures that can be commented on before certification of the Project EIR/EIS.

Very truly yours,



George F. Martin

GFM:vjc
Enclosures

EXHIBIT 1

17 October 2012

Fresno to Bakersfield Revised Draft EIR/Supplemental Draft EIS Comment
770 L Street, Suite 800
Sacramento, CA 95814

RE: Review of the noise and vibration sections of the Draft EIR/EIS
California High Speed Rail Project – Fresno to Bakersfield

To Whom It May Concern:

The purpose of this letter is to provide comments on the Fresno to Bakersfield Revised Draft EIR/EIS for the California High Speed Rail Project specifically relating to noise and vibration impacts on Mercy Hospital, located at 2215 Truxtun Avenue in Bakersfield, California which is impacted by the Bakersfield South and Bakersfield Hybrid alignment alternatives.

As background, Mercy Hospital was founded by the Sisters of Mercy more than 100 years ago and they have been providing compassionate care to the citizens of Bakersfield and the surrounding communities ever since. Part of the many medical services that Mercy Hospital provides is surgical specialties including breast surgery and reconstruction, general surgery, gynecological surgery, head and neck surgery, neurosurgery, orthopedic surgery, outpatient surgery, plastic surgery, spine surgery, thoracic surgery, urology surgery, vascular surgery and weight-loss surgery programs. The surgical specialties are the areas that will be impacted the most by the HSR project.

Following are comments were prepared for us by noise and vibration consultant David L. Wieland of Wieland Acoustics, Inc. 1371 Warner Avenue, Suite A Tustin, CA 92780 (949) 474-1222. Although the Wieland comments were prepared prior to the revised Draft EIR being released it doesn't appear that the revisions addressed any of the following comments to the initial Draft EIR.

Section I

California High-Speed Train Technical Report, Fresno to Bakersfield Section, Noise and Vibration - URS/HMM/Arup Joint Venture, July 2011

1. Referring to Tables 4-3 and D-3 of the report, the estimated existing ambient Ldn at Mercy Hospital (identified as Site ST-2 in the tables) is 79.9 dB. However, it is our opinion that this is a serious overestimate. Appendix B, *Determining Existing*

Noise, of the FRA Document *High-Speed Ground Transportation Noise and Vibration Impact Assessment* (hereinafter, FRA Document) identifies six options for determining the existing ambient noise environment at a receiver, of which the report preparer appears to have selected Option 5. This option allows one to estimate the Ldn at a short-term measurement location (such as at Mercy Hospital) by comparing it to the data gathered at a nearby long-term measurement location. However, as the FRA Document states, care must be taken to ensure that the long-term measurement location has a similar noise environment to that represented by the short-term measurement location. This was not the case for Mercy Hospital, as described in the following comments:

- a. The ambient noise environment at the south side of Mercy Hospital is dominated by traffic on 16th Street, railroad operations, and railyard activities, and measurement position ST-2 should have been selected to reflect this. However, instead the noise environment at the position selected for ST-2 was dominated by the hospital's own mechanical equipment yard¹. The hospital's own noise cannot be included as part of the existing ambient noise that will be used to assess noise impacts on the hospital.
- b. There appear to be two long-term measurement locations somewhat near Mercy Hospital; however, neither of them is exposed to the same noise environment as the hospital (i.e., traffic on 16th Street, railroad operations, and railyard activities). Site LT-1, located about 3,800 feet east of the hospital, is dominated by traffic on 14th Street and M Street, and by railroad operations. Site LT-187, located about 1,100 feet northwest of the hospital is dominated by traffic on Truxtun Avenue. It isn't clear from the document which of these two locations was compared to ST-2 in order to estimate the Ldn at Mercy Hospital.

In summary, Site ST-2 should have been located on hospital property away from any on-site mechanical equipment or other hospital-related noise sources, and it should have been compared to a long-term measurement obtained at a location that is representative of the ambient noise environment at the hospital (e.g., a residential location on 16th Street immediately west of the hospital). This would have provided a more accurate estimate of the existing ambient noise environment at the hospital.

¹According to the GPS coordinates identified in Table D-3 for short-term measurement site ST-2 (Mercy Hospital), the measurement was not even actually obtained at the hospital, but across the street to the south.

2. The calculation procedures identified on the bottom of page 4-11 and the top of page 4-12 for estimating the Ldn based on a short-term measurement do not comply with the procedures identified in the FRA Document.
3. Section 4.4.2, *Measured Vibration Levels*, states that the measured train vibration levels were compared to the estimated value obtained using the FTA general vibration assessment procedures, and that this comparison is provided in Table 4-5. However, no such comparison is provided in the text or the table. The text goes on to make some conclusions regarding the accuracy of the FTA method relative to the measurements, but these conclusions are based on the analysis provided in Table E-1, which has a number of errors in it. These errors include incorrect base RMS VdB levels for the various measurement positions, and incorrect calculations of "Measured VdB – FTA Model" differences.
4. Appendix E indicates that groundborne vibrations acceleration levels were measured at locations near the existing tracks. However, the document never indicates how the measured acceleration levels were converted to vibration velocity levels. (Velocity levels, not acceleration levels, are the basis for the FRA significance criteria.)
5. No groundborne vibration measurements were conducted at Mercy Hospital or anywhere in its vicinity.
6. In Section 6.2.7 there are no calculations presented in the report to substantiate the estimated project noise levels. Therefore, their accuracy cannot be properly assessed. However, using the data presented in the document, and the calculation procedures identified in the FRA Document, it is estimated that the Ldn at the hospital will be 73 dB for the alternative alignment and 79 dB for the Bakersfield South alignment. These differ significantly from the estimated Ldn values presented in Tables 6-23 and 6-24 of the report (i.e., 67 dB for the alternative alignment and 71 dB for the Bakersfield South alignment).
7. In Tables 6-23 and 6-24, the impact assessed at Mercy Hospital (Site ST-2) is Moderate for both the alternative alignment and the Bakersfield South alignment. However, referring to Comments #1, #2, and #6, these assessments appear to be based on an erroneously high ambient noise level and an erroneously low project noise level. Therefore, the impact assessments are also assumed to be erroneous.
8. In section 6.3, there appear to be a number of errors and inconsistencies in the procedure and analysis of vibration levels. However, we agree with the conclusion that no significant vibration impact is anticipated at Mercy Hospital due to train movements associated with the HST.

9. In Section 6.7.7, the Cumulative Plus Project Noise Impacts analysis at Mercy Hospital may be incorrect for the reasons discussed in Comments #1, #2, and #6 above.
10. In Section 7, there is no analysis to substantiate the recommended mitigation measures. Also, the recommended mitigation measures may no longer be adequate in light of Comments #1, #2, and #6 above.
11. In Section 7.1, there are a number of constraints placed on the use of barriers to mitigate noise (e.g., reasonableness, feasibility, cost, etc.). These constraints are not found in the FRA Document. What is their source?
12. In Section 7.1.5, the report indicates that all noise barriers will consist of a solid barrier no more than six feet high, with the remaining height of the barrier constructed of a transparent material. The document should note that this transparent material must provide a surface density of at least 3 pounds per square foot, as required in the FRA Document.
13. Will all floors of the hospital be protected by the proposed mitigation measures? If not, then an analysis should be conducted to determine what, if any, additional mitigation measures are needed in order to ensure an interior Ldn of 45 dB or less within the hospital.
14. In Tables 6-23 and 6-24, the impact assessed at Mercy Hospital (Site ST-2) is Moderate for both the alternative alignment and the Bakersfield South alternative alignment. As indicated in Section 7.1 of the document, however, this means that implementation of the mitigation measures described in Sections 7.2.11 and 7.2.12 is at the discretion of the Authority. There is no guarantee that the mitigation measures be implemented if the project goes forward.
15. The noise mitigation measures in Section 7 should include the source treatments discussed in Section 5.4.1 of the FRA Document. These treatments include vehicle noise specifications, wheel treatments, vehicle treatments, and guideway support.
16. The construction noise analysis described in Section 8.1 is internally inconsistent. Table 8-1 identifies average noise levels obtained from a 1971 EPA report for various phases of construction, but doesn't identify what equipment or the numbers of each equipment item that were used to derive these average values. Table 8-2 then identifies noise levels for individual construction equipment items obtained from a 2006 FTA report, but these are likely not the equipment noise levels used by the EPA in 1971 to derive their average

construction levels. Section 8.1 then goes on to identify (in Appendix I) the actual construction equipment that will be used in each phase of construction for the HST project, but these phases don't correspond to those identified in Table 8-1. With these inconsistencies, it isn't clear what data is used in the analysis. (This is cleared up in Section 8.4, which disregards much of the text presented in Section 8.1.)

17. Section 8-2, in the first paragraph after Table 8-3, has an incorrect reference to Table 8-4.
18. In Section 8.4, there is no analysis to substantiate the construction noise results presented in Table 8-6. Therefore, the accuracy of the results cannot be verified.
19. Given the amount of information available regarding numbers and types of construction equipment that would be used during each phase of project construction, the FRA's detailed construction noise analysis procedures should have been used to assess potential impacts.
20. Sections 8.4.1 through 8.4.7 mention only potential impacts at residences. Significant impacts will clearly occur at the hospital and should be identified.
21. Section 8.4.8 discusses measures for mitigating noise impacts from pile drivers. However, the document states that the recommended "drilling and casing" method for installing piles will reduce the impact distance to 220 feet from the construction. Since the hospital is located within 118 feet of the Bakersfield South alignment the impact remains significant.
22. The construction noise mitigation measures in Section 8.4.8 should be revised to address potential impacts at the hospital, not just at the residences.
23. No analysis is provided to how that the recommended mitigation measures will reduce the construction noise to levels that comply with the FRA guidelines or the local noise ordinance standards. Construction noise should be identified as a significant unavoidable impact.
24. Section 8.5 states that "The type of equipment along with the sequence of construction operations has not been established for the project." This is incorrect. Appendix I provides the information.
25. Section 8.5.1 indicates that there are potential construction vibration damage impacts at nearby buildings, but doesn't identify which buildings. Based on the information provided in Table 8-9, the impact at Mercy Hospital, which is located

within 135 feet of the Bakersfield South Alternative Alignment, is potentially significant.

26. Section 8.5.1 mentions the potential for annoyance due to vibration from construction activities but provides no analysis or conclusions. Using information provided in the report, Mercy Hospital will be subject to a vibration level (L_v) of about 92 VdB during pile driving on the Bakersfield South Alternative Alignment. This is well above the significance criterion of 72 VdB and is a significant impact.
27. In Section 8.5.2, there is no analysis and no specific recommendations for mitigating construction vibration impacts. These should be identified and included in the document.

Section II
Noise and Vibration – Section 3.4
California High-Speed Train Project EIR/EIS, Fresno to Bakersfield Section

Because this document is based on the Technical Report reviewed in Section I above, the comments provided above also apply to this document (though page numbers and section numbers are different). The following comments reflect issues that were not discussed in the Technical Report or items that conflict with the Technical Report.

1. On page 3.4-13, the document states that "Noise modeling projections assumed atmospheric absorption of sound based on the International Standard "ISO 9613-2". There's no evidence to substantiate this in the Technical Report.
2. On page 3.4-13, the document states that the noise analysis used source reference levels identified in the FRA Document for the VHS electric vehicle type. This conflicts with the Technical Report which states that the noise analysis used source reference levels for the HS EMU vehicle types when analyzing noise from the propulsion units and wheel-rail interactions. The VHS electric vehicle type was only used to analyze aerodynamic noise.
3. On page 3.4-15, In Section E, *CEQA Significance Criteria*, the document states that a significant impact will occur if the project results in the "Exposure of persons to or generation of noise levels in excess of standards for a severe impact established by the FRA for high-speed ground transportation and by the FTA for transit projects." In other words, under CEQA the noise level impact will be significant only if it is a severe impact according to the FRA. If the noise level is a moderate impact according to the FRA then there is no significant impact under CEQA. This position is reiterated in Section 3.4.5A, *Overview of Project Impacts*, which states that "For this analysis, a moderate impact according to the

FRA impact criteria is considered to be a moderate effect under NEPA and a less than significant impact under CEQA."

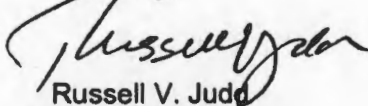
4. In Section 3.4.5A, *Overview of Project Impacts*, the document states that there are some sensitive land use receivers within 175 feet of the rail line that would be adversely affected by vibration impacts during operation of the HST. It isn't clear how this screening distance was derived. In Table 3.4-9, the document identified a screening distance of 275 feet for vibration assessment. It isn't clear why the overview presented in Section 3.4.5A uses a lesser screening distance, or what impact this would have on the number of receivers that would be considered adversely affected by vibration impacts.
5. The construction noise analysis presented in Section 3.4.5C is inconsistent with that presented in the Technical Report and may be inconsistent with recommended FRA procedures. It is noted that pile drivers have not even been included. This is of particular importance when assessing potential impacts to Mercy Hospital since it is likely that the aerial structure will be supported on piles.
6. The construction vibration analysis presented in Section 3.4.5C is inconsistent with that presented in the Technical Report. It is noted that pile drivers were not included in the analysis summary of Table 3.4-13. This is of particular importance when assessing potential impacts to Mercy Hospital since it is likely that the aerial structure will be supported on piles.
7. The construction vibration analysis presented in Section 3.4.5C does not include a discussion of possible building damage impacts.
8. Mitigation Measure N&V-MM#2 indicates that building damage from construction vibration is only anticipated from impact pile driving at very close distances (25 to 50 feet) to buildings. This is inconsistent with the Technical Report which states that building damage can occur at distances of 135 feet. Since Mercy Hospital is located about 118 feet from the Bakersfield South Alignment, this is a potential concern. The mitigation measure, which limits pre-construction surveys to locations within 50 feet of piling, will not protect the hospital.
9. Mitigation Measures N&V-MM#3 states that "...where moderate increases in noise affect receptors, noise-reducing measures could be implemented, even though not required". As discussed in previous comments, the impact is considered to be moderate at the hospital; therefore, there is no assurance that mitigation will be implemented.
10. Mitigation Measure N&V-MM#3 appears to only address compliance with NEPA and not with CEQA. Will mitigation be implemented if the project noise results in

a significant impact relative to CEQA but only a moderate impact relative to NEPA?

11. Table 3.4-28 states that implementation of Mitigation Measures N&V#1 and N&V#2 will reduce construction noise and vibration impacts to a CEQA level of less than significant. There is no analysis to support these claims.

Mercy Hospital is not opposed to the California HSR Project and looks forward to the opportunity to work with the High Speed Rail Authority to find appropriate solutions to the issues and concerns addressed above.

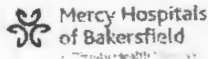
Sincerely,



Russell V. Judd
President/CEO

EXHIBIT 2

Submission BO063 (Russell Judd, Mercy Hospitals of Bakersfield, October 18, 2012)



Mr. Russell Judd
270 L Street, Suite 800
Sacramento, CA 95814
Phone: (916) 441-1000
Fax: (916) 441-1000

BO063-1

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17 October 2012

Fresno to Bakersfield Revised Draft EIR/Supplemental Draft EIS Comment
770 L Street, Suite 800
Sacramento, CA 95814

RE: Review of the noise and vibration sections of the Draft EIR/EIS
California High Speed Rail Project – Fresno to Bakersfield

To Whom It May Concern:

The purpose of this letter is to provide comments on the Fresno to Bakersfield Revised Draft EIR/EIS for the California High Speed Rail Project specifically relating to noise and vibration impacts on Mercy Hospital, located at 2215 Truxtun Avenue in Bakersfield, California which is impacted by the Bakersfield South and Bakersfield Hybrid alignment alternatives.

As background, Mercy Hospital was founded by the Sisters of Mercy more than 100 years ago and they have been providing compassionate care to the citizens of Bakersfield and the surrounding communities ever since. Part of the many medical services that Mercy Hospital provides is surgical specialties including breast surgery and reconstruction, general surgery, gynecological surgery, head and neck surgery, neurosurgery, orthopedic surgery, outpatient surgery, plastic surgery, spine surgery, thoracic surgery, urology surgery, vascular surgery and weight-loss surgery programs. The surgical specialties are the areas that will be impacted the most by the HSR project.

