1.0 INTRODUCTION

1.1 INTRODUCTION

This Final Environmental Impact Statement (EIS) evaluates the potential environmental effects associated with implementing the Long Range Development Plan (LRDP) for the San Francisco Veterans Affairs Medical Center (SFVAMC) at Fort Miley in San Francisco, California (SFVAMC Fort Miley Campus).

This EIS has been prepared consistent with the National Environmental Policy Act (NEPA) (42 U.S. Code Sections 4321–4370d [1994]); the Council on Environmental Quality (CEQ) Regulations for Implementing the Procedural Provisions of NEPA (40 Code of Federal Regulations [CFR] Parts 1500–1508 [2004]); the Environmental Effects of the Department of Veterans Affairs Actions (38 CFR 26); and the U.S. Department of Veterans Affairs (VA) NEPA Interim Guidance for Projects. This EIS is intended to provide a full and fair discussion of environmental impacts associated with a range of alternatives and to inform decision-makers and the public. This EIS will be used in conjunction with other relevant materials to plan actions and to make decisions.

VA is the lead agency responsible for the NEPA evaluation of the Proposed Action and has prepared this EIS. SFVAMC has identified a need for retrofitting existing buildings to meet the most recent seismic safety requirements, and for providing an additional 589,000 square feet of medical facility space, so that it can continue offering combined clinical, research, and educational programs to satisfy the needs of all San Francisco Bay Area and North Coast Veterans over the next 15 years.

1.2 OVERVIEW AND BACKGROUND

VA’s Mission Statement is “to fulfill President Lincoln’s promise ‘To care for him who shall have borne the battle, and for his widow, and his orphan’ by serving and honoring the men and women who are America’s Veterans.” The mission of the Veterans Health Administration (VHA) branch of VA is to “Honor America’s Veterans by providing exceptional health care that improves their health and well-being.” In fulfillment of this mission, VHA provides comprehensive, integrated health care services to Veterans and other eligible persons, teaches health care providers, and performs research. VA also provides emergency management services and supports the U.S. Department of Defense (DoD).

Between 1930 and 2012, VA health care system grew from 54 hospitals to include 152 medical centers, more than 1,400 outpatient clinics, 135 Community Living Centers, and 48 domiciliaries (VA, 2014).1 The number of Veterans requiring VA health benefits has grown during the last decade. The growing population of Veterans (both service-connected and non-service-connected) seeking health care services has resulted in an increase in the demand for medical facilities, including research space, on VA medical center campuses. Figure 1-1 shows SFVAMC’s location in the region and the locations of some of the other VA facilities around the San Francisco Bay Area. As indicated in the figure, VA has facilities in many different cities throughout Northern California: Clearlake, Eureka, Fremont, Martinez, Menlo Park, Oakland, Palo Alto, San Bruno, Santa Rosa, Sausalito, Ukiah, Vallejo, and several other locations.

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1 A domiciliary provides residential rehabilitation treatment programs for a wide range of problems including medical, psychiatric, vocational, educational, and social.
Figure 1-1: Location of SFVAMC and Other VA Facilities

Source: Data provided by SFVAMC Engineering Service in 2013
VA operates SFVAMC, located at Fort Miley in San Francisco (Figure 1-2). The Fort Miley Military Reservation was first conceived in 1850, when President Millard Fillmore set aside Point Lobos for military purposes, but the land was not officially acquired from the City and County of San Francisco until 1893. Approximately 29 acres of the land were transferred from the U.S. Army to VA in 1932 for construction of a new Veterans hospital and diagnostic center to provide health care options to the San Francisco Bay Area’s Veteran population. This area became SFVAMC in 1934 and was included in VA’s VHA system. The only VA medical center in San Francisco, SFVAMC also serves Veterans from the North Coast of California.

The existing (2012) SFVAMC Fort Miley Campus facilities occupy approximately 1 million square feet and include a 124-bed tertiary care hospital, primary and specialty care services, and a 120-bed Community Living Center (VA, 2014). SFVAMC has a long history of conducting cutting-edge research, establishing innovative medical and education programs, and providing compassionate care to Veterans.

