**Public Comments to BCHD Board and BCHD DEIR**
**Public Comments to BCHD Owning Cities Hermosa Beach and Manhattan Beach**
**Public Comments to Responsible Agencies, Redondo Beach and Torrance**
**Public Comments to RBUSD and TUSD in Defense of Student Health**
**Public Comments to RBUSD PTA and TUSD PTA in Defense of Student Health**
**Public Comment to LALAFCO**

by email to cityclerk@redondo.org, cityclerk@torranceca.gov, citycouncil@hermosabeach.org, cityclerk@citymb.info, skeller@rbusd.org, superintendent@tusd.org, stowe.tim@tusd.org, rbpta@rbusd.org, torranceptas@gmail.com, communications@bchd.org, eir@bchd.org, pnovak@lalafco.org

The following public comments below are provided in response to the BCHD DEIR and as public record comments to the agencies and organizations above.

My wife and I were residents of Redondo Beach District 2 for almost 30 years before we moved over to the Pacific South Bay neighborhood of West Torrance 4 years ago. For the past 3 years I have served on the Beach Cities Health District's Community Working Group at the personal request of Tom Bakaly. Now that the full scope of the proposed Healthy Living Campus project has finally been made known to everyone (including the Community Working Group members) by the Draft Environmental Impact Report I have a great many serious concerns about this project.

As far as I know the Healthy Living Campus is the only parcel being actively shopped for a commercial real estate developer/luxury assisted living operator to build and operate a 103-foot tall industrial sized RCFE building adjacent to residential properties with height limits of 30-feet or less. Furthermore, this huge structure will sit on a hill more than 60 feet above the neighborhood and elementary school directly to the east. This will impact both Redondo Beach and Torrance residents!

BCHD proposes to charge over $12,000 a month for RCFE residents. Based on the BCHD consultants' analyses, 92% of those seniors are expected to be non-residents of Redondo Beach and 80% are expected to be non-residents of the 3 beach cities. As such, the city will be giving up scarce and precious "Public" land for non-resident use with long term commercial leases that preclude other uses for generations of local residents. This deserves a public debate centered around a vote by the Beach Cities voters, particularythe residents of Redondo Beach where the Healthy Living Campus is located and the major demolition and construction burden will fall. Of course, the residents of Torrance will be disproportionately impacted by this ill advised project. They cannot vote, but Torrance Governments owes its residents a robust challenge.

Before the Pandemic shut down in-person gatherings I attended a BCHD seminar at its AdventurePlex center to hear about BCHD's future plans. As a Community Working Group member, I was asked to participate in creating a Mission Statement for BCHD. At our breakout session I sat next to Dr. Noel Lee Chun who is now the President Pro Tem of the BCHD Board of Directors. **I suggested inserting "Accountability" in the Mission Statement** because as a Health District, BCHD should be accountable to the residents that it serves. **My suggestion was voted down and Dr. Chun was one of those voting against it!** To me this kind of mindset results in only one conclusion - Redondo Beach and the

other Beach Cities cannot give free rein to this District and its leaders! And as I said above, Torrance needs to take a stand for its residents that must be more than mere comments on the DEIR!

Bruce Steele
BCHD Community Working Group Member
litespeedmtb1@verizon.net
bcc: Interested Parties List

**Public Comments to BCHD Board and BCHD DEIR**
**Public Comments to Responsible Agencies, Redondo Beach and Torrance**
**Public Comments to BCHD Owning Cities Hermosa Beach and Manhattan Beach**
**Public Comments to RBUSD and TUSD in Defense of Student Health**
**Public Comments to RBUSD PTA and TUSD PTA in Defense of Student Health**
**Public Comment to LALAFCO**

Table of Contents



FL-1

4. BCHD Project Objective #2 is Invalid Because in 27+ Years of Operation, BCHD has not Budgeted, Completed Cost Accounting or Evaluated Cost-effectiveness or Net Benefits of its Programs
5. BCHD Project Objective #3 is Unsupported and Invalid
6. BCHD Project Objective #4 is Invalid Based on BCHDs MDS Research Study
7. BCHD Project Objective #5 is Invalid Based on BCHDs Lack of Documented Analysis
8. BCHD Project Objective #6 is Invalid Based on BCHDs Lack of Documented Analysis

**F. BCHD ANALYSES, IMPACTS, AND DAMAGE MITIGATIONS ARE FLAWED AND INCORRECT**

1. BCHD Fails to Use Consistent Standards for Evaluating Impacts
2. BCHD Misrepresented the Magnitude and Breadth of Public Controversy
3. BCHD Aesthetics Impacts are Significant: BCHD Study Aesthetics Impact and Mitigation Analysis is Flawed
4. BCHD Visual Impact is Significant; BCHD VIS-3 Is Faulty and Must Consider SBHD/BCHD Negative Behavior and Health Impacts on the Community
5. BCHD Air Quality Impacts are Significant; BCHDs Air Quality Impact and Mitigation Analysis is Flawed

FL-1 (Cont.)

6. BCHD Air Emissions Significant Impacts will Create Premature Alzheimers in Children and is a Significant, Negative, Unethical and Immoral Act
7. BCHD Noise Impacts are Significant; Violate the ADA at Towers and West High Schools, and BCHDs Noise Impact and Mitigation Analysis is Flawed
8. BCHD Noise Impacts Represent a Public Health Hazard
9. BCHDs Recreation Impact and Mitigation Analysis is Flawed
10. BCHD Fails to Analyze Recreation Impacts and BCHD DEIR has Deficiencies and Errors
11. BCHD Traffic/Transportation Impact and Mitigation Analysis is Flawed
12. BCHD Has No Comprehensive Employee Analysis for RCFE or PACE Participants, Direct Employees, Contractors, Medical Professionals, or Visitors
13. BCHD Has No Comprehensive Employee Analysis for Phase 2 Direct Employees, Contractors, Medical Professionals, or Visitors
14. BCHD Knowingly Plans to Impact the Community with Chronic Stress, the Blue Zones Silent Killer

**CITATIONS: NOISE IMPACTS ON CHILDREN, STUDENTS, EDUCATION, DISABILITY LEARNING**

**END NOTES**

## DETAILED COMMENTS

### A. BCHD HAS DISENFRANCHISED TAXPAYER-OWNERS WITH SECRET NEGOTIATIONS

### 1. BCHD Misrepresented its Project's Net Impacts to Redondo Beach to a City Official

Background
According to a letter from BCHD counsel dated February 15, 2019 discussing non-public negotiations that predated the letter, BCHD counsel asserts the following false or unsubstantiated statement

> Clearly, the Healthy Living Campus Project will be of significant benefit to the residents of the City of Redondo Beach, allowing for BCHD to improve its community health center programs and services, create an intergenerational hub of well-being and grow a continuum of programs, services and facilities to help older adults age in their community. BCHD is eager to

Full content: https://bit.ly/BCHDLiesToRBAtty

FL-2

Analysis – BCHD Fails to Disclose the Data to the City Attorney
According to BCHDs consultant, MDS, less than 5% of the residential care for the elderly tenants in the estimated $9,000 to $12,500 per month facility will be from south Redondo Beach 90277, the area of Redondo Beach sustaining 100% of the negative environmental and economic justice impacts of the project. Further, the entire benefit to the City of Redondo Beach residents is estimated to be less than 10% of the project based on the same MDS tenant study. Given that the City of Redondo Beach overall sustains 100% of the damages and less than 10% of the benefits, it is not possible that the project has a net benefit to the residents of Redondo Beach, as asserted by BCHD counsel. BCHD provides no data demonstrating net benefit.

Further, when directly requested for the net benefit of historic programs, BCHD replied to a California Public Records Act (CPRA) request that it does not budget, conduct cost accounting, or compute net benefits for its programs. As such, BCHD has no fact base to make representations of benefits. BCHD assertions to the City Attorney were misrepresentations at best, or deliberate falsehoods at worst.

Analysis – City of Redondo Beach Obligation to Vet Facts
If BCHD did diclose to the City of Redondo Beach and City Attorney that it had no facts to support its assertion, then the City of Redondo Beach appears negligent in protecting its residents. Sufficient benefits from any BCHD project must accrue to the City of Redondo Beach residents under P-CF zoning to offset the totality of damages. Any finding of fact that does not affirmatively demonstrate that net benefits are positive cannot be used to allow this BCHD project to move forward.

Statement of Fact
BCHD withheld the 2019 letter from the public until July of 2020. BCHD withheld the secret negotiations from the Community Working Group in 2018 and 2019 and 2020.

FL-2
(Cont.)

Conclusion

BCHD admits in public records act responses it has no net benefits computation for its programs, and especially important, for its impacts on the City of Redondo Beach residents that suffer 100% of the environmental and economic justice damages. Yet, BCHD asserts without fact, that it will have significant benefits to the residents of Redondo Beach. It appears that BCHD may have misrepresented its project's net environmental and economic damages to the residents of Redondo Beach for the purposes of misleading the City Attorney, given that BCHD cannot provide any net benefits analysis of its project. The City Attorney's findings are based on BCHD's misrepresentation and must be set aside.

## B. BCHD IS VIOLATING GOVERNING LAW AND REQUIRED APPROVALS

### 1. BCHD Cannot Allow Workers, Contractors, or Meeting Attendees (e.g., AA, etc.) to Smoke on Redondo Beach Streets, Sidewalks, Parkways, or other Public Property

As BCHD is well aware, the City of Redondo Beach has an ordinance that bans smoking in any public location, except a MOVING vehicle on the street. BCHD must add this ordinance to governing law and since second hand smoke is a toxic air contaminant, add smoking prevention to it DEIR mitigation. Willfully planning to break the ordinance is significant impact to the public health in Redondo Beach, as will be failure to enforce a smoking ban on BCHD employees, contractors and meeting attendees.

FL-3

ORDINANCE NO. 0-3193- 19 AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF REDONDO BEACH, CALIFORNIA, ADDING MUNICIPAL CODE CHAPTER 9, ARTICLE 1, TO TITLE 5 TO DISALLOW SMOKING IN PUBLIC IN THE CITY WITH THE EXCEPTION OF DESIGNATED SMOKING AREAS AND DISALLOWING POSSESSION AND USE OF TOBACCO PRODUCTS BY MINORS ON SCHOOL GROUNDS

WHEREAS, **It is the intent of the City Council in enacting this Ordinance to provide for the public health, safety, and welfare** by discouraging the inherently dangerous behavior of smoking around non-tobacco users; by protecting children from exposure to smoking where they live and play; by protecting the public from nonconsensual exposure to secondhand smoke and the potential health risks related to a- cigarettes; by preventing the re-normalization of smoking that results from the expanded use of a- cigarettes; to declare smoking tobacco in public a nuisance; and by reducing smoking waste to protect the marine environment.

### 2. RCFE Is Prohibited Under Governing Law

RCFE Financing is Expressly Forbidden
California code, including 15432 (14) expressly prohibits financing of residential care for the elderly (RCFE) under the California Health Facilities Financing Authority Act. If the Legislature intended health districts to have the ability to develop or finance RCFE, then the Legislature would not have specifically excluded RCFE.

FL-4

The Legislature Repeatedly Mandates "Non-profit" as a Requirement for Financing – California Code, including 15432 (HEALTH FACILITIES FINANCING AUTHORITY ACT) repeatedly refers to nonprofit agencies and clinics. BCHD facility will be market-priced, for-profit. Further, it is planning to use commercial financing (FHA insured) instead of issuing low-cost, tax-free bonds.

### 3. The BCHD Proposed Project Failed to Conform to the Conditions by which the Prior RCFE Required

FL-5

According to public records, the following conditions were evaluated and required for the Kensington RCFE project:

65852.9. The proposed facility is compatible with the type, character, and density/intensity of the adjacent residential and commercial uses and provides residential care for the elderly. The project site is owned by the Redondo Beach United School District. The project applicant would enter into a long-term lease with the District, resulting in the operation of a private use on public property. As the proposed project would be a private use on a public site, the use would be subject to standard property taxes, contributing revenue to the City. The proposed project would therefore be consistent with the General Plan policies listed above.

FL-5 (Cont.)

1) The BCHD proposed facility is NOT consistent with the type of the adjacent land uses. BCHD is proposing a market-rate, for-profit facility with approximately 80% of ownership and net revenues being provided to a for profit developer. The surrounding neighborhoods are largely residential, with the exception of the Vons strip mall that almost exclusively serves the surrounding neighborhoods that also bear its environmental impacts.

2) The BCHD proposed facility is NOT consistent with the character of the adjacent residential land uses. Simply put, both Torrance and Redondo Beach have design guidelines limitations that BCHDs plan at 133.5-feet above street level is incompatible with.

FL-6

3) The BCHD proposed facility is NOT consistent with the density/intensity of the adjacent land uses. Adjacent land uses are generally R-1 with some RMD. BCHD is planning a 6-story, 1-acre footprint building, and a total of nearly 800,000 sqft of development. That is larger than the entire Beryl Heights neighborhood combined.

FL-7

4) The City is clear that Kensington is a commercial, not public use. BCHD is also proposing a commercial use on public property and the net benefits to Redondo Beach are non-positive. BCHD has no budgeting, cost-accounting, or cost-effectiveness assessment of its expenditures or programs, and as such, no quantifiable measure of any net benefit of the existing operation, absent the 50-100 years of additional environmental and economic injustice it proposes on the area and Redondo Beach.

**Conclusion**
BCHD fails all the conditions of Kensington and therefore fails to meet the Conditional Use and precedent for its facility.

**4. BCHD Proposed Overdevelopment is Inconsistent with the Issuance of a Conditional Use Permit`**

FL-8

Background
In order to proceed with RCFE, BCHD requires a CUP under P-CF zoning requirements. Relevant requirements of the CUP ordinance are:

1. From a) Purpose. The purpose of a Conditional Use Permit shall be to review certain uses possessing unique characteristics, as listed in Article 2 of this chapter, to insure that the establishment or significant alteration of those uses will not adversely affect surrounding uses and properties nor

disrupt the orderly development of the community. The review shall be for the further purpose of stipulating such conditions regulating those uses to assure that the criteria of this section shall be met.

2. From b1) The site for the proposed use shall be in conformity with the General Plan and shall be adequate in size and shape to accommodate such use and all setbacks, spaces, walls and fences, parking, loading, landscaping, and other features required by this chapter to adjust such use with the land and uses in the neighborhood.

FL-8 (Cont.)

3. From b2) The site for the proposed use shall have adequate access to a public street or highway of adequate width and pavement to carry the quantity and kind of traffic generated by the proposed use.

4. From b3) The proposed use shall have no adverse effect on abutting property or the permitted use thereof.

5. From b4) The conditions stated in the resolution or design considerations integrated into the project shall be deemed necessary to protect the public health, safety, and general welfare.

**Discussion of 1. From a) to insure that the establishment or significant alteration of those uses will not adversely affect surrounding uses and properties**

Surrounding Properties and Quiet Enjoyment and Use will be Adversely Impacted by BCHD 103-foot Tall, 800,000 sf Development

Surrounding property uses are as follows:
West – Residential R-1 with 30 foot height limit and Beryl Heights neighborhood design guidelines
South – Residential R-1 with 30 foot height limit
North – Residential RMD with 30 foot height limit
North – Light Commercial C-2 with 30 foot height limit
East – Torrance Residential R-1 Hillside Overlay with 14 foot height limit
East – Torrance Residential R-1 with 27 foot height limit
East – Torrance PU Towers School

FL-9

BCHD Proposal Causes Surrounding Property Adverse Impacts

BCHD is proposing a 103 foot nominal building on a 30 foot elevation (exceeding 130 feet tall relative to the surrounding properties on the North and East, BCHD is proposing a 65 foot nominal 10 and one-half-story, 600-800 car parking structure on the South West on a 30 foot elevation (approximately 100 to 150 feet tall relative to surrounding South, West, and East properties), and BCHD is proposing a 75 foot nominal, 4-story health club, meeting and aquatic center building along Prospect between the 510 and 520 MOBs (approximately 80 feet tall relative to West properties.) All surrounding properties will be adversely affected by 1) privacy invasion, 2) reflected noise, 3) reflected light and glare, 4) direct noise, 5) construction, and 6) related traffic and pollution. Towers Elementary students will be especially impacted by PM2.5 and PM10 emissions, noise and vibration from heavy construction traffic in an intermittent fashion disturbing cognitive function and development, as well as educational progress.

BCHD is proposing a significant alteration by moving campus buildings from a center of campus, internal, visual mass minimizing, privacy preserving design to a perimeter extremity model, where the North and West perimeters are lined with buildings that are 3-5 times the height of surrounding uses and structures and an 8-story South parking structure that impacts West, South and East residential uses on a 24/7/365. This proposed BCHD campus redesign bears no resemblance to the current campus is height, square feet, or building placement. It is structured to maximize impacts on the surrounding community while preserving the internal campus for BCHD exclusive use.

FL-9 (Cont.)

The current campus has only 0.3% (968 sqft) of space at 75-feet, while the proposal is for nearly an acre of RCFE at higher than 75-feet tall, with all new construction at the north, west and south perimeter intruding on private residential uses. The average height of the 514 building is slightly over 30-feet and should serve as the limit for any future development.

**Discussion of 2. From b1) The site for the proposed use shall be in conformity with the General Plan and shall be adequate in size and shape to accommodate such use and all setbacks, spaces, walls and fences, parking, loading, landscaping, and other features required by this chapter to adjust such use with the land and uses in the neighborhood.**

<u>The 10+ Acre Publicly-Owned Site Must be Used to Mitigate Neighborhood Impacts</u>

Based on the analysis and conclusion that the BCHD commercial development significantly impacts the surrounding property as proposed by BCHD, the language of the ordinance requires that setbacks … other features be used to adjust the use of the BCHD site. Accordingly, a series of changes need to occur, including, but not limited to: 1) increased setbacks, 2) reduced structure heights, 3) perimeter structures that do not exceed the design guidelines and height limits of adjoining uses and properties (generally 30-feet or less), perimeter landscaping that hides the proposed development, etc.

FL-10

Two general examples are the other P-CF developments in Redondo Beach which are all either the same height or lower than surrounding uses and properties, including the Kensington development of over 100 units on approximately 2 acres based on aerial measurement in Google Earth Pro.

<u>Absent CUP Required Accommodations, BCHD Proposal is Inconsistent with Existing Uses in the Neighborhoods and Must be Denied</u>

BCHD must be required to increase setbacks, decrease heights to 30 feet, and move development to the center of the campus. The current plan is inconsistent with neighborhood uses.

**Discussion of 3. From b2) The site for the proposed use shall have adequate access to a public street or highway of adequate width and pavement to carry the quantity and kind of traffic generated by the proposed use.**

FL-11

<u>BCHDs PACE Facility and 8-story, 800+ Car Ramp are Inconsistent with the Existing Use of Prospect Ave and Beryl St.</u>

BCHD's proposed PACE facility is duplicative with existing PACE facilities that service the same area. Therefore the marginal benefit to local residents is low, and it is highly likely that most, if not all, participants will be bused in to the PACE site at Beryl & Flagler. Flagler is a Torrance residential street, and commercial use is prohibited. Beryl is the main path to avoid the steep 190$^{th}$ hill, and increasing the

traffic, and PM2.5 and PM10 loads on students at Towers Elementary will leave their brainstems with increased particulate loads, resulting in Alzheimer's like symptoms and delayed development.

FL-12 BCHD's proposed 8-story, 800+ Car Ramp at Prospect & Diamond will compete with existing uses of RUHS, Parras, and commuters. The ramp will enter and exit from Prospect northbound, between Diamond and the 514 building main entrance. As such, it is inconsistent with existing uses and the existing roughly 800 car capacity of BCHD spread evenly across 3 ingress/egress points.

BCHD's Proposed Commercial Development Burdens the Community and is Inconsistent with Existing Streets and Uses

Because the proposed PACE facility is duplicative of existing PACE services to the 3 beach cities that own and fund BCHD, any proposed traffic is necessary. Delivering 200 to 400 non-residents on a daily basis to the corner of Beryl and Flagler via Beryl is infeasible. An alternative plan, or denial of the use of the site for PACE, is required. Further, the highly concentrated 8-story, 800+ car parking ramp at Prospect & Diamond is also inconsistent with the existing uses and roads. Any solution that fails to use all 3 BCHD campus driveways in a relatively equal manner is infeasible.

**Discussion of 4. From b3) The proposed use shall have no adverse effect on abutting property or the permitted use thereof.**

FL-13

As Currently Proposed, BCHD's Plan has Adverse Effects on Abutting Property and Must be Denied

The adverse impacts on abutting property have been discussed at length above. The current plan has been demonstrated to have adverse effects on abutting property. Therefore, if unchanged, the CUP must be denied by a plain English reading of the Ordinance.

Absent Height Limits, Exterior Landscaping, Distributed Parking, and Discontinuance of the PACE Facility, BCHD's Proposed Project Must be Denied

Potential mitigation, all within the purview and obligation of the City of Redondo Beach, include, but are not limited to, height restrictions to 30 feet, increased setbacks, perimeter landscaping, evenly distributed parking, and reduced bus traffic.

FL-14 **Discussion of 5. From b4) The conditions stated in the resolution or design considerations integrated into the project shall be deemed necessary to protect the public health, safety, and general welfare.**

In order to meet the specific requirements of the CUP ordinance as set forth, a number of specific design modifications must occur, including but not limited to project height reduction, project setbacks increased, project moved to the center of the campus, project buffered by landscaping from the surrounding neighborhoods, project traffic spread evenly across the 3 entrances of BCHD campus (roughly, 510, 514, and 520 driveways) and traffic to the duplicative PACE facility denied access to Beryl St from Flagler to 190$^{th}$ to preserve the students' brainstems and lungs at Towers Elementary. Further, construction traffic must also be denied the path down Beryl from Flagler to 190$^{th}$.

Based on the specific heights by BCHD of the Phase 1 RCFE and Phase 2 Pavilion, BCHD is proposing a set of structures located on the parcel perimeter that will be up to 168-feet above surrounding residential uses that are in 27 and 30-foot development limits. The CUP cannot allow such degradation of surrounding neighborhoods and uses.

FL-15

| | BCHD ELEVATIONS ABOVE BASE | |
|---|---|---|
| **Address** | **RCFE** | **Health Club/Pavilion** |
| 1317 Beryl | 121 | 90 |
| 511 Prospect | 104 | 74 |
| 514 Prospect | 94 | 64 |
| 1408 Diamond | 134 | 103 |
| 510 Prospect | 101 | 70 |
| 520 Prospect | 99 | 69 |
| 1224 Beryl | 123 | 92 |
| 19313 Tomlee | 125 | 94 |
| 5674 Towers | 117 | 87 |
| 5641 Towers | 156 | 126 |
| 5607 Towers | 167 | 136 |
| 19515 Tomlee | 130 | 100 |
| 501 Prospect | 111 | 80 |
| 1202 Beryl | 122 | 92 |
| 19936 Mildred | 168 | 138 |

Source: USGS, all measurements in feet

See RBMC 10-2.2506 Conditional Use Permits.

**5. BCHD Provides Net Negative Benefits to the Redondo Beach and No CUP Can be Issued**

BCHD Direct Statement in its FAQs (2020)
**HAS BCHD CAUSED DAMAGE TO THE SURROUNDING NEIGHBORHOODS?**
BCHD has not denied there are effects on neighbors from our operations, similar to other organizations, schools or businesses located near residences.

Further, the draft Environmental Impact Report currently being prepared will assess and analyze any impacts associated with the proposed Healthy Living Campus upgrade.

Since BCHD's Campus opened in 1960, neighbors were certainly aware the campus was nearby before they moved in, especially if they lived adjacent or across the street and could see campus activity. The South Bay Hospital was operating through 1998 in addition to medical office space on the campus at 510 and 520 buildings -- yet neighbors still made the decision to accept the normal activities of a functioning hospital across the street from or near their property. Only now has this become an issue. “

FL-16 Analysis – South Bay (emergency) Hospital Benefits
BCHD fails to recognize that South Bay emergency Hospital (SBH) operated an emergency room and thereby provided lifesaving benefits to the surrounding neighborhoods. The time to access an emergency room is well understood to be a significant factor in emergency outcomes of morbidity and mortality (see studies, such as https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464671/). Unlike BCHD which is largely an office operation without specific medical need to be located on its current campus, the emergency hospital and emergency room, like fire stations, required neighborhood integration.

SBH from 1960 through 1998 provided neighborhood emergency lifesaving services. BCHD provides no such services, and in fact, there is no evidence that BCHD needs to be in its current location, nor even in the any of the 3 beach cities that own and fund BCHD. BCHD intends to “import” tenants according to its MDS study. 95%+ of tenants are expected to be from outside 90277. Further, the duplicative PACE facility will bus in its patients and could also be located elsewhere.

Analysis – BCHD Proposed Commercial Services to Non-residents
As BCHD attempts to transition to an RCFE and PACE model, the tenants and participants will be 80% from outside the 3 beach cities for RCFE and will be transported in buses. All 3 beach cities are already served by PACE, as are all surrounding zip codes, so BCHDs service is duplicative and unneeded locally and provides no incremental services benefit.

As such, BCHD cannot draw any analogy of the neighborhood tolerance and preferences for an emergency hospital to BCHD commercially developed services to serve primarily non-residents. Furthermore, BCHD provides 100% of local disbenefits to the south Redondo Beach 90277 area, while only providing a projected 5% of project benefits according to BCHDs MDS research report. As south Redondo Beach 90277 is already serviced for PACE, BCHD provides no incremental services or benefits with its duplicative proposed programs.

Analysis – BCHD Lack of Support for Net Benefits

When explicitly requested to provide a net benefits analysis of its 40+ so-called "evidence based" programs in California Public Records Act (CPRA) requests, BCHD responded that 1) it does not and never has budgeted by program, 2) it does not track costs by program, 3) it does not evaluate and monetize benefits by program and 4) it does not compute net benefits by program. As such, BCHD is unable to provide any support that it provides net benefits to south Redondo Beach 90277 (the area that suffers 100% of BCHD economic and environmental injustice impacts) or to Redondo Beach in aggregate. BCHD failed to disclose its lack of data and misrepresented its RCFE benefits in writing to the Redondo Beach City Attorney, claiming that "clearly" the RCFE would provide "significant benefits" to the residents of Redondo Beach. BCHD has no evidence as it responded in its public record responses. Furthermore, BCHDs consultant MDS expects less than 5% of RCFE residents to be from 90277 and 4% from 90278, therefore, Redondo Beach will suffer 100% of the impacts for less than 10% of the benefits.

FL-17

Analysis – BCHD Impact on Local Neighborhoods from Covid Testing

Based on BCHD public records act responses, approximately 85% of Covid tests were conducted for non-residents of the 3 beach cities that own and fund BCHD. There is no analysis of the specific number of tests completed for south Redondo Beach 90277 that was subjected to 100% of the negative impacts of traffic, exhaust, and noise. There was also no analysis of the total number of tests conducted for all of Redondo Beach. Based on simple population shares, Redondo Beach was burdened with 100% of the negative environmental justice damages and received 8% or less of the benefits from BCHD testing activity. Furthermore, LA County Health has the funding and mandate to provide testing, and BCHD residents could have received testing with no impacts to Redondo Beach or the beach cities using other county sites. Therefore, BCHD provided only damages, and no incremental benefits from local testing. Furthermore, BCHD has no data to demonstrate local benefits, especially compared to the negative Environmental Justice (EJ) impacts.

FL-18

Conclusion

BCHD data shows that it cannot quantify any benefits explicitly to 90277 and 90278, and its MDS study clearly demonstrates that less the 10% of RCFE tenants and benefits are expected to accrue to Redondo Beach, which suffers 100% of the EJ damages. Absent the quid pro quo of the emergency room of South Bay Hospital providing positive proximal benefits to the surrounding neighborhoods, BCHD provides significantly more impact than value. As such, no Conditional Use Permit can be issued.

FL-19

**6. BCHDs Proposed Overdevelopment is Inconsistent with More Current P-CF Zoned Development**

Based on information from the City of Redondo Beach, there are seven (7) P-CF parcels in Redondo Beach. They are:

FL-20

| | |
|---|---|
| 1) Andrews Park | 1801 Rockefeller Ln, Redondo Beach, CA 90278 |
| 2) Beach Cities Health District | 514 N. Prospect Av, Redondo Beach, CA 90277 |
| 3) Broadway Fire Station (#1) | 401 S Broadway, Redondo Beach, CA 90277 |
| 4) City of Redondo Beach Facility | 1513 Beryl St, Redondo Beach, CA 90277 |
| 5) Grant Fire Station (#2) | 2400 Grant Ave, Redondo Beach, CA 90278 |

6) Kensington Assisted Living 801 S Pacific Coast Hwy, Redondo Beach, CA 90277
7) North Branch Library 2000 Artesia Bl, Redondo Beach, CA 90278

With the exception of BCHD, the former South Bay Hospital parcel and the City of Redondo Beach multiple use facility, the remaining five (5) P-CF parcel uses appear to be consistent with surrounding land uses from a design, height, and traffic perspective. Both the current BCHD and the 103-foot tall, 800,000 sqft proposed overdevelopment are inconsistent with more current, allowed P-CF development.

FL-20 (Cont.)