Following are comments were prepared for us by noise and vibration consultant David L. Wieland of Wieland Acoustics, Inc. 1371 Warner Avenue, Suite A Tustin, CA 92780 (949) 474-1222. Although the Wieland comments were prepared prior to the revised Draft EIR being released it doesn't appear that the revisions addressed any of the following comments to the initial Draft EIR.

Section I

California High-Speed Train Technical Report, Fresno to Bakersfield Section,
Noise and Vibration - URS/HMM/Arup Joint Venture, July 2011

1. Referring to Tables 4-3 and D-3 of the report, the estimated existing ambient Ldn at Mercy Hospital (identified as Site ST-2 in the tables) is 79.9 dB. However, it is our opinion that this is a serious overestimate. Appendix B, Determining Existing

Noise, of the FRA Document *High-Speed Ground Transportation Noise and Vibration Impact Assessment* (hereinafter, FRA Document) identifies six options for determining the existing ambient noise environment at a receiver, of which the report preparer appears to have selected Option 5. This option allows one to estimate the Ldn at a short-term measurement location (such as at Mercy Hospital) by comparing it to the data gathered at a nearby long-term measurement location. However, as the FRA Document states, care must be taken to ensure that the long-term measurement location has a similar noise environment to that represented by the short-term measurement location. This was not the case for Mercy Hospital, as described in the following comments:

- The ambient noise environment at the south side of Mercy Hospital is dominated by traffic on 16th Street, railroad operations, and railyard activities, and measurement position ST-2 should have been selected to reflect this. However, instead the noise environment at the position selected for ST-2 was dominated by the hospital's own mechanical equipment yard¹. The hospital's own noise cannot be included as part of the existing ambient noise that will be used to assess noise impacts on the hospital.
- There appear to be two long-term measurement locations somewhat near Mercy Hospital; however, neither of them is exposed to the same noise environment as the hospital (i.e., traffic on 16th Street, railroad operations, and railyard activities). Site LT-1, located about 3,600 feet east of the hospital, is dominated by traffic on 14th Street and M Street, and by railroad operations. Site LT-167, located about 1,100 feet northwest of the hospital is dominated by traffic on Truxtun Avenue. It isn't clear from the document which of these two locations was compared to ST-2 in order to estimate the Ldn at Mercy Hospital.

In summary, Site ST-2 should have been located on hospital property away from any on-site mechanical equipment or other hospital-related noise sources, and it should have been compared to a long-term measurement obtained at a location that is representative of the ambient noise environment at the hospital (e.g., a residential location on 16th Street immediately west of the hospital). This would have provided a more accurate estimate of the existing ambient noise environment at the hospital.

¹According to the GPS coordinates identified in Table D-3 for short-term measurement site ST-2 (Mercy Hospital), the measurement was not even actually obtained at the hospital, but across the street to the south.

BO063-1

Submission BO063 (Russell Judd, Mercy Hospitals of Bakersfield, October 18, 2012) - Continued

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BO063-2

2. The calculation procedures identified on the bottom of page 4-11 and the top of page 4-12 for estimating the Ldn based on a short-term measurement do not comply with the procedures identified in the FRA Document.

BO063-3

3. Section 4.4.2, *Measured Vibration Levels*, states that the measured train vibration levels were compared to the estimated value obtained using the FTA general vibration assessment procedures, and that this comparison is provided in Table 4-5. However, no such comparison is provided in the text or the table. The text goes on to make some conclusions regarding the accuracy of the FTA method relative to the measurements, but these conclusions are based on the analysis provided in Table E-1, which has a number of errors in it. These errors include incorrect base RMS VdB levels for the various measurement positions, and incorrect calculations of "Measured VdB - FTA Model" differences.

BO063-4

4. Appendix E indicates that groundborne vibrations acceleration levels were measured at locations near the existing tracks. However, the document never indicates how the measured acceleration levels were converted to vibration velocity levels. (Velocity levels, not acceleration levels, are the basis for the FRA significance criteria.)

BO063-5

5. No groundborne vibration measurements were conducted at Mercy Hospital or anywhere in its vicinity.

BO063-6

6. In Section 6.2.7 there are no calculations presented in the report to substantiate the estimated project noise levels. Therefore, their accuracy cannot be properly assessed. However, using the data presented in the document, and the calculation procedures identified in the FRA Document, it is estimated that the Ldn at the hospital will be 73 dB for the alternative alignment and 79 dB for the Bakersfield South alignment. These differ significantly from the estimated Ldn values presented in Tables 6-23 and 6-24 of the report (i.e., 67 dB for the alternative alignment and 71 dB for the Bakersfield South alignment).

BO063-7

7. In Tables 6-23 and 6-24, the impact assessed at Mercy Hospital (Site ST-2) is Moderate for both the alternative alignment and the Bakersfield South alignment. However, referring to Comments #1, #2, and #8, these assessments appear to be based on an erroneously high ambient noise level and an erroneously low project noise level. Therefore, the impact assessments are also assumed to be erroneous.

BO063-8

8. In section 6.3, there appear to be a number of errors and inconsistencies in the procedure and analysis of vibration levels. However, we agree with the conclusion that no significant vibration impact is anticipated at Mercy Hospital due to train movements associated with the HST.

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BO063-9

9. In Section 6.7.7, the Cumulative Plus Project Noise Impacts analysis at Mercy Hospital may be incorrect for the reasons discussed in Comments #1, #2, and #6 above.

BO063-10

10. In Section 7, there is no analysis to substantiate the recommended mitigation measures. Also, the recommended mitigation measures may no longer be adequate in light of Comments #1, #2, and #8 above.

BO063-11

11. In Section 7.1, there are a number of constraints placed on the use of barriers to mitigate noise (e.g., reasonableness, feasibility, cost, etc.). These constraints are not found in the FRA Document. What is their source?

BO063-12

12. In Section 7.1.5, the report indicates that all noise barriers will consist of a solid barrier no more than six feet high, with the remaining height of the barrier constructed of a transparent material. The document should note that this transparent material must provide a surface density of at least 3 pounds per square foot, as required in the FRA Document.

BO063-13

13. Will all floors of the hospital be protected by the proposed mitigation measures? If not, then an analysis should be conducted to determine what, if any, additional mitigation measures are needed in order to ensure an interior Ldn of 45 dB or less within the hospital.

BO063-14

14. In Tables 6-23 and 6-24, the impact assessed at Mercy Hospital (Site ST-2) is Moderate for both the alternative alignment and the Bakersfield South alternative alignment. As indicated in Section 7.1 of the document, however, this means that implementation of the mitigation measures described in Sections 7.2.11 and 7.2.12 is at the discretion of the Authority. There is no guarantee that the mitigation measures be implemented if the project goes forward.

BO063-15

15. The noise mitigation measures in Section 7 should include the source treatments discussed in Section 5.4.1 of the FRA Document. These treatments include vehicle noise specifications, wheel treatments, vehicle treatments, and guideway support.

BO063-16

16. The construction noise analysis described in Section 8.1 is internally inconsistent. Table 8-1 identifies average noise levels obtained from a 1971 EPA report for various phases of construction, but doesn't identify what equipment or the numbers of each equipment item that were used to derive these average values. Table 8-2 then identifies noise levels for individual construction equipment items obtained from a 2006 FTA report, but these are likely not the equipment noise levels used by the EPA in 1971 to derive their average

Submission BO063 (Russell Judd, Mercy Hospitals of Bakersfield, October 18, 2012) - Continued

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- BO063-18 construction levels. Section 8.1 then goes on to identify (in Appendix I) the actual construction equipment that will be used in each phase of construction for the HST project, but these phases don't correspond to those identified in Table 8-1. With these inconsistencies, it isn't clear what data is used in the analysis. (This is cleared up in Section 8.4, which disregards much of the text presented in Section 8.1.)
- BO063-17 17. Section 8-2, in the first paragraph after Table 8-3, has an incorrect reference to Table 8-4.
- BO063-18 18. In Section 8.4, there is no analysis to substantiate the construction noise results presented in Table 8-6. Therefore, the accuracy of the results cannot be verified.
- BO063-19 19. Given the amount of information available regarding numbers and types of construction equipment that would be used during each phase of project construction, the FRA's detailed construction noise analysis procedures should have been used to assess potential impacts.
- BO063-20 20. Sections 8.4.1 through 8.4.7 mention only potential impacts at residences. Significant impacts will clearly occur at the hospital and should be identified.
- BO063-21 21. Section 8.4.8 discusses measures for mitigating noise impacts from pile drivers. However, the document states that the recommended "drilling and casing" method for installing piles will reduce the impact distance to 220 feet from the construction. Since the hospital is located within 118 feet of the Bakersfield South alignment the impact remains significant.
- BO063-22 22. The construction noise mitigation measures in Section 8.4.8 should be revised to address potential impacts at the hospital, not just at the residences.
- BO063-23 23. No analysis is provided to how that the recommended mitigation measures will reduce the construction noise to levels that comply with the FRA guidelines or the local noise ordinance standards. Construction noise should be identified as a significant unavoidable impact.
- BO063-24 24. Section 8.5 states that "The type of equipment along with the sequence of construction operations has not been established for the project." This is incorrect. Appendix I provides the information.
- BO063-25 25. Section 8.5.1 indicates that there are potential construction vibration damage impacts at nearby buildings, but doesn't identify which buildings. Based on the information provided in Table 8-9, the impact at Mercy Hospital, which is located

- BO063-25 within 135 feet of the Bakersfield South Alternative Alignment, is potentially significant.
- BO063-26 26. Section 8.5.1 mentions the potential for annoyance due to vibration from construction activities but provides no analysis or conclusions. Using information provided in the report, Mercy Hospital will be subject to a vibration level (L_v) of about 92 VdB during pile driving on the Bakersfield South Alternative Alignment. This is well above the significance criterion of 72 VdB and is a significant impact.
- BO063-27 27. In Section 8.5.2, there is no analysis and no specific recommendations for mitigating construction vibration impacts. These should be identified and included in the document.

Section II

Noise and Vibration - Section 3.4

California High-Speed Train Project EIR/EIS, Fresno to Bakersfield Section

Because this document is based on the Technical Report reviewed in Section I above, the comments provided above also apply to this document (though page numbers and section numbers are different). The following comments reflect issues that were not discussed in the Technical Report or items that conflict with the Technical Report.

- BO063-28 1. On page 3.4-13, the document states that "Noise modeling projections assumed atmospheric absorption of sound based on the International Standard ISO 9613-2". There's no evidence to substantiate this in the Technical Report.
- BO063-29 2. On page 3.4-13, the document states that the noise analysis used source reference levels identified in the FRA Document for the VHS electric vehicle type. This conflicts with the Technical Report which states that the noise analysis used source reference levels for the HS EMU vehicle types when analyzing noise from the propulsion units and wheel-rail interactions. The VHS electric vehicle type was only used to analyze aerodynamic noise.
- BO063-30 3. On page 3.4-15, in Section E, CEQA Significance Criteria, the document states that a significant impact will occur if the project results in the "Exposure of persons to or generation of noise levels in excess of standards for a severe impact established by the FRA for high-speed ground transportation and by the FTA for transit projects." In other words, under CEQA the noise level impact will be significant only if it is a severe impact according to the FRA. If the noise level is a moderate impact according to the FRA then there is no significant impact under CEQA. This position is reiterated in Section 3.4.5A, Overview of Project Impacts, which states that "For this analysis, a moderate impact according to the



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BO063-30

FRA impact criteria is considered to be a moderate effect under NEPA and a less than significant impact under CEQA."

BO063-31

4. In Section 3.4.5A, *Overview of Project Impacts*, the document states that there are some sensitive land use receivers within 175 feet of the rail line that would be adversely affected by vibration impacts during operation of the HST. It isn't clear how this screening distance was derived. In Table 3.4-9, the document identified a screening distance of 275 feet for vibration assessment. It isn't clear why the overview presented in Section 3.4.5A uses a lesser screening distance, or what impact this would have on the number of receivers that would be considered adversely affected by vibration impacts.

BO063-32

5. The construction noise analysis presented in Section 3.4.5C is inconsistent with that presented in the Technical Report and may be inconsistent with recommended FRA procedures. It is noted that pile drivers have not even been included. This is of particular importance when assessing potential impacts to Mercy Hospital since it is likely that the serial structure will be supported on piles.

BO063-33

6. The construction vibration analysis presented in Section 3.4.5C is inconsistent with that presented in the Technical Report. It is noted that pile drivers were not included in the analysis summary of Table 3.4-13. This is of particular importance when assessing potential impacts to Mercy Hospital since it is likely that the serial structure will be supported on piles.

BO063-34

7. The construction vibration analysis presented in Section 3.4.5C does not include a discussion of possible building damage impacts.

BO063-35

8. Mitigation Measure N&V-MM#2 indicates that building damage from construction vibration is only anticipated from impact pile driving at very close distances (25 to 50 feet) to buildings. This is inconsistent with the Technical Report which states that building damage can occur at distances of 135 feet. Since Mercy Hospital is located about 118 feet from the Bakersfield South Alignment, this is a potential concern. The mitigation measure, which limits pre-construction surveys to locations within 50 feet of piling, will not protect the hospital.

BO063-36

9. Mitigation Measures N&V-MM#3 states that "...where moderate increases in noise affect receptors, noise-reducing measures could be implemented, even though not required". As discussed in previous comments, the impact is considered to be moderate at the hospital; therefore, there is no assurance that mitigation will be implemented.

BO063-37

10. Mitigation Measure N&V-MM#3 appears to only address compliance with NEPA and not with CEQA. Will mitigation be implemented if the project noise results in

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BO063-37

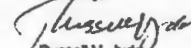
a significant impact relative to CEQA but only a moderate impact relative to NEPA?

BO063-38

11. Table 3.4-28 states that implementation of Mitigation Measures N&V#1 and N&V#2 will reduce construction noise and vibration impacts to a CEQA level of less than significant. There is no analysis to support these claims.

Mercy Hospital is not opposed to the California HSR Project and looks forward to the opportunity to work with the High Speed Rail Authority to find appropriate solutions to the issues and concerns addressed above.

Sincerely,


Russell V. Judd
President/CEO

Submission BO063 (Russell Judd, Mercy Hospitals of Bakersfield, October 18, 2012) - Continued

Page 1 of 1

From: (800) 632-9337 Michael Valquez Mercy Hospitals of Bakersfield 2215 Teaman Avenue Bakersfield, CA 93301	Origin ID: BFLA FedEx Express E	Ship Date: 19OCT12 Actual Wt: 1.8 LB CID: 1812554788NET3308 Delivery Address Bar Code Ref # High Speed Rail Invoice # PO # Dept # RECEIVED 10/19/2012
SHIP TO: (800) 632-9337 Fresno to Bakersfield Revised Draft EIR/Supplemental Draft EIS Comment 770 L ST STE 800 SACRAMENTO, CA 95814	BILL NUMBER	FRI - 19 OCT A2 PRIORITY OVERNIGHT 7992 2836 5110 WD BLUA 95814 CA-UR SMF

10/19/2012

Response to Submission BO063 (Russell Judd, Mercy Hospitals of Bakersfield, October 18, 2012)

BO063-1

Page 4-14 of the *Fresno to Bakersfield Section: Noise and Vibration Technical Report* (Authority and FRA 2012j) illustrates how the day-night sound level (Ldn) was calculated for short-term (ST) measurement locations that were correlated with long-term (LT) measurement data. During the measurement at ST-2 (Mercy Hospital), there were ambulances, train horns, and the fan/exhaust system at the hospital that contributed to the ambient noise level conditions near Mercy Hospital. The fan exhaust/system is considered part of the ambient noise environment at the hospital.