In 2012, SFVAMC served more than 179,000 Veterans in Marin, Napa, Sonoma, Lake, Mendocino, Humboldt, San Francisco, and San Mateo Counties (VA, 2014). SFVAMC has several national centers of excellence in the areas of epilepsy treatment; cardiac surgery; posttraumatic stress disorder (PTSD); human immunodeficiency virus (HIV); and renal dialysis. SFVAMC has many other nationally recognized centers and programs including the Parkinson’s Disease Research, Education, and Clinical Center; the Hepatitis C Research and Education Center; the Mental Illness Research & Education Clinical Center; and the Western Pacemaker and AICD Surveillance Program. SFVAMC has been designated as one of only five VA Centers of Excellence in Primary Care Education in the U.S. and has been selected as a community resource and referral center, making it only one of 12 locations designed to serve homeless and at-risk-for-homeless Veterans and their families. Furthermore, SFVAMC was the first VA medical center to perform magnetic resonance imaging (MRI)–guided deep brain stimulation surgery and is one of only a few VA medical centers to perform state-of-the-art transcatheter aortic valve replacement surgery.

SFVAMC works to develop collaborative relationships with its community partners. Partnerships with Veteran Service Organizations, local governmental agencies, businesses, and nonprofit organizations and service/community groups play an important role in fostering and enhancing care and services provided to Veterans and their families. SFVAMC has had a strong affiliation with the University of California, San Francisco (UCSF) School of Medicine for more than 50 years; however, SFVAMC and UCSF operate independently with their own facilities, programs, and budgets. Physicians are jointly recruited by SFVAMC and the UCSF School of Medicine, resulting in active and vibrant education and research programs that allow SFVAMC to recruit and retain some of the most highly successful and sought-after clinicians to enhance clinical care for Veterans. SFVAMC-funded training programs currently include 196 residency and fellow positions and 40 allied health professionals. More than 700 UCSF trainees from 36 programs rotate through SFVAMC on an annual basis.

The research conducted at SFVAMC not only focuses on improving health care for Veterans, but also serves as an important resource for the nation. The results of this research usually have a larger benefit in that they advance medical technology and care for the community as a whole. SFVAMC has the largest funded research program in the VHA system, with more than 200 principal investigators, 790 projects, and $87 million in research expenditures in the 2012 fiscal year (VA, 2014). Areas of particular interest are prostate cancer, aging, cardiovascular disease, lung disease, kidney disease, HIV, hepatitis C, bone disease, breast cancer, PTSD, substance abuse, neurological diseases, traumatic brain injury, schizophrenia, dementia, health services research,
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Source: Data provided by SFVAMC Engineering Service in 2010

Figure 1-2: Location of SFVAMC Fort Miley Campus in San Francisco

Source: Data provided by SFVAMC Engineering Service in 2010
and advanced medical imaging. SFVAMC is one of the few medical centers in the world that is equipped for studies using both whole-body MRI and spectroscopy, and it is the site of VA’s National Center for the Imaging of Neurodegenerative Diseases, one of the largest research groups in the world focusing on MRI of neurodegenerative diseases. The advancement of research at this level depends on maintaining strong linkages between research and clinical practices, which can be done most effectively when facilities are designed to co-locate functional spaces that encourage daily interaction on Campus.

SFVAMC also partners with the Northern California Institute of Research and Education (NCIRE)–Veterans Health Research Institute, a nonprofit research organization that was established in 1988 to administer health research at the SFVAMC Fort Miley Campus. NCIRE supports the research of more than 300 principal investigators at the SFVAMC Fort Miley Campus who are working to improve health and health care for Veterans and active military personnel. Their work is on the frontiers of many fields, including brain imaging, neurodegenerative disease, PTSD, fracture, cardiovascular disease, cancer, hepatitis, and HIV. Many of NCIRE’s principal investigators are also directly involved in patient care at SFVAMC.

