



**City and County
of San Francisco** THURSDAY, OCTOBER 17, 2013

>> good morning and welcome to the thursday October 17th regular meeting of the neighborhood and services and safety committee, and my name is david campos, we are joined by mar, and yee is not able to be here today and I would like to begin by having a motion to excuse supervisor yee. if we can take that without objection?

>> also I want to acknowledge that the clerk of the committee derek evans and the sfgtv staff who are covering the meeting.

>> do we have any announcements? Naoe. Make sure to silence all cell phones and electronic devices, complete the speaker cards and copies of documents to be submitted should be submitted to the clerk.

>> thank you very much.

>> if you could call the first item.

>> item one is a hearing for the outpatient dialysis center to explore the impacts of the patient health and worker well-being of the department's dialysis services are contracted out for the company and the impact of moving it from the current location.

>> I have introduced this and I appreciate the department of public health and all of the folks from the city agencies that are here and I want to thank all of the members of the public including many folks it is difficult to make it to the city hall and I understand the importance of it for them and i will be brief and simply say that it very well be that what is being proposed by the department of public health is the right thing to do, maybe it is the right way to do it. But I do believe that there is a certain significance to what is being proposed and that when someone as important as moving this kind of service is being proposed, that we owe it to ourselves and to the public in particular and owe it to the workers and the patients who benefit from the services and rely on the services for literally their livelihood. To make sure that we are making the right decision and executing in the right way. With that, I would like to ask representatives from the department of public health to please come up and talk about the proposal. And as I understand it, we have rolin pickens from san francisco, general hospital. And as well as michael herosi who the executive officer of honda and as well as Mr. Wagner and greg wagner who is the chief financial officer and former budget director of the city and county of san francisco. So, thank you very much. Welcome to the committee. And the floor is yours.

>> thank you very much, supervisor campos.

>> again, chief operating officer at sf general. and I am joined by keorosi the executive administrator at laguna hospital and Dr. Sam james of the center at sfgh. And we are happy to take a few moments to review the current state of affairs of the dialysis center and the plans that are moving forward and we provided you with a copy and i have brought up the presentation on the screen here.

>> do you have any extra copies for the public

>> sure. I got some. I got about...

>> thank you.

>> 6 copies.

>> thank you.

>> if any member of the public would like to have one of those proceed.

>> you will see in the packet, absolutely, and you will see in your packet, the sfghg center is currently operated by ucsf under a contract and there are approximately 229 patients who are followed by the ucsf and the physicians to provide the outpatient dialysis services. Of those 229 patients, only about 197 or so actually receive their services at the sfgh

renal center and more than 130 are actually followed by the nephrologists because we lack the physical capacity to see them. And that would be our preference. And so in terms of why, the relocation proposal from sfgh to laguna honda? It is a matter of space and regulatory compliance. We want to make sure that the patients have the space that they need and the space to take care of all of our patients within our network and not have to have the nephrologists go to the centers because we lack that capacity at sfgh. This next slide gives.

>> before you do that.

>> I want to ask you something, in the prior slide, have you one of the last bullet is eliminates negative operating financial margins, can you talk about that? How much are we talking about?

>> it comes up in a slide.

>> okay, never mind.

>> thank you.

>> and so, again just a brief history, this opened back in 1967, through a grant. And was operated by the ucsf medical center up until 2003. And at that time, the department of medicine and the school of medicine, took over the operation and then also, again in 2003, the department of medicine, transferred operation to sfgh and dph because they were no longer able to do the operation and so dph contracts with ucsf to provide that continuity going back to the beginning of the facility. And in the terms of current operations we have 13 chairs, for dialysis and run several different shifts trying to optimize the capacity. And the shifts were added over the last two years, just to provide more, and so they are very early morning shifts weekend shifts and late evening shifts just to maximize the capacity of those limited 13 chairs. and in addition, to those 13 chairs, there is also a home dialysis component, which is called capd, continuous dialysis and there are about 30 patients who come in to the dialysis center at sfgh to receive their education, orientation and how to do the dialysis at home and they are usually able to self manage and be able to come in periodically and it is one of the better home dialysis programs in the city and state and they have done a great job doing that. Just a brief overview of just some of the data in terms of numbers over the past few years. You can see that the number of sessions has increased as the need for dialysis has increased in terms of just chronic and real disease being and increasing burden on the population and in addition to those expansion of the additional shifts we have been able to see more patients within those 13 chairs. But at this point, we are maxed out. And we can't provide any more access in the space that we have. And in terms of that space, I think that this is the crux of the issue. In 2010. centers for medicare and medicaid services introduced new fire life safety codes, those codes, for the buildings that currently houses the dialysis center does not meet both the fire and life safety codes and so we have been and continue to live on borrowed time and at any point, when cms comes back to do the regulatory investigation, we will not pass, we don't meet the requirements for the physical, constraints of a building. And a brief overview, in terms of the patients who actually receive services at the sfgh location, and this gives you a zip code and break down and district break down. And also it shows miles to sfgh and smiles to laguna honda. And so we recognize, transportation, is an issue, and as part of this process, we are committed to doing anything that we can to bring resources to help to mitigate any transportation barriers that might be presented as a result from the move from san francisco general to laguna.

>> can I ask you about this slide, what does it mean when it says ward 17 and com sites? What is the difference between the two?

>> the ward 17 is the building, the building 100 at sfgh, that is where the current facility is located and community sites represents the number of patients who are followed by the sfgh but they are actually out in the community sites, say north beach, webster street because we don't have the capacity to follow them at sfgh.

>> thank you.

>> in terms of transportation, those patients who are currently coming to ward 17, this is the information in terms of how they get there currently as best as we know it. About 40 patients are using a van service. And about 12 come by private car. Four have been from our behavior health center on the sfgh campus and so they come over for the dialysis service and then go back to the center. and you will see a vast majority are shown as using public transit. In terms of again, the issue of transportation and relocation from sfgh to laguna, one of the advantages that we see is that laguna is right there at the forest hills station in terms of muni transport and that laguna has expanded their van service to the glen park station and I am looking at this is that still in place? Do we know? Okay. And so, that is actually still in a planning process.

>> okay.

>> and we have information from those that go to laguna honda and in terms of those patients on public transportation that might continue to choose to go via that method. In just a couple of slides in terms of how does the current sfgh center compare it other centers in san francisco and it is right at the top. We perform as good or better than most of the other sites and that is a testament to the staff. At the center. some other related issues in terms of the current situation, at sfgh. We will remember that voters approved proposition 8 a rebuild san francisco general. That rebuild was only for the in-patient acute services at the hospital. And ideally we would have loved to have been able to put a new dialysis center in that building. But the bond measure did not include financing, nor did the designer of that building include that. And we have just a couple of statements from our david pierce, the physician over the renal service, and niel pope the chief of medicine that talk about there being no significant difference between sfgh community dialysis centers.

>> supervisor mar?

>> yeah, on the prop eight bond that I know a lot of people in the audience supported, why didn't it include, critical services like this in the bond?

>> yeah. my understanding at the time there was concern about the size of the bond measure. And that in order to keep that bond and measure at or the lowest cost possible, only the most essential services that are required by regulatory bodies for an acute care hospital. because remember the whole point of the seismic safety laws was for acute care hospitals to meet seismic standards for the patients who are not able to self-rescue or ambulate. So the decision was made in order to minimize the effect on the city taxpayers of that bond, only the essential things are going to move. for example the dietary service for that new hospital will actually remain in the old hospital because it was not essential, and required for regulatory purposes.