BO063-2

The short-term noise measurements (1-hour) were matched up with nearby long-term measurements (24-hour) that had similar types of nearby predominant noise sources. During the 1-hour short-term measurement, the nearby long-term measurement was being conducted. As the noise levels at the long-term measurement site rose and fell, we correlated this data with the short-term measurement site to see how the noise levels would rise and fall throughout the entire day in comparison with the long-term measurement data. These two noise levels were compared in order to come up with an estimated day-night sound level (Ldn) value at the short-term measurement site for the entire day, based on the long-term measurement data.

This method had to be used in order to come up with estimated Ldn's at noise-sensitive receivers other than where long-term measurements were set up. It would not have been practicable to conduct long-term measurements at all of these locations.

BO063-3

The field-measured vibration levels were compared to the residential vibration standard of 72 vibration decibels (VdB), and those values are presented in Table 4-5 of the *Fresno to Bakersfield: Noise and Vibration Technical Report* (Authority and FRA 2012j). These levels are to give residents adjacent to existing freight railroad lines an idea as to how high the vibration levels are from existing freight and passenger rail operations. The data presented in Table E-1 were an early estimate of modeled freight and passenger vibration levels, using the methodology presented in the Federal Transit Administration protocol and using base data from Figure 10-1 and Table 10-1 in order to compare the vibration levels with those measured in the field. The base RMS levels were taken from Figure 10-1 for a locomotive-powered freight or passenger train at 50 miles per hour.

BO063-3

That value was then corrected for the change in speed, distance from the rails, and the correction for flat spots on the wheels, and then those corrected values were compared to the measured values in the field.

BO063-4

The acceleration values are converted to velocity values by integrating the noise values with respect to time. In this case, that is accomplished by first converting the measured acceleration decibel value to an energy, then dividing the acceleration energy level at each of the one-third octave frequency bands by the quantity 2 times the constant pi multiplied by the frequency. The resulting value is then converted to inches per second (the basis for vibration decibels [VdB]), and the decibel value is then determined by taking 20 times the log of the ratio of the resulting energy value to the reference level of 10 to the -6 power inches per second.

BO063-5

Locations that are close to the existing rail are more suitable for vibration measurements, and Mercy Hospital was located too far away from the existing rail to obtain an accurate measurement of vibration levels caused by existing operations.

BO063-6

We are not sure what variables you used in your model, but our model has been reviewed in detail and a quality check has been conducted. Tables 5-2 and 5-3 of the *Fresno to Bakersfield: Noise and Vibration Technical Report* (Authority and FRA 2012j) show a comparison of modeled results (using the FRA method) compared to reference results for trains traveling at 100 and 200 miles per hour, respectively. Several cases can be found in the table.

BO063-7

The measured ambient noise level and estimated day-night sound level (Ldn) value at Mercy Hospital are not erroneous. The FRA guidelines were followed.

BO063-8

Refer to Standard Response FB-Response-N&V-04.

Response to Submission BO063 (Russell Judd, Mercy Hospitals of Bakersfield, October 18, 2012) - Continued

BO063-9

The measured ambient noise level and estimated day-night sound level (Ldn) value at Mercy Hospital are not erroneous. The FRA guidelines were followed.

BO063-10

Refer to Standard Response FB-Response-N&V-05.

The measured ambient noise level and estimated day-night sound level (Ldn) value at Mercy Hospital are not erroneous. The FRA guidelines were followed.

BO063-11

These constraints/conditions were worked out between the noise consultants and the California High-Speed Rail Authority, and they are consistent with Caltrans constraints/conditions.

BO063-12

Text in the report has been corrected.

BO063-13

Noise impacts have been calculated for all floors of the hospital, and the proposed mitigation will protect each of the floors of the hospital.

BO063-14

Refer to Standard Response FB-Response-N&V-05.

BO063-15

The newest technology/equipment will be used for the project and will address these issues. Most of these mitigation measures are already addressed in the EIR.

BO063-16

The noise levels that are listed in Table 8-1 provide guidance for construction of the Heavy Maintenance Facility and the Train Station since a list of definitive construction equipment that would be used has not been finalized. Table 8-2 provides examples for

BO063-16

noise sources. Section 8.4 deals with construction of the HST corridor and presents a rough list of equipment that would be used during specific construction activities.

BO063-17

The reference to Table 8-4 appears to be placed correctly as to show the detailed assessment criteria for construction noise.

BO063-18

Utilizing the construction equipment lists from Appendix I and the daytime and nighttime FRA noise standards of 80 dBA and 70 dBA Leq, respectively, distances to the construction noise contours were calculated for the construction activities phases.

BO063-19

The types and numbers of equipment found in Appendix I were used to determine distances to potential noise impacts due to construction.

BO063-20

The report will be changed to say "noise-sensitive receivers".

BO063-21

Mitigation measures will be implemented, but the EIR (in Section 3.4.5.3), states that impacts during construction would be significant under CEQA, but temporary in duration.

BO063-22

The report will be changed to say "noise-sensitive receivers".

BO063-23

Mitigation measures will reduce noise to acceptable levels that meet the Federal Transit Administration's construction noise level thresholds.

BO063-24

This is correct. Appendix I does include the construction equipment and sequencing.

Response to Submission BO063 (Russell Judd, Mercy Hospitals of Bakersfield, October 18, 2012) - Continued

BO063-25

Section 8.5.2 provides construction vibration mitigation measures that will be undertaken near vibration-sensitive receivers.

BO063-26

Specific areas where pile driving may be conducted have not been identified; however, vibratory pile driving and the drilling and casing methods have been recommended as mitigation measures to lessen the impact of pile driving in areas adjacent to sensitive receivers. The mitigation measure to reduce vibration impacts would be to use these mentioned alternative methods for pile driving.

BO063-27

Refer to Standard Response FB-Response-GENERAL-01, FB-Response-GENERAL-21, FB-Response-N&V-04.

BO063-28

ISO 9613-2 was, in fact, used for noise-modeling projections.

BO063-29

The propulsion and wheel-rail source noise levels from the HS EMU components found in Table 5-1 of the *Fresno to Bakersfield: Noise and Vibration Technical Report* (Authority and FRA 2012j) were used for noise modeling. For the aerodynamic noise, the VHS Electric components were used in order to predict HST project noise levels.

BO063-30

This is true. A moderate impact is considered less than significant.

BO063-31

The screening distance is less because the transfer-mobility testing revealed the actual transmission characteristics of the soil along the right-of-way, where the distance to the screening distances was established. The screening distance is 175 feet, based on the transfer-mobility tests.

BO063-32

Specific areas where pile driving may be conducted have not been identified; however, vibratory pile driving and the drilling and casing methods have been recommended as mitigation measures to lessen the impact of pile driving in areas adjacent to sensitive receivers. The mitigation measure to reduce vibration impacts would be to use these mentioned alternative methods for pile driving.

BO063-33

Specific areas where pile driving may be conducted have not been identified; however, vibratory pile driving and the drilling and casing methods have been recommended as mitigation measures to lessen the impact of pile driving in areas adjacent to sensitive receivers. The mitigation measure to reduce vibration impacts would be to use these mentioned alternative methods for pile driving.

BO063-34

Refer to Standard Response FB-Response-GENERAL-01, FB-Response-GENERAL-21, FB-Response-N&V-04.

Construction vibration analyses are included in Section 8.5 of the *Fresno to Bakersfield: Noise and Vibration Technical Report* (Authority and FRA 2012j).

BO063-35

Clarification of construction vibration criteria is not necessary due to the fact that in Section 8.5.1, Construction Vibration Criteria," in the *Fresno to Bakersfield: Noise and Vibration Technical Report* (Authority and FRA 2012j), it initially states that vibration from construction is highly unlikely to damage any structures. Table 8-9 shows the distances to construction vibration damage criteria. The building in question (Mercy Hospital) is still outside the realm of potential impact.

BO063-36

There are planned mitigation measures (sound barriers) for the area near the hospital.

Response to Submission BO063 (Russell Judd, Mercy Hospitals of Bakersfield, October 18, 2012) -
Continued

BO063-37

Mitigation Measure N&V-MM#3 in the EIR is in reference to Section 3.4.7.2, Project Noise, so it is safe to say that for the operation of the HST, various options exist to address potential significant noise effects..

BO063-38

Refer to Standard Response FB-Response-GENERAL-01, FB-Response-GENERAL-21, FB-Response-N&V-05.

Analysis could not be conducted at each potential noise-sensitive receiver in order to determine what mitigation measures will be necessary to ensure compliance along the entire portion of every alternative.



EXHIBIT 3



**Mercy Hospitals
of Bakersfield**
A Dignity Health Member

Mercy Hospitals of Bakersfield
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Bakersfield, CA 93301
direct 661.632.5000
mercybakersfield.org

June 28, 2013

Mr. Jeff Morales, CEO
California High Speed Rail Authority
770 F Street, Suite 800
Sacramento, CA 95814

Re: Mercy Hospital Bakersfield Vibration Analysis
California High Speed Rail Project – Fresno to Bakersfield

Dear Mr. Morales,

This correspondence is in follow up to our October 17, 2012 letter that provided comments on the Fresno to Bakersfield revised draft EIR-EIS for the California High Speed Rail project. Specifically relating to noise and vibration impacts on Mercy Hospital (located at 2215 Truxtun Avenue in Bakersfield, California), which is impacted by the Bakersfield South and Bakersfield Hybrid alignment alternatives

Since the letter was submitted, you and your team from the CHSRA have toured the hospital to see the existing facilities and their proximity to the proposed alignment. You are acutely aware of the significant impact that the High Speed Rail potentially has on the operations of the hospital.

In addition, we have also engaged an outside consultant to research the impact on our facility. Below are additional comments that were prepared for us by Environmentally Conscious Consulting, Tracy Gleeson, PE and Daniel S. Miller, Esq. Their independent review shows a potential significant impact to Mercy Hospital by the construction and operation of the High Speed Rail. We are concerned about this impact to the safety of the patients that are treated at Mercy Hospital.

As you read the comments by our consultants, it is evident that significant action will be necessary to protect the patients that Mercy Hospital serves. We, as well as our consultants, believe that mitigation may not be possible during the construction or operation of the High Speed Rail. For this cause we propose that Mercy Hospital of Bakersfield and the California High Speed Rail Authority enter into immediate and confidential discussions concerning these findings. Mercy Hospital is concerned with the lack of sufficient information to determine the impact of the CHSRA project on the existing hospital and feel that the sooner we enter into appropriate conversations the better off both parties will be.

I will be contacting your office but please feel free to contact me at russell.judd@dignityhealth.org or 661-632-5537 to establish a method to open dialog for this very important discussion. I look forward to continuing our conversations and working with you to find the appropriate solution to the issues and concerns outlined.

Following are the additional comments that were prepared for us by Environmentally Conscious Consulting. They can be reached by mail at 13217 Jamboree, Suite 110-F, Tustin, CA 92782 or by phone at 949-300-7910 if needed.

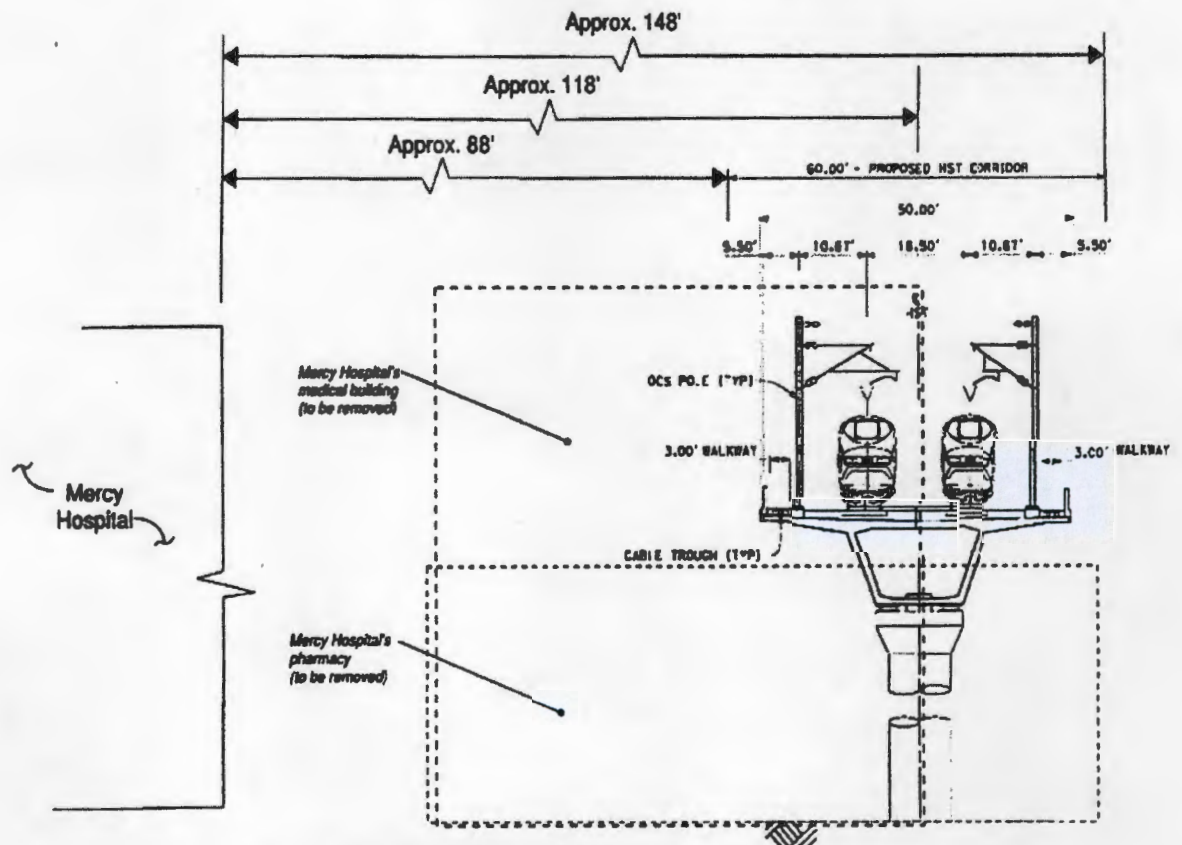
The High Speed Rail Authority (HSRA) is proposing to construct and operate a High-Speed Railroad 118 feet from the Mercy Hospital – Downtown Campus (MHDC), which is a Vibration Category 1 – High Sensitivity building as defined by the Federal Transit Authority. ECC was asked to review the vibration analysis report that was prepared as one of the technical studies for the project's draft environmental document. A review of the due diligence and environmental project documents prepared to date shows that not only was a Detailed Vibration Analysis (DVA), required by both the Federal Transit Authority (FTA) and the Federal Railroad Administration (FRA), not performed for the area at and around the MHDC, but that none of the analytical components necessary to make an informed decision regarding the nature and extent of the vibration impacts to the Downtown Campus were obtained. It is anticipated that the Downtown Hospital will experience direct and substantial vibration impacts during both the multi-year long construction portion of the elevated guideway and the ultimate operation of High-Speed Railroad.

A review of the environmental record shows that MHDC raised specific noise and vibration related concerns to the HSRA during the public comment period for the environmental impact statement. A copy of the October 17, 2012 letter is attached as Exhibit "A". Despite having raised specific concerns, to date no responses have been provided to address MHDC's noise and vibration concerns.

MHDC operates a surgical center, intensive care units emergency room services and provides highly specialized medical services for the community. The medical procedures performed at MHDC require exacting degrees of care and skill by highly trained medical providers using sophisticated and expensive vibration sensitive medical equipment. High Sensitivity buildings and business such as this require a detailed level of analysis to ensure that vibration impacts are understood, mitigated or avoided. Based on the data currently available to the HSRA, the proposed alignment is being made without the HSRA obtaining the type of vibration data necessary to perform a DVA that would meet the FTA's guidelines.

1.0 LOCATION OF ALIGNMENT

The following figure displays the typical section of the elevated guideway structure that will extend along the south side of MHDC, and the plan view of the alignment as it extends through downtown Bakersfield within the vicinity of the hospital.