In addition, SFVAMC maintains a unique partnership with DoD to study the basic neuroscience and neuroimaging of combat-related brain, spinal cord, and bone injuries; PTSD and other neurological combat-related injuries; and predictors of injuries of war fighters. DoD considers this program to be a national resource.

SFVAMC has established a unique partnership with City College of San Francisco to provide mental health services and outreach to Veterans. Mental health and outreach staff members are on-site at City College 5 days per week to provide social work services, evidence-based mental health care, and health-benefits counseling to more than 1,300 student Veterans. SFVAMC was one of the first VA medical centers in the country to establish a full-time partnership with a college or university. The City College program was recognized with a 2013 Psychiatric Services Achievement Award (Silver) presented by the American Psychiatric Association.

In 2012, SFVAMC served approximately 1,700 Veterans daily, including inpatients, outpatients, and Community Living Center residents. In fiscal year 2011, the baseline year for the EIS, SFVAMC treated more than 37,000 unique patients with more than 326,000 outpatient visits and 5,600 inpatient stays. In fiscal year 2013, the medical center treated 59,804 unique patients who had 444,016 outpatient visits and 5,271 inpatient visits to the SFVAMC Fort Miley Campus. The SFVAMC Fort Miley Campus has a daily population of more than 3,500 staff members, contractors, and volunteers. This estimate includes both SFVAMC employees and visiting employees affiliated with UCSF and other hospitals.

SFVAMC has identified a deficiency of 589,000 square feet of building space needed to continue to provide necessary services to Veterans (VA, 2014). This amount of space is needed to adequately serve San Francisco Bay Area and North Coast Veterans through the year 2030.

1.3 SUMMARY OF PROPOSED ACTION

The Proposed Action is an LRDP that supports the mission of SFVAMC to provide for the health care needs of Bay Area and North Coast Veterans by providing for the renovation, expansion, and operation of the SFVAMC Fort Miley Campus. The existing Campus lacks the appropriate space to conduct research and clinical, administrative, and educational programs. The LRDP provides a tool to enhance the SFVAMC Fort Miley Campus’s ability to provide quality health care services and research opportunities to Veterans.
Campus so that it can continue to be a state-of-the-art medical facility to serve Veterans now and in the future. The LRDP includes modernizing existing facilities; retrofitting or replacing seismically threatened buildings; creating new structures to house patient care, education, administrative, hoptel, and research functions; and providing increased parking for Veterans, staff members, and visitors. The LRDP would be implemented in two phases over about a 15-year time frame from 2013 through 2027 (VA, 2014). For a more detailed description of the Proposed Action Alternatives, including information regarding square footage and phasing, see Chapter 2.0, “Alternatives.”

1.4 PURPOSE OF AND NEED FOR THE PROPOSED ACTION

The purpose of the Proposed Action is to meet VHA’s mission of providing comprehensive, high-quality health care services that improve the health and well-being of Veterans and other eligible persons in the San Francisco Bay Area and Northern California. The need for the Proposed Action is to address the area’s current and future capacity issues brought about by the growing Veteran population, to better serve the ever-changing health care needs of the growing Veteran population, and to provide safe and appropriate facilities for providing health care services and conducting research.

SFVAMC, the only VA medical center in San Francisco, has major space and parking deficiencies at its existing Fort Miley Campus. The mission of SFVAMC is to continue to be a major primary and tertiary care medical center providing high-quality care to eligible Veterans in the San Francisco Bay Area and on the North Coast. SFVAMC strives to deliver needed care to Veterans while contributing to health care knowledge through research. SFVAMC is also a ready resource for DoD backup, serving as a Federal Coordinating Center in the event of a national emergency. New major construction initiatives would transform the Campus, providing seismic improvements and additional facility space over the next 15 years. VA can meet its mission more effectively by integrating clinical care, education, and research, because such integration makes for more efficient and progressive overall care for Veterans.