Andrews Park

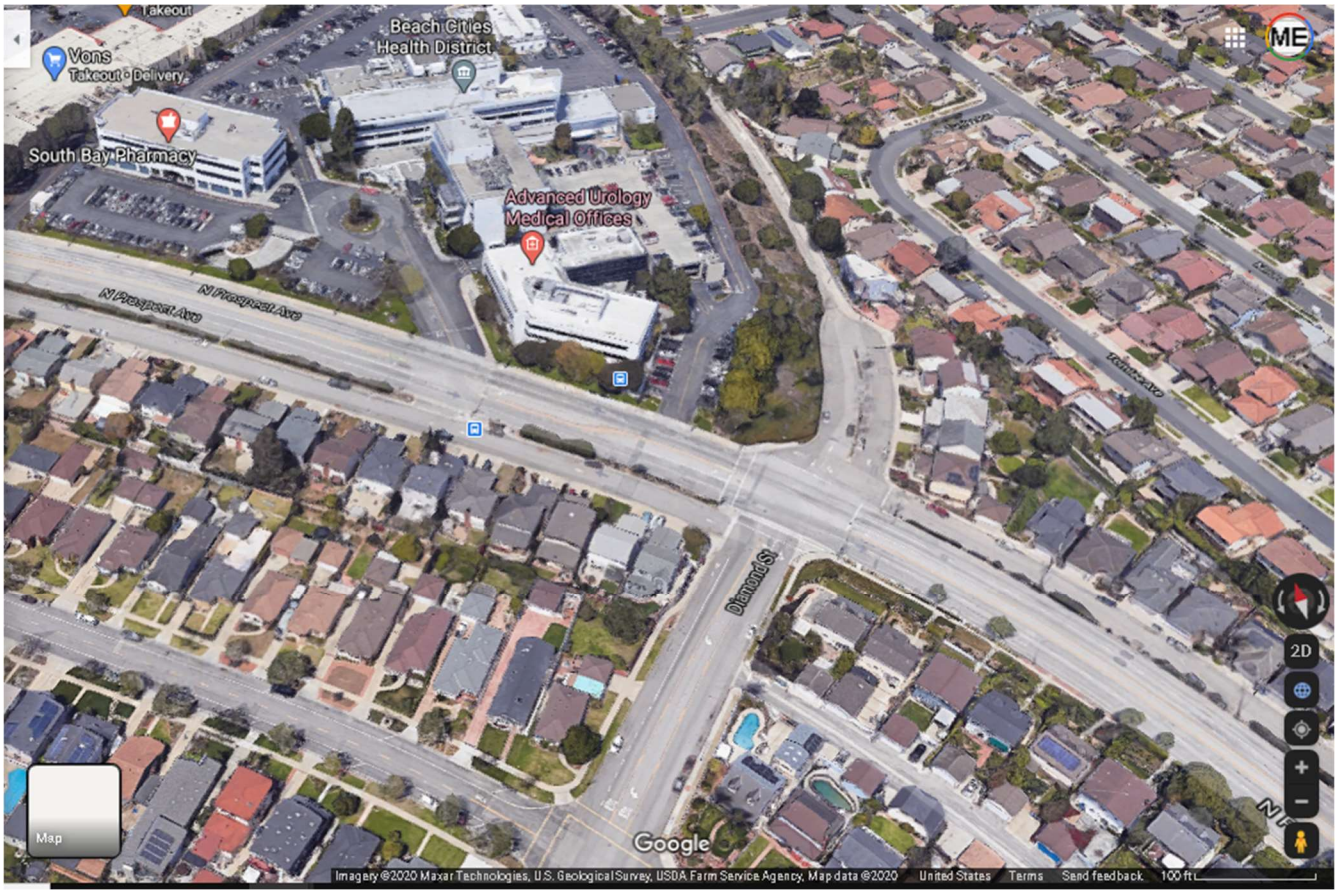
Per the City of Redondo Beach, Andrews Park is local neighborhood recreation facility, "Andrews Parkette is a 1.61 acre park located just north of Grant Avenue in Redondo Beach. The park features grass, trees, play equipment, picnic tables and picnic shelter." Based on observation, there are no features at Andrews Park, such as commercial buildings or tall parking structures that are inconsistent with the surrounding neighborhood uses and design. Andrews Park is a recreation facility per the City of Redondo Beach.


Beach Cities Health District (BCHD)

BCHD was renamed from South Bay Hospital District (SBHD) in 1993 following the 1984 failure of South Bay Hospital as a publicly-owned emergency hospital, and the subsequent failure as a leased facility to AMI/Tenet. Per Google Earth Pro (GEP) measurements, the hospital towers are generally 4-story, 60-feet tall. Per BCHD, there is a single, 968-sqft "penthouse" mechanical room atop the 514 N. Prospect hospital building at 75-feet. That represents 0.3% of the approximately 300,000-sqft of the existing campus buildings. At 75-feet, BCHD is 250% the height of surrounding 30-foot height zoning limits. SBHD also allowed construction of two (2) medical office buildings on land it leased to third (3rd) parties. These buildings are both 3-stories and 40-feet, also according to GEP measurements. They are both 130% of local zoning height restrictions and the 510 N. Prospect building is built at the west-most lot line, increasing its mass, noise reflection, and visual height to a maximum for its

construction. At 130% to 250% in excess of surrounding zoning height limits, with concrete sound-reflective walls, substantial reflective glass, night time outdoor lighting, traffic, and emergency siren activity, BCHD is not consistent with the surrounding neighborhoods in function nor design.

FL-20
(Cont.)



FL-20
(Cont.)

Broadway Fire Station (#1)

Per in-person visual inspection, the Broadway Fire Station is a corner lot with general building height of 1-story, except for a specialized small footprint multistory tower. The overall facility is generally lower height than surrounding residential and multi-family facilities and built in a not dissimilar architectural design to minimize its impacts.


City of Redondo Beach Facility (Beryl St)

Per in-person visual inspection, this multi-use facility houses both the police shooting range and a number of public works functions. It is in the southeastern most corner of the Dominguez Park parcel, adjacent to the Edison right-of-way and across the street from Towers Elementary. The Edison right-of-way to the north is utility/industrial use and the park to the west is public use and significantly elevated above the parcel. The Torrance public facility, Towers Elementary is to the south. There is some residential to the east behind a sound wall. On three (3) sides, the use of this parcel is consistent with its surrounding public facility zoning, although the police shoot range has decades of controversy surrounding it. The residential to the east is buffered by a strip of land and the road. Most of this parcel's surrounding neighbors are consistent uses.

FL-20
(Cont.)


Grant Fire Station (#2)

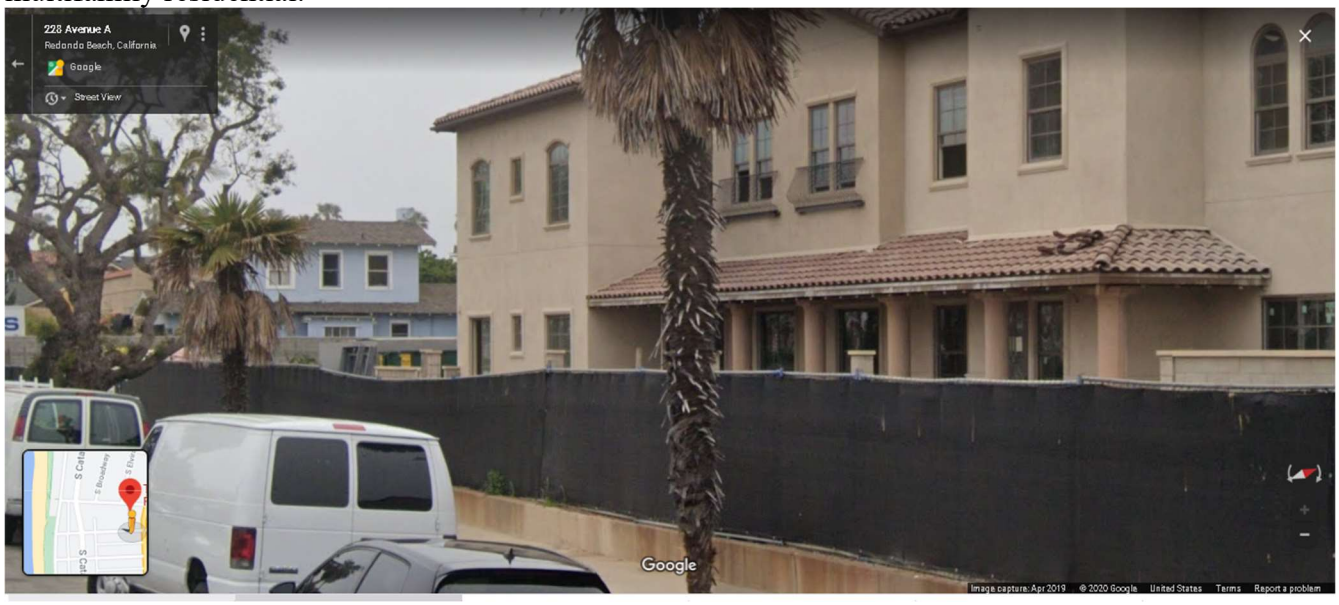
Per in-person visual inspection, the Grant Fire Station is a corner lot with general building height of 1-1/2-stories, except for a specialized small footprint multistory tower. The overall facility is generally lower height than surrounding residential and multi-family facilities except for the specialized tower, and built in a not dissimilar architectural design to minimize its impacts.


Kensington Assisted Living

Per the City of Redondo Beach EIR, the project includes an 80,000-square foot assisted

living facility with 96 suites and 11,000-sqft of common space on 3.37 acres gross. The footprint of the facility buildings is 1.15 acres based on aerial analysis. The architecture and design is earth tone Spanish revival and at 33-feet maximum height is very consistent with the surrounding single and multifamily residential.

FL-20 (Cont.)




North Branch Library

Based on aerial analysis and GEP, the North Library is approximately 12,000 sqft footprint and surrounded on three (3) sides by commercial development. To the south is multifamily residential. Based on in-person inspection, the interface of the tallest point of the library and the multi-family to the south are approximately equal height at two (2) stories. The mixed use to the north of the Library is nominally 4-stories and more visually massed than the Library. The Library has clean design and is consistent with the adjoining land uses visually and in terms of height, is lower than the land use to the north.

FL-20
(Cont.)


Conclusion

Based on this analysis, only BCHD is vastly out of scale and design with surrounding neighborhoods. Except for a small, local servicing strip mall to its north, the 30-foot elevated site of BCHD is visible to all residential construction on all four (4) sides of the lot. Noise, aesthetic blight, glare, reflection, night time lighting, traffic, sirens, and associated PM2.5 emissions are inconsistent with surrounding land uses, notwithstanding any CEQA self-certification by BCHD.

Further, BCHD had developed a moral obligation to protect the community standard that is more stringent than laws and ordinances. This moral obligation standard was used by BCHD to justify seismic retrofit or demolition of the 514 hospital building. Consistent application of the standard to the surrounding neighborhoods, 60+ years of economic and environmental injustice by SBHD and BCHD, and a proposed 50-100 years more of economic and environmental injustice renders this overdevelopment unbuildable.

Last, the current BCHD has only 0.3% of its campus sqft at 75-feet tall. The 514 building is on average just slightly over 30-feet tall, and as such, that average height should serve as the average height cap to any future site development under a CUP for P-CF zoning.

Redondo Beach Code Conformance

FL-21

The current BCHD at 312,000 sqft does not appear to conform with existing Redondo Beach code for issuance of a Conditional Use Permit. The proposed 793,000 sqft, 103-feet tall, 6-story senior apartments and 10-1/2 story, car parking structure violate the following RBMC section based on height, noise, invasion of privacy, and excess generated traffic. In addition, the proposed BCHD overdevelopment is inconsistent with design guidelines for Beryl Heights.

**Reference: 10-2.2506 Conditional Use Permits.**

(a) Purpose. The purpose of a Conditional Use Permit shall be to review certain uses possessing unique characteristics, as listed in Article 2 of this chapter, to **insure that the establishment or significant alteration of those uses will not adversely affect surrounding uses and properties** nor disrupt the orderly development of the community. The review shall be for the further purpose of stipulating such conditions regulating those uses to assure that the criteria of this section shall be met.

(b) Criteria. The following criteria shall be used in determining a project's consistency with the intent and purpose of this section:

FL-21 (Cont.)

(1) The site for the proposed use shall be in conformity with the General Plan and shall be adequate in size and shape to accommodate such use and all setbacks, spaces, walls and fences, parking, loading, landscaping, and other features required by this chapter to **adjust such use with the land and uses in the neighborhood**.

(2) The site for the proposed use shall have adequate access to a public street or highway of adequate width and pavement to carry the quantity and kind of traffic generated by the proposed use.

(3) **The proposed use shall have no adverse effect on abutting property or the permitted use thereof.**

**7. BCHD Must Dedicate All Open Land to Unrestricted Public Use or No CUP Can be Considered**

FL-22

<u>BCHD Plans to Allow a Commercial Developer to Build, Own and Operate the RCFE</u>
In public discussions with Cain Brothers/KeyBanc, the investment bankers for BCHD, the discussion has centered around forming a joint venture (JV) between a majority owner, commercial real estate developer and BCHD. That JV could easily remove the proposed openspace from public use. As such, BCHD must place deed restrictions on the openspace and dedicate them to the perpetual use of public recreation. No ownership of any public land can be permitted by any JV, nor can any lease arrangement place any restrictions on public use of openspace.

## C. BCHD PROJECT DESCRIPTION AND PROJECT ALTERNATIVES ARE INVALID

FL-23

### 1. BCHD Fails to Provide an Accurate, Stable and Finite Project Description

BCHD ignores laws and ordinances when declaring that the failed hospital building must be seismically renovated or demolished. There are no codes or ordinances requiring demolition, therefore, BCHD falsely makes the claim that the 514 N. Prospect must be demolished in both its preferred project description and No Project Alternative. BCHD has multiple Phase 2 descriptions, denying the public the right to intelligent participation using a stable and finite project description. BCHD insufficiently defines Phase 2 in order for environmental analysis or public comment.

### 2. BCHD Fails to Meet Programmatic EIR Requirements

BCHD fails to provide a sufficient information, and therefore excessive uncertainty, regarding Phase 2 for the public to intelligently review it or for BCHD to make meaningful assessment of impacts.

### 3. BCHD Project Alternatives are Inadequately Developed and Flawed

FL-24

BCHDs No Project alternative is flawed and asserts that the failed hospital has a current seismic defect. BCHD rejected a more valid No Project alternative of no seismic retrofit by creating unnecessarily restrictive objectives and assuming a false narrative of termination of all renter leases to retrofit. BCHD has provided no analysis of the future 514 N Prospect building changes, costs, or timing. Further BCHD falsely asserts that all tenants must be removed for remodeling. If that is the level of BCHDs commercial expertise, it should not be in the commercial rentals business at all.

### 4. BCHD Failed to Consider Cessation of Operations and Return of Property to Taxpayer-Owners in the form of a Community Garden

**Summary**

BCHD failed to consider the appropriate No Project Alternative of Cessation of Operations. BCHD errs when assumes that seismic upgrade or demolition is required. However, if demolition is voluntarily elected, the quid pro quo mitigation for the environmental damage of demolition, hauling, noise, etc. is cessation of operations and establishment of a taxpayer-owner community garden.

FL-25

**History of the Parcel, Failure of South Bay Hospital**

In 1955, voters of Hermosa Beach, Redondo Beach and Manhattan Beach approved a charter for the South Bay Hospital District (SBHD) for the express purpose to build, own and operate an emergency hospital sized for the three beach cities. Subsequently, voters approved both a bond measure for purchase of the Prospect Avenue campus in Redondo Beach and also construction of the hospital, along with a property tax levy. According to the Daily Breeze, the publicly owned hospital started operation in 1960, was expanded in 1970, and was in poor financial condition by the late 1970s. By 1984 the publicly owned and operated hospital ceased operation and the shell of the hospital was rented out. In 1993, when it was clear that the hospital was not going to be an ongoing rental concern, the SBHD renamed itself Beach Cities Health District (BCHD), kept the property, financial resources, and annual property taxes and ultimately shuttered the emergency hospital in 1998.

The quid pro quo with the community for the Environmental and Economic Injustice to the surrounding neighborhoods was 24/7 Emergency Medical Services.

**BCHD was Not Voter Approved**
BCHD was not voter approved and does not serve the only voter-approved mandate of the district, that is, provision of an emergency hospital.

**BCHDs Overdevelopment is for Wealthy Non-Residents**
Despite the fact that South Bay Hospital was sized and built for the three beach cities, BCHD is proposing an 800,000 sqft, $400M development on the taxpayer-owned campus that serves mainly non-residents. Per BCHD consultants, 80% of tenants of the $12,000/month "upscale" assisted living will be NON-RESIDENTS of the three beach cities, and primarily from Palos Verdes Peninsula and outside the south bay.

FL-25 (Cont.)

**South Bay Hospital Building Does Not Require Retrofit or Demolition**
BCHD Board and executive management have declared that the 514 N Prospect Ave hospital is no long er fit for use and must be retrofit or demolished. While this is not technically accurate per BCHDs own engineers, it is the path BCHD is pursuing. The cost of demolition is estimated at $2M plus the cost to remove hazardous waste, such as asbestos and nuclear medical waste. The district has sufficient cash on hand for the demolition activity. The 510 and 520 N Prospect Ave medical office buildings (MOB) are privately owned and on leased public land. The 510 MOB lease is up in the mid-2030s (estimated), while the 520 MOB lease is up in 2060 (estimated).

**Re-development Should Occur as a Community Garden**
To cure the Environmental and Economic Justice impacts to the three beach cities and the local neighborhoods, the publicly owned campus can become a community garden. The 514 N Prospect Ave hospital building can be demolished and the approximately 8 acres parking lots and former building site, along with the Flagler and Beryl parcel, can be redeveloped into the Beach Cities Community Garden (BCCG). The BCCG will be developed and maintained by the net revenues from the 510 and 520 MOBs. As each building comes to the end of its lease, it can be demolished and its footprint added to the park.

Residents of the three beach cities would be entitled to a one-year, lottery-based use of plot of to-be-determined size. If all plots are not subscribed, non-residents will be rented the plots. At such time after 2060 when no revenues are received from the 520 MOB, rents would be determined for residents and non-residents in a 1:4 ratio, that is, non-resident rent would be 4-times that of resident rents.

**BCHD Would be Repurposed and Properly Operated**
BCHD would be repurposed to receive only the revenues from property taxes and its existing Joint Ventures until such time as they are dissolved. At that time, BCHD would receive only the property tax revenues. BCHD staff and operations would be significantly downsized, and BCHD would become only a property management and financial grant entity. That is, it would serve only as an administrator of funding for third parties based on its revenues outlined above. The current CEO and Board would be dimsissed and replaced with a CEO and Board with mandated expertise in property and grant management as determined by a committee of the three beach cities that own BCHD. This would be codified in the voter-approved charter amendment for the repurposed BCHD. In the event the charter

could not be legally amended, BCHD would be dissolved, a three city community garden established, and BCHD assets liquidated and put into a non-wasting trust to maintain the community garden.

Current Campus

FL-25
(Cont.)

Beach Cities Community Garden 2025 Post 514 N Prospect Demolition

FL-25
(Cont.)

BCCG 2040 Post 510 MOB Demolition

FL-25
(Cont.)

BCCG 2065 Final State Post 520 MOB Demolition

FL-25 (Cont.)

**5. BCHD Fails to Provide an Accurate, Stable and Finite Project Description**

FL-26

Background

The Project involves the demolition of the failed South Bay Hospital and expansion of the current BCHD facilities. Specifically, the project would consist of approximately 800,000 sqft of surface buildings with a height of 103-feet. The Draft EIR for the project provides the project would be developed in two successive phases.

BCHD Description of Phase 2 Fails the Accurate, Stable and Finite Test

An EIR must contain a detailed statement of all significant effects on the environment of the proposed project. (Pub. Resources Code § 21100.) The courts have stated, "An accurate, stable and finite project

description is the sine qua non of an informative and legally sufficient EIR." (County of Inyo v. City of Los Angeles (1977) 71 Cal.App.3d 185, 192-93.) "The defined project and not some different project must be the EIR's bona fide subject." (M.M. Homeowners v. San Buenaventura City (1985) 165 Cal.App.3d 357, 365, emphasis added.)

By its own presentation, BCHD provides multiple views of Phase 2, thereby providing a de facto failure of accurate, stable and finite. The public is denied cost-effective, intelligent participation in the CEQA process because it is required to analyze multiple scenarios, all of which cannot be developed on the same space.

FL-26 BCHD must account for the reasonably foreseeable future phases of the Project. (Laurel Heights Improvement Assn. v. Regents of University of California (1988) 47 Cal.3d 376, 393-399.) The Guidelines provide that "project" means "the whole of the action." (Guidelines, § 15378, subd. (c).) An agency cannot treat one integrated large project as a succession of smaller projects, none of which, by itself, causes significant impacts. Phase 2 is insufficiently specified cannot be adequately analyzed given the lack of specificity that BCHD provided in its defective DEIR.

The law governing recirculation of an EIR is set forth in CEQA Guidelines Section 15088.5(a): A lead agency is required to recirculate an EIR when significant new information is added to the EIR after public notice is given of the availability of the draft EIR for public review under Section 15087 but before certification. As used in this section, the term 'information' can include changes in the project or environmental setting as well as additional data or other information. Specifically BCHD must provide the public with an accurate, stable and finite (one single description of a proposed Phase 2) and recirculate.

## D. BCHD "PURPOSE AND NEED" IS INVALID

### 1. BCHD Duplicative PACE Facility Purpose and Need is Invalid Based on Lack of Evidence and Need

Background
BCHD is requesting permission as a publicly owned entity to provide public services and in the process do irreversible damage to the environment for generations.

BCHD's prior three healthy living campus designs did not contain any PACE component. Not until the never-before-seen June 12, 2020 at 605PM Friday after close of business plan was PACE provided to the public. In an online search of over 1,300 documents and pages on the BCHD.org site, there are no occurrences of the PACE concept prior to the June 12, 2020 release. That includes public notices, RFQs, and public informational documents. It would appear that inadequate consideration was provided to the decision to add a PACE facility. All zipcodes of BCHD are already served by PACE, as are all surrounding zipcodes.

FL-27

Summary of Cain Bros. (Investment Bankers) PACE Information in BCHD Public Documents Fails to Provide any Justification of Need to the 3 Beach Cities Given that LA Coast PACE Services the Area

"PACE – Program for All-Inclusive Care for the Elderly is a program designed to maintain an individual's ability to live in their home and minimize medical costs while increasing quality of life through active support of social determinants of health, activities of daily living and early medical intervention and wellness programs through adult day center and primary care clinic"

BCHD misrepresents its primary interested in the commercial money-making opportunity and provides no health need or benefit of the duplicative PACE proposal

"Sub-contracting revenues from an adjacent PACE in the form of meals, housekeeping, security, van transportation might be viewed as advantageous by AL/MC JV partners as they could be charged at "cost-plus" rates to the PACE site"

"Leading PACE sites can generate 12-15%+ EBITDA with annual dual Medicare/Medi-Cal capitation revenues that can reach $90K per enrollee/per annum"

"Enrollment scales rapidly and increases profitability incentivizing the need for 14,000 sq. ft. space so as to accommodate up to 200 daily users or the equivalent of 400 PACE enrollees"

"Prudent program for "highest cost utilizers" out of MA/ACO plans so a potential discharge destination for Kaiser [NOTE: Is this a RECYCLED Kaiser Presentation?] and health systems or large physician groups that have capitated financial risk"

"Wide range of medical, home care, rehab services and building/maintenance costs can be s subcontracted by the District at "cost-plus" rates"

## PACE Financial Overview

Development Budget and Resulting Sources & Uses of Funds (Preliminary, Subject to Change)

The tables below show the development budget for construction of a new PACE Center on BCHD's Healthy Living Campus and the resulting financing in order to fund the construction. Under the assumption that construction takes place over 14 months and the District obtains permanent financing for a term of 30 years at an interest rate of 4.00%, approximate annual net level debt service would be ~$667,780

PACE Operator will provide funds for start-up working capital and state required reserve – approximately $4 million

| Development / Construction Budget | |
|---|---|
| Hard Costs (14,000 sq. ft. @ $400 per sq. ft.) | $5,600,000 |
| Soft Costs (14,000 sq. ft. @ $100 per sq. ft.) | 1,400,000 |
| Parking | 2,000,000 |
| Equipment / FF&E | 2,000,000 |
| Land | 2,000,000 |
| **Total** | **$13,000,000** |
| **Sources of Funds** | |
| Tax-Exempt Debt Funding | $11,000,000 |
| Equity Contribution (Land Value) | 2,000,000 |
| **Total** | **$13,000,000** |
| **Uses of Funds** | |
| PACE Project Fund | $11,000,000 |
| Land | $2,000,000 |
| **Total** | **$13,000,000** |

CAIN BROTHERS

6

FL-27 (Cont.)

## PACE Financial Overview

Debt Service Coverage and Revenue at Stabilization

Beach Cities Health District has two potential revenue streams if it were to develop a PACE facility on its Healthy Living Campus:

1. 20% of the "free cash flows" from the PACE operations (assuming BCHD is the minority stakeholder in an 80% / 20% JV Partnership with a PACE operator)
2. The difference between the rent from the PACE JV and the debt service on the funds borrowed to finance construction of the PACE Center.

| | |
|---|---|
| Aggregate Operating Revenues | $43,814,302 |
| Aggregate Operating Expenses | (38,355,056) |
| *Aggregate Operating Income (Deficit)* | *$5,459,246* |
| ***Add Backs*** | |
| Depreciation | $431,165 |
| ***EBITDA*** | ***$5,890,411*** |
| ***JV Distributions*** | |
| *80% of EBITDA to PACE Operator JV Partner* | *$4,712,329* |
| *20% of EBITDA to BCHD* | *$1,178,082* |
| ***BCHD Projected Annual Cash Flow*** | |
| *Difference between PACE Lease / Rent and Debt Service* | *$118,763* |
| ***Total PACE Revenues to BCHD (not including van or in-home subcontracts)*** | ***$1,296,845*** |
| Debt Service | $667,780 |
| ***Debt Service Coverage*** | ***1.94x*** |

CAIN BROTHERS

7

PACE is Likely a Poor Fit

for the 3 Beach Cities
Based on the PACE association, 90% of PACE participants are funded by both Medicare and Medicaid, while 9% are Medicaid and 1% are cash plus potentially Medicare. As such, it is quite unknown if the demographics of the three beach cities that own, fund and operate BCHD will have many qualifying participants. BCHD provides no need justification.

Conclusion
Cain Bros. provides only the barest fact base for the PACE program, a never-before-seen component of the healthy living campus plan that was introduced to the public by BCHD after close of business June 12, 2020 and approved as part of the BCHD plan three (3) business days later on June 17, 2020. The list below of open issues is recognized from the Cain document and highlights the open questions that existed at the time of BCHD Board approval.

FL-27 (Cont.)

1. Cain sizing recommendation of 400 participants is less than the California PACE program average size for mature California programs. Cain provides no reasoning, support or data.

2. Cain provides no market research for local area, nor any competitive analysis. For example, all BCHD zipcodes as listed in the MDS market study are already service for PACE by LA Coast PACE.

| | | |
|---|---|---|
| (dba. Bakersfield PACE) | | |
| LA Coast | Los Angeles County | 90045, 90066, 90094, 90230, 90232, 90245, 90254, 90266, 90274, 90275, 90277, 90278, 90291, 90292, 90293, 90501, 90502, 90503, 90505, 90701, 90703, 90710, 90715, 90716, 90717, 90731, 90732, 90744, 90745, 90755, 90802, 90803, 90804, 90806, 90807, 90808, 90810, 90813, 90814, 90815, 90831 |
| On Lok PACE | Alameda County | 94538, 94587, 94588, 94589, 94555, 94560, 94587 |

3. Like BCHD contractor MDS, Cain provides no "voice of the customer" direct surveys of residents of the three beach cities to assess need, interest or eligibility.

4. Cain fails to provide and research of detail on the three beach cities resident qualifications for MediCal, since PACE is 99% funded by Medicaid (MediCal) or Medicare and Medicaid and only 1% cash pay according to the National Pace Association, npaonline.org.
.
5. Cain fails to provide a path for PACE funding for BCHD, that is, how will BCHD raise the funds and will a public vote of indebtedness be required?

Cain Bros. Public Presentation
https://www.bchdcampus.org/sites/default/files/archive-files/Cain%20Borthers_Financial%20Analysis_2020.pdf

**2. BCHD RCFE Purpose and Need is Invalid Based on BCHDs MDS Research Study**

Summary
FL-28
Little need in Redondo Beach for Additional, Public-land RCFE - The BCHD MDS study demonstrates that only 4.8% of the need for the proposed RCFE is from south Redondo Beach 90277 which has shouldered 100% of the economic and environmental injustice for over 60 years, as well as the negative impacts of traffic, emissions, lighting, noise, emergency vehicles and chronic stress. Further,

the MDS study demonstrates that only 8.1% of the need for the proposed RCFE is from the entirety of Redondo Beach.

Little Need in the 3 Beach Cities for Publicly Developed, Market Price RCFE – The BCHD MDS study also demonstrates that less than one-fifth of the facility is being developed for the residents of the 3 cities that own, fund and operate BCHD. As such, at its currently proposed scale, the facility is over 80% unneeded.

BCHD Studies Present No Evidence of Public Development Need – BCHD responded in California Public Records Act responses (reproduced below) that it had no documents demonstrating a need in the 3 beach cities and that it had no evidence that the private market for RCFE would not fill any need that is identified. As such, BCHD cannot truthfully claim a need.

FL-28 (Cont.)

BCHD Continues to Misstate any Need – BCHD falsely claims that it needs to build RCFE to meet a need of the beach cities. The 3 beach cities only "need" less than 20% of the facility size, yet, south Redondo Beach 90277 and more broadly, the 3 beach cities together, suffer 100% of the environmental damages. In the case of south Redondo Beach 90277, the proposed project would extend economic and environmental damages to over a century.