Typical section of HSR Elevated Guideway adjacent to Mercy Hospital - Downtown Campus

2.0 Vibration Category 1 – High Sensitivity Building Classification

According to the FTA, land uses covered by Category 1 include “hospitals with vibration-sensitive equipment” and buildings where “vibration would interfere with operations within the building, including levels that may be well below those associated with human annoyance.”

The FTA states:

***Vibration Category 1 - High Sensitivity:** Included in Category 1 are buildings where vibration would interfere with operations within the building, including levels that may be well below those associated with human annoyance. Concert halls and other special-use facilities are covered separately in Table 8-2. Typical land uses covered by Category 1 are: vibration-sensitive research and manufacturing, hospitals with vibration-sensitive equipment, and university research operations. The degree of sensitivity to vibration will depend on the specific equipment that will be affected by the vibration. Equipment such as electron microscopes and high resolution lithographic equipment can be very sensitive to vibration, and even normal optical microscopes will sometimes be difficult to use when vibration is well below the human annoyance level. Manufacturing of computer chips is an example of a vibration-sensitive process.*

As a Vibration Category 1 building, the FTA imposes a higher standard on the HSRA to ensure that the vibration impacts do not interfere with the operations conducted within a high sensitivity building. The FTA sets a 65 VdB level for Ground Borne Vibration Impact Levels generally. However, facilities like MHDC often have special needs requiring even more restrictive vibration levels so as not to put patients at risk, interfere with medical procedures or damage specialized equipment.

Vibration levels for buildings in Vibration Category 1 are based on acceptable vibration for moderately vibration-sensitive equipment such as optical microscopes and electron microscopes with vibration isolation systems. The FTA notes that “defining limits for equipment that is even more sensitive requires a detailed review of the specific equipment involved” which is done by conducting a DVA. Mercy Hospital uses vibration sensitive equipment, conducts vibration sensitive procedures and the must provide for the care and recovery of critically ill patients. Despite being a Category 1 building, the HSRA has not conducted they type of detailed analysis required by the FTA.

3.0 Detailed Vibration Analysis

The HSRA should conduct a DVA to ensure that vibration impacts will not interfere with MHDC being able to provide a safe and effective environment for it patients and doctors and to protect the vibration sensitive equipment used as part of MHDC’s operations

The FTA guidelines specify that the DVA should include the following components:

A. Survey Existing Vibration.

Although knowledge of the existing levels of ground-borne vibration is not usually required for the assessment of vibration impact, there are times when a survey of the existing vibration is valuable. Examples include documenting existing background vibration at sensitive buildings, measuring the vibration levels created by sources such as existing rail lines, and, in some cases, characterizing the general background vibration in the project corridor. Based on the information available for review the HSRA does not have background ground-borne vibration data at or near MHDC.

B. Predict Future Vibration and Vibration Impact.

The FTA uses a prediction method to determine impacts. The major steps the HSRA needs to address in order to meet FTA standards for a DVA are:

- 1. Develop estimates of the force density. The estimate of force density can be based on previous measurements or a special test program can be designed to measure the force density at an existing facility. If no suitable measurements are available, testing should be done at a transit facility with equipment similar to the planned vehicles. Adjustments for factors such as train speed, track support system, and vehicle suspension may be needed to match the force density to the conditions at a specific site.*
- 2. Measure the point-source transfer mobility at representative sites. The transfer mobility is a function of both frequency and distance from the source. Point-source transfer mobility is used for sources with short lengths, such as single vehicles or columns supporting elevated structures.*
- 3. Use numerical integration to estimate a line-source transfer mobility from the point-source transfer mobilities. Line-source transfer mobility is applicable to long sources like trains.*
- 4. Combine force density and line-source transfer mobility to project ground-surface vibration.*
- 5. Add adjustment factors to estimate the building response to the ground-surface vibration and to estimate the A-weighted sound level inside buildings.*

C. Develop Mitigation Measures.

Vibration Category 1 – High Sensitivity Buildings require site-specific mitigation measures. The Technical Study acknowledges that “construction of large transportation projects often generates vibration complaints even though they only take place for a limited time. Vibration during construction would occur within 175 feet or less” and that “these impacts would be

temporary during construction.” Given that MHDC is approximately 118 feet from the construction corridor, the HSRA must design mitigation measures specifically tailored to address the unique vibration challenges presented by operating a surgical hospital adjacent to the corridor.

4.0 Conclusion

The HSRA should conduct a DVA prior to selecting a preferred alignment that will locate the HSR in direct proximity to the MHDC. Without the data provided by a detailed analysis, selecting practical vibration control measures that will be effective at the dominant vibration frequencies and compatible with the given transit structure and track support system amounts only to speculation.

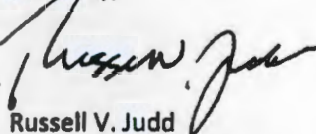
However, as currently configured, potential vibration risks to MHDC include:

- *Interference with surgical procedures.*
- *Interference with specialized medical equipment.*
- *Interference with Patient Care from vibration impacts to recovering patients.*
- *Damage to the physical structure of the Downtown Campus.*

Mercy Hospital remains concerned with the lack of sufficient information to determine the impacts of the CHSRA project on the existing hospital use, as well as appropriate mitigation measures. We respectfully request that the full and proper analysis be facilitated, as required by the FTA and FRA, prior to selection of an alignment

We look forward to continuing our conversations and working with you to find appropriate solutions to the issues and concerns addressed above

Sincerely,



Russell V. Judd
President & CEO

cc: Diana Gomez, Central Regional Director, California High Speed Rail Authority

EXHIBIT 4

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BORTON PETRINI, LLP

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IN REPLY REFER
TO OUR FILE NO.

Bakersfield

028738/062494

March 26, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

RE: High Speed Rail Project

Gentlemen and Honorable Board Members:

Our office represents Dignity Health which owns and operates Mercy Hospital in Bakersfield, California. Mercy Hospital is, to our knowledge, the only hospital impacted by the High Speed Rail (HSR) Project. The extremely close vicinity to one of Bakersfield's major medical facilities raises significant and unique health and safety issues both during and subsequent to construction. During the draft E.I.R. comment period, and subsequently, the Authority assured Dignity Health that it would study the health and safety issues and incorporate new and corrected studies and proposed mitigation measures in the F.E.I.R. In particular, the Authority promised to correct the flawed noise and vibration studies and supply them and the proposed mitigation measures to Dignity Health before finishing the F.E.I.R.

Dignity Health commissioned a peer review of the flawed noise and vibration studies regarding the effects on patient health, safety and hospital operations and, the findings were shared

BORTON PETRINI, LLP

California High Speed Rail Authority
Federal Railroad Administration
Surface Transportation Board
Council on Environmental Quality
March 26, 2014
Page 2

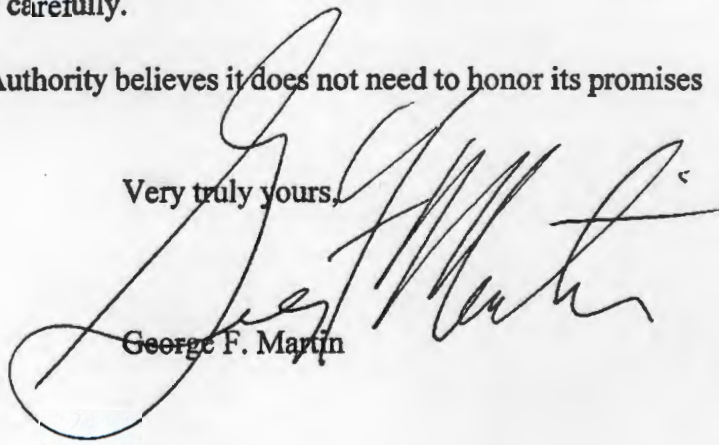
with the Authority staff, which led to a promise to do additional studies, with appropriate mitigation measures. The Authority agreed to work with Dignity Health to that end.

We now learn that the Authority plans to submit its F.E.I.R. for approval by the end of April or early May without, Dignity Health's advanced consideration and review, and, without corrected studies and mitigated measures. Dignity Health's calls are now going unanswered.

Dignity Health has at all times been cooperative with the Authority regarding their work on the project and relied on the good faith representation of the Authority personnel. The failure of the Authority to live up to its promise has resulted in Dignity Health now opposing the project. We not only demand additional studies, as promised, and appropriate mitigation measures, but, will scrutinize the F.E.I.R. much more carefully.

It appears obvious that the Authority believes it does not need to honor its promises to its stakeholders.

Very truly yours,


George F. Martin

GFM:vjc

EXHIBIT 5

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BORTON PETRINI, LLP

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IN REPLY REFER
TO OUR FILE NO.

Bakersfield

028738/062494

April 24, 2014

California High Speed Rail Authority
Attn: Chairman Dan Richard
1770 "L" Street, Suite 800
Sacramento, CA 95814

RE: Final EIR/EIS and Authority Board Meeting Consideration Extension Request

Dear Board Members:

As counsel for Dignity Health we hereby request that the California High Speed Rail Authority (Authority) postpone consideration of approval for the Final EIR/EIS Fresno to Bakersfield Section. The Authority concluded the public comment period on the Draft Revised EIR/EIS Fresno to Bakersfield Section in the Fall of 2012. Since that time (approximately 18 months) the Authority has been responding to comments and revising the Draft Revised EIR/EIS to address comments provided prior to the Fall of 2012. The Final EIR/EIS was issued on April 18, 2014 and the Authority has noticed a public hearing on May 6, 2014 to hear comments and to consider approval of the document on May 7, 2014. This only gives the public approximately seventeen (17) days to review and understand approximately 4,800 pages of responses to comments provided by the Authority.

The California Environmental Quality Act (CEQA) and the National Environmental Policy Act (NEPA) under which the Final EIR/EIS was developed, ensure the ability of the public to participate in development of the document and to ensure that impacts and mitigation measures are appropriately documented. Given the lengthy time the Authority has taken to provide careful responses and the volume of material to review, the only reasonable action on behalf of the Authority at this time is to grant the public a suitable review time. This ensures that the Final EIR/EIS has addressed the concerns and comments submitted by the public.

It is also reasonable to believe that allowing an extension of time for review would give the Authority, and more specifically Board Members, the ability to fully review and understand

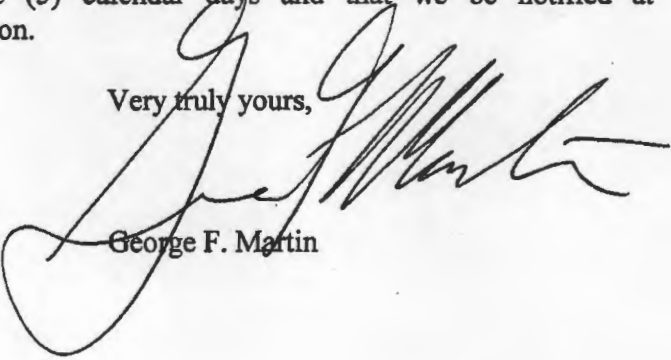
BORTON PETRINI, LLP

California High Speed Rail Authority
Attn: Chairman Dan Richard
April 24, 2014
Page 2

the responses in the Final EIR/EIS. This will ensure that the votes casts on the documents are fully informed.

The CCHSRA requests that the Authority postpone any public hearing and/or potential approval of the Final EIR/EIS until June 2014. This will allow the public approximately one month to review and provide further comments if necessary on the Final EIR/EIS. We ask that this determination be made within five (5) calendar days and that we be notified at gmartin@bortonpetrini.com as to the decision.

Very truly yours,



George F. Martin

GFM:vjc

EXHIBIT 6

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Local & Regional

Inmates ordered out of 2 prisons amid Valley fever outbreak



Show Caption

By DON THOMPSON, Associated PressPublished: Apr 29, 2013 at 2:22 PM PDTLast Updated: Apr 29, 2013 at 3:40 PM PDT

SACRAMENTO, Calif. (AP) — The federal receiver who controls medical care in California prisons on Monday ordered thousands of high-risk inmates out of two Central Valley prisons in response to dozens of deaths due to Valley fever, which is caused by an airborne fungus.

Map: Prisons 85 miles NW of Bakersfield >>

Medical receiver J. Clark Kelso ordered the Department of Corrections and Rehabilitation to exclude black, Filipino and other medically risky inmates from Avenal and Pleasant Valley state prisons because those groups are more susceptible to the fungal infection, which originates in the region's soil.

Aside from the racial minorities, high-risk inmates include those who are sick, infected with HIV, are undergoing chemotherapy or otherwise have a depressed immune system. In addition to the deaths, the fungus has hospitalized hundreds of inmates.

The order will affect about 40 percent of the more than 8,200 inmates at the two prisons, said Joyce Hayhoe, a spokeswoman for the receiver's office.

"The state of California has known since 2006 that segments of the inmate population were at a greater risk for contracting Valley fever, and mitigation efforts undertaken by CDCR to date have proven ineffective," she said in an emailed statement. "As a result, the receiver has decided that immediate steps are necessary to prevent further loss of life."

That creates problems for the corrections department, which faces a December deadline to reduce overcrowding in prisons statewide by an additional 9,000 inmates as part of a federal court order to improve medical and mental health care.

The department must file a plan with the federal courts by Thursday outlining what steps it will take to reduce the prison population by year's end. Corrections Secretary Jeffrey Beard has said the department still wants to bring home more than 8,400 inmates who currently are being housed in private prisons in other states.

In response to the receiver's order Monday, corrections department spokesman Jeffrey Callison said, "To implement this policy directive would be a big undertaking, and we're reviewing it."

The department had been focused on trying to minimize the spread of the dust that carries the spores that cause Valley fever.

"If there are ways to reduce or prevent Valley fever, period, regardless of who the inmates are, that would probably be the best thing all around," Callison said.

Steps include controlling dust measures during construction, giving surgical masks to inmates and employees who request them, and providing education materials to employees and inmates. The corrections department is installing air filters and is considering measures to cover up dusty areas and screen out more dust from entering prison buildings.

Those efforts are not getting the job done, according to both the receiver and the nonprofit Prison Law Office that is asking a federal judge to intervene.

The issue is part of a lawsuit filed more than a decade ago seeking to improve medical care in the state's 33 adult prisons. It surfaced again Monday after a doctor hired by the law firms representing inmates filed a sworn declaration with the federal court saying the prisons should be shut down.

"The governor has said the prison system isn't crowded and it's providing the finest health care that money can buy. Here's another example why that isn't true," said Don Specter, director of the Prison Law Office. "Prisoners are dying because they're in a toxic environment which causes serious illness and death on a regular basis. The department has known about this problem since about 2007 and has done virtually nothing."

The federal judge overseeing the case has scheduled a court hearing on the matter for June.

Valley fever is found most often in the southwestern United States, with about a quarter of the cases in California and more than 70 percent in Arizona, according to the Centers for Disease Control and Prevention. The number of cases has risen over the years and topped 20,000 in 2011, the CDC reported in December.

In a sworn declaration, Dr. John Galgiani said the situation at the Pleasant Valley and Avenal prisons is a "public health emergency." Galgiani is a professor of medicine at the University of Arizona who founded a center where Valley fever is researched.

The communities surrounding the prisons in the southern San Joaquin Valley have the highest rates of the disease in California, but Galgiani said the infection rates at both prisons are even higher than those.

Warren George, an attorney with the Prison Law Office, said Valley fever was a contributing factor in 34 inmate deaths between 2006 and 2011. Since 2012, it has been a primary or secondary cause of nine inmate deaths.

The receiver's office estimates the illnesses cost taxpayers more than \$23 million a year to treat.

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GILLIAN WONG, Associated Press: Apr 21, 2014 8:29 AM PDT: Apr 21, 2014 8:29 AM PDT
South Korean President Park Geun-hye said Monday that the captain and some crew members of the sunken ferry committed "unforgivable, murderous behavior," while criticism of her own government's handling of the disaster grew.



