

Name	Company	Page #s
Lofgren, Martha	Brewer Lofgren (Sierra Club) - Correspondence #2	1
Lofgren, Martha	Brewer Lofgren (Sierra Club) - Correspondence #1	2 - 25
Gill, Ricky	Gill Medical Center - Correspondence #2	26
Gill, Jasbir	Gill Medical Center - Correspondence #1	27 - 164
Acosta, James	St. Joseph's Foundation Board of SJ	165 - 166
Bajwa, Randeep	Dignity Health	167
Balestracci, Paul	Neumiller & Beardslee	168 - 169
Bechtel, Timothy	Dignity Health	170
Bott, Anthony	St. Joseph's Foundation Board of SJ	171 - 172
Buhari, Shiraz	Dignity Health	173
Clifford, Alex	SJ Regional Transit District (RTD)	174 - 175
Funghi, Cristina	Dignity Health	176
Grupe, Fritz	The Grupe Company	177 - 178
Hamilton, Katherine	St Joseph Foundation of SJ	179
Jensen, David	Dignity Health	180
Johnston, Ann	The Balloonery	181
Kawaguchi, Alan	Alpine Orthopaedic Medical Group	182 - 183
Khanna, Pavan	Dignity Health	184
Linden, Petra	St. Mary's Dining Room	185 - 188
Morales, Steve		189
Patmon, Charles	Patmon Company, Inc	190 - 193
Quinn, Timm	Greater Stockton Chamber of Commerce	194 - 196
Rishwain, Mark	Rishwain & Rishwain	197 - 198
Rodriguez, Jose	El Concilio	199
Russo, Christopher	Dignity Health	200
Sabino, Alan	Dignity Health	201
(San Joaquin Partnership)	San Joaquin Partnership	202 - 203
Seawood, Lueathel	African American Chamber of Comm & Chamber Fdtn	204
Shalvey, Sue		205 - 206
Silva, Dave	Silva Trucking	207
Spaugh, Gary		208 - 209
Stephens, Annette	St. Joseph's Foundation Board of SJ	210 - 211
Suen, Denise	St. Joseph's Foundation Board of SJ	212 - 213
Talamantes Eggman, Susan	CA State Senate	214 - 215
Vela, Lisa	San Joaquin County Hispanic Chamber of Comm	216 - 217
Velasquez, Patrick	Chase Chevrolet	218 - 219
Waters, Richard	Dignity Health	220
Wilson, Betty	Business Council of San Joaquin County	221 - 223
Wong, Cindy	St. Joseph's Foundation Board of SJ	224 - 225

From: Martha Lofgren <mlofgren@brewerlofgren.com>

Sent: Wednesday, September 13, 2023 3:17 PM

To: Stephanie Ocasio <Stephanie.Ocasio@stocktonca.gov>

Cc: city.clerk@stockton.ca.gov; Lori Asuncion <Lori.Asuncion@stocktonca.gov>; Michael McDowell <Michael.McDowell@stocktonca.gov>; Bradley Wall <Bradley.Wall@stocktonca.gov>; Nicole Moore.Ctr <Nicole.Moore.Ctr@stocktonca.gov>; Heather M. Minner <Minner@smwlaw.com>; gorgescramble@comcast.net; Martha Lofgren <mlofgren@brewerlofgren.com>

Subject: St. Joseph's Expansion Project - Planning Commission Agenda Item 5.1 (September 14, 2023 Agenda), City Project No. 23-0685

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Dear Stephanie,

I am writing to advise you of a settlement between the Sierra Club and Paul Plathe that was concluded today regarding comments made by each entity on the Draft Environmental Impact Report for the St. Joseph's Expansion Project. St. Joseph's has agreed to certain modifications in the project description related to the parking structure and also to additional enhanced mitigation measures. I would appreciate it if you would include notification of the settlement in the staff's Planning Commission report tomorrow evening, and also forward this correspondence along with all attachments to each of the Planning Commission Members as soon as possible. I will be prepared to review the specific terms of the settlement in the applicant's presentation.

I am copying legal counsel to the Sierra Club, Heather Minner, and also Mr. Plathe on this communication to you.

Please let me know if you have any questions.

Thank you and best regards,

Martha Lofgren

Martha Clark Lofgren
Brewer Lofgren LLP
mlofgren@brewerlofgren.com
(916) 221-8621 mobile



BREWER LOFGREN LLP

ATTORNEYS AT LAW
106 N. GRANITE CIRCLE
FOLSOM, CA 95630
mlofgren@brewerlofgren.com
916-221-8621

September 13, 2023

Ms. Stephanie Ocasio
Director, Community Development
City of Stockton
345 N. El Dorado Street
Stockton, California 95202

Re: St. Joseph's Expansion Project (City Project No. 23-0685)
Planning Commission Agenda Item 5.1 (September 14, 2023 Agenda)
Modification of Project Description (Parking Structure) and Mitigation Measures

Dear Ms. Ocasio,

I am land use counsel to Port City Operating Company, LLC (doing business as St. Joseph's Medical Center of Stockton and referred to in this letter as "St. Joseph's") and I am writing to confirm that St. Joseph's has entered into a final settlement agreement with the Sierra Club, Sierra Club Delta-Sierra Group (collectively "Sierra Club") and Paul Plathe to resolve comments made by each entity or person on the Draft Environmental Impact Report (SCH #2021120439) ("EIR"). The settlement agreement includes St. Joseph's agreement to revisions to the Project Description and certain Mitigation Measures as follows:

1. St. Joseph's requests approval of Parking Structure Option B; i.e., not to exceed 1,400 parking spaces and not to exceed six (6) tiers above ground.
2. Amendment to Mitigation Measure 4.7-1 to clarify requirements for Solar Panels.
3. Amendments to Mitigation Measure 4.7-1 to clarify requirements for Electric Vehicle Charging Stations.
4. Amendments to Mitigation Measure 4.7-2 to include specified measures in the Transportation Demand Management Plan.

The details of each of the Mitigation Measures is included in the Attachment to this letter. I also have attached change pages for the Master Development Plan to reference St. Joseph's commitment to the Option B parking structure. St. Joseph's now seeks approval of the Option B parking structure instead of the original parking structure described in the Project Description in the Draft EIR for the project. I would appreciate it if the Planning Commission would consider these commitments to the Option B parking structure and mitigation measures as part of its review.

B

After consideration of the Project by the Planning Commission, St. Joseph's will provide a fully updated Master Development Plan incorporating recommended edits for the City Council's consideration. I am advised by Dudek (environmental consultant) that it will prepare errata pages to the environmental documents for inclusion in the City Council packet.

St. Joseph's and the Sierra Club also agreed to certain language regarding the annual public review of the Development Agreement. This language already is incorporated in the Development Agreement and no further edits are necessary.

In closing, St. Joseph's will confirm at the public hearing the commitment to the "Option B" parking structure, the mitigation measures on the attached document, and the terms of the Development Agreement. I would appreciate it if you would provide a copy of this letter and attachments to the Planning Commission in advance of the public hearing.

Best regards,



Martha Clark Lofgren

Copies with attachments to:

City Clerk
City Attorney
Community Development Project Staff
Donald Wiley, President and CEO, St Joseph's Medical Center of Stockton
CommonSpirit Health, National Real Estate Services
CommonSpirit Health, Legal Department
Heather Minner, legal counsel to Sierra Club
Paul Plathe

Attachment: St. Joseph's Expansion Project Enhanced Mitigation Measures

**ST. JOSEPH'S EXPANSION PROJECT ENHANCED MITIGATION MEASURES AND OTHER EDITS TO
EIR AND MASTER DEVELOPMENT PLAN****PARKING:**

The Project Description in the EIR and the Master Development Plan shall each be revised to provide an Option B Parking Structure, which shall not exceed six tiers above ground; approximately 1,368-1,400 parking spaces, not to exceed 1,400 parking spaces (including EV capable and EVCS spaces). SJMC's acceptance of Option B is premised on the execution by all Parties of the Agreement. Upon confirmation of execution of the Agreement by all Parties, SJMC shall notify the City in writing and shall verbally notify the Planning Commission and City Council at public hearings on the Project Approvals, and will also then amend the MDP to specify that it no longer seeks to construct the originally proposed nine-story parking structure, and that any approval of the MDP by the City will be for the specified Parking Option B instead of the originally proposed parking structure.

SOLAR PANELS:**Mitigation Measure 4.7-1 shall be amended to include the following:**

Structural support for and the installation of rooftop solar panels shall be included in the Request for Proposal for the design and construction of the Parking Structure. If proposals indicated that installation of a PV solar energy system is feasible, as defined in CEQA Guidelines section 15364, SJMC shall contract for their installation. SJMC shall then ensure that all equipment is timely ordered and that the system is installed when the City has approved building permits and the necessary equipment has arrived. SJMC shall ensure that PV solar energy system commences operation when it has received permission to operate from the utility. SJMC shall ensure that the system is maintained at not less than 80 percent of the rated power for 20 years and at the end of the 20-year period it shall install a new PV solar energy system, or continue to maintain the existing system, at the same standards, for the life of the parking structure. Nothing in this measure is intended to discourage or limit the efforts of SJMC to explore serving SJMC power needs through PV solar energy systems or other renewable energy sources in other locations.

ELECTRIC VEHICLE CHARGING STATIONS (EVCS)**Mitigation Measure 4.7-1 shall be amended to include the following:**

The Parking Structure shall meet the minimum requirements of the 2022 California Green Building Standards Code ("State CalGreen") 5.106.5.3 (Electric vehicle (EV) charging), i.e., 20% of parking structure spaces EV capable; 25% of preceding number EVCS with charging equipment (EVSE) actually installed, with the installation of EVSE, but not the installation of required EV capable equipment, subject to the exceptions stated in Cal Green section 5.106.5.3(1)(a)-(c); or unless otherwise authorized by CalGreen Section 5.106.5.3.2 as to both EV capable and EVSE.

Mitigation Measure Related to Transportation Demand Management Program (“TDM Plan”) to be added, as follows:

The following programs are proposed in the context of St. Joseph’s Hospital, only, and within the context of reasonably available programs for a not-for-profit medical center with a high percentage of lower income patients. St. Joseph will request acknowledgement by Sierra Club that transportation demand management programs must be tailored to a particular medical facility, and also to different types of employers (e.g., programs are different for profit and not-for-profit commercial uses).

Expand upon existing alternative transportation programs through the following:

- a. increase prime spaces for carpool parking based on current demand (i.e., 8) to projected future demand (i.e., 16). Review annually and increase as necessary to ensure sufficient spaces for carpools;
- b. evaluate use of electrical vehicle charging stations (for bicycles and vehicles) prior to the certificate of occupancy for each phase to determine if demand has exceeded supply and identify in the TDM Plan the timeline for phased increases to electric charging stations when needed with the goal that supply remains slightly larger than demand to help incentivize electric vehicle purchases;
- c. establish an incentives-based commuter program to encourage employees to carpool and take alternative modes of travel to the hospital (see, e.g., subparagraphs a, e, and f)
- d. increase availability and access to bicycle parking facilities; review annually and increase as necessary to ensure sufficient spaces for bicycles;
- e. provide a free or low-cost ride home in cases of emergency for employees who use alternative transportation, such as carpooling, vanpooling, public transit, bicycling, and walking;
- f. provide a transit bus pass to participating employees who agree to commute by transit rather than by single occupancy vehicle;
- g. engage with Regional Transit to enhance bus schedules and “VanGo” (i.e., dial-a-ride) services to the Medical Center and support these enhanced services to Regional Transit staff and/or Board of Directors;
- h. through the wayfinding and signage program, include directions for employees, patients, and visitors to identify locations for carpool, bicycles, shuttles, and bus stops;
- i. provide shuttle service during construction to transport employees or visitors from off-site parking locations to the Medical Center;
- j. rotate existing Medical Center fleet (consisting of automobiles and service vans) with electric vehicles on a standardized replacement schedule with details specified in the TDM Plan (e.g., the earlier of a need for a repair that is not cost effective given the age of a vehicle or, alternatively, a mileage threshold), and which includes consideration of commercial availability, cost, the general driving range for a vehicle, and the availability of EV charging stations for vehicles with longer driving ranges, as well as other reasonable limitations as set forth in the TDM Plan;

- k. add TDM Plan information to both visitor and patient portions of the St. Joseph's public webpage, with focus on improving content to better publicize alternative transportation options to the public;
- l. provide information to employees about TDM Plan programs through (1) internal newsletter and (2) communication boards in employee gathering rooms (e.g., cafeteria, break rooms); and
- m. set a reasonable goal for reduced single occupancy employee vehicle trips to and from the Medical Center and report progress towards that goal as part of the Development Agreement reports based on results of good faith surveys of employees.

SJMC will provide public notice via the St. Joseph's web page of the availability of a draft TDM Plan, a link on that web page to the draft TDM Plan, and reasonable period of time for an opportunity for interested members of the public to comment on the draft TDM Plan before it is finalized.

ATTACHMENT – MASTER DEVELOPMENT PLAN CHANGE PAGES RELATED PARKING STRUCTURE

same parcel.⁸ Accessory uses are allowed if (a) identified in Table 2-2 of the Municipal Code as an allowed use if it were a “primary use” or (b) if the accessory use meets other specified criteria in the Municipal Code.⁹ These are described below.

3.2.3 Parking

The Medical Center includes both surface and underground parking. There are approximately 1,354 surface parking spaces distributed throughout the campus. Underground parking is located at the corner of E. Maple Street and Cemetery Lane and houses 266 stalls. Existing parking areas are shown on Figure 3.2.3-1 and an existing parking count summary is provided in Table 3.2.3-1. The current parking was approved by the City through a series of Commission Use Permits. (See Table 3.2.6-1, Item Nos. 12, 13, 18, 19, 23, and 25.)

Table 3.2.3-1 Existing Parking Summary

Parking Lot	Parking Stalls
Sanger	74
ED Lot	21
Underground Garage	266
North Lot	606
Administration Lot	7
Administration Overflow Lot	9
McCloud Avenue	24
HCCL North	29
HCCL South	21
Vendor/Maintenance	7
Other Parking	290
Total	1,354

All available lots, as well as curbside parking at surrounding streets, are fully used on a daily basis. The Plan proposes flexibility to allow per patient parking ratios from the code minimum of 2.0 stalls per licensed bed. Parking Option A includes up to 5.6 stalls per licensed bed as medical care may require to accommodate for seasonal surges, such as respiratory illnesses, and pandemics such as with the 2020 Pandemic.

In response to comments on the Draft EIR received from stakeholders, St. Joseph’s ~~has also~~ prepared an alternative parking option; i.e. Parking Option B, which reduces the size of the Parking Structure. ~~St. Joseph’s has agreed to update the Master Development Plan to select Parking Option B, and Chapters 4 and 6 of the Master Development Plan, as well as the attached Parking Plan, reflect Option B as the applicant’s parking structure option for approval.~~ The Master Development Plan does not, however, reduce the stated maximum parking ratio, and

⁸ Municipal Code Section 16.240.020.

⁹ Municipal Code Section 16.80.020(C) governs Accessory Uses and subsection (1)(b) details criteria for accessory uses that are not an allowed use.

acknowledges that additional, yet to be identified, off-site parking may be required if the smaller Parking Structure is insufficient. Under Parking Option B, “Other Parking” is reduced by 110 stalls due to the longer-term placement of modular structures at the site located at E. Harding Way and Maple Street. Tables 4.2.5-1 and 4.2.5-2 include the parking counts under each parking option.

3.2.4 Physical Plant

The Medical Center campus includes a Plant Maintenance building, a utility plant, emergency generators, fuel tanks, water well, bulk oxygen tank, hazardous materials storage, and loading docks.

3.2.5 Heliport

The Medical Center presently includes one heliport located on top of the Southeast Wing of the Main Hospital. The heliport was approved through a conditional use permit (see Section 3.2.6) and is also permitted by the California Department of Transportation Aviation Division. A hospital heliport is defined as a restricted use airfield by the Municipal Code.¹⁰ The heliport currently receives approximately 15 unscheduled flights per month for emergency medical transport.

3.2.6 Emergency and Supplemental Services on a Temporary Basis

During the 2020 Pandemic and as needed during other health care surges, the Medical Center has conducted certain temporary activities in the exterior portions of the Medical Center campus. This primarily occurs over parking areas. Mobile imaging equipment and tents used for testing or vaccinations are common examples of such temporary uses.

3.2.7 Existing Use Permits

As discussed above, the primary land use for the Medical Center is an acute care hospital, which is an allowed use with approval of a Commission Use Permit (formerly a Conditional Use Permit; the Commission Use Permits and Conditional Use Permits are referred to collectively as “Use Permits.”). As the medical services expanded over the 120-year history of the Medical Center, the City issued a series of Use Permits dating back to 1953. The Use Permits attached to buildings that will not be demolished to accommodate the Medical Center expansion will remain in place.

The City records reflect Use Permits on buildings either never constructed or that have been demolished prior to approval of the Plan. In addition, the Plan contemplates removal of some buildings with existing, valid Use Permits. The Plan is intended to consolidate the remaining Use Permits for reference in one document and update City records regarding Use Permits that are no longer necessary and which will be terminated with Master Development Plan approval via a condition of approval. New or modified hospital uses and ancillary uses will be permitted under the plans, policies and standards of the Plan.

Table 3.2.7-1 describes Use Permits that will remain in place with the reference numbers corresponding to the labels on Figures 3.1-1 and 3.1-2. Table 3.2.7-2 identifies the Use Permits no longer necessary (facilities not constructed, previously demolished, or identified for removal under this Plan).

¹⁰ *Municipal Code Section 16.240.020 (Definitions).*

Table 4.1-2 Expansion Building Summary

Initial Expansion ¹ (Phases 1-4)					
#	Building Name	Approx. Building Area ³	Approx. Building Footprint ⁴	Use	Maximum Building Height ²
A	New Acute Care Hospital Tower	281,000 SF – 331,000 SF	78,730 SF	Medical Services	115ft excluding mech. screen
B	New Parking Structure ⁴	Up to 1,980 1,400 parking stalls Up to 800,000 600,000 SF	90,000 SF	Parking and Heliports	115ft 80ft top of parking deck parapet
C	New Central Utility Plant	25,000 SF – 30,000 SF	15,100 SF	Support	60ft
D	New Fuel Tank Yard	2,500 SF – 3,500 SF	2,000 SF	Support	55ft
E	New Generator Building Addition	2,000 SF – 3,500 SF	2,000 SF	Support	55ft
F	New Plant Maintenance Building	15,000 SF – 18,000 SF	10,500 SF	Support	55ft

Phase 5 Expansion					
G	Acute Care Hospital Tower	Potential expansion up to 150,000 SF	35,000 SF	Medical Services	115ft excluding mech. screen
H	Parking Structure (location to be determined)	Stall count to be determined per Plan standards	To be determined	Parking	To be determined

¹All buildings are under the jurisdiction of the Department of Health Care Access and Information (HCAI) – formerly OSHPD.

²Roof mounted structures are not included in building heights. See section 6.3.5.

³Site coverage and FAR limits indicated in section 6.3.2 and 6.3.3 are based on calculations using these ranges and areas. Building area and building footprint of individual buildings shall be allowed flexibility to meet compliance with the Plan within the overall stated parameters for Site Coverage and FAR calculations.

⁴In response to comments on the Draft EIR received from stakeholders, St. Joseph's ~~also prepared a~~ agreed to Parking Option B that would reduce the size of the Parking Structure ~~as identified in the table. Parking Option B is below the maximum areas and height laid out in table 4.1-2. Parking Option B shows approximately 1,368 parking stalls, a total area of approximately 512,395 sf, and a maximum height of 80ft to the top of the parking deck parapet, excluding roof mounted structures and heliport.~~ To accommodate design flexibility, Parking Option B is presented as a range of 1,368 to 1,400 spaces.

- If two towers, roof top naturally landscaped area for patient viewing may be located in the courtyard of towers

4.2.5 Parking Structure and Surface Level Parking

The Medical Center presently utilizes both below surface level and street level parking, with approximately 1,354 parking spaces devoted to surface and underground parking distributed on and around the Medical Center. Parking presently available on the Medical Center campus is fully used under the existing operational setting and off-campus parking is necessary and used by current staff even prior to any planned expansions.

To maximize the available land within the Medical Center and to centralize parking in a location more convenient to all buildings on the Medical Center, a new Parking Structure with a maximum of nine (9) elevated tiers (excluding roof trauma elevator over-run and heliport areas) will be constructed to accommodate a maximum of 1,980 new parking spaces.

Parking Option A for the new Parking Structure, ~~(the initial application) was is~~ designed as a four (4) bay, nine (9)-elevated tier structure. The four (4) bays include two (2) flat bays and two (2) internal ramp bays. This affords the circulation to move in a rotating pattern independently of each other. This in turn decreases vehicular parking and exiting times. The structure includes up to 1,980 stalls of which approximately 10% are accessible stalls. Those stalls are located on the same bay on every floor. The primary vertical circulation is located on the south bay of the structure (closer to the Acute Care Hospital Tower), and it encompasses five (5) elevators in two (2) banks. There are four (4) pedestrian exit stairs primarily located toward each corner to facilitate code required exiting. The floor-to-floor heights are 12ft and include ample room to meet the required 8'-2" clear height required for accessible stalls. The uppermost parking deck of the structure ~~was is~~ at approximately 108ft above grade with perimeter parapet at approximately 115ft. The elevator over-runs and heliport exceed these heights (but are excluded from building height per section 6.3.4). A potential photovoltaic array is proposed to be installed on rooftop or the side of the Parking Structure for energy generation and is also excluded from the overall building height. ~~This maximum structure size was evaluated in the DEIR.~~

In response to comments on the Draft EIR received from stakeholders, St. Joseph's ~~also prepared a Parking Option B that would~~ agreed to reduce the size of the Parking Structure. Parking Option B for the new Parking Structure is designed as a six (6)-elevated tier structure. The structure includes a range of between 1,368 and ~~no more than~~ 1,400 stalls, of which approximately 10% are accessible stalls. The uppermost parking deck of the structure is at approximately 72ft above grade with perimeter parapet at approximately 80ft (excluding roof mounted structures and heliport). All design criteria regarding bays, ramps, elevators, and vehicle circulation are the same as outlined for Parking Option A.

The heliport structure will accommodate multiple helicopters and is designed so that vehicles can circulate below the heliport platform. Closely positioned with the heliports are a dual bank of dedicated elevators that are a two (2) stop design (top and bottom floor only).

The parking structure can accommodate bicycle parking and electric vehicle charging stations as required by the most recent code requirements and as described in Chapter 6.

The number of tiers and building height of the Parking Structure is intended to support design flexibility, including pre-fabrication opportunities, as the overall Medical Center planning process continues through each phase. The final number of parking spaces (**not to exceed 1,400**) will be determined through the entitlement process and refined as part of the design of buildings, considering Municipal Code minimum parking requirements, hospital experiences with greater demand for parking spaces, as well as physical design to minimize building massing on adjacent streets. St. Joseph's decades of operations experience, both with this Medical Center and with other facilities, indicates that patients and visitors benefit from extra parking above Municipal Code requirements. Patrons with mobility challenges and who do not have access to disabled parking placards require both closer short-term parking and wider parking spaces than may be required under minimum parking requirements. The number of parking spaces in the parking structure will not exceed **1,980-1,400** parking spaces. ~~without analysis of additional environmental impacts under the procedures in Chapter 8, and particularly Section 8.3.1 (Subsequent Environmental Review).~~

The Project also includes new surface parking for the Emergency Department for approximately 70 spaces. This surface parking is located between the Acute Care Hospital Tower and the Parking Structure. A smaller surface lot north of the Parking Structure will hold approximately 16 stalls.

At final buildout of Phases 1-4, total maximum parking including underground, surface level, and Parking Structure is identified and summarized in Table ~~4.2.5-1 and~~ 4.2.5-2.

Table 4.2.5-1 Parking Summary (Parking Option A)

Total Existing Parking (Excluding Public right-of-way)	1,354
Existing Parking to be Removed by Area	
North Lot	-606
Administration Lot	-7
Administration Overflow Lot	-9
McCloud Avenue	-24
HCCL North	-6
HCCL South	-21
Vendor/Maintenance	-7
Total Parking Removed	-680
New Parking Stalls Provided	
New Parking Structure Stalls	1,980
North Surface Lot	16
ED Parking Lot	70
Parking Total	
Phase 1-4 Buildout	2,740

Table 4.2.5-2 Parking Summary (Parking Option B)

Total Existing Parking (Excluding Public right-of-way)	1,354
Existing Parking to be Removed by Area	
North Lot	-606
Administration Lot	-7
Administration Overflow Lot	-9
McCloud Avenue	-24
HCCL North	-6
HCCL South	-21
Vendor/Maintenance	-7
Total Parking Removed	-680
New Parking Stalls Provided	
New Parking Structure Stalls	1,400
North Surface Lot	16
ED Parking Lot	70
Parking Total	
Phase 1-4 Buildout	2,160

The Parking Plan is included as Appendix, Attachment 15. The technical analysis supporting the Plan is included as Appendix, Attachment 16.

4.2.6 Heliports.

The existing heliport on the roof of the main hospital building at 1800 N. California will remain and is licensed to accommodate maximum weight capacity of 7,000 pounds. This existing heliport will be proximate to the surgery center and the Use Permit for this heliport will remain in place. This existing heliport is located close to the newborn intensive care unit and provides vital aerial transport for some of the most vulnerable patients. The existing heliport is also anticipated to be used to provide back-up to the new heliport(s), or for transport of supplies or patients to or from the surgery center. As noted in Section 3.2.5, current heliport usage is approximately 15 unscheduled flights per month.

The existing heliport is a valuable resource. Retention of this landing area will provide operational flexibility and, at times, will limit community impacts from helicopter operations. Single heliport hospitals and surrounding areas sometimes experience impacts when helicopters hover waiting for a helicopter to depart a landing area. Having both heliports available will mitigate this condition. Further, there are instances when helicopters are dispatched to medical facilities with dispatch officers unaware that a heliport is occupied. The second heliport will minimize any disruption in medical service.

Plan. If hook-ups are used, there will still be a minimum of one (1) tank with at least 5,000 gallon capacity.¹⁵

4.6.6 Future Safety Retrofit Requirements

As building requirements and seismic and other safety standards evolve over time, additional retrofits (whether to achieve seismic protections or for other health/safety reasons) may be necessary and would be included within the scope of the development policies and design standards of the Plan. Safety retrofits may be presented for approval under the administrative procedures set forth in Chapter 8 and will include, but not be limited to, interior and exterior modifications, replacement of windows, and adjustments to building fenestrations. The Development Policies and Design Standards of the Plan will be applied to future building retrofits and those retrofits will also be subject to approval as “Minor Changes to the Plan” as authorized by Municipal Code Section 16.140.110B and in “substantial conformity” with the Plan if the criteria of Section 8.4.1 of the Plan are met.

4.7 Emergency Public Health Services, Disaster Management and Emergency Services

Medical facilities are a central location for emergency public health services, as well as a crucial resource for disaster management and emergency preparedness for a community. St. Joseph’s has provided these services in the past and has identified the continuation of such services as a key objective for the expansion program.

Figure 4.7 identifies logical locations for emergency service facilities, which can range from tented treatment areas that may include testing or vaccination services (similar to what was in place at many medical facility locations during the 2020 Pandemic), to mobile technology treatment locations. Emergency public health service facilities will be located in close proximity to critical services provided within the buildings; i.e., radiology and emergency department.

Due to the available locations, emergency service facilities may temporarily impact available parking stalls which would reduce the current parking ratio of 3.7 stalls per licensed bed, and the maximum ratio of up to 5.6 stalls per licensed bed. (As noted in Section 4.2.5, **Option B for the Parking Structure is the applicant’s request an alternative size of the Parking Structure is included** in the Plan, which would result in an actual lower ratio per bed, with the potential for increased off-site parking, if necessary.) When these emergency services are being provided the parking ratio shall be allowed to be reduced temporarily for the duration of the services provided.

The Municipal Code provides an exemption to the requirement for a temporary use permit for “[e]mergency public health and safety needs and use activities.” Municipal Code section 16.164.030(A)(5). In light of this exemption and the intended nature of proposed temporary facilities for emergency public health services, disaster management and emergency preparedness, no additional City approval is anticipated to be required. Hospital management will continue to work closely with City staff, as it has in the past, to provide information on available resources in times of emergency needs.

¹⁵California Code of Regulations, Title 24, Section 615.4.1.

flow will be applied and submitted to the Fire Marshal for approval. If structures are reduced in size from the maximum allowed under the Plan, fire flow requirements will decrease.

Table 5.9.2-1 Proposed Building Fire Flow Summary

Building ¹	Total Building Area, square feet	Fire Flow, gpm ³	Reduced 75% Fire Flow, gpm ⁴
Acute Care Hospital Tower	331,000	4,750 ⁵	1,500
Parking Structure	800,000 ⁸	3,250 ⁶	1,500 ⁹
Central Utility Plant	30,000	1,750	1,500
Generator Building Addition	3,500	1,500	1,500
Plant Maintenance Building	18,000	1,500	1,500
Phase 5 Acute Care Hospital Tower	150,000	3,250 ⁷	1,500
Phase 5 Parking Structure	200,000	2,250 ⁸	1,500

1. All proposed buildings are assumed to be fully sprinklered and of Type IA type of construction. Each of the fire flow calculations is based on maximum building size and would be reduced if square footage is reduced during the design process

2. Fire Flow per CFC Table B105.1

3. 75% reduction for sprinklered building per CFC Table B105.2

4. Per CFC Section B104.3, for Type IA construction, building area shall be the area of the three largest successive floors. Assuming the Hospital Tower is five (5) stories, that equals 66,200 sf per floor, or 198,600 sf for three successive floors.

5. Per CFC Section B104.3, for Type IA construction, fire flow for parking garages shall be determined by the area of the largest floor. Assuming the Parking Structure is ten (10) levels (ground and nine (9) elevated levels). The approximate footprint of the parking garage is 90,000 sf, which is the size of the assumed largest floor.

6. Per CFC Section B104.3, for Type IA construction, building area shall be the area of the three largest successive floors. Assuming the Phase 5 Hospital Tower is five (5) stories, (see section 4.4) that equals 30,000 sf per floor, or 90,000 sf for three successive floors.

7. Per CFC Section B104.3, for Type IA construction, fire flow for parking garages shall be determined by the area of the largest floor. For purposes of the fire flow analysis, the 200,000 sf Phase 5 Parking Structure is assumed to be five (5) stories, and the largest floor would be 40,000 sf.

8. Option A for the Parking structure will be up to 800,000sf. Option B will be up to ~~512,395sf~~ 600,000sf.

9. Fire Flow demands for the reduced size parking structure will be updated for City review prior to submittal of improvement plans, but will not increase because of the smaller size of the building.

A fire flow demand of 1,500-gpm was applied at an existing fire hydrant located at the northwest corner of McCloud Avenue and Cemetery Lane. Flowing this fire hydrant was found to give the lowest residual pressure results (worst case condition). The following table summarizes the fire flow demand and residual pressure at the flowing fire hydrant.

6.2.5 Medical Related

Allowed medical related uses include facilities for activities associated with medical treatment. This includes acupuncture; offices of dentists, doctors, psychiatrists/psychologists, and other medical professionals; medical-related counseling services; pharmacies; and physical therapy. Temporary medical-related uses shall be allowed, including mobile trailers, vaccination tents, and drive through vaccination and testing. (See also Section 4.7 of the Plan.)

6.2.6 Medical Administration

Medical administration facilities, including offices of doctors and medical professionals, are an allowed use.

Current administration buildings include the Main Hospital Wing, the Administration Wing, and the McCloud Building. Medical Administration facilities and business services may also be located in temporary (modular) structures.

6.2.7 Medical Education

Medical education is an allowed use and is integrated into the regular functions of the hospital. Part of the hospital's mission is to serve as a Graduate Medical Educational facility. This educational function (located in the HCCL Building) is integrated into the hospital facilities and provides resident physicians with training in a variety of specialties. Medical education also includes training for nurses and medical technicians.

6.2.8 Parking

Parking lots and structures are provided for in the Master Development Plan to support the primary land uses, as further described in Section 6.3.7 and 6.4.7. The Master Development Plan includes up to a Parking Structure with up to ~~nine (9)~~ **six (6)** tiers above ground to serve hospital employees and visitors. Off-campus parking may also be implemented to complement, as needed, on-campus parking spaces. Parking adjacent to modular structures will be allowed through the Temporary Activity Permit process (Municipal Code Section 16.164.030).

6.2.9 Physical Plant

The physical plant is an allowed ancillary use to support the overall Master Development Plan area. Physical plant uses may include utility plant (boiler/chiller), emergency generators, water wells, Plant Maintenance building, bulk oxygen tank storage, hazardous materials storage, fuel storage, loading docks, and similar elements required to support the Medical Center functions.

6.2.10 Heliport

Heliports associated with the hospital shall be an allowed use. A hospital heliport is defined as a restricted use airfield by the Municipal Code.²⁸ The California Department of Transportation, Aviation Division, will also provide a heliport license upon approval of the land use authorities (i.e., the City) and, prior to activation of a heliport, receipt of a letter from the Federal Aviation

²⁸ *Municipal Code Section 16.240.020.*

Table 6.9-1 Design Deviations

Setbacks			
(Deviation from 16.24.200 Table 2-3)			
Descriptor	Municipal Code Requirement		MDP Guidelines
	CO Zone	CG Zone	
Setbacks			
Front	10 ft	10 ft	0 ft ¹
Side	5 ft	0 ft ¹	0 ft ¹
Side, Street	10 ft	10 ft	0 ft ¹
Rear	10 ft	0 ft ¹	0 ft ¹
Building Heights			
(Deviation from 16.24.200 Table 2-3 and 16.36.090-B4)			
Height	45 ft	45 ft	115 ft ² – hospital 115 ft² – Parking Structure Option A or 80 ft ² – Parking Structure Option B 75 ft ² – support buildings
Roof-Mounting Screening			
(Deviation from 16.36.090-B1)			
Height	As required to screen roof-mounted HVAC equipment		
Site Coverage and Floor Area Ratio (FAR)			
(Deviation from 16.24.200 Table 2-3)			
Max. Lot Coverage	60%	60%	95%
Floor Area Ratio (FAR)	0.3	0.3	Current Medical Center has a FAR of 0.84. Proposed deviation of 3.0
Bicycle Parking			
(Deviation from 16.64.100-B)			
Bike Racks	10% of off-street stalls	10% of off-street stalls	1% of off-street parking stalls
Bike Lockers (Long-term)	10% of bike racks shall be for long-term bike parking		

Attachment 15

St. Joseph's Medical Center, Hospital Expansion Project Parking Plan, **September** 2023

**ST. JOSEPH'S MEDICAL CENTER OF STOCKTON
HOSPITAL EXPANSION PROJECT**

**MASTER DEVELOPMENT PLAN
ATTACHMENT 15**

PARKING PLAN

PARKING PLAN

1. Purpose of the Parking Plan

This Parking Plan for the St. Joseph's Medical Center of Stockton – Hospital Expansion Project (the "Project") is approved as part of the Master Development Plan (the "Plan") for the Project. This Parking Plan identifies the initial anticipated parking demands both during construction (i.e., the Temporary Parking) and the parking that will be provided to serve the expanded facilities after completion of the Project (i.e., the Permanent Parking).

Through the approval of the Parking Plan as part of the Project, St. Joseph's¹ will be afforded flexibility should the need arise for modification of this Parking Plan, whether due to unanticipated circumstances during construction or as the Project is developed. This Parking Plan may be amended as part of the Administrative Procedures in Chapter 8 of the Plan. Revisions to this Parking Plan will not require an amendment of the Master Development Plan.

2. Parking Demand Requirements

Parking demand requirements are estimated based upon maximum Project buildout and are set forth in Sections 4.2.5 and 6.3.7 of the Plan. The Parking Summary (both existing and maximum anticipated) is listed in Table 4.2.5-1 of the Plan, copied below.

¹ Capitalized terms that are not defined in this Parking Plan will have the meaning used in the Master Development Plan.

Total Existing Parking (Excluding Public right-of-way)	1,354
Existing Parking to be Removed by Area	
North Lot	-606
Administration Lot	-7
Administration Overflow Lot	-9
McCloud Avenue	-24
HCCL North	-6
HCCL South	-21
Vendor/Maintenance	-7
Total Parking Removed	-680
New Parking Stalls Provided	
New Parking Structure Stalls	1,980 1,400 ¹
North Surface Lot	16
ED Parking Lot	70
Parking Total	
Phase 1-4 Buildout	2,740

¹ Option A will provide up to 1,980 parking stalls, Option B includes a range of between 1,368 and 1,400 parking stalls.

This Parking Summary provides a reference to existing and anticipated additional parking spaces at various lots on the Medical Center Campus (the “Campus”) and also within the new parking structure that will provide permanent parking once the expansion is complete. The anticipated total parking for Option A upon completion of Phases 1-4 is approximately 2,740 spaces within the boundaries of the Campus (both within parking structures and on surface lots).

The parking yield information included in Table 4.2.5-1 and the demand requirements in Section 6.3.7 of the Plan were used as the basis for environmental analysis of the Project. If a revision to this Parking Plan results in a change to the parking yield analysis, the City will evaluate whether additional environmental analysis is necessary pursuant to Section 8.3 of the Plan.

3. Permanent Parking

The Master Development Plan identifies a requirement of a minimum of two (2) stalls per licensed bed consistent with Municipal Code section 16.64.040, Table 3.9. (See Master Development Plan,

Section 6.3.7) St. Joseph's requested and the Plan incorporates flexibility to include up to 5.6 parking stalls per licensed bed. The locations for new parking stalls to meet the anticipated demand for Permanent Parking are set forth in Section 4.2.5 of the Plan, and include existing and new surface parking lots, an existing parking structure adjacent to the Women and Children's Pavilion, and the new parking structure immediately north of the new Acute Care Hospital Tower. Street parking is not included in the analysis of available parking to serve the expanded Campus services.

The design standards for the new parking structure are set forth in Sections 4.2.5, 6.3.7, and 6.4.7 of the Plan. Except for the modifications noted below relative to capacity of the new parking structure and location of surface level parking, the design standards of the Master Development Plan shall be applied to Permanent Parking in this Parking Plan, unless an amendment is approved pursuant to the administrative procedures of Chapter 8 of the Plan.

Parking Option A as outlined in the Master Development Plan, includes a new parking structure of up to ~~nine (9)~~ six (6) elevated tiers (excluding roof trauma elevator over-run and heliport areas) that will accommodate a maximum of ~~1,980~~ 1,400 new parking spaces. During the design of the new Acute Care Hospital Tower, if St. Joseph's determines that a smaller structure meets service requirements (for patients, visitors and staff), the new parking structure may, at the election of St. Joseph's, be reduced in size so long as the alternative size meets the minimum parking requirements for a hospital as stated in Municipal Code section 16.64.040, Table 3.9. In other words, if St. Joseph's determines that the estimated 5.6 parking stalls per bed is not necessary due to changes in driving patterns, particularly of families and friends of patients, St. Joseph's may construct a smaller parking structure so long as the minimum Code requirement of two (2) stalls per bed is satisfied. Final size of the parking structure shall be identified on the Site Plan, submitted for review as provided for in Section 8.2.2 of the Plan. In response to comments on the Draft EIR received from stakeholders, St. Joseph's ~~agreed to implement also prepared a~~ Parking Option B that would reduce the size of the Parking Structure. The Master Development Plan does not, however, reduce the stated maximum parking ratio, and acknowledges that additional, yet to be identified, off-site parking may be required if the smaller Parking Structure is insufficient.

While the location of the new parking structure is not likely to change during the buildout of Phases 1-4, the construction of Phase 5 as outlined in the Plan (see Section 4.4 of the Master Development Plan) is likely to impact on-site surface level parking that is included in the calculation of Permanent Parking in Table 4.2.5-1. St. Joseph's will provide to the City an analysis of parking capacity and parking demand with the submittal of building plans for Phase 5 to allow for complete analysis (including environmental review, if necessary) to determine if additional parking is required to service Phase 5. If it is determined that the new parking structure has sufficient capacity for Phase 5 building(s), no additional parking may be required.

4. Temporary Parking

Construction of the expansion of the Medical Center will span multiple years and will occur in phases. (See Master Development Plan, Section 4.3, for a description of the anticipated phasing of the Project construction.) As each phase occurs, existing parking will be displaced, and temporary parking must be provided in a safe location that adequately serves patients, visitors, and staff. In addition, temporary parking will be needed to accommodate construction workers. Although street parking was not counted as part of the allocation of new parking spaces, street parking that is

currently in use (i.e., on Cemetery Lane and McCloud Avenue) is counted in the total number of displaced parking spaces.

At the start of each new phase of construction, temporary parking demands will be updated to identify adequate parking during each phase of construction. Under the current construction plan, the new parking structure will be built during Phase 2, which is anticipated to alleviate any parking shortages by the time the construction of the new Acute Care Hospital Tower begins as part of Phase 3.

Figure A depicts graphically the displacement of parking during construction.

The summary of spaces that will be displaced during construction by location is as follows:

Existing Parking to be Removed by Area	
North Lot	-606
Administration Lot	-7
Administration Overflow Lot	-9
McCloud Avenue	-24
HCCL North	-6
HCCL South	-21
Vendor/Maintenance	-7
Total Parking Removed	-680

An estimated total of 680 parking spaces will be displaced, although the disruption will vary by phase. The anticipated parking needs by phase, which also includes anticipated needs for parking for construction workers, are identified in Figure B “Conceptual Project Parking Schedule.”

The Conceptual Parking Schedule is based on current known data at the time of approval of the Project. The exact numbers of displaced parking stalls and employees who need off-site parking will vary as the final building designs are developed. Required temporary parking stalls may decrease in number. Alternatively, if the construction schedule requires an adjustment in the phased schedule or if additional parking becomes necessary either to accommodate construction workers or improve access to medical facilities, the Project Parking Schedule will be revised and provided to the City as a revision to this Parking Plan.