Voter Approved Hospital was Sized for ONLY the 3 Beach Cities – BCHD has no voter approval. Following the failure of the publicly owned and operated South Bay Hospital in 1984, and the termination of the lease by the commercial operator, SBHD was renamed and BCHD kept the assets. As such, BCHD should be limited to the voter approved service of the 3 beach cities only.

Analysis

Scope of MDS Study

BCHD commissioned three studies from MDS to assess the "need" for RCFE for a wide geographic area surrounding BCHD. MDS conducted no independent analysis of the need for RCFE or pricing based on the specific residents for the three beach cities that chartered, own, and fund BCHD based on their publicly available reports and responses to California Public Records Act requests to BCHD.

MDS conducted no primary research of the taxpayers or residents of the three beach cities according to its three reports. MDS appears to have relied on public documents and rules of thumb either from the RCFE industry of from its internal operations. It also appears to have completed surveys of potential competitors in RCFE space and used syndicated data.

Prospective Tenant Screening

MDS used an age and financial screen and concluded target seniors will require minimum annual pre-tax incomes of $141,000 to $204,000 annually for the new-build BCHD facility.

**EXHIBIT 1-6**

**MINIMUM QUALIFYING CASH FLOW INCOME REQUIREMENTS FOR**

**A NEW ASSISTED LIVING AND MEMORY CARE DEVELOPMENT IN REDONDO BEACH, CALIFORNIA**

**Based on 2021 Monthly Service Fees**

| Unit Type | Number of Units | Monthly Fee | Annualized Monthly Fee | Total Annual Cash Flow Requirement After Tax [1] | Likely Annual Cash Flow Before Tax [2] |
|---|---|---|---|---|---|
| ***Assisted Living Units*** | | | | | |
| One Bedroom | 102 | $9,250 - $12,250 | $111,000 - $147,000 | $138,750 - $183,750 | $154,167 - $204,167 |
| ***Memory Care Units*** | | | | | |
| Studio - Semi-Private | 60 | $8,985 | $107,820 | $126,847 | $140,941 |

FL-28 (Cont.)

MDS never assesses the need for RCFE in the three beach cities that own and operate BCHD. Instead, it assesses a broad area surrounding BCHD, and includes that 30% of tenants are expected to be from outside that area as well. The listing of qualified prospects by area is below. Note that the table does not include the 30% of tenants that MDS expects to be from outside the zip codes listed. Also note that the annual escalators that MDS provides for qualified prospects are based on proprietary work and have no transparency beyond vague sourcing.

FL-28
(Cont.)

**EXHIBIT 3-3**

**SUMMARY OF INCOME QUALIFIED AGE 75+**

**HOUSEHOLDS BY ZIP CODE IN THE PRIMARY MARKET AREA**

**After Income Screen**

| | Zip Code / Community | | Total 2019 Age 75+ Households | $150,000 + Qualifying Income Screen 2019 | 2021 | 2024 | Absolute 2019-2024 | Average Annual % Change |
|---|---|---|---|---|---|---|---|---|
| * | 90275 | Rancho Palos Verdes | 3,550 | 787 | 887 | 1,062 | 275 | 6.2% |
| * | 90274 | Palos Verdes Peninsula | 2,425 | 744 | 826 | 965 | 221 | 5.3% |
| | 90503 | Torrance | 2,386 | 152 | 182 | 238 | 86 | 9.4% |
| * | 90505 | Torrance | 2,287 | 196 | 233 | 303 | 107 | 9.1% |
| * | ***90277*** | ***Redondo Beach ***** | ***1,890*** | ***194*** | ***232*** | ***305*** | ***111*** | ***9.5%*** |
| * | 90266 | Manhattan Beach | 1,612 | 338 | 397 | 506 | 168 | 8.4% |
| | 90504 | Torrance | 1,542 | 79 | 96 | 129 | 50 | 10.3% |
| | 90278 | Redondo Beach | 1,344 | 134 | 167 | 234 | 100 | 11.8% |
| | 90254 | Hermosa Beach | 691 | 119 | 145 | 196 | 77 | 10.5% |
| | 90260 | Lawndale | 656 | 21 | 27 | 39 | 18 | 13.2% |
| | 90245 | El Segundo | 577 | 67 | 80 | 104 | 37 | 9.2% |
| | **Total** | | **18,960** | **2,831** | **3,277** | **4,081** | **1,250** | **7.6%** |

Because MDS does not describe its annual escalator methodology, 2019 data was used to describe the sources of likely tenants. Approximately 38% are from the high income Palos Verdes Peninsula, 30% are assumed to be from outside a 10 mile radius, including new entrants to the state and the area. Only 4.8% of tenants are expected to originate in 90277, the south Redondo Beach area that has incurred 60 years of economic and environmental injustice from the failed South Bay Hospital and the area that BCHD proposed to incur 50-100 years of future economic and environmental injustice from BCHDs proposed campus expansion from 312,000 sqft to 793,000 sqft. Only 19.4% of tenants overall are expected to originate from the three beach cities that chartered South Bay Hospital District and own, fund and operate BCHD. All economic and environmental injustices and damages are expected to occur to those three beach cities from the project, and as noted, more explicitly, the overwhelming majority of damages occur in the 90277 Redondo Beach area. Overall, Redondo Beach is expected to see only 8.1% of the benefit of tenancy per MDS analysis. This 12-to-1 damages to benefits impact on Redondo Beach should alone stop issuance of a conditional use permit for what is documented as an unneeded facility for the area by MDS.

Summary Expected Sources of Tenants by Originating Area

| BCHD Consultant MDS 2019 Marketing Results<br>2019 Income Qualified Prospective Renters (by area) | |
|---|---|
| Palos Verdes | 37.9% |
| > 10 mile Radius | 30.0% |
| *90254+*90266 | 11.3% |
| *90278 | 3.3% |
| *90277 | 4.8% |
| Torrance | 11.5% |
| Other | 1.2% |
| CONTROL TOTAL | 100.0% |
| Redondo Beach Total | 8.1% |
| *=BCHD Owners Total | 19.4% |

FL-28 (Cont.)

South Bay Hospital District Services Sized Exclusively for the Three Beach Cities

According to the Daily Breeze, "in … 1947, a survey by Minnesota hospital consultants James A. Hamilton and Associates already had concluded that the beach cities would need a 238-bed hospital to meet demand by 1950, only three years in the future. Hospital backers were asking only for a 100-bed facility. Frustrated by having to travel to use the only two other large hospitals nearby at the time, Torrance Memorial and Hawthorne Memorial, beach cities residents and health authorities began pulling together in 1951 to mount another effort."

The hospital was conservatively sized for less than the full surveyed need of the three beach cities (Hermosa, Manhattan, and Redondo Beach) and completed in 1960. According to the Daily Breeze, "with funding in place, the 146-bed hospital project finally began to gather steam. A site was chosen: 12 acres of undeveloped land (believe it or not) bounded by Prospect Avenue, Diamond Street, and the Torrance city limit to the east. Preliminary sketches were drawn up as well."

South Bay Hospital was subsequently expanded, but yet again, in a conservative manner for fewer beds than needed for the three beach cities. Again according to the Daily Breeze, "the hospital boomed during the 1960s, and construction began on the planned new wing of the facility, now trimmed to 70 beds, in August 1968. It opened in 1970."

Failure of South Bay Hospital and the Benefit of Conservative Sizing

South Bay Hospital effectively failed twice, once as a publicly owned hospital (the only voter-approved charter for the enterprise and campus at Prospect) and again as a rental endeavor. According to the Daily Breeze, "Facing increasing competition from private hospitals such as Torrance Memorial Medical Center and Little Company of Mary, the publicly owned South Bay Hospital began to lose patients and falter financially in the late 1970s. Layoffs became increasingly common. By 1984, the 203-bed hospital was forced to give up its publicly owned status. The South Bay Hospital District signed a lease deal with American Medical International in 1984, with AMI taking over operation of the facility." Further, the continued rental of the building shell failed as well, "Tenet Healthcare Corp. assumed control over the hospital when it acquired AMI in 1995. By then, the hospital's future was

becoming increasingly bleak, with fewer doctors signing on as residents. In 1997, Tenet announced that it would give-up its lease with the Beach Cities Health District in May 1998, essentially abandoning the hospital. After 38 years of operation, South Bay Medical Center closed its doors for good on Sunday, May 31, 1998."

Had South Bay Hospital been oversized, or even built at the original survey size, the losses and abandoned buildings would have been even larger. The conservative nature of the actions and investments was a mitigating factor.

FL-28 (Cont.)

<u>BCHD Response to CPRA Requests – No Studies Available or Relied Upon</u>

**A. Public Records Request MEN 20191109-0:**

**1) "Informational Items"**

*Please find below the link to the presentation provided by The District in response to this request. If you believe we have not correctly interpreted your request please resubmit your request with a description of the identifiable record or records that you are seeking.*

https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/476050/Finance_Committee_2019_11_12_Final_11122019_Website.pdf

**2) "Specifically Regarding 4. RCFE Community Needs & Market Assessment Study"**

a. According to the Needs and Market Assessment Studies or any other resource in the possession of BCHD, what is the total estimated number of RCFE units required for the exclusive use of the "Beach Cities" that chartered the BCHD? To avoid ambiguity, the "Beach Cities" is defined as exclusively the residents of Manhattan, Hermosa and Redondo Beach. Any zip code level analysis must be entirely within the "Beach Cities" as defined.

*This request does not reasonably describe identifiable records as required CA Government Code 6253, however, the District has no records to provide in response to this request. For this particular request the District does not have a chartered number of RCFE units.*

b. According to the Needs and Market Assessment Studies or any other resource in the possession of BCHD, what is the total estimated number of RCFE units required for the "Beach Cities" that chartered the BCHD that are REQUIRED to be built by BCHD instead of the private sector in order to avoid a shortfall in the supply of RCFE units for the "Beach Cities".

*This request does not reasonably describe identifiable records as required CA Government Code 6253, however, the District has no records to provide in response to this request. For this particular request the District does not have a chartered number of RCFE units.*

c. According to the Needs and Market Assessment Studies or any other resource in the possession of BCHD, what is the total estimated number of RCFE units required for the "Beach Cities" that chartered the BCHD that are REQUIRED to be built by BCHD instead of the private sector in order to avoid a significant change in market cost of RCFE for the "Beach Cities" due to a short fall in the total supply of units without the BCHD units? If a change is identified, what is the estimated value per month paid by average RCFE tenant of the change?

*This request does not reasonably describe identifiable records as required CA Government Code 6253, however, the District has no records to provide in response to this request. For this particular request the District does not have a chartered number of RCFE units.*

Market Studies are Incomplete and Flawed

The MDS market study provides no apparent direct "voice of the customer" research for the three beach cities residents that chartered South Bay Hospital and own, fund and operate BCHD. Based on MDS's unsubstantiated 5 (industry rate) to 10% (MDS rate) "capture rate" of prospective tenants, the three beach cities require only 35-70 beds and not 220 or more.

The MDS market study also fails to take into account economic and environmental justice issues, that is, due to the location of the campus, damages and injustice disproportionately occurs to south Redondo Beach 90277, while the same area receives less than 5% of the tenancy benefit according to MDS.

Based on demonstrated action of voters, the South Bay Hospital was sized exclusively for the three beach cities the formed and funded South Bay Hospital District and execution was conservative, with total beds never reaching the surveyed estimate of need. Further, the hospital failed both under public and private operation.

FL-28 (Cont.)

BCHD Relies on No Other Studies

In its CPRA response, BCHD clearly states that it has no other studies of need by the 3 beach cities nor does it have any studies of market pricing impacts from expansion of RCFE supply, or the need for publicly developed RCFE. In short, BCHD has not valid evidence of a need for RCFE that BCHD is required to fill.

MDS Surveys

https://www.bchdcampus.org/sites/default/files/archive-files/Market-Feasibility-Study_2016.pdf
https://www.bchdcampus.org/sites/default/files/archive-files/MARKET-FEASIBILITY-STUDY_AUG.2018.PDF.pdf
https://www.bchdcampus.org/sites/default/files/archive-files/Market-Feasability-Study_2019_0.pdf

CEQA Fails Purpose and Need Conformance

BCHD is a public agency that is owned, funded and operated by Hermosa Beach, Redondo Beach and Manhattan Beach taxpayers and residents. The BCHD campus is entirely housed in south Redondo Beach 90277 and has inflicted 60 years of economic and environmental damages and injustice on that area. Based on BCHDs lack of demonstrated need for additional "upscale" "expansive view" RCFE (as described by BCHD investment banker Cain Brothers) this project's Purpose and Need is invalid. Additionally, the economic and environmental injustice impacts on south Redondo Beach 90277 are disproportionately high, with south Redondo Beach suffering 100% of the EJ impacts for less than 5% of the benefits. As such, this project fails both Purpose and Need and EJ analysis under CEQA.

## E. BCHD PROJECT OBJECTIVES ARE UNSUPPORTED AND OVERLY RESTRICTIVE

FL-29

### 1. BCHD Project Objectives are Generally Flawed

BCHD has Fabricated a Current Need for Seismic Retrofit or Demolition

No laws or ordinances require any retrofit or demolition. The "best practice" ordinance of the City of LA (not applicable) would allow up to 25 years for action. There is NO CURRENT SEISMIC NEED.

FL-29

Net Benefits of Current and Future Programs are Not Quantified and May be Negative

BCHD asserts that it needs replacement and future revenues. Since its inception in 1993, BCHD have had no program budgets, cost-accounting or benefits assessment, according to the widely understood US CDC methods. Therefore, BCHD cannot assert any of its programs provides benefits above its costs to residents of the three Beach Cities. Therefore BCHD project objectives asserting public need or benefits are unsupported.

Revenue Requirements for Programs with Net Benefits are Non-existent

BCHD provides no pro formas of future benefits or the revenue requirements to gain such revenues. Therefore both if its Project Objectives regarding revenue are unsupported.

FL-30

BCHD Has No Evidence of Net Benefits of RCFE to the Three Beach Cities or Redondo Beach

BCHD asserts market-priced (approximately $12,000+ monthly rent) is required by the three Beach Cities to be developed on scarce Public land. BCHD undermines its own case by demonstrating less than 20% of residents will be from all three Beach Cities and less than 5% will be from 90277, the Redondo Beach target of 100% of the Environmental and Economic Injustice impacts.

FL-31

BCHD Project Objectives are Overly Restrictive and Deny Environmental Protections by Targeting Only the Proposed Project and Extremely Similar Projects

BCHD has authored interlocking, unsupported, and some outright false Project Objectives that are so restrictive when taken as a whole that no alternatives or changes to the project are acceptable. This is flatly unacceptable in CEQA.

### 2. BCHD Project Objectives are Not Evidence-Based and are Not Valid

The following are BCHD stated Project Objectives along with evidence-based discussions of their lack of validity.

**BCHD Project Objective #1**
**Eliminate seismic safety and other hazards of the former hospital building (514 Building)**

FL-32

**Discussion of and Rebuttal to Objective #1s Validity**

According to the presentation made to the Community Working Group by Youssef & Associates - the firm hired by BCHD, the following DIRECT QUOTES rebut the assertion that seismic safety hazards must be eliminated:

"No mandatory seismic upgrade required by City of Redondo Beach" (Page 2)

BCHD is NOT subject to any seismic ordinance - but if it were - BCHD own consultant writes that BCHD would have "25 years Complete all retrofit or demolition work" (Page 6)

FL-32 (Cont.)

BCHD consultant writes:
1 "Ordinance represents “Best Practice”" (Page 6)
2. "City of Redondo Beach has not adopted ordinance" (Page 6)
3. "Any seismic retrofit work for BCHD towers considered voluntary at this time." (Page 6)

Citation: https://www.bchdcampus.org/sites/default/files/archive-files/January-2018-Nabih-Youssef-and-Associates-Presentation_CWG.pdf

**BCHD Project Objective #2**
**Redevelop the site to create a modern Healthy Living Campus with public open space and facilities designed to meet the future health needs of residents, including a Community Wellness Pavilion with meeting spaces for public gatherings and interactive education.**

**Discussion of and Rebuttal to Objective #2s Validity**
When requested in a California Public Records Act (CPRA) Request, BCHD responses indicated that it had no scientifically valid reason for the need for open space nor the size of the open space if required. BCHD referred to documents that assumed the existence of open space, but provided no reasoning for the need. In fact in one document, BCHD provided attendees a presentation in advance of the discussion that contained the requirements and definitions, thereby mooting the outcome of the public discussion. The definitions are below.

FL-33

BCHD Direction - “What is a “Wellness Community”?
A wellness community seeks to optimize the overall health and quality of life of its residents through conscious and effective land plans and facility designs, complimentary programming, and access to related resources and support services. It is also part of the DNA of the community to place emphasis on connecting people to one another as well as to nature.

BCHD Direction - What is a “Healthy Living Campus”?
An arrangement of buildings and shared open spaces proactively developed with the holistic health of its residents, guests, environment – both natural and built – and local community in mind.”

Citation: BCHD CPRA Response “On Mon, Sep 14, 2020 at 3:48 PM Charlie Velasquez <Charlie.Velasquez@bchd.org>”
Citation: (https://www.bchdcampus.org/sites/default/files/archive-files/Creating%20Community%20Gathering%20Spaces%20Study%20Circle%202%20Report.pdf)

FL-34

**BCHD Project Objective #3**
**Generate sufficient revenue through mission derived services to replace revenues that will be lost from discontinued use of the former Hospital Building and support the current level of programs and services.**

**Discussion of and Rebuttal to Objective #3s Validity**

BCHD has no voter-approved mission. BCHD was formed from the failed South Bay Hospital District in 1993 according a CPRA response from BCHD. Furthermore, the hospital district was formed to build, own and operate a taxpayer funded facility that was sized for the residents of the three beach cities (Hermosa Beach, Manhattan Beach and Redondo Beach) that voter authorized the formation of the hospital district. As such, BCHD mission is arbitrary with respect to its taxpayer-owners.

BCHD is electively discontinuing use of the Hospital Building based on the invalid assumption that it requires seismic hazard reduction. As demonstrated above, BCHD's own Youssef Associates has stated no upgrade is required.

FL-34 (Cont.)

BCHD has no evidence that its current level of services is needed or cost-effective. Since 1993, BCHD has failed to budget, cost-account, evaluate, or conduct benefit-to-cost analysis of its programs. US CDC has both methodologies and thorough recommendations for public health program evaluation and cost-effectiveness that BCHD has ignored. Therefore, BCHD assertion that there is any need to generate revenue for its voter-unapproved mission and programs of unknown value is objectively invalid.

BCHD's contractor Bluezones has refused to provide any documentation of its benefit methodology and asserts confidentiality. Therefore no Bluezones program benefits can be counted by BCHD. I have provided Bluezones legal counsel with a demand to show proof of their process.

Last, BCHD claimed full credit for all positive effects of LiveWell Kids, despite the fact that evaluation experts at LA County Department of Health, likely versed in appropriate CDC methodologies, were clear to state, "this study was not a formal program evaluation and, importantly, lacked a control group." LA County Department of Health is honest, experienced and competent and was clear that BCHD had failed to complete a program evaluation.

It is quite clear that BCHD lacks the needed information to demonstrate: 1) it has a clear, voter approved mission, 2) its programs have value based on objective evaluation and net benefits, and therefore there is any legitimate reason to damage the environment to circumvent BCHD approaching taxpayers for a funding vote, and 3) it should be rewarded for the premature closure and demolition of the South Bay Hospital building that has 20-25 more years of use according to BCHD's own consultants and has no current ordinance obligating retrofit or demolition.

Citation: Youssef Presentation above
Citation: BCHD CPRA Response "RE: PRA Request - 40 programs Charlie Velasquez <Charlie.Velasquez@bchd.org> Thu, Aug 13, 2020, 12:50 PM

**BCHD Project Objective #4**

FL-35

Provide sufficient public open space to accommodate programs that meet community health needs.

**Discussion of and Rebuttal to Objective #4s Validity**

FL-35 (Cont.)

As cited in Objective #2 above, BCHD's CPRA response demonstrated that it has no scientific or quantitative basis for the definition of "sufficient" or any substantiation of why community health needs require open space at this location.

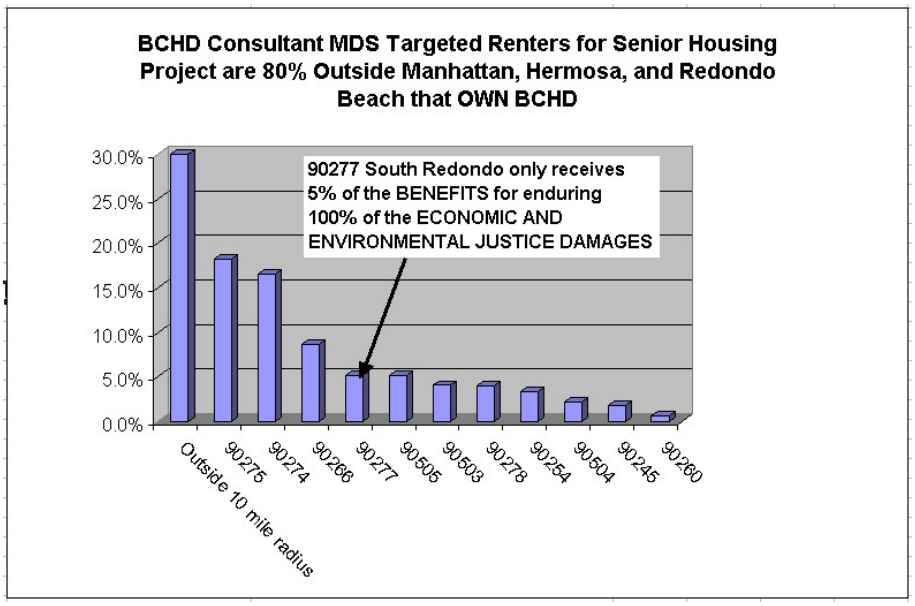
**BCHD Project Objective #5**

Address the growing need for assisted living with onsite facilities designed to be integrated with the broader community through intergenerational programs and shared gathering spaces.

**Discussion of and Rebuttal to Objective #5s Validity**

BCHD is owned and operated by the taxpayer-owners of Redondo, Hermosa and Manhattan Beach. According to BCHDs consultant, MDS, the residential care for the elderly (RCFE) facility is expected to house 35% non-resident tenants from the Palos Verdes area, 30% non-resident tenants from outside a 10 mile radius of the BCHD, and less than 20% resident tenants from within the three beach cities. Further, the facility will impact south Resondo Beach 90277 with nearly 100% of its economic and environmental injustices, as did South Bay Hospital before it, yet less that 5% of tenants are expected to be from 90277.

FL-36




Furthermore, BCHDs consultants MDS and investment bankers Cain Brothers/KeyBanc anticipate monthly full market rents for both residents and non-residents with the exception of a potential small number of small subsidy units. The anticipated monthly rents are below and in cases exceed $13,700/month.

EXHIBIT 2-1

## ALF / MC Unit Mix, Financing, and Operations Projections S

Preliminary Financial Results at Stabilization

**Scenario: 6 Story**

*The table below provides unit mix, assumed occupancy, estimated monthly service projected annual revenue (in today's dollars) for the BCHD Assisted Living / Memor*

| Revenue Stream | Available Units/Beds | Occupancy (%) | Occupancy (#) | Rate |
|---|---|---|---|---|
| AL – "Premium" Units | 30 | 95 | 28.5 | $12,500 |
| AL – "Regular" Units | 114 | 95 | 108.3 | $12,000 |
| AL – "Affordable" Units | 16 | 95 | 15.2 | $7,500 |
| MC (60 Semi-Private Units) | 120 | 95 | 114.0 | $10,000 |
| Admission Fees (1) | N/A | N/A | ~89 (Turnovers) | $15,000 |
| Second Persons (2) | N/A | N/A | ~30 (2nd Persons) | $1,500 |
| Additional Personal Care Service (3) | N/A | N/A | ~99 | $1,500 |

Total Operatin

(1) 1/3 of All Occupied Units = Annual Turnover
(2) 20% of Occupied AL Units are couples
(3) 1/3 of all Residents require additional Personal Care Services

CAIN BROTHERS

FL-36 (Cont.)

It is quite clear from the BCHD consultant studies that the RCFE facility is not being built to serve the three beach cities that own and operate BCHD. Further, it is clear that the typical monthly rents for the "upscale" facility (as described by Cain Brothers executive Pomerantz) are $12,000+ per month and outside the reach of most aged residents. Can Brothers has recognized the affordability problem and executive Pomerantz has suggested taking the equity in seniors homes. That is clearly unacceptable.

Lastly, BCHD is a government agency, yet, it is pursuing market-priced RCFE rather than cost-based housing as it typical for nearly every governmental unit providing services in California. For example, the Redondo Beach Fire and Police Departments are not profit centers. Nor is the building department. Nor was the publicly owned version of South Bay Hospital, the only voter approved use for the campus. If BCHD were to take its public mission seriously, it would reduce the cost of the development using public, tax-free financing and charge cost-of-service monthly fees that would eliminate the steep profit made by operators.

Citation: https://www.bchdcampus.org/sites/default/files/archive-files/Market-Feasability-Study_2019_0.pdf

Citation: Cain Brothers/KeyBanc June 2020 BCHD Finance Committee presentation

**BCHD Project Objective #6**
Generate sufficient revenue through mission derived services or facilities to address growing future community health needs.

FL-37

**Discussion of and Rebuttal to Objective #6s Validity**
**As of 2/19/21 there was no published forecast of the "sufficient revenue" to "address growing future community health needs" nor is there a definition of "future community health needs." It is unclear if BCHD will be replying to CPRA requests in a timely fashion or not. If not, the objective must be removed.**

**3. BCHD Project Objective #1 is Invalid Because No Laws or Ordinances Exist Requiring Seismic Upgrade or Demolition of the 514 N Prospect Building**

**Discussion of and Rebuttal to Objective #1s Validity**
According to the presentation made to the Community Working Group by Youssef & Associates - the firm hired by BCHD, the following DIRECT QUOTES rebut the assertion that seismic safety hazards must be eliminated:

FL-38

"No mandatory seismic upgrade required by City of Redondo Beach" (Page 2)

BCHD is NOT subject to any seismic ordinance - but if it were - BCHD own consultant writes that BCHD would have "25 years Complete all retrofit or demolition work" (Page 6)

BCHD consultant writes:
1 "Ordinance represents "Best Practice"" (Page 6)
2. "City of Redondo Beach has not adopted ordinance" (Page 6)
3. "Any seismic retrofit work for BCHD towers considered voluntary at this time." (Page 6)

Citation: https://www.bchdcampus.org/sites/default/files/archive-files/January-2018-Nabih-Youssef-and-Associates-Presentation_CWG.pdf

1. In FAQs - BCHD recognizes this is an elective activity without any objective obligation.

DOES BCHD NEED TO MAKE SEISMIC UPGRADES TO THE 514 N. PROSPECT AVE. BUILDING?
In Southern California, earthquakes are a fact of life -- we must be prepared. Seismic experts determined the 60-year old hospital building (514 N. Prospect Ave.) on our campus has seismic and structural issues common with buildings built in the 1950s and '60s. While not required by law, the Healthy Living Campus is designed to take a proactive approach to these seismic issues.

2. In his YouTube, the CEO asserts a BCHD policy of a moral obligation standard, however, BCHD fails to apply this standard to any other impacts, therefore, it is invalid.

FL-38 (Cont.)

BCHD HAS A SELF-ASSERTED MORAL OBLIGATION POLICY BEYOND CEQA, STATUTES, AND ORDINANCES TO PROTECT THE COMMUNITY
According to CEO Bakaly (https://www.youtube.com/watch?v=RCOX_GrreIY) the standard that BCHD uses is moral obligation and proactive protection of the community. As such, BCHD cannot pick and choose when to use a more stringent standard, it must always use is moral obligation uniformly. Clearly in the DEIR, BCHD uses typical, minimum standards. It ignored the intermittent noise and vibration impacts on students at Towers Elementary. It ignored the chronic stress impacts on surrounding residents from construction noise and emergency vehicles. BCHD selectively applied its moral obligation standard, and therefore rendered it invalid along with the objective.

**Conclusion**
BCHD must remove it's Project Objective #1 regarding seismic retrofit as false and invalid.

**4. BCHD Project Objective #2 is Invalid Because in 27+ Years of Operation, BCHD has not Budgeted, Completed Cost Accounting or Evaluated Cost-effectiveness or Net Benefits of its Programs**

**Discussion of and Rebuttal to Objective #2s Validity**
In response to California Public Records Act requests, BCHD acknowledged that it has not budgeted at the program level, has no corresponding cost-accounting at the program level, nor does it have any cost-effectiveness analysis to demonstrate that the public health benefit of its taxpayer expenditures exceed their costs.

FL-39

In Board comments, member Poster asserted that BCHD is not required to track program level budgets, costs or cost-effectiveness. On its face, the statement is admission of malfeasance and abdication of fiduciary responsibility to taxpayers.

Also in comments, the CEO noted that some residents want accounting "to the penny", yet another ridiculous statement from an executive with earnings in excess of $300,000 annually and budget responsibility for $14.9M annually,

As a result, it is quite clear that BCHD Objective #2 is unfounded and unsupported, and therefore invalid. Project objectives are required to support the environmental damages of the project. In this case, BCHD fiduciary action is so deficient, that it cannot even support the cost-effectiveness of the agency's programs.

Background
BCHD asserts that it delivers 40+ programs, however, based on inspection it appears to have fewer than 10 programs and number of measures that could reasonably be grouped into programs. BCHD further asserts that they are "evidence based", however, when California Public Record Act (CPRA) requests were made to BCHD, their response was not medically or research based. BCHD provided reference to public opinion surveys of public desire for programs, and provided no evidence that

BCHD implementation of programs was based on medical necessity, lack of public or private sector provision, or medical effectiveness. Further they provided no evidence that their programs were a cost-effective expenditure of taxpayer-owner funds.