>> who made that decision?

>> that was at the highest ranks of the department of public health and the mayor's office at the time. And the health commission

>> the mayor and the department of public health?

>> my understanding is that the appropriate and I was not part of the process. I know from what I have heard, whatever the process is for determining how bonds are put together for the city there was a back and forth.

>> and why would not a dialysis renal service be essential service?

>> well, it is essential but it is not for acute in-patients that new building is focused on acute-in-patient services.

>> okay.

>> and in terms of reasons for the rfp...

>> before you do that, do I want to follow up on one of the slides because I want to understand, and make sure that I understand this live, and go back to page 7, and as a understand, the columns, where it says, miles to sfgh, that column basically shows you the distance that folks and war in 17 and the community sites have to travel to sfgh, right?

>> that is correct.

>> and miles to lagno. A honda.

>> and that shows the miles this they have to travel?

>> that is right.

>> kie get my math wrong but just based on this it looks of the 97 patients that you have, at ward 17, 92 are going to have to travel much father, to laguna honda than they do to sfgh. 92 of 97.

>> that is correct.

>> and then, if you look at the other column of 132 patients that are community sites, of the 132, 123 of going to have to travel a much longer distance to laguna honda.

>> that is correct.

>> and in terms of reasons for the rfp, the city is, it is dedicated to making sure that we have a facility for our most vulnerable patient and in particular those that have been coming to sfgh for many years for their service and it is a matter of how we can consider to have the regulatory compliant and seismically safe space and in looking at all of our options because there is no space at sfgh. That laguna representing the benefits of the hospital have a lot of unused space that meets the requirements that we can relocate the service. Getting back to the question about finances. And you will see the number at the bottom where you see the revenue of loss and gain, represents the actual operations of the unit in terms of expenses for labor, and supplies, and verses, reimbursements, from the third party payers and it was just a slight loss and they actually do a great job considering the space constraints that they almost break even and in addition to that the \$10,000 loss, under managed care, we have several patients because we don't have the chairs at sfgh, that have to receive our services in community sites and in the department of public health has to pay for that out of the payments so about \$20,000 a month in out of network costs because we don't have the space to do it at the hospital.

>> so am I correct in saying that money is not a big part of the consideration?

>> no.

>> it is very small.

>> this is not about money, this is about we are on borrowed time, at any moment, cms will come in and they are already two years overdue for their inspection and when they come in we will not pass. And they have the option to shut us down.

>> okay.

>> I think that we have talked about the time, well let's look at the time line in terms of... So our plan has been to hopefully have relocated to laguna honda by now and knowing that we were on this borrowed time because we are due for our cms survey, actually two years ago and so we are expecting them. But we have developed this rfp, the process started over a year ago. And the rfp was let by dph and it is actually going through the process now.

>> was the rfp, ever presented to, or discussed or voted on by the health commission?

>> yes it was.

>> and I would just ask, the members of the public, you will have an opportunity to comment, if we could let you finish. Could you tell me when that was considered?

>> I don't have the right exact date in front of me. We can certainly check with the secretary of the health commission, but it would have been around, I believe, April or May or June of last year.

>> so they actually voted on this rfp,

>> that is my recollection, correct.

>> that concludes my formal presentation and I am happy to take questions.

>> I have a number of questions for you, but I want to make sure that supervisor mar, do you want to? Now you are moving the dialysis center from it because of the fact that you are not in a seismically safe building, and are you moving to a seismically safe building?

>> yes, we are. And in addition to the seismically safe, it is also, a matter of expansion and we get to go from 13 chairs up to 30 chairs, and so that we can bring those patients back, who are scattered throughout the city, buzz you have to realize that there is also a burden on the physicians rather than being located in one spot, they have to get in the car and go and drive here and there as opposed to having more comprehensive care in caring for those patients in the facility.

>> I have heard from folks who said that you are moving the center to an unsafe seismically unsafe site. and so, as far as dph is concerned that is incorrect.

>> that is incorrect. And the architects and the building experts, have all evaluated the building. And it meets the seismic standards.

>> okay.

>> I am really bothered by the earlier number that I talked about in your presentation. and I am really bothered by the fact that it is, that it is 132 patients that 123 of them are going to have to travel much longer distance. Of the 97 that 92

are going to have to travel a much longer distance. And so can you walk me through the steps of you know, how, did you explore the possibility of staying at sfgeneral and sort-what did that exploration look like?

>> absolutely. So, if we had it within our power the facility will remain at sfgh, meaning that if we had the space to put it and I know that both of you have been to sfgh and done tours, and we are definitely landlocked so some have said, well when the new hospital opens why not move the center into part of the old hospital? Which is a valid question. And which, could probably work. However it is going to be a matter of timing, the new hospital is set to begin operations in December of 2015. With people moving out of the current hospital at the beginning of 2015. So about a eleven to 12 month process to move the people out and then there has to be renovations, and configurations of a space to accommodate. and there also has to be the funding to pay for that. And as you also know, dph, there is a plan to make that old building an ambulatory facility similar to dialysis in terms of moving other clinics on the campus into that building. But at this point, it would probably take another 3 to four years before the plans could be done, the funding could be found to actually reconfigure the space in the owed hospital to accommodate the unit.

>> why would it take so long? Is it an issue of funding? Because you said that it could probably be done and it could probably work? And so, if the funding is available, what would...

>> having the funding would definitely make the process go a lot faster. and how much are we talking about?

>> the cost to build it out at laguna is 5 billion and we will have to run the numbers to see if it will be any more or less at sfgh.

>> you are going to spend \$5 million moving it?

>> no the contractor will bare the cost of doing the renovation and not the city.

>> did you guys consider doing an rfp where the contractor would bear the cost of doing what needs to be done to allow the center to stay at sfgeneral and go in the existing hospital space?

>> that was not one of the options we looked at.

>> why is that?

>> well, this is the current plans for the old building, include moving of the other clinics from the older brick buildings on campus so that we can have one big ambulatory care center like most hospitals do.

>> so all the space has been planned for other essential services like dialysis that occur in the other parts of the building like the clinics in ward 86 and 85 and family health centers and specialty and those are planned to move into the old building.

>> and did you consider any other options in terms of staying within the vicinity. Did you study any other options?

>> yeah, we actually had real estate... Were there options to us to lease the space in? there were not any that met the requirements to really expand beyond the 13 chairs,

>> and is this from the real estate here that can talk about that?

>> no we just have dph.

>> do you have a report from the real estate on that?

>> no I don't. We will have to go back and look for that.

>> okay.

>> supervisor mar?

>> yeah, I just had a couple of questions, I know that the space and meeting the cms codes are critical, but I am going back to the slide that supervisor campos it seems to have the 97 people from building 100 or 132 from the community sites to have to travel so much longer, if they were healthy, just normally healthy people, that to me would maybe be a little bit of an inconvenience, but these are people with kidney failure, and I know that there is a van and a private car or a vehicle processed, but it just seems, if you bottom lined the whole thing and cost benefit analysis and consolidating in one spot and you could save a lot of money, but it seems to me there is going to be tremendous suffering for this 97 and

132 people, especially if you are from the inner mission, out of missioner and where the lion share of people are coming from. Do you factor in these human factors of suffering when you do the bottom line analysis like you have done.