The overarching goals of the Proposed Action include:

- Enhance the SFVAMC Fort Miley Campus function as a significant resource and facility for Veterans and their families.
- Continue to provide personalized, proactive, patient-centered care to Veterans well into the future.
- Provide appropriate space to conduct/manage clinical, administrative, educational, and research programs.

The specific objectives of the Proposed Action are as follows:

- Strengthen and enhance inpatient and outpatient primary and specialty care for San Francisco Bay Area and North Coast Veterans.
- Retrofit existing buildings to the current seismic safety requirements to meet current VA Seismic Design Requirements (VA Directive H-18-8), in compliance with Executive Order 12941.
- Improve the efficiency of clinical and administrative space through renovation and reconstruction.

A hoptel is an overnight, shared lodging facility for eligible Veterans receiving health care services. This temporary lodging is available to Veterans who need to travel 50 or more miles from their homes to the existing SFVAMC Fort Miley Campus.
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- Meet patient privacy standards and resolve Americans with Disabilities Act deficiencies.
- Provide appropriate space for educational and research programs and activities.
- Address the space deficiency at SFVAMC.
- Ensure that parking supply meets current and future demands.
- Improve internal and external Campus circulation, utilities, and infrastructure.
- Maintain/improve public transit access to the SFVAMC Fort Miley Campus.

1.5 LOCATION AND SETTING OF EXISTING SFVAMC FORT MILEY CAMPUS

The existing SFVAMC Fort Miley Campus is located at 4150 Clement Street in northwestern San Francisco, adjacent to the outer Richmond neighborhood, approximately 2 miles west of State Route (SR) 1 (also known in this area as Park Presidio Boulevard) (Figure 1-2). The Campus is situated approximately 6 miles west of downtown San Francisco. The Campus is located on federal lands that are owned by VA.

The SFVAMC Fort Miley Campus encompasses approximately 29 acres. The Campus is bordered by Clement Street and private residential uses to the south, and by National Park Service–managed lands to the north, east, and west (Figure 1-3).

Regional access to and from the SFVAMC Fort Miley Campus is provided by SR 1, U.S. Highway 101 (U.S. 101), Interstate 80 (I-80), and Interstate 280 (I-280). Specifically, regional access to and from the Campus and the East Bay is provided by I-80 and the Bay Bridge, via U.S. 101; access to I-80 is provided via the U.S. 101 on- and off-ramps at the Octavia Boulevard/Market Street intersection, followed by an interchange with I-80. Regional access to and from the Campus and South Bay is provided by SR 1 (Park Presidio Boulevard) and I-280; access to I-280 is provided via its interchange with SR 1 south of the Campus. Regional access to and from the Campus and the North Bay is provided by the Golden Gate Bridge via 25th Avenue and SR 1 (Park Presidio Boulevard); access to 25th Avenue and SR 1 is provided via their intersections with Clement Street and Geary Boulevard.

Local access to the SFVAMC Fort Miley Campus is provided by either 42nd Avenue or 43rd Avenue via Clement Street or Geary Boulevard. Clement Street is an east-west roadway that runs from 45th Avenue to Arguello Boulevard, and Geary Boulevard is a major east-west roadway that runs between 48th Avenue and Gough Street (and westbound only from Market Street). On-street parking is allowed on both sides of the streets that surround the Campus.

Internal access within the SFVAMC Fort Miley Campus is provided via Fort Miley Circle and Veterans Drive. Fort Miley Circle is a two-way internal roadway located completely within the Campus. It provides one travel lane in each direction. Fort Miley Circle connects with Veterans Drive and forms an access loop around the perimeter and through the center of the site.
Figure 1-3: Layout of Existing (2012) SFVAMC Fort Miley Campus
As shown in Figure 1-3, the SFVAMC Fort Miley Campus contains 38 buildings totaling approximately 987,500 square feet of habitable development, including all of the following facilities:

- One inpatient hospital building
- One outpatient clinical building
- One building for outpatient mental health care and research
- Research buildings
- Engineering buildings
- Two hotel buildings (short-term patient accommodations)
- A Community Living Center
- Administrative/office buildings
- Various storage, infrastructure, and other facilities

In addition, 10 surface parking lot areas and two parking structures provide a total of 1,253 parking spaces. Also, a helipad (designated with an “H” in Figure 1-3) is located at the northwestern corner of the SFVAMC Fort Miley Campus.3

### 1.6 NEPA ANALYSIS OF THE SFVAMC LRDP

#### 1.6.1 Master Planning at the SFVAMC Fort Miley Campus

As part of its general facility master planning and in accordance with the result of a settlement agreement (specifically Amended Settlement Agreement No. CB06B02321), VA compiled an Institutional Master Plan (IMP) that was shared with the public in 2010. In Chapter 2.0 of this EIS, the IMP is also referenced as the “Full Buildout” plan.

Based on a combination of feedback and further master-planning development over the subsequent 2 years, the IMP was revised into the LRDP. The LRDP further developed and refined a longer range master plan at a much smaller scope than was presented in the IMP. This 2012 LRDP was the basis for the Proposed Action evaluated in the August 2012 Draft EIS.

Following publication of the Draft EIS in August 2012, public and agency comments were submitted to VA at public meetings and during the public comment period. These comments, coupled with refinements made to individual project design and the overall master plan, resulted in a revised LRDP, which was released in January 2014. Minor clarifications and modifications were added to the revised LRDP later in 2014, and these changes to the Proposed Action are evaluated in this Final EIS.

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3 The helipad is used for national-emergency situations and preparation drills that are communicated ahead of time to the local community.
1.6.2 Components of Short-Term (Phase 1) versus Long-Term (Phase 2) Projects

The LRDP represents the master plan for both the short-term (Phase 1) and long-term (Phase 2) development at the existing SFVAMC Fort Miley Campus. It includes the program and phasing of projects in the short term (Phase 1) through mid-2020, and the long term (Phase 2) through the year 2027. Note that long-term (Phase 2) projects would commence in late 2020, contingent on the completion of short-term (Phase 1) projects, availability of adequate funding, and potentially the ability of VA to acquire real property.

This EIS includes a project-level analysis for short-term (Phase 1) projects and a program-level analysis for long-term (Phase 2) projects. Long-term (Phase 2) projects for SFVAMC may require additional or supplemental project-level environmental review at a later date. See Chapter 2.0, “Alternatives,” of this EIS for a breakdown of the details of short-term (Phase 1) versus long-term (Phase 2) projects.

This EIS also incorporates those proposed projects for which NEPA environmental assessments (and associated findings of no significant impact) have already been issued. 4

1.7 NEPA PROCESS AND PUBLIC INVOLVEMENT

1.7.1 NEPA-Specific Process and Public Involvement

Public Scoping Period

The EIS process is designed to involve the public and agencies. CEQ regulations implementing NEPA (40 CFR 1501.7) require an early and open process for determining the scope of issues that should be considered in an EIS. VA initiated the scoping process on October 12, 2010, by publishing a notice to prepare an EIS in a local newspaper, the San Francisco Chronicle, and by sending copies of the notice to federal, State, and local agencies, and other parties known or expected to be interested in the Proposed Action under consideration. VA extended the 30-day public scoping comment period to 60 days, with the end date changing to December 12, 2010. In addition, VA opened another public scoping period starting on March 30, 2011, following publication of the Notice of Intent (NOI) to prepare an EIS in the Federal Register (Volume 76, Number 61). The NOI is included in Appendix A, and an electronic copy of the NOI was posted on SFVAMC’s Web site (http://www.sanfrancisco.va.gov/planning/EIS.asp).