BCHD has had no Program Level Budgeting nor Cost Accounting for 27 Years of Operation

According to CPRA responses, BCHD was renamed from the failed South Bay Hospital District in 1993. Also according to CPRA responses, BCHD has not budgeted nor tracked costs at the program level in the subsequent 27 years of its operation. As a result, BCHD has no historic fiscal record of its 40+ "evidence based" programs budgets, costs or benefits. BCHD in CPRA responses offered broad brush accounting summaries that aggregated overall costs at a functional level without program specificity and provided no basis for forecasting individual program costs, nor the cost-effectiveness of institutional efficiency of delivery of BCHD.

FL-39 (Cont.)

BCHD has no Cost-effectiveness nor Net Benefit Measurement of its Programs

Also according to CPRA responses, BCHD acknowledges that it has no cost-effectiveness nor net benefit measurements of its programs from its 27 years of operation. Since BCHD fails to budget, track costs, or conduct quantitative evaluations of benefits, it is incapable of providing any evidence that any of its 40+ "evidence based" programs deliver any net benefits, that is, benefits beyond the public funds expended on them. In fact, BCHD cannot demonstrate that each and every program would not be delivered more effectively by private entities or other public entities, or that each program should not be discontinued.

Vanessa Poster, BCHD Longest Sitting Board Member Since 1996 Demonstrates a Lack of Understanding of Health Economics

In a recent 2020 candidate forum, a question was posed to the 5 candidates regarding the delivery and cost-effectiveness of BCHD programs. Board member Poster replied, paraphrasing, that BCHD had no need to gain any program revenues and she demonstrated no understanding of classic health care effectiveness measures. Health care economics is a well understood field, and in general, the evaluation of health programs is conducted by evaluating the programs medical effectiveness, and then computing costs of other health care measures that were avoided due to the program. A simple example is a vaccine, where the effectiveness of the vaccine is tested, the costs of vaccination are determined, and based on the prior "no vaccine" medical treatment data from the groups that are to be vaccinated, the net benefits of the vaccine are computed. It is a straightforward process that had been utilized for decades in medical product and health care delivery, yet, BCHD after 27 years of existence fails to conduct such analysis, instead opting to spend over $14M annually of taxpayer funds without analysis.

Vanessa Poster can be seen and heard demonstrating a lack of understanding of health economics as it applies to BCHD at https://youtu.be/2ePOD95YvWk?t=1051.

BCHD Fails to Adhere to the Well Understood CDC Polaris Economic Evaluation Framework

BCHDs failure to adhere to CDC economic program analysis can be easily recognized by comparing BCHDs lack of program budgets, costs, evaluations, or cost-effectiveness analysis to the CDC framework provided at https://www.cdc.gov/policy/polaris/economics/index.html. One of thousands of articles regarding the computation of health benefits over the past decades can be found at: https://pubmed.ncbi.nlm.nih.gov/3921321/.

BCHD Relies on Anecdotal Program Information and Not Formal Evaluations of Effectiveness According to the Los Angeles Department of Public Health

One CPRA response by BCHD for evaluation of its programs cited a case study by the Los Angeles County Department of Public Health. On page 8 of that case study, the Department of Public Health states "… this study was not a formal program evaluation and, importantly, lacked a control group …" As a result, the authors clearly state that it is not a program evaluation, indicating BCHDs lack of understanding of both program evaluation and health economics.

FL-39 (Cont.)

BCHD lacks any rigorous analysis of program budgets, costs, program benefits, or program cost effectiveness using any reasonably accepted health economics methodology, such as the US CDC Polaris model. This lack of program accounting and evaluation appears to have existed since BCHD was formed in 1993 from the failure of South Bay Hospital District. As such, BCHD cannot support any future programs based on measured cost-effectiveness or net benefits, and BCHD spends approximately $14M annually of taxpayer funds absent any showing of net benefits beyond the expenditures.

FL-39 (Cont.)

**Conclusion**

BCHD must remove it's Project Objective #2 regarding the need for replacement income from the 514 building that BCHD is electively taking out of service needlessly as false and invalid.

**5. BCHD Project Objective #3 is Unsupported and Invalid**

Summary

BCHD asserts that it requires open space for the public health benefit. However, BCHD provides no rationale for the size of the required openspace. BCHD is adjacent to the 22-acre Dominguez Park which provides ample outdoor space without requiring the negative and significant aesthetic, shading/shadowing, and right-to-privacy robbing impacts of a 103-foot tall building. If limited to the 30-foot standards of all surrounding parcels, those impacts would be mitigated.

FL-40

When a California Public Records Act request was used to request the specific programs, space requirements, and health requirements of the use of this specific size of open space on this specific parcel, BCHD claimed its "privilege" and yet again denied the public's right to know.

BCHD is asking for permission to irreversibly further damage the surrounding neighborhoods for an additional 50-100 years. BCHD as a public agency has an absolute obligation to provide the public case and stop hiding behind its "privilege."

In its prior response, BCHD provided no scientific studies, or any studies at all, that determined 1) the "need" for any openspace beyond the 22 acres at Dominguez Park, 2) the need for any specific amount of openspace, of 3) any peer-reviewed studies.

BCHD CPRA Responses – Claim of Privilege and Lack of Substantiation

RE: PRA Request

Inbox

**Charlie Velasquez <Charlie.Velasquez@bchd.org>** Fri, Jan 15, 12:55 PM to me

Mark,

Please see below for the District's response to your public records request dated 12/17/20 that reads:

As BCHD noted in its response, there was supposedly no BCHD determination of the open space requirement as of the date of the response, despite BCHD's published table identifying a very precise 2.45 acres.

I dispute that assertion that BCHD had not made a determination at the time of the BCHD Board Approval of the "3-Day Approval Plan" on June 17, 2020. A final determination of open space was in fact made in order for the Board's approval vote, down to 1/100th of an acre (which would be to the nearest 436 sqft)

1. Provide documents demonstrating that derivation of the 2.45 acres that was allocated to open space in the plan that was approved by the Board on June 17, 2020. If no documents, state such.

2. As the open space was reduced from 3.6 acres in the 2019 "Great wall of Redondo Plan" to the current proposed 2.45 acres, provide documents demonstrating that the space cannot be further reduced. If no documents, state such.

FL-40 (Cont.)

The District has previously responded to your prior request regarding open space. **Design drafts pertaining to proposed open space are derived internally and with consultants and remain properly withheld pursuant to the deliberative process privilege**, as discussed in the context provided in the original response below.

Provide all scientific studies or analysis that BCHD relies upon to make the determination that any open space or greenspace is required on the BCHD campus. The District will comply with all Redondo Beach ordinances. See City of Redondo Beach Municipal Code.

Provide all scientific studies, analysis, or methodology that BCHD relies upon or will rely upon to determine the precise size of any open space or greenspace on the BCHD campus.

Healthy Living Campus site renderings for the revised master plan are available on the District website: https://www.bchdcampus.org/

Please also see attached link for PDF document from Study Circle #2 - Creating Community Gathering Places: https://www.bchdcampus.org/sites/default/files/archive-files/Creating%20Community%20Gathering%20Spaces%20Study%20Circle%202%20Report.pdf

Conclusion

FL-40 (Cont.)

BCHD is asking for the right to irreversibly damage the environment for the next 50-100 years. BCHD and SBHD before it have damaged the local environment since the 1950s. The only authorized use of the parcel by voters was for a publicly owned emergency hospital that failed in 1984. At the time of the 1984 failure, the hospital shell was rented and subsequently the quid pro quo with the local neighborhoods for the environmental and economic injustice (EJ) impacts was closed – namely the Emergency Room.

BCHD has no public authorization for continued multi-generational EJ impacts on the surrounding neighborhoods and using its "privilege" to hide decision making and data from the public only cements that case.

**6. BCHD Project Objective #4 is Invalid Based on BCHDs MDS Research Study**

Summary

LITTLE NEED IN REDONDO BEACH FOR HIGH COST RCFE - The BCHD MDS study demonstrates that only 4.8% of the need for the proposed RCFE is from south Redondo Beach 90277 which has shouldered 100% of the economic and environmental injustice for over 60 years, as well as the negative impacts of traffic, emissions, lighting, noise, emergency vehicles and chronic stress. Further, the MDS study demonstrates that only 8.1% of the need for the proposed RCFE is from the entirety of Redondo Beach.

LITTLE NEED IN THE 3 ENTIRE 3 BEACH CITIES – The BCHD MDS study also demonstrates that less than one-fifth of the facility is being developed for the residents of the 3 cities that own, fund and operate BCHD. As such, at its currently proposed scale, the facility is over 80% unneeded.

FL-41

BCHD ASSERTS NEED, BUT HAS NO EVIDENCE OF NEED – BCHD responded in California Public Records Act responses (reproduced below) that it had no documents demonstrating a need in the 3 beach cities and that it had no evidence that the private market for RCFE would not fill any need that is identified. As such, BCHD cannot truthfully claim a need.

STATED PROJECT OBJECTIVE #4 IS INVALID – BCHD falsely claims that it needs to build RCFE to meet a need of the beach cities. The 3 beach cities only "need" less than 20% of the facility size, yet, south Redondo Beach 90277 and more broadly, the 3 beach cities together, suffer 100% of the environmental damages. In the case of south Redondo Beach 90277, the proposed project would extend economic and environmental damages to over a century.

VOTER APPROVED SOUTH BAY HOSPITAL WAS SIZED ONLY FOR THE 3 BEACH CITIES – BCHD has no voter approval. Following the failure of the publicly owned and operated South Bay Hospital in 1984, and the termination of the lease by the commercial operator, SBHD was renamed and BCHD kept the assets. As such, BCHD should be limited to the voter approved service of the 3 beach cities only.

Scope of MDS Study

BCHD commissioned three studies from MDS to assess the "need" for RCFE for a wide geographic area surrounding BCHD. MDS conducted no independent analysis of the need for RCFE or pricing

based on the specific residents for the three beach cities that chartered, own, and fund BCHD based on their publicly available reports and responses to California Public Records Act requests to BCHD.

MDS conducted no primary research of the taxpayers or residents of the three beach cities according to its three reports. MDS appears to have relied on public documents and rules of thumb either from the RCFE industry of from its internal operations. It also appears to have completed surveys of potential competitors in RCFE space and used syndicated data.

Prospective Tenant Screening

MDS used an age and financial screen and concluded target seniors will require minimum annual pre-tax incomes of $141,000 to $204,000 annually for the new-build BCHD facility.

FL-41 (Cont.)

**EXHIBIT 1-6**

**MINIMUM QUALIFYING CASH FLOW INCOME REQUIREMENTS FOR**

**A NEW ASSISTED LIVING AND MEMORY CARE DEVELOPMENT IN REDONDO BEACH, CALIFORNIA**

**Based on 2021 Monthly Service Fees**

| Unit Type | Number of Units | Monthly Fee | Annualized Monthly Fee | Total Annual Cash Flow Requirement After Tax [1] | Likely Annual Cash Flow Before Tax [2] |
|---|---|---|---|---|---|
| ***Assisted Living Units*** | | | | | |
| One Bedroom | 102 | $9,250 - $12,250 | $111,000 - $147,000 | $138,750 - $183,750 | $154,167 - $204,167 |
| ***Memory Care Units*** | | | | | |
| Studio - Semi-Private | 60 | $8,985 | $107,820 | $126,847 | $140,941 |

MDS never assesses the need for RCFE in the three beach cities that own and operate BCHD. Instead, it assesses a broad area surrounding BCHD, and includes that 30% of tenants are expected to be from outside that area as well. The listing of qualified prospects by area is below. Note that the table does not include the 30% of tenants that MDS expects to be from outside the zip codes listed. Also note that the annual escalators that MDS provides for qualified prospects are based on proprietary work and have no transparency beyond vague sourcing.

FL-41
(Cont.)

**EXHIBIT 3-3**

**SUMMARY OF INCOME QUALIFIED AGE 75+**

**HOUSEHOLDS BY ZIP CODE IN THE PRIMARY MARKET AREA**

**After Income Screen**

| | Zip Code / Community | | Total 2019 Age 75+ Households | $150,000 + Qualifying Income Screen 2019 | 2021 | 2024 | Absolute 2019-2024 | Average Annual % Change |
|---|---|---|---|---|---|---|---|---|
| * | 90275 | Rancho Palos Verdes | 3,550 | 787 | 887 | 1,062 | 275 | 6.2% |
| * | 90274 | Palos Verdes Peninsula | 2,425 | 744 | 826 | 965 | 221 | 5.3% |
| | 90503 | Torrance | 2,386 | 152 | 182 | 238 | 86 | 9.4% |
| * | 90505 | Torrance | 2,287 | 196 | 233 | 303 | 107 | 9.1% |
| * | ***90277*** | ***Redondo Beach ***** | ***1,890*** | ***194*** | ***232*** | ***305*** | ***111*** | ***9.5%*** |
| * | 90266 | Manhattan Beach | 1,612 | 338 | 397 | 506 | 168 | 8.4% |
| | 90504 | Torrance | 1,542 | 79 | 96 | 129 | 50 | 10.3% |
| | 90278 | Redondo Beach | 1,344 | 134 | 167 | 234 | 100 | 11.8% |
| | 90254 | Hermosa Beach | 691 | 119 | 145 | 196 | 77 | 10.5% |
| | 90260 | Lawndale | 656 | 21 | 27 | 39 | 18 | 13.2% |
| | 90245 | El Segundo | 577 | 67 | 80 | 104 | 37 | 9.2% |
| | **Total** | | **18,960** | **2,831** | **3,277** | **4,081** | **1,250** | **7.6%** |

Because MDS does not describe its annual escalator methodology, 2019 data was used to describe the sources of likely tenants. Approximately 38% are from the high income Palos Verdes Peninsula, 30% are assumed to be from outside a 10 mile radius, including new entrants to the state and the area. Only 4.8% of tenants are expected to originate in 90277, the south Redondo Beach area that has incurred 60 years of economic and environmental injustice from the failed South Bay Hospital and the area that BCHD proposed to incur 50-100 years of future economic and environmental injustice from BCHDs proposed campus expansion from 312,000 sqft to 793,000 sqft. Only 19.4% of tenants overall are expected to originate from the three beach cities that chartered South Bay Hospital District and own, fund and operate BCHD. All economic and environmental injustices and damages are expected to occur to those three beach cities from the project, and as noted, more explicitly, the overwhelming majority of damages occur in the 90277 Redondo Beach area. Overall, Redondo Beach is expected to see only 8.1% of the benefit of tenancy per MDS analysis. This 12-to-1 damages to benefits impact on Redondo Beach should alone stop issuance of a conditional use permit for what is documented as an unneeded facility for the area by MDS.

FL-41
(Cont.)

Summary Expected Sources of Tenants by Originating Area

| BCHD Consultant MDS 2019 Marketing Results | |
|---|---|
| 2019 Income Qualified Prospective Renters (by area) | |
| Palos Verdes | 37.9% |
| > 10 mile Radius | 30.0% |
| *90254+*90266 | 11.3% |
| *90278 | 3.3% |
| *90277 | 4.8% |
| Torrance | 11.5% |
| Other | 1.2% |
| CONTROL TOTAL | 100.0% |
| Redondo Beach Total | 8.1% |
| *=BCHD Owners Total | 19.4% |

South Bay Hospital District Services Sized Exclusively for the Three Beach Cities

According to the Daily Breeze, "in … 1947, a survey by Minnesota hospital consultants James A. Hamilton and Associates already had concluded that the beach cities would need a 238-bed hospital to meet demand by 1950, only three years in the future. Hospital backers were asking only for a 100-bed facility. Frustrated by having to travel to use the only two other large hospitals nearby at the time, Torrance Memorial and Hawthorne Memorial, beach cities residents and health authorities began pulling together in 1951 to mount another effort."

The hospital was conservatively sized for less than the full surveyed need of the three beach cities (Hermosa, Manhattan, and Redondo Beach) and completed in 1960. According to the Daily Breeze, "with funding in place, the 146-bed hospital project finally began to gather steam. A site was chosen: 12 acres of undeveloped land (believe it or not) bounded by Prospect Avenue, Diamond Street, and the Torrance city limit to the east. Preliminary sketches were drawn up as well."

South Bay Hospital was subsequently expanded, but yet again, in a conservative manner for fewer beds than needed for the three beach cities. Again according to the Daily Breeze, "the hospital boomed during the 1960s, and construction began on the planned new wing of the facility, now trimmed to 70 beds, in August 1968. It opened in 1970."

Failure of South Bay Hospital and the Benefit of Conservative Sizing

South Bay Hospital effectively failed twice, once as a publicly owned hospital (the only voter-approved charter for the enterprise and campus at Prospect) and again as a rental endeavor. According to the

Daily Breeze, "Facing increasing competition from private hospitals such as Torrance Memorial Medical Center and Little Company of Mary, the publicly owned South Bay Hospital began to lose patients and falter financially in the late 1970s. Layoffs became increasingly common. By 1984, the 203-bed hospital was forced to give up its publicly owned status. The South Bay Hospital District signed a lease deal with American Medical International in 1984, with AMI taking over operation of the facility." Further, the continued rental of the building shell failed as well, "Tenet Healthcare Corp. assumed control over the hospital when it acquired AMI in 1995. By then, the hospital's future was becoming increasingly bleak, with fewer doctors signing on as residents. In 1997, Tenet announced that it would give-up its lease with the Beach Cities Health District in May 1998, essentially abandoning the hospital. After 38 years of operation, South Bay Medical Center closed its doors for good on Sunday, May 31, 1998."

FL-41 (Cont.)

Had South Bay Hospital been oversized, or even built at the original survey size, the losses and abandoned buildings would have been even larger. The conservative nature of the actions and investments was a mitigating factor.

BCHD Response to CPRA Requests – No Studies Available or Relied Upon

**A. Public Records Request MEN 20191109-0:**

**1) "Informational Items"**

*Please find below the link to the presentation provided by The District in response to this request. If you believe we have not correctly interpreted your request please resubmit your request with a description of the identifiable record or records that you are seeking.*

https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/476050/Finance_Committee_2019_11_12_Final_111220191_Website.pdf

**2) "Specifically Regarding 4. RCFE Community Needs & Market Assessment Study"**

a. According to the Needs and Market Assessment Studies or any other resource in the possession of BCHD, what is the total estimated number of RCFE units required for the exclusive use of the "Beach Cities" that chartered the BCHD? To avoid ambiguity, the "Beach Cities" is defined as exclusively the residents of Manhattan, Hermosa and Redondo Beach. Any zip code level analysis must be entirely within the "Beach Cities" as defined.

*This request does not reasonably describe identifiable records as required CA Government Code 6253, however, the District has no records to provide in response to this request. For this particular request the District does not have a chartered number of RCFE units.*

b. According to the Needs and Market Assessment Studies or any other resource in the possession of BCHD, what is the total estimated number of RCFE units required for the "Beach Cities" that chartered the BCHD that are REQUIRED to be built by BCHD instead of the private sector in order to avoid a shortfall in the supply of RCFE units for the "Beach Cities".

*This request does not reasonably describe identifiable records as required CA Government Code 6253, however, the District has no records to provide in response to this request. For this particular request the District does not have a chartered number of RCFE units.*

c. According to the Needs and Market Assessment Studies or any other resource in the possession of BCHD, what is the total estimated number of RCFE units required for the "Beach Cities" that chartered the BCHD that are REQUIRED to be built by BCHD instead of the private sector in order to avoid a significant change in market cost of RCFE for the "Beach Cities" due to a short fall in the total supply of units without the BCHD units? If a change is identified, what is the estimated value per month paid by average RCFE tenant of the change?

*This request does not reasonably describe identifiable records as required CA Government Code 6253, however, the District has no records to provide in response to this request. For this particular request the District does not have a chartered number of RCFE units.*

Conclusion
The MDS market study provides no apparent direct "voice of the customer" research for the three beach cities residents that chartered South Bay Hospital and own, fund and operate BCHD. Based on MDS's unsubstantiated 5 (industry rate) to 10% (MDS rate) "capture rate" of prospective tenants, the three beach cities require only 35-70 beds and not 220 or more.

The MDS market study also fails to take into account economic and environmental justice issues, that is, due to the location of the campus, damages and injustice disproportionately occurs to south Redondo Beach 90277, while the same area receives less than 5% of the tenancy benefit according to MDS.

Based on demonstrated action of voters, the South Bay Hospital was sized exclusively for the three beach cities the formed and funded South Bay Hospital District and execution was conservative, with total beds never reaching the surveyed estimate of need. Further, the hospital failed both under public and private operation.

FL-41 (Cont.)

Other Studies
In its CPRA response, BCHD clearly states that it has no other studies of need by the 3 beach cities nor does it have any studies of market pricing impacts from expansion of RCFE supply, or the need for publicly developed RCFE. In short, BCHD has not valid evidence of a need for RCFE that BCHD is required to fill.

MDS Surveys
https://www.bchdcampus.org/sites/default/files/archive-files/Market-Feasibility-Study_2016.pdf
https://www.bchdcampus.org/sites/default/files/archive-files/MARKET-FEASIBILITY-STUDY_AUG.2018.PDF.pdf
https://www.bchdcampus.org/sites/default/files/archive-files/Market-Feasability-Study_2019_0.pdf

CEQA Purpose and Need Conformance
BCHD is a public agency that is owned, funded and operated by Hermosa Beach, Redondo Beach and Manhattan Beach taxpayers and residents. The BCHD campus is entirely housed in south Redondo Beach 90277 and has inflicted 60 years of economic and environmental damages and injustice on that area. Based on BCHDs lack of demonstrated need for additional "upscale" "expansive view" RCFE (as described by BCHD investment banker Cain Brothers) this project's Purpose and Need is invalid. Additionally, the economic and environmental injustice impacts on south Redondo Beach 90277 are disproportionately high, with south Redondo Beach suffering 100% of the EJ impacts for less than 5% of the benefits. As such, this project fails both Purpose and Need and EJ analysis under CEQA.

**7. BCHD Project Objective #5 is Invalid Based on BCHDs Lack of Documented Analysis**

FL-42

Summary
BCHD has provided no quantitative analysis of the net benefit to the 3 Beach Cities residents, nor the residents of Redondo Beach, the permitting authority. As such, BCHD Objective #5, "5. Redevelop the site to create a modern Healthy Living Campus with public open space and facilities designed to meet the future health needs of residents, including a Community

Wellness Pavilion with meeting spaces for public gatherings and interactive education" is invalid cannot be relied up for the project.

FL-42 (Cont.)

Discussion

In repeated CPRA requests, BCHD has failed to provide a specific forecast of the need for its future activities as listed in Objective 5. It has also failed to provide a cost-effectiveness demonstration to prove that the future actions of BCHD will provide net financial benefits to the 3 Beach Cities.

In 28 years of operation, 25 of them with Board member Poster, BCHD has elected by Board neglect to budget, conduct cost accounting, evaluate benefits, value benefits or compute net benefits. The CDC has not one, but several protocols published for evaluating public health benefits and BCHD has been negligent in doing so.

Conclusion

BCHD has no publicly available forecast of future needs, the cost of future needs, the benefits of future needs, nor the net benefits above costs of future resident health needs. As such, BCHD Objective 5 is clearly invalid and must be discarded.

**8. BCHD Project Objective #6 is Invalid Based on BCHDs Lack of Documented Analysis**

Summary

BCHD has provided no quantitative analysis of the net benefit to the 3 Beach Cities residents, nor the residents of Redondo Beach, the permitting authority. As such, BCHD Objective #6, "Generate sufficient revenue through mission-derived services or facilities to address growing future community health needs" is invalid cannot be relied up for the project. BCHD cannot assert a project objective using non-quantified revenue requirement. That deprives the public of any manner to evaluate the project size and environmental damage vs. quantifiable benefits.

FL-43

Discussion

In repeated CPRA requests, BCHD has failed to provide a specific forecast of the need for its future activities as listed in Objective 5. It has also failed to provide a cost-effectiveness demonstration to prove that the future actions of BCHD will provide net financial benefits to the 3 Beach Cities.

In 28 years of operation, 25 of them with Board member Poster, BCHD has elected by Board neglect to budget, conduct cost accounting, evaluate benefits, value benefits or compute net benefits. The CDC has not one, but several protocols published for evaluating public health benefits and BCHD has been negligent in doing so.

Absent a quantitative forecast of future needs, costs and net benefits, BCHD objective 6 is undefined and meaningless.

Conclusion

BCHD has no publicly available forecast of future needs, the cost of future needs, the benefits of future needs, nor the net benefits above costs of future resident health needs. BCHD provides no metric of the

FL-43
(Cont.)

cost of future programs, and therefore the public is denied intelligent participation in both evaluating the project and the Objective. As such, BCHD Objective 6 is clearly invalid and must be discarded.

## F. BCHD ANALYSES, IMPACTS, AND DAMAGE MITIGATIONS ARE FLAWED AND INCORRECT

### 1. BCHD Fails to Use Consistent Standards for Evaluating Impacts

BCHD Must Utilize its Moral Responsibility Standard to Prevent Community Health Harm for All Impact Analysis and Mitigation

BCHD developed a "moral responsibility" standard for taking action and assessing impacts that it only utilized to bolster its desire to demolish the failed South Bay Hospital Building. BCHD must use a consistent standard for all actions, or, BCHD must correct its error in asserting that the 514 N Prospect building requires retrofit or demolition, since there are no codes or ordinances that require any seismic retrofit.

BCHD has Established a "Moral Obligation" Standard that it Must Utilize for Evaluating the Significance of All Impacts

According to their presentation made to the BCHD Community Working Group, Youssef & Associates stated that the 514 N Prospect Ave building (the former South Bay Hospital) meets all applicable seismic codes. Further, Youssef states that even if subjected to the "best practice" ordinance of the City of Los Angeles, there is no near term need for demolition or retrofit of the 514 buidling. However, BCHD CEO Bakaly with BCHD Board approval has asserted a more stringent "moral obligation" standard and overrode the technical finding in order to justify demolition of the 514 building. Youssef & Associates presentation[i] includes the following:

FL-44

1. "No mandatory seismic upgrade required by City of Redondo Beach" (Page 2)
2. BCHD is NOT subject to any seismic ordinance - but if it were - BCHD own consultant writes that BCHD would have "25 years Complete all retrofit or demolition work" (Page 6)
3. "Ordinance represents "Best Practice"" (Page 6)
4. "City of Redondo Beach has not adopted ordinance" (Page 6)
5. "Any seismic retrofit work for BCHD towers considered voluntary at this time." (Page 6)

BCHD, in a public FAQ[ii], recognized that any seismic retrofit or demolition is an elective activity without any objective obligation based on ordinaces. The FAQ is below.

FAQ: DOES BCHD NEED TO MAKE SEISMIC UPGRADES TO THE 514 N. PROSPECT AVE. BUILDING?
In Southern California, earthquakes are a fact of life -- we must be prepared. Seismic experts determined the 60-year old hospital building (514 N. Prospect Ave.) on our campus has seismic and structural issues common with buildings built in the 1950s and '60s. While not required by law, the Healthy Living Campus is designed to take a proactive approach to these seismic issues.

Further, CEO Bakaly[iii] asserted a BCHD policy of a "moral obligation" standard in his further discussion of BCHDs much more stringent than City or County ordinance action regarding seismic at the 514 building. An excerpt of the transcript from his video is below.

"[I]t [the 514 building] is currently not required to be upgraded however we are a health district that has a moral obligation to be
proactive and protect the people in our community"

FL-44 (Cont.)

BCHD self-asserted "moral obligation" standard must be applied to the health and safety of all surrounding residents. BCHD cannot apply such a standard only when it fits the District's narrative. As such, BCHD cannot pick and choose when to use a more stringent standard, it must always use its "moral obligation"standard uniformly to protect all surrounding residents in Torrance and Redondo Beach without limit to the minimum standards of CEQA.

BCHD DEIR is Defective When Evaluated on a "Moral Obligation" Standard of Impacts and Mitigations

Clearly in the DEIR, BCHD uses typical, minimum CEQA standards. For example, BCHD ignored the intermittent noise and vibration impacts on students at Towers Elementary. BCHD ignored the chronic stress impacts on surrounding residents from construction noise and emergency vehicles.

**2. BCHD Misrepresented the Magnitude and Breadth of Public Controversy**

BCHD Understated the Public Controversy in the DEIR

As evidence that BCHD is ignoring much of the public concern regarding impacts, the BCHD DEIR had an inadequate Know Public Controversy summary.

BCHD Unnecessarily Limited Public Input Sources

CEQA Guidelines[iv] Section 15123 specifies that "[a]n EIR shall contain a brief summary of the proposed actions and its consequences" and that "[t]he summary shall identify: … [a]reas of controversy known to the Lead Agency including issues raised by agencies and the public."

FL-45

According to the DEIR[v], BCHD has unnecessarily limited the sources from which it identified areas of controversy from the public by utilizing only the record from "community meetings held between 2017 and 2020 as well as agency and public comment letters received on the NOP."

With respect to community meetings held between 2017 and 2020, it is unclear if BCHD refers only to formal, filed public comments to those meetings, or if it included BCHDs own meeting summaries. HIn the case of the BCHD Community Working Group (CWG)[vi], a BCHD-organized group of residents, leaders and stakeholders, BCHD was exclusively responsible for the interpretation, documentation and transmittal of meeting content and results without CWG review or approval. As such, there was written disagreement and dispute of BCHDs interpretation by members, demonstrating BCHD drafting bias, or at a minimum, BCHD inaccuracy. BCHD fails to discuss whether it used the same approach to document public meetings. BCHD also utilized input from its NOP[vii] comments, however this action limits public comments on areas of controversy to the very narrow period of June 27, 2019 to July 29, 2019.