>> absolutely. We are in the healthcare business and we are here to take care of patients. And I agree with you, I think that there is a burden of increased travel distance. And I think that it is incumbent upon us to take whatever mitigation factors that we can perhaps in terms of shuttle service, or from sfgh to laguna so that the folks are not having on their own to provide the support that they need to get from the current location to the new one.

>> and then it is my understanding that people that use the dialysis unit May use other services at sfgeneral as a place where there is a lot of other types of health services, is there similar services at laguna hon do. Laguna has began to increase the number of especially clinics that they offer on site. And so right now many of the specialists actually have the clinics and I think that is something that we can look at going forward to see if that can help with that process.

>> good morning, supervisors. From laguna hospital.

>> could you speak up please?

>> yes, I will.

>> thank you very much.

>> 2010, laguna honda moved to this new hospital and we have a clinic space that has... We have 13 exam rooms and we have special care clinics that roland has spoken about and these are ucsf physicians that come from san francisco general, orthopedics and plastic surgery. and trauma, and plastic surgery, dermatology and we have got, about 23 different clinics and cardology is the latest. And the latest additions that the physicians come to the hospital. And in addition, in terms of proximity, we do work with ucsf and the renal service at san francisco general, and it is run by the su. Csf renal service, and we are more in proximity with the ucsf with the medical center and who they work with in terms of referring to potential transplants also and so that, different benefit in terms of proximity.

>> did you survey any of the 132, or patients did you talk to any of them about this option or proposal. We have not. We have had discussions with staff and presentations at the joint conference but in terms of surveying patients. No, we did not.

>> why would you not do that? Obviously staff is going to be impacted and it is good that you spoke to them. but why would you not talk to the 132 people that are ultimately are going to be the ones that are most impacted by this move?

>> I think that in hindsight we should have done that, and that is a mistake that we made.

>> I mean the thing about that is that it is better late than never. i mean don't you think that having a conversation with those patients now would be a good idea before you move forward with something like this

>> absolutely and we will make sure that happens.

>> okay.

>> and if based on those discussions it turns out that from their perspective, this is not necessarily the right move, is dph prepared to reconsider its decision?

>> absolutely, we are about what is best for patient and so we take whatever actions are necessary to make sure that we meet those needs.

>> that is good to know. I think that reconsideration might be appropriate here.

>> are the rfp, did it include issues of transportation? was that a part?

>> no, it wasn't. So I think that the transportation are things that I think that we at dph would take the responsibility for.

>> but why, look, I have done a lot of rfps before as a law and her why wouldn't transportation, given the transportation is such a important consideration for when you have 123 of 132 patients having to trouble father, why would you not include transportation in the rft?

>> well it was for the clinical service of a provider that does provide dialysis services, and it did to the come up in the decision and it deserves the merit that you are raising it here and it is something that we can go back and make that a part of the process.

>> and yeah, the problem with that is that once you have done an rfp, if you change it you will have to redo the whole thing.

>> I think that we need to look at all of the options and dph. We know that we bear the responsibility to make sure that we bear property ses and transportation is the barrier, it is incumbent upon us to solve the barrier.

>> have you done any analysis of how moving the unit away from sf general might actually decrease revenue in terms of other medical services?

>> we don't see any reduction of the medical services related to the patients moving to laguna.

>> so, for instance, if you are looking at things like, vascular surgery, or radiology, have you done analysis on whether or not it will lead to less revenue because you are moving to a different place?

>> we would see no reason why that would be the case. The patients will still receive those services at sfgh.

>> the idea is that if you are moving the patients to laguna honda and the patients that would have gone to sf general, would they go somewhere else to seek those services?

>> they definitely could and it also depends upon the type of pay order that they have. For instance, if they have managed care, then they have a network and so they have to receive that care within their network. Which means sfgh will be the place that they get all of their care.

>> why won't you do that analysis? If it is a possibility that they could go somewhere else, why wouldn't you want to know?

>> I think that with the affordable care act, more and more patients the majority of our patients are actually in managed care products medical managed care, so, we are their network and the department of public health and sfgh is the hospital and so there are, that is the place where they have to go to get those services in the network.

>> well, looking at the 132, how many of them are you is that true of?

>> I don't have that number in front of me we can get it but i can tell you that it is the vast majority.

>> that is why we have that high a month.

>> I have that we work closely with usf and why did they not bid on this rfp?

>> I don't know, I can't speak on their behalf.

>> has the city had a conversation with them and has it been any discussion of creating insensitives for them to bid on this?

>> we have had the discussions with the ucsf representatives, at sfgh and did, in fact, encourage them, to bid on this service, so that there could be a continuity process.

>> now in the rfp, is there a requirement that whoever takes over the services has to accept all of the patients that you have right there?

>> so, yes, the rfp is very clear, and that the dph, is the priority, and that all of the dph needs for the dialysis has to be met at that facility.

>> does it have a specific requirement and patients have to be accepted, and you know the patients that have the limited, you know, mobility and does it have that specific requirement

>> all patients referred by the sf general must be accepted.

>> okay.

>> and there is no possibility for them to reject any of those?

>> no. We recognize that we have expertise within our current facility in terms of telling the patients that are not always accepted at other facilities so we knew that we had to make that a part of the rfp.

>> okay.

>> supervisor may any other questions?

>> okay, I think that will be... We might have other questions, later on. But, I don't know if there is anything else from the department of public health?

>> okay, I think that is it.

>> we are happy to continue with the dialogue and look forward to meeting with the patient to get your feedback directly.

>> okay.

>> thank you.

>> so, why don't we do this? Why don't we open it to public comment. I have one speaker card, but I actually just want to say, anyone who would like to speak, to the speaker card is vivian eteral a if anyone wants to speak if you could please line up to, and you can go to the side here on the right, and your right. And my left. And yes? this one is fine. Thank you.

>> and because of the issue of quorum, we are going to limit it to two minutes, per person, so please go right ahead. Anyone who would like to speak on this item come up and line up on the left, my left and your right.

>> good morning, my name is vivian emp erial the city wants to contract out dialysis services, why in my husband is on dialysis because I know that the insurance carriers pay providers over 65,000 a month for each patient who is there four hours a day three times a week. and 60,000 dollars a month, per patient. Why would the city get out of the dialysis business and have this money go over a contractor over whom they have questionable control and then there was the proposal to relocate the dialysis center from sf general to laguna honda.

>> there are two striking reasons not to do this.

>> patient's safety and indisputable potential liability. I worked at laguna honda when it was seismically unsafe that news in itself were unsettled. the voters told that it would be coast prohibitive to retrofit and so fubdleing a new hospital was acceptable.

>> we certainly could not have patients in an unsafe building. The new hospital was built, and all of the patients were relocated. We were told much of the old building would be demolished, but the building stands, who decided that it is suitable for dialysis patients? And it is a lawsuit waiting to happen when the patients who are sitting ducks get injured during an oerqt quake in the old building, with all of that publicity about the danger of the old building, the city would not have a leg to stand on when the patients get hurt there. Let us remember that change is not synonomous with improvement.

>> thank you, next speaker please.