[Entertainment](#) [\(New\)Photos: Star sightings\(Photo Gallery\)](#)

WENN.com: Apr 21, 2014 8:22 AM PDT: Apr 21, 2014 8:22 AM PDT



[Local & Regional](#) [Stray bullet claims Vietnam veteran's life\(Video\)](#)

Mike Dinow, Eyewitness News: Apr 20, 2014 5:03 PM PDT : Apr 20, 2014 5:08 PM PDT

A 65-year-old man is accidentally shot in the head while relaxing on a sofa. While the shooting happened in Fresno, the man's family in Bakersfield is also grieving.



[Technology](#) [Space station gets Easter morning delivery\(Video\)](#)

MARCIA DUNN AP Aerospace Writer: Apr 20, 2014 9:16 AM PDT: Apr 20, 2014 3:11 PM PDT
Space station astronauts got a special Easter treat: a cargo ship full of supplies.



[Entertainment](#) [\(New\)Lindsay Lohan says on reality show she had miscarriage](#)

Associated Press: Apr 21, 2014 7:50 AM PDT: Apr 21, 2014 7:50 AM PDT

Lindsay Lohan says she suffered a miscarriage during the taping of her reality TV series.



National & World (New) Boston Marathon begins under tight security (Photo Gallery)

BOB SALSBERG, Associated Press: Apr 21, 2014 7:18 AM PDT : Apr 21, 2014 8:35 AM PDT

The 118th running of the Boston Marathon began under heavy security Monday morning, a year after the bombings near the race's finish line that killed three people and wounded more than 260 others.



Local & Regional Easter treats delivered to pediatric patients (Video)

Tammy Brown, BakersfieldNow.com: Apr 20, 2014 3:14 PM PDT: Apr 20, 2014 3:14 PM PDT

Sick children and their families at Memorial Hospital's Lauren Small Children's Medical Center got a special visit Saturday from the Dewar's family, a name synonymous with ice cream and candy in Bakersfield and around the country.



Technology NASA's space station Robonaut finally getting legs

MARCIA DUNN AP Aerospace Writer: Apr 19, 2014 12:42 PM PDT : Apr 19, 2014 12:42 PM PDT

Robonaut, the first out-of-this-world humanoid, is finally getting its space legs.



National & World (New) Teen OK after riding in wheel well of Calif.-to-Hawaii jet

OSKAR GARCIA, Associated Press: Apr 21, 2014 6:47 AM PDT : Apr 21, 2014 8:36 AM PDT

Officials say a 16-year-old boy is "lucky to be alive" and unharmed after flying from California to Hawaii stowed away in a plane's wheel well, surviving cold temperatures at 38,000 feet and a lack of oxygen.



Entertainment New portrait unveiled for British queen's birthday

Associated Press: Apr 20, 2014 4:04 PM PDT: Apr 20, 2014 4:04 PM PDT

A portrait of Queen Elizabeth II by renowned British photographer David Bailey has been unveiled to mark the monarch's 88th birthday.



Health Car show raises money for local children (Video)

Mike Dinow: Apr 19, 2014 9:54 PM PDT: Apr 19, 2014 9:54 PM PDT

The "Cruisin For A Wish" fundraiser helps raise money for local children with life-threatening conditions.



[Technology](#) 5 features an Amazon phone might offer

MAE ANDERSON AP Business Writer: Apr 18, 2014 11:18 AM PDT : Apr 18, 2014 11:18 AM PDT

Rumors of an Amazon smartphone reached a fever pitch this week, with several tech blogs speculating that the device could be due out this year.



[National & World](#) Boston race makes room for those affected by bombs(Photo Gallery) (Video)

JIMMY GOLEN AP Sports Writer: Apr 20, 2014 3:36 PM PDT : Apr 20, 2014 3:39 PM PDT

The messages started arriving just hours after the bombings, pleading for an entry into the 2014 Boston Marathon. For months the calls and emails continued, runners begging for an opportunity to cross the finish line on Boylston Street and convinced it would ease at least some of their grief.



[Entertainment](#) 'Capt. America' tops box office for third week(Video)

SANDY COHEN AP Entertainment Writer: Apr 20, 2014 3:18 PM PDT: Apr 20, 2014 3:18 PM PDT

Captain America continues to vanquish box office foes, triumphing in ticket sales for the third consecutive week and dominating over megastar Johnny Depp's new movie.



[Local & Regional](#) DUI prosecutor: 'We do need stiffer laws for these offenders'(Video)

Carol Ferguson, Eyewitness News: Apr 18, 2014 6:23 PM PDT : Apr 18, 2014 6:23 PM PDT

The sentence for a local man responsible for a deadly drunk-driving accident drew a flood of frustration from the public.

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Valley fever hospitalizations increase in Calif.

Posted: Sep 11, 2013 9:10 AM PDT
Updated: Sep 25, 2013 9:10 AM PDT

FRESNO, Calif. (AP) — A new study published by the Centers for Disease Control and Prevention shows the annual rate of hospitalizations for valley fever, a potentially lethal but often misdiagnosed disease, has doubled over the past 12 years in California.

According to the study published Wednesday, the fever — which can be contracted by simply breathing fungus spores found in soil — has cost more than \$2 billion in hospital charges.

While in most cases the fever results in no symptoms or causes mild to severe flu-like symptoms, in some cases the infection can spread to the brain, bones, skin, even eyes, leading to blindness, skin abscesses, lung failure, even death.

In California, according to the CDC, valley fever cases rose from about 700 in 1998 to more than 5,500 cases reported in 2011.

The fever is prevalent in arid regions of the U.S., especially California and Arizona.

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Dr. Oz & Goldie Hawn



Cop faces charge



5 Questions That Will Not Get You Hired
Monster

FROM AROUND THE WEB

- Tom Cruise's Jaw-Dropping Admission Is Scientology's Worst Nightmare (Slurp Daily)
- 14 Benefits Most Seniors Didn't Know They Had (Newsmax)
- Shocking Tip Saves Mortgage Payers \$4.1K per year (Daily Mortgage Monitor)
- Diet and Treatment Options for Older Type 2 Diabetics (Healthline.com)
- HereO's GPS Watch Tracks Your Kids Anywhere They Go (hereO Child GPS Watch)
- New [FEB 2014] Rule Has Drivers Furious & Shocked... (Lifestyle Journal)

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- Topless woman's videotaped fast food rampage is internet hit
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Monster

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- Tom Cruise's Jaw-Dropping Admission is Scientology's Worst Nightmare (Stirling Daily)
- 14 Benefits Most Seniors Didn't Know They Had (Newsmax)
- Shocking Tip Saves Mortgage Payers \$4.1K per year (Daily Mortgage Monitor)
- Diet and Treatment Options for Older Type 2 Diabetics (Healthline.com)
- HereO's GPS Watch Tracks Your Kids Anywhere They Go (hereO Child GPS Watch)
- New [FEB 2014] Rule Has Drivers Furious & Shocked... (Lifestyle Journal)

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EXHIBIT 7

List from Medical Community and Consultants

1. Imad Abumeri, M.D. FAANS, FACS - Bakersfield Neuroscience & Spine Institute
2. Pacific Orthopedic Medical Group
3. Alpha Anders, MD
4. Atul Aggarwal, M.D. - Atul Aggarwal M.D. Cardiology Clinic
5. Gene Anderson, M.D. - Mohawk Medical & Associates
6. Bernadette Bawar, RN, CNOR, RNFA - Mercy Hospital
7. Sharon D. Bush
8. William E. Bush
9. Javier Bustamante, M.D. - Bustamante Pediatrics & Adolescents
10. Mrs. Patricia Ann Campbell
11. P. R. Chandrasekaran, M.D. - Dignity Health/Mercy Hospitals
12. Matthew Malerich, M.D. - Dignity Health/Mercy Hospitals
13. Charles Wong, D.O. - Dignity Health/Mercy Hospitals
14. George Wahba, M.D. - Dignity Health/Mercy Hospitals
15. Kent Child, M.D. - Kern Radiology Medical Group
16. Morgan Clayton - Tel-Tec Security Systems, Inc.
17. Luis Cousin, M.D. - Premier Family Practice Associates
18. Michaela Ginn, M.D. - Premier Family Practice Associates
19. Hemmal Kothary, M.D. - Premier Family Practice Associates
20. Mary Milkie-Andrews, MD - Premier Family Practice Associates
21. Albert Peinado, M.D. - Premier Family Practice Associates
22. Wendy Crenshaw, M.D. - San Dimas Medical Group, Inc.
23. Noel Del Mundo, M.D. - San Dimas Medical Group, Inc.
24. Dana Edwards, M.D. - San Dimas Medical Group, Inc.
25. Sonia Ghai, M.D. - San Dimas Medical Group, Inc.
26. Gregory Klis, M.D. - San Dimas Medical Group, Inc.
27. James Tsai, M.D. - San Dimas Medical Group, Inc.
28. Jigisha Upadhyaya, M.D. - San Dimas Medical Group, Inc.
29. William F. DiNicola, M.D.
30. Enriquez, M.D. - Surgeon at Mercy Hospital
31. William Farr, M.D. - Orthopedic Surgeon at Mercy Hospital
32. David and Catherine Gay
33. Physician - Premier Anesthesiology Group
34. Bruce Joseph, M.D. - Mercy Hospital
35. David Kanamori, M.D. - Comprehensive Blood & Cancer Center
36. Richard Ng, M.D., FACP - Comprehensive Blood & Cancer Center
37. Ravi Patel, M.D., FACP - Comprehensive Blood & Cancer Center
38. Shawn Shambaugh, M.D. - Comprehensive Blood & Cancer Center
39. Sujie Tang, M.D. - Comprehensive Blood & Cancer Center
40. See-Ruern Kitt, M.D. - Mercy Hospital
41. Victor V. Kitt, M.D. - Mercy Hospital
42. Anil Mehta, M.D. - Anil Mehta, M.D., Inc.

43. Surgeon - Mercy Hospital
44. Richard O'Reilly, M.D. - Mercy Hospital of Bakersfield
45. R. Mark Root, D.O. (Chief Medical Officer) - Mercy Hospital of Bakersfield
46. Jared Salvo, D.O., MS, FACC - Souther California Cardiac Electrophysiology
47. Sandra V. Serrano - Board Member at Mercy Hospital of Bakersfield
48. Robert Severs, President & CEO - GemCare Mercy Memorial Health Systems
49. Surgeon - Mercy Hospital of Bakersfield
50. Bruce C. Stone, D.O. - URS - Urological Surgery
51. Edward W. Taylor, M.D.
52. Anthony A. Valdez, M.D.
53. Michelle L. Remmes, M.D.
54. Michelle L. Valdez, M.D.
55. Jonathan C. Weeks, M.D.
56. Agnes Y. Wu, M.D. - AW Pathology Medical Group, Inc.
57. Lei Zhang, M.D.
58. The Doctors at Premier Anesthesia Medical Group
59. Shakti Srivastava, M.D. - Central California Hospitalists
60. Edward R. Paine - California Ivy League Preparatory Academy



Bakersfield Neuroscience & Spine Institute

Neurosurgery and Neurology of Brain, Spine and Nerves

24 April 2014

Gentleman and Honorable Board Members:

Re: High Speed Rail Project

As a Neurosurgeon at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital main parking lot and medical office building behind the hospital must be removed to clear the path.

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Two other units slated to open this summer are a Long-Term Acute Care Hospital (LTACH) and an inpatient Cancer unit. LTACH patients are those that have medical conditions that require them to be on ventilators for long periods of time, sometimes many months. Inpatient Cancer patients are fighting for their lives undergoing chemotherapy, radiation and

M. Rahimifar, MD
M.Sc., FRCS, FACS
*Neurological Surgeon,
Adult and Pediatrics*

O. Leramo, MD
FRCS, FACS, FICS
*Neurological Surgeon,
Adult and Pediatrics*

I. Abumeri, MD
FAANS, FACS
*Neurological Surgeon,
Adult and Pediatrics*

David R. Field, MD, MPH
Occupational Medicine

H. Salehi, MD
Electrodiagnostics

A. Mehdi, MD
Electrodiagnostics

K. Saremi, MD
*Neurodiagnostics,
Movement Disorder Specialist*

Weiss Moshref, PA-C

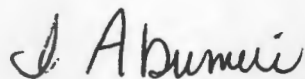
Lisa Mendez, PA-C

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Sincerely,



Imad Abumeri, M.D. FAANS, FACS

IA: k

DT: 04/24/2014

Pacific Orthopedic Medical Group

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

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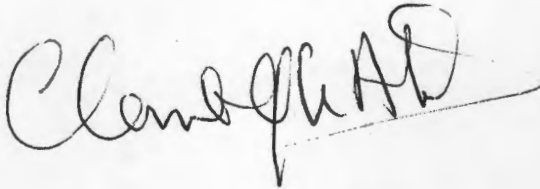
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Sincerely,

A handwritten signature in dark ink, appearing to read "Clementine A. D.", written over a horizontal line.

Alpha Anders, MD

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a physician at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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Sincerely,

A handwritten signature in black ink, appearing to read 'Alpha Anders', followed by a long horizontal flourish.

Alpha Anders, MD

ATUL AGGARWAL MD CARDIOLOGY CLINIC
9330 STOCKDALE HWY. SUITE 600 BAKERSFIELD CA 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a Atul Aggarwal MD/Cardiologist at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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Sincerely,

Atul

(ATUL AGGARWAL MD)

Mohawk Medical & Associates
9908 Brimhall Rd., Suite 101
Bakersfield, CA 93312

Gene Anderson, M.D.

Re: High Speed Rail Project

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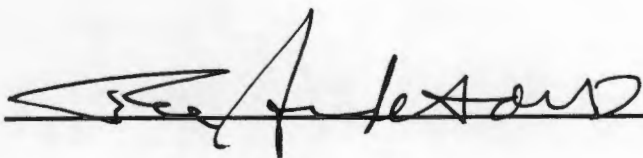
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Sincerely,



Bernadette Bawar, RNFA, BSN
Mercy Hospital

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a Registered Nurse First Assistant at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

As you can imagine, doing delicate surgical procedures requires a setting free from noise and from disruptions. Trains moving past the hospital at over 100 miles per hour will create noise, vibrations, and disruptions to surgical procedures. Neurosurgeons doing extremely delicate brain procedures use microscopes suspended from the ceilings of the OR's that will be adversely impacted by vibrations produced by these trains. Other surgeons using these same microscopes and minimally invasive optical systems will be also impacted.

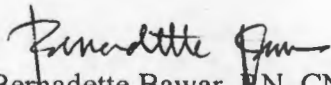
The noise and vibrations will also have an impact on the condition of patients in the Intensive Care Unit who may be just clinging to life. The continuous running of trains at high speed will create a poor scenario for these patients who require the most sophisticated care we render in a hospital. Patients on the Telemetry floors who are monitored for heart conditions and other serious conditions will have their care adversely impacted by the trains.

Two other units slated to open this summer are a Long-Term Acute Care Hospital (LTACH) and an inpatient Cancer unit. LTACH patients are those that have medical conditions that require them to be on ventilators for long periods of time, sometimes many months. Inpatient Cancer patients are fighting for their lives undergoing chemotherapy, radiation, and surgical procedures. Both of these units will be heavily impacted by the trains running at high speed past the hospital.

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Sincerely,



Bernadette Bawar, RN, CNOR, RNFA
Mercy Hospital
Coordinator, Surgery Department

Sharon D. Bush
2202 Brighton Park Drive
Bakersfield, CA 93311

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

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I am a retired surgical nurse, who worked in the operating room at this location and know that delicate surgical procedures require a setting free from noise and from disruptions. Trains moving past the hospital at over 100 miles per hour will create noise, vibrations, and disruptions to surgical procedures. Neurosurgeons doing extremely delicate brain procedures use microscopes suspended from the ceilings of the OR's that will be adversely impacted by vibrations produced by these trains. Other surgeons using these same microscopes and minimally invasive optical systems will be also impacted.

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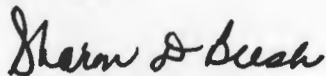
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Sincerely,

A handwritten signature in cursive script that reads "Sharon D. Bush".