The period of time from which BCHD could gain knowledge of Areas of Controversy is substantial. BCHD first provided the public with plans for a campus redevelopment in July 2009 at the BCHD Board of Directors Master Planning Session 1[viii]. In the subsequent 12 years since that public release, BCHD has received comments in the ordinary course of business, such as public Board and Committee

comments, disclosing areas of known public controversy regarding South Bay Hospital campus redevelopment that BCHD apparently chose to ignore.

| CEQA Factor | Included in DEIR[ix] | Ignored Comments[xxi] | Negative Impacts requiring "Moral Obligation" Mitigation |
|---|---|---|---|
| **Aesthetics** | • Building height compatibility (e.g., bulk, mass, and scale) and potential impacts to the existing public views and shade/shadows, particularly within the adjacent residential neighborhoods (see Section 3.1, *Aesthetics and Visual Resources*). | Numerous comments specifically refer to visual impact of perimeter construction vs interior of campus.[xii]<br>Concern on excessive nighttime lighting and glare impacts.[xiii]<br>Concern about elevated site amplifying visual impacts.[xiv]<br>BCHD increased the height of the project from 2019 to 2020/21 despite complaints.[xv]<br>BCHD increased the square feet of the development from 2019 to 2020/21.[xvi] [xvii]<br>2020/21 sqft too large still.[xviii]<br>Parking ramp is too big/too tall.[xix] | Failure to consider average height as per Legado approval[xx] [xxi]<br><br><u>Excess Nighttime Lighting</u><br>Cancer[xxii]<br>Depression[xxiii]<br>Ecological Damages[xxiv]<br>Sleep Deprivation[xxv]<br>Weight Gain[xxvi]<br><br><u>Glare</u><br>Fatigue[xxvii]<br>Nuisance to Neighbors[xxviii]<br><br><u>Shadow/Shading/Reduced Sunlight</u><br>Cognitive Impairment[xxix]<br>Mental Disorders[xxx] |
| **Agriculture/Forestry** | | | |
| **Air Quality** | • Potential construction-related air quality and noise impacts to on-site and adjacent sensitive receptors, including but not limit to: on-site residents of the Silverado Beach Cities Memory Care Community; off-site residents along North Prospect Avenue, Beryl Street, and Flagler Lane; nearby | Numerous comments expand the area of specific concern to at least Torrance Tomlee, Towers, Mildred, and Redbeam.[xxxi] [xxxii] Similar comments place specific concern on Redondo Beach Diamond.[xxxiii]<br>Future operating air emissions impacts on surrounding residents, students, etc.[xxxiv] | <u>Particulate Matter</u><br>Alzheimer's Development[xxxvii]<br>Child Asthma[xxxviii]<br>Child Brain Development[xxxix]<br>Child Development[xl]<br>Heart Disease[xli]<br>Legal Levels Increase Mortality[xlii]<br>Lung Function[xliii]<br>Memory Decline[xliv]<br>Reduced IQ[xlv] |

FL-46

FL-47

| | | | | |
|---|---|---|---|---|
| FL-47 (Cont.) | | parks (e.g., Dominguez Park); and schools (e.g., Towers Elementary School) (see Sections 3.2, *Air Quality*, and Section 3.11, *Noise*).<br>• Potential impacts related to fugitive dust emissions and human health risk during construction activities, particularly within the adjacent residential neighborhoods (see Section 3.2, *Air Quality*). | Future traffic emissions.[xxxv]<br>Specific impacts on up to 7 surrounding schools from site and traffic emissions.[xxxvi] | Senior Mortality[xlvi] |
| FL-48 | **Biological Resources** | • Potential impacts to existing biological resources (e.g., mature trees and landscaping along Flagler Lane; (see Section 3.03, *Biological Resources*) | Concern regarding displaced wildlife and vermin infestation at school and homes from construction.[xlvii] | |
| | **Cultural Resources** | Potential for the former South Bay Hospital or other buildings on campus to merit review by the Redondo Beach Historic Preservation Commission and the potential to encounter archaeological resources during construction (see Section 3.4, *Cultural Resources and Tribal Cultural Resources*). | | |
| | **Energy** | | | |
| | **Geology/Soils** | • Seismicity, soil stability, and other related on-site geologic hazards (see Section 3.6, *Geology and Soils*). | | |

| | | | |
|---|---|---|---|
| **Greenhouse Gas Emissions** | • GHG emissions associated with construction and operational activities of the proposed Healthy Living Campus Master Plan (see Section 3.7, *Greenhouse Gas Emissions*). | | |
| **Hazards/Hazardous Materials** | • The potential for exposure to hazardous materials including but not limited to asbestos, lead-based paints, mold, and other materials associated with the former South Bay Hospital (see Section 3.8, *Hazards and Hazardous Materials*).<br>• Potential impacts associated with the previously decommissioned oil and gas well on the vacant Flagler Lot (e.g., exposure to hazardous substances) (see Section 3.8, *Hazards and Hazardous Materials*).<br>• Potential impacts associated with contaminants from adjacent land uses (e.g., tetrachloroethylene [PCE] associated with historical dry-cleaning operations; see Section 3.8, *Hazards and Hazardous Materials*). | Concerns regarding nuclear/radioactive medical waste.[xlviii] | |
| **Hydrology/Water Quality** | • Compliance with the National Pollutant Discharge Elimination System Program and | | |

FL-49

| | | | |
|---|---|---|---|
| | development of a Stormwater Pollution Prevention Plan that addresses erosion, particularly along Flagler Lane and Flagler Alley (see Section 3.09, *Hydrology*). | | |
| **Land Use/Planning** | • Land use and zoning compatibility (see Section 3.10, *Land Use and Planning*). | | |
| **Mineral Resources** | | | |
| **Noise** | • Potential construction-related air quality and noise impacts to on-site and adjacent sensitive receptors, including but not limit to: on-site residents of the Silverado Beach Cities Memory Care Community; off-site residents along North Prospect Avenue, Beryl Street, and Flagler Lane; nearby parks (e.g., Dominguez Park); and schools (e.g., Towers Elementary School) (see Sections 3.2, *Air Quality*, and Section 3.11, *Noise*).<br>• Duration and extent of on- and off-site noise and vibration impacts associated with the use of heavy construction equipment. (see Section 3.11, *Noise*)<br>• Construction planning and monitoring (e.g., standard construction | Concern for harm to developing children at Towers from noise/vibration processing.[xlix] | <u>Intermittent Noise</u><br>Cognitive development [1 li]<br>Learning delay[lii]<br>Disabilities Impacts[liii]<br>Damaging Dose Level Unknown[liv]<br>Towers Elementary[lv]<br>Health Impacts[lvi]<br>Reduced Memory[lvii] |

FL-50

| | | | | |
|---|---|---|---|---|
| FL-51 (Cont.) | | times, heavy haul truck routes, temporary road and sidewalk closures, construction flaggers, etc.) (see Section 3.11, *Noise*).<br>• Noise impacts associated with operations under the proposed Healthy Living Campus Master Plan (e.g., frequency of emergency response and associated noise from sirens; see Section 3.11, *Noise*). | | |
| FL-52 | **Population/Housing** | • Increased instances of emergency response and potential effects on public service demands (see Section 3.12, *Population and Housing*). | **BCHD has miscategorized the CEQA impacts of emergency services as Pop/Housing** | Acute Physiological Stress[lviii]<br>Blue Zones Silent Killer[lix]<br>Chronic Stress[lx]<br>Sleep Interruption/Deficit[lxi] |
| FL-53 | **Public Services** | | Increased emergency, police, fire needs.[lxii] | |
| FL-54 | **Recreation** | | **BCHD omitted recreation analysis. Impacts include shading/shadowing at Towers decreasing school and public recreation.[lxiii]** | |
| FL-55 | **Transportation** | Potential construction-related impacts on pedestrian and bicycle safety, especially as it relates to truck traffic within the vicinity of nearby residential neighborhoods, parks, and schools (see Section 3.14, *Transportation*).<br>• On-site parking requirements and potential impacts to off-site parking (see Section 3.14, | School dropoff/pickup traffic concerns.[lxiv]<br>General traffic impacts during construction and operations.[lxv] | |

FL-55 (Cont.)

| | | | |
|---|---|---|---|
| | *Transportation*).2<br>• Cut-through traffic through nearby residential neighborhoods in Torrance (see Section 3.14, *Transportation*).<br>• Potential for circulation changes related to the vehicle driveways associated with the proposed Project and the potential increased risk of hazards along Flagler Lane, Towers Street, and other local roadways (see Section 3.14, *Transportation*).<br>• Integration with existing and proposed multi-modal transportation connections (see Section 3.14, *Transportation*). | | |
| **Tribal Cultural Resources** | Potential for the former South Bay Hospital or other buildings on campus to merit review by the Redondo Beach Historic Preservation Commission and the potential to encounter archaeological resources during construction (see Section 3.4, *Cultural Resources and Tribal Cultural Resources*). | | |
| **Utilities/Service Systems** | • Potential increases in utility usage at the Project site (i.e., water, sewer, electricity; see Section 3.15, *Utilities and Service Systems*). | | |

| | | | |
|---|---|---|---|
| **Wildfire** | | | |

**3. BCHD Aesthetics Impacts are Significant: BCHD Study Aesthetics Impact and Mitigation Analysis is Flawed**

BCHD under-reports, minimizes impacts or excludes entirely the following aesthetics topics: Plan is Inconsistent with Surrounding Uses; Design Maximizes Visual Bulk and Mass Damages to the Surrounding Community; Design Results in a Taking of Blue/Open Sky, Design Results in a Taking of Daytime Sunlight; Analysis Fails to Provide Hourly Shading/Shadowing Simulations, Analysis Fails to Provide Sufficient Key Viewing Location (KVL) Simulations; Design Results in a Taking of Palos Verdes Peninsula (PVP) Views; Design Results in Negative Health Impacts of Shading/Shadowing and Reduced Sunlight; Design will Result in Excessive Glare and Reflection into Surrounding Neighborhoods; and Design will Result in Excessive Night Time Lighting into Surrounding Neighborhoods.

FL-56

Significant Visual Impacts and BCHD DEIR Deficiencies and Errors Include: Illegal Taking of Blue Sky Views; Excessive Height Compared to Surrounding Land Uses; BCHD Failure to Choose Accurate "Maximum Elevation" KVL on 190th; BCHD Failure to Provide Modeling of Sufficient KVLs; BCHD Failure to Provide Accurate KVLs without Fake Mature Trees; and Failure to Adequately Provide Phase 2 Simulations. In all, the impacts are Significant, Incompatible with Issuance of a Conditional Use Permit, and Incompatible with Redondo Beach Precedent Requirements.

FL-57

The simulations in Appendix A are from Google Earth Pro and were required to be completed by the public in order to intelligently participate in the DEIR process as a direct result of BCHD insufficient and inaccurate DEIR.

Significant Shading/Shadowing Impacts and BCHD Deficiencies and Errors Include: Illegal Taking of Recreation from the Towers Elementary Fields; Illegal Taking of Sunlight from Adjacent Land Uses of Residential and Public School Required for Health; and Failure to Provide Hourly Shadowing for Public Evaluation.

FL-58

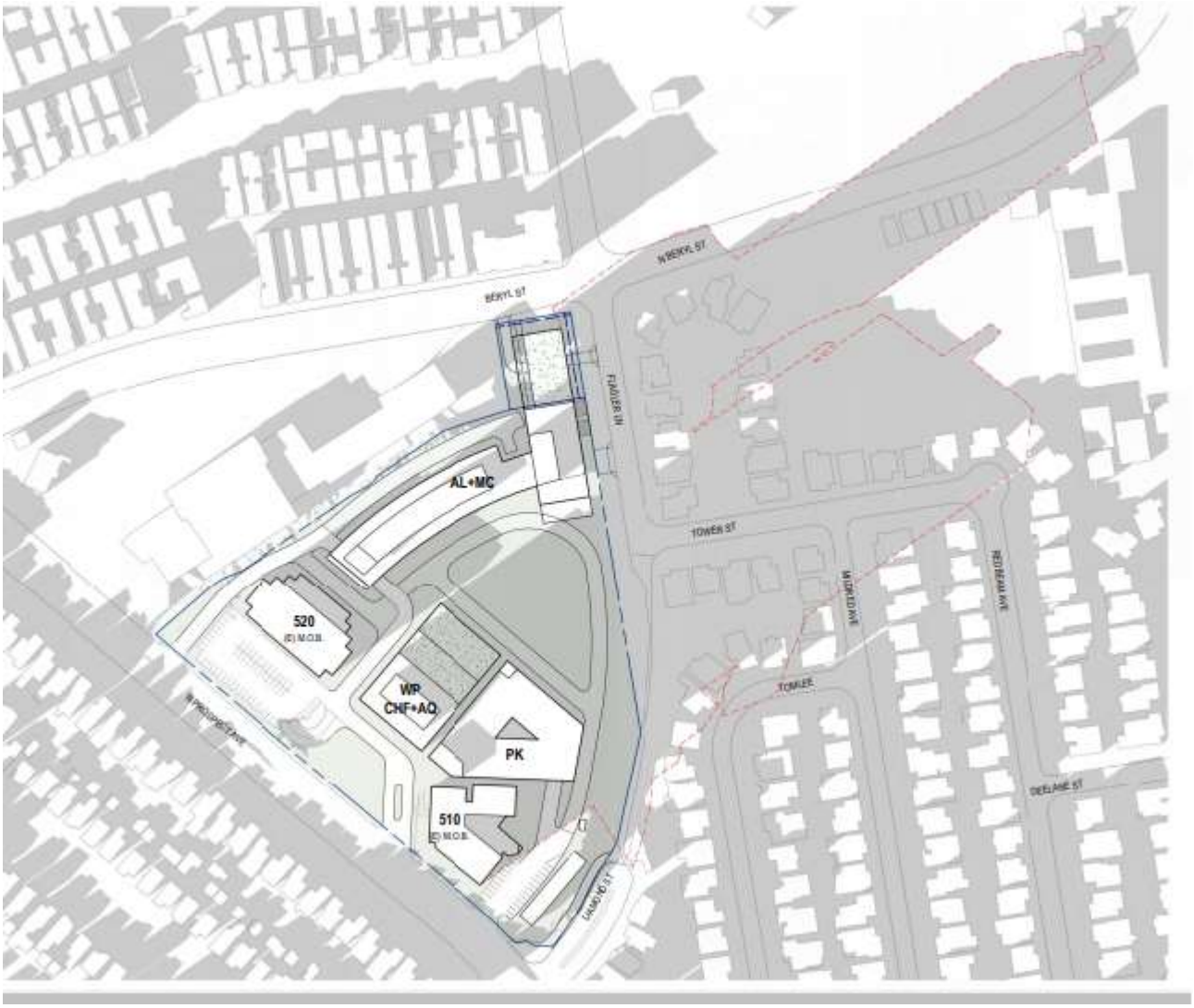
Because BCHDs shading/shadowing analysis is insufficient, fails to provide hourly data, fails to evaluate negative significant impacts on recreation at Towers and fails to evaluate the negative health impacts of shading/shadowing, it must be correct, reissued, and recirculated for comment.

Due to BCHDs defective and insufficient analysis of shading/shadowing the public is denied intelligent participation in the CEQA process. The images below represent what little can be salvaged to estimate impacts. Based on this evidence, the shading/shadowing impacts represent a significant "taking" of sunlight and recreation from Towers Elementary and surrounding residential uses.

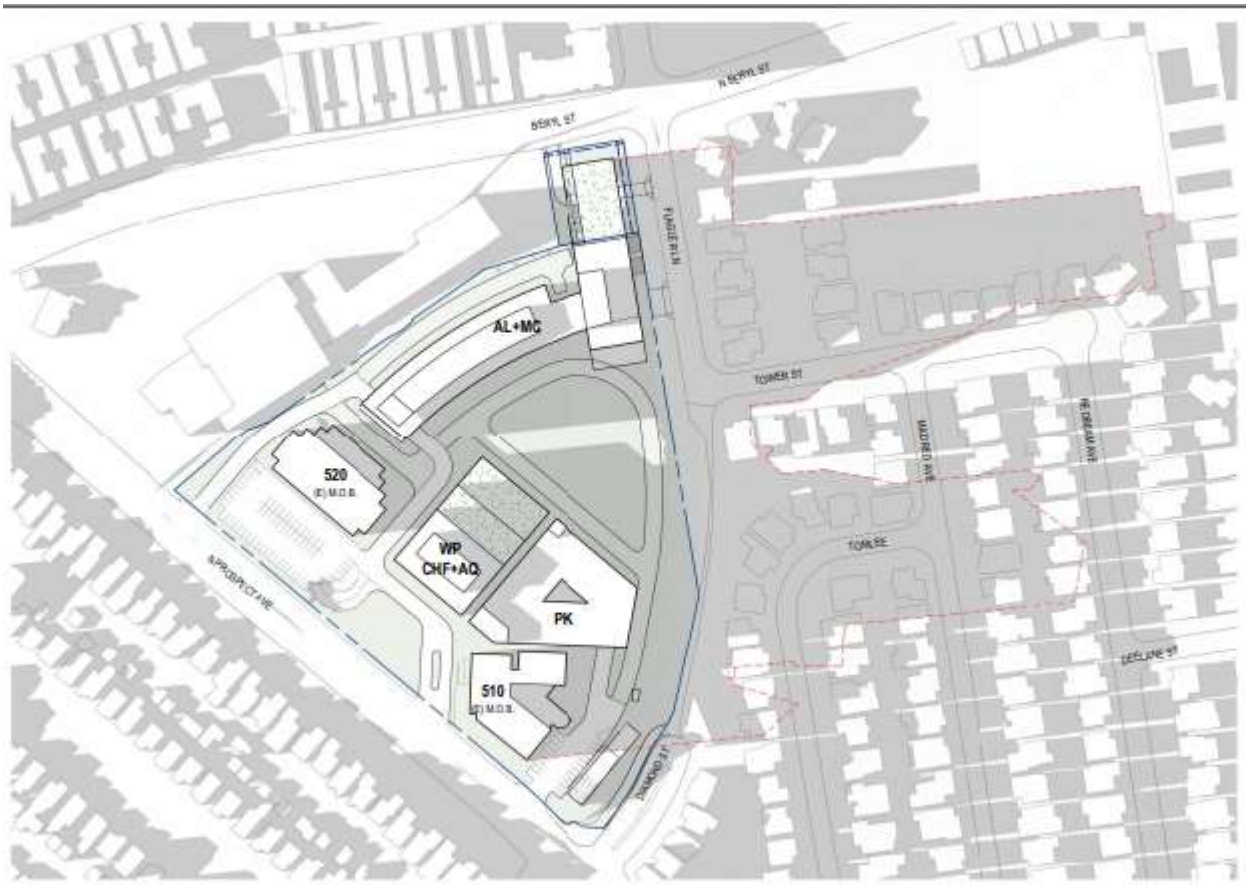
Due to BCHD insufficient and defective analysis, the public was forced to "imagine" the shadowing moving from September when when school year starts, across the fields to winter, and then back across the fields to spring. This is clearly and unequivocally a significant health impact to students from reduced Vitamin D and other positive physical and mental health attributes of sunlight; a similar impact to surrounding residential uses; a significant traffic safety impact to Beryl Street drivers; and a significant impact to school, team and public recreation.

FL-58
(Cont.)

WINTER SOLSTICE (Top) FALL/SPRING EQUINOX (Bottom)



FL-58 (Cont.)




**4. BCHD Visual Impact is Significant; BCHD VIS-3 Is Faulty and Must Consider SBHD/BCHD Negative Behavior and Health Impacts on the Community**

FL-59

The DEIR incorrectly asserts that VIS-3 is less than significant. Due to decades of direct experience with SBHD and BCHD, it is a demonstrated fact that BCHD lacks the technical or maintenance ability to manage the negative health impacts of its excessive outdoor lighting. Direct evidence of BCHD non-directional lighting, lighting left on all day, and lighting without maintained deflectors is presented. As BCHD is incapable of meeting RBMC requirements, it must recognize that its proposed lighting is a significant impact.

Further, CEO Bakaly's policy statement that BCHD has a moral obligation to protect the community further restricts the use of outdoor lighting. Excess nighttime lighting, such as SBHD and BCHDs existing unrestricted lighting has unequivocally negative health impacts on surrounding neighborhoods. BCHD cannot unevenly apply its policy of moral obligation only to 514 and seismic and ignore the health and well-being of the surrounding neighborhoods. At a minimum, if BCHD proceeds with a finding of less than significant, the conditional use permit must be denied.

FL-59
(Cont.)

Background

Since the early 2000s, neighbors have complained to Beach Cities Health District regarding the local impacts of excess noise, and non-directional excessive nighttime parking lot lighting, excessive nighttime glare impacts from the parking lot lighting and the building glass, and excessive nighttime signage lighting. The neighborhood situation escalated until the 510 medical office building (MOB) reduced its outdoor lighting. Neither the 514 nor 520 buildings followed suit. In fact, the 514 (former South Bay Hospital) building even added more excessive outdoor lighted signage.

As a health district, BCHD has failed its proactive obligation to not harm surrounding neighbors' health.

Evidence

The following nighttime photos represent both the excessive, non-directional lighting of BCHD, as well as, the poor state of repair of the one, single shield that was installed by BCHD at some past time. The shield was likely installed to reduce impacts on the adjacent residential homes.

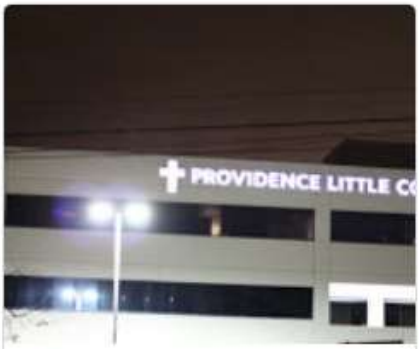
IMG_6791.jpg

IMG_6793.jpg

IMG_6798.jpg

FL-59
(Cont.)


IMG_6800.jpg




IMG_6804.jpg


IMG_6807.jpg

IMG_6810.jpg

IMG_6812.jpg

IMG_6817.jpg

IMG_6825.jpg

IMG_6827.jpg

Peer Reviewed Medical Studies Supporting Health Damages by BCHD Actions

BCHD is directly damaging the health and welfare of the surrounding neighborhoods with excess nighttime lighting. The studies from NIH on excess nighttime light pollution are in agreement of the damages.

Missing the Dark: Health Effects of Light Pollution
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627884/

FL-59 (Cont.)

Artificial Outdoor Nighttime Lights Associate with Altered Sleep Behavior in the American General Population
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4863221/

Health Consequences of Electric Lighting Practices in the Modern World: A Report on the National Toxicology Program's Workshop on Shift Work at Night, Artificial Light at Night, and Circadian Disruption
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5587396/

Artificial light during sleep linked to obesity
https://www.nih.gov/news-events/nih-research-matters/artificial-light-during-sleep-linked-obesity

Significant Nighttime Lighting Impacts and BCHD Deficiencies and Errors Include: Illegal Taking of Darkness Required for Sleep, Physical Health and Mental Health; and SBHD/BCHD Prior and Current Failures to Control Nighttime Lighting by Both Faulty Design and Operation.

Conclusion
The negative impacts of excess night lighting are peer-reviewed and consistent. BCHD has made no significant effort to reduce its negative impacts on the surrounding neighborhoods, and this is yet another environmental injustice impact by BCHD on the surrounding neighborhoods.

Furthermore, BCHD has established a precedent of supplanting required legal requirements for safety action (such as seismic retrofit) and any best practices (such as the most stringent seismic ordinance in the United States that would allow continued operation of the 514 building until 2040) and replacing them with their own, more stringent standards. In this case, notwithstanding and municipal ordinances, this is a clear peer-reviewed danger to the surrounding neighbors and BCHD must both cease it current damages, and refrain from future damages from the existing campus and any future development.

**5. BCHD Air Quality Impacts are Significant; BCHDs Air Quality Impact and Mitigation Analysis is Flawed**

FL-60

BCHD under-reports, minimizes impacts or excludes entirely the following air quality topics: Lesser Polluting Engines Still Pollute and Damage Students, the Elderly, and Persons with Disabilities Health through Increased Marginal Emissions; Covered Hauling Trucks Will Have Significant Particulate Emissions; and BCHD 10-story Parking Ramp at Prospect and Diamond Will Have Significant Emissions. Many of these impacts will be to Towers and West High students along the defined haul route, along with nearby residents and residential uses that are stationary and will have 24/7/365 damages.

Peer-reviewed Science is Clear that Particulates Lodge in the Brain stems of Young Student with Significant, Negative Impacts

BCHD is electing to deposit incremental particulates into the air along the main haul path for trucking leaving those sites at Towers and West High sports fields laden with brain stem filling debris. BCHD, as a Health District, has both moral and ethical obligations not to damage both the near term and long term health surrounding children and neighborhoods. But for BCHDs deliberate choice to demolish the 514 building despite and law or ordinance requiring seismic retrofit, BCHDs deliberate choice of heavy haul routes past schools, BCHDs deliberate failure to apply the Bakaly "moral obligation" to Torrance's school children, and BCHD's deliberate choice to add incremental emissions to the surrounding neighborhoods, including Beryl Heights Elementary, these health damages would not occur.

FL-60 (Cont.)

The following peer-reviewed studies demonstrate BCHDs intended health damages from excess PMx particulates, including brain, memory, pulmonary and cardiac damages:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4740125/
The impact of PM2.5 on the human respiratory system (INCLUDES CHILD ASTHMA)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5017593/
How air pollution alters brain development: the role of neuroinflammation (INCLUDES IMPACTS ON SCHOOL CHILDREN)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5920433/
Function of PM2.5 in the pathogenesis of lung cancer and chronic airway inflammatory diseases

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6157824/
Outdoor particulate matter (PM10) exposure and lung cancer risk in the EAGLE study

https://pubmed.ncbi.nlm.nih.gov/15668476/
Breast cancer risk and exposure in early life to polycyclic aromatic hydrocarbons using total suspended particulates as a proxy measure

https://ehp.niehs.nih.gov/doi/full/10.1289/EHP4434
Prenatal Exposure to PM2.5 and Cardiac Vagal Tone during Infancy: Findings from a Multiethnic Birth Cohort

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515716/
PM2.5 and Cardiovascular Diseases in the Elderly: An Overview

https://pubmed.ncbi.nlm.nih.gov/27567860/
Cerebrospinal Fluid Biomarkers in Highly Exposed PM2.5 Urbanites: The Risk of Alzheimer's and Parkinson's Diseases in Young Mexico City Residents

**6. BCHD Air Emissions Significant Impacts will Create Premature Alzheimers in Children and is a Significant, Negative, Unethical and Immoral Act**

FL-61 Here is the legacy that the current BCHD Board of Directors and executive management are actively targeting: PREMATURE ALZHEIMER'S IN CHILDREN. Is BCHD building an 800 car, 10-story parking garage and a 793,000 sqft, South Bay Galleria sized complex largely for non-residents of the 3 Beach Cities that own BCHD worth destroying the future of our children? The children of Towers and Beryl Heights schools should not suffer more PM2.5 lodged in their brain stems because BCHD's Board wants to let developers lease our taxpayer owned campus for 50-100 years. RBUSD and TUSD will be grossly negligent if they allow our children to be bombarded by 3-5 generations of increased, unnecessary pollution as the result of non-residents of the area. The areas around Beryl Heights and Towers schools, and the children and residents must not be sacrificed for the ego needs of the BCHD Board and executive management to serve 95% non-local renters and PACE participants in their over-development project.

Peer-reveiwed references from the UC system and other expert resources.

https://www.universityofcalifornia.edu/news/air-pollution-impacts-childhood-development-study-shows
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6617650/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5893638/
https://airqualitynews.com/.../evidence-of-alzheimers.../
https://www.who.int/ceh/publications/Advance-copy-Oct24_18150_Air-Pollution-and-Child-Health-merged-compressed.pdf?ua=1

**7. BCHD Noise Impacts are Significant; Violate the ADA at Towers and West High Schools, and BCHDs Noise Impact and Mitigation Analysis is Flawed**

FL-62 BCHD under-reports, minimizes impacts or excludes entirely the following noise topics: Analysis Fails to Consider Intermittent Noise and is Defective; Intermittent Noise Significantly Impacts Education at Towers Elementary; Intermittent Noise Significantly Impacts ADA IEP and 504 Plan Implementation at Towers Elementary; Significant Noise Impacts on the Health of Surrounding Residents; Event Noise Analysis is Insufficient and Defective; and BCHD Fails to Use Proper Noise Standards for Intermittent Noise and the Analysis is Defective.

Summary

BCHD CEO asserts that BCHD has a moral obligation to protect community health. BCHD uses this claim to prematurely demolish or retrofit the 514 N Prospect building, despite its compliance with all federal, state, county and local ordinances. This is purely an elective act on the part of BCHD based on its "moral obligation." If BCHD is asserting a moral obligation to demolish the building, then BCHD must have the same moral obligation to protect the students at Towers and West High from noise and vibration interruptions in their classrooms.

FL-63 Wood used Leq, average noise levels for analysis at Towers. These are inappropriate for intermittent noise and vibration. Furthermore, for students in a classroom, especially those with IEPs and 504 plans due to disabilities, the need for a distraction free environment is a legal right. As per the attachments, a school in Los Angeles has successfully stopped a developer from construction while school is in

session. There is little question that 85 db loaded and empty trucks running down Beryl past Towers will cause distractions to students for 5 or more years.

The DEIR errs in its use of "one foot in boiling water, one foot in ice water – on average, it's comfortable" theory to hide its 85db intermittent noise source from construction transportation. The noise is significant at Towers and a violation of the ADA for students with IEPs and appropriate accommodations.