>> and you know, wanted to move the meeting along, so if you do want to applaud or express, your approval, we ask you to use the hand signal so that we can keep moving the meeting because we don't want to lose the quorum. Thanks for the patients.

>> I am a columnist with the west side observer and newspaper. I have written an extensive article about this at www.Westsideobserver.com. And the sunshine task force ruled in my favor just two weeks ago that the department of public health has failed to put adequate meaningful agenda items on the descriptions on the agendas for over 20 years. this particular topic has never been before the full house commission. Where is the director of health barbara she should be here so should the President Of the health commission. Because the health commission has not, as Mr. Pickens wrongfully told you, they have not approved this at the full health commission, I place the public records request and I have told that there are no responsive records at all about a resolution, or any kind of approval by the full house commission. to move this. Commissions, sanchez and edward chow, wanted ucfs to explore a partnership with mount zion and that never happened.

>> the health commission, requested the director of health garcia report back to the health commission about all options available. That never happened either. They never presented any kind of policy paper about what all of the options could have been including putting it in building five. And the rfp is going to reduce, 26 hours, weekly, of treatment. and by simply curtailing the hours of operation that translates to 15,052 hours annually or 450 treatments annually.

>> the board of supervisors needs to make...

>> thank you.

>> next speaker?

>> hello, my name is gram and I am a patient at san francisco dialysis unit since 1994. And I just want to say that I am opposed to the move to laguna honda and a privatization of the unit. First, for safety reasons, I had a stroke, on dialysis, at general. And I believe that my life was saved because I was there at the trauma unit. I don't think that I would be talking to you today if I was at laguna honda. And I am concerned about myself and other patients there is a shuttle, so for, if I had a problem, at dialysis, say, my access and I had to leave, and I would have to catch a shuttle to forest hill, a bus, up the hill, to get on the 48, and that would finally take me to general. That is three buses. And I am already having a problem. So I am sorry that the doctor has to go around to three sites, but to put more burden on the patients, to take it a little inconvenience from the doctors.

>> ma'am, I think that supervisor mar has a question for you.

>> I really appreciate the packet and a statement from you in the packet.

>> you leave in district ten and how long does it take to you get to sf general now?

>> well, I take a van service. Sf general. So I would probably use a van service to go to laguna honda, but it does not take us to appointments I go to hematology and 4 c for chemo and the woman's clinic and I have a lot of appointments at general. And so, that is the problem with the transportation, not necessarily getting to that, because I go at 5:00 in the morning I have a van service. It is just getting back and forth to clinic appointments and primary care appointments and the such or being if you are sick, if you get sick at laguna honda, you have to take three buses to get to the emergency room.

>> I wanted to mention that Mr. Pickens mentioned that they did not do out reach to patients and I am curious, how does that make you feel because you are the main stake holders in the process and just in general, but he has offered to listen but I am just wondering how you feel about being disregarded by...

>> I felt that the whole, this whole process, that started, a long time ago this is my first time here. And we have spoken at the health commission meetings and I am at sunset three times a week and ward 17 for three hours or plus a day. and they have not spoke to us, and the department of health, not even the higher doctors in the unit. You can speak to me and I will tell you exactly what I think the burdens that they are adding on to the patients and that is what I think that the biggest thing is that they are not considering the patients at all. You know? If just we don't have room for you you have to go. And dialysis is not like, some it is not like the woman's clinic, this is life saving treatment that we need and we have to be here for. So, that is all that I am going to say.

>> I want to thank you for your courage and for sharing that. I know that is not easy.

>> and thank you for having us.

>> thank you.

>> next speaker.

>> hi, my name is george read and I am a dialysis patient at ward 17 and building 100, and I have been there approximately 7 years, and I just want to say that I catch one bus to get there and it takes me like approximately 30 minutes to get there, the 19 pope because I leave in the bay view district and hunters point. And you know I walk from the bus stop to the general hospital, you know to ward 17 and I feel that if they, you know, they take the center from me, I mean I might be like giving up and not reporting to, you know way up to the sign up there and whether they have the laguna honda and another thing that I want to say is that I have a couple of family members die in that place. And it is just, it is a burden on me, I did he want even like to even look up there much less have to go up there to get a treatment. So I mean that is all that I want to say.

>> thank you very much.

>> next speaker, please?

>> good morning, gentleman, and my name is lester lanor, I am also a dialysis clinic patient at ward 17, sf general. The one question where I get there in about 15 minutes, from where I live, I live in downtown san francisco. And I catch the

number 9 and that is all that I have to catch. And I am there. The service has been great. And I use all of the service, just about all of the services that are currently there. In that place. for one thing or another. And I don't like the idea of going out to laguna honda hospital, because I used to live out in the sunset, I know the hospital out there where the hospital is. And I lived on 7th avenue and that is the laguna honda boulevard after the cross 7th avenue, I have one more question, and what are you going to do with the building that we are in in the hospital if this thing goes through, and we and they move us out to laguna honda hospital? What is going to happen to that building? That is what I want to know. Because I have a feeling that someone else wants that building real bad and they will do anything to get it. And you know, to hell with the people who use it.

>> thank you.

>> we will ask that question, that is a very good question.

>> thank you, sir.

>> good afternoon, I am wilson and the co-chair of the mayor's office on disabilities and I am also a tv talk show host and I am here today to talk about my father was on dialysis. and it is not that you have to move him. It is about the strength that they have when they go through this. My father did not have much strength at all to go to one place, from another. And it is like, his head spined when he rode in the car just driving to a different place to receive dialysis. Money cannot buy our health. It is about the real health of us. You get sick, when you are on dialysis and you move from one place to another. I was not the patient, but my father was and I can see his agony all of the time and when he would have to move to a different place, he was not here but he was actually in valeo, the mornings that he would get up and regret to even go, the headaches that he would go after he would come off of the thing and if you are not near a hospital and something goes wrong, while you are on that dialysis machine, it is not going to be easy to get from laguna honda to general hospital, when if something should happen at general hospital, you can go straight to a doctor and a doctor can help you. if you are not there, and what will happen? You will lose, we are going to lose a lot of people. It is not just about what can fit a doctor and I really hate that you guys did not go and ask the patients how they would feel. It is really about them. And that is where you would get maybe some good data and a good place and good information. And then, we would not have to take time to come here.

>> thank you.

>> hi, I'm michael lion and I worked from san francisco general from 1985 to 2000. I have a friend who is my friend's son has been on dialysis for decades and I have a friend who has been a dialysis tech. Dialysis belongs at san francisco general hospital. And it always has. and general has tried for years to get rid of dialysis. We have been through this issue again and again and again. And it really makes me angry that this issue keeps coming up. I am completely unimpressed by all of these arguments of what services need to be in the old san francisco general hospital. And are we supposed to believe that a heavily sedated psych patients are able to rescue themselves in the event of an earthquake, these arguments do not make sense. Also, I have got to say that it is really cold to hear dph answer the question about whether there might be a loss of revenue by moving dialysis to laguna honda. And the response dph's response is well the affordable care act is going to force the patients to continue to take the other services, of san francisco, general. And so to hell with them, they are going to be forced to do it any way. The other issue is that private dialysis services are less safe than public dialysis. Thank you.

>> thank you.

>> next speaker, please?

>> hello, I am here to speak on **Inaudible**: I mean like english barrier.

>> great. [Speaking in a foreign language]

>> she said that she started...