The Project Parking Schedule identifies shortages of on-site parking during Phases 1 and 2. The on-site parking shortages will be satisfied by off-site parking, whether on property owned by St. Joseph’s or an affiliated entity or through lease of parking through third parties.

The environmental impact report evaluated potential sites for temporary parking that would be within a short shuttle ride to the St. Joseph's Medical Center. Several sites are possible locations that would be within approximately 0.7 to 0.9 miles to the closest drop off points at the Campus.

Drop off points and frequency of shuttle services to and from the off-site temporary parking areas will be determined and adjusted as needed to accommodate employee shifts, construction worker shifts, and parking for family and friends of patients.

St. Joseph's will continue to identify temporary parking opportunities, along with suitable transport by shuttle, to meet each level of parking demand by phase as set forth in Figure B. This Parking Plan will be revised to include additional off-site parking as those locations are secured by St. Joseph's.

The construction of all temporary off-site parking lots will meet all local ordinances, including the materials used, installation, striping and other surface markings, and lighting. If a temporary parking area identified in the future is unimproved, the surface of this temporary parking area shall be improved per the Municipal Code requirements.

This process also will be used for temporary parking for construction personnel. Potential sites that are located within a mile of the Medical Center Campus were identified for purposes of the evaluation of environmental impacts. When actual sites are secured for construction personnel, those parking areas will meet City requirements for temporary construction parking. Temporary lighting also shall be provided and meet safety standards under the Municipal Code.

5. Phase 5 Parking

Figure B identifies anticipated parking shortage for Phase 5. The analysis for Phase 5 assumes full build out of Phases 1 – 4 at the maximum capacities identified in the Master Development Plan. The Project Parking Schedule will be updated prior to issuance of a building permit for any Phase 5 building(s) to ensure that (a) actual parking demands are incorporated into the analysis for Temporary and Permanent Parking related to Phase 5 and (b) that adequate parking during and after construction of Phase 5 is available at the time the parking is needed. The estimates for Phase 5 are presented as estimates, only, and the actual demands for Temporary and Permanent Parking will be reviewed under the Administrative Procedures of Chapter 8 of the Plan.

From: Ricky Gill <rickygill5687@gmail.com>

Sent: Thursday, September 14, 2023 11:13 AM

To: CC - City Clerk <City.Clerk@stocktonca.gov>; Stephanie Ocasio <Stephanie.Ocasio@stocktonca.gov>; Michael McDowell <Michael.McDowell@stocktonca.gov>; Waqar Rizvi <Waqar.Rizvi@stocktonca.gov>; Rajan Nathaniel <Rajan.Nathaniel@stocktonca.gov>; Gurneel Boparai <Gurneel.Boparai@stocktonca.gov>; Brenda Jones <Brenda.Jones@stocktonca.gov>; Greg Thompson <Greg.Thompson@stocktonca.gov>; Terry Hull <Terry.Hull@stocktonca.gov>; Anne Mallett <Anne.Mallett@stocktonca.gov>; Harry Black <Harry.Black@stocktonca.gov>; William Crew <William.Crew@stocktonca.gov>

Cc: John Conger <jconger@mcjglaw.com>; Colin Hunter <chunter@bradleybernstein.com>; Brett S. S. Jolley <bjolley@mcjglaw.com>; Chaman Gill <chamangill@gmail.com>; mlofgren@brewerlofgren.com; WMeyer@polsinelli.com; Ricky Gill <rickygill5687@gmail.com>

Subject: Gill Medical Center / St. Joseph's Hospital Expansion: Withdrawal of Objections

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Dear Planning Commissioners and City leadership:

I wanted to inform you that Gill Medical Center, LLC (GMC) and Dignity Health/St. Joseph's Medical Center (SJMC) have resolved all concerns GMC and the Gill family have previously raised with regard to the SJMC expansion on the California Street corridor, including those concerns I raised in my email of September 11, 2023, the enclosed August 15 letter addressed to Stockton Planning Commissioners, and any related communications with City staff or officials. GMC and the Gill family hereby withdraw all such objections.

Our counsel, Brett Jolley, will appear at the Planning Commission meeting this evening to confirm that GMC has withdrawn all objections to the SJMC expansion.

Thank you for your consideration.

All the best,

Ricky Gill

From: Ricky Gill <rickygill5687@gmail.com>
Sent: Monday, September 11, 2023 1:15 PM
To: CC - City Clerk; Stephanie Ocasio; Michael McDowell
Cc: Harry Black; William Crew; Waqar Rizvi; Rajan Nathaniel; Terry Hull; Anne Mallett; Gurneel Boparai; Brenda Jones; Greg Thompson
Subject: Official Communication for the Record / 9-14-23 Planning Commission Meeting
Attachments: GMC PC Ltr RE SJMC Expansion.pdf; Attachment A - GMC Comment Letter on SJMC EIR (Final with Exhibits) (GMC Comment Letter on SJMC EIR (Final with Exhibits).pdf_1).pdf; Attachment B - 1707 N California St. Aerial.jpg; Attachment C - St. Joseph's Expansion.pptx; Attachment D - 23.03.01 Site Plan.pdf

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Dear City Clerk and Planning Commission Staff: Attached, you will find official communication from Gill Medical Center (GMC) regarding the proposed St. Joseph's Medical Center expansion, which will be considered by the City of Stockton Planning Commission on Thursday, September 14th, 2023. GMC notes this communication was omitted from attachment J of the upcoming 9/14 Planning Commission Agenda / meeting packet. This correspondence and all relevant enclosures were conveyed to Stockton Planning Commissioners via their official email addresses on August 15th, and this material was additionally transmitted to the City Manager through official email on August 16th. Please enter the attached into the record in advance of this Thursday's session and print for the Commissioners' review.

Thank you,
Ricky Gill

Gill Medical Center, LLC

P.O. Box 1450
Lodi, CA 95241

Phone (209) 334-6583
Fax (209) 334-5007
gillmed@sbcglobal.net

Stockton Planning Commission
425 N. El Dorado St.
Stockton, CA 95202

August 15, 2023

Dear Planning Commissioners:

I'm writing to address the Environmental Impact Report (EIR) relating to the expansion of St. Joseph's Medical Center (SJMC), which I understand the Planning Commission intends to consider at one of its upcoming meetings.

In considering the proposed expansion of SJMC described in its EIR, my family and I believe the Planning Commission has a unique opportunity to support our growing community's needs for clinical healthcare expansion and more housing, while also meeting the City's legal obligation to mitigate the significant associated serious environmental impacts it presents.

I note at the outset that my family and I have been longstanding partners and supporters of SJMC.¹ We continue to support and partner with SJMC today, and—to be clear—we believe its expansion has the potential to greatly improve the availability of certain clinical healthcare services in our community. Nonetheless, we believe the hospital's EIR suffers from serious deficiencies that will, if left unaddressed, have a significant negative impact on the California Street corridor that will persist for decades and expose the City to undue legal risk. Many of these issues were first raised in the draft EIR comment letter Gill Medical Center, LLC (GMC) submitted on June 1, 2023.²

First, SJMC (and its parent, Dignity Health) systematically failed to consider the possibility of including the nearly 3-acre property that GMC owns at 1707 N. California St.³—which GMC purchased from SJMC in 2006—as part of its expansion. As early as 2017, GMC specifically discussed the possibility of using its property to the west of N. California St.—including the parcel at 1707 N. California St.—as part of the hospital's eventual expansion.⁴ GMC believed then, and we continue to believe now, that integrating our property into the hospital campus would render unnecessary the enormous 2,000-stall, roughly 12-story garage that SJMC is proposing to construct east of California Street. SJMC's failure to analyze this alternative—namely, expanding SJMC to the west, onto property that GMC specifically offered to make available for that purpose—is a glaring omission in this EIR. GMC also believes that SJMC's expansion will put an enormous strain on utilities, including by placing the sewer system on N. California St. at or near its capacity, a matter that is not adequately addressed in the EIR.

¹ I initiated the hospital's laparoscopic surgery program for women in the early 1990s, and I later served as a board member for the hospital foundation. My wife, Dr. Param Gill, is proud to have served as one of the first female chiefs of staff at SJMC.

² Attachment A: GMC comment letter on the SJMC DEIR, dated June 1, 2023.

³ Attachment B: Aerial image of the GMC property (1707 N. California St.) and SJMC.

⁴ Attachment C: Hospital expansion plan involving 1707 N. California St. as presented by GMC to SJMC leadership in 2017.

In addition, SJMC remains untenably opposed to GMC's proposal to construct workforce housing on the 1707 N. California St. property, even though incorporating housing would serve as an environmental mitigation for its massive project, including by allowing SJMC employees to sustainably walk to work. SJMC irrationally contends that any multi-family residential component on the GMC property would be detrimental to the community, which is contradicted by the City's designation of this parcel as a Housing Action Plan top-ten priority site. Dignity has invoked obsolete deed restrictions and withheld required site plan approval for GMC's mixed-use building⁵ because it incorporates multi-family residential, a position that runs counter to California's environmental laws requiring project applicants to take reasonable measures to reduce greenhouse gas emissions.

As a community, we have one chance to make a generational change on the California Street corridor. Patients, visitors, and employees of SJMC, along with our fellow community members, are depending on the Planning Commission to exercise its authority responsibly to shape this project for the betterment of Stockton. Rather than embracing this opportunity for positive change, the current version of SJMC's proposed expansion—including its 12-story parking garage—would saddle the community with an unworkable, inefficient development for decades to come. Therefore, I urge you to pause consideration of the SJMC expansion unless and until the hospital lifts its inexplicable objections to housing on the GMC property and fully considers GMC's longstanding offer to collaborate on better solutions using its property at 1707 N. California St. This includes the possibility of constructing a second garage at 1707 N. California St.—an option that hospital leadership solicited from GMC as recently as late July 2023 to avoid constructing a single, enormous garage east of California St., which would deposit everyone exiting the garage onto a single lane of a street that will soon be reduced to two lanes.⁶

Since purchasing the 1707 N. California St. property in 2006, GMC has attempted to partner with SJMC on at least five projects over 16 years that would provide medical office and clinical space, but ultimately the hospital's non-participation and opposition rendered each project nonviable. Given the hospital's lack of interest in those projects, GMC in the 2021-22 timeframe instead proposed a mixed-use development, including multi-family residential, that it believes would be in the best interest of the property, California Street and the City of Stockton. GMC's property could accommodate both a mixed-use building on the eastern edge and a secondary garage for SJMC on the western portion, simultaneously fulfilling the need for housing and additional hospital parking on the California St. corridor.

GMC also has a track record of enhancing the neighborhood around the hospital, and it would be pleased to work with SJMC to continue doing so. GMC has worked diligently to consolidate and improve the property at 1707 N. California St. over the past decade, including by purchasing two homes at 415 and 417 E. Walnut Ave. from third party sellers, to allow for the consolidation of the 3-acre block between Walnut and Chestnut Streets under a single owner for the first time. (In the years since then, GMC has leased much of that block to SJMC for its employees' parking.) GMC's principals also developed a multi-tenant, Starbucks-anchored retail center known as "Gill Grove" directly to the south of 1707 N. California St., which has greatly enriched the surrounding area, addressed the prevailing food desert around the hospital and improved the patient and employee experience at SJMC.

We continue to believe that the development of multi-family residential on the 1707 N. California St. property, which would primarily be occupied by SJMC staff and physician residents living within

⁵ Attachment D: Mixed-use site plan, submitted by GMC to Dignity Health, on March 1, 2023.

⁶ <https://siegfriedeng.com/portfolio/city-of-stockton-california-street-road-diet-phase-i/>

walking distance of the hospital, is a feasible environmental mitigation that would naturally reduce greenhouse gas emissions from a hospital expansion involving the addition of hundreds of new employees. As SJMC's development documents point out, the hospital is attracting over 200 new physician residents to the hospital as part of its graduate medical education programs; market-rate housing made available to these residents on the GMC property would certainly assist with recruitment and retention of these doctors, helping alleviate the provider shortages in our community. But for Dignity's arbitrary refusal to provide site plan approval, GMC would be eligible for an over the counter, ministerial permit for this mixed-use project under the City's zoning code. In fact, the City Council voted in the summer of 2022 to zone the entirety of the GMC property Commercial Office ("CO"), paving the way for a modern, mixed-use development to proceed on site. Unfortunately, this has not prevented Dignity from making erroneous statements about the GMC property, including in an April 13, 2023, public workshop where SJMC land-use counsel stated incorrectly that multi-family residential is prohibited in the "CO" zone. Moreover, the City initiative to label the GMC property as a top-ten Housing Action Plan priority site, where infill residential should be encouraged, highlights the mixed-use project's consistency with the Stockton General Plan goals.

The most problematic aspect of the SJMC expansion was and remains avoidable: the mammoth 12-story, 2000-stall parking garage that will aggravate traffic on California St., itself in the process of a road diet approved by the City in 2017. SJMC leadership not only willfully failed to explore the prospect of long-term parking on the GMC property; they even misled the public on this point. In that same April 13, 2023, public workshop, SJMC representatives said that the GMC property was never made available to the hospital for its expansion. In fact, GMC principals and hospital leadership had discussed incorporating the GMC property into the medical campus as early as 2017, including discussing proposals for a garage that would roughly halve the size of the proposed parking structure east of California St.

Under CEQA guidelines, the threshold for including a site among the EIR alternatives is whether it will feasibly attain most of the project objectives and would avert or substantially lessen environmental impacts, a standard that was certainly met and exceeded when GMC and SJMC discussed integrating this parcel into the medical campus. We continue to believe there is no legally valid basis for its exclusion from the EIR alternatives analysis. GMC continues to believe that locating a significant portion of SJMC's parking needs on the 1707 N. California St. property will mitigate environmental impacts and benefit the hospital's patients, employees, and visitors tremendously - including by allowing easier parking and expedited patient transport to points on the southern end of the SJMC campus where important clinical services exist, such as the Cancer Center, Heart Center, Outpatient Surgery, NICU and Women & Children's Pavilion.

It is worth noting that SJMC currently leases roughly 145 parking stalls from GMC on the western portion of the 1707 N. California St. property, meaning the hospital has already deemed its location suitable for employee parking. It also stands to reason that the accumulation of traffic from a single parking structure east of California St. will negatively impact the ability of ambulances to access the medical center, when minutes count to save lives. Adding a secondary garage on the GMC property would not only address those operational inefficiencies, but also would allow patients, employees, and visitors to exit much more smoothly onto both sides of N. California St. - which is particularly significant, again, because the City is presently reducing California St. to one lane in each direction.

We believe the Planning Commission has a responsibility to address the numerous deficiencies with the SJMC EIR, ensuring that the California Street corridor gets the properly integrated medical

campus and workforce housing that Stockton deserves and the City's Housing Action Plan endorses. To be clear, GMC is not asking you to reject the SJMC expansion, but rather to pause its consideration so the hospital and City can further examine the serious traffic impacts posed by the 2,000-stall garage on an imminently narrowed California Street and evaluate the alternative of long-term parking on the GMC property. Doing so will not only contribute to the health and well-being of our community, but it will also protect the City by ensuring its approval of the SJMC expansion will withstand any legal challenges that may be brought.

Sincerely,

A handwritten signature in black ink, appearing to read "Jasbir S. Gill". The signature is fluid and cursive, with the first name "Jasbir" and last name "Gill" clearly legible, followed by a stylized "S." and a final flourish.

Jasbir S. Gill, MD Diplomate of the American Board of Obstetrics and Gynecology

**GILL MEDICAL CENTER, LLC
P.O. BOX 1450
LODI, CA 95241**

June 1, 2023

Via Email

Nicole D. Moore, LEED-AP
Current Planning Manager
Community Development Department
345 N. El Dorado Street
Stockton CA 95202
nicole.moore.ctr@stocktonca.gov

Christine Kronenberg, AICP
Senior Project Manager
Dudek
1810 13th Street, Ste. 110
Sacramento, California 95811
ckronenberg@dudek.com

Re: Comments of Gill Medical Center, LLC on Draft Environmental Impact Report for
St. Joseph's Medical Center Hospital Expansion Project (SCH No. 2021120439)

Dear Planning Manager Moore and Senior Project Manager Kronenberg:

Gill Medical Center, LLC ("GMC") respectfully submits these comments on the Draft Environmental Impact Report ("DEIR") prepared for the proposed St. Joseph's Medical Center Hospital Expansion Project ("Project"). GMC owns real property located directly across California Street from the Project, commonly known as 1707 N. California Street (hereafter the "GMC Property"; see aerial image attached as **Exhibit A**).

While GMC supports the development of further hospital services at this location, GMC also believes it is in all parties' interests to ensure such development is consistent with the City's General Plan, zoning ordinance, and Housing Action Plan; that the public and decisionmakers fully understand the Project's impacts to housing availability and the Applicant's role in affecting such availability; and that significant environmental impacts from the Project are fully considered through proposed mitigation measures and project alternatives as required by the California Environmental Quality Act (Pub. Res. C. §§21000 et seq. and Tit. 14 Cal. Code of Regs. §§15000, et seq., hereafter "CEQA").

The DEIR Must Consider the Project's Impacts to Housing Availability in the City of Stockton

The DEIR notes that "[a]t full project build-out, the Medical Center would include approximately 3,230 employees, including doctors, nurses, and administrative staff; this represents an increase of 365 employees from the current total of 2,865." (DEIR at 4.7-29). But the EIR never addresses the environmental setting of housing under-supply and how this Project will impact that supply. Nor does it address mitigating significant

Nicole D. Moore
Christine Kronenberg
June 1, 2023
Page 2 of 6

environmental impacts from the project by including housing development as part of the Project's master plan.

1. Environmental Setting – undersupply of housing.

"An EIR must describe existing environmental conditions in the vicinity of the proposed project, which is referred to as the 'environmental setting' for the project... This description of existing environmental conditions ordinarily serves as the 'baseline' for measuring the changes to the environment that will result from the project and for determining whether those environmental effects are significant." (Kostka & Zischke, *Practice Under the California Environmental Quality Act*, § 12.16; see also CEQA Guidelines § 15125(a).) The California Supreme Court explains the EIR "must delineate environmental conditions prevailing absent the project, defining a 'baseline' against which predicted effects can be described and quantified." (*Neighbors for Smart Rail v. Exposition Metro Line Construction Authority* (2013) 57 Cal.4th 439,447.)

Stockton suffers from a severe housing shortage, and the City is currently updating the General Plan Housing Element and preparing a Housing Action Plan ("HAP") to "increase housing production by serving as a toolkit for residents, housing developers, and nonprofits identifying future potential housing locations."¹ The DEIR does not address what impact the Project will have on available housing stock in the City.

Though not disclosed, presumably a substantial portion of the 365 new employees will be skilled workers/physicians-in-training/medical professionals who will come from outside the area and require housing. The DEIR acknowledges this increase in employees will lead to significant physical impacts, such as exceeding GHG emissions (DEIR 4.7-29 to 30) but does not address how this substantial increase in employees in the City will affect housing availability. At the same time, Section 5.6, (growth inducing impacts) provides, "As described above, the proposed project would result in approximately 365 new employees, medical residents, and students. This represents a moderate number of people that would likely be hired from the regional workforce." (DEIR 5-5).

Importantly, the City's update to the General Plan Housing Element acknowledges that the City needs thousands of additional housing units, and the HAP includes a focus on identifying parcels in the City for higher density and affordable housing development.²

¹ www.stocktongov.com/government/departments/communityDevelop/Shape/actionPlan.html

² The Background Report for the current (2015-2023) City of Stockton General Plan Housing Element states that "Countywide, the total housing need is 40,360 new units, of which the City received 11,824 units (29.3 percent)." www.stocktonca.gov/files/HousingElementBackgroundReport.pdf at p. 4BR-56 to 57. The Background Report also notes the "need to be satisfied during the Housing Element planning period is 4,343 lower income units. This remaining RHNA for lower-income units must be accommodated by vacant and underutilized sites." (Id. at 4BR-61)

Nicole D. Moore
Christine Kronenberg
June 1, 2023
Page 3 of 6

GMC respectfully suggests that, as part of the Project Setting and impacts analysis, the EIR should identify the extent to which these housing obligations have been satisfied and, if there remains a shortage of housing stock under the RHNA or other standards, explain what impact the development of this Project will have on that environmental setting.

2. Project mitigation or alternatives should incorporate housing

In addition, GMC believes the Project should incorporate housing into the master development plan as a means of not only reducing impacts to housing supply through construction of the Project, but also as a means of mitigating significant environmental effects. Such a concept is fully consistent with Stockton General Plan Policy TR-2.2., which provides that new development should “Connect housing and employment development in areas with good transit access.” (DEIR 4.11-14)

In a 2019 white paper published by the American Hospital Association (“AHA”) titled, “Making the Case for Hospitals to Invest in Housing” (a copy of which is attached hereto as **Exhibit B**), the AHA notes:

While hospitals and health systems have a long history of contributing crucial services in communities, innovative approaches are needed to address systemic barriers to creating truly thriving communities. Applying tactics from across sectors, such as community development and investing, may activate systemic change that health care driven strategies have not yet been able to accomplish. Housing is one upstream determinant of health that hospitals and health systems are focused on more and more. Access to safe, affordable and stable housing is key for good health.”

(*Id.* at p. 2)

Thus, AHA argues hospitals should utilize their role in communities to stimulate economic, social, and political will to increase availability of affordable housing.

The DEIR and Master Plan are, of course, silent on this point. In addition, GMC is concerned that the Applicant incorrectly believes—and has represented to the community—that zoning designations in the Project area do not allow for housing, when in fact they do. Specifically, during the April 13, 2023 Public Workshop hosted by the Applicant, representatives of St. Joseph’s parent company Dignity Health were asked about incorporating housing into the Master Development Plan. In response, a Dignity representative stated that much of the property on the Project site and surrounding area is zoned “CO” (commercial office) zoning, then incorrectly stated that this zoning designation does not allow for multifamily residential uses. In fact, it does.³

³ In this same April 13, 2023, public workshop, Dignity representatives also inaccurately stated that the GMC Property was never made available to St. Joseph’s for its expansion purposes. In fact, GMC *has* previously offered

Nicole D. Moore
Christine Kronenberg
June 1, 2023
Page 4 of 6

As the City is aware, the CO designation expressly permits multifamily residential development in that zoning district – either as part of a mixed-use project or as a stand-alone residential project. Indeed, last year GMC worked with the City to rezone the entirety of the GMC Property to CO (the western portion was previously zoned for low-density residential) for purposes of developing that property as a mixed-use project that would incorporate commercial office space and multi-family residential uses.

Hospital representatives are certainly aware that the current “CO” zoning of the GMC Property supports multi-family residential, as GMC and Dignity are currently involved in litigation arising out of Dignity’s attempt to prevent construction of any type of multi-family residential uses at the GMC Property by invoking obsolete deed restrictions. A copy of the complaint filed and served in *Gill Medical Center, LLC v. Dignity Health*, San Joaquin County Superior Court Case No. STK-CV-UCC-2022-0010368, is attached hereto as **Exhibit C**.

As background, in 2006 GMC purchased from Dignity’s predecessor several separate parcels that now form a substantial portion of the GMC Property. As part of that sale, Dignity’s predecessor recorded various restrictions purporting to require that the property be developed with a 30,000 sq. ft. medical office building and that Dignity shall have the authority to review and approve any site plan for development of those particular parcels.

In 2022, following several years of discussing various development options for that property with Dignity executives, GMC presented a site plan to Dignity for review and approval that proposed the development of 30,000 sq. ft. of medical office space along California Street (as Dignity claims the deed restrictions require) and which also included 10,000 sq. ft of commercial/administrative space, a 10,000 sq. ft. daycare, and 75 residential apartment units. The site plan also includes parking, which could be made available to Dignity.⁴ GMC proposed to Dignity that the residential units be designed to cater to Dignity physician residents, nurses, and other staff who would benefit from living adjacent to the St. Joseph’s hospital and forming a truly integrated hospital campus. Dignity representatives rejected this site plan on the basis that mixed-use residential was detrimental to the community—a suggestion flatly contradicted by City staff’s designation of this property as a top-ten Housing Action Plan Priority Site. In response to Dignity’s refusal to approve its proposed development, GMC was forced to bring suit to request a declaration that Dignity’s deed restrictions are unreasonable and unenforceable and to allow a mixed-use project with a multi-family residential component to proceed. That litigation is ongoing at this time.

to make that property available for St. Joseph’s expansion. Indeed, in 2016, St. Joseph’s leadership explicitly requested architectural renderings from GMC depicting a 250-bed hospital expansion on the property, only for the Hospital to pursue its expansion entirely to the east of California St., while refusing to participate in any project or to approve any site plan proposed by GMC since.)

⁴ Dignity currently leases the GMC Property for parking for its employees.

Nicole D. Moore
Christine Kronenberg
June 1, 2023
Page 5 of 6

These facts are relevant to the City's consideration of the Project because not only are the DEIR and Master Development Plan devoid of any efforts to address housing impacts from the Project, but Dignity is actively and arbitrarily preventing development of a multi-family housing project adjacent to the Project site. GMC's effort to construct multi-family housing could not only serve many of the hospital's hundreds of new employees, but would also serve to mitigate other environmental impacts from the Project. And Dignity can easily implement this mitigation by simply working with GMC to withdraw its opposition to development of multi-family housing adjacent to the Project Site. Indeed, approval of multi-family residential on the GMC Property reinforces Stockton General Plan Policy LU-6.1, which prioritizes the development of vacant, underutilized infill parcels, such as the Gill Property. (DEIR 3-6)

For example, even with all identified mitigation measures incorporated and all Project alternatives considered, the Project's greenhouse gas emissions ("GHG") impacts, as well as aesthetic impacts, will remain significant and unavoidable. Under CEQA, an EIR must propose and describe mitigation measures to minimize the significant environmental effects identified in that EIR. (*King & Gardnier Farms, LLC v. County of Kern* (2020) 45 Cal.App.5th 814, 852) Likewise, the California Supreme Court has described the discussion of mitigation measures and alternatives as "the core of an EIR." (*Citizens of Goleta Valley v. Board of Supervisors* (1990) 52 Cal.3d. 553, 564). In addition to a no-project alternative, an EIR must discuss a reasonable range of Project alternatives, that would feasibly attain most of the project's basic objectives while reducing or avoiding any of its significant effects and evaluate the comparative merits of those alternatives. (CEQA Guidelines § 15126.6). Decisionmakers can approve an alternative to a project because they possess "the flexibility to implement that portion of a project which satisfies their environmental concerns." (*South of Market Community Action Network v. City & County of San Francisco* (2019) 33 Cal.App.5th 321, 336)

In this instance, doing something as simple as identifying the GMC Property as future multi-family housing development, and withdrawing its opposition to GMC's proposed mixed-use development on that property, is a feasible project alternative or mitigation measure within Dignity's control that would not only attain all of the Project's basic objectives, but also would work to reduce potentially significant impacts to traffic (Impact 4.11-1) and GHG-based significant and unavoidable impacts from the Project (Impacts 4.7-1, 4.7-2, and 4.7-3) resulting from 365 new employees, including those traveling to work at the hospital.

While the DEIR unsuccessfully attempts to mitigate these significant impacts by including additional bicycle storage and e-bike charging facilities, preparing a future transportation demand management plan that encourages ridesharing and alternative transportation, and installing dedicated electric charging stations in the parking structure, the DEIR fails to discuss any mitigation measures or alternatives that would reduce the number of employees commuting to the Project in the first place. Integrated and/or adjacent housing catering to hospital employees would do just that and could provide a feasible project change, mitigation measure, or alternative that

Nicole D. Moore
Christine Kronenberg
June 1, 2023
Page 6 of 6

would reduce these impacts to less-than-significant levels consistent with CEQA. (see Mitigation Measures 4.7-1 and 4.7-2)

Moreover, the proposed 115-foot tall parking structure contributes to significant and unavoidable aesthetic impacts from the Project. (DEIR 4.2-12) Alternative 3 proposed a "Reduced Parking Alternative" that would limit the parking tower to "ground plus 5 tiers" and a height of 65 feet (vs. 115 feet). The DEIR notes that this alternative would attain all project objectives, but would be less effective than the proposed Project at attaining the objectives to "improve quantity, quality, and proximity of parking for patients, visitors, and staff" as well the objective of creating employment opportunities due to the reduced parking structure size and capacity (780 fewer spaces for a total of 1,200 spaces vs. 1,980 spaces). Of interest, if the Project included a residential component like that discussed above, the need for employee parking in the tower would be substantially reduced – leaving more parking available for visitors and patients.

Accordingly, GMC respectfully suggests that the EIR should include an alternative that incorporates a residential component as part of the master plan. The GMC Property, as a Housing Action Plan top-ten Priority Site in the City of Stockton, is ideally suited to mitigate the environmental, traffic and growth inducing effects that stem from this hospital expansion project.

Very truly yours,



RICKY GILL
GILL MEDICAL CENTER, LLC

Attachments:

- EXHIBIT A:** Aerial Image of 1707 N. California St. (the Gill Property)
- EXHIBIT B:** "Making the Case for Hospitals to Invest in Housing", AHA, 2019
- EXHIBIT C:** Complaint filed in *Gill Medical Center, LLC v. Dignity Health* (San Joaquin County Superior Court Case No. STK-CV-UCC-2022-0010368)

EXHIBIT A

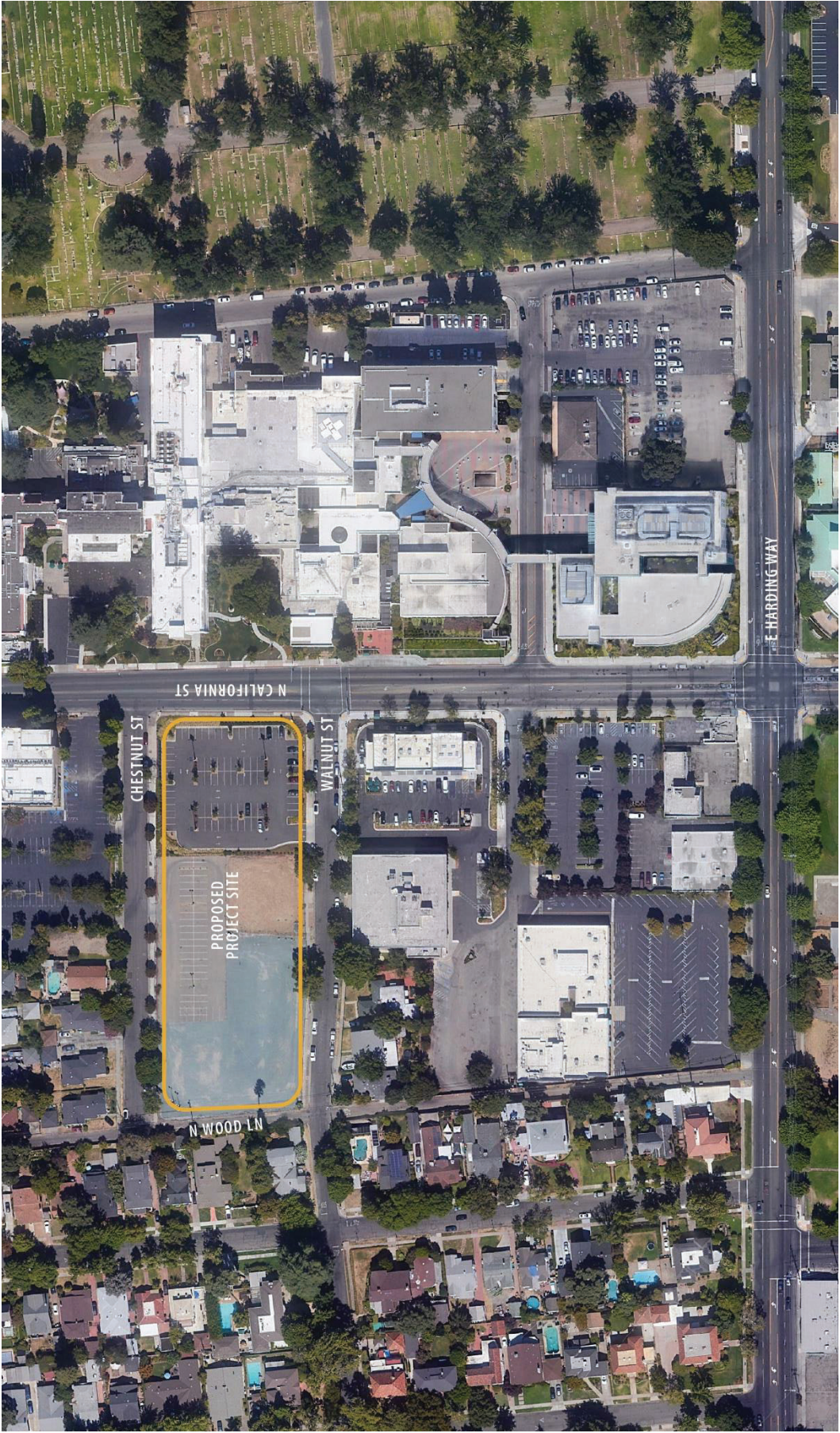


EXHIBIT B

Making the Case for Hospitals to Invest in Housing

Improving the health of individuals—and their neighborhoods and communities as a whole—is one of the most complex and pressing challenges today in the United States. As anchor organizations, or place-based economic engines in our communities, hospitals and health systems have the opportunity to meet this challenge by making meaningful upstream investments to improve community health.

Many hospitals already are providing more than stand-alone acute care services and transforming to provide care across the continuum to promote health and well-being in their communities. Given the inextricable link between affordable, quality housing and good health, housing is one area that hospitals and health systems are starting to focus on more and more.

The American Hospital Association (AHA), in collaboration with NORC at the University of Chicago, is serving as the evaluation partner for a new initiative, Accelerating Investments for Healthy Communities (AIHC). This issue brief, the first in a series, discusses how hospitals are addressing social determinants through investments in affordable housing. It also outlines an innovative framework, the capital absorption framework, which the Center for Community Investment (CCI) developed and is now using to help health care organizations assess their local community investment system.

Accelerating Investments for Healthy Communities

The Center for Community Investment (CCI) is leading Accelerating Investments for Healthy Communities (AIHC), an initiative designed to increase health system investments in upstream determinants of health, with an emphasis on affordable housing. Launched in January 2018 and funded by the Robert Wood Johnson Foundation, the initiative is providing intensive training to a cohort of hospitals and health systems on how to refine investment strategies around affordable housing in order to leverage existing resources with community partners—and make the greatest impact on the health of the community.

During phase one (January 2018–December 2018), eight nonprofit health organizations that already were investing outside their walls were chosen to participate in an intensive series of learning labs and receive individualized consultation and support to formulate and refine strategies for affordable housing investment. Six hospitals and health systems moved on to phase two (January 2019–December 2020) and will work with CCI and local partners to expand the availability of affordable housing in their communities. *(See Table 2 on page 7 for a list of the participating hospitals and health systems.)*

The American Hospital Association (AHA), in collaboration with NORC at the University of Chicago, is serving as the evaluation partner to learn about investments by hospitals and health systems in their communities to improve the health of the population. The work is guided by the overarching question, “What will it take for leading health organizations to devote more and different assets to investments in affordable housing and other upstream factors that improve community health?” The AHA and NORC will conduct a mixed-methods evaluation and synthesize findings in a series of issue briefs throughout the project as well as a final report.



AIHC, led by CCI, is helping hospitals refine their community investment strategies around affordable housing. By collaborating with community partners and leveraging assets such as financial resources, land and expertise, health care organizations can make the greatest impact on the health of their communities.

During the initial phase of the project, the AHA and NORC identified two emerging themes for getting buy-in and making the case for investing in affordable housing:

- Mission-driven commitment to address health equity and social determinants
- Strategic alignment with care and payment models

The AHA and NORC, with funding from the Robert Wood Johnson Foundation, will continue to follow participating hospitals and health systems during the next two years, learning more and sharing observations about what drives hospitals to invest in affordable housing and what makes such initiatives successful.

Focusing on innovation as hospitals and health systems invest in affordable housing creates an opportunity to catalyze community revitalization efforts. The ongoing work of the AIHC initiative can inform and encourage other hospitals and health systems to invest in affordable housing and advance the health and well-being of their communities.

Addressing Social Determinants by Investing in Affordable Housing

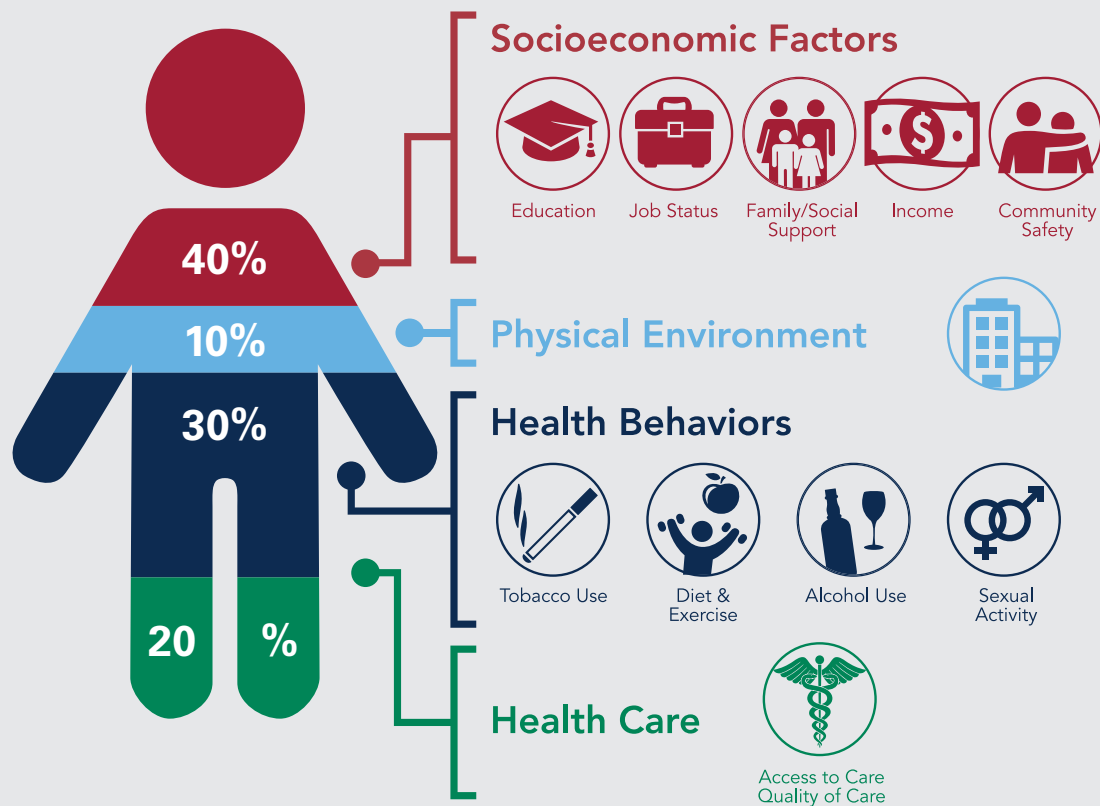
Improving the health of communities is one of the most complex and important challenges in the United States today. Given the myriad social, environmental and economic factors that contribute to health, making meaningful and sustainable improvements in the health and well-being of individuals and creating healthy communities cannot be accomplished by one organization or sector alone.

Hospitals and health systems—as anchor organizations, or place-based economic engines in their communities—have the opportunity to make meaningful upstream investments to improve community health. (See *Addressing Social Determinants of Health sidebar on page 3.*) While hospitals and health systems have a long history of contributing crucial services in communities, innovative approaches are needed to address systemic barriers to creating truly thriving communities. Applying tactics from across sectors, such as community development and investing, may activate systemic change that health care-driven strategies have not yet been able to accomplish.

Housing is one upstream determinant of health that hospitals and health systems are focused on more and more. Access to safe, affordable and stable housing is key for good health.

“Housing instability” is an umbrella term for the continuum between homelessness and stable, secure housing. (See *Figure 1, Range of Housing Types, on page 4.*) It can take many forms, such as substandard physical conditions—e.g., leaky roof, poor heating and cooling, exposure to allergens or pests—severe rent burden, or homelessness. Studies have associated housing instability with poor health and increased health care utilization. (See *Table 1, Housing Instability and Health, on page 4.*)

Addressing Social Determinants of Health



Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, 2019. www.countyhealthrankings.org

Research shows approximately 80 percent of health outcomes are attributed to factors outside of medical care, including socioeconomic factors, the physical environment and health behaviors.¹ Social determinants of health include factors such as access to healthy food, access to transportation, housing status, social isolation and community safety.