Sharon D. Bush

April 23, 2014

**William E. Bush
2202 Brighton Park Drive
Bakersfield, CA 93311**

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

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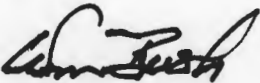
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Sincerely,

 4-23-14
William E Bush



DR JAVIER BUSTAMANTE, MD
PEDIATRICS & ADOLESCENTS

300 OLD RIVER ROAD, SUITE 105, BAKERSFIELD, CA 93311
PHONE 661 663-4700 FAX 661 663-4740
Email: info@bakersfield-pediatrics.com

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
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Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

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Sincerely,

A handwritten signature in black ink, appearing to read "Javier Bustamante", with a stylized flourish at the end.

Javier Bustamante, MD

*Mrs. Patricia Campbell
1004 Halterio Court
Bakersfield, CA 93309*

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
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Honorable Board Members
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395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

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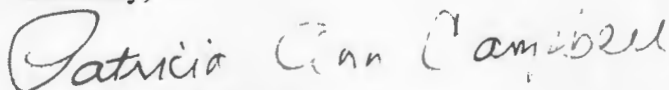
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Sincerely,

A handwritten signature in cursive script that reads "Patricia Ann Campbell".

Patricia Ann Campbell

661 397-9119

paidurandocampbell@gmail.com



April 22, 2014

Orthopedic, Spine, and Hand Center
400 Old River Road
Bakersfield, Ca 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As an Orthopedic Surgeon at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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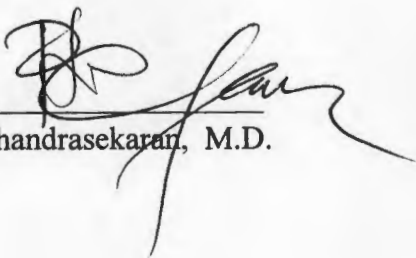
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Sincerely,

A handwritten signature in black ink, appearing to read "P.R. Chandrasekaran", written over a horizontal line.

P.R. Chandrasekaran, M.D.

Kern Radiology Medical Group
2301 Bahamas Drive
Bakersfield, CA 93309

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
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395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

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Sincerely,

May Kent Child M.D.

Tel-Tec

security systems, inc.

Quality in Security, Quality in Service

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

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Horace Greezmiel
Associate Director for NEPA

Council on Environmental Quality
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Washington, DC 20503

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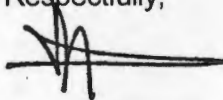
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Respectfully,

A handwritten signature in black ink, appearing to be 'Morgan Clayton', written over a horizontal line.

Morgan Clayton



PREMIER FAMILY
Practice Associates

9500 Stockdale Hwy. • Suite 200, 201
Bakersfield, California 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a concerned physician at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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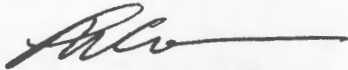
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A handwritten signature in dark ink, appearing to read 'Luis Cousin', with a long horizontal flourish extending to the right.

Luis Cousin, MD



SAN DIMAS MEDICAL GROUP, INC.
"A Comprehensive Women's Health Center"

Obstetrics & Gynecology

Marietta M. Tan, M.D.

Wendy Crenshaw, M.D.

Dana C. Edwards, M.D.

Tillai Kannappan, M.D.

Jigisha Upadhyaya, M.D.

Jacqueline A. Williams-Olango, M.D.

Gregory R. Klis, M.D.

James Tsai, M.D.

Noel G. Del Mundo, M.D.

Luis Lopez, M.D.

Sonia Ghai, M.D.

Physician Assistants

Kasey Swafford, PA-C

Rosa Luna, PA-C

April 23, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

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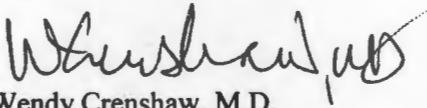
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Sincerely,

A handwritten signature in black ink, appearing to read "Wendy Crenshaw", with a stylized flourish at the end.

Wendy Crenshaw, M.D.
San Dimas Medical Group



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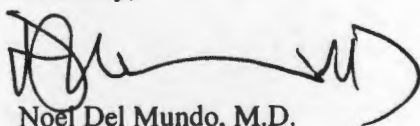
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Sincerely,

A handwritten signature in black ink, appearing to read 'Noel Del Mundo', with a stylized flourish at the end.

Noel Del Mundo, M.D.
San Dimas Medical Group

*William F. DiNicola M.D.
300 Old River Road #125
Bakersfield Ca. 93311
661-663-3122*

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

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Council on Environmental Quality
722 Jackson Place, N.W.
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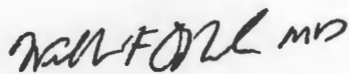
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Sincerely,

A handwritten signature in dark ink, appearing to read "WILL F. DiNICOLA MD". The signature is written in a cursive, somewhat stylized font.

William F. DiNicola M.D.



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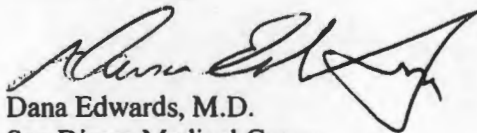
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Sincerely,

A handwritten signature in black ink, appearing to read 'Dana Edwards', with a stylized flourish at the end.

Dana Edwards, M.D.
San Dimas Medical Group

2521 G Street
Bakersfield CA
93301

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
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1200 New Jersey Avenue, SE
Washington, DC 20590

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Honorable Board Members
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395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

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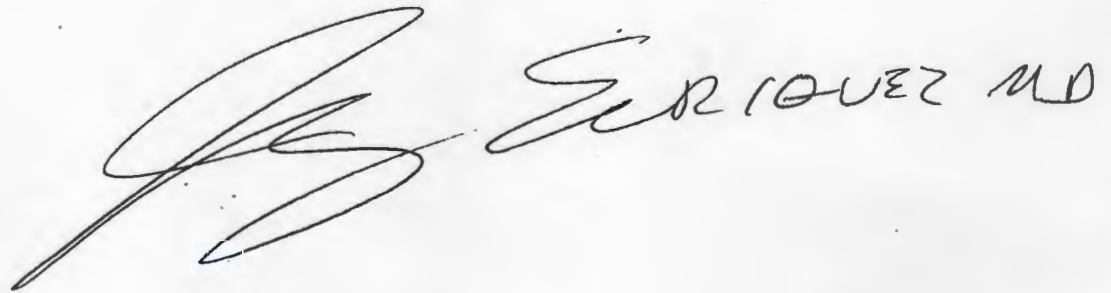
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Sincerely,

A handwritten signature in black ink, appearing to read "J. R. IOVET MD". The signature is stylized, with a large, sweeping initial "J" and "R" followed by the name "IOVET" and the initials "MD".

William Farr, M.D.

4100 Old River Road, Bakersfield CA 93311

Vanity Health

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

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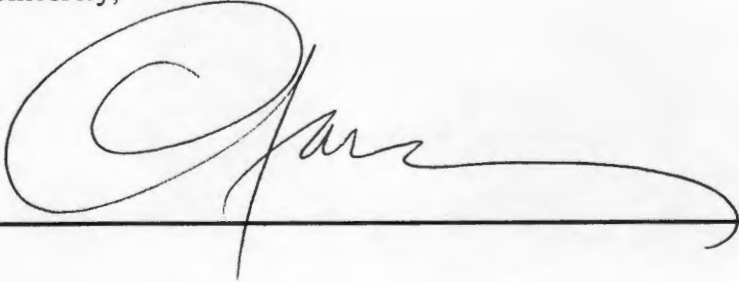
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A handwritten signature in dark ink, featuring a large, stylized initial 'C' followed by a surname that appears to be 'Far'. The signature is written over a solid horizontal line.

David and Catherine Gay

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
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Catherine Gay



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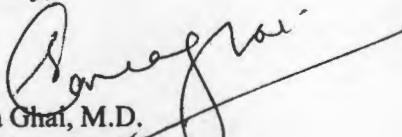
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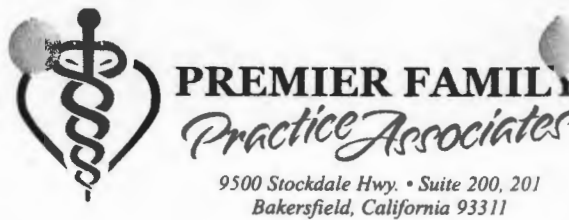
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Sincerely,

A handwritten signature in black ink, appearing to read "Sonia Ghal", written over a horizontal line.

Sonia Ghal, M.D.
San Dimas Medical Group



Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a concerned physician at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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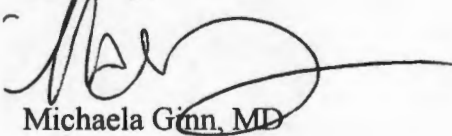
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Sincerely,

A handwritten signature in black ink, appearing to read "Michaela Ginn", with a long horizontal flourish extending to the right.

Michaela Ginn, MD

Premier Anesthesiology Group
3200 21st Street, Suite 301
Bakersfield, CA 93301

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

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Gentlemen and Honorable Board Members:

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Sincerely,

A handwritten signature in black ink, appearing to read "Joseph L. ...". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

April 22, 2014

Orthopedic, Spine, and Hand Center
400 Old River Road
Bakersfield, Ca 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As an Orthopedic Surgeon at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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Sincerely,



Lawrence Hsu, M.D.

6001-B Tuxtun Avenue, Suite 220
Bakersfield, CA 93309

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

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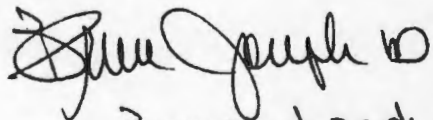
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Sincerely,


Bruce Joseph, MD

CBCC

Comprehensive Blood & Cancer Center

Medical Oncology and Hematology

Ravi Patel MD, FACP David Kanamori MD
Alan D. Cartmell MD, FACP Richard Ng MD, FACP
Shane H. Lu MD, FACP, FACS Supe Tang MD
Shawn C. Shanbaugh MD Sanjay R. Ganpule MD
Madan Mukhopadhyay MD, FACP Kota Shekar MD

Radiation Oncology

Ajay Desai MD
Gurdeep Goela MD
Owen Kim MD

Integrative Medicine

Kalyan Gaddam MD

Pathology

Langhoo Uro MD, FACP

Dermatology

Neal M. Ammar, MD
Geover Fernandez, MD

Infectious Disease

Randolph Semning MD

Breast Center

Peter H. Ashman MD

Mind-Body Medicine

Nama Patel, MD

April 22, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
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UCLA Affiliated Medical Center · Website: www.cbccusa.com

6501 Truxtun Avenue · Bakersfield, CA 93309 · (661) 322-2206 · FAX (661) 322-7027
1310 Las Tablas Road, Suite 204 · Templeton CA 93465 · (805) 434-0333 · FAX (805) 434-0893

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Sincerely,



David Kanamori, M.D.
DK/dld

See-Ruern Kitt, MD
Infectious Disease/Allergy Immunology
2229 19th St.
Bakersfield, CA 93301
(661) 325-2448

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn: Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

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Sincerely,



See-Ruen Kitt, MD

Victor V. Kitt, MD
Otolaryngologist
2701 16th St., Suite A
Bakersfield, CA 93301
(661) 322-1258

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
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Sincerely,

A handwritten signature in black ink, appearing to read 'Victor V. Kitt', with a long, sweeping horizontal line extending to the right.

Victor V. Kitt, MD



SAN DIMAS MEDICAL GROUP, INC.
"A Comprehensive Women's Health Center"

Obstetrics & Gynecology

Marietta M. Tan, M.D.

Wendy Crenshaw, M.D.

Dana C. Edwards, M.D.

Tillai Kannappan, M.D.

Jigisha Upadhyaya, M.D.

Jacqueline A. Williams-Olango, M.D.

Gregory R. Klis, M.D.

James Tsai, M.D.

Noel G. Del Mundo, M.D.

Luis Lopez, M.D.

Sonia Ghai, M.D.

Physician Assistants

Kasey Swafford, PA-C

Rosa Luna, PA-C

April 23, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

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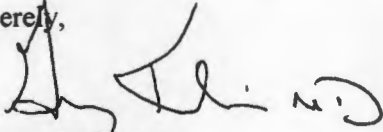
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Sincerely,

A handwritten signature in black ink, appearing to read 'Gregory Klis', with a stylized flourish at the end.

Gregory Klis, M.D.
San Dimas Medical Group



PREMIER FAMILY
Practice Associates

9500 Stockdale Hwy. • Suite 200, 201
Bakersfield, California 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

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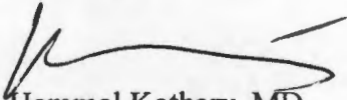
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Sincerely,



Hemmal Kothary, MD

April 22, 2014

Orthopedic, Spine, and Hand Center
400 Old River Road
Bakersfield, Ca 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As an Orthopedic Surgeon at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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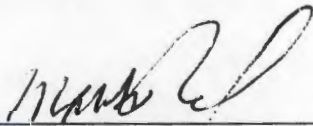
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Sincerely,



Matthew Malerich, M.D.

ANIL MEHTA, M.D. INC.
GASTROENTEROLOGY

3941 SAN DIMAS ST. #104
BAKERSFIELD, CALIFORNIA 93301

PHONE: (661) 322-8466
FAX: (661) 322-5902

April 22, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

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The noise and vibrations will also have an impact on the condition of patients in the Intensive Care Unit who may be just clinging to life. The continuous running of trains at high speed will create a poor scenario for these patients who require the most sophisticated care we render in a hospital. Patients on the Telemetry floors who are monitored for heart conditions and other serious conditions will have their care adversely impacted by the trains.

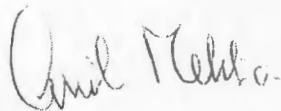
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Sincerely,

A handwritten signature in cursive script, appearing to read "Anil Mehta".

Anil Mehta, MD
Gastroenterologist



PREMIER FAMILY
Practice Associates

9500 Stockdale Hwy. • Suite 200, 201
Bakersfield, California 93311

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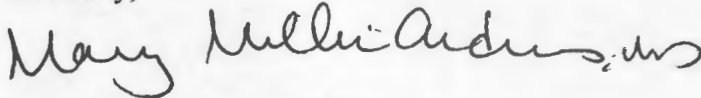
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Sincerely,

A handwritten signature in cursive script, reading "Mary Milkie-Andrews, MD". The signature is written in dark ink and is positioned below the word "Sincerely,".

Mary Milkie-Andrews, MD

CBCC

Comprehensive Blood & Cancer Center

Medical Oncology and Hematology

Ravi Patel MD, FACP David Kanamori MD
Alan D. Cartmel MD, FACP Richard Ng MD, FACP
Shane H. Tu, MD, FACP, FACC Sujie Tang, MD
Shawn C. Shambaugh, MD Sanjay R. Ganpule MD
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Neel M. Ammar MD
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Infectious Disease

Randolph Semming MD

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Peter H. Ashjian, MD

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Naina Patel MD

April 22, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
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Joseph C. Szabo, Administrator
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1200 New Jersey Avenue, SE
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Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

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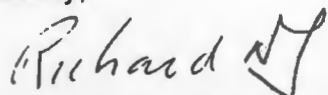
6501 Truxtun Avenue • Bakersfield, CA 93309 • (661) 322-2206 • FAX (661) 322-7027
1310 Las Tablas Road, Suite 204 • Templeton CA 93465 • (805) 434-0333 • FAX (805) 434-0893

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Sincerely,

A handwritten signature in dark ink, appearing to read "Richard Ng", with a stylized flourish at the end.

Richard Ng, M.D., FACP
RN/dld

4901 Centennial Plaza Way
Bakersfield, CA 93312

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
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1200 New Jersey Avenue, SE
Washington, DC 20590

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395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

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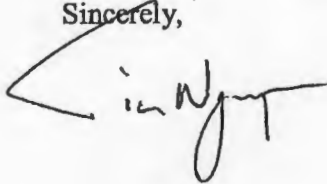
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 M.D.