As BCHD asserts its new "moral obligation" to protect the community standard that exceeds ordinances, statutes and standards, it must also recognize that the interruption of classrooms with intermittent noise and vibration is a cause of cognitive impairment, learning interruption and a violation of ADA. BCHDs more stringent standard requires it to protect the students.

Attached is a settlement agreement due to impacts on school and hundreds of peer-reviewed, evidence-based article references on the damages to students from excess noise.

FL-63 BCHD has legal and moral obligations to protect students at Towers Elementary and also Torrance West High. The BCHD analysis is flawed and averages away intermittent impacts. Further, BCHD is asserting a moral obligation standard, and as such, it must always use it uniformly or abandon it.

According to CEQA Section § 21001. ADDITIONAL LEGISLATIVE INTENT, Americans with Disabilities Act

Per § 21001, the *Legislature further finds and declares that it is the policy of the state to: (b) Take all action necessary to provide the people of this state with* clean air and water, enjoyment of aesthetic, natural, scenic, and historic environmental qualities, *and freedom from excessive noise*. (*emphasis* added)

BCHD asserts in Tables 3.11-16 and 3.11-17 that both provide modeled noise measurements and assume that Leg (Equivalent Continuous Sound Pressure Level) and Ldn (Day Night Average) are the appropriate measures for Towers and Beryl Heights Elementary school impacts and the DEIR finds that neither is a significant impact.

In the United States, the Americans with Disabilities Act (ADA) provides all students with disabilities the absolute right to an equal education. All students with IEPs or 504s that recognize the need for a quiet environment are going to be violated by BCHD proposed 103-foot, 800,000 sqft, 5-year development. The impacts that BCHD has summarily dismissed using average noise data will violate the ADA.

The DEIR errs in its use of average sound measures due to BCHD construction and construction traffic to evaluate the impacts of noise on the education of students. In doing so, the intermittent nature of the noise is ignored and the California Legislature's intent for "freedom from excessive noise" is not upheld for the students. The impact of unwanted noise on students includes, but is not limited to traffic, voices, construction, constant, and intermittent noise has been well documented in the peer-reviewed

literature (end notes NOISE Ref: 2 to Ref: 171). The DEIR fails to evaluate the impacts to Torrance West High and Beryl Heights Elementary from intermittent, excessive, construction transport noise.

The reviewed studies document harmful effects of noise on children's learning. Children are much more impaired than adults by noise in tasks involving speech perception and listening comprehension. Non-auditory tasks such as short-term memory, reading and writing are also impaired by noise. Depending on the nature of the tasks and sounds, these impairments may result from specific interference with perceptual and cognitive processes involved in the focal task, and/or from a more general attention capture process.

FL-63 Concerning chronic effects, despite inconsistencies within and across studies, the available evidence indicates that enduring exposure to environmental noise may affect children's cognitive development. Even though the reported effects are usually small in magnitude, they have to be taken seriously in view of possible long-term effects and the accumulation of risk factors in noise-exposed children. Obviously, these findings have practical implications for protecting the education and cognitive development of students.

BCHD CEO Bakaly has stated that BCHD has a moral obligation to protect community members, and BCHD has used that obligation to establish a more stringent standard for protection of the community than that required by Redondo Beach Municipal Code or Los Angeles County or State of California law (Ref: 171). Even without application of this more stringent standard, but especially when relying on BCHD moral obligation, the appropriate evaluation of noise, and protection of students in schools from "excessive noise" requires the use of intermittent noise and full consideration of its detrimental impacts on cognitive development, learning, and disabilities. Surely the Americans with Disabilities Act protects students with disabilities from the impacts of BCHD construction and requires those impacts to be mitigated such that students continue to have an equal education.
The DEIR ignores Legislative Intent and the more stringent moral obligation standard established by CEO Bakaly for BCHD. The DEIR must analyze intermittent noise and not rely on averaging. The DEIR must also specifically consider the unique impacts of noise and intermittent interruptions on education and cognitive function as found in the peer-reviewed, evidence based literature in order to adequately protect students at Towers and Beryl Elementary and West High.

Conclusion: The DEIR must consider intermittent noise impacts on students to protect their Legislative Intent right to freedom from excessive noise and not violate the Americans with Disabilities Act. BCHD must always uniformly use its moral obligation standard to consider more stringent than CEQA impacts, just as it considered more stringent than seismic impacts for 514 N Prospect.

**8. BCHD Noise Impacts Represent a Public Health Hazard**

FL-64 The peer-reviewed article below demonstrates the PUBLIC HEALTH HAZARD of excessive noise. BCHD's analysis fails to incorporate intermittent noise, and demonstrates that BCHd has no concern about the health of the surrounding neighborhoods.

https://ehp.niehs.nih.gov/doi/pdf/10.1289/ehp.00108s1123

FL-64 (Cont.)

Exposure to noise constitutes a health risk. There is sufficient scientific evidence that noise exposure can induce hearing impairment, hypertension and ischemic heart disease, annoyance, sleep disturbance, and decreased school performance. For other effects such as changes in the immune system and birth defects, the evidence is limited. Most public health impacts of noise were already identified in the 1960s and noise abatement is less of a scientific but primarily a policy problem. A subject for further research is the elucidation of the mechanisms underlying noise induced cardiovascular disorders and the relationship of noise with annoyance and nonacoustical factors modifying health outcomes. A high priority study subject is the effects of noise on children, including cognitive effects and their reversibility. Noise exposure is on the increase, especially in the general living environment, both in industrialized nations and in developing world regions. This implies that in the twenty-first century noise exposure will still be a major public health problem. Key words: annoyance, cardiovascular effects, children's health, environmental health, environmental noise, hearing impairment, noise exposure, noise metrics, occupational noise, performance.

**9. BCHDs Recreation Impact and Mitigation Analysis is Flawed**

BCHD under-reports, minimizes impacts or excludes entirely the following recreation topics: Design Results in a Taking of Sunlight from Public Recreation at Towers and Significant Negative Impacts; and Design Results in a Taking of Sunlight from Student Health and Recreation at Towers and Significant Negative Impacts.

FL-65

In BCHD CEQA EIR NOP comments filed by Mark Nelson, the following admonition was made to BCHD after it exempted any analysis of Recreation impacts a priori:

*RECREATION*

*Appropriate study required. The NOP errs in its a priori speculative finding that the project will not have an adverse physical impact on the environment. I was recently made aware that according to a newspaper article https://easyreadernews.com/redondo-beach-homelessness-resident-anger/ the 9th Circuit Court of Appeals in Martin versus the City of Boise decision, neither BCHD nor the City of Redondo Beach will be able to bar the unsheltered from camping on the public space created as part of this public project without providing adequate shelter to house all the unsheltered. BCHD as a public entity will de facto be an invitation for unsheltered housing as endorsed by the 9th Circuit. As a private entity has no such obligation, a similar project with exactly the same characteristics could be legally protected from becoming such a magnet. Thus, the mere creation of the public space by removing the concrete, and the public nature of BCHD, creates a non-mitigable impact for the project. Also see https://cdn.ca9.uscourts.gov/datastore/opinions/2018/09/04/15-35845.pdf*

As such, the DEIR is FLAWED, MUST BE REANLYZED and RECIRCULATED.

**10. BCHD Fails to Analyze Recreation Impacts and BCHD DEIR has Deficiencies and Errors**

BCHD fails to evaluate and declare the following: Illegal Taking of Recreation from the Towers Elementary Fields; Illegal Taking of Sunlight from Adjacent Land Uses of Residential and Public School Required for Health; and Failure to Provide Hourly Shadowing for Public Evaluation of Recreation Impacts.

Because BCHDs shading/shadowing analysis is insufficient, fails to provide hourly data, fails to evaluate negative significant impacts on recreation at Towers and fails to evaluate the negative health

impacts of shading/shadowing, it must be corrected, reissued, and recirculated for comment in order to adequately address recreation impacts.

Due to BCHDs defective and insufficient analysis of shading/shadowing the public is denied intelligent participation in the CEQA process. The images below represent what little can be salvaged to estimate impacts. Based on this evidence, the shading/shadowing impacts represent a significant "taking" of sunlight and recreation from Towers Elementary and surrounding residential uses. In the specific case of the Towers fields, BCHD is "taking" sunlight and thereby having a significant, negative impact on school and public recreation.

FL-65
(Cont.)

Due to BCHD insufficient and defective analysis, the public was forced to "imagine" the shadowing moving from September when when school year starts, across the fields to winter, and then back across the fields to spring. This is clearly and unequivocally a significant health impact to students from reduced Vitamin D and other positive physical and mental health attributes of sunlight; a similar impact to surrounding residential uses; a significant traffic safety impact to Beryl Street drivers; and a significant impact to school, team and public recreation.

FL-65
(Cont.)

WINTER SOLSTICE (Top) FALL/SPRING EQUINOX (Bottom)

**11. BCHD Traffic/Transportation Impact and Mitigation Analysis is Flawed**

BCHD under-reports, minimizes impacts or excludes entirely the following traffic/transportation topics: Thousands of Heavy Haul Truck Trips will have Significant Traffic Impacts; Tens of Thousands of Worker Commuter Trips will have Significant Traffic Impacts, and BCHD Plans Traffic Management; and Flaggers that will have Significant Traffic Impacts. Further, impacts on the health, education, and ADA/504 accommodations under the ADA of students at Towers Elementary are willfully ignored.

FL-66

<u>Summary</u>

BCHD CEO asserts that BCHD has a moral obligation to protect community health. BCHD uses this claim to prematurely demolish or retrofit the 514 N Prospect building, despite its compliance with all federal, state, county and local ordinances. This is purely an elective act on the part of BCHD based on its "moral obligation." If BCHD is asserting a moral obligation to demolish the building, then BCHD must have the same moral obligation to protect the students at Towers and West High from noise and vibration interruptions in their classrooms caused by BCHD negative, significant traffic impacts.

Wood used Leq, average noise levels for analysis at Towers. These are inappropriate for intermittent noise and vibration. Furthermore, for students in a classroom, especially those with IEPs and 504 plans due to disabilities, the need for a distraction free environment is a legal right. As per the attachments, a school in Los Angeles has successfully stopped a developer from construction while school is in session. There is little question that 85 db loaded and empty trucks running down Beryl past Towers will cause distractions to students for 5 or more years.

The DEIR errs in its use of "one foot in boiling water, one foot in ice water – on average, it's comfortable" theory to hide its 85db intermittent noise source from construction transportation. The noise is significant at Towers and a violation of the ADA for students with IEPs and appropriate accommodations.

As BCHD asserts its new "moral obligation" to protect the community standard that exceeds ordinances, statutes and standards, it must also recognize that the interruption of classrooms with intermittent noise and vibration caused by traffic is a cause of cognitive impairment, learning interruption and a violation of ADA. BCHDs more stringent standard requires it to protect the students.

Attached is a settlement agreement due to impacts on school and hundreds of peer-reviewed, evidence-based article references on the damages to students from excess noise regardless of cause.

BCHD has legal and moral obligations to protect students at Towers Elementary and also Torrance West High. The BCHD analysis is flawed and averages away intermittent impacts. Further, BCHD is asserting a moral obligation standard, and as such, it must always use it uniformly or abandon it.

According to CEQA Section § 21001. ADDITIONAL LEGISLATIVE INTENT, Americans with Disabilities Act

Per § 21001, the *Legislature further finds and declares that it is the policy of the state to: (b) Take all action necessary to provide the people of this state with* clean air and water, enjoyment of aesthetic,

natural, scenic, and historic environmental qualities, *and freedom from excessive noise*. (*emphasis* added)

BCHD asserts in Tables 3.11-16 and 3.11-17 that both provide modeled noise measurements and assume that Leg (Equivalent Continuous Sound Pressure Level) and Ldn (Day Night Average) are the appropriate measures for Towers and Beryl Heights Elementary school impacts and the DEIR finds that neither is a significant impact.

FL-66

In the United States, the Americans with Disabilities Act (ADA) provides all students with disabilities the absolute right to an equal education. All students with IEPs or 504s that recognize the need for a quiet environment are going to be violated by BCHD proposed 103-foot, 800,000 sqft, 5-year development. The impacts that BCHD has summarily dismissed using average noise data will violate the ADA.

The DEIR errs in its use of average sound measures due to BCHD construction and construction traffic to evaluate the impacts of noise on the education of students. In doing so, the intermittent nature of the noise is ignored and the California Legislature's intent for "freedom from excessive noise" is not upheld for the students. The impact of unwanted noise on students includes, but is not limited to traffic, voices, construction, constant, and intermittent noise has been well documented in the peer-reviewed literature (end notes NOISE Ref: 2 to Ref: 171). The DEIR fails to evaluate the impacts to Torrance West High and Beryl Heights Elementary from intermittent, excessive, construction transport noise.

The reviewed studies document harmful effects of noise on children's learning. Children are much more impaired than adults by noise in tasks involving speech perception and listening comprehension. Non-auditory tasks such as short-term memory, reading and writing are also impaired by noise. Depending on the nature of the tasks and sounds, these impairments may result from specific interference with perceptual and cognitive processes involved in the focal task, and/or from a more general attention capture process.

Concerning chronic effects, despite inconsistencies within and across studies, the available evidence indicates that enduring exposure to environmental noise may affect children's cognitive development. Even though the reported effects are usually small in magnitude, they have to be taken seriously in view of possible long-term effects and the accumulation of risk factors in noise-exposed children. Obviously, these findings have practical implications for protecting the education and cognitive development of students.

BCHD CEO Bakaly has stated that BCHD has a moral obligation to protect community members, and BCHD has used that obligation to establish a more stringent standard for protection of the community than that required by Redondo Beach Municipal Code or Los Angeles County or State of California law (Ref: 171). Even without application of this more stringent standard, but especially when relying on BCHD moral obligation, the appropriate evaluation of noise, and protection of students in schools from "excessive noise" requires the use of intermittent noise and full consideration of its detrimental impacts on cognitive development, learning, and disabilities. Surely the Americans with Disabilities Act protects students with disabilities from the impacts of BCHD construction and requires those impacts to be mitigated such that students continue to have an equal education.

The DEIR ignores Legislative Intent and the more stringent moral obligation standard established by CEO Bakaly for BCHD. The DEIR must analyze intermittent noise and not rely on averaging. The DEIR must also specifically consider the unique impacts of noise and intermittent interruptions on education and cognitive function as found in the peer-reviewed, evidence based literature in order to adequately protect students at Towers and Beryl Elementary and West High.

FL-66 Conclusion: The DEIR must consider intermittent noise impacts caused by BCHD induced traffic on students to protect their Legislative Intent right to freedom from excessive noise regardless of cause, and not violate the Americans with Disabilities Act. BCHD must also always uniformly use its moral obligation standard to consider more stringent than CEQA impacts, just as it considered more stringent than seismic impacts for 514 N Prospect.

**12. BCHD Has No Comprehensive Employee Analysis for RCFE or PACE Participants, Direct Employees, Contractors, Medical Professionals, or Visitors**

FL-67 The public's right to intelligent participation in CEQA was denied due to a flawed analysis. BCHD provides no comprehensive, detailed analysis of the RCFE and PACE daily commuters listed above. The DEIR is defective, must be remedied and recirculated.

**13. BCHD Has No Comprehensive Employee Analysis for Phase 2 Direct Employees, Contractors, Medical Professionals, or Visitors**

The public's right to intelligent participation in CEQA was denied due to a flawed analysis. BCHD provides no comprehensive, detailed analysis of the Phase 2 daily commuters listed above. The DEIR is defective, must be remedied and recirculated.

**14. BCHD Knowingly Plans to Impact Community Chronic Stress, the Blue Zones Silent Killer**

Chronic Stress Causes and Damages

FL-68 Blue Zones, a vendor of BCHD that BHCD spent over $2M with, recognizes chronic stress as the silent killer. Given that BCHD spent $2M of our taxpayer funds on Blue Zones, it should be clear that that BCHD either believes and acts consistent with Blue Zones, or, BCHD is chronically malfeasant.
https://easyreadernews.com/lockdown-lessons-blue-zones-founder-dan-buettner-on-how-to-make-use-of-staying-at-home/

Noise Impacts Leading to Chronic Stress Health Damages

FL-68 The following references present peer-reviewed research between noise, chronic stress and negative health impacts. Clearly BCHD as a so-called premiere health agency is required to recognize and mitigate the impacts of chronic stress.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5898791/
Title: The Adverse Effects of Environmental Noise Exposure on Oxidative Stress and Cardiovascular Risk
Epidemiological studies have provided evidence that traffic noise exposure is linked to cardiovascular diseases such as arterial hypertension, myocardial infarction, and stroke.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1568850/

Title: Noise and stress: a comprehensive approach.
The thesis of this paper is that research upon, and efforts to prevent or minimize the harmful effects of noise have suffered from the lack of a full appreciation of the ways in which humans process and react to sound.

FL-69

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2996188/
Title: Noise and Quality of Life
The psychological effects of noise are usually not well characterized and often ignored. However, their effect can be equally devastating and may include hypertension, tachycardia, increased cortisol release and increased physiologic stress.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4873188/
Title: Noise Annoyance Is Associated with Depression and Anxiety in the General Population

https://pubmed.ncbi.nlm.nih.gov/15070524/
Title: Health effects caused by noise: evidence in the literature from the past 25 years
For an immediate triggering of protective reactions (fight/flight or defeat reactions) the information conveyed by noise is very often more relevant than the sound level. It was shown recently that the first and fastest signal detection is mediated by a subcortical area - the amygdala. For this reason even during sleep the noise from aeroplanes or heavy goods vehicles may be categorised as danger signals and induce the release of stress hormones. In accordance with the noise stress hypothesis, chronic stress hormone dysregulations as well as increases of established endogenous risk factors of ischaemic heart diseases have been observed under long-term environmental noise exposure. Therefore, an increased risk of myocardial infarction is to be expected.

Traffic Impacts Leading to Chronic Stress Health Damages
https://pubmed.ncbi.nlm.nih.gov/29936225/
Title: Chronic traffic noise stress accelerates brain impairment and cognitive decline

FL-70

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7503511/
Title: Traffic Noise and Mental Health: A Systematic Review and Meta-Analysis
Public policies to reduce environmental traffic noise might not only increase wellness (by reducing noise-induced annoyance), but might contribute to the prevention of depression and anxiety disorders

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2535640/
Title: Traffic-Related Air Pollution and Stress: Effects on Asthma
Acute and chronic stress produce substantively different physiologic sequelae. Acute stress can induce bronchodilation with elevated cortisol (possibly masking short-term detrimental respiratory effects of pollution), whereas chronic stress can result in cumulative wear and tear (allostatic load) and suppressed immune function over time, increasing general susceptibility

https://pubmed.ncbi.nlm.nih.gov/18629323/
Title: Chronic traffic-related air pollution and stress interact to predict biologic and clinical outcomes in asthma
The physical and social environments interacted in predicting both biologic and clinical outcomes in

FL-70 (Cont.)

children with asthma, suggesting that when pollution exposure is more modest, vulnerability to asthma exacerbations may be heightened in children with higher chronic stress.

Sirens/Emergency Vehicles Impacts Leading to Chronic Stress Health Damages and PTSD

FL-71

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4918669/
Title: The acute physiological stress response to an emergency alarm and mobilization during the day and at night

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6540098/
Title: Impact of Stressful Events on Motivations, Self-Efficacy, and Development of Post-Traumatic Symptoms among Youth Volunteers in Emergency Medical Services

Chronic Stress Impacts on the Brain

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5573220/
Title: Neurobiological and Systemic Effects of Chronic Stress

FL-72

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5579396/
Title: The Impact of Stress on Body Function

As is seen in many, many peer-viewed studies and published frequently by Blue Zones, a vendor of BCHD that BCHD paid $2M, chronic stress is a direct result of noise, traffic, emergency vehicles and other stressors that BCHD has, and intends to inflict on the surrounding neighborhoods. According to the Bakaly "moral obligation" standard, BCHD must abate any chronic stress impacts to proactively prevent damages to the community.

[Ref. 2]: Ashburner J, Friston KJ (1999) Nonlinear spatial normalization using basis functions. Hum Brain Mapp 7:254–266. doi:10.1002/(SICI)1097-0193(1999)7:4%3C254::AID-HBM4%3E3.0.CO;2-G pmid:10408769
[Ref. 3]: Ashburner J, Neelin P, Collins DL, Evans A, Friston K (1997) Incorporating prior knowledge into image registration. Neuroimage 6:344–352. doi:10.1006/nimg.1997.0299 pmid:9417976
[Ref. 4]: Baddeley A., Gathercole S., Papagno C. (1998). The phonological loop as a language learning device. Psychol. Rev. 105, 158–173 10.1037/0033-295X.105.1.158
[Ref. 5]: Beaman C. P. (2005). Auditory distraction from low-intensity noise: a review of the consequences for learning and workplace environments. Appl. Cogn. Psychol. 19, 1041–1064 10.1002/acp.1134
[Ref. 6]: Bell R., Buchner A., Mund I. (2008). Age-related differences in irrelevant-speech effects. Psychol. Aging 23, 377–391 10.1037/0882-7974.23.2.377
[Ref. 7]: Belojevic G., Evans G. W., Paunovic K., Jakovljevic B. (2012). Traffic noise and executive functioning in urban primary school children: the moderating role of gender. J. Environ. Psychol. 32, 337–341 10.1016/j.jenvp.2012.05.005
[Ref. 8]: Berman S, Friedman D (1995) The development of selective attention as reflected by event-related brain potentials. J Exp Child Psychol 59:1–31. doi:10.1006/jecp.1995.1001 pmid:7876768
[Ref. 9]: Binder JR, Desai RH, Graves WW, Conant LL (2009) Where is the semantic system? A critical review and meta-analysis of 120 functional neuroimaging studies. Cereb Cortex 19:2767–2796. doi:10.1093/cercor/bhp055 pmid:19329570
[Ref. 10]: Bishop CW, Miller LM (2009) A multisensory cortical network for understanding speech in noise. J Cogn Neurosci 21:1790–1805. doi:10.1162/jocn.2009.21118 pmid:18823249
[Ref. 11]: Boman E. (2004). The effects of noise and gender on children's episodic and semantic memory. Scand. J. Psychol. 45, 407–416 10.1111/j.1467-9450.2004.00422.x
[Ref. 12]: Bortel R, Sovka P (2007) Approximation of statistical distribution of magnitude squared coherence estimated with segment overlapping. Signal Processing 87:1100–1117. doi:10.1016/j.sigpro.2006.10.003CrossRef
[Ref. 13]: Bourguignon M, De Tiège X, Op de Beeck M, Ligot N, Paquier P, Van Bogaert P, Goldman S, Hari R, Jousmäki V (2013) The pace of prosodic phrasing couples the listener's cortex to the reader's voice. Hum Brain Mapp 34:314–326. doi:10.1002/hbm.21442 pmid:22392861
[Ref. 14]: Bourguignon M, Jousmäki V, Op de Beeck M, Van Bogaert P, Goldman S, De Tiège X (2012) Neuronal network coherent with hand kinematics during fast repetitive hand movements. Neuroimage 59:1684–1691. doi:10.1016/j.neuroimage.2011.09.022 pmid:21963911
[Ref. 15]: Bourguignon M, Molinaro N, Wens V (2018) Contrasting functional imaging parametric maps: the mislocation problem and alternative solutions. Neuroimage 169:200–211. doi:10.1016/j.neuroimage.2017.12.033 pmid:29247806
[Ref. 16]: Bourguignon M, Piitulainen H, De Tiège X, Jousmäki V, Hari R (2015) Corticokinematic coherence mainly reflects movement-induced proprioceptive feedback. Neuroimage 106:382–390. doi:10.1016/j.neuroimage.2014.11.026 pmid:25463469
[Ref. 17]: Bradley J. S., Sato H. (2008). The intelligibility of speech in elementary school classrooms. J. Acoust. Soc. Am. 123, 2078–2086 10.1121/1.2839285

[Ref. 18]: Brattico E., Kujala T., Tervaniemi M., Alku P., Ambrosi L., Monitillo V. (2005). Long-term exposure to occupational noise alters the cortical organization of sound processing. Clin. Neurophysiol. 116, 190–203 10.1016/j.clinph.2004.07.030
[Ref. 19]: Cameron S, Chong-White N, Mealings K, Beechey T, Dillon H, Young T (2018) The parsing syllable envelopes test for assessment of amplitude modulation discrimination skills in children: development, normative data, and test-retest reliability studies. J Am Acad Audiol 29:151–163. doi:10.3766/jaaa.16146 pmid:29401062
[Ref. 20]: Carrette E, Op de Beeck M, Bourguignon M, Boon P, Vonck K, Legros B, Goldman S, Van Bogaert P, De Tiège X (2011) Recording temporal lobe epileptic activity with MEG in a light-weight magnetic shield. Seizure 20:414–418. doi:10.1016/j.seizure.2011.01.015 pmid:21354830
[Ref. 21]: Clark C., Sörqvist P. (2012). A 3 year update on the influence of noise on performance and behavior. Noise Health 14, 292–296 10.4103/1463-1741.104896
[Ref. 22]: Clumeck C, Suarez Garcia S, Bourguignon M, Wens V, Op de Beeck M, Marty B, Deconinck N, Soncarrieu MV, Goldman S, Jousmäki V, Van Bogaert P, De Tiège X (2014) Preserved coupling between the reader's voice and the listener's cortical activity in autism spectrum disorders. PLoS One 9:e92329. doi:10.1371/journal.pone.0092329 pmid:24663673
[Ref. 23]: Coch D., Sanders L. D., Neville H. J. (2005). An event-related potential study of selective auditory attention in children and adults. J. Cogn. Neurosci. 17, 605–622 10.1162/0898929053467631
[Ref. 24]: Crandell C. C., Smaldino J. J. (1996). Speech perception in noise by children for whom english is a second language. Am. J. Audiol. 5, 47–51
[Ref. 25]: Dale AM, Sereno MI (1993) Improved localizadon of cortical activity by combining EEG and MEG with MRI cortical surface reconstruction: a linear approach. J Cogn Neurosci 5:162–176. doi:10.1162/jocn.1993.5.2.162 pmid:23972151
[Ref. 26]: Davidson M., Amso D., Anderson L., Diamond A. (2006). Development of cognitive control and executive functions from 4 to 13 years: evidence from manipulations of memory, inhibition, and task switching. Neuropsychologia 44, 2037–2078 10.1016/j.neuropsychologia.2006.02.006
[Ref. 27]: De Tiège X, Op de Beeck M, Funke M, Legros B, Parkkonen L, Goldman S, Van Bogaert P (2008) Recording epileptic activity with MEG in a light-weight magnetic shield. Epilepsy Res 82:227–231. doi:10.1016/j.eplepsyres.2008.08.011 pmid:18926665
[Ref. 28]: Demanez L, Dony-Closon B, Lhonneux-Ledoux E, Demanez JP (2003) Central auditory processing assessment: a French-speaking battery. Acta Otorhinolaryngol Belg 57:275–290. pmid:14714945
[Ref. 29]: Destoky F, Philippe M, Bertels J, Verhasselt M, Coquelet N, Vander Ghinst M, Wens V, De Tiège X, Bourguignon M (2019) Comparing the potential of MEG and EEG to uncover brain tracking of speech temporal envelope. Neuroimage 184:201–213. doi:10.1016/j.neuroimage.2018.09.006 pmid:30205208
[Ref. 30]: Ding N, Melloni L, Zhang H, Tian X, Poeppel D (2016) Cortical tracking of hierarchical linguistic structures in connected speech. Nat Neurosci 19:158–164. doi:10.1038/nn.4186 pmid:26642090
[Ref. 31]: Ding N, Simon JZ (2012a) Emergence of neural encoding of auditory objects while listening to competing speakers. Proc Natl Acad Sci U S A 109:11854–11859. doi:10.1073/pnas.1205381109 pmid:22753470Abstract/FREE Full Text
[Ref. 32]: Ding N, Simon JZ (2012b) Neural coding of continuous speech in auditory cortex during monaural and dichotic listening. J Neurophysiol 107:78–89. doi:10.1152/jn.00297.2011 pmid:21975452