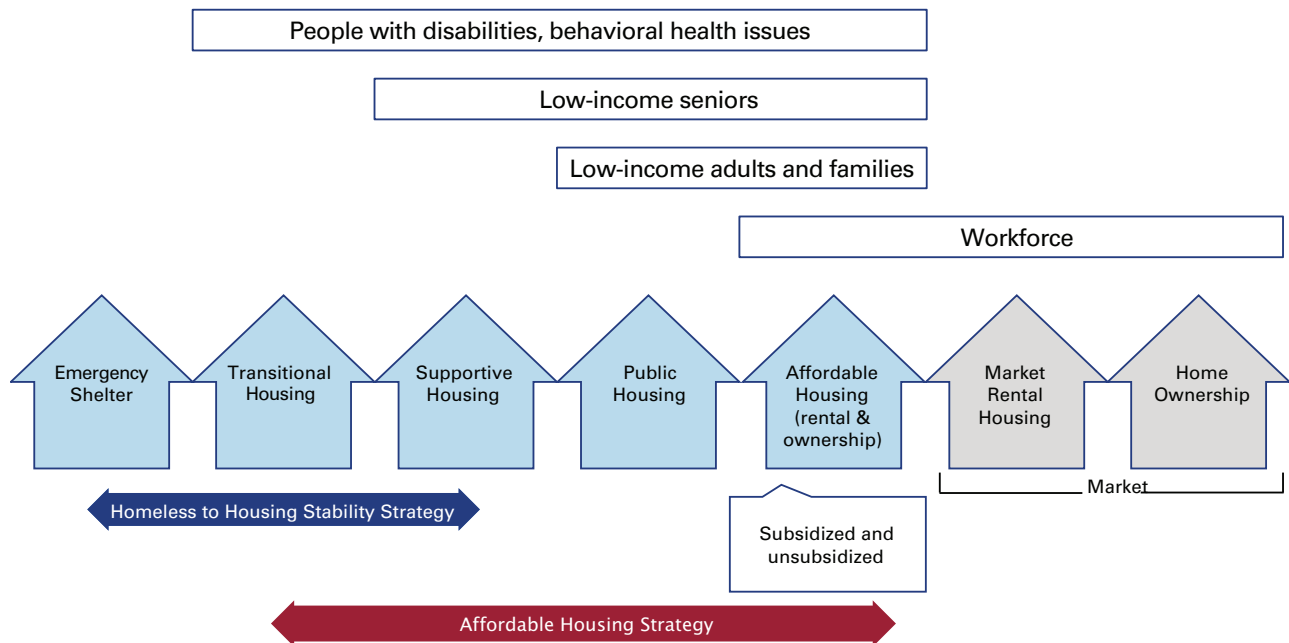
Efforts to address these nonmedical needs are crucial to individual health and well-being and community health. As the health care field transforms from providing more than stand-alone acute care services to

promoting health and well-being, hospitals and health systems are adapting their models of care to partner with communities and address the conditions in which people are born, grow, live, work and age.

Adopting population health strategies, often supported by alternative payment models, creates new opportunities for hospitals and health systems to proactively align social determinants of health initiatives, address health disparities and advance their mission. In 2009, health inequities cost the health care system \$82 billion, and

costs are projected to reach \$126 billion by 2020.²

Understanding that a person's ability to reach their highest potential for health is tied to more than access to and the quality of health care they receive is important. However, addressing the social needs of individual patients does not address the structural and systemic root causes of poor health. Advancing health in America will require a systemic transformation in our health care system and communities, where health organizations are active participants in helping their communities thrive.

FIGURE 1: Range of Housing Types**Target Populations:**

Source: Center for Community Investment, 2019. Adapted from Housing continuum by SixEightFour, 2009. <http://sixeightfour.blogspot.com/2009/03/housing-continuum.html?m=1>

TABLE 1
Housing Instability and Health

Forms of housing instability include:	Are associated with:
<ul style="list-style-type: none"> Homelessness High housing costs relative to income Overcrowding Poor housing quality Multiple moves 	<p>Health risks for children:</p> <ul style="list-style-type: none"> General poor health Asthma Low weight Development delays Increased lifetime risk of depression <p>Health risks for adults:</p> <ul style="list-style-type: none"> Reduced access to care Postponing needed health care Postponing needed medications Mental distress Difficulty sleeping Incidents of depression

Source: Enterprise Community Partners, Inc., 2019. Adapted from *Impact of affordable housing on communities: A review of the evidence base*, 2014. <https://homeforallsmc.org/wp-content/uploads/2017/05/Impact-of-Affordable-Housing-on-Families-and-Communities.pdf>

Challenges for affordable housing initiatives

Supporting affordable housing is an emerging strategy for many hospitals and health systems, though some already are doing it through housing preservation, development and advocacy efforts.³ Existing and emerging affordable housing initiatives are designed to address the growing mismatch between people's income levels and housing costs by preserving or building homes that are not being produced by traditional market dynamics. As such, many of these initiatives focus on disadvantaged communities where the need is great but the conventional market is not able to meet that need. However, funding streams that hospitals have historically used to address affordable housing, such as community or philanthropic grants, may be neither sustainable nor adequate for scaling the project or truly revitalizing the community.

Opportunities for upstream investment

This is where upstream investment comes into play. Investing—paying for goods and services that will have value over time, with the expectation of some form of return—as compared to spending is an emerging tactic for addressing social determinants of health. An overall system of community investment has developed to help overcome market failures and transform disadvantaged communities. Hospital-driven investment in affordable housing initiatives can contribute to this system. To be effective, upstream investment to improve community health requires action by health care organizations as well as the existence or creation of threshold conditions in communities.

The Center for Community Investment at the Lincoln Institute of Land Policy has developed the capital absorption framework⁴ to help improve a community's ability to attract needed resources. By working through three core functions – establishing shared priorities, creating a pipeline of investable projects, and strengthening the enabling environment of policies and practices that facilitate successful investment – communities can engage new stakeholders, attract new capital, and increase the speed and scale of investments. (See *Figure 2, What Is the Capital Absorption Framework?* on page 6.) This framework can help hospitals and health systems assess their local community investment system. In turn they can explore potential roles to play in bringing new ideas, assets, and partnerships to help strengthen the system and accelerate efforts to address the social determinants of health.



Accelerating Investments for Healthy Communities

CCI launched the AIHC initiative with support from the Robert Wood Johnson Foundation to help a group of hospitals and health systems already investing in affordable housing expand the scale and impact of their work, using the capital absorption framework. AIHC aims to help participating organizations:

- think strategically and systematically about how to deploy financial resources, land and expertise;
- advance affordable housing as a platform for creating more equitable, healthier communities; and
- adopt sustainable financing mechanisms.

The focus is on leading hospitals and health systems to better understand what it takes to get started on this work and any barriers to implementation. This knowledge will light the path for other hospitals and health systems to invest in affordable housing and advance the health and well-being of their communities.

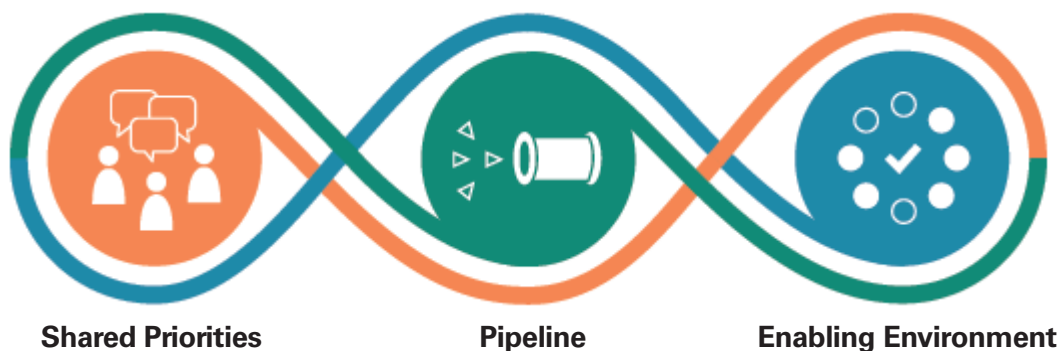
FIGURE 2: What Is the Capital Absorption Framework?⁴

Since 2011, the founders of CCI have been testing and refining a framework for better organizing and deploying community investment. The center designed the capital absorption framework to encourage a more systemic approach to this work and better direct investment capital to areas of need.

The capital absorption framework consists of three key components:

1. Establishing **shared priorities** across stakeholders. Participants identify the community's highest priorities, define their targeted results and agree on a strategy to achieve them.
2. Creating a **pipeline** of deals and projects. By examining deals in progress, analyzing whether they support the priorities and considering where there may be gaps, participants build a pipeline of deals and develop a strategy for moving them forward together to achieve greater impact and efficiency.
3. Strengthening the **enabling environment**. Armed with a clear sense of shared priorities and a pipeline of deals and projects, participants determine whether the necessary policies, practices and capacities exist to facilitate those deals and then strategize ways to address missing components.

Capital Absorption Framework



Source: Center for Community Investment, 2018.

AIHC Phase One: Observations and Emerging Themes

Investing in affordable housing in the manner and scale described here is new work for many hospitals and health systems. During phase one of Accelerating Investments for Healthy Communities, participating hospitals and health systems were introduced to the capital absorption framework and began building cross-disciplinary core project teams.

As evaluation partners, the AHA and NORC followed the cohort of hospitals during this learning process and began preliminary analysis, through collection of baseline data and introductory interviews, to gain insight into what it takes for hospitals to do this work. Two major themes arose during this initial evaluation period, as demonstrated by hospitals and health systems in the cohort:

- Mission-driven commitment to address health equity and social determinants
- Strategic alignment with payment and care models

Methodology

During the fall of 2018, AHA and NORC completed introductory interviews with the eight hospitals participating in phase one. Interviewees received a list of discussion topics in advance that included (1) motivating factors for investing in affordable housing, (2) the AIHC team and its structure, (3) developing an investment strategy and (4) challenges and lessons learned to date. A high-level analysis of these interviews and supporting secondary data sources[†] provided the foundation for the emerging themes identified in this issue brief.

The project seeks to engage leading hospitals with the purpose of gleaning insights for the rest of the field. As such, certain characteristics are common across the cohort, including:

1. The participating hospitals and health systems all have some history in addressing social determinants of health—and in particular, housing—with several having extensive track records investing in affordable housing.
2. Participants were seeking to expand their strategies of supporting underinvested areas and vulnerable populations.
3. Project teams included individuals with diverse roles in the hospital or health system, such as vice president of mission, vice president of philanthropy, director of community health, strategy and chief operating officer, grants officer, and manager of community benefits.

[†] Secondary data sources included the AIHC phase one applications, phase one learning lab homework assignments, and community health needs assessments.

TABLE 2
AIHC Participants

- Bon Secours Mercy Health**
- Boston Medical Center
- Dignity Health**
- Henry Ford Health System*
- Kaiser Permanente
- Nationwide Children's Hospital
- ProMedica*
- UPMC

*Participation in phase one only

**Recent and/or pending merger

Mission-driven commitment to address health equity and social determinants

All of the participating hospitals and health systems demonstrated an underlying commitment and drive to address the social determinants of health, with an emphasis on housing. They expressed widespread acceptance that, if their goal was to advance equity and improve health, it was their responsibility to support their communities. This mission-driven commitment was linked to certain characteristics of the different types of organizations, including:

Anchor organizations. As place-based organizations that are physically rooted in their local communities, these hospitals and health systems described a sense of responsibility and commitment to their neighborhood or community. This dedication manifests itself through the desire to be an active participant in community revitalization, partner with other community stakeholders and invest in the well-being of the community.

Nonprofit. Addressing social determinants of health connects to the core mission of nonprofit hospitals and health systems. They are required to conduct community health needs assessments (CHNAs) and implement strategies to address priority health needs in their communities. This process necessitates a level of engagement and community health focus for the health care organization. While not all of the participating hospitals prioritized housing in their CHNAs, their status as nonprofit hospitals provides a platform to address community health needs.

Safety-net. As safety-net hospitals or health systems caring for vulnerable populations, these participants described a commitment to look upstream at the root causes of health and illness to address health equity issues for their patients and in the community at large.

Faith-based. These hospitals and health systems described their commitment to address equity and affordable housing in the context of their spiritual conviction and that of their founders.

The augmented focus on social determinants of health across the health care field is a component of the evolving concept of what it means to be a hospital or health system. Hospitals are providing more than stand-alone acute care services and are transforming to provide care across the continuum and promote health and well-being in their communities.

What AIHC Participants Are Saying

“Is the role of a safety net hospital . . . charity or is it equity? Because if you have an opportunity to go beyond filling a gap for a person that quite frankly becomes a gap again once the filler is removed, if you can alter the life course of a person so that you eliminate that gap and sort of send that person toward independence versus perpetual dependence, why wouldn't we do that?”

“We want to think of ourselves as health care providers second, in service to our main work of developing healthy communities.”

All participating hospitals and health systems noted that their ability to do this work is an outgrowth of their long-standing organizational commitment to addressing social determinants of health. Some of the hospitals chose to join the AIHC initiative for the “acceleration effect” of being part of such a cohort: They were seeking new tools and strategies to elevate the impact of their work. All participants recognized they had room to grow in how their organizations address affordable housing.

Strategic alignment with care and payment models

While mission is a driving factor for hospitals and health systems investing in affordable housing, the old mantra, “no margin, no mission” also applies for many. New care delivery and payment models are creating the strategic alignment to augment support for affordable housing. Across participating hospitals, interviewees described the alignment of affordable housing with their organization’s strategy, particularly when they had a health insurance plan or accountable care organization (ACO). Hospitals that are part of an ACO or have their own health plan are charged with addressing the drivers of poor outcomes and high costs, which link to social determinants of health.



The shift from providing care to also addressing social determinants can be challenging for hospitals and providers. By framing social determinants as part of the care redesign strategy, hospitals can start to conceptualize their core strategic mission to include social determinants. This strategic connection appears crucial for getting buy-in and making the case that investing in affordable housing is both sustainable and strategically important.

Next Steps

The AHA and NORC will spend the next two years learning what drives hospitals to invest in affordable housing and what makes initiatives successful. We will explore several areas, including how hospitals are building a culture that makes addressing social determinants of health an organizational priority. We will continue to explore the evolution of the work around the following areas:

- **Building the will.** Participants described various ways in which they are generating the “will” to advance affordable housing efforts within their hospital or health system. We will further explore how hospitals are building the will in their organizations and communities.
- **Organizational structure and changes.** Organizational characteristics, such as those identified in this brief around mission and payment and care models, will continue to be areas for exploration as we tease out how structure serves as a mechanism and facilitates the work and also can serve as a lever for community investment. In addition, some of the participating health systems are going through major organizational changes, such as mergers, which we anticipate will influence their work. We will track how these mergers impact the implementation of work on affordable housing at the hospital and system levels.

- **Community alignment.** Several hospitals cited project alignment with existing citywide or neighborhood revitalization and civic activity. We will explore how local will and momentum impact affordable housing initiatives.
- **Team structure and engagement.** The teams draw on the expertise of a variety of stakeholders from across the hospitals (e.g., community benefit manager, treasurer, health plan director, etc.) and community. We will continue to monitor which roles are most beneficial for advancing affordable housing work.
- **Identifying roles.** The roles that the hospital or health system play in affordable housing vary and include investor, developer, convener and manager. We will continue to explore the extent to which these labels capture the role played by hospitals and health systems, and how the participants determine what role to play in their community.

Focusing on innovation as hospitals and health systems invest in affordable housing creates an opportunity to demonstrate their value as anchor organizations in their communities and offers tremendous potential to catalyze community revitalization efforts. Over the next two years, AIHC project partners hope that learnings from the Accelerating Investments for Healthy Communities program can serve as a path forward for other hospitals looking to invest in addressing the social determinants of health.

Read More About AIHC

Project Press Release

Center for Community Investment. (2019, February 20). Announcing AIHC participants: Six hospitals and health systems step up efforts to increase affordable housing in their regions [Blog post]. Retrieved from <https://centerforcommunityinvestment.org/blog/announcing-aihc-participants-six-hospitals-and-health-systems-step-efforts-increase-affordable>

Project Write-ups and Relevant Articles

Abrams, A. (2019, February 25). Putting health care dollars to work. Retrieved from <https://shelterforce.org/2019/02/25/putting-health-care-dollars-to-work/>

Gaskins, A. (2018, May 16). AIHC on site: Learning from Bon Secours in West Baltimore [Blog post]. Cambridge, MA: Center for Community Investment. Retrieved from <https://centerforcommunityinvestment.org/blog/aihc-site-learning-bon-secours-west-baltimore>.

Gaskins, A. (2019, January 11). Hospital system helps housing partners unlock capital. *Shelterforce*. Retrieved from <https://shelterforce.org/2019/01/11/hospital-system-helps-housing-partners-unlock-capital/>

Hacke, R. & Gaskins, A. (2019). How can clinicians catalyze investments to improve community health? *AMA Journal of Ethics*, 21(3), 262-268. doi:10.1001/amajethics.2019.262. Retrieved from <https://journalofethics.ama-assn.org/article/how-can-clinicians-catalyze-investments-improve-community-health/2019-03>

Capital Absorption Framework

Center for Community Investment. (2019, January). *Analyzing, building, and executing a pipeline: The capital absorption framework part 2*. Retrieved from <https://centerforcommunityinvestment.org/sites/default/files/2019-01/Analyzing%2C%20Building%2C%20and%20Executing%20the%20Pipeline.pdf>

Center for Community Investment. (2019, January). *Defining shared priorities: The capital absorption framework part 1*. Retrieved from https://centerforcommunityinvestment.org/sites/default/files/2019-01/Defining%20Shared%20Priorities_0.pdf

Center for Community Investment. (2019, January). *Strengthening the enabling environment: The capital absorption framework part 2*. Retrieved from <https://centerforcommunityinvestment.org/sites/default/files/2019-01/Strengthening%20the%20Enabling%20Environment.pdf>

Hacke, R., Wood, D., & Urquilla, M. (Revised 2018, March). *Community investment: Focusing on the system, a working paper*. Retrieved from <https://centerforcommunityinvestment.org/sites/default/files/2018-03/CIFocusingOnTheSystem.pdf>

Endnotes

¹ Artiga, S. & Hinton, E. (2018, May 10). *Beyond health care: The role of social determinants in promoting health and health equity*. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

² PwC Health Research Institute. (2015, June). *Medical cost trend: Behind the numbers 2016*. Retrieved from <https://www.achp.org/wp-content/uploads/pwc-hri-medical-cost-trend-2016.pdf>

³ A number of guides and organizations have tracked hospitals and health systems work in affordable housing including:

- American Hospital Association. (2017, August). *Social determinants of health series: Housing and the role of hospitals*. Retrieved from <https://www.aha.org/aharet-guides/2017-08-22-social-determinants-health-series-housing-and-role-hospitals>
- Hacke, R. & Deane, KG. (2017, March). *Improving community health by strengthening community investment*. Retrieved from <https://www.rwjf.org/en/library/research/2017/03/improving-community-health-by-strengthening-community-investment.html>
- Healthcare Anchor Network coordinated by the Democracy Collaborative <https://www.healthcareanchor.network/>
- Build Healthy Places Network <https://www.buildhealthyplaces.org/>
- Urban Institute's Emerging Strategies for Integrating Health and Housing <https://www.urban.org/policy-centers/cross-center-initiatives/social-determinants-health/projects/emerging-strategies-integrating-health-and-housing>

⁴ Hacke, R., Wood, D., & Urquilla, M. (Revised 2018, March). *Community investment: Focusing on the system, a working paper*. Retrieved from <https://centerforcommunityinvestment.org/sites/default/files/2018-03/CIFocusingOnTheSystem.pdf>

EXHIBIT C

Electronically Filed
Superior Court of California
County of San Joaquin
2022-11-08 13:59:13
Clerk: Natalie Bashaw

Case Management Conference
2023-05-09 8:45AM in 10B

STK-CV-UCC-2022-0010368

Colin H. Hunter (*pro hac vice* forthcoming)
colin@angelilaw.com

Edward A. Piper (Cal. Bar No. 288289)
ed@angelilaw.com

Ursula M. Lalović (Cal. Bar. No. 215551)
ursula@angelilaw.com

ANGELI LAW GROUP LLC
121 S.W. Morrison Street, Suite 400
Portland, Oregon 97204
Telephone: (503) 954-2232
Facsimile: (503) 227-0880

John Conger (Cal. Bar No. 168114)
jconger@mcjglaw.com

Brett S. Jolley (Cal. Bar No. 210072)
bjolley@mcjglaw.com

MCKINLEY, CONGER, JOLLEY & GALARNEAU, LLP
3031 W. March Lane, Suite 230
Stockton, California 95219
Telephone: (209) 477-8171
Facsimile: (209) 477-2549

Attorneys for Plaintiff GILL MEDICAL CENTER, LLC

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SAN JOAQUIN

GILL MEDICAL CENTER, LLC

Plaintiff,

v.

DIGNITY HEALTH,

Defendant.

CASE NO. _____

COMPLAINT

DECLARATORY AND INJUNCTIVE
RELIEF

I. INTRODUCTION

1. This is an action to invalidate certain deed restrictions that defendant Dignity Health (“Dignity”) is wrongfully invoking to block plaintiff Gill Medical Center, LLC’s (“Gill Medical Center”) much-needed, long-planned development project at 1707 North California Street (the “Property”), a large, centrally located parcel in Stockton’s California Street corridor.

1 2. Over the past 16 years, Gill Medical Center—a family-owned business deeply
2 invested in the success of this community—has incurred substantial costs improving and enlarging
3 the Property and planning for its development. However, Dignity—which sold the property to Gill
4 Medical Center in 2006 subject to certain restrictive covenants, including certain conditions on
5 development—has refused to consider any viable development project on the Property.

6 3. Most recently, Dignity has unreasonably withheld its consent to Gill Medical Center’s
7 proposal to construct a 30,000-square foot medical office building that includes complementary, and
8 much-needed, ancillary commercial and residential space—including plans for a daycare—to this
9 underserved area. The project Dignity has rejected is the fourth such proposal Gill Medical Center
10 has made to Dignity over the past 16 years—proposals that Gill Medical Center has developed at
11 great expense and in reliance on Dignity’s own representations.

12 4. Dignity has given no explanation for its rejection of the project, and has refused to
13 provide any guidance regarding the form of project it would approve, leaving Gill Medical Center
14 only to guess whether it will ever obtain Dignity’s approval of any viable development project.
15 Dignity’s unreasonable and inequitable reliance on these outdated, vague restrictions is directly
16 harming Gill Medical Center by preventing the development of its own real property.

17 5. In the more than 16 years that have passed since Gill Medical Center purchased the
18 property from Dignity, conditions in Stockton and San Joaquin County have changed dramatically,
19 rendering Dignity’s efforts to obstruct Gill Medical Center’s commercial and residential
20 development fundamentally oppressive, inequitable, and harmful to the very community it purports
21 to serve.

22 6. Given Dignity’s history of rejecting development proposals—even those proposals
23 developed directly in response to Dignity’s own requests—Gill Medical Center is left with no choice
24 but to seek a judicial remedy. As a result of Defendant’s repeated, bad-faith efforts to obstruct
25 development of the California Street property—despite its clear benefits to Dignity itself and the
26

1 Stockton community as a whole—Gill Medical Center now seeks declaratory and injunctive relief in
2 this Court to invalidate the deed restrictions Dignity is relying on or, at minimum, to compel Dignity
3 to approve the project Gill Medical Center has proposed.

4 **II. THE PARTIES**

5 7. Plaintiff Gill Medical Center is a family-owned California limited liability company.
6 Gill Medical Center and its principals—including Dr. Jasbir Gill, Dr. Param Gill, Chaman Gill and
7 Ricky Gill (collectively, the “Gill Family”)—have a long record of demonstrated success and
8 contributions to the San Joaquin County community, including in medicine, agriculture, and
9 commercial real estate development.
10

11 8. Dr. Jasbir Gill and Dr. Param Gill also own and operate a women’s medical practice,
12 P. Gill Obstetrics & Gynecology Medical Group, Inc. (“Gill OB/GYN”), that has provided state-of-
13 the-art care to women in San Joaquin County for 45 years. Among other relevant roles, Dr. Param
14 Gill is the former Chief of Staff at St. Joseph’s Medical Center (“St. Joseph’s”), and Dr. Jasbir Gill is
15 the past president of the San Joaquin County Medical Society.
16

17 9. Defendant Dignity is a California nonprofit corporation previously known as Catholic
18 Healthcare West. In 2018, Dignity merged with Catholic Health Initiatives to form a national
19 hospital system known as CommonSpirit Health.

20 10. Dignity is a member of non-party Port City Operating Company, LLC, which owns
21 and operates St. Joseph’s, an acute care hospital located in Stockton with a primary address of 1800
22 North California Street.
23

24 11. Dignity owns the real property associated with St. Joseph’s that the restrictive
25 covenants at issue in this case purport to benefit.

26 **III. THE PROPERTY**

27 12. Gill Medical Center owns the real property commonly known as 1707 North
28 California Street, Stockton, CA 95204 (the “Property”).

1 13. The Property as it exists today consists of numerous parcels that, together, constitute
2 a full block comprising roughly 3.3 acres. The Property is located between California Street to the
3 east, Walnut Street to the south, East Chestnut Street to the north, and North Wood Lane to the west.
4 The Property is located directly to the west of St. Joseph's, across California Street. It is also located
5 directly to the north of (that is, across Walnut Street from) two commercial properties owned by the
6 Gill Family¹—a medical office building known as Gill Grove Medical, located at 1617 N. California
7 Street, and a commercial development known as Gill Grove Retail, located at 1687 N. California
8 Street.
9

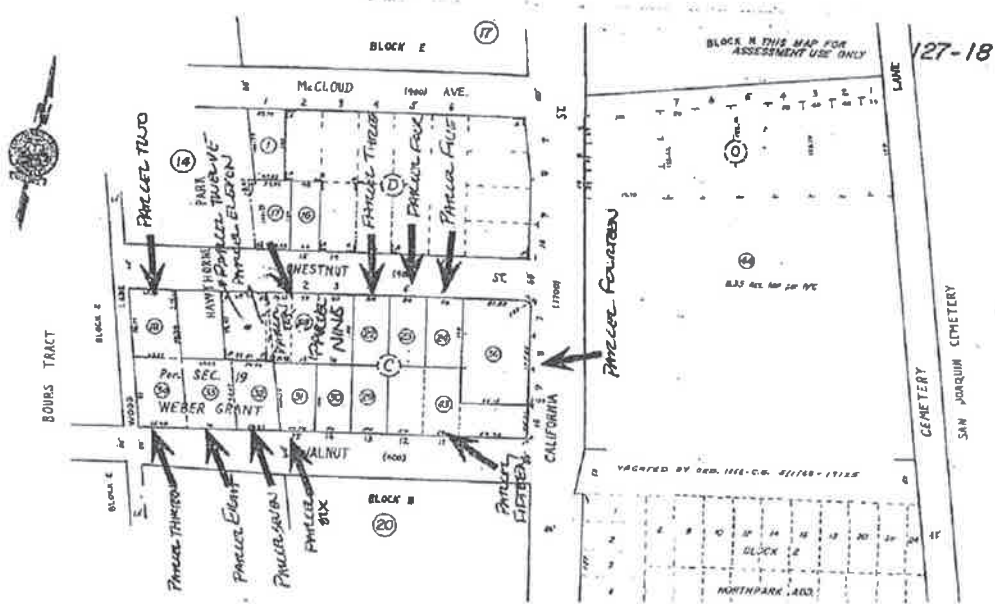
10 **IV. GILL MEDICAL CENTER PURCHASES THE PROPERTY FROM**
11 **DIGNITY.**

12 14. In 2005, the CEO of Dignity, Don Wiley, approached Dr. Jasbir Gill with a proposal.
13 Specifically, Wiley proposed that Dr. Jasbir Gill—or the medical practice owned by Dr. Jasbir Gill
14 and his wife, Dr. Param Gill—purchase a significant piece of real property owned by Dignity and
15 located across California Street from the hospital campus.

16 15. At the time Dignity proposed to sell that property to the Gills, it comprised 15 parcels
17 totaling at least 2.24 acres. The property that Dignity owned at that time, and proposed to sell,
18 included most—but not all—of the block bounded by California, Walnut, and Chestnut Streets and
19 Wood Lane.
20

21 16. The parcels that Dignity proposed to sell the Gills are substantially reflected in the
22 map below, which identifies 14 of the 15 parcels:
23
24
25
26
27

28 ¹ The real property at 1617 and 1687 N. California St. is owned by the Jasbir S. Gill Family
Limited Partnership, which is also the sole member of Gill Medical Center.



17. The property that Dignity proposed to sell included 7 houses on the 15 parcels to be sold, which were then occupied—and had long been occupied—by residential tenants.

18. Dignity did not own—and could not sell—two parcels in the middle of that same block, single-family homes that were separately owned by third parties. The two parcels that Dignity did not own were the real properties commonly known as 415 E. Walnut Street and 417 E. Walnut Street.

19. Wiley proposed that the Gills purchase the property for \$1,950,000.

20. The Gills agreed to purchase the California Street property for the price proposed by Dignity and, in July 2005, the parties executed a nonbinding Land Sale Term Sheet reflecting the basic terms of the contemplated purchase and sale.

21. The parties subsequently drafted an agreement for the purchase and sale of the California Street property (the “Sale Agreement”), as it existed at that time, and Dr. Jasbir Gill and Dr. Param Gill executed the Sale Agreement with Dignity in March 2006.

22. On or about September 1, 2006, Dr. Jasbir Gill and Dr. Param Gill assigned their rights under the Sale Agreement to Gill Medical Center.

1 23. The purchase and sale transaction subsequently closed, and the deed conveying the
2 California Street property (as it then existed) to Gill Medical Center was recorded on September 15,
3 2006 (the "Deed"). The Deed is attached hereto as **Exhibit 1**.

4 24. Prior to recording the Deed, Dignity recorded a Declaration of Restrictive Covenants
5 (the "Declaration"). The Declaration is attached hereto as **Exhibit 2**.

6 25. Section 13 of the Sale Agreement provides that the prevailing party in any dispute
7 arising out of that agreement is entitled to recover its reasonable attorneys' fees, expert fees and costs.
8

9 26. Section 8.3 of the Declaration provides that the prevailing party in any dispute arising
10 from or based on the Declaration is entitled to recover its reasonable attorneys' fees, costs and
11 expenses.

12 **V. THE DEED RESTRICTIONS**

13 27. The Deed and Declaration contain three categories of purported restrictions that
14 Dignity has attempted or threatened to enforce against Gill Medical Center, and that are therefore at
15 issue in this case.

16 **A. The Use Restrictions**

17 28. The Deed includes an Exhibit B titled "Covenants, Agreements and Restrictions,"
18 which purports to impose certain restrictions on the uses for which the property may be developed
19 (the "Use Restrictions"). Most relevant here, the Use Restrictions in the Deed provide that
20

21 Grantor has an interest in ensuring that the Property subject to this
22 Grant Deed is used for a purpose complementary to the Hospital use of
23 the dominant tenement. Accordingly, provided the dominant tenement
24 continues to be used as an acute care hospital facility under the
25 direction of the Grantor or Grantor's Affiliate (defined below), the
26 Property shall be used primarily for the construction and maintenance
27 of a Medical Office Building ("MOB") of not less than thirty thousand
28 (30,000) gross square feet and ancillary uses related to such facility,
including without limitation parking, medical office and ancillary
administrative areas....

1 Prior to the commencement of construction of the MOB, Grantee shall
2 submit site plans for the entire Property to Grantor for review and
3 approval, which such approval may be granted or withheld in Grantor's
4 sole and absolute discretion, including the approval of any structures
5 on the Property that are incorporated as part of the MOB, on a
6 temporary or permanent basis. Grantee shall commence construction
7 of the MOB and complete the development of the Property
8 substantially consistent with the site plans approved by Grantor.

9 29. The Deed expressly provides that "[t]he grant of the Property to Grantee by Grantor
10 pursuant to the Grant Deed to which this Exhibit B is attached is made expressly subject to [those]
11 covenants, agreements and restrictions."

12 30. The Declaration, which Dignity recorded prior to the Deed, sought to impose a
13 different, inconsistent version of Use Restrictions on the Property. Specifically, the Declaration
14 provides in relevant part as follows:

15 4. Use Restrictions.

16 4.1 The Burdened Property shall be used solely for the construction
17 and maintenance of a Medical Office Building ("MOB") of not less
18 than thirty thousand (30,000) gross square feet and ancillary uses
19 related to such facility, including without limitation parking, medical
20 office, and ancillary administrative areas.

21 4.2 Before completion of the MOB, the Burdened Property shall be
22 used for accommodating additional parking spaces for the Benefited
23 Property in accordance with historical use of the Property. Such
24 historical use shall be calculated based upon the preceding five (5)
25 years. After completion of the MOB, the Burdened Property shall
26 continue to be used for parking to accommodate the needs of the
27 Benefited Property on a non-exclusive basis on weekends, holidays
28 and after regular business hours, which shall be before 8:00 a.m. and
after 6:00 p.m. Monday through Friday. Signs may be posted on the
Burdened Property, in accordance with all applicable laws and
regulations, to notify potential users of the parking spaces of the rules
established by this Declaration.

4.3 At least seventy-five percent (75%) of the Occupants of the
Burdened Property, or any portion thereof, must be authorized and
admitted to practice medicine at St. Joseph's Medical Center (the

"Hospital"). In the event that the Occupant is a medical group, one hundred percent (100%) of the physicians in that group must be certified to practice at the Hospital in order for that Occupant to qualify as an Occupant certified to practice medicine at the Hospital. New physicians joining such a group shall become certified to practice at the Hospital by the date that is no more than two hundred seventy (270) days from the date of that physician's occupancy. Notwithstanding such, no portion of the Burdened Property may be leased to a Person who is not on the medical staff at the Hospital until after the space has been marketed for at least ninety (90) days to physicians on the medical staff at the Hospital and such physicians are otherwise unwilling to lease the space. After that time, said space on the Burdened Property may be leased to a Person who is not on the medical staff at the Hospital provided that the Owner of the Benefited Property provides its prior written approval of the proposed tenant, which approval shall not be unreasonably withheld.

31. The Deed and Declaration are vague with respect to the meaning of the Use Restrictions, and neither version of the Use Restrictions expressly prohibit any particular use of the Property. Neither the Deed nor the Declaration define the terms "Medical Office Building" or "ancillary uses related to such facility."

32. The Use Restrictions in the Deed and Declaration are internally inconsistent in several respects. For example, while the Deed purports to provide that the Property "shall be used *primarily* for the construction and maintenance of a Medical Office Building," the Declaration purports to provide that it "shall be used *solely* for the construction and maintenance of a Medical Office Building."

B. The Noncompete Restrictions

33. The Declaration also purports to restrict Gill Medical Center from using the property to provide a wide range of services that would compete with services Dignity provides at St. Joseph's (the "Noncompete Restrictions"). Specifically, the Declaration provides that

[t]he Burdened Property shall not at any time be used or utilized for ... services duplicative of those offered by St. Joseph's Medical Center, or services provided by a general acute care hospital, as such term is defined in California Health and Safety Code section 1250, as amended from time to time, or other California law, including without

1 limitation the following: rehabilitation services, referral laboratory,
 2 clinical laboratory, imaging center, pharmacy, acute care providers
 3 clinics, acute inpatient care, inpatient skilled nursing
 4 facility/transitional care services, inpatient sub-acute services, invasive
 5 cardiology (including cardiac physiology and cardiac catheterization),
 6 inpatient surgery, occupational medicine, urgent care/emergency
 7 services, free-standing diagnostic imaging center, reference laboratory,
 8 gastroenterology laboratory, blood draw station, anatomic pathology,
 9 nuclear medicine, ultrasound services, CT scanner services, magnetic
 10 resonance imaging (MRI) services, x-ray services, radiation therapy,
 11 echo-cardiography, therapeutic services, cardiac rehabilitation and
 12 chemical dependency rehabilitation of any type, pathology services,
 13 oral surgery, any type or kind of outpatient surgical facility (including
 14 shared or pooled arrangements) which provides ambulatory surgical
 15 care for, and/or surgical treatment of patients who remain for less than
 16 twenty-four (24) hours, emergency or any other emergency services
 17 conducted on a regular after-hours basis, physical therapy or
 18 rehabilitation services.

11 C. The Repurchase Option

12 34. The Deed also purports, in conclusory terms, to grant Dignity the right to repurchase
 13 the Property (the "Repurchase Option").

14 35. Specifically, Exhibit B to the Deed provides that

15 Grantee shall commence construction of the MOB upon the Property
 16 no later than eighteen (18) months from the date of the recordation of
 17 this Grant Deed. For the purposes of this Paragraph B, "commence
 18 construction" shall mean the pouring of the concrete foundation for the
 19 MOB. Grantor shall have the right to repurchase the Property upon the
 20 same terms and conditions for which the Property was sold to Grantee
 21 by Grantor if Grantee has not commenced construction of the MOB on
 22 or before the date that is 18 months from the date this Grant Deed is
 23 recorded.

24 36. The Sale Agreement contains substantially identical language, but also purports to
 25 create an option that survives in perpetuity "until any one of the following events occurs: (A) the
 26 date that Buyer takes action to Commence Construction, (B) Seller actually purchases the Subject
 27 Property, or (C) Seller provides a written notice to Buyer stating that it will not purchase the Subject
 28 Property." The option language in the Sale Agreement also purports to provide that it "shall survive
 the Closing Date."

1 37. Because the Deed was recorded on September 15, 2006, the 18-month timeframe set
2 out in the Deed expired on March 15, 2008.

3 **VI. GILL MEDICAL CENTER IMPROVES THE PROPERTY, INCURRING**
4 **SUBSTANTIAL COSTS, IN ANTICIPATION OF FUTURE DEVELOPMENT.**

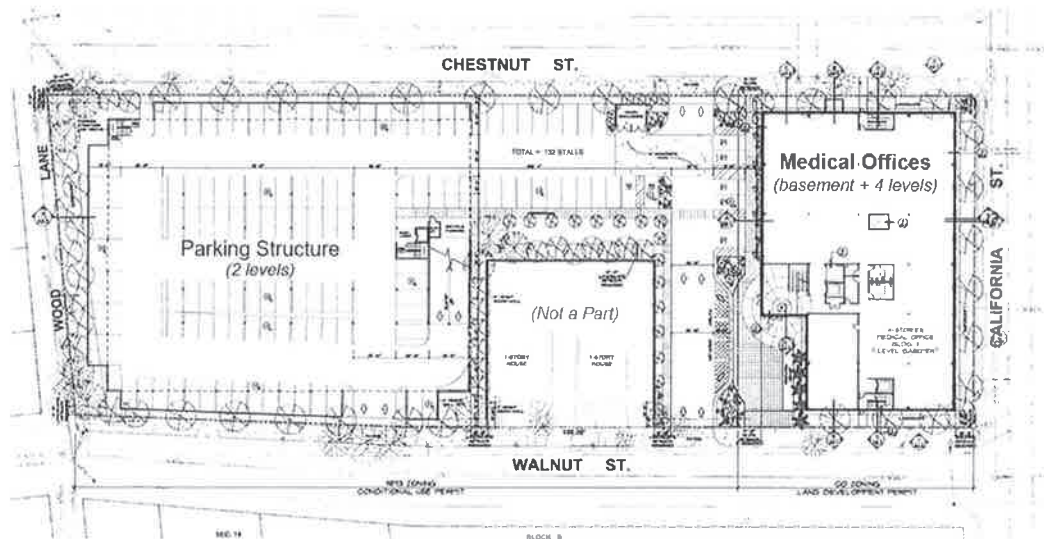
5 38. Shortly after purchasing the Property, Gill Medical Center began improving it at
6 substantial cost in preparation for future development. Specifically, Gill Medical Center proceeded
7 to demolish the homes located on the 15 parcels comprising the Property, and to level those parcels
8 such that a commercial development of the entire Property would be possible.

9 39. Gill Medical Center incurred costs in excess of \$2 million improving the Property in
10 preparation for developing it.

11 **VII. GILL MEDICAL CENTER PLANS AND OBTAINS APPROVAL OF A**
12 **MEDICAL OFFICE BUILDING, BUT THE FINANCIAL CRISIS PREVENTS**
13 **ITS CONSTRUCTION.**

14 40. As it prepared the Property for development, Gill Medical Center developed and
15 obtained Dignity's approval of its plans to construct an 88,000 square foot, four-story medical office
16 and commercial building on the Property (the "Original MOB"), as well as a two-story parking
17 garage.

18 41. The cost of the Original MOB project was increased significantly by the fact that the
19 Property, as it then existed, did not include the parcels at 415 E. Walnut Street and 417 E. Walnut
20 Street. Those two parcels, located in the middle of the block that Gill Medical Center otherwise
21 owned, significantly impacted the development opportunities of the larger property, including by
22 separating the location available for construction of the MOB from the location available for parking
23 to serve the building's needs, as illustrated by the following drawing of plans for the Original MOB
24 development.
25
26
27
28



42. With Dignity's full knowledge and approval, Gill Medical Center planned to construct the Original MOB with significant retail space on the first floor. In particular, Gill Medical Center's plans for the Original MOB, which Dignity approved, included a bank, a pharmacy, and a cafe on the first floor of the building.

43. In January 2008, Gill Medical Center obtained the Stockton Planning Commission's unanimous approval of the Original MOB project.

44. In May 2008, Dignity sent a Letter of Intent to lease the entire third floor of the Original MOB, comprising more than 19,000 square feet (or approximately 22 percent of the building), for a 10-year term with two 5-year extension options. Dignity proposed to lease that space "for medical offices and general administrative offices and any other uses permitted by law." Dignity subsequently withdrew its request to lease the third floor of the Original MOB, instead proposing to lease only a nominal amount of space—1,500 square feet (or less than 2 percent of the building)—in the Original MOB.

45. Construction of the Original MOB was slated to begin in late 2008, but became impossible due both to Dignity's refusal to lease any meaningful amount of space in the building and the global financial crisis that struck that year, forcing Gill Medical Center to put development plans for the Property on hold.

VIII. GILL MEDICAL CENTER ENLARGES AND FURTHER IMPROVES THE PROPERTY AT SIGNIFICANT EXPENSE.

46. In 2015, Gill Medical Center succeeded in acquiring the remaining two parcels, 415 E. Walnut Street and 417 E. Walnut Street, that Dignity had never owned and therefore could not have sold it in the 2006 transaction.

47. Gill Medical Center acquired those two parcels for a total price of \$390,000 and, as it had earlier done with the remainder of the parcels on the block, proceeded to demolish the homes on those parcels to prepare the larger Property for development.

48. By acquiring those two parcels—thereby unifying the entire block of real property bounded by California Street, Walnut Street, Chestnut Street, and Wood Lane—Gill Medical Center fundamentally changed the development potential of the larger Property as compared with the possibilities that had existed when Dignity sold it a portion of that property in 2006.

IX. GILL MEDICAL CENTER MAKES NEW DEVELOPMENT PROPOSALS, BUT DIGNITY LEADERSHIP REJECTS EVERY CONCEPT PRESENTED.

49. In 2015, Gill Medical Center approached Dignity leadership to resume discussions regarding construction of a medical office building project on the Property. As in 2008, however, Dignity refused to commit to leasing any space in such a building, rendering it financially nonviable.