>> if you could speak into the mic?

>> she started dialysis in 2009. when she know that she has to be on dialysis she feels a lot of pressure and disappointment and burden. when she learned more about the dialysis and knows about it, she feels more comfortable and before she was not acceptable as a disease, but now, after learning about dialysis, she accepted her disease.

>> when she learned that san francisco general hospital renal center will be moving to laguna she feels and she was saddened and she is opposed to the idea.

>> it is unfair that we were not informed of the information that they were going to be moving to laguna and also she feels that it is inconvenient that the patient has to... She has been to laguna and she looked at the area and feels that the stairs there were not, they can't really climb up those stairs, and especially she is an able person and able to climb up the stairs, but what about the other patients who are incap able of going up the stairs like the patients in wheelchairs, she feels that it is unfair and she is just opposed to this idea.

>> and I think that supervisor mar, has had a question?

>> what are the other types of services she accesses at the sfgeneral? Are there other services?

>>

>> and okay... She does go to other services but the main service is dialysis.

>> okay.

>> why can't you they have a department for dialysis? And also, she feels that she just opposed to this idea. Of moving to laguna honda.

>> let me just make sure that she gets her message is cross.

>> sf general is such a big hospital, why can't she figure this out and otherwise, right now they are burdening the patients this is not the patient's burden. This should be a decision made at sf, general which you would have the management who should think on behalf of the patients and the patients should not burden this.

>> thank you very much.

>> and on top of that, I want to emphasize one thing, she does go to other services because due to her dialysis she has, and she needs to check on the liver and the lung, and all kinds of services that we use from the san francisco general hospital.

>> okay.

>> and as her son, I do want to say my part. I just work graveyard last night to 7:00 A.M. In the morning and I will be working my second job at 2:00 P.M. And yet I chose to be here in stead of sleeping at home, why? Because the medical staff and the clinic is like the second family to me and my mom. There is smiles are genuine and they truly care about the patients when you are there, they sang songs and do the best in their power to cheer you up. And on christmas, they give you little gift to make you feel like a family. You can't get anything better than that. And this is why, we are here to support them. And I just want to point out, a couple of points. and in terms of location. For those of us who have second jobs, and I can't take my mom to the hospital all of the time, and the laguna hospital is right on the hill, and the public transportation, will only get you to the bottom of the hill, you have to go through flights of stairs in order to get up there, that is very hard for the dialysis patient to do and it is even tough for a normal person like me to go up there. And I am sure, that you can imagine how hard it is for the dialysis patients.

>> second point, translator, like I said before, I can't be there to translate for my mom all of the time and on top of that, we are not professional translators, and there are times when we need to rely on the translator to help us to get our points across. We are grateful that the clinic was able to provide one for us. I am not sure that laguna hospital can do that for us. And also, emergency has a lot of patients point out. And lastly, and the most important thing of all, san francisco general hospital, has the best medical team who really care about the well-being of the patients. And so why would we want to change that? I am not saying that the medical staff in laguna hospital is bad, since I would not know. But based on my experience, and in a for profit organization, almost done.

>> the medical staff to become expensive, and the medical staff care about the patients they do not even have the time to care about them because they have to take care of so many patients with the minimum staff.

>> the medical staff are not happy.

>> thank you.

>> thank you very much.

>> next speaker, please?

>> my name is william and I am a dialysis patient. And I am out-patient and I don't know about money or politics, but you see when I came out there to the institution, I am on dialysis. And now, if I was at the hospital and if I had to go to the other hospital I would never make it because they don't take our patient person. But the general hospital took me and I do all of my services there and I go to the room clinic and I go to the therapy because for my legs, so I can get up and walk one day and so, everything that I do is inside of a hospital. And they treat me well, and you know, and they make me friendly, and they are friendly to me because they understand the situation, that I came out of. And if it wasn't for them, who knows, I probably would be tore up, so please don't move. that is all that I got to say.

>> thank you, sir.

>> thank you very much.

>> thank you very much.

>> next speaker, please? **Inaudible:** And I am 13 years old and I am here to support my dad for dialysis at general hospital.

>> hello my name is george and I would like to say that I started dialysis when I was 32, real young. Born and raised here in the mission and I don't know what he was talking bellerer but he was talking about money this and money that. But no one asked us what was going to happen to us? And I have been six years now going on dialysis. And if it was not for these people at general hospital, I don't know where I would have went with my life. At that time, and you are youth to have dialysis does not have a way, it just hits you man, and when it hits you, it hits you in the heart, you know? You don't know color, chinese, black or whatever, I don't care man, we are all one and we are not asking for a new place, we are just asking for our old spot back, we don't have know tvs or whatever, but we have family that is all that we have. That is all that I care man, I don't care for nothing else just family man and I hope that you guys do the best and pray to God, God bless everybody.

>> thank you very much. And thank you and your son for being here.

>> next speaker please?

>> my name is allen and I am a dialysis technician at sfgh, and they are talking about numbers of 30 patients or more but they do not realize that as, technicians it is not safe to have the 5 to 1 ratio they want to stick the patients in a building, what about us, they never asked the technicians how hard it is, the turnover is hard and they don't understand that. generally, a patient that crash and then we have to jump to the next patient, 30 minute window per patient, and if you thought that is fast, that is fast pace and they want to add more patients to the unit and that is really hard. You were talking about the bond, if the city knew about the bond that we are going to present a bond, let us cut out the department and that probably would not have gone through, because it is a service and it is something that needs to be there. and with everything, about you I you know, money and I just started at general and I am a new technician and I work for private clinics and I would not ask for a better place.

>> thank you very much.

>> next speaker please?

>> hello. **Inaudible:** and my question is have you been sick? And so sick that you needed someone to help you move? When you could not move yourself? Well, I have. And I have been a sidney patient since 2008. **Inaudible:** When they told me that my kidneys had stopped functioning, and I asked the lord why? and but it did not stop there, heaven and earth were on my shoulders when I became homeless for six months, I was devastated during those times but I never stopped trying until I did on behalf of the lord. The first, the medical social workers and friends helped me to get back on my feet back and they helped me, find this place that I call now a home. These people guided me, and every step of the way and helped me pick up the pieces once again. And they got the lend the helping hands without asking me for anything and it is hard for us, the people like in this and but they took care of ourselves when we get sick and our health hinder us from doing the simple tasks and accomplishing our daily routine, I hope that you will consider people like me, to have an adequate income and cannot afford to buy the medicine and basic necessities. Turning this clinic into a public facility will absolutely give us another headache it will hold us back from our recovery. And we deserve to live a little longer and enjoy our lives,

>> thank you, sir.

>> next speaker please?

>> [Speaking in a foreign language]

>> good morning my name is **Inaudible**: And I am a patient of the dialysis.

>> my motive for being here it to talk to you about me and my fellow patient and to let you know that when we are patients we will go to the question, and...

>> [Speaking in a foreign language]

>> when this happened to me, actually, and I became ill, I had the doctors and the nurses and the hospital they gave me hope, and they were to maintain myself. and now,...

>> you should take into consideration what the patients think and all of the feelings.

>> and that is all that I need to say.

>> I have a question. I am wondering if you could tell me, it is the same question that supervisor mar asked and another member of the public, how do you feel about the fact that the patients were not asked by the hospital [Speaking in a foreign language]

>> I believe that all of us felt the same way.