A scoping meeting was held on October 26, 2010, to inform the public about the Proposed Action under consideration and to solicit the public’s participation and comments. The scoping meeting was held at the SFVAMC Fort Miley Campus Auditorium. Approximately 18 people attended the meeting, and six of them provided public comments. A second scoping meeting was held on April 26, 2011, with 13 people in attendance, and 11 of them provided public comments. In total, 22 written comment letters were received during the scoping periods. These comments were taken into consideration throughout the evaluation of the Alternatives and potential environmental impacts in the Draft EIS. The comment letters and summaries of verbal comments are included in Appendix A.

4 Environmental assessments for proposed Buildings 211, 41, and 22 and seismic retrofits of Buildings 9, 10, and 13 have been incorporated into this EIS.
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Preparation and Public Review of the Draft EIS

In accordance with NEPA requirements, VA reviewed and incorporated comments received during the public scoping period into its August 2012 Draft EIS. In addition, the Draft EIS assessed the potential environmental impacts associated with implementation of the 2012 LRDP. An electronic copy of the Draft EIS and the Notice of Availability (NOA) of a Draft EIS were posted on SFVAMC’s Web site (http://www.sanfrancisco.va.gov/planning/EIS.asp). VA initiated the public comment period on the Draft EIS on August 17, 2012, following publication of the NOA in the Federal Register (Volume 77, Number 160) and in the San Francisco Chronicle on August 17, 2012. VA extended the 60-day Draft EIS public review and comment period by another 2 weeks, with the end date of October 31, 2012. Notification of the extension was provided in the Federal Register (Volume 77, Number 200) and in the San Francisco Chronicle on October 16, 2012.

A public meeting regarding the Draft EIS was held on September 20, 2012, at the SFVAMC Fort Miley Campus Auditorium. In total, 11 written comment letters were received during the public comment period, and 10 public speakers provided verbal comments during the Draft EIS public meeting. These comments influenced the development of and were taken into consideration in a revised LRDP. The comment letters and the transcript of verbal comments received during the public meeting are included in Appendix A.

Supplemental Draft EIS and Final EIS

VA has reviewed and considered comments received during the Draft EIS and Supplemental Draft EIS public comment periods in order to complete the Final EIS. As described above, comments received during the public comment periods, coupled with refinements to individual project designs and the overall master plan, resulted in a revised LRDP that was released in January 2014. Minor clarifications and modifications were added to the revised LRDP later in 2014 and are posted on SFVAMC’s Web site (http://www.sanfrancisco.va.gov/planning/LRDP.asp). Public review of the Supplemental Draft EIS took place from March 9, 2015 until May 7, 2015, and a public Supplemental Draft EIS meeting was held at the SFVAMC Fort Miley Campus Auditorium during this period on April 14, 2015. The public’s input, including feedback from applicable resource and permitting agencies has been taken into consideration in this Final EIS. An electronic copy of the Final EIS is posted on SFVAMC’s Web site (http://www.sanfrancisco.va.gov/planning/EIS.asp).

1.7.2 Other Public Involvement Processes

SFVAMC conducts meetings with the local community, Veterans groups, volunteer organizations, congressional staffers, and other community representatives. SFVAMC also meets regularly with representatives of the National Park Service Golden Gate National Recreation Area, which maintains the land bordering the SFVAMC Fort Miley Campus. Meetings have also been held with staff members, volunteers, Veterans service organizations, congressional representatives, and other stakeholders to discuss issues related to SFVAMC in an open forum.

In addition, meetings were held on February 27, June 24, and December 11, 2014, to inform the public of changes made to the LRDP, which is posted on SFVAMC’s Web site (http://www.sanfrancisco.va.gov/planning/LRDP.asp).

Meetings were also held with the LRDP Programmatic Agreement Consulting Parties as part of the National Historic Preservation Act Section 106 process on December 10, 2013, and March 12, 2014; with the U.S. Environmental Protection Agency as part of the NEPA and Clean Air Act Section 176 processes on August 7,
2014; and with the California Coastal Commission as part of the Coastal Zone Management Act Section 307 process on December 2, 2014.

1.8 REFERENCES