50. In April 2016, Gill Medical Center met with Dignity leadership—specifically, its CEO Don Wiley and COO Terry Spring—to discuss Dignity’s desire to negotiate a parking license on the Property, as well as Gill Medical Center’s desire to remove the Use Restrictions that impacted the Property, in light of the substantially changed circumstances that had developed over the prior decade.

51. During that meeting, Wiley and Spring agreed that the Use Restrictions and Repurchase Option were no longer relevant and expressed their agreement with amending the recorded documents to remove them. Wiley and Spring specified, however, that the Noncompete Restrictions needed to remain in place.

1 52. Despite Wiley and Spring's acknowledgement that the Use Restrictions were no
2 longer relevant, they subsequently reneged on their agreement to amend the recorded documents to
3 remove them. In explaining their change of position in a May 2016 meeting, Spring explained that
4 Dignity objected to amending the recorded documents because it believed it might need the Property
5 for a future expansion of St. Joseph's if its current expansion plans—which entailed significant
6 construction in a relatively compact area on the east side of California Street—proved not to be
7 viable. During the May 2016 meeting, the parties again expressly discussed the Repurchase Option,
8 and Spring stated Dignity would be willing to remove that provision from the Deed.
9

10 53. Despite Dignity's change of position, Gill Medical Center responded by suggesting
11 that the parties explore a cooperative partnership in which Dignity would construct an expansion of
12 St. Joseph's on the real property owned by Gill Medical Center on the west side of California Street,
13 including the 1707 N. California St. property.
14

15 54. Gill Medical Center met again with Dignity leadership regarding the hospital
16 expansion proposal in September 2016, then presented conceptual plans and drawings for such a
17 cooperative hospital expansion project at another meeting with Dignity leadership in February 2017.
18 Gill Medical Center incurred substantial costs developing the plans for that expansion in direct
19 response to input from Dignity leadership.
20

21 55. The hospital expansion project proposed by Gill Medical Center would have entailed
22 337 new hospital beds—precisely the number Dignity leadership stated they would need—as well as
23 a medical office building with retail on its ground floor and a parking garage (the "Hospital
24 Expansion/Second MOB"). At Dignity's request, Gill Medical Center subsequently redesigned its
25 proposal to include 250 rather than 337 new hospital beds.
26

27 56. Dignity repeatedly delayed responding to the Hospital Expansion/MOB proposal.
28 Ultimately, Dignity rejected the proposal—which Gill Medical Center estimates would have saved
hundreds of millions of dollars as compared with the alternative expansion plan the hospital

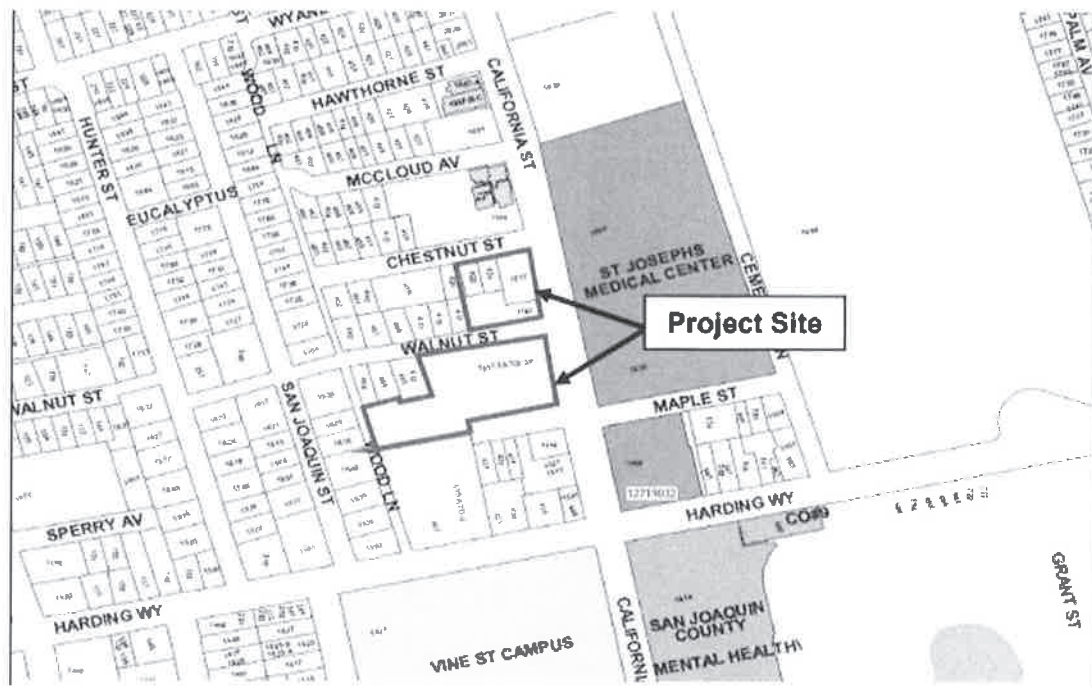
1 ultimately adopted—only in August 2019, more than three years after Gill Medical Center first
2 raised it.

3 **X. THE GILL FAMILY BUILDS AN ADJACENT COMMERCIAL RETAIL**
4 **DEVELOPMENT, CHANGING THE PROPERTY'S USES AGAIN WITH**
5 **DIGNITY'S FULL KNOWLEDGE.**

6 57. As Gill Medical Center worked to improve the Property and to obtain Dignity's
7 approval of its plans for an MOB there, the Gill Family also began working to build a commercial
8 and retail development on the parcel it owns immediately to the south of the Property.

9 58. Over the course of the 2015-16 timeframe, the Gill Family successfully developed the
10 real property commonly known as 1687 North California Street with a new commercial and retail
11 building named Gill Grove Retail.

12 59. The Stockton Planning Commission gave its unanimous approval to the Gill Grove
13 Retail project in February 2016. As a condition of its approval, the Planning Commission required
14 that Gill Medical Center construct a new parking lot on the Property (that is, 1707 N. California St.)
15 and dedicate that lot to serve the minimum parking requirements of both Gill Grove Retail (1687 N.
16 California St.) and the adjacent building known as Gill Grove Medical (1617 N. California St.). The
17 map below depicts the Property, the then-proposed location of Gill Grove Retail, and the portion of
18 the Property dedicated to serving Gill Grove Retail's required parking:
19
20
21
22
23
24
25
26
27
28



60. Dignity had full notice of the planned development of Gill Grove Retail, including the construction of the parking lot on the Property, both of which Gill Medical Center specifically briefed Dignity leadership on in 2016. Dignity raised no objection at any time to the development of Gill Grove Retail or the use of the Property for parking dedicated to the Gill Grove buildings.

61. Indeed, immediately after the Gill Family obtained development approval for Gill Grove Retail, including approval for the parking on eastern portion of the Property, and with full knowledge of those developments, Dignity sought (and obtained) a license from Gill Grove Medical to allow its employees to park on the remainder (the western portion) of the Property. In addition, during the course of developing Gill Grove Retail, the Gill Family cooperated with Dignity in its relaying of an underground communications cable between St. Joseph's and Dignity's radiology clinic in the Gill Grove Medical building.

62. Gill Grove Retail was completed in 2017, and now includes Class A tenants such as Starbucks, Subway, and WingStop. Since its completion and full leasing, the Gill Grove Retail development serves hundreds if not thousands of Dignity employees, patients and visitors on a daily

1 basis, demonstrating both the need for commercial development in the California Street corridor and
2 its complementarity to Dignity's operations.

3 **XI. GILL MEDICAL CENTER PROPOSES A LARGE MEDICAL OFFICE**
4 **BUILDING, BUT DIGNITY LEADERSHIP REFUSES TO COMMIT TO**
5 **LEASING ANY SPACE, RENDERING THE PROJECT FINANCIALLY**
6 **NONVIABLE.**

6 63. In response to Dignity's eventual rejection of their hospital expansion and MOB
7 proposal, Gill Medical Center again sought to collaborate with Dignity leadership regarding
8 development projects the hospital would support on the Property.

9 64. In August 2019, Gill Medical Center met again with Wiley, this time also meeting
10 with the hospital's head recruiter, to obtain input on the hospital's needs. Wiley suggested that Gill
11 Medical Center develop an MOB proposal that would provide space Wiley said would be needed for
12 the hospital's outpatient radiology, for an outpatient surgery center, and also for the significant
13 number of new physician residency programs the hospital was in the process of building.

15 65. In response to input from Wiley regarding the hospital's needs and its expansion
16 plans, Gill Medical Center incurred significant project costs developing plans and drawings for a
17 new project. Specifically, Gill Medical Center developed and, in 2021, presented Dignity with a
18 proposal to construct a 120,000 square foot medical office building and 10-story parking structure
19 (the "Third MOB").

21 66. Despite Wiley's prior representations regarding the hospital's significant needs for
22 leased space, when Gill Medical Center presented the Third MOB project, Dignity again refused to
23 commit to leasing any space in that building, rendering it financially nonviable.

24 **XII. GILL MEDICAL CENTER PROPOSES A MEDICAL OFFICE BUILDING**
25 **WITH ANCILLARY COMMERCIAL AND RESIDENTIAL USES, BUT**
26 **DIGNITY LEADERSHIP REJECTS THE PROPOSAL.**

27 67. In light of the fundamentally changed circumstances in Stockton since the 2006
28 purchase of the Property, and given Dignity's repeated refusal to participate in the previously

1 proposed medical office building projects, which rendered them nonviable, Gill Medical Center
2 again evolved its approach in an effort to deliver a viable medical office project with ancillary
3 elements, all of which are complementary to the hospital and greatly needed in Stockton's California
4 Street corridor.

5 68. In 2022, Gill Medical Center developed and presented plans for a medical office
6 building that also includes commercial space (as every iteration of the MOB project had included)
7 and residential space that would mark a significant improvement in housing availability in the
8 vicinity of St. Joseph's.
9

10 69. Specifically, in 2022, Gill Medical Center presented plans for a project that includes
11 30,000 square feet of medical office space (meeting the admittedly outdated Use Restrictions), but
12 which also includes ancillary elements including 10,000 square feet of commercial and
13 administrative space, a 10,000 square foot daycare, and 75 residential apartments (the "Fourth
14 MOB").
15

16 70. The Fourth MOB meets all of the 2006 Use Restrictions, to the extent any such
17 restrictions remain in effect, in that it offers 30,000 square feet of medical office space (space which
18 would be available for lease to practitioners admitted to practice at St. Joseph's, as the Declaration's
19 Use Restrictions purport to require). It also offers ancillary space highly complementary to Dignity,
20 including very much needed commercial, retail and residential opportunities that are currently
21 unavailable in the area.
22

23 71. In particular, the Fourth MOB's ancillary commercial and retail uses not only serve
24 the primary MOB elements of the project, but also would benefit Dignity by making available
25 significant and material services to its employees, patients, and visitors. The commercial and retail
26 uses would provide services presently unavailable in the area.

27 72. The residential apartments would be available for rent by Dignity employees, by the
28 significant number of new residents that Dignity is recruiting—a number that will grow to some 180

1 physicians on an annual basis—by traveling nurses needed to fill workforce shortages, and even by
2 family members in need of a place to stay while visiting loved ones undergoing treatment. It would,
3 in turn, only help Dignity to attract and retain talent, and to improve patient and visitor experiences.

4 73. Despite the Fourth MOB's clear benefits, and its satisfaction of the Use Restrictions
5 both in letter and spirit, in March 2022 Wiley rejected it out of hand, telling Gill Medical Center
6 representatives that he "really likes this project, but will be sending a nasty letter." In response to
7 Gill Medical Center noting that the Fourth MOB's 75 apartments would be available for rent by the
8 hundreds of new physician residents Dignity is recruiting to Stockton, Wiley responded that he
9 "really did not care" where those residents lived.
10

11 74. Over the course of several months of discussion that followed, Dignity repeatedly
12 rejected the Fourth MOB. On May 19, 2022, in addition to rejecting the Fourth MOB without
13 explanation, Dignity purported—for the first time in 16 years—to exercise its right to repurchase the
14 Property pursuant to the terms of the Purchase and Sale Agreement.
15

16 75. In fact, as Gill Medical Center promptly responded on June 3, 2022, Dignity's
17 repurchase option long ago expired by virtue of Dignity's knowing failure to exercise it at any time
18 over the prior decade, during which time it was fully aware—indeed, it repeatedly discussed with
19 Gill Medical Center—that Gill Medical Center had not been able to commence construction on the
20 MOB. (Since Gill Medical Center's letter of June 3, 2022, Dignity has never again mentioned the
21 repurchase option.)
22

23 76. On August 23, 2022, Gill Medical Center representatives met virtually with
24 representatives from CommonSpirit, Dignity's sole owner, in an effort to answer any questions
25 Dignity might have about the Fourth MOB and to obtain the long-awaited approval contemplated by
26 the recorded documents.

27 77. Following that meeting, on August 26, 2022, Gill Medical Center emailed to follow
28 up with CommonSpirit, specifically requesting that CommonSpirit either approve the Fourth MOB

1 project or provide “feedback from [CommonSpirit] as to what does and does not work from your
2 perspective” so that the project could move forward. Gill Medical Center requested a response by
3 September 8.

4 78. Gill Medical Center received no response from Dignity or CommonSpirit on
5 September 8. Instead, CommonSpirit repeatedly delayed in providing any response. Finally, on
6 October 3, CommonSpirit sent an email again rejecting the Fourth MOB, expressing its opinion that
7 “[t]he present multi-use project proposed by Gill Medical Center does not match the intent of the
8 2006 transaction documents” and asserting that it “rejects the 2022 multi-use project proposal as
9 inconsistent with the development restrictions set out in the 2006 transaction documents.”
10

11 79. Rather than provide any specific feedback to allow the project to move forward in
12 some fashion, despite Gill Medical Center’s express request—and its 16-year history of attempting
13 to develop the Property at great cost—CommonSpirit simply repeated its illusory position that it is
14 “open to any development proposal that is consistent with the conditions contained in the 2006
15 transaction documents.”
16

17 80. The following day, October 4, Gill Medical Center responded to correct several
18 misstatements in CommonSpirit’s October 3 email, to reiterate that the project meets all the
19 purportedly applicable Use Restrictions, and to “respectfully request that CommonSpirit reconsider
20 its position and promptly grant approval of the proposal Gill Medical Center has submitted.”
21

22 81. Gill Medical Center requested a response by October 7. CommonSpirit has not
23 responded.

24 **XIII. DIGNITY AND COMMONSPIRIT DEMONSTRATE THEIR REFUSAL TO**
25 **APPROVE DEVELOPMENT OF THE PROPERTY STEMS FROM BAD**
26 **FAITH.**

27 82. In rejecting, failing to respond to, and refusing to participate in the numerous
28 proposals presented by Gill Medical Center, Dignity (including through CommonSpirit) has

1 repeatedly demonstrated that it will never grant approval of any viable project on the Property, no
2 matter how beneficial to the hospital or the community writ large.

3 83. To the extent it has ever provided any reasons for rejecting the Fourth MOB,
4 Dignity's cited reasons (which its new owner, CommonSpirit, has relayed) are purely pretextual. For
5 example, while Dignity (through CommonSpirit) now apparently objects to the inclusion in the
6 Fourth MOB of ancillary commercial uses, Dignity previously gave its approval to the Original
7 MOB project, which included precisely such uses—namely, a bank and pharmacy.

8 84. Similarly, while Dignity (through CommonSpirit) now objects to the inclusion of
9 ancillary commercial uses in the Fourth MOB, Dignity never objected to the inclusion of significant
10 commercial and retail uses in any of the prior successive iterations of the MOB project. And, while
11 Dignity (through CommonSpirit) now objects in conclusory fashion to the inclusion of ancillary
12 residential uses in the Fourth MOB, it has never explained how or why those uses violate the terms
13 of the Use Restrictions.
14

15 85. Standing alone, Dignity's refusal to grant approval of any such project would be a
16 breach of its obligations under the outdated and ineffective Use Restrictions in the Deed and
17 Declaration, including its duty of good faith and fair dealing. But the recent history of Dignity's
18 conduct has demonstrated that its breaches stem from a deeper, intentional, bad-faith effort to
19 obstruct Gill Medical Center's efforts to develop the Property. Dignity's bad faith conduct stems
20 from motivations both personal and competitive.
21

22 86. First, Dignity's bad-faith conduct stems in part from Dignity CEO Don Wiley's regret
23 at selling the Property to Gill Medical Center. Wiley has expressly stated in the presence of
24 witnesses that he regrets selling the Property and that his superiors have criticized him for doing so.
25

26 87. Second, Dignity's bad-faith conduct stems from its larger effort to prevent Gill
27 Medical Center from competing with Dignity in the provision of a wide range of much-needed
28 healthcare services to the people of San Joaquin County.

1 88. In parallel to its efforts to develop the 1707 N. California St. Property, Gill Medical
2 Center's principals—namely, the Gill family—have separately been engaged in a long-term plan to
3 develop a state-of-the-art women's hospital and healthcare campus (the "Gill Women's Hospital")
4 between Stockton and Lodi, on property it owns north of Eight Mile Road.

5 89. As the only entity currently offering women's acute care services in Stockton²,
6 Dignity is well aware of plans for the Gill Women's Hospital, which would both compete with
7 Dignity in the provision of those acute care services, including labor and delivery services, and also
8 offer significant additional services that Dignity does not provide at St. Joseph's, such as tubal
9 ligation and in vitro fertilization (IVF)
10

11 90. In an effort to obstruct the development of the Gill Women's Hospital, in 2021
12 negotiations regarding an unrelated contract pursuant to which Gill OB/GYN would have taught
13 obstetrics and gynecology residents at St. Joseph's, Dignity attempted to include a "noncompete"
14 provision that would both have precluded development of the Gill Women's Hospital and limited the
15 universe of potential medical tenants on the Property. The anticompetitive language Dignity
16 proposed would have curtailed women's healthcare access in San Joaquin County to serve Dignity's
17 narrow economic interests, including its interest in deterring competition from the Gill family and its
18 affiliates, including Gill Medical Center.
19

20 91. As advocates for expanded women's healthcare access, Gill OB/GYN rejected
21 Dignity's restrictive proposed conditions. Instead, Gill OB/GYN elected to provide teaching services
22 free of charge to St. Joseph's residents in Emergency Medicine, Internal Medicine and Family
23 Medicine.
24

25 92. Dignity's conduct also makes clear that it is attempting to use its perceived authority
26 to reject development proposals on the Property to frustrate the unrelated development of a
27

28 ² In addition to operating St. Joseph's, Dignity also manages San Joaquin General Hospital in French Camp, the next-closest hospital offering women's acute care services.

1 competing hospital by the Gill family. For example, in rejecting the Third MOB project in 2021—a
 2 time at which Dignity was actively trying to frustrate the development of Gill Women’s Hospital—
 3 Wiley stated in the presence of witnesses that his “relationship with the Gills is fractured,” a
 4 consideration that (true or not) should have had no bearing on Dignity’s approval of the MOB
 5 project.

6 93. In addition, in rejecting the Fourth MOB project in October 2022, Dignity (through
 7 CommonSpirit) expressly tied its position on development of the Property to its opposition to the
 8 unrelated development of Gill Women’s Hospital. Specifically, CommonSpirit alleged incorrectly
 9 that the Gills had chosen to “obtain[] market share via a new campus ... at the expense of enhancing
 10 patient care as contemplated in the 2006 transaction documents.”

12 94. In fact, as Dignity is fully aware, the Noncompete Restrictions in the Declaration
 13 expressly purport to prohibit the use of the Property for acute care hospital services—or for any of
 14 more than 30 other services—meaning that the Gills necessarily must provide those services at a
 15 location other than the Property that Dignity itself chose to encumber in that manner.

17 95. Dignity’s thinly veiled attempts to obstruct Gill Medical Center’s development of the
 18 Property because of the Gills’ separate efforts to provide competing, much-needed women’s
 19 healthcare services amount to bad faith, anticompetitive conduct.

20 96. Dignity’s conduct is inequitable, offensive to basic principles of good faith and fair
 21 dealing, and contrary to the significant public interests in the provision of healthcare and access to
 22 housing. It requires judicial intervention.

23
 24 **XIV. FUNDAMENTALLY CHANGED CIRCUMSTANCES IN STOCKTON**
 25 **RENDER THE DEED RESTRICTIONS OPPRESSIVE AND**
 26 **UNENFORCEABLE.**

27 97. Dignity’s bad-faith efforts to leverage the deed restrictions against Gill Medical
 28 Center would be unreasonable and unjustified in any event. But that conclusion is even more true in
 light of the fundamental changes that have impacted Stockton since 2006, the year the Deed and

1 Declaration were recorded. These fundamental changes directly impact both the viable uses of the
2 Property and the burdens and benefits associated with the restrictions on which Dignity is relying to
3 prevent Gill Medical Center's development of the Fourth MOB.

4 **A. The Housing Crisis**

5 98. Since 2006, Stockton has experienced well-publicized, dual housing crises that
6 together represent a fundamental change to the city and its housing needs.

7 99. In 2006, Stockton was growing rapidly due in part to a booming housing market that
8 had seen the construction of record numbers of new homes over the prior five years.

9 100. Beginning in 2007, and following national trends, Stockton's housing market began
10 to collapse and, by the summer of 2008, Stockton's rate of residential foreclosure was among the
11 highest in the country.

12 101. With the devastating crash of markets in Stockton and nationally, new residential
13 construction dropped precipitously. While more than 6,000 new units were built annually in San
14 Joaquin County at the market's peak in 2003-04, new residential construction in the county dropped
15 below 1,000 units annually beginning in 2008, and remained below 2,000 units annually in every
16 year through 2016.

17 102. As a direct result of the precipitous drop in residential construction that began during
18 the Great Recession, Stockton and San Joaquin County are now again in the midst of a severe
19 housing crisis. The San Joaquin Council of Governments assessed that, during the period from 2014
20 to 2023, San Joaquin County should construct some 40,000 new residential units. Yet, as of 2017,
21 fewer than 7,000 had been built, leaving the county on a trajectory to fall 20,000 residential units
22 short of the number needed to meet its housing needs by 2023.

23 103. That systemic shortage of housing that has led to a dramatic, rapid rise in housing
24 costs, to many residents being unable to purchase a home, and to a historic homelessness crisis. By
25 one estimate, between the years of 2012 and 2017, home prices in Stockton nearly doubled.

B. Changes in the Healthcare Market

104. In addition to fundamental changes in the housing market, the past 16 years have seen drastic changes to the delivery of healthcare services in Stockton and, as a result, a fundamentally reduced need for medical office space.

105. First, the San Joaquin Valley is dealing with a severe shortage of physicians that has, in turn, reduced the demand for medical offices. According to the Future Health Workforce Commission, as of 2020 the San Joaquin Valley had only 39 primary care physicians per 100,000 people, a number that is between 50 and 67 percent of the number of primary care physicians the federal government recommends (60 to 80 primary care physicians per 100,000 people). In addition, as in California overall, many physicians in Stockton are presently nearing retirement, which will further decrease the demand for medical office space in the near future.

106. Second, over the past 16 years, Dignity has moved to a “hospitalist” model of care in which it employs or contracts with physicians who provide care exclusively at St. Joseph’s, rather than in a medical office setting. Specifically, Dignity first implemented a hospitalist program in September 2007. Since that time, and increasing in the years since, Dignity’s adoption of the hospitalist model has substantially reduced the demand for medical office space in the vicinity of St. Joseph’s.

107. Third, the increasingly widespread adoption of telehealth, in which patients visit their healthcare providers by means of virtual meeting or videoconferencing technology, also has significantly reduced the demand for in-person outpatient visits in the Stockton area. Telehealth has grown significantly since 2006 (and will continue to grow significantly in the future) as a result of the COVID-19 pandemic and legislative changes—including the adoption of legislation that requires insurers to reimburse telehealth services at the same rates as services delivered in-person— designed to reduce the differential treatment of telehealth and in-person visits to healthcare providers.

1 108. While telehealth visits surged and then peaked during the pandemic, the use of
2 telehealth remains far above pre-pandemic levels, representing a longer-term change in the delivery
3 of healthcare services that will continue to significantly impact the demand for medical office space
4 in Stockton.

5 **FIRST CAUSE OF ACTION**
6 **Declaratory Relief—Use Restrictions**

7 109. The preceding paragraphs are incorporated by reference as if set forth herein.

8 110. An actual controversy has arisen, and now exists, between Gill Medical Center and
9 Dignity regarding the validity, interpretation and effect of the Use Restrictions contained in the Deed
10 and Declaration, and the parties' respective rights and duties thereunder.

11 111. Specifically, Dignity contends that the Use Restrictions remain in force and effect,
12 that the more restrictive version of the Use Restrictions found in the Declaration apply, and that
13 those restrictions bar Gill Medical Center's plans to develop the Fourth MOB.
14

15 112. By contrast, Gill Medical Center contends that the Use Restrictions are no longer
16 enforceable, that—if they are enforceable—the less restrictive version of the Use Restrictions found
17 in the Deed would apply, that the Fourth MOB satisfies those restrictions, and that Dignity is
18 obligated to provide its reasonable consent to that project.
19

20 113. Gill Medical Center seeks a judicial determination of the parties' rights and duties
21 pursuant to the Use Restrictions in the Deed and Declaration, and the validity of Dignity's conduct
22 relating to those restrictions.

23 114. Declaratory relief is necessary and appropriate to determine the parties' rights and
24 duties. Gill Medical Center has suffered, and will continue to suffer harm in the form of uncertainty
25 regarding its rights to proceed with development on the Property, unless and until that declaration is
26 made.
27
28

1 115. Specifically, Gill Medical Center seeks a declaration that the Use Restrictions in the
2 Deed and Declaration are unreasonable and unenforceable because of the changed circumstances
3 surrounding the Property, because their enforcement would be unduly oppressive and inequitable,
4 and/or because their enforcement would serve no purpose other than disproportionately burdening
5 the Property with no corresponding benefit.

6 116. In the alternative, Gill Medical Center seeks a declaration that:

7 a. To the extent any of the Use Restrictions are enforceable, the less restrictive version
8 of the Use Restrictions in the Deed governs; and
9

10 b. To the extent they are enforceable, the Use Restrictions allow for ancillary
11 commercial and residential uses as part of the medical office building; and

12 c. The Fourth MOB project satisfies the Use Restrictions, to the extent they are
13 enforceable, and Dignity therefore must consent to the Fourth MOB project; and
14

15 d. In any event, Dignity cannot unreasonably withhold its consent to any project
16 submitted for approval pursuant to the Use Restrictions, but must act reasonably and in good faith in
17 giving approval to any such project.

18 117. Gill Medical Center is entitled to its reasonable attorneys' fees and costs pursuant to
19 Section 8.3 of the Declaration and Section 13 of the Sale Agreement.

20 **SECOND CAUSE OF ACTION**
21 **Declaratory Relief—Repurchase Option**

22 118. The preceding paragraphs are incorporated by reference as if set forth herein.

23 119. An actual controversy has arisen, and now exists, between Gill Medical Center and
24 Dignity regarding the validity, interpretation and effect of the Repurchase Option contained in the
25 Deed and Sale Agreement, and the parties' respective rights and duties thereunder.
26
27
28

1 120. Specifically, on May 19, Dignity purported to exercise the Repurchase Option
2 contained in Section 7(b)(v) of the Sale Agreement. Gill Medical Center subsequently rejected
3 Dignity's purported exercise of that option.

4 121. Declaratory relief is necessary and appropriate to determine the parties' rights and
5 duties. Gill Medical Center has suffered, and will continue to suffer harm in the form of uncertainty
6 regarding its rights to proceed with development on the Property, unless and until that declaration is
7 made.
8

9 122. Gill Medical Center seeks a judicial determination of the parties' rights and duties
10 pursuant to the Repurchase Option in the Deed and Sale Agreement, and the validity of Dignity's
11 purported rights under that option. Specifically, Gill Medical Center seeks a declaration that:

12 a. The Repurchase Option in the Deed and Sale Agreement has expired because Dignity
13 failed to exercise it within a reasonable time following expiration of 18 months after the Deed was
14 recorded on September 15, 2006; and
15

16 b. In addition or in the alternative, Dignity has waived or abandoned any right to
17 exercise the Repurchase Option in the Deed and Sale Agreement as a result of knowingly and
18 intentionally failing to exercise it within a reasonable time following expiration of 18 months after
19 the Deed was recorded on September 15, 2006; and
20

21 c. In addition or in the alternative, Dignity is equitably estopped from exercising the
22 Repurchase Option by affirmatively representing to Gill Medical Center, beginning in 2016—long
23 after the option already had expired, in any event—that Dignity agreed the Repurchase Option was
24 outdated and unnecessary and could be removed from the Deed; and
25

26 d. In addition or in the alternative, Dignity is barred by applicable statutes of limitations
27 from attempting to exercise or enforce the Repurchase Option.
28

 123. Gill Medical Center is entitled to its reasonable attorneys' fees and costs pursuant to
Section 13 of the Sale Agreement.

THIRD CAUSE OF ACTION
Declaratory Relief—Noncompete Restrictions

124. The preceding paragraphs are incorporated by reference as if set forth herein.

125. An actual controversy has arisen, and now exists, between Gill Medical Center and Dignity regarding the validity, interpretation and effect of the Noncompete Restrictions contained in the Declaration, and the parties' respective rights and duties thereunder.

126. Declaratory relief is necessary and appropriate to determine the parties' rights and duties. Gill Medical Center has suffered, and will continue to suffer harm in the form of uncertainty regarding its rights to proceed with development on the Property, and to use or lease the Property for the provision of services purportedly prohibited by the Noncompete Restrictions, unless and until that declaration is made.

127. Gill Medical Center seeks a judicial determination of the parties' rights and duties pursuant to the Noncompete Restrictions in the Declaration, and the validity of Dignity's conduct relating to those restrictions.

128. Specifically, Gill Medical Center seeks a declaration that the Noncompete Restrictions are unreasonable and unenforceable because they are restraints on trade contrary to public policy, because their enforcement would be unduly oppressive and inequitable, and/or because their enforcement would serve no purpose other than disproportionately burdening the Property with no corresponding benefit.

129. Gill Medical Center is entitled to its reasonable attorneys' fees and costs pursuant to Section 8.3 of the Declaration.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays for judgment against Defendant as follows:

1. On its First Cause of Action, for a declaration that the Use Restrictions in the Deed and Declaration are unreasonable and unenforceable or, to the extent they are enforceable, that the

Fourth MOB project meets their requirements and that Dignity cannot unreasonably withhold its consent to any project submitted for approval pursuant to the Use Restrictions;

2. On its Second Cause of Action, for a declaration that the Repurchase Option in the Deed and Sale Agreement has expired or, in addition or in the alternative, that Dignity has waived that option, is equitably estopped from exercising it, or is barred by the applicable statutes of limitations from exercising it;

3. On its Third Cause of Action, for a declaration that the Noncompete Restrictions are unreasonable and unenforceable;

4. Its reasonable attorneys' fees, experts' fees and costs pursuant to Section 13 of the Sale Agreement and Section 8.3 of the Declaration; and

5. For such other relief as the Court deems just and equitable.

Dated this 8th day of November, 2022

s/John Conger

Colin H. Hunter (*pro hac vice* forthcoming)

colin@angelilaw.com

Edward A. Piper (Cal. Bar No. 288289)

ed@angelilaw.com

Ursula M. Lalović (Cal. Bar. No. 215551)

ursula@angelilaw.com

ANGELI LAW GROUP LLC

121 S.W. Morrison Street, Suite 400

Portland, Oregon 97204

Telephone: (503) 954-2232

Facsimile: (503) 227-0880

John Conger (Cal. Bar No. 168114)

jconger@mcjglaw.com

Brett S. Jolley (Cal. Bar No. 210072)

bjolley@mcjglaw.com

MCKINLEY, CONGER, JOLLEY &

GALARNEAU, LLP

3031 W. March Lane, Suite 230

Stockton, CA 95219

Telephone: (209) 477-8171

Facsimile: (209) 477-2549

EXHIBIT 1

RECORDING REQUESTED BY
First American Title Company of Stockton

AND WHEN RECORDED MAIL TO:

Gill Medical Center, LLC
P.O. Box 8778
Stockton, CA 95208
Attn: Jasbir S. Gill

DOC # 2006-196267

09/15/2006 07:39A Fee: 62 00

Page 1 of 16

Recorded in Official Records

County of San Joaquin

GARY W. FREEMAN

Assessor-Recorder-County Clerk

Paid by FIRST AMER TITLE CO



APN: 127-140-18, 127-180-
18, 22, 23, 24, 31, 32, 33, 34, 36, 43, 48

SPACE ABOVE THIS LINE FOR RECORDER'S USE

File No.: 230254BS (BS)

Survey Monument Fee
\$10.00

GRANT DEED

The undersigned Grantor(s) Declare(s): DOCUMENTARY TRANSFER TAX \$SEE SEPARATE
DECLARATION; CITY TRANSFER TAX \$0.00;
SURVEY MONUMENT FEE \$10.00

- [x] computed on the consideration or full value of property conveyed, OR
[] computed on the consideration or full value less value of liens and/or encumbrances remaining at time of sale,
[] unincorporated area; [x] City of Stockton, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **CATHOLIC HEALTHCARE WEST, a California nonprofit public benefit corporation, as successor by merger to ST. JOSEPH'S MEDICAL CENTER OF STOCKTON, a California non-profit public benefit corporation** ("Grantor")

hereby GRANTS to GILL MEDICAL CENTER, LLC, a California limited liability company ("Grantee") the following described property in the City of Stockton, County of San Joaquin, State of California:

FOR LEGAL DESCRIPTION SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

THIS CONVEYANCE IS MADE EXPRESSLY SUBJECT TO THE COVENANTS, AGREEMENTS AND RESTRICTIONS CONTAINED IN EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF, AND BY ACCEPTING THIS GRANT DEED, GRANTEE ACKNOWLEDGES THE SAME.

Dated: 9-15-06

GRANTOR:

CATHOLIC HEALTHCARE WEST, a
California nonprofit public benefit corporation

By: [Signature]
Print Name: William J. Hunt
Its: President, Group Operations

By: [Signature]
Print Name: Karl L. Silberstein
Its: V.P., Financial Operations

MAIL TAX STATEMENTS TO: SAME AS ABOVE

D

DO NOT RECORD**FILER REQUESTS
DO NOT RECORD STAMP VALUE**

DECLARATION OF TAX DUE: SEPARATE PAPER:
(Revenue & Taxation code 11932-11933)

NOTE: This Declaration is not a public record.

DOCUMENT #

FILE NO.: **230254BS (BS)**DATE: **September 14, 2006**

Grantor:

Catholic Healthcare West

Grantee:

GIII Medical Center, LLC

Property located in:

☐ Unincorporated☒ City of **Stockton**APN: **127-140-18, 127-180-18, 22, 23, 24, 31, 32, 33, 34, 36, 43, 48****DOCUMENTARY TRANSFER TAX** **\$2,145.00**☒ Computed on full value☐ Computed on full value less liens or encumbrances remaining at time of sale.**CITY CONVEYANCE TAX** **\$0**

"I declare, under penalty of perjury, under the laws of the State of California that the foregoing is true and correct."

Date: 9/14/06
Betty SilvestreFor: **First American Title Company of Stockton**

DOCH 2006-195257

09/15/2006 PCOR Page 4

T Tax 0.00

GARY W. FREEMAN

Assessor-Recorder-County Clerk

Paid By: FIRST AMER TITLE CO



A.P.N.: 127-140-18

Grant Deed - continued

File No.: 230254BS (BS)

STATE OF California)
COUNTY OF Sacramento)On Sept. 14, 2006before me, Bill Verrios

Notary Public, personally appeared

William J. Hunt & Karl L. Silberstein personally known to me
(or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Signature

Bill VerriosMy Commission Expires: Nov. 18, 2009

This area for official notarial seal

Notary Name: Bill VerriosNotary Phone: (916) 851-2403Notary Registration Number: 1622063County of Principal Place of Business: SacramentoSTATE OF _____)
COUNTY OF _____)On _____, before me, _____
Notary Public, personally appeared __________, personally known to me
(or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

My Commission Expires: _____

This area for official notarial seal

Notary Name: _____

Notary Phone: _____

Notary Registration Number: _____

County of Principal Place of Business: _____

Customer Reference:

EXHIBIT "A"

Order Number: 23025488

Page Number: 7

LEGAL DESCRIPTION

Real property in the City of Stockton, County of San Joaquin, State of California, described as follows:

PARCEL ONE:

LOT 17, AS SHOWN UPON MAP ENTITLED, HAWTHORNE PARK, FILED FOR RECORD MAY 27, 1946 IN VOL. 11 OF MAPS AND PLATS, PAGE 101, SAN JOAQUIN COUNTY RECORDS.

PARCEL TWO:

A PORTION OF SECTION 19 C.M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

BEGINNING AT A STEEL AXLE AT THE NORTHWEST CORNER OF PROPERTY OF DR. W. F. WALSH AS DESCRIBED IN DEED RECORDED IN BOOK OF OFFICIAL RECORDS OF SAN JOAQUIN COUNTY, VOL. 587, PAGE 1, SAID POINT OF BEGINNING BEING IN THE EAST LINE OF WOOD LANE, AND BEARING NORTH 17° 12' WEST 97.00 FEET FROM THE INTERSECTION OF THE EAST LINE OF SAID WOOD LANE WITH THE NORTH LINE OF WALNUT STREET; THENCE NORTH 17° 12' WEST ALONG THE EAST LINE OF WOOD LANE, 96.90 FEET TO A STEEL AXLE IN THE WESTERLY PRODUCTION OF THE SOUTH PRODUCTION OF THE SOUTH LINE OF CHESTNUT STREET, 65.22 FEET TO A STEEL AXLE; THENCE SOUTH 17° 12' EAST 98.24 FEET TO A STEEL AXLE AT THE NORTHEAST CORNER OF SAID WALSH PROPERTY, 65.37 FEET TO THE POINT OF BEGINNING.

NOTE: A RE-SURVEY OF THIS AND OTHER PROPERTY WAS FILED FOR RECORD APRIL 14, 1938 IN VOL. 4 OF SURVEYS, PAGE 301, SAN JOAQUIN COUNTY RECORDS.

PARCEL THREE:

LOT 4 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL FOUR:

LOT 5 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIVE:

LOT 6 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL SIX:

LOT 15 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY

First American Title

EXHIBIT "A" Continued

Customer Reference:

Order Number: 23025485

Page Number: 8

OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVEN:

THAT PORTION OF SECTION 19, C.M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF LOT 15 IN BLOCK "C" OF MC CLOUD ADDITION IN THE CITY OF STOCKTON, AS PER MAP FILED MAY 26, 1892 IN BOOK OF MAPS, VOL. 2, PAGE 14, SAN JOAQUIN COUNTY RECORDS; THENCE ALONG THE NORTH LINE OF WALNUT STREET AS SHOWN ON MAP OF SURVEY FILED APRIL 14, 1938 IN BOOK OF SURVEYS, VOL. 4, PAGE 301, SAN JOAQUIN COUNTY RECORDS, SOUTH 80° 11' WEST 59.83 FEET TO A STEEL AXLE AT THE SOUTHEAST CORNER OF PROPERTY DESCRIBED IN DEED TO WILLIAM E. REILLY, ET UX, RECORDED JANUARY 18, 1937, IN BOOK OF OFFICIAL RECORDS, VOL. 561, PAGE 358; THENCE ALONG THE EAST LINE OF SAID LAST MENTIONED PROPERTY, NORTH 17° 12' WEST, 99.07 FEET TO THE NORTHEAST CORNER OF SAID REILLY LAND; THENCE NORTH 79° 19' EAST 56.42 FEET TO A POINT IN THE WEST LINE OF SAID BLOCK "C", THENCE ALONG THE WEST LINE OF SAID BLOCK "C", SOUTH 19° 04' 30" EAST 100.40 FEET TO THE POINT OF BEGINNING.

PARCEL EIGHT:

A PORTION OF SECTION 19, C.M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE NORTH LINE OF WALNUT STREET WITH THE EAST LINE OF WOOD LANE, SAID INTERSECTION BEING THE NORTHWEST CORNER OF THE PARCEL OF LAND DESCRIBED IN DEED FROM MULCAHY TO CITY OF STOCKTON RECORDED MAY 2, 1923 IN BOOK A OF DEEDS, VOL. 564, PAGE 103, SAN JOAQUIN COUNTY RECORDS; THENCE NORTH 79 DEGREES 46 MINUTES EAST ALONG THE NORTH LINE OF WALNUT STREET AS DESCRIBED IN ABOVE MENTIONED DEED, A DISTANCE OF 65.48 FEET TO THE TRUE POINT OF BEGINNING OF THE FOLLOWING DESCRIBED TRACT OF LAND; THENCE CONTINUE ALONG THE SAID NORTH LINE OF WALNUT STREET, NORTH 79 DEGREES 46 MINUTES EAST 70.00 FEET; THENCE NORTH 17 DEGREES 12 MINUTES WEST AND PARALLEL TO THE EAST LINE OF SAID WOOD LANE, A DISTANCE OF 99.07 FEET; THENCE SOUTH 78 DEGREES 54 MINUTES WEST 69.88 FEET; THENCE SOUTH 17 DEGREES 12 MINUTES EAST 98.00 FEET TO THE TRUE POINT OF BEGINNING.