>> in my clinic I actually came back to life, when I was diagnosed I did not really want to leave.

>> next speaker, please?

>> good morning. My name is patricia. [Speaking in a foreign language]

>> and in my case I have an emergency with surgery. [Speaking in a foreign language]

>> in that moment I had an urgent surgery. And even my physician, actually that is assist me at the renal center so everything came out okay. And then after that I felt really good because my pain was really bad. And I am really happy that the services that I have are in the hospital and also with my dialysis. And so that I feel confident that they are always there. Thank you.

>> thank you for translating.

>> next speaker, please?

>> good morning, I have been a patient for four or five months now and I don't like that the san francisco general hospital will be transferred to laguna hospital and especially for me, I don't have medical insurance and if san francisco general hospital is like a one stop shop for me and the complete facilities, and the lab tore torrey and the pharmacy where I get my medicine and the emergency when I needed it. and it does a lot of services for me and I love the organizers and all of the stuff because they don't put me like a patient but as a member of their family. I feel at home at san francisco general hospital and if it is to laguna hospital it is far from my home and I have to travel longer and I am thinking it as decreasing for me and that is all.

>> thank you very much.

>> and next speaker, please?

>>

>> good morning.

>> could you help her with the mic. You can use the other one it is probably better.

>> thank you very much.

>> all right, thank you.

>> good morning supervisors. I am more than appalled when it **Inaudible**: Of the city the city department and health department and senior personnel are not here to adequately support and stand up for these dear lives without question. Why are they so distant and cold in a positions to totally negate their lives, what has happened to the heart and

conscience of this city, workers sworn to answer to the needs of the most vulnerable and elderly and the children of our city? After all it is we the people who need to know and be reported to directly it is we the people who need to be reported to and we do not support the silence or hear the city employees being **Inaudible**: Of the duty and thank you supervisors for making this a city priority. Of a city business. And we are talking about addressing lives of life-and-death around the clock and I am also a dialysis patient and I know very well the hard journey it is to go forward and fight for our lives, so thank you.

>> thank you, ma'am.

>> thank you for being here.

>> and next speaker, please?

>> hello. My name is shery san ders and I have been a patient for 27 years. And at the general hospital. and yet, I am, you know, I felt that we would just expect it when they built the hospital without asking us. You know, the whole thing was about respect, and care. And I felt that they did not care about that. They just built it and didn't care. And I have always been respected by the staff there. and I always cared about us and how we felt. And all of a sudden we have been kicked to the side of the world, you know? **Inaudible**: At bay and if they want respect from us, give it to us. And I don't think that it is that hard to do. They built the hospital and it is still, it is built for the patient not for what you want or how many people you put in here and how the doctors want this hospital and it is for the patient. And they lost thought of that and I think that we can go back to that. And that is well said if anything. As anyone can put it, so thank you very much.

>> next speaker. Thank you.

>> good afternoon, and the neighborhood services, and there is...

>> it is the center that you want.

>> thank you, Mr. Paulson, next speaker please?

>> my name is amy and I have been with the center for 20 years now and I have been see a lot going on there and yes, they have been trying to get rid of us, I don't know how many times, six times or more and I really like where I work but the patients here have nothing. And but we just enjoy giving them the care that they deserve. And our mission here is to to take care of them and to send them up to the laguna honda is a disservice, because I feel that they have one clinic and some clinics go to it daily and then the methadoneclinic they go daily and how are they going to get up there and it is inconvenient to the patients but the doctors say that it is inconvenient to make the visit to three clinics but sf has seven floors and could they not find us one little spot and you know not even a whole floor, a half of a floor are eye quarter of a floor to accommodate 30 chairs, everyone wins, the patients get the care and the doctor sees them at one facility, if they are upset to going to three facility to see the patient and see how much they do and for the dialysis and that is six trips and then go to the methadone and the you know, it is very exhausting for the patients and let's remember that this is all for the patients and let's keep them the care as smooth as can be.

>> thank you very much. And thank you for what you do.

>> next speaker.

>> in 2008, a study was published in the american journal of kidney diseases in which 25,000 patients were serving, and they concluded that longer time was associated with greater risk of death and health related quality life.

>> so the move to laguna honda is one issue and also the other issue is privatisation, and there are services that our unit provides, and being on the that would not happen in a private unit. For one thing the ease of collaborative services. And not only the physical proximity but the easy referrals and the doctors being able to talk to each other and procedural considerations and the radiology and urgent labs and blood transfusions and all of these can be done on the site and less costly and coordinated. To be evaluated on the site and to be taken to the er, and that is without know... And I would like to point out that the delivery system that came up, the patients are not receiving pro-active care and specialty care services in the setting and they May not be coordinated.

>> thank you.

>> could I ask you a quick follow up question on the point that you made about the 34 treatments of the 94 patients, where are those, are those all in at the sf general?

>> yes, and they are primarily, mostly vascular clinic.

>> great. They say that they have begun the work, this is the priority because providing the patients...

>> I am going to ask you to wrap it up.

>> okay.

>> why would moving it four miles away from all of the services that we are trying to make accessible for them, how does that work?

>> thank you.

>> I am an rn at san francisco renal center and I want to talk about dialysis money, I do not understand why dph is handing over the rfp the yearly profit of \$1.2 million to a private dialysis company, it is profitable that is why there are many companies, san francisco renal center with just 13 beds, generated \$3.8 million dollars last year. And this would have been higher if ch and patient revenues were included. and the predicted for 30 beds is 1.2 million, why is this not important to dph?

>>

>> in 2004, for only dialysis resulted surgical, ir and x-rays and payed hospital days was more than 3 million dollars it would be higher now and will all be lost to revenues. if it is moved to honda they will go to ucsf for procedures and follow up and it will be closer than sfgh and it will lose millions of dollars in insurances, and \$5 million is the cost for a new center, surely dph can find a space in the old hospital when it has been vacated for \$5 million, investment they would have guaranteed profits for years to come. The sfgh center will be able to stay as part of the model and next year...

>> thank you.

>> many clinics are under the same and have experienced the dak tores present and the emergency on the fight and it will be the safest place in the city and this will be a big selling point for comprehensive care, patients will be happy because the center will remain on the site and it is closer to home and other providers.

>> I am an assistant at the hospital and I have been there for 12 years. and we have come to this end by having an rfp which is a sad way of ending of situation and it does impact the patients and of course the workers too. And you know the rfp says that in consideration that we will be rehired in terms of what we have now, they pay us a very good salary. There is no guarantee that they are going to match what we have. Since I have been there, we have been totally under served in the way of where are we going in the future and where it will be located. And one of them is that one is a figure out this problem. And I believe that dppast and present President Do not look and they have been overlooked for the space in the hospital and now we have the new hospital and secondly we have the old hospital which will be vacant and I don't know who or where, or who is going to take up a lot of space in that place and I think that is for 12 years and I believe that we have been overlooked for space there and I am sure that they can find a place where they can put us. and I hope this will come out on a positive way.