Richard O'Reilly, MD
2510 Twickenham Court
Bakersfield, CA 93311

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Chairman Elliot and
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395 E Street, SW
Washington, DC 20423

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Associate Director for NEPA Oversight
Council on Environmental Quality
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Washington, DC 20503

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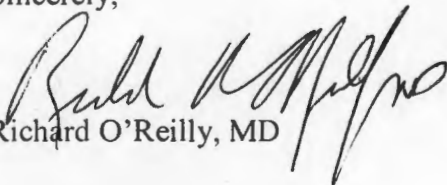
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Richard O'Reilly, MD

CBCC

Comprehensive Blood & Cancer Center

Medical Oncology and Hematology

Ravi Patel, MD, FACP David Kamamoto, MD
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Infectious Disease

Randolph Scriming, MD

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Peter H. Ashjian, MD

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April 22, 2014

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The Rail Authority has not conducted the noise and vibration studies they promised to do, nor have they developed any mitigation plans for the impact of the trains on the hospital. The health, safety, and well-being of the patients of Mercy Hospital will be threatened by the imposition of the plan as it currently stands. Adopting the EIR without addressing these issues will be a failure of the obligation of the Authority to study and mitigate the impact high-speed rail will have on the patients of Mercy Hospital. I urge you to consider this carefully and make an effort to ensure the project does not impact Mercy Hospital and the health, safety, and well-being of its patients.

Sincerely,



Ravi Patel, M.D., FACP
Associate Clinical Professor of Medicine, UCLA
RP/dld



PREMIER FAMILY
Practice Associates

9500 Stockdale Hwy. • Suite 200, 201
Bakersfield, California 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a concerned physician at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

As you can imagine, doing delicate surgical procedures requires a setting free from noise and from disruptions. Trains moving past the hospital at over 100 miles per hour will create noise, vibrations, and disruptions to surgical procedures. Neurosurgeons doing extremely delicate brain procedures use microscopes suspended from the ceilings of the OR's that will be adversely impacted by vibrations produced by these trains. Other surgeons using these same microscopes and minimally invasive optical systems will be also impacted.

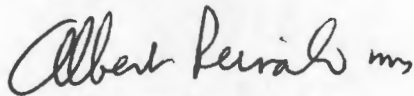
The noise and vibrations will also have an impact on the condition of patients in the Intensive Care Unit who may be just clinging to life. The continuous running of trains at high speed will create a poor scenario for these patients who require the most sophisticated care we render in a hospital. Patients on the Telemetry floors who are monitored for heart conditions and other serious conditions will have their care adversely impacted by the trains.

Two other units slated to open this summer are a Long-Term Acute Care Hospital (LTACH) and an inpatient Cancer unit. LTACH patients are those that have medical conditions that require them to be on ventilators for long periods of time, sometimes many months. Inpatient Cancer patients are fighting for their lives undergoing chemotherapy, radiation, and surgical procedures. Both of these units will be heavily impacted by the trains running at high speed past the hospital.

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Sincerely,

A handwritten signature in cursive script that reads "Albert Peinado MD". The signature is fluid and includes a small flourish at the end.

Albert Peinado, MD

R. Mark Root, D.O.

Dignity Health Bakersfield

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a Chief Medical Officer at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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Sincerely,

R. Mark Root, DO (R. MARK ROOT)



Specializing in Heart Rhythm Management

Southern California

Cardiac Electrophysiology

Jared M. Salvo, DO, MS, FACC
Clinical Cardiac Electrophysiology
and Cardiology
5343 Truxtun Ave.
Bakersfield, CA 93309
Tel: (661) 861-7938
Fax: (661) 861-7939
www.socalcardiac.com

April 21, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
Administration
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad

MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Oversight
Surface Transportation Board
Quality
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA

Council on Environmental

722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a Physician at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

As you can imagine, doing delicate surgical procedures requires a setting free from noise and from disruptions. Trains moving past the hospital at over 100 miles per hour will create noise, vibrations, and disruptions to surgical procedures.

Neurosurgeons doing extremely delicate brain procedures use microscopes suspended from the ceilings of the OR's that will be adversely impacted by vibrations produced by these trains. Other surgeons using these same microscopes and minimally invasive optical systems will be also impacted.

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The Rail Authority has not conducted the noise and vibration studies they promised to do, nor have they developed any mitigation plans for the impact of the trains on the hospital. The health, safety, and well-being of the patients of Mercy Hospital will be threatened by the imposition of the plan as it currently stands. Adopting the EIR without addressing these issues will be a failure of the obligation of the Authority to study and mitigate the impact high-speed rail will have on the patients of Mercy Hospital. I urge you to consider this carefully and make an effort to ensure the project does not impact Mercy Hospital and the health, safety, and well-being of its patients.

Sincerely,

Jared Salvo, DO, MS, FACC
Southern California Cardiac Electrophysiology

Sandra V Serrano
2005 Three Bridges Way
Bakersfield, California 93311

April 22, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a Board Member at Mercy Hospital of Bakersfield, and moreover, as a former patient of Mercy Hospital who was treated for serious injuries as the result of an auto accident due to a wrong-way driver, I am concerned about the impact of the California High Speed Rail project on Mercy Hospital, Bakersfield. My concerns are notwithstanding my support of the HSR project.

The proposed rail alignment comes perilously close to the hospital, only 88 feet away. Furthermore, as an elevated train, it reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. Additionally, the impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building located behind the hospital building must be removed to clear the path of travel.

As you can imagine, doing delicate surgical procedures requires a setting free from noise and from disruptions. Trains moving past the hospital at over 100 miles per hour will create noise, vibrations, and disruptions to surgical procedures. Neurosurgeons performing delicate brain procedures use microscopes suspended from the ceilings of the operating rooms that will be

adversely impacted by vibrations produced by these trains. Other surgeons using these same microscopes and minimally invasive optical systems will be also impacted.

The noise and vibrations will also have an impact on the condition of patients in the Intensive Care Unit who may be just clinging to life. The continuous running of trains at high speed will create a poor scenario for these patients who require the most sophisticated care we render in a hospital. Patients on the Telemetry floors who are monitored for heart conditions and other serious conditions will have their care adversely impact by the trains. Undoubtedly, you would not want yourself or your family admitted to a hospital confronted with these adverse conditions.

Two other units slated to open this summer are a Long-Term Acute Care Hospital (LTACH) and an inpatient Cancer unit. LTACH patients are those that have medical conditions that require them to be on ventilators for long periods of time, sometimes many months. Inpatient Cancer patients are fighting for their lives undergoing chemotherapy, radiation, and surgical procedures. Both of these units will be harmfully impacted by the trains running at high speed past the hospital.

There is also concern not only for the long-term effects of the trains running continually past the hospital, but also during the construction phases of this project. There will be tremendous effect from demolition of buildings on our property as well as adjacent properties. The types of demolition and site preparation methods are unknown and unaccounted for at this time, and thus worrisome. There will also be significant construction noise, vibrations, and other disturbances during actual construction of the tracks and supporting structures.

The Rail Authority has not conducted the noise and vibration studies they promised to do, nor have they developed any mitigation plans for the impact of the trains on the hospital. The health, safety, and well-being of the patients of Mercy Hospital will be threatened by the imposition of the plan as it currently stands. Adopting the EIR without addressing these issues will be a failure of the obligation of the Authority to study and mitigate the impact high-speed rail will have on the patients of Mercy Hospital. I urge you to consider this carefully and take the steps necessary to ensure the HSR project does not impact Mercy Hospital and the health, safety, and well-being of its patients and our community.

Sincerely,

A handwritten signature in cursive script, reading "Sandra V. Serrano".

Sandra V. Serrano

GEMCare Mercy Memorial Health Systems

4550 California Avenue Suite 500 Bakersfield, Ca. 93309

April 22, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As Vice Chairman of the Mercy Hospital of Bakersfield Foundation Board and as President and CEO of its affiliated Health System, GEMCare Mercy Memorial Health System, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

As you can imagine, doing delicate surgical procedures requires a setting free from noise and from disruptions. Trains moving past the hospital at over 100 miles per hour will create noise, vibrations, and disruptions to surgical procedures. Neurosurgeons doing extremely delicate brain procedures use microscopes suspended from the ceilings of the OR's that will be adversely impacted by vibrations produced by these trains. Other surgeons using these same microscopes and minimally invasive optical systems will be also impacted.

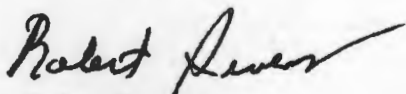
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Two other units slated to open this summer are a Long-Term Acute Care Hospital (LTACH) and an inpatient Cancer unit. LTACH patients are those that have medical conditions that require them to be on ventilators for long periods of time, sometimes many months. Inpatient Cancer patients are fighting for their lives undergoing chemotherapy, radiation, and surgical procedures. Both of these units will be heavily impacted by the trains running at high speed past the hospital.

There is also concern not only for the long-term impacts of the trains running continually past the hospital, but also during the construction phases of this project. There will be tremendous impact from demolition of buildings on our property as well as adjacent properties. The types of demolition and site preparation methods are unknown and unaccounted for at this time. There will also be significant construction noise, vibrations, etc. during actual construction of the tracks and supporting structures.

The Rail Authority has not conducted the noise and vibration studies they promised to do, nor have they developed any mitigation plans for the impact of the trains on the hospital. The health, safety, and well-being of the patients of Mercy Hospital will be threatened by the imposition of the plan as it currently stands. Adopting the EIR without addressing these issues will be a failure of the obligation of the Authority to study and mitigate the impact high-speed rail will have on the patients of Mercy Hospital. I urge you to consider this carefully and make an effort to ensure the project does not impact Mercy Hospital and the health, safety, and well-being of its patients.

Sincerely,



Robert Severs
President and CEO

Dr. Vincent Phillips, Chairman

Bruce Peters, CFO

Jon Van Boening, Secretary

Dr. Jorge Del Toro, Board Member

Dr. David Dougherty, Board Member

Scott Carswell, Board Member

Robert Severs, President/ CEO

CBCC

Comprehensive Blood & Cancer Center

Medical Oncology and Hematology

Ravi Patel, MD, FACP David Kamamoto, MD
Alan D. Carmell, MD, FACP Richard Ng, MD, FACP
Shane H. Tu, MD, FACP, FACCIS Sujie Fang, MD
Shawn C. Shambaugh, MD Sanjay R. Ganpule, MD
Madan Mukhopadhyay, MD, FACP Kota Shekar, MD

Radiation Oncology

Ajay Desai, MD
Giridhar Goela, MD
Owen Kim, MD

Integrative Medicine

Kalyan Chaddani, MD

Pathology

Langhao Liu, MD, FACP

Dermatology

Neal M. Ammar, MD
Geover Fernandez, MD

Infectious Disease

Randolph Scrimgeur, MD

Breast Center

Peter H. Ashjian, MD

Mind-Body Medicine

Naina Patel, MD

April 22, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

RE: HIGH SPEED RAIL PROJECT

Gentlemen and Honorable Board Members:

As a physician at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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UCLA Affiliated Medical Center • Website: www.cbccusa.com

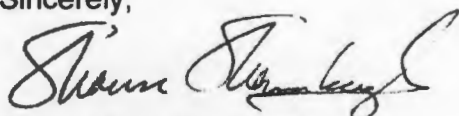
6501 Truxtun Avenue • Bakersfield, CA 93309 • (661) 322-2206 • FAX (661) 322-7027
1310 Las Tablas Road, Suite 204 • Templeton CA 93465 • (805) 434-0333 • FAX (805) 434-0893

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Sincerely,



Shawn Shambaugh, M.D.
SS/dld

2808 1st Street, Suite E
Bakersfield, CA 93301

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a Surgeon at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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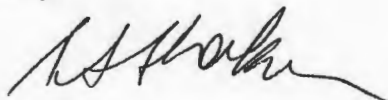
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Sincerely,

A handwritten signature in black ink, appearing to read "A. S. Mark", with a long horizontal flourish extending to the right.

BRUCE C. STONE, D. O.
Diplomate, American Board of Urology
1902 B Street, Suite B
Bakersfield, California 93301
661 631 5686 Fax 661 631 5683

24 April 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

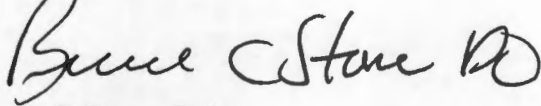
Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

I am a urologist who has been practicing my specialty in Bakersfield since 1987. I just completed serving the medical staff at Mercy Hospital in downtown Bakersfield, California, as the immediate past Chief of Staff for two years and before that for two years the Chief of Staff. I still serve on the Medical Executive Committee as an adjunct member. I have been aware and hearing all along of the concerns of this medical staff and administration in reference to the close route of the proposed high speed rail train that is routed only 30 yards from the south side of this hospital and elevated to be at the same level as our surgery suite and ICU. It was my understanding that an environmental study was looking at potential problems associated with this plan, but now come to realize, our concerns have been totally ignored! It doesn't take much thought to realize that the passing of a high speed train so close to a critical care medical facility could cause some dangerous and unacceptable problems. To ignore these facts raises doubt on the true motive, honor and compassion of those who are unwilling to address our concerns and needs. You only have to think of yourself or a loved-one lying on the operating table during a delicate surgery, or in the middle of a code blue in the ICU or emergency department just below on ground level (also on the south side of the building only 30 yards away), and the swoosh of high speed and, the potential vibrations of a passing train, and you can perhaps have a small glimpse of the damage this may bring to our hospital and patient population.

I must respectfully request and even demand that this problem be addressed and carefully studied. I wonder why we have not sought out help, advice and consultation from the professionals of other nations who have much experience in developing this mode of transportation. We only have one chance to get it right! Please do not push this project forward without an in-depth look at this plan and the concerns of this medical staff, administration and patient population of downtown Bakersfield!

Sincerely,

A handwritten signature in cursive script that reads "Bruce C Stone D.O.". The signature is written in dark ink and is positioned below the word "Sincerely,".

Bruce C Stone, D.O.

CBCC

Comprehensive Blood & Cancer Center

Medical Oncology and Hematology

Ravi Patel MD, FACP David Kananori MD
Alan D. Cantrell, MD, FACP Richard Ng MD, FACP
Shane H. Tu, MD, FACP, FACS Sujie Tang MD
Shawn C. Shambaugh MD Sanjay R. Ganpule MD
Madan Mukhopadhyay MD, FACP Kota Shekar, MD

Radiation Oncology

Ajay Desai MD
Gindhar Gorla MD
Owen Kim MD

Integrative Medicine

Kalyan Chaddam MD

Pathology

Langhua Fu MD, FACP

Dermatology

Seal M. Ammar MD
Geover Fernandez MD

Infectious Disease

Randolph Seemung MD

Breast Center

Peter H. Ashjian, MD

Mind-Body Medicine

Naina Patel MD

April 22, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

RE: HIGH SPEED RAIL PROJECT

Gentlemen and Honorable Board Members:

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UCLA Affiliated Medical Center • Website: www.cbccusa.com

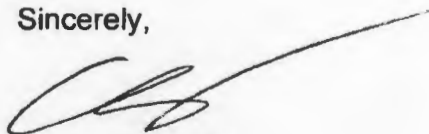
6501 Truxtun Avenue • Bakersfield, CA 93309 • (661) 322-2206 • FAX (661) 322-7027
1310 Las Tablas Road, Suite 204 • Templeton CA 93465 • (805) 434-0333 • FAX (805) 434-0893

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Sincerely,



Sujie Tang, M.D.
ST/dld

EDWARD W. TAYLOR, M.D.

GENERAL SURGERY • PEDIATRIC SURGERY • LAPAROSCOPIC SURGERY

Chairman Dan Richard and
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California High Speed Rail Authority
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Sincerely,

A handwritten signature in black ink, appearing to read 'Edward W. Taylor', with a long, sweeping horizontal line extending to the right.

Edward W. Taylor, M.D.

Anthony A. Valdez, M.D.

Michelle L. Valdez, M.D.