PARCEL NINE:

LOTS 2 AND 3 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL TEN:

LOT 1 IN BLOCK "C" AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL ELEVEN:

First American Title

EXHIBIT "A" Continued

Customer Reference:

Order Number: 29025485

Page Number: 9

A PORTION OF SECTION 19 OF C.M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

A TRACT OF LAND LYING BETWEEN LOT 18 OF TRACT NO. 99 HAWTHORNE PARK, ACCORDING TO THE OFFICIAL MAP FILED MAY 27, 1946, IN VOL. 11 OF MAPS AND PLATS, PAGE 101, SAN JOAQUIN COUNTY RECORDS, AND LOT 1 IN BLOCK "C" OF MC CLOUD ADDITION TO STOCKTON, ACCORDING TO THE OFFICIAL MAP FILED MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF LOT 18, OF HAWTHORNE PARK, AND RUN THENCE SOUTH 13 DEGREES 53 MINUTES 30 SECONDS EAST ALONG THE EAST LINE OF SAID LOT 18, 100.26 FEET TO THE SOUTHEAST CORNER OF SAID LOT; THENCE NORTH 79 DEGREES 19 MINUTES EAST 9.16 FEET TO THE WEST LINE OF BLOCK "C" OF MC CLOUD ADDITION; THENCE NORTH 19 DEGREES 08 MINUTES EAST ALONG THE WEST LINE OF BLOCK "C" MC CLOUD ADDITION TO THE POINT OF BEGINNING.

PARCEL TWELVE:

LOT 18 AS SHOWN UPON MAP ENTITLED, HAWTHORNE PARK, FILED FOR RECORD MAY 27, 1946 IN VOL. 11 OF MAPS AND PLATS, PAGE 101, SAN JOAQUIN COUNTY RECORDS.

PARCEL THIRTEEN:

A PORTION OF SECTION 19, C. M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE NORTH LINE OF WALNUT STREET WITH THE EAST LINE OF WOOD LANE, SAID INTERSECTION BEING THE NORTHWEST CORNER OF THE PARCEL OF LAND DESCRIBED IN DEED FROM MULCAHY TO CITY OF STOCKTON RECORDED MAY 2, 1923 IN BOOK A OF DEEDS BOOK 564, PAGE 103, SAN JOAQUIN COUNTY RECORDS; THENCE NORTH 79° 46' EAST ALONG THE NORTH LINE OF WALNUT STREET AS DESCRIBED IN THE ABOVE MENTIONED DEED, A DISTANCE OF 65.48 FEET; THENCE NORTH 17° 12' WEST PARALLEL WITH THE EAST LINE OF SAID WOOD LANE, A DISTANCE OF 98 FEET; THENCE SOUTH 78° 54' WEST 65.37 FEET TO A POINT IN THE EAST LINE OF WOOD LANE; THENCE SOUTH 17° 12' EAST ALONG THE EAST LINE OF WOOD LANE, 97 FEET TO THE POINT OF BEGINNING.

PARCEL FOURTEEN:

LOTS 7, 8 AND 9 IN BLOCK "C" AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIFTEEN:

LOTS 10, 11 AND 12 IN BLOCK "C" AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THEREFROM THAT PORTION OF SAID LOT 10 AS GRANTED TO THE CITY OF STOCKTON BY DEED RECORDED MARCH 9, 1976 IN BOOK 4093 OF OFFICIAL RECORDS, PAGE 541, SAN JOAQUIN COUNTY RECORDS.

First American Title

Exhibit "B"**COVENANTS, AGREEMENTS, AND RESTRICTIONS**

The grant of the Property to Grantee by Grantor pursuant to the Grant Deed to which this Exhibit B is attached is made expressly subject to the following covenants, agreements and restrictions.

A. Grantor owns that certain real property located adjacent to the Property in the County of San Joaquin, State of California, and more particularly described on Exhibit B-1 ("dominant tenement"). The dominant tenement is used and operated by Grantor as an acute care hospital currently called St. Joseph's Medical Center ("the Hospital"). Grantor has an interest in ensuring that the Property subject to this Grant Deed is used for a purpose complementary to the Hospital use of the dominant tenement. Accordingly, provided the dominant tenement continues to be used as an acute care hospital facility under the direction of the Grantor or Grantor's Affiliate (defined below), the Property shall be used primarily for the construction and maintenance of a Medical Office Building ("MOB") of not less than thirty thousand (30,000) gross square feet and ancillary uses related to such facility, including without limitation parking, medical office and ancillary administrative areas. For the purposes of this Grant Deed, "Grantor's Affiliate" shall mean an entity controlled by, controlling or under common control with Grantor, including a parent or subsidiary, or a corporation, partnership, limited liability company, or any successor entity controlled by Grantor or under common control with Grantor resulting from the reorganization, merger of, or consolidation with Grantor.

B. Grantee shall commence construction of the MOB upon the Property no later than eighteen (18) months from the date of the recordation of this Grant Deed. For the purposes of this Paragraph B, "commence construction" shall mean the pouring of the concrete foundation for the MOB. Grantor shall have the right to repurchase the Property upon the same terms and conditions for which the Property was sold to Grantee by Grantor if Grantee has not commenced construction of the MOB on or before the date that is 18 months from the date this Grant Deed is recorded. In the event Grantor repurchases the Property under this Paragraph B, Grantee, at its sole cost and expense, shall return the Property to Grantor in the condition received, free of any liens or encumbrances incurred or caused by Grantee. Notwithstanding the foregoing, if Grantee has demolished an existing building in anticipation of the construction of the MOB, Grantee shall not be required to re-construct such building; and if Grantee has completed pre-construction improvements in accordance with all applicable laws and in anticipation of the construction of the MOB, such improvements may remain, provided that, in either situation above, Grantee has not created a situation that requires additional action to eliminate a threat to health, safety, or the environment.

C. Prior to the commencement of construction of the MOB, Grantee shall submit site plans for the entire Property to Grantor for review and approval, which such approval may be granted or withheld in Grantor's sole and absolute discretion, including the approval of any structures on the Property that are incorporated as part of the MOB, on a temporary or permanent basis. Grantee shall commence construction of the MOB and complete the development of the Property substantially consistent with the site plans approved by Grantor.

D. (1) No sale in whole or in part of the Property by Grantee shall be consummated without Grantee providing Grantor a right of first refusal as described below;

provided that at such time Grantor or Grantor's Affiliate is continuing to utilize the dominant tenement as an acute care hospital facility and provided further, that none of the following shall be deemed a sale under this paragraph: (a) a transfer of interest to any successor-in-interest of Grantee, even if such transfer involves a sale, provided that (i) the original Grantee (or Grantee's heirs if Grantee is an individual) or (ii) individuals or entities comprised of physicians on the active medical staff of the Hospital (or their respective heirs) retain a fifty percent (50%) minimum interest, with fifty percent (50%) or more of the voting rights in the successor-in-interest; or (b) if Grantee, or Grantee's successor-in-interest, is a limited liability company, corporation, or partnership, the addition of new members, shareholders or partners into such entity or the internal transfers of interests among existing members, shareholder or partners, provided that (i) the original Grantee, or Grantee's heirs if Grantee is an individual, or (ii) individuals or entities comprised of physicians on the active medical staff of the Hospital (or their respective heirs) retain a fifty percent (50%) minimum interest, with fifty percent (50%) or more of the voting rights therein; or (c) a transfer of an interest to any estate planning trust or entity for the benefit of the Grantee or Grantee's successor-in-interest; or (d) if Grantee is a limited liability company, corporation, or partnership, the change from one type of entity to another type of entity for tax or estate planning reasons, with the same identity of interests in the new entity. In no event, however, shall the additions, changes, or transfers described in (a) through (d) in this paragraph serve as a subterfuge to evade Grantor's right of first refusal.

(2) Subject to D(1) above, if Grantee receives from any third party a bona fide offer to purchase the Property, including improvements, at a price and on terms acceptable to Grantee, Grantee shall provide Grantor with written notice of such offer ("Offer Notice"), which such Offer Notice shall specify the purchase price, terms and conditions of the third party offer. Grantor shall have the right to purchase the Property, including improvements, on the same terms and conditions and at the same purchase price as the Offer Notice by providing written notice of such exercise ("Intent to Exercise") to Grantee within fifteen (15) days following receipt of the Offer Notice ("Review Period"). Notwithstanding the terms of the third party offer, Grantor's Intent to Exercise shall be subject to Grantor's internal corporate and/or Board approvals. Grantor shall have no fewer than ninety (90) days after expiration of the Review Period (or such longer time as may be specified as a due diligence period or similar period in the Offer Notice) to obtain Grantor's internal corporate and/or Board approvals and to consummate the transaction on the terms contained in Grantee's Offer ("Transaction Term").

(3) If Grantor does not timely provide Grantee with the Intent to Exercise, or Grantor fails to consummate the purchase of such Property prior to the end of the Transaction Term, Grantee shall be free to sell such Property to a third party provided that (i) the price is not less than ninety five percent (95%) of the offering price in the Offer Notice, and (ii) the other terms of the sale are not more favorable to the purchaser, than those set forth in Offer Notice.

(4) If Grantee fails to consummate the sale or other transfer of such Property as set forth in D (2) above within: (a) one hundred eighty (180) days after expiration of the Review Period, if Grantor does not accept Grantee's Offer within the Review Period, or (b) the later to occur of (i) the expiration of the Transaction Term, or (ii) one hundred eighty (180) days after expiration of the Review Period, if Grantor has timely accepted Grantee's Offer, then Grantee may not sell or transfer the Property without first offering such Property to Grantor again as set forth in D (2) above, and the remaining provision of this Paragraph D shall remain in effect so that Grantor will have a continuing right of first refusal.

(5) The right of first refusal described in this Paragraph D shall continue to bind any transferee, buyer, or successor of Grantor, regardless of the method by which such person acquired Grantor's interest in the Property.

E. The covenants and restrictions set forth in this Exhibit B shall burden the Property, as the servient tenement, and shall run with the land which constitutes the Property, and shall be binding upon Grantee and each of Grantee's successors and assigns. The covenants and restrictions set forth in this Exhibit B (1) shall benefit Grantor and Grantor's Affiliates for so long as Grantor and/or Grantor's Affiliates remain in existence and operate as an acute care hospital facility on the dominant tenement, and (2) shall also benefit the dominant tenement, and shall run with the land which constitutes the dominant tenement, and shall benefit Grantor and each of Grantor's successors and assigns, subject to the same limitation set forth in E(1) above.

F. If the Property is at any time used by any party whatsoever for any prohibited purpose or is transferred to a party in violation of the Restrictions contained herein, then Grantor or Grantor's successors or assigns may specifically enforce the covenants and restrictions set forth in this Exhibit B, and shall have all remedies available at law and equity, including the right to an injunction to prevent such impermissible uses or transfer.

Exhibit B-1DESCRIPTION OF DOMINANT TENEMENT

THAT CERTAIN REAL PROPERTY SITUATED IN THE STATE OF CALIFORNIA, COUNTY OF SAN JOAQUIN, CITY OF STOCKTON, DESCRIBED AS FOLLOWS:

PARCEL ONE: PORTION OF APN 127-180-44

A TRACT OF LAND SITUATE IN SECTION 19 OF C.M. WEBER GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT AN IRON PIN IN THE NORTH LINE OF HARDING WAY (FORMERLY NORTH STREET) IN THE CITY OF STOCKTON, BEARING WESTERLY 75 FEET ALONG THE NORTH LINE OF SAID HARDING WAY WITH THE WEST LINE OF THE 45 FOOT STRIP KNOWN AS CEMETERY LANE AND DESCRIBED IN DEED RECORDED IN BOOK "A" O F DEEDS, VOL. 15, PAGE 781, SAN JOAQUIN COUNTY RECORDS; THENCE NORTHERLY AND PARALLEL TO THE WEST LINE OF SAID CEMETERY LANE AND ALONG THE WEST LINE OF B. M. WOODHULL PROPERTY, 95.0 FEET TO AN IRON PIPE AT CORNER OF SAID WOODHULL PROPERTY; THENCE WESTERLY AND PARALLEL TO THE NORTH LINE OF HARDING WAY AND ALONG THE SOUTH LINE WOODHULL PROPERTY, 49.87 FEET TO A POINT; THENCE SOUTHERLY PARALLEL TO THE WEST LINE OF LOT 1 BLOCK "P" OF SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, AS PER MAP FILED AUGUST 30, 1892, 94.45 FEET TO A POINT IN THE NORTH LINE OF HARDING WAY; THENCE EASTERLY ALONG THE NORTH LINE OF HARDING WAY, 60 FEET TO THE POINT OF BEGINNING.

EXCEPT THAT PORTION CONVEYED TO GEORGE O'NEILL AND WIFE, BY DEED RECORDED APRIL 11, 1939 IN BOOK 649 OF OFFICIAL RECORDS, PAGE 97, SAN JOAQUIN COUNTY RECORDS, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT AN IRON PIN IN THE NORTH LINE OF HARDING WAY (FORMERLY NORTH STREET) SAID PIN BEARING WESTERLY 75 FEET ALONG THE NORTH LINE OF SAID HARDING WAY FROM THE INTERSECTION OF THE NORTH LINE OF SAID HARDING WAY WITH THE WEST LINE OF THE 45 FOOT STRIP KNOWN AS CEMETERY LAND AND DESCRIBED IN DEED RECORDED IN BOOK "A" OF DEEDS, VOL. 15, PAGE 781, SAN JOAQUIN COUNTY RECORDS; THENCE CONTINUING WESTERLY 22.0 FEET ALONG SAID NORTH LINE OF HARDING WAY TO A POINT IN THE CENTER LINE PRODUCED SOUTHERLY OF AN 8 INCH BRICK WALL; THENCE NORTHERLY 67.05 FEET ALONG SAID CENTER LINE AND SAID CENTER LINE PRODUCED, TO A 1/2 INCH IRON PIPE; THENCE EASTERLY 16.85 FEET TO A 1/2 INCH IRON PIPE ON THE WEST LINE OF THE FORMER B. M. WOODHULL PROPERTY; THENCE SOUTHERLY 67.40

60.110-385819.1

FEET ALONG SAID WEST LINE OF SAID B. M. WOODHULL PROPERTY AND PARALLEL WITH SAID CEMETERY LANE TO THE POINT OF BEGINNING.

PARCEL TWO: PORTION OF APN 127-180-44

A PORTION OF SECTION 19 OF C.M. WEBER GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF LOT 1 IN BLOCK "P" OF SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS; THENCE EASTERLY PARALLEL WITH THE NORTH LINE OF HARDING WAY AND ALONG THE NORTH LINE OF PROPERTY FORMERLY OWNED BY O. M. HOOE, 86 FEET; THENCE SOUTHERLY PARALLEL WITH THE WEST LINE OF CEMETERY LANE, 55 FEET; THENCE WESTERLY PARALLEL WITH THE NORTH LINE OF HARDING WAY AND ALONG THE SOUTH LINE OF PROPERTY FORMERLY OWNED BY O. M. HOOE, 86 FEET TO A POINT ON THE EAST LINE OF LOT 1 IN BLOCK "P", SUPPLEMENTAL MAP OF MCCLOUD ADDITION; THENCE NORTHERLY ALONG THE EAST LINE OF SAID LOT 1, 55 FEET TO THE POINT OF BEGINNING.

PARCEL THREE: PORTION OF APN 127-150-54

LOT 7 IN BLOCK 1, AS SHOWN UPON MAP ENTITLED, NORTH PARK ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD SEPTEMBER 26, 1982 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

PARCEL FOUR: PORTION OF APN 127-150-54

LOT 5 IN BLOCK "P", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIVE: PORTION OF APN 127-150-54

LOT 4 IN BLOCK "P", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL SIX: APN 127-160-03

LOT 5 IN BLOCK "L" OF MCCLOUDS ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVEN: APN 127-160-04

LOTS 3 AND 4 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL EIGHT: APN 127-164-06

LOTS 16, 17 AND 18 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 16, SAN JOAQUIN COUNTY RECORDS.

AND THE NORTH 38 FEET OF LOTS 19, 20 AND 21 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 16, SAN JOAQUIN COUNTY RECORDS.

PARCEL NINE: APN 127-164-07

LOTS 15, 19, 20 AND 21 IN BLOCK "L" OF THE MAP AND SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 AND AUGUST 14, 1896, RESPECTIVELY, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THEREFROM THE NORTH 38 FEET OF LOTS 18, 20 AND 21, AS CONVEYED BY MARY RUSSELL TO STOCKTON, CALIFORNIA COMPANY OF JEHOVAH'S WITNESSES, A CORPORATION, BY DEED RECORDED DECEMBER 31, 1951 AS INSTRUMENT NO. 40851, SAN JOAQUIN COUNTY RECORDS.

PARCEL TEN: APN 127-164-08

LOT 14 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL ELEVEN: APN 127-164-15

LOT 2 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL TWELVE: APN 127-164-17

LOT 6 IN BLOCK "L" OF MCCLOUDS ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THEREFROM THAT PORTION AS DESCRIBED IN DEED TO THE CITY OF STOCKTON, A MUNICIPAL CORPORATION, RECORDED JANUARY 29, 1980 AS INSTRUMENT NO. 80005822, SAN JOAQUIN COUNTY RECORDS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF LOT 6 BLOCK "L" AS SAID LOT AND BLOCK ARE SO DESIGNATED AND DELINEATED ON THAT CERTAIN MAP ENTITLED "SUPPLEMENTAL MAP OF MCCLOUD'S ADDITION TO THE CITY OF STOCKTON" AS FILED ON AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS; THENCE EASTERLY 24 FEET ALONG THE NORTH LINE OF SAID LOT; THENCE SOUTHERLY 50 FEET ALONG A LINE 24 FEET EASTERLY OF AND PARALLEL WITH THE EAST LINE OF CALIFORNIA STREET TO A POINT ON THE SOUTH LINE OF SAID LOT; THENCE WESTERLY 24 FEET ALONG SAID SOUTH LINE TO THE EAST LINE OF CALIFORNIA STREET BEING ALSO THE SOUTHWEST CORNER OF SAID LOT; THENCE NORTHERLY 50 FEET ALONG SAID EAST LINE OF CALIFORNIA STREET TO THE HEREINBEFORE MENTIONED POINT OF BEGINNING.

PARCEL THIRTEEN: APN 127-164-20

THE EAST 30 FEET OF LOT 10; THE EASTERLY 58 FEET OF THE WESTERLY 82 FEET OF LOTS 8 AND 9; THE EASTERLY 76 FEET OF LOT 7; THE WEST 20 FEET OF LOT 10; THE EAST 18 FEET OF EACH OF LOTS 8 AND 9, ALL OF LOT 11, ALL IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

EXCEPT FROM A PORTION OF SAID LAND ALL MINERAL RIGHTS INCLUDING RIGHTS TO OIL, GAS AND OTHER HYDROCARBON SUBSTANCES BELOW A DEPTH OF 500 FEET FROM THE SURFACE OF SAID REAL PROPERTY WITHOUT THE RIGHT OF SURFACE ENTRY.

PARCEL FOURTEEN: APN 127-164-21

LOTS 12 AND 13 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIFTEEN: APN 127-173-28

ALL OF LOTS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 AND 18 IN BLOCK M AS THE SAME ARE SHOWN AND DELINEATED ON THAT CERTAIN MAP ENTITLED SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON WHICH MAP WAS FILED FOR RECORD AUGUST 30, 1992 IN BOOK OF MAPS AND PLATS, VOL.

2, PAGE 15, SAN JOAQUIN COUNTY RECORDS; AND ALL THAT PORTION OF WYANDOTTE STREET AS SHOWN UPON SAID REFERENCE MAP AS THE SAME WAS ABANDONED BY THE STOCKTON CITY COUNCIL RECORDED APRIL 19, 1991, RECORDER'S INSTRUMENT NO. 91033824, SAN JOAQUIN COUNTY RECORDS.

EXCEPTING FROM LOTS 8, 9, 10 AND 11 SO MUCH OF SAID LOTS AS LIE WITHIN THE EXTERIOR BOUNDARIES OF CALIFORNIA STREET AS SAID STREET IS NOW TRAVELED AND ESTABLISHED.

ALSO EXCEPTING FROM THE EAST 12 1/2 FEET OF LOT 13 AND THE WEST 1/2 OF LOT 14 HEREIN ALL OIL, GAS, MINERALS AND OTHER HYDROCARBON SUBSTANCES LYING BELOW A DEPTH OF 500 FEET BELOW THE SURFACE OF SAID LOTS AS THE SAME WERE RESERVED IN THE DEED RECORDED JUNE 22, 1988 RECORDER'S INSTRUMENT NO. 88051979, SAN JOAQUIN COUNTY RECORDS.

PARCEL SIXTEEN: APN 127-174-30

ALL OF LOTS 1, 2, 3, 4, 5, 6, 7, 8 AND 9 IN BLOCK N AS SAID LOTS AND BLOCK AS SHOWN AND DELINEATED UPON THAT CERTAIN MAP ENTITLED, SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON FILED FOR RECORD AUGUST 30, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS; AND ALL THAT PORTION OF HAWTHORNE STREET AS SHOWN UPON SAID ABOVE REFORMED MAP AS THE SAME WAS ABANDONED BY THE STOCKTON CITY COUNCIL RECORDED JULY 27, 1987 RECORDER'S INSTRUMENT NO. 87070382, SAN JOAQUIN COUNTY RECORDS.

EXCEPTING FROM SAID LOTS 8 AND 9 ABOVE REFERRED TO THAT PORTION OF SAD LOTS 8 AND 9 DESCRIBED IN DEEDS TO THE CITY OF STOCKTON, A MUNICIPAL CORPORATION RECORDED OCTOBER 3, 1978 IN BOOK OF OFFICIAL RECORDS, VOL. 4456, PAGE 463, SAN JOAQUIN COUNTY RECORDS AND RECORDED OCTOBER 31, 1978 IN BOOK OF OFFICIAL RECORDS, VOL. 4468, PAGE 323, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVENTEEN: APN 127-180-44

PARCEL SEVENTEEN-A:

LOTS 10, 11, 12, 13, 14, 15, 16, 17 AND 18 IN BLOCK N, SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON FILED FOR RECORD AUGUST 30, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THAT PORTION OF LOTS 10 AND 11 DESCRIBED IN DEED TO THE CITY OF STOCKTON RECORDED SEPTEMBER 10, 1976 IN BOOK OF OFFICIAL RECORDS, VOL. 4178, PAGE 377, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVENTEEN-B:

LOTS 1 THROUGH 10 INCLUSIVE IN BLOCK O, SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON FILED FOR RECORD AUGUST 30, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THAT PORTION DESCRIBED IN DEED TO THE CITY OF STOCKTON RECORDED JULY 26, 1961 IN BOOK OF OFFICIAL RECORDS, VOL. 2440, PAGE 264, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVENTEEN-C:

A PORTION OF SECTION 19 OF C. M. WEBER GRANT, DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE EASTERLY LINE OF CALIFORNIA STREET WITH THE NORTHERLY LINE OF WALNUT STREET AS SHOWN UPON MAP OF NORTH PARK ADDITION TO STOCKTON ACCORDING TO THE OFFICIAL MAP THEREOF FILED IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 21, SAN JOAQUIN COUNTY RECORDS; THENCE EASTERLY ALONG THE NORTHERLY LINE OF WALNUT STREET TO THE WESTERLY LINE OF CEMETERY LANE; THENCE NORTHERLY ALONG THE WESTERLY LINE OF CEMETERY LANE TO THE SOUTHERLY LINE OF BLOCK O AS SHOWN UPON MAP ENTITLED SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON ACCORDING TO THE OFFICIAL MAP THEREOF FILED IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS; THENCE WESTERLY ALONG THE SOUTHERLY LINE OF BLOCK O TO THE EASTERLY LINE OF CALIFORNIA STREET; THENCE SOUTHERLY ALONG SAID EASTERLY LINE OF CALIFORNIA STREET TO THE POINT OF COMMENCEMENT.

EXCEPT THAT PORTION TO THE CITY OF STOCKTON BY DEED RECORDED JULY 26, 1961 IN BOOK OF OFFICIAL RECORDS, VOL. 2440, PAGE 264, SAN JOAQUIN COUNTY RECORDS.

TOGETHER WITH THE NORTH 1/2 OF ABANDONED WALNUT STREET LYING BETWEEN THE EASTERLY AND WESTERLY BOUNDARY LINE OF SAID PARCEL TWO IF EXTENDED SOUTHERLY.

EXCEPT THAT PORTION OF ABOVE DESCRIBED ABANDONED WALNUT STREET WHICH LIES WITHIN THE BOUNDARIES OF SECOND AMENDED PARCEL MAP FILED FOR RECORD APRIL 17, 1975 IN BOOK OF PARCEL MAPS, VOL. 1, PAGE 140, SAN JOAQUIN COUNTY RECORDS.

PARCEL FOUR:

LOTS 6, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 AND 25 IN BLOCK 2 OF NORTH PARK ADDITION TO STOCKTON FILED FOR RECORD SEPTEMBER 26, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

TOGETHER WITH THE SOUTH 1/2 OF ABANDONED WALNUT STREET LYING BETWEEN THE EASTERLY AND WESTERLY BOUNDARY LINE OF ABOVE BLOCK 2, IF EXTENDED NORTHERLY.

EXCEPT THEREFROM THAT PORTION LYING WITHIN THE BOUNDARIES OF SECOND AMENDED PARCEL MAP FILED FOR RECORD APRIL 17, 1975 IN BOOK OF PARCEL MAPS, VOL. 1, PAGE 140, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIVE:

UNIT NOS. 1, 2, 3, 4, 5, 6 AND 7 AS SHOWN UPON SECOND AMENDED PARCEL MAP, ST. JOSEPH'S HOSPITAL MEDICAL OFFICE BUILDING, A CONDOMINIUM PROJECT AS SAID MAP WAS FILED FOR RECORD APRIL 17, 1975 IN BOOK OF PARCEL MAPS, VOL. 1, PAGE 140, SAN JOAQUIN COUNTY RECORDS.

TOGETHER WITH AN APPURTENANT INTEREST IN THE COMMON PROPERTY FOR EACH OF THE AFORESAID UNITS AS DEFINED BY THE AMENDED DECLARATION RECORDED JUNE 5, 1975 IN BOOK OF OFFICIAL RECORDS, VOL. 3990, PAGE 56, SAN JOAQUIN COUNTY RECORDS;

AN INTEREST IN THE IMPROVEMENTS LOCATED UPON COMMON PROPERTY AS SHOWN ON SECOND AMENDED PARCEL MAP, ST. JOSEPH'S HOSPITAL MEDICAL OFFICE BUILDING, A CONDOMINIUM PROJECT AS SAID MAP WAS FILED FOR RECORD APRIL 17, 1975 IN BOOK OF PARCEL MAPS, VOL. 1, PAGE 140, SAN JOAQUIN COUNTY RECORDS.

PARCEL EIGHTEEN: APN 127-190-09 AND 127-190-10

LOT 15 AND THE WEST 34.9 FEET OF LOT 16 IN BLOCK 1 OF NORTH PARK ADDITION TO THE CITY OF STOCKTON, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED FOR RECORD JULY 3, 1895 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

PARCEL NINETEEN: APN 127-190-29

LOTS 1, 2, 3, 8 9 10 AND THE WEST ONE-HALF OF LOT 11 IN BLOCK 1 OF NORTH PARK ADDITION TO THE CITY OF STOCKTON, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED FOR RECORD JULY 3, 1895 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

PARCEL TWENTY: PORTION OF APN 127-190-31

BEGINNING AT THE NORTHEAST CORNER OF LOT 5 IN BLOCK 1 OF NORTH PARK ADDITION TO THE CITY OF STOCKTON, ACCORDING TO THE OFFICIAL MAP

THEREOF, FILED FOR RECORD JULY 3, 1895 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS; THENCE SOUTH $11^{\circ} 54'$ EAST, ALONG THE EAST LINE OF LOTS 5 AND 6 IN SAID BLOCK 1 OF NORTH PARK ADDITION, A DISTANCE OF 90.00 FEET TO A POINT ON THE EXISTING NORTH LINE OF HARDING WAY (FORMERLY KNOWN AS NORTH STREET); THENCE SOUTH $78^{\circ} 08' 30''$ WEST, ALONG SAID EXISTING NORTH LINE OF HARDING WAY, A DISTANCE OF 68.01 FEET TO A POINT; THENCE NORTHWESTERLY ON A CURVE TO THE RIGHT, RADIUS 20.00 FEET, THE LONG CHORD OF WHICH BEARS NORTH $56^{\circ} 52' 45''$ WEST, 28.27 FEET, AN ARC DISTANCE OF 31.40 FEET TO A POINT; THENCE NORTH $11^{\circ} 54'$ WEST, A DISTANCE OF 70.01 FEET TO A POINT ON THE NORTH LINE OF SAID LOT 5; THENCE NORTH $78^{\circ} 08' 30''$ EAST ALONG THE SAID NORTH LINE OF LOT 5, A DISTANCE OF 88.00 FEET TO A POINT, SAID POINT AS HEREINBEFORE REFERRED TO, THE POINT OF BEGINNING.

PARCEL TWENTY-ONE: PORTION OF APN 127-190-31

LOT 4 IN BLOCK 1 OF NORTH PARK ADDITION TO THE CITY OF STOCKTON, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED FOR RECORD JULY 3, 1895 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THE WEST 11.64 FEET AS DESCRIBED IN DEED TO THE CITY OF STOCKTON, RECORDED AUGUST 10, 1973 IN BOOK 3792 OF OFFICIAL RECORDS, PAGE 523, SAN JOAQUIN COUNTY RECORDS.

EXHIBIT 2

RECORDED AT THE REQUEST OF
AND WHEN RECORDED RETURN TO:

Catholic Healthcare West
3400 Data Drive
Rancho Cordova, California 95670
Attention: Legal Department

DOC # 2006-196266

09/15/2006 07:39A Fee:151.00

Page 1 of 49

Recorded in Official Records
County of San Joaquin

GARY W. FREEMAN

Assessor-Recorder-County Clerk
Paid by FIRST AMER TITLE CO



[SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY]

DECLARATION OF RESTRICTIVE COVENANTS

THIS DECLARATION OF RESTRICTIVE COVENANTS (this "**Declaration**") is made as of 9-15-06, 2006, by **CATHOLIC HEALTHCARE WEST**, a California nonprofit public benefit corporation ("**Declarant**"), with reference to the following facts:

RECITALS

A. Declarant owns that certain real property located in the County of San Joaquin, State of California, more particularly described in Exhibit A attached hereto (the "**Benefited Property**").

B. Declarant also owns that certain real property located in the County of San Joaquin, State of California, more particularly described in Exhibit B attached hereto (the "**Burdened Property**"). For purposes hereof, the **Benefited Property** and the **Burdened Property** are sometimes referred to herein collectively as the "**Properties**."

C. Declarant may from time to time sell, lease, or otherwise convey the **Burdened Property**, or portions thereof, to one or more parties. In connection therewith, Declarant desires to ensure proper, harmonious and appropriate use of the **Properties** by subjecting the **Burdened Property**, and any and all improvements located thereon, and any and all current or future owners and occupants thereof, to the restrictive covenants set forth herein.

AGREEMENT

NOW THEREFORE, Declarant hereby declares as follows:

1. Definitions. For purposes hereof, the following terms when used with initial capitalization shall have the following meanings:

60.110-341827.1

1.1 **"Declarant"** shall mean the original Declarant hereunder and its successors and assigns, provided such successor or assign operates an acute care hospital facility on the Benefited Property and is an affiliate of the original Declarant, which for the purposes of this Declaration, a **"Declarant Affiliate"** shall mean an entity controlled by, controlling or under common control with the original Declarant, including a parent or subsidiary, or a corporation, partnership, limited liability company, or any successor entity controlled by Grantor or under common control with Grantor resulting from the reorganization, merger of, or consolidation with the original Declarant.

1.2 **"Occupant"** shall mean each party and any Person (as defined below) from time to time entitled to the use and occupancy of any portion of any of the Burdened Property under an ownership right or any lease, sublease, license, concession or other similar agreement.

1.3 **"Owner"** shall mean any Person having or acquiring a fee title ownership in any of the Properties, or its successors in interest, as shown by the Official Records of San Joaquin County. The original Owner of all Properties is Declarant. Each Owner of the Burdened Property shall be liable for the performance of all covenants, restrictions and undertakings herein set forth with respect to the portion of the Burdened Property owned by such Owner that accrue during the period of such ownership.

1.4 **"Person"** shall mean and include any individual, partnership, firm, association, joint venture, corporation, trust, limited liability company, other form of business or government entity, or any other legal entities and trustees, heirs, executors, administrators and other personal representatives.

1.5 **"Permittee"** shall mean any and all Owners and/or Occupants of the Burdened Property, together with their respective officers, directors, shareholders, partners, members, employees, agents, contractors, customers, vendors, suppliers, visitors, invitees, licensees, subtenants and concessionaires insofar as their activities relate to the intended use of the Properties.

2. **Establishment of Restrictions.** Declarant, for itself and any future Owner, Occupant and/or Permittee of the Burdened Property, hereby covenants and declares that the Burdened Property, and every part thereof or interest therein, is now held and shall hereafter be held, transferred, sold, leased, conveyed and occupied subject to the covenants and restrictions set forth in this Declaration. The restrictions set forth herein are and shall be for the benefit of and shall be appurtenant to each and every portion of the Benefited Property as the dominant tenement, and shall burden and be imposed upon each and every portion of and interest in the Burdened Property as the servient tenement. In accordance with California Civil Code Section 1468, the covenants and restrictions set forth herein shall run with the land which comprises the Properties and may not be assigned or transferred separate or apart from the Properties. This Declaration and the covenants and restrictions set forth herein shall bind and inure to the benefit of the Owners of each of the Properties and their respective Occupants and successors in title. Every Person who now or hereafter owns or hereafter acquires the right, title or interest in or to any portion of the Burdened Property is and shall be conclusively deemed to have consented and agreed to every covenant and restriction contained herein, whether or not any reference to this Declaration is

contained in the instrument by which such person acquired an interest in the Burdened Property. Notwithstanding the foregoing, such covenants and restrictions set forth herein shall apply for so long as the original Declarant or a Declarant Affiliate operates an acute care hospital facility on the Benefited Property.

3. Design Approval.

3.1 Every Occupant shall submit to the Declarant such plans and specifications as the Declarant may request for any initial construction of improvements or for any material changes to the exterior of existing improvements undertaken by such occupant. Such plans and specifications may include, without limitation, four-sided building elevations, materials, color schemes, parking and landscaping layout plans, and sign package. If the Declarant objects to all or any portion of the materials submitted, it shall notify such Occupant in writing, specifying the manner in which the materials submitted conflict with the Design Guidelines. No material changes or deviations in or from the plans and specifications for any work to be done on the Burdened Property, once approved by the Declarant, shall be permitted without the prior written approval of the Declarant.

3.2 All landscaping, buildings, fences, canopies, exterior walls, signs, lighting, or other structures or improvements hereinafter built or erected on any portion of the Burdened Property must conform with the plans and specifications approved by Declarant. Any changes, modifications, alterations, remodeling or maintenance that materially alters the exterior appearance of any improvement, whether currently occupying the property or otherwise, (including a change in color scheme or landscaping) must comply with plans and specifications approved by Declarant.

3.3 In approving plans, the Declarant is given discretion to consider consistency and harmony with other projects developed and to be developed on the Benefited Property.

3.4 If the Declarant fails to respond to a written request for approval of an item pursuant to this Section 3 within thirty (30) days after the written request was received by Declarant, the item shall be deemed approved, provided that the written request cited this Section 3.4 and the thirty (30) day deadline.

3.5 The Declarant may assign its rights under this Section 3 by a recorded assignment to an affiliate which acquires part or all of the Benefited Property.

4. Use Restrictions.

4.1 The Burdened Property shall be used solely for the construction and maintenance of a Medical Office Building ("MOB") of not less than thirty thousand (30,000) gross square feet and ancillary uses related to such facility, including without limitation parking, medical office, and ancillary administrative areas.

4.2 Before completion of the MOB, the Burdened Property shall be used for accommodating additional parking spaces for the Benefited Property in accordance with historical use of the Property. Such historical use shall be calculated based upon the preceding

five (5) years. After completion of the MOB, the Burdened Property shall continue to be used for parking to accommodate the needs of the Benefited Property on a non-exclusive basis on weekends, holidays and after regular business hours, which shall be before 8:00 a.m. and after 6:00 p.m. Monday through Friday. Signs may be posted on the Burdened Property, in accordance with all applicable laws and regulations, to notify potential users of the parking spaces of the rules established by this Declaration.

4.3 At least seventy-five percent (75%) of the Occupants of the Burdened Property, or any portion thereof, must be authorized and admitted to practice medicine at St. Joseph's Medical Center (the "Hospital"). In the event that the Occupant is a medical group, one hundred percent (100%) of the physicians in that group must be certified to practice at the Hospital in order for that Occupant to qualify as an Occupant certified to practice medicine at the Hospital. New physicians joining such a group shall become certified to practice at the Hospital by the date that is no more than two hundred seventy (270) days from the date of that physician's occupancy. Notwithstanding such, no portion of the Burdened Property may be leased to a Person who is not on the medical staff at the Hospital until after the space has been marketed for at least ninety (90) days to physicians on the medical staff at the Hospital and such physicians are otherwise unwilling to lease the space. After that time, said space on the Burdened Property may be leased to a Person who is not on the medical staff at the Hospital provided that the Owner of the Benefited Property provides its prior written approval of the proposed tenant, which approval shall not be unreasonably withheld.

4.4

(a) The Burdened Property shall not at any time be used or utilized for:

(i) the performance of any medical or surgical procedures which contravene the healthcare policies as expressed in the *Ethical and Religious Directives for Health Care Services*, attached as Exhibit C hereto, as the same may be hereafter amended or modified from time to time, provided that any change in the ERD after the "Effective Date" of this Declaration, which shall be the date upon which this Declaration is recorded in the Official Records of the County of San Joaquin, shall not materially impact Occupant's rights hereunder; and

(ii) services duplicative of those offered by St. Joseph's Medical Center, or services provided by a general acute care hospital, as such term is defined in California Health and Safety Code section 1250, as amended from time to time, or other California law, including without limitation the following: rehabilitation services, referral laboratory, clinical laboratory, imaging center, pharmacy, acute care providers clinics, acute inpatient care, inpatient skilled nursing facility/transitional care services, inpatient sub-acute services, invasive cardiology (including cardiac physiology and cardiac catheterization), inpatient surgery, occupational medicine, urgent care/emergency services, free-standing diagnostic imaging center, reference laboratory, gastroenterology laboratory, blood draw station, anatomic pathology, nuclear medicine, ultrasound services, CT scanner services, magnetic resonance imaging (MRI) services, x-ray services, radiation therapy, echo-cardiography, therapeutic services, cardiac rehabilitation and chemical dependency rehabilitation of any type,

pathology services, oral surgery, any type or kind of outpatient surgical facility (including shared or pooled arrangements) which provides ambulatory surgical care for, and/or surgical treatment of patients who remain for less than twenty-four (24) hours, emergency or any other emergency services conducted on a regular after-hours basis, physical therapy or rehabilitation services.

(b) The restrictions set forth in Section 4.4(a)(ii) are not intended to preclude physicians from (a) using such equipment on the Burdened Property as is normal in and integral to their businesses, such as, for example, use of electrocardiogram machines by cardiologists or such diagnostic, therapeutic, rehabilitative or treatment services or procedures that are of the type and kind usually and customarily provided by physicians to patients in such physician's own offices and which are part of the services permitted under the provider's own license, and (b) performing services that are, at the time in question, incidental to a physician's primary medical practice for the physician's patients and are not offered to the general public.

4.5 Any Occupant of the Burdened Property may not undertake to provide any service pursuant to Section 4.4(a) above without the consent of the administrator of the Hospital (the "Administrator"). Such Occupant must provide the Administrator at least thirty (30) days advance written notice that such Owner or Occupant has a proposed use for the Burdened Property, and inquire whether the Administrator has any objection to such proposed use based on the provisions of this Declaration. The Administrator shall have thirty (30) days from receiving such notice to grant such Owner or Occupant its consent to the proposed use, or inform such Owner or Occupant of any objection thereto. Such consent or objection shall be in the Administrator's sole discretion, but failure to affirmatively consent or object within such thirty (30) days shall be conclusively presumed to be consent.

4.6 In the event the Administrator objects to any use proposed by an Occupant of the Burdened Property, it shall notify Occupant in writing, specifying the reasons for the objection. Such objection shall be considered conclusive and the Burdened Property may not be subject to such use.

4.7 The covenants, restrictions and easements set forth in this Article 4 shall in all events remain in effect only while (i) there exists a general acute care hospital on the Benefited Property; (ii) such acute care hospital is operated by the original Declarant or by a Declarant Affiliate; and (iii) any restriction under Article 4 shall automatically terminate to the extent that such restriction is adjudged violative of any antitrust or other laws by a court of competent jurisdiction.

5. Maintenance.

5.1 The Owner of the Burdened Parcel, at its sole cost and expense, shall keep any and all landscaping and improvements in a well-maintained, clean, neat and attractive condition and in good repair at all times. As used in this Section 5, the phrase "well-maintained, clean, neat and attractive" shall include, but not be limited to, keeping all landscaping neatly trimmed, mowed, pruned and cultivated, and watering and fertilizing all landscaping plants to keep them alive, healthy and in good aesthetic condition, keeping hardscape (i.e., benches, lighting, sidewalks, walls, signage, etc.) in good condition and repair and replacing it as necessary, and keeping the Burdened Property free of trash, weeds and unsightly material.

5.2 If any Owner of the Burdened Property, or any of its successor or assigns, shall default in its obligation to maintain the Burdened Property under Section 5.1 above (such owner being herein called a "Defaulting Owner"), then the Declarant, in addition to all other remedies it may have hereunder or at law or in equity, after thirty (30) days prior written notice to the Defaulting Owner, shall have the right to perform such maintenance on behalf of the Defaulting Owner. In such event, the Defaulting Owner shall promptly reimburse the Declarant the cost thereof, together with interest thereon from the day of outlay at a rate of twelve percent (12%) per annum. Any such claim for reimbursement, together with interest thereon as aforesaid, may be secured by a lien on the Burdened Property and improvements thereon owned by the Defaulting Owner, which lien shall be effective upon the recording of a notice thereof in the office of the San Joaquin County Recorder. Such lien shall be subordinate to any bona fide mortgage or encumbrance then of record in the office of the San Joaquin County Recorder encumbering the Burdened Property improvements.