[Ref. 33]: Ding N, Simon JZ (2013a) Robust cortical encoding of slow temporal modulations of speech. Adv Exp Med Biol 787:373–381. doi:10.1007/978-1-4614-1590-9_41 pmid:23716243
[Ref. 34]: Ding N, Simon JZ (2013b) Adaptive temporal encoding leads to a background-insensitive cortical representation of speech. J Neurosci 33:5728–5735. doi:10.1523/JNEUROSCI.5297-12.2013 pmid:23536086Abstract/FREE Full Text
[Ref. 35]: Dockrell J. E., Shield B. M. (2006). Acoustical barriers in classrooms: the impact of noise on performance in the classroom. Br. Educ. Res. J. 32, 509–525 10.1080/01411920600635494
[Ref. 36]: Doelling KB, Arnal LH, Ghitza O, Poeppel D (2014) Acoustic landmarks drive delta-theta oscillations to enable speech comprehension by facilitating perceptual parsing. Neuroimage 85:761–768. doi:10.1016/j.neuroimage.2013.06.035 pmid:23791839
[Ref. 37]: Doyle A.-B. (1973). Listening to distraction: a developmental study of selective attention. J. Exp. Child Psychol. 15, 100–115 10.1016/0022-0965(73)90134-3
[Ref. 38]: Drullman R, Festen JM, Plomp R (1994) Effect of temporal envelope smearing on speech reception. J Acoust Soc Am 95:1053–1064. doi:10.1121/1.408467 pmid:8132899
[Ref. 39]: Elliott E. M. (2002). The irrelevant-speech effect and children: theoretical implications of developmental change. Mem. Cognit. 30, 478–487 10.3758/BF03194948
[Ref. 40]: Elliott E. M., Briganti A. M. (2012). Investigating the role of attentional resources in the irrelevant speech effect. Acta Psychol. 140, 64–74 10.1016/j.actpsy.2012.02.009
[Ref. 41]: Elliott E. M., Cowan N. (2005). Coherence of the irrelevant-sound effect: individual profiles of short-term memory and susceptibility to task-irrelevant materials. Mem. Cognit. 33, 664–675 10.3758/BF03195333
[Ref. 42]: Elliott L. L. (1979). Performance of children aged 9 to 17 years on a test of speech intelligibility in noise using sentence material with controlled word predictability. J. Acoust. Soc. Am. 66, 651 10.1121/1.383691
[Ref. 43]: Elliott LL (1979) Performance of children aged 9 to 17 years on a test of speech intelligibility in noise using sentence material with controlled word predictability. J Acoust Soc Am 66:651–653. doi:10.1121/1.383691 pmid:489836
[Ref. 44]: Evans G. W. (2004). The environment of childhood poverty. Am. Psychol. 59, 77–92 10.1037/0003-066X.59.2.77
[Ref. 45]: Evans G., Maxwell L. (1997). Chronic noise exposure and reading deficits: the mediating effects of language acquisition. Environ. Behav. 29, 638–656 10.1177/0013916597295003
[Ref. 46]: Faes L, Pinna GD, Porta A, Maestri R, Nollo G (2004) Surrogate data analysis for assessing the significance of the coherence function. IEEE Trans Biomed Eng 51:1156–1166. doi:10.1109/TBME.2004.827271 pmid:15248532
[Ref. 47]: Fallon M., Trehub S. E., Schneider B. A. (2000). Children's perception of speech in multitalker babble. J. Acoust. Soc. Am. 108, 3023–3029 10.1121/1.1323233
[Ref. 48]: Ferstl EC, Walther K, Guthke T, von Cramon DY (2005) Assessment of story comprehension deficits after brain damage. J Clin Exp Neuropsychol 27:367–384. doi:10.1080/13803390490515784 pmid:15969358
[Ref. 49]: Geffner D., Lucker J. R., Koch W. (1996). Evaluation of auditory discrimination in children with ADD and without ADD. Child Psychiatry Hum. Dev. 26, 169–180 10.1007/BF02353358
[Ref. 50]: Giraud AL, Poeppel D (2012) Cortical oscillations and speech processing: emerging computational principles and operations. Nat Neurosci 15:511–517. doi:10.1038/nn.3063 pmid:22426255

[Ref. 51]: Gomes H., Duff M., Ramos M., Molholm S., Foxe J. J., Halperin J. (2012). Auditory selective attention and processing in children with attention-deficit/hyperactivity disorder. Clin. Neurophysiol. 123, 293–302 10.1016/j.clinph.2011.07.030
[Ref. 52]: Goswami U (2011) A temporal sampling framework for developmental dyslexia. Trends Cogn Sci 15:3–10. doi:10.1016/j.tics.2010.10.001 pmid:21093350
[Ref. 53]: Gramfort A, Luessi M, Larson E, Engemann DA, Strohmeier D, Brodbeck C, Parkkonen L, Hämäläinen MS (2014) MNE software for processing MEG and EEG data. Neuroimage 86:446–460. doi:10.1016/j.neuroimage.2013.10.027 pmid:24161808
[Ref. 54]: Gross J, Hoogenboom N, Thut G, Schyns P, Panzeri S, Belin P, Garrod S (2013) Speech rhythms and multiplexed oscillatory sensory coding in the human brain. PLoS Biol 11:e1001752. doi:10.1371/journal.pbio.1001752 pmid:24391472
[Ref. 55]: Gross J, Kujala J, Hämäläinen M, Timmermann L, Schnitzler A, Salmelin R (2001) Dynamic imaging of coherent sources: studying neural interactions in the human brain. Proc Natl Acad Sci U S A 98:694–699. doi:10.1073/pnas.98.2.694 pmid:11209067Abstract/FREE Full Text
[Ref. 56]: Haines M. M., Stansfeld S. A., Head J., Job R. (2002). Multilevel modelling of aircraft noise on performance tests in schools around Heathrow Airport London. J. Epidemiol. Community Health 56, 139–144 10.1136/jech.56.2.139
[Ref. 57]: Haines M. M., Stansfeld S. A., Job R. F., Berglund B., Head J. (2001). Chronic aircraft noise exposure, stress responses, mental health and cognitive performance in school children. Psychol. Med. 31, 265–277
[Ref. 58]: Hall J. W., Buss E., Grose J. H. (2005). Informational masking release in children and adults. J. Acoust. Soc. Am. 118, 1605–1613 10.1121/1.1992675
[Ref. 59]: Halliday DM, Rosenberg JR, Amjad AM, Breeze P, Conway BA, Farmer SF (1995) A framework for the analysis of mixed time series/point process data–theory and application to the study of physiological tremor, single motor unit discharges and electromyograms. Prog Biophys Mol Biol 64:237–278. doi:10.1016/S0079-6107(96)00009-0 pmid:8987386
[Ref. 60]: Hämäläinen ML, Lin F-H, Mosher J (2010) Anatomically and functionally constrained minimum-norm estimates. In: MEG: an introduction to methods (Hansen P, Kringelbach M, Salmelin R, eds), pp 186–215. New York: Oxford UP.
[Ref. 61]: Hämäläinen MS, Ilmoniemi RJ (1994) Interpreting magnetic fields of the brain: minimum norm estimates. Med Biol Eng Comput 32:35–42. doi:10.1007/BF02512476 pmid:8182960
[Ref. 62]: Hazan V., Barrett S. (2000). The development of phonemic categorization in children aged 6–12. J. Phonetics 28, 377–396 10.1006/jpho.2000.0121
[Ref. 63]: Hellbrück J., Liebl A. (2007). Effects of noise on cognitive performance: an overview and resent results, in Recent Topics in Environmental Psychoacoustics, ed Kuwano S. (Osaka: University Press; ), 153–184
[Ref. 64]: Hoen M, Meunier F, Grataloup C-L, Pellegrino F, Grimault N, Perrin F, Perrot X, Collet L (2007) Phonetic and lexical interferences in informational masking during speech-in-speech comprehension. Speech Commun 49:905–916. doi:10.1016/j.specom.2007.05.008CrossRef
[Ref. 65]: https://www.jneurosci.org/content/39/15/2938
[Ref. 66]: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3757288/
[Ref. 67]: Hughes R., Hurlstone M., Marsh J., Vachon F., Jones D. M. (2012). Cognitive control of auditory distraction. impact of task difficulty, foreknowledge, and working memory capacity supports duplex-mechanism account. J. Exp. Psychol. Hum. Percept. Perform. 39, 539–553 10.1037/a0029064

[Ref. 68]: Hughes R., Jones D. M. (2001). The intrusiveness of sound: laboratory findings and their implications for noise abatement. Noise Health 4, 51–70
[Ref. 69]: Hughes R., Vachon F., Jones D. M. (2007). Disruption of short-term memory by changing and deviant sounds: support for a duplex-mechanism account of auditory distraction. J. Exp. Psychol. Learn. Mem. Cogn. 33, 1050–1061 10.1037/0278-7393.33.6.1050
[Ref. 70]: Hygge S. (2003). Classroom experiments on the effects of different noise sources and sound levels on long-term recall and recognition in children. Appl. Cogn. Psychol. 17, 895–914 10.1002/acp.926
[Ref. 71]: Hygge S., Boman E., Enmarker I. (2003). The effects of road traffic noise and meaningful irrelevant speech on different memory systems. Scand. J. Psychol. 44, 13–21 10.1111/1467-9450.00316
[Ref. 72]: Jamieson D. G., Kranjc G., Yu K., Hodgetts W. E. (2004). Speech intelligibility of young school-aged children in the presence of real-life classroom noise. J. Am. Acad. Audiol. 15, 508–517 10.3766/jaaa.15.7.5
[Ref. 73]: Johansson C. R. (1983). Effects of low intensity, continuous and intermittent noise on mental performance and writing pressure of children with different intelligence and personality characteristics. Ergonomics 26, 275–288 10.1080/00140138308963341
[Ref. 74]: Johnson C. E. (2000). Children's phoneme identification in reverberation and noise. J. Speech Lang. Hear. Res. 43, 144–157
[Ref. 75]: Johnson CE (2000) Children's phoneme identification in reverberation and noise. J Speech Lang Hear Res 43:144–157. doi:10.1044/jslhr.4301.144 pmid:10668658
[Ref. 76]: Jones D. M., Miles C., Page J. (1990). Disruption of proofreading by irrelevant speech: effects of attention, arousal or memory? Appl. Cogn. Psychol. 4, 89–108 10.1002/acp.2350040203
[Ref. 77]: Jones D., Farrand P., Stuart G., Morris N. (1995). Functional equivalence of verbal and spatial information in serial short-term memory. J. Exp. Psychol. Learn. Mem. Cogn. 21, 1008–1018 10.1037/0278-7393.21.4.1008
[Ref. 78]: Kassinove H. (1972). Effects of meaningful auditory stimulation on children's scholastic performance. J. Educ. Psychol. 63, 526–530 10.1037/h0033747
[Ref. 79]: Keitel A, Gross J, Kayser C (2018) Perceptually relevant speech tracking in auditory and motor cortex reflects distinct linguistic features. PLoS Biol 16:e2004473. doi:10.1371/journal.pbio.2004473 pmid:29529019
[Ref. 80]: Kintsch W. (1988). The role of knowledge in discourse comprehension: a construction-integration model. Psychol. Rev. 95, 163–182 10.1037/0033-295X.95.2.163
[Ref. 81]: Klatte M, Bergström K, Lachmann T (2013) Does noise affect learning? A short review on noise effects on cognitive performance in children. Front Psychol 4:578. doi:10.3389/fpsyg.2013.00578 pmid:24009598
[Ref. 82]: Klatte M., Hellbrück J., Seidel J., Leistner P. (2010c). Effects of classroom acoustics on performance and well-being in elementary school children: a field study. Environ. Behav. 42, 659–692 10.1177/0013916509336813
[Ref. 83]: Klatte M., Lachmann T., Meis M. (2010a). Effects of noise and reverberation on speech perception and listening comprehension of children and adults in a classroom-like setting. Noise Health 12, 270 10.4103/1463-1741.70506
[Ref. 84]: Klatte M., Lachmann T., Schlittmeier S., Hellbrück J. (2010b). The irrelevant sound effect in short-term memory: is there developmental change? Eur. J. Cogn. Psychol. 22, 1168–1191 10.1080/09541440903378250

[Ref. 85]: Klatte M., Meis M., Sukowski H., Schick A. (2007). Effects of irrelevant speech and traffic noise on speech perception and cognitive performance in elementary school children. Noise Health 9, 64–74 10.4103/1463-1741.36982
[Ref. 86]: Koskinen M, Seppä M (2014) Uncovering cortical MEG responses to listened audiobook stories. Neuroimage 100:263–270. doi:10.1016/j.neuroimage.2014.06.018 pmid:24945666
[Ref. 87]: Kyriakides L., Creemers B., Antoniou P. (2009). Teacher behaviour and student outcomes: suggestions for research on teacher training and professional development. Teach. Teach. Educ. 25, 12–23 10.1016/j.tate.2008.06.001
[Ref. 88]: Lakatos P, Musacchia G, O'Connel MN, Falchier AY, Javitt DC, Schroeder CE (2013) The spectrotemporal filter mechanism of auditory selective attention. Neuron 77:750–761. doi:10.1016/j.neuron.2012.11.034 pmid:23439126
[Ref. 89]: Lecumberri M. L. G., Cooke M., Cutler A. (2010). Non-native speech perception in adverse conditions: a review. Speech Commun. 52, 864–886 10.1016/j.specom.2010.08.014
[Ref. 90]: Leibold L. J., Neff D. L. (2007). Effects of masker-spectral variability and masker fringes in children and adults. J. Acoust. Soc. Am. 121, 3666–3676 10.1121/1.2723664
[Ref. 91]: Liebenthal E, Desai RH, Humphries C, Sabri M, Desai A (2014) The functional organization of the left STS: a large scale meta-analysis of PET and fMRI studies of healthy adults. Front Neurosci 8:289. doi:10.3389/fnins.2014.00289 pmid:25309312
[Ref. 92]: Lilliefors HW (1967) On the Kolmogorov-Smirnov test for normality with mean and variance unknown. J Am Stat Assoc 62:399–402. doi:10.1080/01621459.1967.10482916CrossRef
[Ref. 93]: Ljung R., Sörqvist P., Hygge S. (2009). Effects of traffic noise and irrelevant speech on children's reading and mathematical performance. Noise Health 11, 194–198 10.4103/1463-1741.56212
[Ref. 94]: Ljung R., Sörqvist P., Kjellberg A., Green A. (2009). Poor listening conditions impair memory for intelligible lectures: implications for acoustic classroom standards. Build. Acoust. 16, 257–265 10.1260/135101009789877031
[Ref. 95]: Luo H, Poeppel D (2007) Phase patterns of neuronal responses reliably discriminate speech in human auditory cortex. Neuron 54:1001–1010. doi:10.1016/j.neuron.2007.06.004 pmid:17582338
[Ref. 96]: Mahmoudzadeh M, Dehaene-Lambertz G, Fournier M, Kongolo G, Goudjil S, Dubois J, Grebe R, Wallois F (2013) Syllabic discrimination in premature human infants prior to complete formation of cortical layers. Proc Natl Acad Sci U S A 110:4846–4851. doi:10.1073/pnas.1212220110 pmid:23440196Abstract/FREE Full Text
[Ref. 97]: Marsh J. E., Hughes R. W., Jones D. M. (2009). Interference by process, not content, determines semantic auditory distraction. Cognition 110, 23–38 10.1016/j.cognition.2008.08.003
[Ref. 98]: Massaro DW (2017) Reading aloud to children: benefits and implications for acquiring literacy before schooling begins. Am J Psychol 130:63–72. doi:10.5406/amerjpsyc.130.1.0063 pmid:29508957
[Ref. 99]: Matheson M., Clark C., van Martin R. K. E., Haines M., Lopez Barrio I., Hygge S., et al. (2010). The effects of road traffic and aircraft noise exposure on children's episodic memory: the RANCH Project. Noise Health 12, 244–254 10.4103/1463-1741.70503
[Ref. 100]: Maxwell L. E., Evans G. W. (2000). The effects of noise on pre-school children's pre-reading skills. J. Environ. Psychol. 20, 91–97 10.1006/jevp.1999.0144
[Ref. 101]: Mayo C., Scobbie J. M., Hewlett N., Waters D. (2003). The influence of phonemic awareness development on acoustic cue weighting strategies in children's speech perception. J. Speech Lang. Hear. Res. 46, 1184–1196 10.1044/1092-4388(2003/092)

[Ref. 102]: McCoy S. L., Tun P. A., Cox L. C., Colangelo M., Stewart R. A., Wingfield A. (2005). Hearing loss and perceptual effort: downstream effects on older adults' memory for speech. Q. J. Exp. Psychol. A 58, 22–33 10.1080/02724980443000151
[Ref. 103]: Mesgarani N, Chang EF (2012) Selective cortical representation of attended speaker in multi-talker speech perception. Nature 485:233–236. doi:10.1038/nature11020 pmid:22522927
[Ref. 104]: Metsala J. L. (1997). An examination of word frequency and neighborhood density in the development of spoken-word recognition. Mem. Cognit. 25, 47–56 10.3758/BF03197284
[Ref. 105]: Molinaro N, Lizarazu M (2018) Delta(but not theta)-band cortical entrainment involves speech-specific processing. Eur J Neurosci 48:2642–2650. doi:10.1111/ejn.13811 pmid:29283465
[Ref. 106]: Molinaro N, Lizarazu M, Lallier M, Bourguignon M, Carreiras M (2016) Out-of-synchrony speech entrainment in developmental dyslexia. Hum Brain Mapp 37:2767–2783. doi:10.1002/hbm.23206 pmid:27061643
[Ref. 107]: Moore DR, Ferguson MA, Edmondson-Jones AM, Ratib S, Riley A (2010) Nature of auditory processing disorder in children. Pediatrics 126:e382–390. doi:10.1542/peds.2009-2826 pmid:20660546Abstract/FREE Full Text
[Ref. 108]: Murphy D. R., Craik F. I. M., Li K. Z. H., Schneider B. A. (2000). Comparing the effects of aging and background noise of short-term memory performance. Psychol. Aging 15, 323–334 10.1037/0882-7974.15.2.323
[Ref. 109]: Muzik O, Chugani DC, Juhász C, Shen C, Chugani HT (2000) Statistical parametric mapping: assessment of application in children. Neuroimage 12:538–549. doi:10.1006/nimg.2000.0651 pmid:11034861
[Ref. 110]: Neath I. (2000). Modeling the effects of irrelevant speech on memory. Psychon. Bull. Rev. 7, 403–423 10.3758/BF03214356
[Ref. 111]: Neuman A. C., Wroblewski M., Hajicek J., Rubinstein A. (2010). Combined effects of noise and reverberation on speech recognition performance of normal-hearing children and adults. Ear Hear. 31, 336–344 10.1097/AUD.0b013e3181d3d514
[Ref. 112]: Neuman AC, Wroblewski M, Hajicek J, Rubinstein A (2010) Combined effects of noise and reverberation on speech recognition performance of normal-hearing children and adults. Ear Hear 31:336–344. doi:10.1097/AUD.0b013e3181d3d514 pmid:20215967
[Ref. 113]: Nichols TE, Holmes AP (2002) Nonparametric permutation tests for functional neuroimaging: a primer with examples. Hum Brain Mapp 15:1–25. doi:10.1002/hbm.1058 pmid:11747097
[Ref. 114]: Nittrouer S (2006) Children hear the forest. J Acoust Soc Am 120:1799–1802. doi:10.1121/1.2335273 pmid:17069277
[Ref. 115]: Nittrouer S. (1996). The relation between speech perception and phonemic awareness: evidence from low-SES children and children with chronic OM. J. Speech Lang. Hear. Res. 39, 1059–1070
[Ref. 116]: Oh E. L., Wightman F., Lutfi R. A. (2001). Children's detection of pure-tone signals with random multitone maskers. J. Acoust. Soc. Am. 109, 2888–2895 10.1121/1.1371764
[Ref. 117]: Oldfield RC (1971) The assessment and analysis of handedness: the Edinburgh inventory. Neuropsychologia 9:97–113. doi:10.1016/0028-3932(71)90067-4 pmid:5146491
[Ref. 118]: Oswald C. J. P., Tremblay S., Jones D. M. (2000). Disruption of comprehension by the meaning of irrelevant sound. Memory 8, 345–350 10.1080/09658210050117762
[Ref. 119]: Pearson D. A., Lane D. M. (1991). Auditory attention switching: a developmental study. J. Exp. Child Psychol. 51, 320–334 10.1016/0022-0965(91)90039-U

[Ref. 120]: Peelle JE, Gross J, Davis MH (2013) Phase-locked responses to speech in human auditory cortex are enhanced during comprehension. Cereb Cortex 23:1378–1387. doi:10.1093/cercor/bhs118 pmid:22610394
[Ref. 121]: Perrin F, Grimault N (2005) Fonds Sonores (Version 1.0) [Sound samples]. Available at: http://olfac.univ-lyon1.fr/unite/equipe-02/FondsSonores.html
[Ref. 122]: Pichora-Fuller M. K., Schneider B. A., Daneman M. (1995). How young and old adults listen to and remember speech in noise. J. Acoust. Soc. Am. 97, 593–608 10.1121/1.412282
[Ref. 123]: Poelmans H, Luts H, Vandermosten M, Boets B, Ghesquière P, Wouters J (2011) Reduced sensitivity to slow-rate dynamic auditory information in children with dyslexia. Res Dev Disabil 32:2810–2819. doi:10.1016/j.ridd.2011.05.025 pmid:21645986
[Ref. 124]: Power AJ, Colling LJ, Mead N, Barnes L, Goswami U (2016) Neural encoding of the speech envelope by children with developmental dyslexia. Brain Lang 160:1–10. doi:10.1016/j.bandl.2016.06.006 pmid:27433986
[Ref. 125]: Power AJ, Foxe JJ, Forde EJ, Reilly RB, Lalor EC (2012) At what time is the cocktail party? A late locus of selective attention to natural speech. Eur J Neurosci 35:1497–1503. doi:10.1111/j.1460-9568.2012.08060.x pmid:22462504
[Ref. 126]: Puvvada KC, Simon JZ (2017) Cortical representations of speech in a multitalker auditory scene. J Neurosci 37:9189–9196. doi:10.1523/JNEUROSCI.0938-17.2017 pmid:28821680Abstract/FREE Full Text
[Ref. 127]: Rabbitt P. M. A. (1968). Channel-capacity, intelligibility and immediate memory. Q. J. Exp. Psychol. 20, 241–248 10.1080/14640746808400158
[Ref. 128]: Reiss AL, Abrams MT, Singer HS, Ross JL, Denckla MB (1996) Brain development, gender and IQ in children. A volumetric imaging study. Brain 119:1763–1774. doi:10.1093/brain/119.5.1763 pmid:8931596
[Ref. 129]: Reuter M, Schmansky NJ, Rosas HD, Fischl B (2012) Within-subject template estimation for unbiased longitudinal image analysis. Neuroimage 61:1402–1418. doi:10.1016/j.neuroimage.2012.02.084 pmid:22430496
[Ref. 130]: Röer J. P., Bell R., Dentale S., Buchner A. (2011). The role of habituation and attentional orienting in the disruption of short-term memory performance. Mem. Cognit. 39, 839–850 10.3758/s13421-010-0070-z
[Ref. 131]: Rogers C. L., Lister J. J., Febo D. M., Besing J. M., Abrams H. B. (2006). Effects of bilingualism, noise, and reverberation on speech perception by listeners with normal hearing. Appl. Psycholinguist. 27, 465–485 10.1017/S014271640606036X
[Ref. 132]: Rosenberg JR, Amjad AM, Breeze P, Brillinger DR, Halliday DM (1989) The fourier approach to the identification of functional coupling between neuronal spike trains. Prog Biophys Mol Biol 53:1–31. doi:10.1016/0079-6107(89)90004-7 pmid:2682781
[Ref. 133]: Saffran JR, Aslin RN, Newport EL (1996) Statistical learning by 8-month-old infants. Science 274:1926–1928. doi:10.1126/science.274.5294.1926 pmid:8943209Abstract/FREE Full Text
[Ref. 134]: Salamé P., Baddeley A. (1982). Disruption of short-term memory by unattended speech: implications for the structure of working memory. J. Verbal Learn. Verbal Behav. 21, 150–164 10.1016/S0022-5371(82)90521-7
[Ref. 135]: Sanes DH, Woolley SM (2011) A behavioral framework to guide research on central auditory development and plasticity. Neuron 72:912–929. doi:10.1016/j.neuron.2011.12.005 pmid:22196328

[Ref. 136]: Schlittmeier S. J., Weißgerber T., Kerber S., Fastl H., Hellbrück J. (2012). Algorithmic modeling of the irrelevant sound effect (ISE) by the hearing sensation fluctuation strength. Atten. Percept. Psychophys. 74, 194–203 10.3758/s13414-011-0230-7
[Ref. 137]: Schneider B. A., Trehub S. E., Morrongiello B. A., Thorpe L. A. (1989). Developmental changes in masked thresholds. J. Acoust. Soc. Am. 86, 1733–1742 10.1121/1.398604
[Ref. 138]: Schroeder CE, Lakatos P (2009) Low-frequency neuronal oscillations as instruments of sensory selection. Trends Neurosci 32:9–18. doi:10.1016/j.tins.2008.09.012 pmid:19012975
[Ref. 139]: Schroeder CE, Lakatos P, Kajikawa Y, Partan S, Puce A (2008) Neuronal oscillations and visual amplification of speech. Trends Cogn Sci 12:106–113. doi:10.1016/j.tics.2008.01.002 pmid:18280772
[Ref. 140]: Seabi J., Cockcroft K., Goldschagg P., Greyling M. (2012). The impact of aircraft noise exposure on South African children's reading comprehension: the moderating effect of home language. Noise Health 14, 244–252 10.4103/1463-1741.102963
[Ref. 141]: Shield B. M., Dockrell J. E. (2008). The effects of environmental and classroom noise on the academic attainments of primary school children. J. Acoust. Soc. Am. 123, 133–144 10.1121/1.2812596
[Ref. 142]: Simon JZ (2015) The encoding of auditory objects in auditory cortex: insights from magnetoencephalography. Int J Psychophysiol 95:184–190. doi:10.1016/j.ijpsycho.2014.05.005 pmid:24841996
[Ref. 143]: Simpson SA, Cooke M (2005) Consonant identification in N-talker babble is a nonmonotonic function of N. J Acoust Soc Am 118:2775–2778. doi:10.1121/1.2062650 pmid:16334654
[Ref. 144]: Söderlund G., Sikström S., Loftesnes J., Sonuga-Barke E. (2010). The effects of background white noise on memory performance in inattentive school children. Behav. Brain Funct. 6, 55 10.1186/1744-9081-6-55
[Ref. 145]: Söderlund G., Sikström S., Smart A. (2007). Listen to the noise: noise is beneficial for cognitive performance in ADHD. J. Child Psychol. Psychiatry 48, 840–847 10.1111/j.1469-7610.2007.01749.x
[Ref. 146]: Sörqvist P. (2010). Effects of aircraft noise and speech on prose memory: what role for working memory capacity? J. Environ. Psychol. 30, 112–118 10.1016/j.jenvp.2009.11.004
[Ref. 147]: Sörqvist P., Nöstl A., Halin N. (2012). Disruption of writing processes by the semanticity of background speech. Scand. J. Psychol. 53, 97–102 10.1111/j.1467-9450.2011.00936.x
[Ref. 148]: Stansfeld S. A., Berglund B., Clark C., Lopez-Barrio I., Fischer P., Öhrström E., et al. (2005). Aircraft and road traffic noise and children's cognition and health: a cross-national study. Lancet 365, 1942–1949 10.1016/S0140-6736(05)66660-3
[Ref. 149]: Steinbrink C., Klatte M. (2008). Phonological working memory in German children with poor reading and spelling abilities. Dyslexia 14, 271–290 10.1002/dys.357
[Ref. 150]: Sussman E, Steinschneider M (2009) Attention effects on auditory scene analysis in children. Neuropsychologia 47:771–785. doi:10.1016/j.neuropsychologia.2008.12.007 pmid:19124031
[Ref. 151]: Szalma J. L., Hancock P. A. (2011). Noise effects on human performance: a meta-analytic synthesis. Psychol. Bull. 137, 682–707 10.1037/a0023987
[Ref. 152]: Talarico M, Abdilla G, Aliferis M, Balazic I, Giaprakis I, Stefanakis T, Foenander K, Grayden DB, Paolini AG (2007) Effect of age and cognition on childhood speech in noise perception abilities. Audiol Neurootol 12:13–19. doi:10.1159/000096153 pmid:17033160

[Ref. 153]: Talarico M., Abdilla G., Aliferis M., Balazic I., Giaprakis I., Stefanakis T., et al. (2007). Effect of age and cognition on childhood speech in noise perception abilities. Audiol. Neurotol. 12, 13–19 10.1159/000096153
[Ref. 154]: Taulu S, Simola J (2006) Spatiotemporal signal space separation method for rejecting nearby interference in MEG measurements. Phys Med Biol 51:1759–1768. doi:10.1088/0031-9155/51/7/008 pmid:16552102
[Ref. 155]: Taulu S, Simola J, Kajola M (2005) Applications of the signal space separation method. IEEE Trans Signal Process 53:3359–3372. doi:10.1109/TSP.2005.853302CrossRef
[Ref. 156]: Teng X, Tian X, Doelling K, Poeppel D (2018) Theta band oscillations reflect more than entrainment: behavioral and neural evidence demonstrates an active chunking process. Eur J Neurosci 48:2770–2782. doi:10.1111/ejn.13742 pmid:29044763
[Ref. 157]: Thompson EC, Woodruff Carr K, White-Schwoch T, Otto-Meyer S, Kraus N (2017) Individual differences in speech-in-noise perception parallel neural speech processing and attention in preschoolers. Hear Res 344:148–157. doi:10.1016/j.heares.2016.11.007 pmid:27864051
[Ref. 158]: Valente D. L., Plevinsky H. M., Franco J. M., Heinrichs-Graham E. C., Lewis D. E. (2012). Experimental investigation of the effects of the acoustical conditions in a simulated classroom on speech recognition and learning in children. J. Acoust. Soc. Am. 131, 232–246 10.1121/1.3662059
[Ref. 159]: van Kempen E., van Kamp I., Lebret E., Lammers J., Emmen H., Stansfeld S. (2010). Neurobehavioral effects of transportation noise in primary schoolchildren: a cross-sectional study. Environ. Health 9, 2–13 10.1186/1476-069X-9-25
[Ref. 160]: Vander Ghinst M, Bourguignon M, Op de Beeck M, Wens V, Marty B, Hassid S, Choufani G, Jousmäki V, Hari R, Van Bogaert P, Goldman S, De Tiège X (2016) Left superior temporal gyrus is coupled to attended speech in a cocktail-party auditory scene. J Neurosci 36:1596–1606. doi:10.1523/JNEUROSCI.1730-15.2016 pmid:26843641Abstract/FREE Full Text
[Ref. 161]: Wens V, Marty B, Mary A, Bourguignon M, Op de Beeck M, Goldman S, Van Bogaert P, Peigneux P, De Tiège X (2015) A geometric correction scheme for spatial leakage effects in MEG/EEG seed-based functional connectivity mapping. Hum Brain Mapp 36:4604–4621. doi:10.1002/hbm.22943 pmid:26331630
[Ref. 162]: Werner L. A. (2007). Issues in human auditory development. J. Commun. Disord. 40, 275–283 10.1016/j.jcomdis.2007.03.004
[Ref. 163]: Wightman F. L., Callahan M. R., Lutfi R. A., Kistler D. J., Oh E. (2003). Children's detection of pure-tone signals: informational masking with contralateral maskers. J. Acoust. Soc. Am. 113, 3297 10.1121/1.1570443
[Ref. 164]: Wightman F. L., Kistler D. J. (2005). Informational masking of speech in children: effects of ipsilateral and contralateral distracters. J. Acoust. Soc. Am. 118, 3164–3176 10.1121/1.2082567
[Ref. 165]: Wightman F. L., Kistler D. J., O'Bryan A. (2010). Individual differences and age effects in a dichotic informational masking paradigm. J. Acoust. Soc. Am. 128, 270–279 10.1121/1.3436536
[Ref. 166]: Wightman FL, Kistler DJ (2005) Informational masking of speech in children: effects of ipsilateral and contralateral distracters. J Acoust Soc Am 118:3164–3176. doi:10.1121/1.2082567 pmid:16334898
[Ref. 167]: Yacullo W. S., Hawkins D. B. (1987). Speech recognition in noise and reverberation by school-age children. Audiology 26, 235–246 10.3109/00206098709081552
[Ref. 168]: Ziegler J. C., Pech-Georgel C., George F., Alario F., Lorenzi C. (2005). Deficits in speech perception predict language learning impairment. Proc. Natl. Acad. Sci. U.S.A. 102, 14110–14115 10.1073/pnas.0504446102