3807 Union Ave., Suite B

Bakersfield, CA. 93305

(661-324-2423)

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Honorable Board Members
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1770 "L" Street, Suite 800
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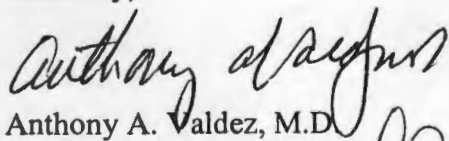
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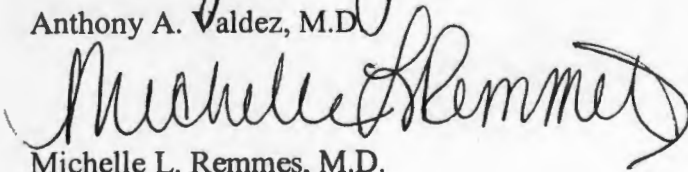
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Sincerely,



Anthony A. Valdez, M.D.



Michelle L. Remmes, M.D.



SAN DIMAS MEDICAL GROUP, INC.
"A Comprehensive Women's Health Center"

Obstetrics & Gynecology

Marietta M. Tan, M.D.

Wendy Crenshaw, M.D.

Dana C. Edwards, M.D.

Tillai Kannappan, M.D.

Jigisha Upadhyaya, M.D.

Jacqueline A. Williams-Olango, M.D.

Gregory R. Klis, M.D.

James Tsai, M.D.

Noel G. Del Mundo, M.D.

Luis Lopez, M.D.

Sonia Ghai, M.D.

Physician Assistants

Kasey Swafford, PA-C

Rosa Luna, PA-C

April 23, 2014

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Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
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Sincerely,

A handwritten signature in dark ink, appearing to read 'James Tsai', with a stylized flourish extending from the end.

James Tsai, M.D.
San Dimas Medical Group



SAN DIMAS MEDICAL GROUP, INC.
"A Comprehensive Women's Health Center"

Obstetrics & Gynecology

Marietta M. Tan, M.D.

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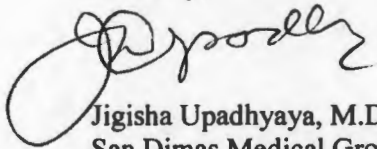
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Jigisha Upadhyaya, M.D.
San Dimas Medical Group

Anthony A. Valdez, M.D.

Michelle L. Valdez, M.D.

3807 Union Ave., Suite B

Bakersfield, CA. 93305

(661-324-2423)

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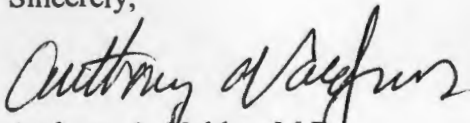
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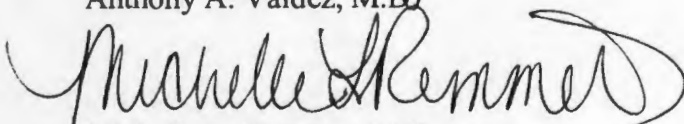
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Sincerely,



Anthony A. Valdez, M.D.



Michelle L. Remmes, M.D.

April 22, 2014

Orthopedic, Spine, and Hand Center
400 Old River Road
Bakersfield, Ca 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As an Orthopedic Surgeon at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospital's main parking lot and medical office building behind the hospital must be removed to clear the path.

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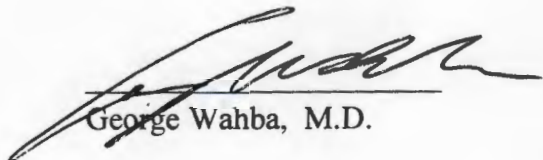


Dignity Health.
Mercy Hospitals

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George Wahba, M.D.

Jonathan C. Weeks, M.D.
Jonathan C. Weeks, M.D., Inc
6077 Coffee Road, Suite 4, PMB 55
Bakersfield, CA 93308

April 21, 2014

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

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Associate Director for NEPA

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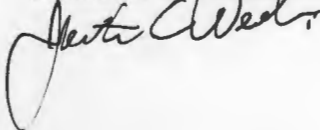
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There is also concern not only for the long-term impacts of the trains running continually past the hospital, but also during the construction phases of this project. There will tremendous impact from demolition of buildings on our property as well as adjacent properties. The types of demolition and site preparation methods are unknown and unaccounted for at this time. There will also be significant construction noise, vibrations, etc. during actual construction of the tracks and supporting structures.

The Rail Authority has not conducted the noise and vibration studies they promised to do, nor have they developed any mitigation plans for the impact of the trains on the hospital. The health, safety, and well being of the patients of Mercy Hospital will be threatened by the imposition of the plan as it currently stands. Adopting the EIR without addressing these issues will be a failure of the obligation of the Authority to study and mitigate the impact high-speed rail will have on the patients of Mercy Hospital. I urge you to consider this carefully and make an effort to ensure the project does not impact Mercy Hospital and the health, safety, and well being of its patients.

Sincerely,

Jonathan C. Weeks, M.D.

A handwritten signature in black ink, appearing to read "Jonathan C. Weeks", written over the printed name.

April 22, 2014

Orthopedic, Spine, and Hand Center
400 Old River Road
Bakersfield, Ca 93311

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As an Orthopedic Surgeon at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospitals main parking lot and medical office building behind the hospital must be removed to clear the path.

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The noise and vibrations will also have an impact on the condition of patients in the Intensive Care Unit who may be just clinging to life. The continuous running of trains at high speed will create a poor scenario for these patients who require the most sophisticated care we render in a hospital. Patients on the Telemetry floors who are monitored for heart conditions and other serious conditions will have their care adversely impact by the trains.

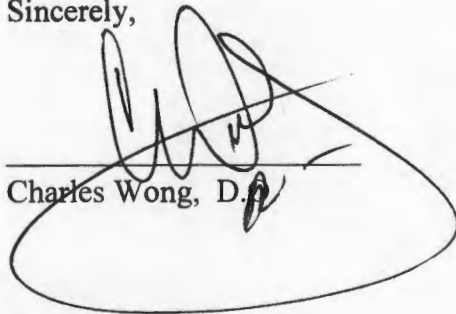
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Sincerely,



Charles Wong, D.O.

AW Pathology Medical Group, Inc.

1700 C Street, Bakerfield, CA 93301, 661-325-2640

Agnes Y. Wu, M.D., Director

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a medical director of the laboratory at Mercy Hospital of Bakersfield, I am concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospitals main parking lot and medical office building behind the hospital must be removed to clear the path.

As you can imagine, doing delicate surgical procedures requires a setting free from noise and from disruptions. Trains moving past the hospital at over 100 miles per hour will create noise, vibrations, and disruptions to surgical procedures. Neurosurgeons doing extremely delicate brain procedures use microscopes suspended from the ceilings of the OR's that will be adversely impacted by vibrations produced by these trains. Other surgeons using these same microscopes and minimally invasive optical systems will be also impacted.

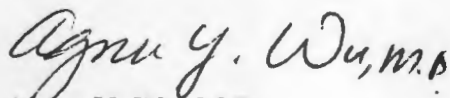
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Sincerely,

A handwritten signature in cursive script that reads "Agnes Y. Wu, M.D.".

Agnes Y. Wu, M.D.

Lei Zhang, MD

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Gentlemen and Honorable Board Members:

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Sincerely,

A handwritten signature in black ink, appearing to read 'Lei Zhang', with a long, sweeping horizontal stroke extending to the right.

Lei Zhang, MD

PREMIER ANESTHESIA MEDICAL GROUP
3200 21ST Street, Suite 301
Bakersfield, CA 93301
(661) 334-1958

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
Attn. Mark McLoughlin

Joseph C. Szabo, Administrator
c/o Mr. David Valenstein
Federal Railroad Administration
MS-20, W38-303
1200 New Jersey Avenue, SE
Washington, DC 20590

Chairman Elliot and
Honorable Board Members
Oversight
Surface Transportation Board
395 E Street, SW
Washington, DC 20423

Horace Greezmiel
Associate Director for NEPA

Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

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It is also a very serious concern intra-operatively, specially for patients undergoing surgery who will be under anesthesia in the Operating Rooms. There is a likely hood of

causing hallucinations and delusions, thereby resulting in permanent damage to the patient one way or the other.

The noise and vibrations will also have an impact on the condition of patients in the Intensive Care Unit who may be just clinging to life. The continuous running of trains at high speed will create a poor scenario for these patients who require the most sophisticated care we render in a hospital. Patients on the Telemetry floors who are monitored for heart conditions and other serious conditions will have their care adversely impact by the trains.

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Sincerely,

**The Doctors
Premier Anesthesia Medical Group**

Kamal Nath Iyer
Kamal Nath A. Iyer, M.D.

Kail S. Dhaliwal
Kail S. Dhaliwal, M.D.

Augusto Alarcon
Augusto Alarcon, M.D.

Richard Doan
Richard Doan, M.D.

John Heess
John Heess, M.D.

Fred McClendon
Fred McClendon, M.D.

Youssef Shenouda
Youssef Shenouda, M.D.

Thomas Yeh
Thomas Yeh, M.D.

Narendra K. Raval
Narendra K. Raval, M.D.

Victor Onuagaluchi
Victor Onuagaluchi, M.D.

Debbie Scullon
Debbie Scullon, CRNA

W. Bruce Scurlock
W. Bruce Scurlock, M.D.

Albert Chuang
Albert Chuang, M.D.

John DeRouen
John DeRouen, M.D.

Sohail Etesham
Sohail Etesham, M.D.

Gary Meurer
Gary Meurer, M.D.

Enrique Pardo
Enrique Pardo, M.D.

Moussa Famer
Moussa Famer, M.D.

Jonathan Weeks
Jonathan Weeks, M.D.

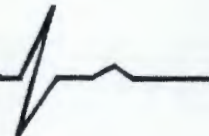
Agnes Cregar
Agnes Cregar, CRNA

Jack Blaine
Jack Blaine, CRNA

Sreedhar Kamath
Sreedhar Kamath, MD

Central California Hospitalists

Integrity, Quality, Dependability



Shakti Srivastava, MD
Medical Director

Deepak Wahi, MD

Matab Singh, MD

Meenakshi Sachdeva, MD

Adnan AlSkaer, MD

Anthony Enemoh, MD

Debroah Volk, MD

Chairman Dan Richard and
Honorable Board Members
California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814
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Washington, DC 20590

Horace Greezmiel
Associate Director for NEPA Oversight
Council on Environmental Quality
722 Jackson Place, N.W.
Washington, DC 20503

Re: High Speed Rail Project

Honorable Board Members:

I am the Director of Hospitalist group (Hospital based Physicians) that cares for majority of the patients admitted in Mercy Hospital. Recently we came across the plan of High Speed rail and its effect on care of our patients in hospital. Me and my group physicians have discussed this issue in detail and as a physicians taking care of patients at Mercy Hospital of Bakersfield, we are concerned about the impact of the California High Speed Rail project on the hospital. The proposed rail alignment comes perilously close to the hospital, only 88 feet away, and as an elevated train, reaches the level of the 4th floor which contains the Intensive Care Unit, our Operating Rooms, and our Telemetry Unit. The impact on the floors below this level will be just as great given the unacceptably close proximity of the train tracks. The proposed alignment comes so close to the hospital that the hospitals main parking lot and medical office building behind the hospital must be removed to clear the path.

This becomes detrimental in patient care at several levels. As you can imagine, doing delicate surgical procedures requires a setting free from noise and from disruptions. Trains moving past the hospital at over 100 miles per hour will create noise, vibrations, and disruptions to surgical procedures. Neurosurgeons doing extremely delicate brain procedures use microscopes suspended from the ceilings of the OR's that will be adversely impacted by vibrations produced by these trains. Other surgeons using these same microscopes and minimally invasive optical systems will be also impacted. The noise and vibrations will also have an impact on the condition of patients in the Intensive Care Unit who may be just clinging to life. The continuous running of trains at high speed will create a poor scenario for these patients who require the most sophisticated care we render in a hospital. Patients on the Telemetry floors who are monitored for heart conditions and other serious conditions will have their care adversely impact by the trains. Two other units slated to open this summer are a Long-Term Acute Care Hospital (LTACH) and an inpatient Cancer unit. LTACH patients are those that have medical conditions that require them to be on ventilators for long periods of time, sometimes many months. Inpatient Cancer patients are fighting for their lives undergoing chemotherapy, radiation, and surgical procedures. Both of these units will be heavily impacted by the trains running at high speed past the hospital.

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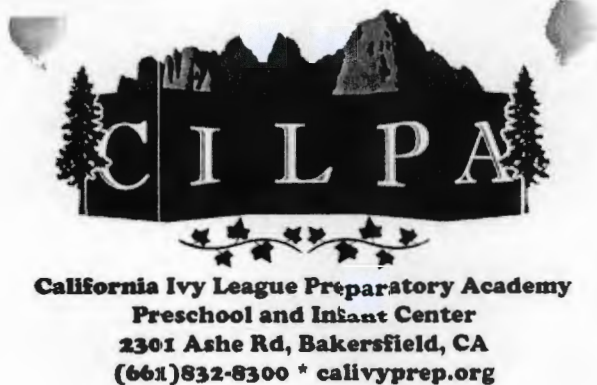
To the best of our knowledge, the Rail Authority has not conducted noise and vibration studies they promised to do, nor have they developed any mitigation plans for the impact of the trains on the hospital. The health, safety, and well-being of the patients of Mercy Hospital will be threatened by the imposition of the plan as it currently stands. Adopting the EIR without addressing these issues will be a failure of the obligation of the Authority to study and mitigate the impact high-speed rail will have on the patients of Mercy Hospital. I urge you to consider this carefully and make an effort to ensure the project does not impact Mercy Hospital and the health, safety, and well-being of its patients.

Sincerely,

4/22/14

PO Box 12798,
Bakersfield, CA-93389
Ph (661)859-1186
Fx (661)859-1209

Shakti Srivastava, MD
Medical Director, Central California Hospitalists
On behalf of my physician associates at Central California Hospitalists



April 22, 2014

California High Speed Rail Authority
1770 "L" Street, Suite 800
Sacramento, CA 95814

RE: High Speed Rail Project

Gentlemen and Honorable Board Members:

As a lifetime resident of the area, an involved community member, an owner of numerous businesses, and a member of the community board of Mercy Hospitals of Bakersfield, I would like to call to your attention a significant concern regarding the high-speed rail project and the Mercy Hospital located on Truxtun Avenue in Bakersfield.

California would be far better off with a high-speed rail system which connects the major metropolitan areas of California. Our region will be helped, especially in the area of air quality, if successful mass transit is available to our citizens. Our worldwide reputation will be significantly enhanced if our high-speed rail is truly state-of-the-art and it is properly integrated into the communities through which it passes.

My current concern as it pertains to the high speed rail project is that the proposed path through Bakersfield will pass perilously close to the hospital. My understanding is that the trains will run less than 30 yards from our operating rooms and intensive care unit. This would effectively close the hospital on Truxtun Avenue, as it would no longer be a viable location for surgery. I know that history shows us a hospital like Mercy Truxtun can not survive the extremely difficult market of hospital care without a surgery operating center or an intensive care unit.

Additionally, Mercy Hospital has served our community well for over 100 years and is currently in the process of opening a long-term acute care hospital and an inpatient cancer care unit. Both these additions are importantly critical to the health of our community. Bakersfield, faces enough challenges in healthcare outcomes without the loss of an important part of our delivery system. Unfortunately, our immediate area already is ranked the least among all areas in the nation in healthcare outcomes. Causing us to lose this important hospital will only condemn the areas poorest and most vulnerable citizens to worse health care not better.

Finally, it is my understanding that the staff at Mercy Hospital has taken the word of responsible members of management of the California High Speed Rail Authority in regard to a scientific study of noise and vibration, which was never implemented or completed. Without a scientific basis to proceed with the assurance of our hospital's well-being, the Authority is truly putting our community and our hospital in jeopardy. I would humbly request a re-thinking of the current circumstance.

Sincerely,

Edward R. Paine