5.3 Declarant hereby reserves, in favor of Declarant, a nonexclusive easement for ingress and egress and the maintenance of all improvements (e.g., landscaping, lighting, sidewalks, pedestrian nodes, benches, paths, walls, pavement, bicycle paths, signage, utilities, etc.) within the Burdened Property in order to exercise the self help rights provided in Section 5.2 above. Said nonexclusive easement shall be deemed extinguished in its entirety at such time as the Declaration terminates pursuant to Section 6 below.

6. Duration. Unless otherwise stated in this Declaration, the covenants, restrictions and easements set forth in this Declaration shall be perpetual in length and duration of term, provided, however, that the original Declarant or a Declarant Affiliate is the owner and operator of the facilities on the Benefited Property.

7. Recognition of Title. Declarant, for itself and all future Owners (subject to the limitations set forth in paragraph 6) of each of the Properties hereby recognize the fee title interest of each of the Properties, and agrees never to assail or resist said title or interest therein. The covenants and restrictions established herein are subject to all valid and existing licenses, easements, leases, reservations and conditions affecting the Properties as of the date this Declaration is recorded in the Official Records of San Joaquin County.

8. General.

8.1 Amendments; Law. The provisions of this Declaration may be amended only by means of a writing signed by all Owners of the Properties. THIS AGREEMENT SHALL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.

8.2 Indemnity; Enforcement. Each Owner of the Burdened Property (as the "indemnitor") shall indemnify, defend and hold harmless each Owner of the Benefited Property (as the "indemnitee") from any and all claims, demands, liabilities, causes of action, judgments, awards, losses, penalties, fines, assessments, impositions, damages, costs and expenses (including, without limitation, reasonable attorneys' fees, costs of expert witnesses, court costs, and other expenses of litigation) that may be suffered or incurred by the indemnitee arising from or based on the indemnitor's breach or violation of the provisions of this Declaration. If the

Burdened Property is at any time used by any Person whatsoever for any use, activity, purpose prohibited by Section 4 hereof, then any Owner of any portion of the Benefited Property may specifically enforce the covenants and restrictions set forth in this Declaration and shall have all remedies available at law and equity, including the right to an injunction to prevent such impermissible uses.

8.3 Attorneys' Fees. If there is any legal action, arbitration or proceeding between any Owner arising from or based on this Declaration or the interpretation or enforcement of any provisions hereof, then the unsuccessful party to such action, arbitration or proceeding shall pay to the prevailing party all costs and expenses, including reasonable attorneys' fees, incurred by such prevailing party in such action, arbitration or proceeding and in any appeal in connection therewith. For purposes hereof, the prevailing party shall be the party that substantially recovers the relief sought by that party, whether by settlement or judgment.

8.4 Miscellaneous. This Declaration contains the entire agreement between the parties hereto with respect to the subject matter hereof and supersedes all prior agreements, understandings, offers and negotiations, oral or written. All exhibits attached to this Declaration are by this reference made a part hereof. The provisions of this Declaration shall not be deemed to constitute a dedication for public use or to create any rights in the general public. The headings of this Declaration are for purposes of reference only and shall not limit or define the meaning of the provisions of this Declaration.

8.5 Estoppel Certificate. Each Owner shall, within twenty (20) days after written request from the other Owner (the "Requesting Owner"), execute and deliver a certificate stating that, to the best of its knowledge, this Declaration is in full force and effect, describing any amendments or modifications hereto, and stating any other information as the Requesting Owner may reasonably request, including whether any party hereto is in default under the terms of this Declaration, and providing such other information concerning this Agreement as such Requesting Owner may reasonably request. Any person or entity purchasing, acquiring an interest in or extending financing with respect to the Properties shall be entitled to rely upon any such certificate. Such certificate shall not be deemed a waiver or release of any rights or obligations under the terms of this Agreement.

8.6 Relief from Obligations. If any Owner shall convey its fee interest in a Property, upon such conveyance, such Owner shall be automatically freed and relieved from all liability under this Declaration with respect to any obligation thereafter to be performed under this Declaration. It is the intention of the Declarant that the obligations contained in this Declaration shall be personally binding on a party only with respect to those obligations that accrue during the period of time that such party is an Owner.

8.7 Severability. If any provision of this Declaration, in whole or in part, or the application of any provision, in whole or in part, is determined to be illegal, invalid or unenforceable by a court of competent jurisdiction, such provision or part of such provision shall be severed from this Declaration, and such severance shall have no effect upon the enforceability, performance or obligations of the remainder of this Declaration, including the remainder of such provision not determined to be illegal, invalid or unenforceable.

8.8 Notices. All notices or communications required or permitted under this Declaration shall be given in writing and shall be delivered either: (a) by personal delivery (in which cases such notice shall be deemed delivered on the date of delivery), (b) by next business day courier service (e.g., Federal Express, UPS or other similar service) (in which case such notice shall be deemed delivered on the business day following date of deposit with the courier service), or (c) by United States mail, first class, postage prepaid, registered or certified, return receipt requested (in which case such notice shall be deemed delivered on the third (3rd) day following the date of deposit with the United States Postal Service).

IN WITNESS WHEREOF, Declarant has executed this Declaration as of the date first hereinabove written.

"Declarant"

CATHOLIC HEALTHCARE WEST, a
California nonprofit public benefit
corporation

By: William A. Hunt
Name: William A. Hunt
Its: President, Group Operations

By: Karl L. Silberstein
Name: Karl L. Silberstein
Its: V.P., Financial Operations

EXHIBITS:

- Exhibit A – Description of Dominant Tenement
- Exhibit B – Legal Description
- Exhibit C – Ethical And Religious Directives For Health Care Services

STATE OF CALIFORNIA)
COUNTY OF SACRAMENTO) ss.
) Bill Verrios,
On Sept. 14, 2006, 2006, before me, the undersigned, a notary public for the state, personally
appeared William J. Hunt
☒ personally known to me - ~~OR~~
☐ proved to me on the basis of satisfactory evidence
to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.
WITNESS my hand and official seal.
Bill Verrios
Print Name: Bill Verrios NOTARY SEAL.

STATE OF CALIFORNIA)
COUNTY OF SACRAMENTO) ss.
) Bill Verrios,
On Sept. 14, 2006, before me, the undersigned, a notary public for the state, personally
appeared Karl L. Silberstein
☒ personally known to me - ~~OR~~
☐ proved to me on the basis of satisfactory evidence
to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.
WITNESS my hand and official seal.
Bill Verrios
Print Name: Bill Verrios NOTARY SEAL.

Exhibit A to
Declaration of Restrictive Covenants

DESCRIPTION OF DOMINANT TENEMENT

THAT CERTAIN REAL PROPERTY SITUATED IN THE STATE OF CALIFORNIA, COUNTY OF SAN JOAQUIN, CITY OF STOCKTON, DESCRIBED AS FOLLOWS:

PARCEL ONE: PORTION OF APN 127-180-44

A TRACT OF LAND SITUATE IN SECTION 19 OF C.M. WEBER GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT AN IRON PIN IN THE NORTH LINE OF HARDING WAY (FORMERLY NORTH STREET) IN THE CITY OF STOCKTON, BEARING WESTERLY 75 FEET ALONG THE NORTH LINE OF SAID HARDING WAY WITH THE WEST LINE OF THE 45 FOOT STRIP KNOWN AS CEMETERY LANE AND DESCRIBED IN DEED RECORDED IN BOOK "A" OF DEEDS, VOL. 15, PAGE 781, SAN JOAQUIN COUNTY RECORDS; THENCE NORTHERLY AND PARALLEL TO THE WEST LINE OF SAID CEMETERY LANE AND ALONG THE WEST LINE OF B. M. WOODHULL PROPERTY, 95.0 FEET TO AN IRON PIPE AT CORNER OF SAID WOODHULL PROPERTY; THENCE WESTERLY AND PARALLEL TO THE NORTH LINE OF HARDING WAY AND ALONG THE SOUTH LINE WOODHULL PROPERTY, 49.87 FEET TO A POINT; THENCE SOUTHERLY PARALLEL TO THE WEST LINE OF LOT 1 BLOCK "P" OF SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, AS PER MAP FILED AUGUST 30, 1892, 94.45 FEET TO A POINT IN THE NORTH LINE OF HARDING WAY; THENCE EASTERLY ALONG THE NORTH LINE OF HARDING WAY, 60 FEET TO THE POINT OF BEGINNING.

EXCEPT THAT PORTION CONVEYED TO GEORGE O'NEILL AND WIFE, BY DEED RECORDED APRIL 11, 1939 IN BOOK 649 OF OFFICIAL RECORDS, PAGE 97, SAN JOAQUIN COUNTY RECORDS, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT AN IRON PIN IN THE NORTH LINE OF HARDING WAY (FORMERLY NORTH STREET) SAID PIN BEARING WESTERLY 75 FEET ALONG THE NORTH LINE OF SAID HARDING WAY FROM THE INTERSECTION OF THE NORTH LINE OF SAID HARDING WAY WITH THE WEST LINE OF THE 45 FOOT STRIP KNOWN AS CEMETERY LAND AND DESCRIBED IN DEED RECORDED IN BOOK "A" OF DEEDS, VOL. 15, PAGE 781, SAN JOAQUIN COUNTY RECORDS; THENCE CONTINUING WESTERLY 22.0 FEET ALONG SAID NORTH LINE OF HARDING WAY TO A POINT IN THE CENTER LINE PRODUCED SOUTHERLY OF AN 8 INCH BRICK WALL; THENCE NORTHERLY 67.05 FEET ALONG SAID CENTER LINE AND SAID CENTER LINE PRODUCED, TO A 1/2 INCH IRON PIPE; THENCE EASTERLY 16.85 FEET TO A 1/2 INCH IRON PIPE ON THE WEST LINE OF THE FORMER B. M. WOODHULL PROPERTY; THENCE SOUTHERLY 67.40

FEET' ALONG SAID WEST LINE OF SAID B. M. WOODHULL PROPERTY AND PARALLEL WITH SAID CEMETERY LANE TO THE POINT OF BEGINNING.

PARCEL TWO: PORTION OF APN 127-180-44

A PORTION OF SECTION 19 OF C.M. WEBER GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF LOT 1 IN BLOCK "P" OF SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS; THENCE EASTERLY PARALLEL WITH THE NORTH LINE OF HARDING WAY AND ALONG THE NORTH LINE OF PROPERTY FORMERLY OWNED BY O. M. HOOE, 86 FEET; THENCE SOUTHERLY PARALLEL WITH THE WEST LINE OF CEMETERY LANE, 55 FEET; THENCE WESTERLY PARALLEL WITH THE NORTH LINE OF HARDING WAY AND ALONG THE SOUTH LINE OF PROPERTY FORMERLY OWNED BY O. M. HOOE, 86 FEET TO A POINT ON THE EAST LINE OF LOT 1 IN BLOCK "P", SUPPLEMENTAL MAP OF MCCLOUD ADDITION; THENCE NORTHERLY ALONG THE EAST LINE OF SAID LOT 1, 55 FEET TO THE POINT OF BEGINNING.

PARCEL THREE: PORTION OF APN 127-150-54

LOT 7 IN BLOCK 1, AS SHOWN UPON MAP ENTITLED, NORTH PARK ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD SEPTEMBER 26, 1982 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

PARCEL FOUR: PORTION OF APN 127-150-54

LOT 5 IN BLOCK "P", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIVE: PORTION OF APN 127-150-54

LOT 4 IN BLOCK "P", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL SIX: APN 127-160-03

LOT 5 IN BLOCK "L" OF MCCLOUDS ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVEN: APN 127-160-04

LOTS 3 AND 4 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL EIGHT: APN 127-164-06

LOTS 16, 17 AND 18 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 16, SAN JOAQUIN COUNTY RECORDS.

AND THE NORTH 38 FEET OF LOTS 19, 20 AND 21 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 16, SAN JOAQUIN COUNTY RECORDS.

PARCEL NINE: APN 127-164-07

LOTS 15, 19, 20 AND 21 IN BLOCK "L" OF THE MAP AND SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 AND AUGUST 14, 1896, RESPECTIVELY, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THEREFROM THE NORTH 38 FEET OF LOTS 18, 20 AND 21, AS CONVEYED BY MARY RUSSELL TO STOCKTON, CALIFORNIA COMPANY OF JEHOVAH'S WITNESSES, A CORPORATION, BY DEED RECORDED DECEMBER 31, 1951 AS INSTRUMENT NO. 40851, SAN JOAQUIN COUNTY RECORDS.

PARCEL TEN: APN 127-164-08

LOT 14 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL ELEVEN: APN 127-164-15

LOT 2 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

PARCEL TWELVE: APN 127-164-17

LOT 6 IN BLOCK "L" OF MCCLOUDS ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THEREFROM THAT PORTION AS DESCRIBED IN DEED TO THE CITY OF STOCKTON, A MUNICIPAL CORPORATION, RECORDED JANUARY 29, 1980 AS INSTRUMENT NO. 80005822, SAN JOAQUIN COUNTY RECORDS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF LOT 6 BLOCK "L" AS SAID LOT AND BLOCK ARE SO DESIGNATED AND DELINEATED ON THAT CERTAIN MAP ENTITLED "SUPPLEMENTAL MAP OF MCCLOUD'S ADDITION TO THE CITY OF STOCKTON" AS FILED ON AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS; THENCE EASTERLY 24 FEET ALONG THE NORTH LINE OF SAID LOT; THENCE SOUTHERLY 50 FEET ALONG A LINE 24 FEET EASTERLY OF AND PARALLEL WITH THE EAST LINE OF CALIFORNIA STREET TO A POINT ON THE SOUTH LINE OF SAID LOT; THENCE WESTERLY 24 FEET ALONG SAID SOUTH LINE TO THE EAST LINE OF CALIFORNIA STREET BEING ALSO THE SOUTHWEST CORNER OF SAID LOT; THENCE NORTHERLY 50 FEET ALONG SAID EAST LINE OF CALIFORNIA STREET TO THE HEREINBEFORE MENTIONED POINT OF BEGINNING.

PARCEL THIRTEEN: APN 127-164-20

THE EAST 30 FEET OF LOT 10; THE EASTERLY 58 FEET OF THE WESTERLY 82 FEET OF LOTS 8 AND 9; THE EASTERLY 76 FEET OF LOT 7; THE WEST 20 FEET OF LOT 10; THE EAST 18 FEET OF EACH OF LOTS 8 AND 9, ALL OF LOT 11, ALL IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

EXCEPT FROM A PORTION OF SAID LAND ALL MINERAL RIGHTS INCLUDING RIGHTS TO OIL, GAS AND OTHER HYDROCARBON SUBSTANCES BELOW A DEPTH OF 500 FEET FROM THE SURFACE OF SAID REAL PROPERTY WITHOUT THE RIGHT OF SURFACE ENTRY.

PARCEL FOURTEEN: APN 127-164-21

LOTS 12 AND 13 IN BLOCK "L", AS SHOWN UPON MAP ENTITLED, SUPPLEMENTAL MAP OF MCCLOUD ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD AUGUST 30, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIFTEEN: APN 127-173-28

ALL OF LOTS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 AND 18 IN BLOCK M AS THE SAME ARE SHOWN AND DELINEATED ON THAT CERTAIN MAP ENTITLED SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON WHICH MAP WAS FILED FOR RECORD AUGUST 30, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS; AND ALL THAT PORTION OF WYANDOTTE STREET AS SHOWN UPON SAID REFERENCE MAP AS THE SAME WAS ABANDONED BY THE STOCKTON CITY COUNCIL RECORDED APRIL 19, 1991, RECORDER'S INSTRUMENT NO. 91033824, SAN JOAQUIN COUNTY RECORDS.

EXCEPTING FROM LOTS 8, 9, 10 AND 11 SO MUCH OF SAID LOTS AS LIE WITHIN THE EXTERIOR BOUNDARIES OF CALIFORNIA STREET AS SAID STREET IS NOW TRAVELED AND ESTABLISHED.

ALSO EXCEPTING FROM THE EAST 12 1/2 FEET OF LOT 13 AND THE WEST 1/2 OF LOT 14 HEREIN ALL OIL, GAS, MINERALS AND OTHER HYDROCARBON SUBSTANCES LYING BELOW A DEPTH OF 500 FEET BELOW THE SURFACE OF SAID LOTS AS THE SAME WERE RESERVED IN THE DEED RECORDED JUNE 22, 1988 RECORDER'S INSTRUMENT NO. 88051979, SAN JOAQUIN COUNTY RECORDS.

PARCEL SIXTEEN: APN 127-174-30

ALL OF LOTS 1, 2, 3, 4, 5, 6, 7, 8 AND 9 IN BLOCK N AS SAID LOTS AND BLOCK AS SHOWN AND DELINEATED UPON THAT CERTAIN MAP ENTITLED, SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON FILED FOR RECORD AUGUST 30, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS; AND ALL THAT PORTION OF HAWTHORNE STREET AS SHOWN UPON SAID ABOVE REFORMED MAP AS THE SAME WAS ABANDONED BY THE STOCKTON CITY COUNCIL RECORDED JULY 27, 1987 RECORDER'S INSTRUMENT NO. 87070382, SAN JOAQUIN COUNTY RECORDS.

EXCEPTING FROM SAID LOTS 8 AND 9 ABOVE REFERRED TO THAT PORTION OF SAID LOTS 8 AND 9 DESCRIBED IN DEEDS TO THE CITY OF STOCKTON, A MUNICIPAL CORPORATION RECORDED OCTOBER 3, 1978 IN BOOK OF OFFICIAL RECORDS, VOL. 4456, PAGE 463, SAN JOAQUIN COUNTY RECORDS AND RECORDED OCTOBER 31, 1978 IN BOOK OF OFFICIAL RECORDS, VOL. 4468, PAGE 323, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVENTEEN: APN 127-180-44

PARCEL SEVENTEEN-A:

LOTS 10, 11, 12, 13, 14, 15, 16, 17 AND 18 IN BLOCK N, SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON FILED FOR RECORD AUGUST 30, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THAT PORTION OF LOTS 10 AND 11 DESCRIBED IN DEED TO THE CITY OF STOCKTON RECORDED SEPTEMBER 10, 1976 IN BOOK OF OFFICIAL RECORDS, VOL. 4178, PAGE 377, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVENTEEN-B:

LOTS 1 THROUGH 10 INCLUSIVE IN BLOCK O, SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON FILED FOR RECORD AUGUST 30, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THAT PORTION DESCRIBED IN DEED TO THE CITY OF STOCKTON RECORDED JULY 26, 1961 IN BOOK OF OFFICIAL RECORDS, VOL. 2440, PAGE 264, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVENTEEN-C:

A PORTION OF SECTION 19 OF C. M. WEBER GRANT, DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE EASTERLY LINE OF CALIFORNIA STREET WITH THE NORTHERLY LINE OF WALNUT STREET AS SHOWN UPON MAP OF NORTH PARK ADDITION TO STOCKTON ACCORDING TO THE OFFICIAL MAP THEREOF FILED IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 21, SAN JOAQUIN COUNTY RECORDS; THENCE EASTERLY ALONG THE NORTHERLY LINE OF WALNUT STREET TO THE WESTERLY LINE OF CEMETERY LANE; THENCE NORTHERLY ALONG THE WESTERLY LINE OF CEMETERY LANE TO THE SOUTHERLY LINE OF BLOCK O AS SHOWN UPON MAP ENTITLED SUPPLEMENTAL MAP OF MC CLOUD ADDITION TO THE CITY OF STOCKTON ACCORDING TO THE OFFICIAL MAP THEREOF FILED IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 15, SAN JOAQUIN COUNTY RECORDS; THENCE WESTERLY ALONG THE SOUTHERLY LINE OF BLOCK O TO THE EASTERLY LINE OF CALIFORNIA STREET; THENCE SOUTHERLY ALONG SAID EASTERLY LINE OF CALIFORNIA STREET TO THE POINT OF COMMENCEMENT.

EXCEPT THAT PORTION TO THE CITY OF STOCKTON BY DEED RECORDED JULY 26, 1961 IN BOOK OF OFFICIAL RECORDS, VOL. 2440, PAGE 264, SAN JOAQUIN COUNTY RECORDS.

TOGETHER WITH THE NORTH 1/2 OF ABANDONED WALNUT STREET LYING BETWEEN THE EASTERLY AND WESTERLY BOUNDARY LINE OF SAID PARCEL TWO IF EXTENDED SOUTHERLY.

EXCEPT THAT PORTION OF ABOVE DESCRIBED ABANDONED WALNUT STREET WHICH LIES WITHIN THE BOUNDARIES OF SECOND AMENDED PARCEL MAP FILED FOR RECORD APRIL 17, 1975 IN BOOK OF PARCEL MAPS, VOL. 1, PAGE 140, SAN JOAQUIN COUNTY RECORDS.

PARCEL FOUR:

LOTS 6, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 AND 25 IN BLOCK 2 OF NORTH PARK ADDITION TO STOCKTON FILED FOR RECORD SEPTEMBER 26, 1892 IN BOOK OF MAPS AND PLATS, VOL. 2, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

TOGETHER WITH THE SOUTH 1/2 OF ABANDONED WALNUT STREET LYING BETWEEN THE EASTERLY AND WESTERLY BOUNDARY LINE OF ABOVE BLOCK 2, IF EXTENDED NORTHERLY.

EXCEPT THEREFROM THAT PORTION LYING WITHIN THE BOUNDARIES OF SECOND AMENDED PARCEL MAP FILED FOR RECORD APRIL 17, 1975 IN BOOK OF PARCEL MAPS, VOL. 1, PAGE 140, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIVE:

UNIT NOS. 1, 2, 3, 4, 5, 6 AND 7 AS SHOWN UPON SECOND AMENDED PARCEL MAP, ST. JOSEPH'S HOSPITAL MEDICAL OFFICE BUILDING, A CONDOMINIUM PROJECT AS SAID MAP WAS FILED FOR RECORD APRIL 17, 1975 IN BOOK OF PARCEL MAPS, VOL. 1, PAGE 140, SAN JOAQUIN COUNTY RECORDS.

TOGETHER WITH AN APPURTENANT INTEREST IN THE COMMON PROPERTY FOR EACH OF THE AFORESAID UNITS AS DEFINED BY THE AMENDED DECLARATION RECORDED JUNE 5, 1975 IN BOOK OF OFFICIAL RECORDS, VOL. 3990, PAGE 56, SAN JOAQUIN COUNTY RECORDS;

AN INTEREST IN THE IMPROVEMENTS LOCATED UPON COMMON PROPERTY AS SHOWN ON SECOND AMENDED PARCEL MAP, ST. JOSEPH'S HOSPITAL MEDICAL OFFICE BUILDING, A CONDOMINIUM PROJECT AS SAID MAP WAS FILED FOR RECORD APRIL 17, 1975 IN BOOK OF PARCEL MAPS, VOL. 1, PAGE 140, SAN JOAQUIN COUNTY RECORDS.

PARCEL EIGHTEEN: APN 127-190-09 AND 127-190-10

LOT 15 AND THE WEST 34.9 FEET OF LOT 16 IN BLOCK 1 OF NORTH PARK ADDITION TO THE CITY OF STOCKTON, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED FOR RECORD JULY 3, 1895 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

PARCEL NINETEEN: APN 127-190-29

LOTS 1, 2, 3, 8 9 10 AND THE WEST ONE-HALF OF LOT 11 IN BLOCK 1 OF NORTH PARK ADDITION TO THE CITY OF STOCKTON, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED FOR RECORD JULY 3, 1895 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

PARCEL TWENTY: PORTION OF APN 127-190-31

BEGINNING AT THE NORTHEAST CORNER OF LOT 5 IN BLOCK 1 OF NORTH PARK ADDITION TO THE CITY OF STOCKTON, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED FOR RECORD JULY 3, 1895 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS; THENCE SOUTH $11^{\circ} 54'$ EAST, ALONG THE EAST LINE OF LOTS 5 AND 6 IN SAID BLOCK 1 OF NORTH PARK ADDITION, A DISTANCE OF 90.00 FEET TO A POINT ON THE EXISTING NORTH LINE OF HARDING WAY (FORMERLY KNOWN AS NORTH STREET); THENCE SOUTH $78^{\circ} 08' 30''$ WEST, ALONG SAID EXISTING NORTH LINE OF HARDING WAY, A DISTANCE OF 68.01 FEET TO A POINT; THENCE NORTHWESTERLY ON A CURVE TO THE RIGHT, RADIUS 20.00 FEET, THE LONG CHORD OF WHICH BEARS NORTH $56^{\circ} 52' 45''$ WEST, 28.27 FEET, AN ARC DISTANCE OF 31.40 FEET TO A POINT; THENCE NORTH $11^{\circ} 54'$ WEST, A DISTANCE OF 70.01 FEET TO A POINT ON THE NORTH LINE OF SAID LOT 5; THENCE NORTH $78^{\circ} 08' 30''$ EAST ALONG THE SAID NORTH LINE OF LOT 5, A DISTANCE OF 88.00 FEET TO A POINT, SAID POINT AS HEREINBEFORE REFERRED TO, THE POINT OF BEGINNING.

PARCEL TWENTY-ONE: PORTION OF APN 127-190-31

LOT 4 IN BLOCK 1 OF NORTH PARK ADDITION TO THE CITY OF STOCKTON, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED FOR RECORD JULY 3, 1895 IN VOL. 2 OF MAPS AND PLATS, PAGE 21, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THE WEST 11.64 FEET AS DESCRIBED IN DEED TO THE CITY OF STOCKTON, RECORDED AUGUST 10, 1973 IN BOOK 3792 OF OFFICIAL RECORDS, PAGE 523, SAN JOAQUIN COUNTY RECORDS.

Exhibit B to
Declaration of Restrictive Covenants

LEGAL DESCRIPTION

THAT CERTAIN REAL PROPERTY SITUATED IN THE STATE OF CALIFORNIA, COUNTY OF SAN JOAQUIN, CITY OF STOCKTON, DESCRIBED AS FOLLOWS:

PARCEL ONE:

LOT 17, AS SHOWN UPON MAP ENTITLED, HAWTHORNE PARK, FILED FOR RECORD MAY 27, 1946 IN VOL. 11 OF MAPS AND PLATS, PAGE 101, SAN JOAQUIN COUNTY RECORDS.

PARCEL TWO:

A PORTION OF SECTION 19 C.M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

BEGINNING AT A STEEL AXLE AT THE NORTHWEST CORNER OF PROPERTY OF DR. W. F. WALSH AS DESCRIBED IN DEED RECORDED IN BOOK OF OFFICIAL RECORDS OF SAN JOAQUIN COUNTY, VOL. 587, PAGE 1, SAID POINT OF BEGINNING BEING IN THE EAST LINE OF WOOD LANE, AND BEARING NORTH 17° 12' WEST 97.00 FEET FROM THE INTERSECTION OF THE EAST LINE OF SAID WOOD LANE WITH THE NORTH LINE OF WALNUT STREET; THENCE NORTH 17° 12' WEST ALONG THE EAST LINE OF WOOD LANE, 96.90 FEET TO A STEEL AXLE IN THE WESTERLY PRODUCTION OF THE SOUTH PRODUCTION OF THE SOUTH LINE OF CHESTNUT STREET, 65.22 FEET TO A STEEL AXLE; THENCE SOUTH 17° 12' EAST 98.24 FEET TO A STEEL AXLE AT THE NORTHEAST CORNER OF SAID WALSH PROPERTY, 65.37 FEET TO THE POINT OF BEGINNING.

NOTE: A RE-SURVEY OF THIS AND OTHER PROPERTY WAS FILED FOR RECORD APRIL 14, 1938 IN VOL. 4 OF SURVEYS, PAGE 301, SAN JOAQUIN COUNTY RECORDS.

PARCEL THREE:

LOT 4 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL FOUR:

LOT 5 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIVE:

LOT 6 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE

CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS. PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL SIX:

LOT 15 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL SEVEN:

THAT PORTION OF SECTION 19, C.M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF LOT 15 IN BLOCK "C" OF MCCLOUD ADDITION IN THE CITY OF STOCKTON, AS PER MAP FILED MAY 26, 1892 IN BOOK OF MAPS, VOL. 2, PAGE 14, SAN JOAQUIN COUNTY RECORDS; THENCE ALONG THE NORTH LINE OF WALNUT STREET AS SHOWN ON MAP OF SURVEY FILED APRIL 14, 1938 IN BOOK OF SURVEYS, VOL. 4, PAGE 301, SAN JOAQUIN COUNTY RECORDS, SOUTH 80° 11' WEST 59.83 FEET TO A STEEL AXLE AT THE SOUTHEAST CORNER OF PROPERTY DESCRIBED IN DEED TO WILLIAM E. REILLY, ET UX, RECORDED JANUARY 18, 1937, IN BOOK OF OFFICIAL RECORDS, VOL. 561, PAGE 358; THENCE ALONG THE EAST LINE OF SAID LAST MENTIONED PROPERTY, NORTH 17° 12' WEST, 99.07 FEET TO THE NORTHEAST CORNER OF SAID REILLY LAND; THENCE NORTH 79° 19' EAST 56.42 FEET TO A POINT IN THE WEST LINE OF SAID BLOCK "C", THENCE ALONG THE WEST LINE OF SAID BLOCK "C", SOUTH 19° 04' 30" EAST 100.40 FEET TO THE POINT OF BEGINNING.

PARCEL EIGHT:

A PORTION OF SECTION 19, C.M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE NORTH LINE OF WALNUT STREET WITH THE EAST LINE OF WOOD LANE, SAID INTERSECTION BEING THE NORTHWEST CORNER OF THE PARCEL OF LAND DESCRIBED IN DEED FROM MULCAHY TO CITY OF STOCKTON RECORDED MAY 2, 1923 IN BOOK A OF DEEDS, VOL. 564, PAGE 103, SAN JOAQUIN COUNTY RECORDS; THENCE NORTH 79 DEGREES 46 MINUTES EAST ALONG THE NORTH LINE OF WALNUT STREET AS DESCRIBED IN ABOVE MENTIONED DEED, A DISTANCE OF 65.48 FEET TO THE TRUE POINT OF BEGINNING OF THE FOLLOWING DESCRIBED TRACT OF LAND; THENCE CONTINUE ALONG THE SAID NORTH LINE OF WALNUT STREET, NORTH 79 DEGREES 46 MINUTES EAST 70.00 FEET; THENCE NORTH 17 DEGREES 12 MINUTES WEST AND PARALLEL TO THE EAST LINE OF SAID WOOD LANE, A DISTANCE OF 99.07 FEET; THENCE SOUTH 78 DEGREES 54 MINUTES WEST 69.88 FEET; THENCE SOUTH 17 DEGREES 12 MINUTES EAST 98.00 FEET TO THE TRUE POINT OF BEGINNING.

PARCEL NINE:

LOTS 2 AND 3 IN BLOCK "C", AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL TEN:

LOT 1 IN BLOCK "C" AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL ELEVEN:

A PORTION OF SECTION 19 OF C.M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

A TRACT OF LAND LYING BETWEEN LOT 18 OF TRACT NO. 99 HAWTHORNE PARK, ACCORDING TO THE OFFICIAL MAP FILED MAY 27, 1946, IN VOL. 11 OF MAPS AND PLATS, PAGE 101, SAN JOAQUIN COUNTY RECORDS, AND LOT 1 IN BLOCK "C" OF MC CLOUD ADDITION TO STOCKTON, ACCORDING TO THE OFFICIAL MAP FILED MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF LOT 18, OF HAWTHORNE PARK, AND RUN THENCE SOUTH 13 DEGREES 53 MINUTES 30 SECONDS EAST ALONG THE EAST LINE OF SAID LOT 18, 100.26 FEET TO THE SOUTHEAST CORNER OF SAID LOT; THENCE NORTH 79 DEGREES 19 MINUTES EAST 9.16 FEET TO THE WEST LINE OF BLOCK "C" OF MC CLOUD ADDITION; THENCE NORTH 19 DEGREES 08 MINUTES EAST ALONG THE WEST LINE OF BLOCK "C" MC CLOUD ADDITION TO THE POINT OF BEGINNING.

PARCEL TWELVE:

LOT 18 AS SHOWN UPON MAP ENTITLED, HAWTHORNE PARK, FILED FOR RECORD MAY 27, 1946 IN VOL. 11 OF MAPS AND PLATS, PAGE 101, SAN JOAQUIN COUNTY RECORDS.

PARCEL THIRTEEN:

A PORTION OF SECTION 19, C. M. WEBER'S GRANT, "EL RANCHO DEL CAMPO DE LOS FRANCESES", DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE NORTH LINE OF WALNUT STREET WITH THE EAST LINE OF WOOD LANE, SAID INTERSECTION BEING THE NORTHWEST CORNER OF THE PARCEL OF LAND DESCRIBED IN DEED FROM MULCAHY TO CITY OF STOCKTON

RECORDED MAY 2, 1923 IN BOOK A OF DEEDS BOOK 564, PAGE 103 SAN JOAQUIN COUNTY RECORDS; THENCE NORTH $79^{\circ} 46'$ EAST ALONG THE NORTH LINE OF WALNUT STREET AS DESCRIBED IN THE ABOVE MENTIONED DEED, A DISTANCE OF 65.48 FEET; THENCE NORTH $17^{\circ} 12'$ WEST PARALLEL WITH THE EAST LINE OF SAID WOOD LANE, A DISTANCE OF 98 FEET; THENCE SOUTH $78^{\circ} 54'$ WEST 65.37 FEET TO A POINT IN THE EAST LINE OF WOOD LANE; THENCE SOUTH $17^{\circ} 12'$ EAST ALONG THE EAST LINE OF WOOD LANE, 97 FEET TO THE POINT OF BEGINNING.

PARCEL FOURTEEN:

LOTS 7, 8 AND 9 IN BLOCK "C" AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

PARCEL FIFTEEN:

LOTS 10, 11 AND 12 IN BLOCK "C" AS SHOWN UPON MAP ENTITLED, MC CLOUD'S ADDITION TO THE CITY OF STOCKTON, FILED FOR RECORD MAY 26, 1892 IN VOL. 2 OF MAPS AND PLATS, PAGE 14, SAN JOAQUIN COUNTY RECORDS.

EXCEPT THEREFROM THAT PORTION OF SAID LOT 10 AS GRANTED TO THE CITY OF STOCKTON BY DEED RECORDED MARCH 9, 1976 IN BOOK 4093 OF OFFICIAL RECORDS, PAGE 541, SAN JOAQUIN COUNTY RECORDS.

Exhibit C to
Declaration of Restrictive Covenants

ETHICAL AND RELIGIOUS DIRECTIVES
FOR HEALTH CARE SERVICES

C-1

60 110-341827,1



Ethical and
Religious
Directives for
Catholic Health
Care Services

Fourth Edition

UNITED STATES CONFERENCE OF
CATHOLIC BISHOPS

This fourth edition of the *Ethical and Religious Directives for Catholic Health Care Services* was developed by the Committee on Doctrine of the National Conference of Catholic Bishops and approved as the national code by the full body of bishops at its June 2001 General Meeting. This edition of the *Directives*, which replaces all previous editions, is recommended for implementation by the diocesan bishop and is authorized for publication by the undersigned.

Monsignor William P. Fay
General Secretary
USCCB

Excerpts from *The Documents of Vatican II*, ed. Walter M. Abbott, SJ, copyright © 1966 by America Press are used with permission. All rights reserved.

Scripture texts used in this work are taken from the *New American Bible*, copyright © 1991, 1986, and 1970 by the Confraternity of Christian Doctrine, Washington, D.C. 20017 and are used by permission of the copyright owner. All rights reserved.

ISBN 1-57455-452-2

First Printing, 1971
Revised, July 2001

Copyright © 2001, United States Conference of Catholic Bishops, Inc., Washington, D.C. All rights reserved. No part of this work may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the copyright holder.

Contents

1	Preamble
4	General Introduction
8	PART ONE The Social Responsibility of Catholic Health Care Services
12	PART TWO The Pastoral and Spiritual Responsibility of Catholic Health Care
17	PART THREE The Professional-Patient Relationship
23	PART FOUR Issues in Care for the Beginning of Life
29	PART FIVE Issues in Care for the Dying
34	PART SIX Forming New Partnerships with Health Care Organizations and Providers
38	Conclusion
44	Index

Preamble

Health care in the United States is marked by extraordinary change. Not only is there continuing change in clinical practice due to technological advances, but the health care system in the United States is being challenged by both institutional and social factors as well. At the same time, there are a number of developments within the Catholic Church affecting the ecclesial mission of health care. Among these are significant changes in religious orders and congregations, the increased involvement of lay men and women, a heightened awareness of the Church's social role in the world, and developments in moral theology since the Second Vatican Council. A contemporary understanding of the Catholic health care ministry must take into account the new challenges presented by transitions both in the Church and in American society.

Throughout the centuries, with the aid of other sciences, a body of moral principles has emerged that expresses the Church's teaching on medical and moral matters and has proven to be pertinent and applicable to the ever-changing circumstances of health care and its delivery. In response to today's challenges, these same moral principles of Catholic teaching provide the rationale and direction for this revision of the *Ethical and Religious Directives for Catholic Health Care Services*.

These Directives presuppose our statement *Health and Health Care* published in 1981.¹ There we presented the theological principles that guide the Church's vision of health care, called for all Catholics to share in the healing mission of the Church, expressed our full commitment to the health care ministry, and offered encouragement to all those who are involved in it. Now, with American

health care facing even more dramatic changes, we reaffirm the Church's commitment to health care ministry and the distinctive Catholic identity of the Church's institutional health care services.¹ The purpose of these *Ethical and Religious Directives* then is twofold: first, to reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.

The *Ethical and Religious Directives* are concerned primarily with institutionally based Catholic health care services. They address the sponsors, trustees, administrators, chaplains, physicians, health care personnel, and patients or residents of these institutions and services. Since they express the Church's moral teaching, these Directives also will be helpful to Catholic professionals engaged in health care services in other settings. The moral teachings that we profess here flow principally from the natural law, understood in the light of the revelation Christ has entrusted to his Church. From this source the Church has derived its understanding of the nature of the human person, of human acts, and of the goals that shape human activity.

The Directives have been refined through an extensive process of consultation with bishops, theologians, sponsors, administrators, physicians, and other health care providers. While providing standards and guidance, the Directives do not cover in detail all of the complex issues that confront Catholic health care today. Moreover, the Directives will be reviewed periodically by the United States Conference of Catholic Bishops (formerly the National Conference of Catholic Bishops), in the light of authoritative church teaching, in order to address new insights from theological and medical research or new requirements of public policy.

The Directives begin with a general introduction that presents a theological basis for the Catholic health care ministry. Each of the six parts that follow is divided into two sections. The first section is in expository form; it serves as an introduction and provides the context in which concrete issues can be discussed from the perspective of the Catholic faith. The second section is in prescriptive form; the directives promote and protect the truths of the Catholic faith as those truths are brought to bear on concrete issues in health care.

General Introduction

The Church has always sought to embody our Savior's concern for the sick. The gospel accounts of Jesus' ministry draw special attention to his acts of healing: he cleansed a man with leprosy (Mt 8:1-4; Mk 1:40-42); he gave sight to two people who were blind (Mt 20:29-34; Mk 10:46-52); he enabled one who was mute to speak (Lk 11:14); he cured a woman who was hemorrhaging (Mt 9:20-22; Mk 5:25-34); and he brought a young girl back to life (Mt 9:18, 23-25; Mk 5:35-42). Indeed, the Gospels are replete with examples of how the Lord cured every kind of ailment and disease (Mt 9:35). In the account of Matthew, Jesus' mission fulfilled the prophecy of Isaiah: "He took away our infirmities and bore our diseases" (Mt 8:17; cf. Is 53:4).

Jesus' healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence; he sought their physical, mental, and spiritual healing (Jn 6:35, 11:25-27). He "came so that they might have life and have it more abundantly" (Jn 10:10).

The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ.

For the Christian, our encounter with suffering and death can take on a positive and distinctive meaning through the redemptive power of Jesus' suffering and death. As St. Paul says, we are "always carrying about in the body the dying of Jesus, so that

the life of Jesus may also be manifested in our body" (2 Cor 4:10). This truth does not lessen the pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it. Catholic health care ministry bears witness to the truth that, for those who are in Christ, suffering and death are the birth pangs of the new creation. "God himself will always be with them [as their God]. He will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, [for] the old order has passed away" (Rev 21:3-4).

In faithful imitation of Jesus Christ, the Church has served the sick, suffering, and dying in various ways throughout history. The zealous service of individuals and communities has provided shelter for the traveler; infirmaries for the sick; and homes for children, adults, and the elderly.¹ In the United States, the many religious communities as well as dioceses that sponsor and staff this country's Catholic health care institutions and services have established an effective Catholic presence in health care. Modeling their efforts on the gospel parable of the Good Samaritan, these communities of women and men have exemplified authentic neighborliness to those in need (Lk 10:25-37). The Church seeks to ensure that the service offered in the past will be continued into the future.

While many religious communities continue their commitment to the health care ministry, lay Catholics increasingly have stepped forward to collaborate in this ministry. Inspired by the example of Christ and mandated by the Second Vatican Council, lay faithful are invited to a broader and more intense field of ministries than in the past.² By virtue of their Baptism, lay faithful are called to participate actively in the Church's life and mission.³ Their participation and leadership in the health care ministry, through new forms of sponsorship and

governance of institutional Catholic health care, are essential for the Church to continue her ministry of healing and compassion. They are joined in the Church's health care mission by many men and women who are not Catholic.

Catholic health care expresses the healing ministry of Christ in a specific way within the local church. Here the diocesan bishop exercises responsibilities that are rooted in his office as pastor, teacher, and priest. As the center of unity in the diocese and coordinator of ministries in the local church, the diocesan bishop fosters the mission of Catholic health care in a way that promotes collaboration among health care leaders, providers, medical professionals, theologians, and other specialists. As pastor, the diocesan bishop is in a unique position to encourage the faithful to greater responsibility in the healing ministry of the Church. As teacher, the diocesan bishop ensures the moral and religious identity of the health care ministry in whatever setting it is carried out in the diocese. As priest, the diocesan bishop oversees the sacramental care of the sick. These responsibilities will require that Catholic health care providers and the diocesan bishop engage in ongoing communication on ethical and pastoral matters that require his attention.