>> I am a technician for 15 years and I tell you my experience of working about the unit and in 15 years that I have been a technician I have also worked uls whereas a time part. And over the years, I have seen the differences between rs san francisco service and all of the other centers out there. And the patient care, and the ratio and it is all of the other facilities are close to one and with that said, and the quality of care has decreased and for one technology to handle and we always rush to put the patients on just because too much. And the minimum for one patient to get the treatment started takes 20 to 30 minutes because of the time that it takes for it to clear out of the chemical. And mistakes happen. The patients suffer and the possibility of acquiring hiv or even hep b. And on another patient he because of the reuse. Our patients are using disable and it is safe to our patients and it is much better than being on the real dializer. and how about the message of situations and the san francisco general center in san francisco, and surviving an emergency of why,vy been experienced and I have experienced chemical working on another facility where we lose the patients, and just in the unit and with that code team available. thank you very much. I have been working for 16 years now and I take pride in this unit and take pride of this tending and just wearing the us ward 17 makes me proud and so we are ward 17. And we provide, and also the continued care that they receive in the hospital and which is just a few walks away and a few steps away next door and we have hundreds where we have close calls. and we can immediately have an imagine response team on site. And I have experienced a lot of close calls in other units. The experience a patient dying in front of me and the person will come, and it will take ten to 15 minutes and we have the emergency team and

they will be in less than ten minutes or five minutes and so it is less than the survival rate on it are different and compared to our unit and so we take pride on that and. And it is always on the site and in the entire day and making the plans feel confident and safe. This is great differences our patients value that greatly. And seeing the doctor there elevates their feelings and makes them feel better and safer. also, we have them on staff and thank you for what you do. Next speaker.

>> I have been at the renal center for 25 years and I had to work on places before I came to san francisco general. And I knew because of my language skills I was able to better serve my patients at san francisco general. So that is why I stay in the unit and one of the things that I believe is that the san francisco hospital actually has the best dialysis unit in the city and our patient like, it is mental health and we have the patient and we have the jailed patient and dramatic injury and nursing home we arrange to have it and all of the services at san francisco general and the hospital and the unit does not refuse to any of the difficult patient and even with the complex patients that we meet and exceed the quality and survival, and comparison to other units and we have a lot of, and we have a rate and three patients to one. And four to one and the hospital based and we have immediate access to the teams and no patient in the unit and if you are working on the dialysis unit you will know that you appreciate these down the road. Units are on site to see only their only patients and not all of the time. So you have to call them in order to get the dialysis orders. As he was saying, it takes about ten to 15 minutes, san francisco general hospital, needs it, and the final dialysis, and ability.

>> thank you very much.

>> thank you, next speaker, please?

>> I am a san francisco resident and also a staff person at the san francisco general renal center. and I just want to quickly address the issue of non-compliant facility that was discussed and none of our staff take the building safety lightly for both ourself and our patients and so we spend hours a day building the unit and we recognize that the building is old. And like many other buildings is not sound and our dialysis, and patients are questionably deserve a new facility in the near future, but as of now, our unit undergoes numerous inspections every year and was not cited for any violations during the hospital wide state safety inspection just last year and dph wants to move us out of building, 100 sooner than later because the dialysis, specific, life safety codes that came into effect in 2010. And they lax the regulations in 2012 and according to an article in business, dialysis, facilities participating in medicare, as of October 2008 which we certainly were, May continue to use non-sprinklered buildings if the buildings were constructed before January first, 2008 and state law permits. I am not a fire experts, so i don't know if sprinklers are needed or not. But, I want to point out, that if sprinklers are needed the last page of the survey which I left at home but I will forward to you says that there be a recommendation for wave and provision if the specific provision of the code would result in unreasonable hardship on fat celebrity. And even if a waiver was impossible and the sprinklers were required and the cost of those sprinklers would be less than ten years of shuttle service.

>> thank you very much.

>> thank you.

>> next speaker, please?

>>

>> I would like to begin by thanking you particularly for holding this hearing and giving us the opportunity to speak and we appreciate it.

>> my name is crystal and I am lucky enough to be the lead organizer for ask me 3299 in san francisco and behind me are lucky people who will introduce themselves. I say lucky because being a union rep it the best job that there is because we get to see people take care of each other every day and I have heard, over the years literally, thousands of people give testimony, about all kinds of important things, but, I don't think that I have ever cried as much as I tried today. These workers and these patients are connected to each other in an extremely deep way. And you can see that the workers over and over again talked about patient care. and what they didn't talk about is what will happen to them if the facility is contracted out. They didn't bring it up and trust me I hounded them to do it and they didn't.

>> they didn't talk about what will happen to their pensions and didn't talk about what will happen to their healthcare or their wages and I am telling you, that people have to be able to take care of themselves in order to take care of other people. If you are in flight and the masks come down and you put on your mask first and these people are not doing that and I just want to say that these are the most courage yus human beings that I have had the privilege to work with.

>> mary from the teamster and we representative the administrative and billing staff.

>> thank you.

>> don't be shy.

>> imino, from up dwa and represent the dieticians and case managers and physician assist ants and I would like to say that san francisco is considering replacement of union wages, and with for profit cheapest possible wages and it is a drive to the bottom where there are only going to be very rich and the very poor and where it is go to be the stabilizing middle working class?

>> thank you, sir.

>> I am mary beth, representing the rna and cna.

>> my name is sarah and I am also with ask me 3299 we represent the technicians at the center, and I want to add a couple of things one is that a couple of people who could not be here is tim of the san francisco labor council who is in support of this issue and as well as representatives of 1021 which represents the city and county workers the san francisco general and I wanted to point out that you know the technicians and the administrative assistants many of them have been working for san francisco general for 15 or 20 or more years. It is a family among the workers and patients and these people like others said are risking their jobs are at risk. And you know they have and they are on the uc pension plan, right? And they get health insurance and they get the wages that they fought for at uc and that is all at risk here it is an issue of patient care and also an issue about workers as well.

>> thank you very much.

>> is there any other member of the public who has not spoken who would like to speak?

>> seeing none, public comment is closed. Maybe if we could ask Mr. Pickens to please come on up? And I wanted to ask a couple of follow-up questions. which, where they were actually good questions that were raised during public comment and so one question is what is going into this space if you move out? If the dialysis renal center moves out?

>> so the current plan as I understand them are the clinics that are in buildings 80 and 90, where ward 86 and 84 and medical specialties will come into the old hospital building. And in addition, other some of the other programs that I think that are currently located at 101 grove, and May also be relocated because of the seismic issues in that building. It would be preferable that we, I don't have all of the details but there are plans that were made when the new hospital was first put together that shows what is intended to go in that building. We would like to give you a comprehensive list and I don't have that with me right now.

>> I do have a question about the point that was raised in terms of the building sort of requirements and have you looked into whether or not there has been any kind of sort of more flexibility provided in terms of, you know, what is required in terms of compliance?

>> so that was the first time I have heard of that. and so definitely we will be going back if that is the case, we will pursue it. And it is our desire to keep the facility there and so if we have an option we will pursue it.