[Ref. 169]: Ziegler J. C., Pech-Georgel C., George F., Lorenzi C. (2009). Speech-perception-in-noise deficits in dyslexia. Dev. Sci. 12, 732–745 10.1111/j.1467-7687.2009.00817.x
[Ref. 170]: Zion Golumbic EM, Ding N, Bickel S, Lakatos P, Schevon CA, McKhann GM, Goodman RR, Emerson R, Mehta AD, Simon JZ, Poeppel D, Schroeder CE (2013) Mechanisms underlying selective neuronal tracking of attended speech at a "cocktail party." Neuron 77:980–991. doi:10.1016/j.neuron.2012.12.037 pmid:23473326
[Ref. 171]: Bakaly establishment of more stringent moral obligation standards for BCHD, https://www.youtube.com/watch?v=RCOX_GrreIY

---

i https://www.bchdcampus.org/sites/default/files/archive-files/January-2018-Nabih-Youssef-and-Associates-Presentation_CWG.pdf
ii https://www.bchdcampus.org/faq
iii https://www.youtube.com/watch?v=RCOX_GrreIY
iv https://resources.ca.gov/CNRALegacyFiles/ceqa/docs/2019_CEQA_Statutes_and_Guidelines.pdf
v http://bchdfiles.com/docs/hlc/BCHD_DEIR_For%20Print_031021.pdf
vi https://bchdcampus.org/communityworkinggroup
vii https://www.bchdfiles.com/docs/bchd/BCHD%20Healthy%20Living%20Campus%20Master%20Plan_NOP_IS%20Checklist_062719.pdf
viii California Public Records Act response from BCHD "Charlie Velasquez <Charlie.Velasquez@bchd.org> Thu, Dec 5, 2019, 6:02 PM"
ix http://bchdfiles.com/docs/hlc/BCHD_DEIR_For%20Print_031021.pdf
x http://www.bchdfiles.com/docs/hlc/BCHD_HLC_scoping_comments_oct2.pdf
xi https://bchd.granicus.com/DocumentViewer.php?file=bchd_4733c5665b9cb92bb847803b1c2e1459.pdf&view=1
xii Mark Nelson menelson@gmail.com BCHD HLC CWG Member July 29, 2019 EIR NOP Comment Processor EIR@bchd.org SUBJECT: Comments on NOP and Response to Public Meeting Presentations
xiii Mark Nelson menelson@gmail.com BCHD HLC CWG Member July 29, 2019 EIR NOP Comment Processor EIR@bchd.org SUBJECT: Comments on NOP and Response to Public Meeting Presentations
xiv From: April Telles <afrosttelles@yahoo.com> Sent: Sunday, July 28, 2019 7:11 PM To: EIR <eir@bchd.org> Subject: Comments regarding the BCHD Living Campus Master Plan EIR
xv Bruce Steele (pt. 2) Torrance, June 17, 2020 BoD Meeting
xvi Susan Earnest 06/17/20 6:32 PM BoD Meeting
xvii Gary Dyo Torrance 06/17/20 4:16 PM BoD Meeting
xviii Bruce Szeles Torrance 06/17/20 7:05 PM BoD Meeting
xix James Light Redondo Beach 06/17/20 8:14 PM BCHD BoD Meeting
xx Redondo Beach RESOLUTION NO. CC- 1606- 052
xxi 514 N Prospect, Max height 75-feet, Avg height under 35-feet
xxii https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627884/
xxiii https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5299389/
xxiv https://books.google.com/books?hl=en&lr=&id=dEEGtAtR1NcC&oi=fnd&pg=PR5&ots=85Uef2g1gP&sig=HPoWrx5555Fr9i10Qrv8vxSHsBc#v=onepage&q&f=false
xxv https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4375361/
xxvi https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2972983/
xxvii https://pubmed.ncbi.nlm.nih.gov/15677104/
xxviii https://global.ctbuh.org/resources/papers/download/2100-when-buildings-attack-their-neighbors-strategies-for-protecting-against-death-rays.pdf
xxix https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2728098/
xxx https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3779905/
xxxi From: Lauren Berman <laurberman19@gmail.com> Sent: Wednesday, July 24, 2019 11:56 AM To: EIR <eir@bchd.org> Subject: Health District Project Concerns
xxxii Randy & Pamela Quan Torrance 06/15/20 8:55 PM June 17, 2020 BoD Mtg

xxxiii From: Philip de Wolff <p4ew@aol.com> Sent: Sunday, July 28, 2019 11:40 AM To: EIR <eir@bchd.org> Subject: BCHD Environmental Report

xxxiv Mark Nelson menelson@gmail.com BCHD HLC CWG Member July 29, 2019 EIR NOP Comment Processor EIR@bchd.org SUBJECT: Comments on NOP and Response to Public Meeting Presentations

xxxv From: April Telles <afrosttelles@yahoo.com> Sent: Sunday, July 28, 2019 7:11 PM To: EIR <eir@bchd.org> Subject: Comments regarding the BCHD Living Campus Master Plan EIR

xxxvi From: Wayne Craig <wayne@waynecraighomes.com> Sent: Monday, July 29, 2019 10:30 AM To: EIR <eir@bchd.org> Subject: BCHD - EIR Public Comments Att Nick Meseinger

xxxvii https://pubmed.ncbi.nlm.nih.gov/31514400/

xxxviii https://www.eurekalert.org/pub_releases/2020-08/b-apl081720.php

xxxix https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5893638/

xl https://ehjournal.biomedcentral.com/articles/10.1186/s12940-019-0501-7

xli https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4740122/

xlii https://jamanetwork.com/journals/jama/article-abstract/2667069?redirect=true

xliii https://www.epa.gov/pm-pollution/health-and-environmental-effects-particulate-matter-pm

xliv https://pubmed.ncbi.nlm.nih.gov/31746986/

xlv https://pubmed.ncbi.nlm.nih.gov/26426942/

xlvi https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515716/

xlvii Dr. Frank and Glenda Briganti 19616 Tomlee Ave Torrance,CA 90503 July, 26, 2019

xlviii Mark Nelson menelson@gmail.com BCHD HLC CWG Member July 29, 2019 EIR NOP Comment Processor EIR@bchd.org SUBJECT: Comments on NOP and Response to Public Meeting Presentations

xlix From: Stephanie Dyo <steph.dyo@gmail.com> Sent: Saturday, July 20, 2019 12:13 AM To: EIR <eir@bchd.org> Subject: CONCERNS to be Addressed in the EIR

l https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3757288/

li https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6901841/

lii https://www.edweek.org/leadership/low-level-classroom-noise-distracts-experts-say/2015/01

liii https://www.researchgate.net/publication/264730841_The_Effect_of_a_Noise_Reducing_Test_Accommodation_on_Elementary_Students_with_Learning_Disabilities

liv http://www.edaud.org/journal/2001/4-article-01.pdf

lv DEIR Figure 2-10 shows Towers Elementary and West High on Haul Route

lvi https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1637786/pdf/envhper00310-0128.pdf

lvii https://asa.scitation.org/doi/10.1121/1.2812596#:~:text=While%20at%20school%20children%20are,%2C%20motivation%2C%20and%20reading%20ability.

lviii https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4918669/

lix https://www.bluezones.com/2019/05/how-stress-makes-us-sick-and-affects-immunity-inflammation-digestion/

lx https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6460614/

lxi https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6033330/

lxii From: Wayne Craig <wayne@waynecraighomes.com> Sent: Monday, July 29, 2019 10:30 AM To: EIR <eir@bchd.org> Subject: BCHD - EIR Public Comments Att Nick Meseinger

lxiii Mark Nelson menelson@gmail.com BCHD HLC CWG Member July 29, 2019 EIR NOP Comment Processor EIR@bchd.org SUBJECT: Comments on NOP and Response to Public Meeting Presentations

lxiv From: peggy north <peggy58north@gmail.com> Sent: Sunday, July 28, 2019 11:44 AM To: EIR <eir@bchd.org>

lxv From: Aileen Pavlin <arpavlin@gmail.com> Sent: Saturday, July 27, 2019 9:48 AM To: EIR <eir@bchd.org> Cc: OMartinez@torranceca.gov <OMartinez@torranceca.gov> Subject: Beach Cities Health District Project

**Beach Cities Health Damages of the Proposed BCHD Project**
**DEIR Comments**

**BCHD MORAL OBLIGATION STANDARD OF HEALTH DAMAGES**
**BCHD CEO Bakaly's Stated Obligation of BCHD toward Community Health is below:**

Source: https://www.youtube.com/watch?v=RCOX_GrreIY
Bakaly Transcript

FL2-1

**it (ordinance or statute driven seismic upgrades of 514) is currently not required**
**00:41**
**to be upgraded however we are a health**
**00:44**
**district we are a health district**
**00:46**
**that has a moral obligation to be**
**00:48**
**proactive**
**00:49**
**and protect the people in our community**
**00:52**

As such, BCHD has asserted an obligation to protect the health of the community beyond any published standards, laws, or ordinance.

**BCHD NEGATIVE HEALTH IMPACTS**

**The following are negative health impacts on the community, along with a long, long list of peer-reviewed citations:**

FL2-2

**Aesthetics**

Negative Impacts: Glare, Blue Sky Reduction, Excess Nighttime Lighting, Shadowing/Shading

Negative Health Impacts: Mood Disorders, Sleep Disorders, Depression, Job Loss, Domestic Violence, Anxiety

FL2-3

**Air Quality/Emissions**

Negative Impacts: Particulate Matter, Fugitive Dust, Known VOCs, Medical Waste, Medical Radioactive Waste, Hauling Debris, Concrete Lime Dust

Negative Health Impacts: Developmental Delays, Asthma, COPD, Shortening of Lifespan, Cancer, Alzheimer's, Child-onset Alzheimer's, Breast Cancer, Elderly & Child Pulmonary Disease, Bladder Cancer, Neuroinflammation

FL2-4

**Land Use**

Negative Impacts: Inconsistency with Surrounding Land Uses, Environmental Injustice, Economic Injustice

Negative Health Impacts: Acute Stress, Chronic Stress, Diminished Health and Nutrition from Reduced Housing Values

FL2-5

**Noise**

Negative Impacts: Construction Noise, Construction Vibration, Construction Traffic, Intermittent Noise, Operational Noise, Parking Ramp Noise, Special Event Noise, Maintenance Noise, Intermittent Education Interruptions at Towers Elementary, Violation of Towers Student ADA IEP and 504 Plans

Negative Health Impacts: Mood Disorders, Sleep Disorders, Depression, Job Loss, Domestic Violence, Anxiety, Cardiovascular Disease, Stroke, Cognitive Delay

FL2-6

**Recreation**

Negative Impacts: Shading/Shadowing of Towers Elementary fields, Shading Shadowing of Residential Uses

Negative Health Impacts: Mood Disorders, Sleep Disorders, Depression, Job Loss, Domestic Violence, Anxiety, Cardiovascular Disease, Stroke, Obesity

FL2-7

**Traffic**

Negative Impacts: Safety, Emissions, Delays, Noise, Vibration, Intermittent Education Interruptions at Towers Elementary, Violation of Towers Student ADA IEP and 504 Plans

Negative Health Impacts: Mood Disorders, Sleep Disorders, Depression, Job Loss, Domestic Violence, Anxiety, Cardiovascular Disease, Stroke, Cognitive Delay, Increased Accidental Injury and Death Rates, Chronic Stress to Commuters and Residents, Breast Cancer, Elderly & Child Pulmonary Disease

**PEER REVIEWED STUDIES OF BCHD NEGATIVE HEALTH IMPACTS**

**The Following are the Peer-Reviewed Health Damages from the BCHD Development Induced Negative Impacts:**

**Chronic Stress**

Citations (representative, non-exhaustive):

https://www.bluezones.com/2019/05/how-stress-makes-us-sick-and-affects-immunity-inflammation-digestion/

https://www.bluezones.com/2012/03/maximize-health-and-longevity-using-these-stress-management-strategies/

FL2-8

https://americanbrainsociety.org/stress-the-silent-killer/

Blue Zones, a vendor of BCHD that BHCD spent over $2M with, recognizes chronic stress as the silent killer. https://easyreadernews.com/lockdown-lessons-blue-zones-founder-dan-buettner-on-how-to-make-use-of-staying-at-home/

**Noise Impacts Leading to Chronic Stress Health Damages**

The following references present peer-reviewed research between noise, chronic stress and negative health impacts. Clearly BCHD as a so-called premiere health agency is required to recognize and mitigate the impacts of chronic stress.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5898791/

The Adverse Effects of Environmental Noise Exposure on Oxidative Stress and Cardiovascular Risk
Epidemiological studies have provided evidence that traffic noise exposure is linked to cardiovascular diseases such as arterial hypertension, myocardial infarction, and stroke.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1568850/

Noise and stress: a comprehensive approach.
The thesis of this paper is that research upon, and efforts to prevent or minimize the harmful effects of noise have suffered from the lack of a full appreciation of the ways in which humans process and react to sound.

FL2-9

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2996188/

Noise and Quality of Life
The psychological effects of noise are usually not well characterized and often ignored. However, their effect can be equally devastating and may include hypertension, tachycardia, increased cortisol release and increased physiologic stress.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4873188/

Noise Annoyance Is Associated with Depression and Anxiety in the General Population

https://pubmed.ncbi.nlm.nih.gov/15070524/

Health effects caused by noise: evidence in the literature from the past 25 years
For an immediate triggering of protective reactions (fight/flight or defeat reactions) the information conveyed by noise is very often more relevant than the sound level. It was shown recently that the first and fastest signal detection is mediated by a subcortical area - the amygdala. For this reason even during sleep the noise from aeroplanes or heavy goods vehicles may be categorised as danger signals and induce the release of stress hormones. In accordance with the noise stress hypothesis, chronic stress

FL2-9 (cont.) hormone dysregulations as well as increases of established endogenous risk factors of ischaemic heart diseases have been observed under long-term environmental noise exposure. Therefore, an increased risk of myocardial infarction is to be expected.

**Traffic Impacts Leading to Chronic Stress Health Damages From Emissions and Noise**
https://pubmed.ncbi.nlm.nih.gov/29936225/
Chronic traffic noise stress accelerates brain impairment and cognitive decline

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7503511/
Traffic Noise and Mental Health: A Systematic Review and Meta-Analysis
Public policies to reduce environmental traffic noise might not only increase wellness (by reducing noise-induced annoyance), but might contribute to the prevention of depression and anxiety disorders

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2535640/
Traffic-Related Air Pollution and Stress: Effects on Asthma
Acute and chronic stress produce substantively different physiologic sequelae. Acute stress can induce bronchodilation with elevated cortisol (possibly masking short-term detrimental respiratory effects of pollution), whereas chronic stress can result in cumulative wear and tear (allostatic load) and suppressed immune function over time, increasing general susceptibility

https://pubmed.ncbi.nlm.nih.gov/18629323/
Chronic traffic-related air pollution and stress interact to predict biologic and clinical outcomes in asthma
The physical and social environments interacted in predicting both biologic and clinical outcomes in children with asthma, suggesting that when pollution exposure is more modest, vulnerability to asthma
FL2-10 exacerbations may be heightened in children with higher chronic stress.

Sirens/Emergency Vehicles Impacts Leading to Chronic Stress Health Damages and PTSD
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4918669/
The acute physiological stress response to an emergency alarm and mobilization during the day and at night

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6540098/
Impact of Stressful Events on Motivations, Self-Efficacy, and Development of Post-Traumatic Symptoms among Youth Volunteers in Emergency Medical Services

Chronic Stress Impacts on the Brain
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5573220/
Neurobiological and Systemic Effects of Chronic Stress

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5579396/
The Impact of Stress on Body Function

**Sleep and Related Mental Health Disorders**
FL2-11 Causes (includes but not limited to): sources of excess nighttime lighting, including but not limited to signage, security lighting, building window lighting, emergency vehicles, and reflected glare.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4863221/

**Increased Traffic Induced Safety Hazards**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6823720/
Road traffic safety: An analysis of the cross-effects of economic, road and population factors

https://www.cdc.gov/motorvehiclesafety/pedestrian_safety/index.html
Pedestrian Safety

FL2-12 http://www.tandfonline.com/doi/abs/10.1080/17457300.2010.517321
Older adult pedestrian injuries in the United States: causes and contributing circumstances.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4656869/
Pedestrian injuries in children: who is most at risk?

https://pubmed.ncbi.nlm.nih.gov/23684342/
Effect of nocturnal road traffic noise exposure and annoyance on objective and subjective sleep quality

**Increased Traffic Induced Emissions Health Hazards**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2844969/
Cardiovascular health and particulate vehicular emissions: a critical evaluation of the evidence

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4129915/
Air pollution and detrimental effects on children's brain. The need for a multidisciplinary approach to the issue complexity and challenges

https://ehp.niehs.nih.gov/doi/10.1289/ehp299
Multiple Threats to Child Health from Fossil Fuel Combustion: Impacts of Air Pollution and Climate Change

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311079/
FL2-13 Adverse effects of outdoor pollution in the elderly

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5559575/
Psychological Impact of Vehicle Exhaust Exposure

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5920433/
Function of PM2.5 in the pathogenesis of lung cancer and chronic airway inflammatory diseases

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6157824/
Outdoor particulate matter (PM10) exposure and lung cancer risk in the EAGLE study

https://pubmed.ncbi.nlm.nih.gov/15668476/
Breast cancer risk and exposure in early life to polycyclic aromatic hydrocarbons using total suspended particulates as a proxy measure

**Increased Construction and Ongoing Delivery Vehicle Diesel Emissions**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4894930/
Diesel exhaust: current knowledge of adverse effects and underlying cellular mechanisms

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5976105/
Diesel, children and respiratory disease

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5123782/
Bladder cancer and occupational exposure to diesel and gasoline engine emissions

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3102559/
Pulmonary effects of inhaled diesel exhaust in aged

FL2-13
(Cont.)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3423304/
Health effects research and regulation of diesel exhaust: an historical overview focused on lung cancer risk (INCLUDES SCHOOL CHILDREN)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5920433/
Function of PM2.5 in the pathogenesis of lung cancer and chronic airway inflammatory diseases

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6157824/
Outdoor particulate matter (PM10) exposure and lung cancer risk in the EAGLE study

https://pubmed.ncbi.nlm.nih.gov/15668476/
Breast cancer risk and exposure in early life to polycyclic aromatic hydrocarbons using total suspended particulates as a proxy measure

**Increased PMx Particulates from All BCHD Sources**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4740125/
The impact of PM2.5 on the human respiratory system (INCLUDES CHILD ASTHMA)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5017593/
How air pollution alters brain development: the role of neuroinflammation (INCLUDES IMPACTS ON SCHOOL CHILDREN)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5920433/
Function of PM2.5 in the pathogenesis of lung cancer and chronic airway inflammatory diseases

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6157824/
Outdoor particulate matter (PM10) exposure and lung cancer risk in the EAGLE study

https://pubmed.ncbi.nlm.nih.gov/15668476/
Breast cancer risk and exposure in early life to polycyclic aromatic hydrocarbons using total suspended particulates as a proxy measure

https://ehp.niehs.nih.gov/doi/full/10.1289/EHP4434
Prenatal Exposure to PM2.5 and Cardiac Vagal Tone during Infancy: Findings from a Multiethnic Birth Cohort

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515716/
PM2.5 and Cardiovascular Diseases in the Elderly: An Overview

FL2-13 (cont.)

https://pubmed.ncbi.nlm.nih.gov/27567860/
Cerebrospinal Fluid Biomarkers in Highly Exposed PM2.5 Urbanites: The Risk of Alzheimer's and Parkinson's Diseases in Young Mexico City Residents

**Base and Increased Emergency Vehicle Noise**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3915252/

Fighting Noise Pollution: A Public Health Strategy
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3915267/

Environmental Noise Pollution in the United States: Developing an Effective Public Health Response
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4918669/

FL2-14

The acute physiological stress response to an emergency alarm and mobilization during the day and at night
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5898791/

The Adverse Effects of Environmental Noise Exposure on Oxidative Stress and Cardiovascular Risk
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3502302/

Experimental Chronic Noise
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6735857/
Effects of traffic noise exposure on corticosterone, glutathione and tonic immobility

https://ehp.niehs.nih.gov/doi/pdf/10.1289/ehp.00108s1123
Noise Exposure and Public Health

**Window Glare Health Damages**
https://www.ncbi.nlm.nih.gov/books/NBK218977/
Light and Glare

https://global.ctbuh.org/resources/papers/download/2100-when-buildings-attack-their-neighbors-strategies-for-protecting-against-death-rays.pdf
Facade Design

FL2-15

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3972772/
Disability Glare in the Aging Eye.

https://www.researchgate.net/
Investigation on Visual Discomfort Caused by Reflected Sunlight on Specular Building Facades

**Shading/Shadowing Impacts**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2290997/
Benefits of Sunlight: A Bright Spot for Human Health

https://pubmed.ncbi.nlm.nih.gov/26098394/
Sunlight and Vitamin D: Necessary for Public Health
FL2-16

https://www.nrel.gov/docs/fy02osti/30769.pdf
A Literature Review of the Effects of Natural Light on Building Occupants

https://www.tandfonline.com/doi/full/10.1080/13574809.2018.1472523
Place value: place quality and its impact on health, social, economic and environmental outcomes

**Night Time Lighting (Signs, Parking Lots, Reflective Glare)**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2974685/
Artificial Lighting as a Vector Attractant and Cause of Disease Diffusion

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627885/
Switch On the Night: Policies for Smarter Lighting

https://pubmed.ncbi.nlm.nih.gov/26179558/
Is part-night lighting an effective measure to limit the impacts of artificial lighting on bats?

https://pubmed.ncbi.nlm.nih.gov/25526564/
Protecting the melatonin rhythm through circadian healthy light exposure

https://www.nih.gov/news-events/news-releases/outdoor-light-linked-teens-sleep-mental-health
Outdoor light linked with teens' sleep and mental health (Teen Sleep Disorders) excess night lighting
FL2-17 from signage,

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2974685/
Artificial Lighting as a Vector Attractant and Cause of Disease Diffusion

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627885/
Switch On the Night: Policies for Smarter Lighting

https://pubmed.ncbi.nlm.nih.gov/26179558/
Is part-night lighting an effective measure to limit the impacts of artificial lighting on bats?

https://pubmed.ncbi.nlm.nih.gov/25526564/
Protecting the melatonin rhythm through circadian healthy light exposure

https://www.nih.gov/news-events/news-releases/outdoor-light-linked-teens-sleep-mental-health
Outdoor light linked with teens' sleep and mental health (Teen Sleep Disorders)

**Negative Impacts of Operational Noises**
FL2-18
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3531357/

Noise Levels Associated with Urban Land Use (Health Impacts)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3971384/
Cardiovascular effects of environmental noise exposure

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6068638/
A Multilevel Analysis of Perceived Noise Pollution

FL2-18 (cont.)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3988259/
Auditory and non-auditory effects of noise on health

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608916/
Environmental noise and sleep disturbances: A threat to health

https://pubmed.ncbi.nlm.nih.gov/23684342/
Effect of nocturnal road traffic noise exposure and annoyance on objective and subjective sleep quality

**Increased Crime from Development, Construction, and the Unhoused**
https://spectrumnews1.com/ca/la-west/news/2019/05/07/crime-among-the-homeless-explodes-in-los-angeles
Crime Rate Among Homeless Skyrockets in Los Angeles

FL2-19

https://popcenter.asu.edu/content/homeless-encampments-0
The Problem of Homeless Encampments

https://xtown.la/2020/06/23/homeless-crime-los-angeles/
The number of homeless crime victims and suspects outpaces rise in homeless population

**Health Impacts in Flagler Alley**
https://spectrumnews1.com/ca/la-west/news/2019/05/07/crime-among-the-homeless-explodes-in-los-angeles
Crime Rate Among Homeless Skyrockets in Los Angeles

https://popcenter.asu.edu/content/homeless-encampments-0
The Problem of Homeless Encampments

https://xtown.la/2020/06/23/homeless-crime-los-angeles/
The number of homeless crime victims and suspects outpaces rise in homeless population

**Fugitive Dust from Construction**
https://www3.epa.gov/ttn/chief/ap42/ch13/final/c13s02.pdf
Fugitive Dust Sources

FL2-20

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5920433/
Function of PM2.5 in the pathogenesis of lung cancer and chronic airway inflammatory diseases

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6157824/
Outdoor particulate matter (PM10) exposure and lung cancer risk in the EAGLE study

FL2-20 (cont.)

https://pubmed.ncbi.nlm.nih.gov/15668476/
Breast cancer risk and exposure in early life to polycyclic aromatic hydrocarbons using total suspended particulates as a proxy measure

**Construction Noise Impacts**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608916/
Environmental noise and sleep disturbances: A threat to health

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6068638/
A Multilevel Analysis of Perceived Noise Pollution

FL2-21

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3988259/
Auditory and non-auditory effects of noise on health

https://pubmed.ncbi.nlm.nih.gov/23684342/
Effect of nocturnal road traffic noise exposure and annoyance on objective and subjective sleep quality

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3162363
Environmental Stressors: The Mental Health Impacts of Living Near Industrial Activity

**Asbestos Poisoning Impacts**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4202766/
Asbestos Exposure among Construction Workers During Demolition

https://www.sokolovelaw.com/blog/buildings-demolished-without-asbestos-abatement/
Can Buildings Be Demolished Safely Without Asbestos Abatement?

https://www.epa.gov/sites/production/files/2016-07/documents/453-b-16-002a.pdf
Guidelines for Enhanced Management of Asbestos in Water at Ordered Demolitions

FL2-22

https://www.epa.gov/sites/production/files/2017-06/documents/asbestos_scope_06-22-17.pdf
Scope of Risk Evaluation

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5036735/
GHG and Asbestos

https://www.niehs.nih.gov/health/assets/docs_f_o/homeowners_and_renters_guide_to_asbestos_cleanup_after_disasters_508.pdf
Homeowners guide to asbestos cleanup

**Water Runoff Construction and Continuing Operations**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5954058/

FL2-24

Evaluation of the impact of construction products on the environment by leaching of possibly hazardous substances

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448005/

Public Health Effects of Inadequately Managed Stormwater Runoff

https://pubmed.ncbi.nlm.nih.gov/21902038/

Leaching of additives from construction materials to urban storm water runoff

FL2-24 (cont.)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4149883/

Storm water contamination

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1862721/

The challenge posed to children's health by mixtures of toxic waste

**Negative Impacts of Reduced Privacy**

https://www.aia.org/pages/22356-designing-for-invisible-injuries-an-explorat?tools=true

FL2-25 Designing for Invisible Injuries

https://bridgehousing.com/PDFs/TICB.Paper5.14.pdf

Trauma Informed Community Building

**Cardiovascular Risk from Noise**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3971384/

Cardiovascular effects of environmental noise exposure

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5898791/

FL2-26 The Adverse Effects of Environmental Noise Exposure on Oxidative Stress and Cardiovascular Risk

https://ehp.niehs.nih.gov/doi/pdf/10.1289/ehp.00108s1123

Noise Exposure and Public Health

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6078840/

The acute effect of exposure to noise on cardiovascular parameters in young adults

**Blue Zones (Dan Buettner/BCHD) Damages from Stress/Chronic Stress**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6125071/

Dan Buettner - Blue Zones Lessons From the World's Longest Lived

FL2-27 "Stress leads to chronic inflammation, associated with every major age-related disease"

https://www.bluezones.com/2019/05/how-stress-makes-us-sick-and-affects-immunity-inflammation-digestion/

FL2-27 (cont.)

How Stress Makes Us Sick

https://www.bluezones.com/2012/03/maximize-health-and-longevity-using-these-stress-management-strategies/
Stress Management Strategies

https://www.bluezones.com/2018/01/20-habits-healthier-happier-life/
Avoid Chronic Stress

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1568850/Noise and Stress: A comprehensive approach impaired cognitive function/
Noise and Stress: A comprehensive approach

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3162363/
Environmental Stressors: The Mental Health Impacts of Living Near Industrial Activity

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2535640/
Traffic-related Air Pollution and Chronic Stress: Effects on Asthma

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222511/
Critical Biological Pathways for Chronic Psychosocial Stress