In a time of new medical discoveries, rapid technological developments, and social change, what is new can either be an opportunity for genuine advancement in human culture, or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person. In consultation with medical professionals, church leaders review these developments, judge them according to the principles of right reason and the ultimate standard of revealed truth, and offer authoritative teaching and guidance about the moral and pastoral responsibilities entailed by the Christian faith.⁶

While the Church cannot furnish a ready answer to every moral dilemma, there are many questions about which she provides normative guidance and direction. In the absence of a determination by the magisterium, but never contrary to church teaching, the guidance of approved authors can offer appropriate guidance for ethical decision making.

Created in God's image and likeness, the human family shares in the dominion that Christ manifested in his healing ministry. This sharing involves a stewardship over all material creation (Gn 1:26) that should neither abuse nor squander nature's resources. Through science the human race comes to understand God's wonderful work; and through technology it must conserve, protect, and perfect nature in harmony with God's purposes. Health care professionals pursue a special vocation to share in carrying forth God's life-giving and healing work.

The dialogue between medical science and Christian faith has for its primary purpose the common good of all human persons. It presupposes that science and faith do not contradict each other. Both are grounded in respect for truth and freedom. As new knowledge and new technologies expand, each person must form a correct conscience based on the moral norms for proper health care.

PART ONE

The Social Responsibility of Catholic Health Care Services

Introduction

Their embrace of Christ's healing mission has led institutionally based Catholic health care services in the United States to become an integral part of the nation's health care system. Today, this complex health care system confronts a range of economic, technological, social, and moral challenges. The response of Catholic health care institutions and services to these challenges is guided by normative principles that inform the Church's healing ministry.

First, Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.⁷

Second, the biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care. This mandate prompts us to work to ensure that our country's health care delivery system provides adequate health care for the poor. In Catholic institutions, particular attention should be given to the health care needs of the poor, the uninsured, and the underinsured.⁸

Third, Catholic health care ministry seeks to contribute to the common good. The common good is realized when economic, political, and social con-

ditions ensure protection for the fundamental rights of all individuals and enable all to fulfill their common purpose and reach their common goals.⁹

Fourth, Catholic health care ministry exercises responsible stewardship of available health care resources. A just health care system will be concerned both with promoting equity of care—to assure that the right of each person to basic health care is respected—and with promoting the good health of all in the community. The responsible stewardship of health care resources can be accomplished best in dialogue with people from all levels of society, in accordance with the principle of subsidiarity and with respect for the moral principles that guide institutions and persons.

Fifth, within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church.

Directives

1. A Catholic institutional health care service is a community that provides health care to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.
2. Catholic health care should be marked by a spirit of mutual respect among care-givers that disposes them to deal with those it serves and their families with the compassion of Christ, sensitive to their vulnerability at a time of special need.
3. In accord with its mission, Catholic health care should distinguish itself by service to and

advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.

4. A Catholic health care institution, especially a teaching hospital, will promote medical research consistent with its mission of providing health care and with concern for the responsible stewardship of health care resources. Such medical research must adhere to Catholic moral principles.
5. Catholic health care services must adopt these Directives as policy, require adherence to them within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the Directives for administration, medical and nursing staff, and other personnel.
6. A Catholic health care organization should be a responsible steward of the health care resources available to it. Collaboration with other health care providers, in ways that do not compromise Catholic social and moral teaching, can be an effective means of such stewardship.¹⁰
7. A Catholic health care institution must treat its employees respectfully and justly. This responsibility includes: equal employment opportuni-

ties for anyone qualified for the task, irrespective of a person's race, sex, age, national origin, or disability; a workplace that promotes employee participation; a work environment that ensures employee safety and well-being; just compensation and benefits; and recognition of the rights of employees to organize and bargain collectively without prejudice to the common good.

8. Catholic health care institutions have a unique relationship to both the Church and the wider community they serve. Because of the ecclesial nature of this relationship, the relevant requirements of canon law will be observed with regard to the foundation of a new Catholic health care institution; the substantial revision of the mission of an institution; and the sale, sponsorship transfer, or closure of an existing institution.
9. Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives. They should maintain professional standards and promote the institution's commitment to human dignity and the common good.

PART TWO

The Pastoral and Spiritual Responsibility of Catholic Health Care

Introduction

The dignity of human life flows from creation in the image of God (Gn 1:26), from redemption by Jesus Christ (Eph 1:10; 1 Tim 2:4-6), and from our common destiny to share a life with God beyond all corruption (1 Cor 15:42-57). Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all. The words of Christ have provided inspiration for Catholic health care: "I was ill and you cared for me" (Mt 25:36). The care provided assists those in need to experience their own dignity and value, especially when these are obscured by the burdens of illness or the anxiety of imminent death.

Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person. The medical expertise offered through Catholic health care is combined with other forms of care to promote health and relieve human suffering. For this reason, Catholic health care extends to the spiritual nature of the person. "Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person."¹¹ Directed to spiritual needs that are often appreciated more deeply during times of illness, pastoral care is an integral part of Catholic health care.

Pastoral care encompasses the full range of spiritual services, including a listening presence; help in dealing with powerlessness, pain, and alienation; and assistance in recognizing and responding to God's will with greater joy and peace. It should be acknowledged, of course, that technological advances in medicine have reduced the length of hospital stays dramatically. It follows, therefore, that the pastoral care of patients, especially administration of the sacraments, will be provided more often than not at the parish level, both before and after one's hospitalization. For this reason, it is essential that there be very cordial and cooperative relationships between the personnel of pastoral care departments and the local clergy and ministers of care.

Priests, deacons, religious, and laity exercise diverse but complementary roles in this pastoral care. Since many areas of pastoral care call upon the creative response of these pastoral care-givers to the particular needs of patients or residents, the following directives address only a limited number of specific pastoral activities.

Directives

10. A Catholic health care organization should provide pastoral care to minister to the religious and spiritual needs of all those it serves. Pastoral care personnel—clergy, religious, and lay alike—should have appropriate professional preparation, including an understanding of these Directives.
11. Pastoral care personnel should work in close collaboration with local parishes and community clergy. Appropriate pastoral services and/or referrals should be available to all in keeping with their religious beliefs or affiliation.

12. For Catholic patients or residents, provision for the sacraments is an especially important part of Catholic health care ministry. Every effort should be made to have priests assigned to hospitals and health care institutions to celebrate the Eucharist and provide the sacraments to patients and staff.
 13. Particular care should be taken to provide and to publicize opportunities for patients or residents to receive the sacrament of Penance.
 14. Properly prepared lay Catholics can be appointed to serve as extraordinary ministers of Holy Communion, in accordance with canon law and the policies of the local diocese. They should assist pastoral care personnel—clergy, religious, and laity—by providing supportive visits, advising patients regarding the availability of priests for the sacrament of Penance, and distributing Holy Communion to the faithful who request it.
 15. Responsive to a patient's desires and condition, all involved in pastoral care should facilitate the availability of priests to provide the sacrament of Anointing of the Sick, recognizing that through this sacrament Christ provides grace and support to those who are seriously ill or weakened by advanced age. Normally, the sacrament is celebrated when the sick person is fully conscious. It may be conferred upon the sick who have lost consciousness or the use of reason, if there is reason to believe that they would have asked for the sacrament while in control of their faculties.
 16. All Catholics who are capable of receiving Communion should receive Viaticum when they are in danger of death, while still in full possession of their faculties.¹²
 17. Except in cases of emergency (i.e., danger of death), any request for Baptism made by adults or for infants should be referred to the chaplain of the institution. Newly born infants in danger of death, including those miscarried, should be baptized if this is possible.¹³ In case of emergency, if a priest or a deacon is not available, anyone can validly baptize.¹⁴ In the case of emergency Baptism, the chaplain or the director of pastoral care is to be notified.
 18. When a Catholic who has been baptized but not yet confirmed is in danger of death, any priest may confirm the person.¹⁵
 19. A record of the conferral of Baptism or Confirmation should be sent to the parish in which the institution is located and posted in its Baptism/Confirmation registers.
 20. Catholic discipline generally reserves the reception of the sacraments to Catholics. In accord with canon 844, §3, Catholic ministers may administer the sacraments of Eucharist, Penance, and Anointing of the Sick to members of the oriental churches that do not have full communion with the Catholic Church, or of other churches that in the judgment of the Holy See are in the same condition as the oriental churches, if such persons ask for the sacraments on their own and are properly disposed.
- With regard to other Christians not in full communion with the Catholic Church, when the danger of death or other grave necessity is present, the four conditions of canon 844, §4, also must be present, namely, they cannot approach a minister of their own community; they ask for the sacraments on their own; they manifest Catholic faith in these sacraments; and they are

properly disposed. The diocesan bishop has the responsibility to oversee this pastoral practice.

21. The appointment of priests and deacons to the pastoral care staff of a Catholic institution must have the explicit approval or confirmation of the local bishop in collaboration with the administration of the institution. The appointment of the director of the pastoral care staff should be made in consultation with the diocesan bishop.
22. For the sake of appropriate ecumenical and interfaith relations, a diocesan policy should be developed with regard to the appointment of non-Catholic members to the pastoral care staff of a Catholic health care institution. The director of pastoral care at a Catholic institution should be a Catholic; any exception to this norm should be approved by the diocesan bishop.

PART THREE

The Professional-Patient Relationship

Introduction

A person in need of health care and the professional health care provider who accepts that person as a patient enter into a relationship that requires, among other things, mutual respect, trust, honesty, and appropriate confidentiality. The resulting free exchange of information must avoid manipulation, intimidation, or condescension. Such a relationship enables the patient to disclose personal information needed for effective care and permits the health care provider to use his or her professional competence most effectively to maintain or restore the patient's health. Neither the health care professional nor the patient acts independently of the other; both participate in the healing process.

Today, a patient often receives health care from a team of providers, especially in the setting of the modern acute-care hospital. But the resulting multiplication of relationships does not alter the personal character of the interaction between health care providers and the patient. The relationship of the person seeking health care and the professionals providing that care is an important part of the foundation on which diagnosis and care are provided. Diagnosis and care, therefore, entail a series of decisions with ethical as well as medical dimensions. The health care professional has the knowledge and experience to pursue the goals of healing, the maintenance of health, and the compassionate care of the dying, taking into account the patient's convictions and spiritual needs, and the moral responsibilities of

all concerned. The person in need of health care depends on the skill of the health care provider to assist in preserving life and promoting health of body, mind, and spirit. The patient, in turn, has a responsibility to use these physical and mental resources in the service of moral and spiritual goals to the best of his or her ability.

When the health care professional and the patient use institutional Catholic health care, they also accept its public commitment to the Church's understanding of and witness to the dignity of the human person. The Church's moral teaching on health care nurtures a truly interpersonal professional-patient relationship. This professional-patient relationship is never separated, then, from the Catholic identity of the health care institution. The faith that inspires Catholic health care guides medical decisions in ways that fully respect the dignity of the person and the relationship with the health care professional.

Directives

23. The Inherent dignity of the human person must be respected and protected regardless of the nature of the person's health problem or social status. The respect for human dignity extends to all persons who are served by Catholic health care.
24. In compliance with federal law, a Catholic health care institution will make available to patients information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution, however, will not honor an advance directive that is contrary to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored.

25. Each person may identify in advance a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions. Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person's intentions and values, or if the person's intentions are unknown, to the person's best interests. In the event that an advance directive is not executed, those who are in a position to know best the patient's wishes—usually family members and loved ones—should participate in the treatment decisions for the person who has lost the capacity to make health care decisions.
26. The free and informed consent of the person or the person's surrogate is required for medical treatments and procedures, except in an emergency situation when consent cannot be obtained and there is no indication that the patient would refuse consent to the treatment.
27. Free and informed consent requires that the person or the person's surrogate receive all reasonable information about the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternatives, including no treatment at all.
28. Each person or the person's surrogate should have access to medical and moral information and counseling so as to be able to form his or her conscience. The free and informed health care decision of the person or the person's surrogate is to be followed so long as it does not contradict Catholic principles.
29. All persons served by Catholic health care have the right and duty to protect and preserve their

bodily and functional integrity.¹⁶ The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.¹⁷

30. The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of the prospective donor must be respected, and economic advantages should not accrue to the donor.
31. No one should be the subject of medical or genetic experimentation, even if it is therapeutic, unless the person or surrogate first has given free and informed consent. In instances of non-therapeutic experimentation, the surrogate can give this consent only if the experiment entails no significant risk to the person's well-being. Moreover, the greater the person's incompetency and vulnerability, the greater the reasons must be to perform any medical experimentation, especially nontherapeutic.
32. While every person is obliged to use ordinary means to preserve his or her health, no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community.¹⁸
33. The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology.

Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient.

34. Health care providers are to respect each person's privacy and confidentiality regarding information related to the person's diagnosis, treatment, and care.
35. Health care professionals should be educated to recognize the symptoms of abuse and violence and are obliged to report cases of abuse to the proper authorities in accordance with local statutes.
36. Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.¹⁹
37. An ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations, by offering educational opportunities, and by reviewing and recommending policies. To these ends, there should be appropriate standards for medical ethical consultation within a particular

diocese that will respect the diocesan bishop's pastoral responsibility as well as assist members of ethics committees to be familiar with Catholic medical ethics and, in particular, these Directives.

PART FOUR

Issues in Care for the Beginning of Life

Introduction

The Church's commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which human life is transmitted. The Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and the family depends.

Catholic health care ministry witnesses to the sanctity of life "from the moment of conception until death."⁸⁰ The Church's defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church's commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.

The Church has the deepest respect for the family, for the marriage covenant, and for the love that binds a married couple together. This includes respect for the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being. The Second Vatican Council affirms:

This love is an eminently human one. . . . It involves the good of the whole person. . . . The actions within marriage by which the couple are united intimately and chastely are noble and

worthy ones. Expressed in a manner which is truly human, these actions signify and promote that mutual self-giving by which spouses enrich each other with a joyful and a thankful will.²¹

Marriage and conjugal love are by their nature ordained toward the begetting and educating of children. Children are really the supreme gift of marriage and contribute very substantially to the welfare of their parents. . . . Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. . . . They are thereby cooperators with the love of God the Creator, and are, so to speak, the interpreters of that love.²²

For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means. The Church cannot approve contraceptive interventions that "either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible."²³ Such interventions violate "the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning."²⁴

With the advance of the biological and medical sciences, society has at its disposal new technologies for responding to the problem of infertility. While we rejoice in the potential for good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with human dignity. Just as the marriage act is joined naturally to procreation, so procreation is joined naturally to the marriage act. As Pope John XXIII observed:

The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to all the holy laws of God: the immutable and inviolable laws which must be recognized and observed. For this reason, one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals.²⁵

Because the moral law is rooted in the whole of human nature, human persons, through intelligent reflection on their own spiritual destiny, can discover and cooperate in the plan of the Creator.²⁶

Directives

38. When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.²⁷
39. Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and do not involve the destruction of human embryos, or their deliberate generation in such numbers that it is clearly envisaged that all cannot implant and some are simply being used to maximize the chances of others implanting, may be used as therapies for infertility.
40. Heterologous fertilization (that is, any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child.²⁸

41. Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extra-corporeal conception).²⁹
42. Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted. Moreover, the commercialization of such surrogacy denigrates the dignity of women, especially the poor.³⁰
43. A Catholic health care institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counseling, adoption).
44. A Catholic health care institution should provide prenatal, obstetric, and postnatal services for mothers and their children in a manner consonant with its mission.
45. Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.
46. Catholic health care providers should be ready to offer compassionate physical, psychological, moral, and spiritual care to those persons who have suffered from the trauma of abortion.
47. Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.
48. In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.³¹
49. For a proportionate reason, labor may be induced after the fetus is viable.
50. Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventative care for the mother or pre- or postnatal care for the child; and when the parents, or at least the mother, give free and informed consent. Prenatal diagnosis is not permitted when undertaken with the intention of aborting an unborn child with a serious defect.³²
51. Nontherapeutic experiments on a living embryo or fetus are not permitted, even with the consent of the parents. Therapeutic experiments are permitted for a proportionate reason with the free and informed consent of the parents or, if the father cannot be contacted, at least of the mother. Medical research that will not harm the life or physical integrity of an unborn child is permitted with parental consent.³³

52. Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning.
53. Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.⁵⁴
54. Genetic counseling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life.

PART FIVE

Issues in Care for the Dying

Introduction

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death.⁵⁵ The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death—for many, a time when hope seems lost—the Church witnesses to her belief that God has created each person for eternal life.⁵⁶

Above all, as a witness to its faith, a Catholic health care institution will be a community of respect, love, and support to patients or residents and their families as they face the reality of death. What is hardest to face is the process of dying itself, especially the dependency, the helplessness, and the pain that so often accompany terminal illness. One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the appropriate care of the dying.

The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.

The task of medicine is to care even when it cannot cure. Physicians and their patients must eval-

uate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. Only in this way are two extremes avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.³⁷

Some state Catholic conferences, individual bishops, and the USCCB Committee on Pro-Life Activities (formerly an NCCB committee) have addressed the moral issues concerning medically assisted hydration and nutrition. The bishops are guided by the Church's teaching forbidding euthanasia, which is "an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated."³⁸ These statements agree that hydration and nutrition are not morally obligatory either when they bring no comfort to a person who is imminently dying or when they cannot be assimilated by a person's body. The USCCB Committee on Pro-Life Activities' report, in addition, points out the necessary distinctions between questions already resolved by the magisterium and those requiring further reflection, as, for example, the morality of withdrawing medically assisted hydration and nutrition from a person who is in the condition that is recognized by physicians as the "persistent vegetative state" (PVS).³⁹

Directives

55. Catholic health care institutions offering care to persons in danger of death from illness,

accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.

56. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.⁴⁰
57. A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.⁴¹
58. There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.
59. The free and informed judgment made by a competent adult patient concerning the use or

withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.

60. Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.¹²
61. Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.
62. The determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria.
63. Catholic health care institutions should encourage and provide the means whereby those who wish to do so may arrange for the donation of their organs and bodily tissue, for ethically

legitimate purposes, so that they may be used for donation and research after death.

64. Such organs should not be removed until it has been medically determined that the patient has died. In order to prevent any conflict of interest, the physician who determines death should not be a member of the transplant team.
65. The use of tissue or organs from an infant may be permitted after death has been determined and with the informed consent of the parents or guardians.
66. Catholic health care institutions should not make use of human tissue obtained by direct abortions even for research and therapeutic purposes.¹³

PART SIX

Forming New Partnerships with Health Care Organizations and Providers

Introduction

Until recently, most health care providers enjoyed a degree of independence from one another. In ever-increasing ways, Catholic health care providers have become involved with other health care organizations and providers. For instance, many Catholic health care systems and institutions share in the joint purchase of technology and services with other local facilities or physicians' groups. Another phenomenon is the growing number of Catholic health care systems and institutions joining or co-sponsoring integrated delivery networks or managed care organizations in order to contract with insurers and other health care payers. In some instances, Catholic health care systems sponsor a health care plan or health maintenance organization. In many dioceses, new partnerships will result in a decrease in the number of health care providers, at times leaving the Catholic institution as the sole provider of health care services. At whatever level, new partnerships forge a variety of interwoven relationships: between the various institutional partners, between health care providers and the community, between physicians and health care services, and between health care services and payers.

On the one hand, new partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to their religious

and ethical commitments and so influence the healing profession. For example, new partnerships can help to implement the Church's social teaching. New partnerships can be opportunities to realign the local delivery system in order to provide a continuum of health care to the community; they can witness to a responsible stewardship of limited health care resources; and they can be opportunities to provide to poor and vulnerable persons a more equitable access to basic care.

On the other hand, new partnerships can pose serious challenges to the viability of the identity of Catholic health care institutions and services, and their ability to implement these Directives in a consistent way, especially when partnerships are formed with those who do not share Catholic moral principles. The risk of scandal cannot be underestimated when partnerships are not built upon common values and moral principles. Partnership opportunities for some Catholic health care providers may even threaten the continued existence of other Catholic institutions and services, particularly when partnerships are driven by financial considerations alone. Because of the potential dangers involved in the new partnerships that are emerging, an increased collaboration among Catholic-sponsored health care institutions is essential and should be sought before other forms of partnerships.

The significant challenges that new partnerships may pose, however, do not necessarily preclude their possibility on moral grounds. The potential dangers require that new partnerships undergo systematic and objective moral analysis, which takes into account the various factors that often pressure institutions and services into new partnerships that can diminish the autonomy and ministry of the Catholic partner. The following directives are offered to assist institutionally based Catholic health

care services in this process of analysis. To this end, the United States Conference of Catholic Bishops (formerly the National Conference of Catholic Bishops) has established the Ad Hoc Committee on Health Care Issues and the Church as a resource for bishops and health care leaders.

This new edition of the *Ethical and Religious Directives* omits the appendix concerning cooperation, which was contained in the 1995 edition. Experience has shown that the brief articulation of the principles of cooperation that was presented there did not sufficiently forestall certain possible misinterpretations and in practice gave rise to problems in concrete applications of the principles. Reliable theological experts should be consulted in interpreting and applying the principles governing cooperation, with the proviso that, as a rule, Catholic partners should avoid entering into partnerships that would involve them in cooperation with the wrongdoing of other providers.

Directives

67. Decisions that may lead to serious consequences for the identity or reputation of Catholic health care services, or entail the high risk of scandal, should be made in consultation with the diocesan bishop or his health care liaison.
68. Any partnership that will affect the mission or religious and ethical identity of Catholic health care institutional services must respect church teaching and discipline. Diocesan bishops and other church authorities should be involved as such partnerships are developed, and the diocesan bishop should give the appropriate authorization before they are completed. The diocesan bishop's approval is required for partnerships sponsored by institutions subject to his govern-

ing authority; for partnerships sponsored by religious institutes of pontifical right, his *nihil obstat* should be obtained.

69. If a Catholic health care organization is considering entering into an arrangement with another organization that may be involved in activities judged morally wrong by the Church, participation in such activities, must be limited to what is in accord with the moral principles governing cooperation.
70. Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.⁴⁴
71. The possibility of scandal must be considered when applying the principles governing cooperation.⁴⁵ Cooperation, which in all other respects is morally licit, may need to be refused because of the scandal that might be caused. Scandal can sometimes be avoided by an appropriate explanation of what is in fact being done at the health care facility under Catholic auspices. The diocesan bishop has final responsibility for assessing and addressing issues of scandal, considering not only the circumstances in his local diocese but also the regional and national implications of his decision.⁴⁶
72. The Catholic partner in an arrangement has the responsibility periodically to assess whether the binding agreement is being observed and implemented in a way that is consistent with Catholic teaching.

Conclusion

Sickness speaks to us of our limitations and human frailty. It can take the form of infirmity resulting from the simple passing of years or injury from the exuberance of youthful energy. It can be temporary or chronic, debilitating, and even terminal. Yet the follower of Jesus faces illness and the consequences of the human condition aware that our Lord always shows compassion toward the infirm.

Jesus not only taught his disciples to be compassionate, but he also told them who should be the special object of their compassion. The parable of the feast with its humble guests was preceded by the instruction: "When you hold a banquet, invite the poor, the crippled, the lame, the blind" (Lk 14:13). These were people whom Jesus healed and loved.

Catholic health care is a response to the challenge of Jesus to go and do likewise. Catholic health care services rejoice in the challenge to be Christ's healing compassion in the world and see their ministry not only as an effort to restore and preserve health but also as a spiritual service and a sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus' ministry and God's love for us.

Notes

1. National Conference of Catholic Bishops, *Health and Health Care: A Pastoral Letter of the American Catholic Bishops* (Washington, D.C.: United States Catholic Conference, 1981).
2. Health care services under Catholic auspices are carried out in a variety of institutional settings (e.g., hospitals, clinics, out-patient facilities, urgent care centers, hospices, nursing homes, and parishes). Depending on the context, these Directives will employ the terms "institution" and/or "services" in order to encompass the variety of settings in which Catholic health care is provided.
3. *Health and Health Care*, p. 5.
4. Second Vatican Ecumenical Council, *Decree on the Apostolate of the Laity* (*Apostolicam Actuositatem*) (1965), no. 1.
5. Pope John Paul II, Post-Synodal Apostolic Exhortation, *On the Vocation and the Mission of the Lay Faithful in the Church and in the World* (*Christifideles Laici*) (Washington, D.C.: United States Catholic Conference, 1988), no. 29.
6. As examples, see Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion* (1974); Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980); Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day* (*Donum Vitae*) (Washington, D.C.: United States Catholic Conference, 1987).
7. Pope John XXIII, Encyclical Letter, *Peace on Earth* (*Pacem in Terris*) (Washington, D.C.: United States Catholic Conference, 1963), no. 11; *Health and Health Care*, pp. 5, 17-18; *Catechism of the Catholic Church*, 2nd ed. (Washington, D.C.: United States Catholic Conference, 2000), no. 2211.
8. Pope John Paul II, *On Social Concerns*, Encyclical Letter on the Occasion of the Twentieth Anniversary of "Populorum Progressio" (*Sollicitudo Rei Socialis*)

- (Washington, D.C.: United States Catholic Conference, 1988), no. 43.
9. National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy* (Washington, D.C.: United States Catholic Conference, 1986), no. 80.
 10. The duty of responsible stewardship demands responsible collaboration. But in collaborative efforts, Catholic institutionally based health care services must be attentive to occasions when the policies and practices of other institutions are not compatible with the Church's authoritative moral teaching. At such times, Catholic health care institutions should determine whether or to what degree collaboration would be morally permissible. To make that judgment, the governing boards of Catholic institutions should adhere to the moral principles on cooperation. See Part Six.
 11. *Health and Health Care*, p. 12.
 12. Cf. *Code of Canon Law*, cc. 921-923.
 13. Cf. *ibid.*, c. 867, § 2, and c. 871.
 14. To confer Baptism in an emergency, one must have the proper intention (to do what the Church intends by Baptism) and pour water on the head of the person to be baptized, meanwhile pronouncing the words: "I baptize you in the name of the Father, and of the Son, and of the Holy Spirit."
 15. Cf. c. 883, 3°.
 16. For example, while the donation of a kidney represents loss of biological integrity, such a donation does not compromise functional integrity since human beings are capable of functioning with only one kidney.
 17. Cf. directive 53.
 18. *Declaration on Euthanasia*, Part IV; cf. also directives 56-57.
 19. It is recommended that a sexually assaulted woman be advised of the ethical restrictions that prevent Catholic hospitals from using abortifacient procedures; cf. Pennsylvania Catholic Conference, "Guidelines for Catholic Hospitals Treating Victims of Sexual Assault," *Origins* 22 (1993): 810.
 20. Pope John Paul II, "Address of October 29, 1983, to the 35th General Assembly of the World Medical Association," *Acta Apostolicae Sedis* 76 (1984): 390.
 21. Second Vatican Ecumenical Council, "Pastoral Constitution on the Church in the Modern World" (*Gaudium et Spes*) (1965), no. 49.
 22. *Ibid.*, no. 50.
 23. Pope Paul VI, Encyclical Letter, *On the Regulation of Birth (Humanae Vitae)* (Washington, D.C.: United States Catholic Conference, 1968), no. 14.
 24. *Ibid.*, no. 12.
 25. Pope John XXIII, Encyclical Letter, *Mater et Magistra* (1961), no. 193, quoted in Congregation for the Doctrine of the Faith, *Donum Vitae*, no. 4.
 26. Pope John Paul II, Encyclical Letter, *The Splendor of Truth (Veritatis Splendor)* (Washington, D.C.: United States Catholic Conference, 1993), no. 50.
 27. "Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to facilitate and to help so that the act attains its natural purpose" (*Donum Vitae*, Part II, B, no. 6; cf. also Part I, nos. 1, 6).
 28. *Ibid.*, Part II, A, no. 2.
 29. "Artificial insemination as a substitute for the conjugal act is prohibited by reason of the voluntarily achieved dissociation of the two meanings of the conjugal act. Masturbation, through which the sperm is normally obtained, is another sign of this dissociation: even when it is done for the purpose of procreation, the act remains deprived of its unitive meaning: 'It lacks the sexual relationship called for by the moral order, namely, the relationship which realizes "the full sense of mutual self-giving and human procreation in the context of true love"' (*Donum Vitae*, Part II, B, no. 6).
 30. *Ibid.*, Part II, A, no. 3.
 31. Cf. directive 45.
 32. *Donum Vitae*, Part I, no. 2.
 33. Cf. *ibid.*, no. 4.

34. Cf. Congregation for the Doctrine of the Faith, "Responses on Uterine Isolation and Related Matters," July 31, 1993, *Origins* 24 (1994): 211-212.
35. Pope John Paul II, Apostolic Letter, *On the Christian Meaning of Human Suffering (Salvifici Doloris)* (Washington, D.C.: United States Catholic Conference, 1984), nos. 25-27.
36. National Conference of Catholic Bishops, *Order of Christian Funerals* (Collegeville, Minn.: The Liturgical Press, 1989), no. 1.
37. *Declaration on Euthanasia*.
38. *Ibid.*, Part II, p. 4.
39. Committee for Pro-Life Activities, National Conference of Catholic Bishops, *Nutrition and Hydration: Moral and Pastoral Reflections* (Washington, D.C.: United States Catholic Conference, 1992). On the importance of consulting authoritative teaching in the formation of conscience and in taking moral decisions, see *Veritatis Splendor*, nos. 63-64.
40. *Declaration on Euthanasia*, Part IV.
41. *Ibid.*
42. Cf. *Ibid.*
43. *Donum Vitae*, Part I, no. 4.
44. While there are many acts of varying moral gravity that can be identified as intrinsically evil, in the context of contemporary health care the most pressing concerns are currently abortion, euthanasia, assisted suicide, and direct sterilization. See Pope John Paul II's *Ad Limina* Address to the bishops of Texas, Oklahoma, and Arkansas (Region X), in *Origins* 28 (1998): 283. See also "Reply of the Sacred Congregation for the Doctrine of the Faith on Sterilization in Catholic Hospitals" (*Quaecumque Sterilizatio*), March 13, 1975, *Origins* 10 (1976): 33-35: "Any cooperation institutionally approved or tolerated in actions which are in themselves, that is, by their nature and condition, directed to a contraceptive end . . . is absolutely forbidden. For the official approbation of direct sterilization and, a fortiori, its management and execution in accord with hospital

- regulations, is a matter which, in the objective order, is by its very nature (or intrinsically) evil." This directive supersedes the "Commentary on the Reply of the Sacred Congregation for the Doctrine of the Faith on Sterilization in Catholic Hospitals" published by the National Conference of Catholic Bishops on September 15, 1977 in *Origins* 11 (1977): 399-400.
45. See *Catechism of the Catholic Church*: "Scandal is an attitude or behavior which leads another to do evil" (no. 2284); "Anyone who uses the power at his disposal in such a way that it leads others to do wrong becomes guilty of scandal and responsible for the evil that he has directly or indirectly encouraged" (no. 2287).
 46. See "The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry," *Origins* 26 (1997): 703.

Index

Abortion 26, 27, 33, 37, 40, 42-43
 Abuse, physical 21
 Advance medical directive 18, 19
 Artificial insemination, 41
 assistance to marital act 24, 25
 by donor 25, 26
 by husband 25, 26, 41
 Bishop, role of 6, 15-16, 21-22, 36-37
 Common good 7, 8-9, 11
 Confidentiality 17, 21
 Consent 19, 20, 27, 33
 Contraception 24-25, 28
 Cooperation, principles governing 26, 36-37, 42-43
 Death,
 Christian meaning of 4-5, 29-30
 danger of 14, 15-16, 30-31
 determination of 32, 33
 Dignity, respect for human 1-2, 6-7, 8, 11, 12, 18, 23,
 24-25, 26, 29-30, 32
 Embryo(s),
 destruction of human 25
 experimentation on human 27
 multiplication of human 25
 Employment 10-11
 Ethics committees 21-22
 Euthanasia 29, 30, 32, 37, 42-43
 Experimentation, 20
 on living human embryos and fetuses 27
 on noncompetents 20
 therapeutic and nontherapeutic 20, 27
 Extrauterine pregnancy 27
 Genetic counseling 28

Identity, Catholic 1-2, 6, 18
 Infertility 24-25, 26
 Integrity,
 biological 40
 bodily 19-20
 functional 19-20, 40
 physical 27
 principle of 19-20
 Labor, induced 27
 Laity, role of 1, 5-6, 13, 14
 Magisterium 6-7, 30
 Marriage, Christian vision of 24
 Masturbation 41
 Natural family planning 25, 28
 Non-Catholics,
 administration of sacraments to 15-16
 appointment of 5-6, 16
 provision of pastoral care to 13
 Nutrition and hydration, medically assisted 30, 31
 Organ donation 20, 32-33, 40
 Pain management 29, 32
 Partnerships 34-37, 42-43
 Pastoral care, 12-13, 14, 15-16
 director of 15, 16
 Poor, care for the 8, 9-10, 26, 34-35, 38
 Prenatal diagnosis 27
 Priests,
 appointment of 16
 role of 13, 14, 15-16
 Proportionate/disproportionate means 20, 27, 31
 Rape 21, 40
 Religious, role of 1, 5, 13, 14
 Reproductive technology 24-25
 Research, medical 2, 10, 27, 32-33
 Responsible parenthood 24, 28

Right(s), 8-9
 of conscience 9
 of married couples 28
 to health care 8-9
 to life 8-9
 to make an advance directive 18
 to organize and bargain collectively 10-11
 to prepare for death 32
 to preserve bodily and functional integrity 19-20

Sacraments,
 administration of 12-13, 14, 15-16
 Anointing of the Sick 14, 15-16
 Baptism 5-6, 15, 40
 Confirmation 15
 Eucharist (and Viaticum) 14, 15-16
 Penance 14, 15-16
 record of 15
 to non-Catholics 15-16

Scandal 26, 36, 37, 43

Sponsors 2, 5, 11, 34, 36-37

Sterilization 28, 37, 42-43

Stewardship 7, 9, 10, 29, 34-35

Suffering, Christian meaning of 4, 29-30, 32

Suicide, 29, 37
 physician-assisted 32

Surrogacy,
 in decision making 19, 20
 in motherhood 26

Tissue, use of human 32-33

Withdrawal of life-sustaining procedures 29-30, 31-32

Also Available

Called to Compassion and Responsibility

Statement of the U.S. bishops that fosters an understanding of the ethical and spiritual dimensions of the HIV/AIDS crisis.

No. 327-2, 40 pp.

Health and Health Care

The U.S. bishops call for both prudence and boldness in meeting today's health care challenges.

No. 830-4, 20 pp.

Declaration on Euthanasia

The Congregation for the Doctrine of the Faith solemnly reaffirms the lofty dignity of the human person, and in a special way his or her right to life.

No. 704-9, 12 pp.

Nutrition and Hydration

Moral and Pastoral Reflections

The U.S. bishops set forth moral principles on protection of human life and respond to a number of frequently asked questions.

No. 516-X, 16 pp.

This publication is also available in a three-hole format, no. 5-454. To order these resources or to obtain a catalog of other USCCB titles, call toll-free 800-235-8722, in the Washington metropolitan area or from outside the United States, call 202-722-8716. Visit the U.S. bishops' Internet site located at www.usccb.org.



PUBLICATION NO. 5-454
UNITED STATES CONFERENCE
OF CATHOLIC BISHOPS
WASHINGTON, D.C.
ISBN 1-57450-452-2

ISBN 1-57455-452-8



I hereby certify that this is a true copy of
the record consisting of 49 pages if the
seal of this office is impressed in purple ink.

October 10th, 2022

Steve J. Bestolarides

STEVE J. BESTOLARIDES
Assessor-Recorder-Clerk
San Joaquin County, CA







ATTACHMENT G

Cemetery Ln

E Maple St

California St.

Walnut St

E Chestnut St



ATTACHMENT G

Cemetery Ln

E Maple St

St. Joseph's
Hospital

Patient
Pavilion

California St.

E Chestnut St

Walnut St



ATTACHMENT G

Cemetery Ln

E Maple St

St. Joseph's
Hospital

Patient
Pavilion

California St.

E Chestnut St

Walnut St



Pending Demolition:

- Seismic deficiencies
- Remove from Acute Care
- January 1, 2030 deadline



Cemetery Ln

E Maple St

California St.

E Chestnut St

Hospital Expansion:

- 337 bed capacity

- 505,500 SF

- 4 stories

St. Joseph's
Hospital

Patient
Pavilion

Retail

Drop-off

Retail

Hospital
337 beds

Retail /
Parking

Parking
Garage

Cemetery Ln

E Maple St

California St.