>> and I want to make a couple of points and, one is to say that looking at this as the glass half full, it is pretty remarkable, to see what goes on. At this facility and the kind of service that is provided as a member of this elected body. And I am very proud of the department of public health of san francisco general, of the workers, and for the fact that time and time again, we heard from patient what an incredible place this is and the fact that it is not the quality of the service in terms of the medical treatment, and also the human connection, it is remarkable and so we have a lot to be proud of of a city. And I want to acknowledge that in a big kutos to the staff, because I mean, I, it is not something that, that you hear, sometimes and so, it is pretty remarkable. And the second point that i want to make is that I am also very mindful of the challenge that the department of public health has. That here to the extent that you know you have new requirements and we need to figure out how flexible those requirements are that clearly you have to make sure that the center operates in a seismically safe facility and I don't think that anyone, anyone, doubts that and so, I think that the intent is a good intent. That we are all in agreement on. I also want to say that with respect to laguna honda, I also want to make sure that in the discussing whether or not the move is appropriate, we also acknowledge that laguna honda is also pretty remarkable place that offers amazing service for people and there is a lot of great work that goes on at laguna honda and so, I am very gratified, you know and proud of that. so the fact that someone May be against this moving to laguna is not because laguna is not an amazing place, it is just a question of whether or not it is the right fit.

But I want to be very clear about that. That said, you know, there was a lady, so many of the patients, it was so difficult to really hear them testify and it is clear that for all of them, it is a real challenge, physically, to come to a place like city hall and the fact that notwithstanding the fact that there are going through dialysis and that they are willing to make the trek to come to city hall tells me that this is a pretty serious issue. I will tell you that it kind of goes down to or comes down to one of the ladies said which is, sf general is a big place, and why can't sf general figure this out? i will tell you, I do have a problem with moving a center where 94 percent doing my math of ward 17 patients would have to travel farther. 93 percent of community sites would have the patients would have to travel farther. I like to really know more specifics on whether or not you really have explored all options. And if it is going to cost you millions of dollars to move, have you really looked at all of the alternatives and in the vicinity and have you really explored, whether or not there is any flexibility in terms of the, what the code actually requires? And I will tell you, that I have concerns, that you have an rfp that did not include the transportation piece in it, because that is such a critical point of this discuss, the fact that so many people are going to find it more difficult to travel. And I will be honest, and I give the labor partners a lot of credit. And I have separate and apart from this issue, whether or not it is a good thing for the patients which I am not sure that it is. i think that I have issues of the privatization and the service and not only the workers, and but I think that it is remarkable and notwithstanding the fact that the jobs are on the line and the pensions are on the line and the workers did not talk about that today. I wish that the city had done more in trying to entice ucsf to be part of the equation and I also want to note that we just completed a healthy services master plan that outlines the health needs of the city and sets out the principles and recommendations and from my reading of it, this move, kind of goes against, some of those recommendations and one of the recommendations and 1.1 is addressed, and identifying social and environmental factors that impede and prevent access to optimal care and not limited to violence, and other hazards and other environmental issues. And I mean that transportation issues, I mean that goes to the heart of what we are talking about here and another recommendation, 3.1, increase access to appropriate care for san francisco vulnerable populations. And talking about the social vulnerability and I think that this recommendation, has some relevance here. And given the people who testified here today. and another one is promote new or in no viable. And so many of these patients are getting so many other patients at sf general why would you want to move them to laguna honda? That goes against that recommendation and I don't know what the next step is, I understand, again, the intent, and I know that director garcia and the health commission they have a lot on their plate and they are trying to ballet lot of different issues. And I just have concerns about this and I don't think that this is as well thought out as I was hoping. And I really feel that as a supervisor for so many people who are impacted by this, I don't want this and I don't want to go forward right now. And so what is the next step, if the board of supervisors you know, wants to not move forward. And what do we need to do and what are they willing to do.

>> and so, I appreciate all of your comments and very much agree with all of them. And we will take a look at the healthcare ordinance and to make sure that we are in compliance with it and given everything that has been said here today I agree and we need to relook at this and we need to hear the concern of you and one member of the board of supervisors and supervisor mar we have heard a little bit from you, and we did not expect to hear more. And it is not our intent at the present time to take any of that action. And hearing what we have heard today. And I want to say to the patients that I am sorry that we have not had a conversation with you. We have met with the staff and not meeting with you is kind of something and something that we should have done and we will correct in short order.

>> I think that the one of the ladies put it best, I think that it is about respect, and I know that if I were a patient or if my mother was a patient, that was impacted by this move, and she had not been asked, I would have felt disrespected.

>> I understand.

>> and I can see why they feel disrespected. So, I know that supervisor mar has questions or comments. Could we say that this is on hold.

>> absolutely.

>> thank you.

>> supervisor mar?

>> I wanted to thank you for the heartfelt apology and hopefully before any other decisions like this move forward that there is respectful process that involves patient and staff and stake holders on those decisions and I think that he brought up the plan and before the decisions are made that we are absolutely clear that it is not going to impact the most vulnerable populations in the city but that is the stake holder input, before a decision even contemplated before the

commission or you and david pierce, the chief of renal services or the chief of medicine or others that you are listening to that input.

>> and I did want to say, that also that... I think that some of the questions, raised by one of the members of the public, on potential waivers of that building 100. the relaxation of and how the sprinklers potentially could be renovated at a much lower cost than the whole relocation and those are really important. And I am dead set against the privatation of the public services as well and I am really pleased that the focus was on patient care and I know that is there a huge number of issues of the much lower level of service from privatized dialysis centers verses the amazing work of our san francisco general hospital dialysis unit and the clinics that serve very, very vulnerable communities as well. and I wanted to say that I am very pleased too, that you have listened, and this is one of the most well done hearing. And

>> and speaking out in a constructive manner to make things better not just for themselves and at sfgeneral and i am pleased that you have listened and I hope that Miss Garcia and Mr. Pierce and others are listen and that is a critical element in decision making before it comes to us, and we don't have to have a hearing like this to bring that out. And appreciative of your responsiveness and thank you so much.

>> and director wanted me to let you and the group know she would have been here had not been for pressing issues in the mayor's office. But she is wants you to know that she is committed to taking any action, and that we make sure that we do what is in the best interest of the patients and so please know that director garcia does support that. And she does join me.

>> and so mr, pickens if I May, first of all, you know, one of the things that is really hard for all of us, to do, I think that it is human nature is to admit when a mistake is made and so I give a lot of credit to you and to the department for making that acknowledgment and for listening and I think that, you know, kutos to the patients, and kutos to the workers, for making sure that we understand that what we are doing sometimes has unintended consequences and this is government, listening to you. So, I am very proud of that. But, just in terms of clarity. Does it mean that right now, the services will stay at the current center until a decision is made otherwise?

>> yes. We will suspend the rfp process.

>> so the process is suspended and you will not be making a decision to privatize the services at this point?

>> that is correct.

>> should there be a decision to go down the route of privatization, which many of us myself included are against that, I assume that there will be a separate and a new process for that.

>> that is correct, absolutely. we will be meeting to talk with our patients.

>> thank you wither much and one thing that I would say about director garcia and the being in the dekter of public health is that you are expected and you know, wanted to be everywhere. And you know? All of the time. And that is not possible, and I know that director cares a great deal about these patients and about these workers and so we understand, why because of other responsibilities they could not be here and she was well respected today by Mr. Pickens and again, I want to thank the department, the workers and the patients for being here today, and the other members of the public.

>> thank you very much and we look forward to coming back and having a positive resolution, that involves our patients.

>> okay. Great.

>> and so, with that, why don't we go ahead for the time being and file this item. so that we can file this item and a motion to file by supervisor mar? Without objection?

>> thank you very much.

>> if you could call the next item.

...

>> thank you. The meeting is adjourned.