E Chestnut St



Alternate Hospital Expansion:

- xxx bed capacity

- xxx,xxx SF

- 4 stories

St. Joseph's
Hospital

Patient
Pavilion

Retail

Drop-off

Retail

Hospital
337 beds

Parking
Garage

MOB

visualization

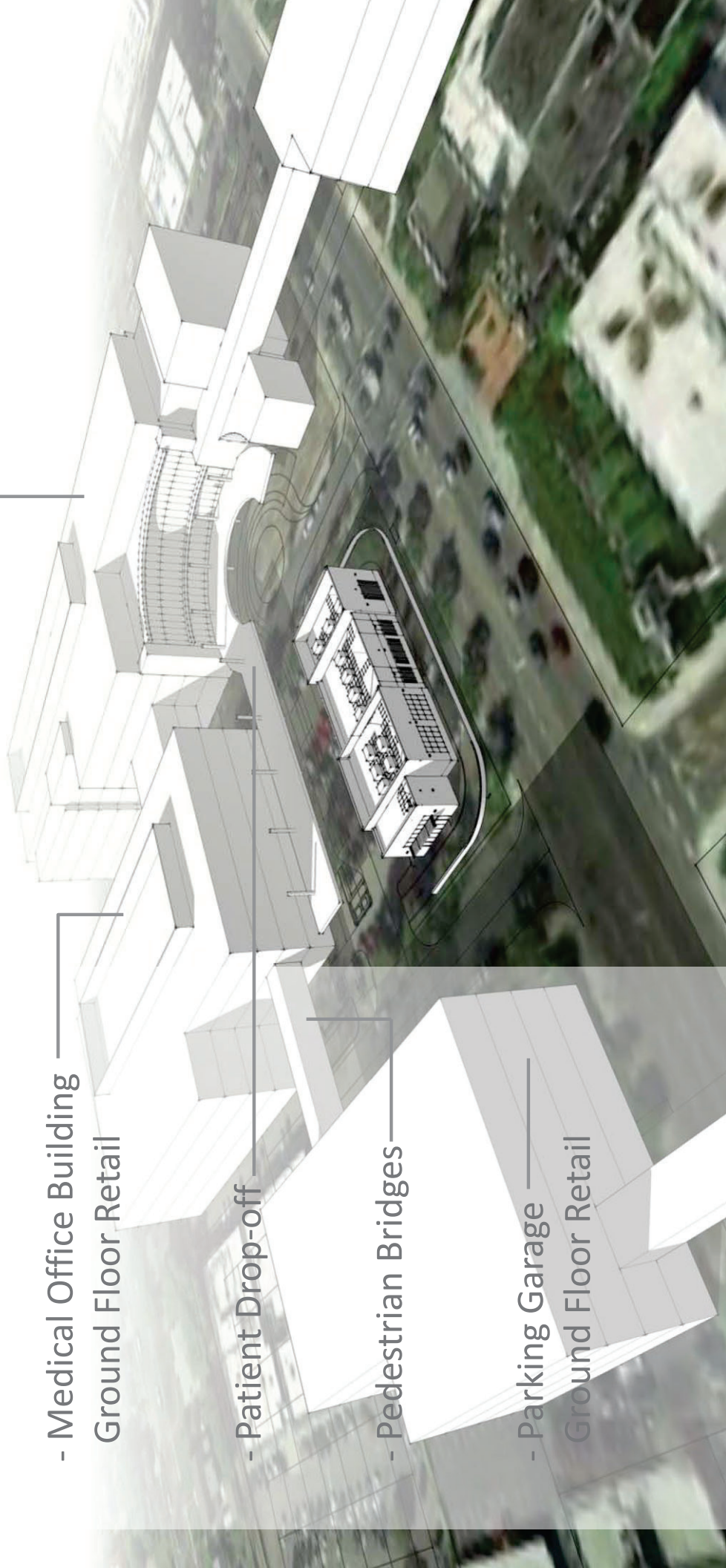
- St. Joseph's Hospital Expansion
337 beds

- Medical Office Building
Ground Floor Retail

- Patient Drop-off

- Pedestrian Bridges

- Parking Garage
Ground Floor Retail



- St. Joseph's Hospital Expansion
337 beds

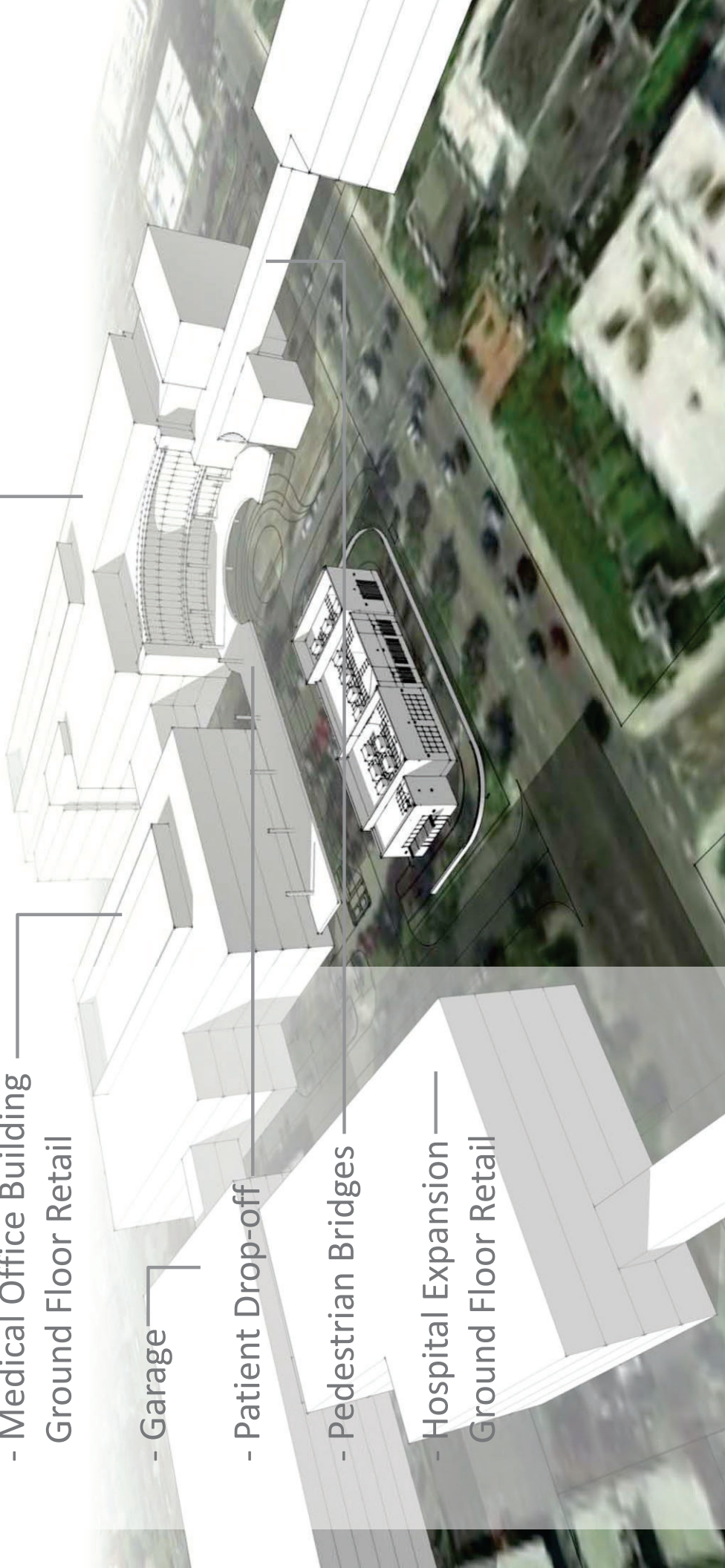
- Medical Office Building
Ground Floor Retail

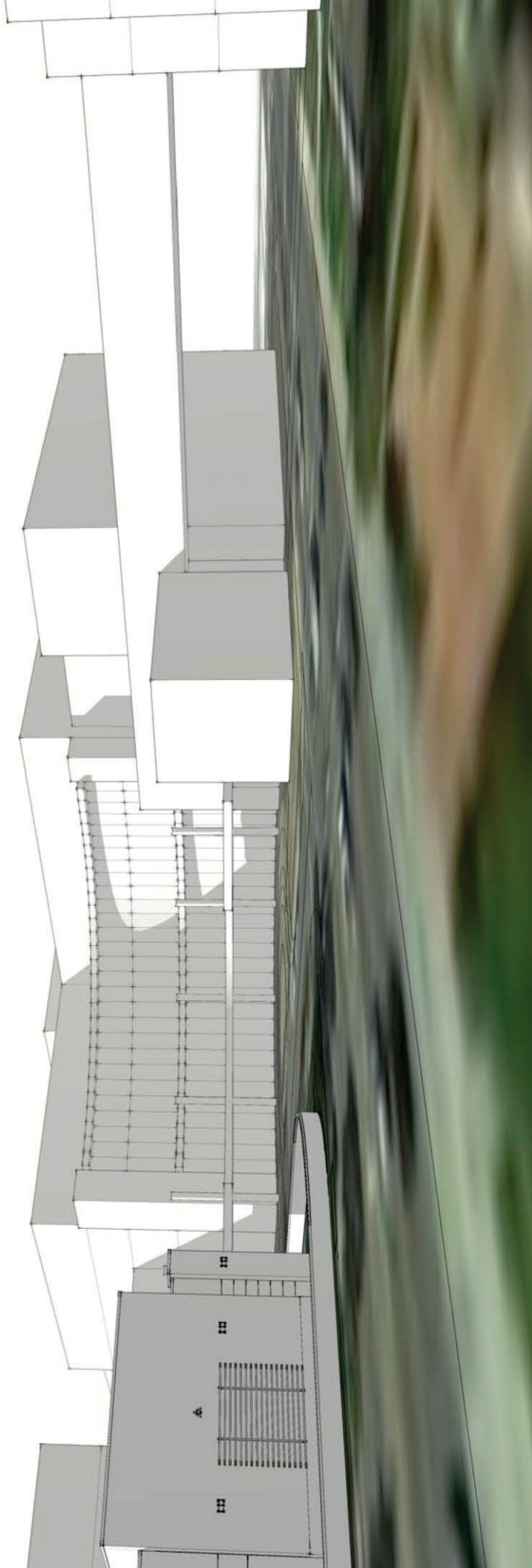
- Garage

- Patient Drop-off

- Pedestrian Bridges

- Hospital Expansion —
Ground Floor Retail









SITE PLAN

PROPOSED DEVELOPMENT AT 1707 N CALIFORNIA ST, STOCKTON | 03.01.23 | CONCEPTUAL DESIGN

PARKING LOT = 180 STALLS



MOB SPACE = 30,000 SF
COMMERCIAL SPACE = 10,000 SF
DAYCARE = 10,000 SF
APARTMENTS = 102 UNITS

PARKING SUMMARY
REQUIRED PARKING = 234 STALLS
PARKING PROVIDED = 260 STALLS

AERIAL VIEW

PROPOSED DEVELOPMENT AT 1707 N CALIFORNIA ST, STOCKTON | 03.01.23 | CONCEPTUAL DESIGN



**St. Joseph's Foundation
of San Joaquin**
A Dignity Health Member

1800 N. California Street
Stockton, CA 95204
direct 209.467.6347
fax 209.461.6893
www.StJosephsCares.org/Foundation

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Board of Directors

Donald J. Wiley
President & CEO

Patrick Velasquez
Chair

Mark Rishwain, Esq.
Vice Chair

Anthony Bott
Secretary

Nikki Ochoa
Treasurer & CFO

James Acosta
Sister Katherine Hamilton, O.P.
Sister Abby Newton, O.P.
Pallavi Reddy
Dave Silva
Balraj Singh
Annette Stephens
Denise Suen
Cindy Wong

Staff

Julie Kay Eckardt-Cantrall
Vice President & Chief
Philanthropy Officer

Oscar Segura
Manager of Philanthropy

Robyn Flores
Director of Grants

Morgan Gace
Philanthropy
Communication Specialist

Dalia Hernandez
Grants Coordinator

Der Yang
Secretary III

Date: September 6, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is James Acosta and I am a St. Joseph's Foundation of San Joaquin Board Member. I am writing to express our/my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,



James Acosta

St. Joseph's Foundation Board of San Joaquin Member



Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Randeep S. Bajwa, MD, and I am an independent physician in Stockton and Member of the Medical Executive Committee at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in black ink, appearing to read "Randeep S. Bajwa".

Randeep S. Bajwa, MD



Neumiller & Beardslee

ATTORNEYS AND COUNSELORS | EST. 1903

A Professional Corporation

Paul N. Balestracci, Esq.

email: pbalestracci@neumiller.com

3121 W. March Lane
Suite 100
Stockton, CA 95219

Post Office Box 20
Stockton, CA 95201-3020

(209) 948-8200
(209) 948-4910 Fax

NEUMILLER.COM

September 13, 2023

Via email city.clerk@stocktonca.gov

To: Stockton Planning Commission

Re: Support of Proposed Expansion Project at St. Joseph's Medical Center

To the Honorable Members of the Commission,

My name is Paul Balestracci. I am a 44 year resident of the City of Stockton and have practiced law in Stockton for that same 44 years. I have been a member and served as a director of several community service organizations over that time period. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

You are well aware of the numerous positive effects of the project in terms of direct service to the community and the meaningful economic impact as well. However, there are numerous indirect and potentially long-term positive effects of the project as well.


Most importantly in my view, the proposed expansion allows for growth of the Graduate Medical Education Residency Program that has been conducted by SJMC over the last few years. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

We always ask: "How can we bring doctors to Stockton and keep them here?" Not only does the residency program bring physicians to Stockton to assist the community during their residency and training, it also enhances opportunities to encourage physicians to choose Stockton and San Joaquin County as a permanent home after they have completed their residency. Continuing and expanding the program increases the likelihood that physicians at the beginning of their practice will choose to make our city the place where they provide services to the community for many years.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life both in the short and long terms. I respectfully request the Stockton Planning Commission to support, without delay, the expansion plans submitted by St. Joseph's Medical Center.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Paul N. Balestracci". The signature is fluid and cursive, with the first name "Paul" and last name "Balestracci" clearly distinguishable.

PAUL N. BALESTRACCI
Attorney at Law



Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Timothy Bechtel, MD, and I am an independent physician in Stockton and Chair of the Surgery Department at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Timothy Bechtel, MD

A handwritten signature in blue ink, appearing to read "Timothy Bechtel", written over a light blue horizontal line.



**St. Joseph's Foundation
of San Joaquin**
A Dignity Health Member

1800 N. California Street
Stockton, CA 95204
direct 209.467.6347
fax 209.461.6893
www.StJosephsCares.org/Foundation

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Board of Directors

Donald J. Wiley
President & CEO

Patrick Velasquez
Chair

Mark Rishwain, Esq.
Vice Chair

Anthony Bott
Secretary

Nikki Ochoa
Treasurer & CFO

James Acosta
Sister Katherine Hamilton, O.P.
Sister Abby Newton, O.P.
Pallavi Reddy
Dave Silva
Balraj Singh
Annette Stephens
Denise Suen
Cindy Wong

Staff

Julie Kay Eckardt-Cantrall
Vice President & Chief
Philanthropy Officer

Oscar Segura
Manager of Philanthropy

Robyn Flores
Director of Grants

Morgan Gace
Philanthropy
Communication Specialist

Dalia Hernandez
Grants Coordinator

Der Yang
Secretary III

Date: September 6, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Anthony Bott and I am a St. Joseph's Foundation of San Joaquin Board Member. I am writing to express our/my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Anthony Bott
St. Joseph's Foundation of San Joaquin Board Secretary



Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Shiraz Buhari, MD, and I am an independent physician in Stockton for the last 20 years as well as the Secretary for the Medical Executive Committee at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Shiraz Buhari, MD



SAN JOAQUIN REGIONAL TRANSIT DISTRICT

421 E. Weber Ave. • Stockton, CA 95202 • (209) 943-1111 • (209) 948-8516 Fax • sjRTD.com

September 13, 2023

Stockton Planning Commission
345 N. El Dorado Street
Stockton, CA 95202

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

Dear Stockton Planning Commission:

My name is Alex Clifford and I am the Chief Executive Officer for the San Joaquin Regional Transit District (RTD). I am writing to express our/my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

CHIEF EXECUTIVE OFFICER: Alex Clifford

BOARD OF DIRECTORS: CHAIR Gary S. Giovanetti • **VICE CHAIR** Les J. Fong

Michael P. Restuccia • Balwinder T. Singh • Stephan Castellanos

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Thank you for your consideration, and if you have any questions, please contact me at aclifford@sjrtd.com.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Alex Clifford', followed by a long horizontal line extending to the right.

Alex Clifford
Chief Executive Officer



Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Cristina Funghi, MD, and I am an independent physician in Stockton, and Chair of the Pediatrics Department at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Cristina L. Funghi, MD



September 13, 2023

Sent via email to city.clerk@stocktonca.gov

RE: Support of Proposed Expansion Project at St Joseph's Medical Center

Dear Stockton Planning Commission:

I am writing as a concerned citizen and a member of the San Joaquin County Business Council in support of the expansion of St Joseph's Medical Center in Stockton.

This much needed facility will not only fill the current void in our medical delivery system but will be a major factor in the retention and attraction of well-paying jobs in our region. San Joaquin County's hospital and medical delivery system has difficulty attracting new, highly qualified doctors and support groups. This facility will be a big help to that end.

The following is information you may already have regarding this much-needed project, which is the data that encourages us to whole-heartedly endorse the vital addition.

The expansion will increase physical capacity and improve the patient's experience by adding 144 new, private, acute care beds in the New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

THE GRUPE COMPANY

3255 West March Lane, 4th Floor, Stockton, CA 95219 • P.O. Box 7576, Stockton, CA 95267-0576
209/473-6000

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion annually will benefit the local economy once the project is completed.


St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the

Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fritz Gröpe', written in a cursive style.

Fritz Gröpe
Chairman

Date: 9/8/2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Sister Katherine Hamilton, OP and I am member of the St Joseph Foundation. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in cursive script that reads "Katherine Hamilton, OP". The signature is written in dark ink and is positioned above the printed name.

Sister Katherine Hamilton, OP
Dominican Sister of San Rafael
St Joseph Foundation of San Joaquin



Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is David Jensen, MD, and I am an independent physician in Stockton, Chair of the Department of Pathology and Laboratory Medicine, Chief of the Medical Staff in 2010 and 2011 and former Director of Medical Education at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,


David Jensen, MD

The Balloonery, Inc.

1346 E. Harding Way ▪ Stockton, CA 95205 ▪ (209) 466-3601

ballooneryinc.com

TO: Stockton Planning Commission
FROM: Ann Johnston, Former Mayor
RE: Support Proposed Expansion Project at St. Joseph's Medical Center
Date: September 5, 2023

As the former Mayor of Stockton, a local business owner, and community volunteer, I am writing to express my support for the much needed proposed expansion of St. Joseph's Medical Center in Stockton which has been an anchor in our community for 125 years and is vital to the health of our city and region. We all have benefited from the health care received at St. Joseph's Medical Center and the quality of care given to patients over the years.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department which is sorely needed to meet current & future needs.

California's 2030 seismic retrofits will be completed as part of the expansion project. The expansion will also allow for growth of the Graduate Medical Education Residency Program to address the well-documented physician shortage in the San Joaquin Valley. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported; and thousands of jobs will be created over the construction period. The economic impact of over \$1.6 billion annually will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's is focused on improving health outcomes for everyone who comes through its doors.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Ann Johnston
Former Mayor
City of Stockton

From: [CC - City Clerk](#)
To: [Adriana Guerrero](#); [Azelia Fuentes](#); [Michael McDowell](#); [Stephanie Ocasio](#)
Cc: [CC - City Clerk's Office](#); [Taryn Jones](#)
Subject: Fwd: Support for Proposed Expansion Project at St. Joseph's Medical Center
Date: Saturday, September 9, 2023 11:19:01 AM
Attachments: [SJ Expansion Support letter 9-2023.pdf](#)

Commissioner Correspondence

From: Alan Kawaguchi <akawaguchi@alpineorthopaedic.com>
Sent: Thursday, September 7, 2023 10:13:25 PM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Subject: Support for Proposed Expansion Project at St. Joseph's Medical Center

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

To Whom It May Concern,

Please see attached letter in support of St. Joseph's Medical Center's plan for expansion.

Thank you,

Alan Kawaguchi, MD
Alpine Orthopaedic Medical Group
2488 N. California St.
Stockton, CA 95204
209-948-3333

ALPINE ORTHOPAEDIC MEDICAL GROUP, INC. ATTACHMENT G

PETER B. SALAMON, M.D.
EDWARD L. CAHILL, M.D.
ROLAND H. WINTER, M.D.
ANH X. LE, M.D.
ALAN T. KAWAGUCHI, M.D.
GARY M. ALEGRE, M.D.
ALEX H. PHAN M.D.
MATTHEW J. TAKEUCHI, D.E.M.
JAICHARAN J. IYENGAR, M.D.
MICHAEL Y. LIN, M.D.
JASPREET S. SIDHU, D.O.
PRATIK J. GANDHI, D.O.
JEFFREY J. MACLEAN, M.D.
JAMES M. FRIEDMAN, M.D.
KYLE M. NATSUHARA, M.D.

CHRISTOPHE ANSLINGER, PA-C

JAMES V. ROCHE, M.D.
1924-2001

EMERITUS

ROBERT M. HERMANN, M.D.
W. PAUL MOUCHON, M.D.
VINCENT C. LEUNG, M.D.
GARY T. MURATA, M.D.
STEVEN E. EAGER, M.D.
GEORGE W. WESTIN, JR., M.D.

ANNE McCUNE, MS, HSA
ADMINISTRATOR

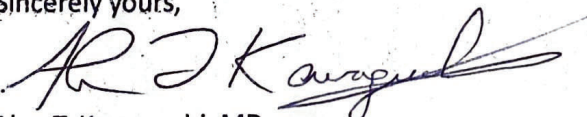
Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Alan Kawaguchi, MD, and I am an independent physician in Stockton and Chief of Staff Elect at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region. The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region. The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties. St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed. St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments. As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health. The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely yours,


Alan T. Kawaguchi, MD

*Team Physicians for the University of the Pacific Tigers
and the Stockton Ports*



2488 NORTH CALIFORNIA STREET • STOCKTON, CA 95204-5508 • TELEPHONE: (209) 948-3333





Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Pavan Khanna, MD and I am an independent physician in Stockton and Chair of the Radiology Department at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in blue ink, appearing to read "P. Khanna", written over a horizontal line.

Pavan Khanna, MD

From: [CC - City Clerk](#)
To: [Adriana Guerrero](#); [Azelia Fuentes](#); [Stephanie Ocasio](#); [Michael McDowell](#)
Cc: [CC - City Clerk's Office](#); [Taryn Jones](#)
Subject: Fwd: letter of support to the Planning Commission for St. Joseph's Medical Center expansion
Date: Monday, September 11, 2023 8:20:25 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.jpg](#)
[image004.png](#)
[image005.gif](#)
[Letter of Support for St. Joseph's Medical Center - Planning Commission - St. Mary's Dining Room.pdf](#)

FYI commissioners correspondence

From: Petra Linden <plinden@stmarysdiningroom.org>
Sent: Monday, September 11, 2023 7:09:17 AM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Subject: letter of support to the Planning Commission for St. Joseph's Medical Center expansion

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Dear Planning Commission,

I am pleased to submit the attached letter of support for St. Joseph's Medical Center expansion.

Please let me know if you have any questions or need additional information.

Thanks,
Petra



Petra Linden, MPH
Chief Executive Officer
545 W. Sonora Street, Stockton, CA 95203
O: (209) 467-0703 Ext: 3108
F: (209) 467-7795



OUR MISSION

St. Mary's Dining Room responds to poverty in San Joaquin County by feeding the hungry, caring for health issues and restoring human dignity to over 700 individuals each day.

CONFIDENTIALITY NOTICE

The information contained in this transmission is intended only for the person or entity to which it is

addressed and contains confidential and/or privileged material. If you are not the intended recipient of this information, do not review, retransmit, disclose, disseminate, use, or take any action in reliance upon, this information. If you received this transmission in error, please contact the sender and destroy all printed copies and delete the material from all computers.



Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: 9/7/23

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Petra Linden and I am the CEO for St. Mary's Dining Room. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

St. Mary's Dining Room is one of the largest homeless service providers in this area, and we see everyday the importance of healthcare access. Through the Health Ambassador program we partner with St. Joseph's Medical Center to link homeless patients with housing navigation services and other supports in the community. St. Joseph's Medical Center has a strong Community Benefits program that addresses a wide range of needs across Stockton.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,



Petra Linden

St. Mary's Dining Room

From: Steve Morales <maya@mayaco.com>

ATTACHMENT G

Sent: Tuesday, September 5, 2023 4:56 PM

To: Nicole Moore.Ctr <Nicole.Moore.Ctr@stocktonca.gov>; CC - City Clerk <City.Clerk@stocktonca.gov>

Cc: Steve Morales <maya@mayaco.com>

Subject: Planning Commissioners - St. Joseph's Medical Center Hospital Expansion Project - P21-0958 - public comment

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Hello again Nicole. Hoping your Labor Day Weekend was an enjoyable one.

Not sure if you give this to the Commissioners in advance or if you read this at the Planning Commission meeting on Sept 14th. Please share:

Dear Planning Commissioners and City Staff,

Firstly, I extend my gratitude for your dedicated service to our community. As a proud Stocktonian and devoted community volunteer, I am writing to support the expansion project of St. Joseph's Medical Center.

The proposed expansion will not only increase the capacity for patient rooms, surgical facilities, and a more comprehensive Emergency Room, but it will also position our community as a leading medical hub by attracting top-tier doctors and specialists vital to our healthcare landscape.

St. Joseph's Medical Center's proposed investment is a testament to its commitment to enhancing our community's healthcare services. It's noteworthy that St. Joseph's is already nationally recognized for its exemplary cancer and cardiac treatments. Their unwavering dedication to healthcare excellence, combined with their comprehensive approach in considering community health, illustrates their sincere desire to provide the best possible medical care in our community. They've welcomed feedback/participation from the neighborhood, employees (they are the County's largest private employer), and environmental groups, and this makes it evident that their staff had been very diligent in approaching this expansion project. Moreover, their awareness and incorporation of the neighborhood impact and feedback, further underscores their role as a responsible and proactive community partner.

Additionally, their longstanding support for numerous non-profit organizations, ranging from financial contributions to educational programs and community health initiatives, stands as evidence of their dedication to the broader welfare of Stockton.

I urge the Planning Commission to recognize this rare and valuable opportunity for our community. Endorsing this expansion would undoubtedly lead to improved healthcare services and overall community well-being. I, along with countless others in our community, eagerly anticipate the myriad of benefits this expansion promises.

Thank you for your consideration.

Steve

Steve Morales

Caution: This email is both proprietary and confidential, and not intended for transmission to (or receipt by) any unauthorized person(s). If you believe that you have received this email in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it and any attachments. Thank you.

From: [CC - City Clerk](#)
To: [Adriana Guerrero](#); [Azelia Fuentes](#); [Stephanie Ocasio](#); [Michael McDowell](#)
Cc: [CC - City Clerk's Office](#); [Taryn Jones](#)
Subject: Fwd: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center
Date: Saturday, September 9, 2023 2:57:04 PM
Attachments: [image001.jpg](#)
[image003.jpg](#)
[Letter of Support for the Proposed Expansion of St. Joseph's Medical Center.pdf](#)

From: Pat Patmon <pat@patmon.com>
Sent: Saturday, September 9, 2023 11:52:15 AM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Cc: Donald Wiley CA-Stockton <donald.wiley@commonspirit.org>; Diane Bertilacchi CA-Stockton <diane.bertilacchi@commonspirit.org>
Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Ladies and Gentlemen

Please find attached my urgent request for a unanimous speedy approval of Saint Joseph's Medical Center's proposed expansion project.

Thanks

Pat



Charles "Pat" Patmon III
Founding Director / Board Chair
4780 West Lane Suite A
Stockton, California 95210
E-mail: pat@patmon.com
Direct: (209) 463-5561
Office: (209) 951-4391

REAL ESTATE DEVELOPMENT AND OPERATION



September 9, 2023

Stockton Planning Commission
city.clerk@stocktonca.gov.

Re: Support Proposed Expansion Project at St. Joseph's Medical Center

Ladies and Gentlemen:

Approximately three years ago on return from our 30-day excursion in Tanzania, Africa, my wife Cheryl was diagnosed with heart failure and Pancreatic Cancer. Saint Joseph's administrative and medical staff immediately went into "all hands-on deck" mode and provided emergency care that certainly saved her life. After a year of Chemotherapy and Radiation treatment she had her Pancreas removed at the Mayo Clinic in Rochester, Minnesota. Upon return from Mayo, and again in the hands of Saint Joseph's and their extremely capable staff, she has been kept alive thru continuous strokes and post operative complications, with medical care that has been second to none.

To say that I am not familiar with Saint Joseph's hospital and it's staff would certainly be incorrect, I have become somewhat of an expert on hospitals and their staff. Mayo certainly has some of the best and most renowned doctors in the world, and nothing that I can say here could ever take away from that experience, however Saint Joseph's hospital ranked neck and neck with Mayo.

We were truly blessed to be able to obtain the care that Mayo provided, and we certainly needed that quality of care for surgery to remove her Pancreas, however I am here to attest loud and clear that Saint Joseph's hospital was equally as good for her treatment before and after her surgery.

Saint Joseph's sorely needs more beds and experienced medical staff to continue to offer the kind of quality care that we recently received at both Saint Joseph's and Mayo. Not everyone will be fortunate enough to be seen at Mayo, every Stocktonian however will need quality medical care sometime in their life, even if only prior to and after their visit to a world-famous medical center.

I have personally observed Don Wiley, as a board member on other organizations and as a friend, as the guiding light at Saint Joseph's. In my view the leader of any organization and the guidance provided to their organization is the key to the organizations success. Don Wiley has provided exactly this kind of leadership to his

PATMON COMPANY, INC.

REAL ESTATE DEVELOPMENT AND OPERATION

staff and is exactly why Saint Joseph's is as excellent as it is. Don has conceived this new expansion plan and he is exactly why the plan will succeed!

My personal experience and frustration of seeing Cheryl lying on a bed in the hall of the emergency room waiting for a bed is why I am writing to express my support for the much-needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion annually will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

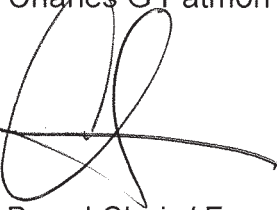
As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life.

As a planning commission, you simply MUST approve the expansion plan as presented as expeditiously as possible. Please contact me personally if you would like more stories of the wonderful experiences that the Patmon family has had at Saint Joseph's.

Sincerely,

Charles G Patmon III

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a horizontal line and a small loop.

Board Chair / Founding Director
Patmon Company Inc

CGP:clj

From: [CC - City Clerk](#)
To: [Adriana Guerrero](#); [Azelia Fuentes](#); [Stephanie Ocasio](#); [Michael McDowell](#)
Cc: [Taryn Jones](#); [CC - City Clerk's Office](#)
Subject: FW: Letter of Support - Proposed Expansion of St. Joseph's Medical Center (Planning Commission 9/14/23)
Date: Tuesday, September 12, 2023 4:45:39 PM
Attachments: [image004.png](#)
[image006.png](#)
[image010.png](#)
[St. Josephs Expansion September 2023 - letter of support Greater Stockton Chamber.pdf](#)

From: Timm Quinn <TQuinn@stocktonchamber.org>
Sent: Tuesday, September 12, 2023 4:16 PM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Subject: Letter of Support - Proposed Expansion of St. Joseph's Medical Center (Planning Commission 9/14/23)

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Please see attached for a letter of support from the Greater Stockton Chamber of Commerce for the proposed expansion of St. Joseph's Medical Center for the September 14, 2023 Planning Commission Meeting.

Any questions, or if there is another procedure I need to take to submit just let me know.

Sincerely,



Timm Quinn

CEO
Greater Stockton Chamber of Commerce
445 W. Weber Ave. #220, Stockton, CA 95203
tquinn@stocktonchamber.org | 209.292.8423





September 12, 2023

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center



To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center



My name is Timm Quinn and I am the CEO of the Greater Stockton Chamber of Commerce. I am writing to express our support for the much-needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.



The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.



California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.



The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.



St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.



St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. On behalf of the Greater Stockton Chamber of Commerce Board of Directors I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Timm Quinn

CEO

Greater Stockton Chamber of Commerce

(209) 292-8423

tquinn@stocktonchamber.org

From: [CC - City Clerk](#)
To: [Adriana Guerrero](#); [Azelia Fuentes](#); [Stephanie Ocasio](#); [Michael McDowell](#)
Cc: [Taryn Jones](#); [CC - City Clerk's Office](#)
Subject: Fwd: 5/14/23 City Planning Commission Agenda Item 5.1
Date: Monday, September 11, 2023 11:58:06 AM
Attachments: [Ltr COS Planning Commission \(09 11 23\).pdf](#)

Commissioner Correspondence

From: Mark Rishwain <mark@rishwain.com>
Sent: Monday, September 11, 2023 10:03:29 AM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Subject: 5/14/23 City Planning Commission Agenda Item 5.1

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Good morning,

Attached please find my letter of support for approval of City of Stockton Planning Commission agenda item 5.1. Please deliver a copy of the letter to the Planning Commission members prior to Thursday's meeting.

Thank you,

Mark Rishwain

Mark B. Rishwain, Esq.
RISHWAIN & RISHWAIN, P.C.
2800 West March Lane, Suite 220
Stockton, California 95219
(209) 473-2800 ext. 1224
(209) 473-2885 (fax)
mark@rishwain.com

IRS Circular 230 Notice: As required by the IRS, we are informing you that any federal tax advice contained in this communication (including any attachments) was not intended or written to be used, and that it cannot be used, for the purpose of (i) avoiding penalties that may be imposed under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any tax-related matter.

The information transmitted herein and/or herewith is intended only for the person or persons to whom it is addressed and may be non-public, confidential and/or attorney-client privileged. Any review, retransmission, dissemination, or other use of, or taking of any action in reliance upon, such information by persons or entities other than the intended recipient(s) is prohibited and may be unlawful. If you have received this transmission in error, please contact the sender at the above address immediately and delete the material from any computer.

MARK B. RISHWAIN
SCOTT D. RISHWAIN
DAVID A. RISHWAIN

September 11, 2023

ROBERT J. RISHWAIN
(RETIRED)

Stockton Planning Commission

Via Email only to: city.clerk@stocktonca.gov

RE: Support for Proposed Expansion Project at St. Joseph's Medical Center

Dear Commissioners:

I am a lifelong resident of Stockton and San Joaquin County. Please consider this letter as my unqualified support for the proposed expansion of St. Joseph's Medical Center. St. Joseph's has been providing our ever-growing community with necessary and quality health care and services for many decades. Its mission is to improve community health and Stockton must do all in its power to facilitate St. Joseph's ability to continue to reach and serve our diverse and growing population.

The proposed expansion will (i) add 144 new, private, acute care beds in a New Acute Care Tower, improving patient experience, (ii) include a state-of-the-art Emergency Department with enhanced surgical facilities, and (iii) provide for the growth of the Graduate Medical Education Residency Program (which will ultimately train over 200 residents each year in nine different specialties), as that program endeavors to address the well documented primary and specialty physician shortage in the San Joaquin Valley. The foregoing are just a few of the myriad of health care benefits that will be provided by the expansion.

St. Joseph's Medical Center is already a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be thousands of jobs created. Additionally, once the project is completed, the benefit to the local economy will be over \$1.6 billion annually.

As part of the expansion project, California's 2030 seismic retrofits will be completed. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the seismic retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

St. Joseph's Medical Center has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments. As our region continues to grow, it is critical that our health care network grows to support our residents. The proposed expansion will ensure our population has access to world-class care and the hospital can continue its mission.

Lastly, the proposed expansion supports Stockton's vision, growth and development trajectory, further improving the local health care landscape and thus our quality of life. I urge and respectfully request the Commission's support, without delay, of the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,



Mark B. Rishwain



12 September 2023

Stockton Planning Commission
Council Chamber, City Hall
425 N. El Dorado Street
Stockton CA 95202

Headquarters
445 North San Joaquin Street
Stockton, CA 95202-2026

TEL 209.644.2600
FAX 209.644.2642

RE: Support For Proposed Expansion Project at St. Joseph's Medical Center

To Whom It May Concern:

As the President and CEO of El Concilio California, one of the largest multi-service nonprofit agencies serving all low-income, marginalized, and at-risk communities in the Central Valley, and on behalf of the agency's board of directors, I am delighted to support the much-needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton – a vital anchor in our community for 125 years to the health ecology of our city and region, and a significant economic driver of our local economy.

For over 55 years, El Concilio California has remained committed to providing and supporting the best services possible to the Central Valley and San Joaquin Valley's diverse communities, and is acutely aware the need for the proposed SJMC expansion project and the positive impact it will have on the region, and regional health equity concerns, as a whole.

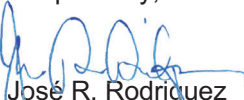
The SJMC expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower; provide a state-of-the-art Emergency Department and enhanced surgical facilities meeting the evolving healthcare needs of the region's diverse and growing populations; and, allow for growth of the Graduate Medical Education Residency Program, training well over 200 residents each year in nine different specialties. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area.

Given that California's 2030 seismic retrofits will be completed as part of the expansion project, timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. As such, the phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

With a strong history of commitment to health equity and caring for all people, especially the historically marginalized, at-risk, and vulnerable, as well as being San Joaquin County's largest hospital provider for Medi-Cal patients, SJMC is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments. As our region continues to grow it is critical that our health care network grows to support our residents.

The proposed expansion of SJMC will ensure our population has access to world-class care and the hospital can continue its mission of improving community health. Furthermore, the expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by SJMC.

Respectfully,


José R. Rodríguez
President and CEO



San Joaquin Stanislaus Contra Costa
www.ElConcilio.org



Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Christopher Russo, DO, MPH, and I am an independent physician in Stockton and member of the Medical Executive Committee at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

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

Christopher Russo, DO, MPH



Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Alan Sabino, MD, and I am an independent physician in Stockton, and Chair of the Anesthesia Department at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Alan Sabino, MD

A handwritten signature in blue ink, appearing to read "Alan Sabino MD", written over a light blue horizontal line.



SAN JOAQUIN PARTNERSHIP
A Private Non-Profit Economic Development Corporation

September 14, 2023

Planning Commission
City of Stockton
City Hall, 425 N. El Dorado St.
Stockton, CA 95202

Subject: Support for the Proposed Expansion Project at St. Joseph's Medical Center

Dear Members of the Planning Commission,

I am writing to express my strong support for the proposed expansion project at St. Joseph's Medical Center. This project, which aims to increase the number of beds and create significant job opportunities for doctors, nurses, and medical support staff, is not only a much-needed boost to our healthcare infrastructure but also a vital investment in our local community.

St. Joseph's Medical Center has been a pillar of healthcare excellence in our region for many years. Its commitment to delivering high-quality care and its dedication to the well-being of our community have earned it the trust and respect of countless residents. The proposed expansion project represents a responsible and forward-thinking approach to ensuring that this vital institution can continue to meet the growing healthcare needs of our community.

The planned increase in the number of beds at St. Joseph's Medical Center is particularly significant. As our population continues to grow, it is essential that we have sufficient healthcare facilities to accommodate the increasing demand for medical services. This expansion will not only improve access to care but also enhance the overall quality of healthcare services available in our area.

Furthermore, the expansion project promises to be a boon to job creation. In addition to providing employment opportunities for skilled doctors, nurses, and medical support staff, the construction phase of the project will generate jobs in the local construction industry that will last for years. This means a positive economic impact that extends beyond the healthcare sector, benefiting a wide range of workers and businesses in our community.

In conclusion, I urge you to wholeheartedly support the proposed expansion project at St. Joseph's Medical Center. It is an investment in our community's health and well-being, a catalyst for job creation, and a model of responsible and sustainable development. The benefits of this project will be felt by all residents, and its positive impact will be long-lasting.

The San Joaquin Partnership is the Economic Development Corporation for the county at large and represents the cities, county, and the business interest of communities. As the promoter of our assets, job opportunities, quality of life and pro-business approach to the recruitment and retention of business in San Joaquin County, we are always looking at ways to attract new talent for the diverse industries we represent.

Thank you for your attention to this important matter. I trust that you will make the right decision in favor of our community's health and prosperity.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. La". The signature is fluid and cursive, with a long horizontal stroke at the end.



Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: 09/12/2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Lueathel Seawood, and I am the President of the African American Chamber of Commerce of San Joaquin County(AACCoSJC) and I am writing to express our/my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission supports, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Lue Se wo

Lueathel Seawood, President
AACCoSJC

From: [CC - City Clerk](#)
To: [Adriana Guerrero](#); [Azelia Fuentes](#); [Stephanie Ocasio](#); [Michael McDowell](#)
Cc: [CC - City Clerk's Office](#); [Taryn Jones](#)
Subject: Fwd: Letter of Support for Proposed St. Joseph's Expansion
Date: Monday, September 11, 2023 3:16:49 PM

From: Sue Shalvey <sueshalvey@gmail.com>
Sent: Monday, September 11, 2023 3:07:48 PM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Subject: Letter of Support for Proposed St. Joseph's Expansion

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Letter of Support for Proposed Expansion of St. Joseph's Medical Center

Date: September 9, 2023
To: Stockton Planning Commission
RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Sue Shalvey and I am a recent St. Joseph's Foundation Board member. Along with my husband, Don Shalvey, we are proud to be donors and supporters of St. Joseph's Medical Center and its Graduate Medical Education program. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC), which has been an anchor in our community for 125 years and is vital to the health ecology of Stockton and our region. St. Joseph's Medical Center has served our family for 100 of those years along with serving many other families in our community. We are counting on St. Joseph's continued capacity to meet our region's growing health care needs as well as to provide specialized medical education for the future physicians who are needed to practice in our communities.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

SJMC is a significant economic driver of our local economy with over 6,000 jobs supported. During construction, economic activity will be generated and thousands of jobs will be created. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. St. Joseph's Medical Center's strong history of caring for all people, especially historically marginalized and vulnerable communities, exemplifies its commitment to health equity. As our County's largest hospital provider for Medi-Cal patients, SJMC is focused on improving health outcomes and addressing the social determinants of health for our community members. The proposed expansion of SJMC will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

I respectfully urge the Stockton Planning Commission to support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Sue Shalvey

5488 North Fine Road
Linden, CA 95236
e: sueshalvey@gmail.com
c: 650-387-7168



Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: 09/05/2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Dave Silva and I am the owner of Silva Trucking. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in blue ink that reads "Dave Silva".

Dave Silva
Silva Trucking

TERMINAL
36 W. MATHEWS ROAD
FRENCH CAMP, CALIF. 95231-9753

MAILING
P.O. BOX 1449
FRENCH CAMP, CALIF. 95231-1449

From: GARY SPAUGH <gspaugh@comcast.net>
Sent: Thursday, September 7, 2023 8:03 AM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Subject: St. Joseph's Acute Care Expansion Project

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

To: Stockton Planning Commission
2023

September 7,

RE: Support for Proposed Expansion Project at St. Joseph's Medical Center

My name is Gary Spaugh and having lived in Stockton over the past 45 years, I am a longstanding member of the community concerned with the healthcare of our city and county. I also actively serve as a member of the St. Joseph's Community Council, charged with representing the community with respect to how the needs of our people for healthcare services are met. For this reason, I am writing to express my support for the proposed expansion of St. Joseph's Medical Center in Stockton, which has been an anchor in our community for 125 years and is vital to the health and well-being of all people in our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, inpatient beds in a new acute care tower. The expansion also includes a state-of-the-art emergency department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 required seismic retrofits will be completed as part of the expansion project. Therefore, timing for construction of the new acute care tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care. Thus, this expansion must not be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center, with over 6,000 employees, is a significant economic driver of our local economy. During construction there will be a significant increase in economic activity and thousands of additional jobs will be created over the construction period. Once the project is completed, the ongoing annual economic impact of over \$1.6 billion will greatly benefit the local economy.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care capacity grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Gary L. Spaugh
109 W. Knoles Way
Stockton, Ca. 95204
(209) 464-5923
gspaugh@comcast.net



**St. Joseph's Foundation
of San Joaquin.**
A Dignity Health Member

1800 N. California Street
Stockton, CA 95204
direct 209.467.6347
fax 209.461.6893
www.StJosephsCares.org/Foundation

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Board of Directors

Donald J. Wiley
President & CEO

Patrick Velasquez
Chair

Mark Rishwain, Esq.
Vice Chair

Anthony Bott
Secretary

Nikki Ochoa
Treasurer & CFO

James Acosta
Sister Katherine Hamilton, O.P.
Sister Abby Newton, O.P.
Pallavi Reddy
Dave Silva
Balraj Singh
Annette Stephens
Denise Suen
Cindy Wong

Staff

Julie Kay Eckardt-Cantrall
Vice President & Chief
Philanthropy Officer

Oscar Segura
Manager of Philanthropy

Robyn Flores
Director of Grants

Morgan Gace
Philanthropy
Communication Specialist

Dalia Hernandez
Grants Coordinator

Der Yang
Secretary III

Date: September 6, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Annette Stephens and I am a St. Joseph's Foundation Board of San Joaquin Member. I am writing to express our/my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in black ink that reads "Anette Stephens". The signature is written in a cursive, flowing style.

Anette Stephens

St. Joseph's Foundation of San Joaquin Board Member



**St. Joseph's Foundation
of San Joaquin.**
A Dignity Health Member

1800 N. California Street
Stockton, CA 95204
direct 209.467.6347
fax 209.461.6893
www.StJosephsCares.org/Foundation

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Board of Directors

Donald J. Wiley
President & CEO

Patrick Velasquez
Chair

Mark Rishwain, Esq.
Vice Chair

Anthony Bott
Secretary

Nikki Ochoa
Treasurer & CFO

James Acosta
Sister Katherine Hamilton, O.P.
Sister Abby Newton, O.P.
Pallavi Reddy
Dave Silva
Balraj Singh
Annette Stephens
Denise Suen
Cindy Wong

Staff

Julie Kay Eckardt-Cantrall
Vice President & Chief
Philanthropy Officer

Oscar Segura
Manager of Philanthropy

Robyn Flores
Director of Grants

Morgan Gace
Philanthropy
Communication Specialist

Dalia Hernandez
Grants Coordinator

Der Yang
Secretary III

Date: September 6, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Denise Suen and I am a St. Joseph's Foundation of San Joaquin Board Member. I am writing to express our/my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denise Suen', with a stylized, flowing script.

Denise Suen

St. Joseph's Foundation of San Joaquin Board Member

CAPITOL OFFICE
1021 O STREET
SUITE 8530
SACRAMENTO, CA 95814
(916) 651-4005

DISTRICT OFFICE
2291 W. MARCH LANE
SUITE B-200
STOCKTON, CA 95207
(209) 472-9535

SENATOR EGGMAN@SENATE.CA.GOV

WWW.SENATE.CA.GOV/EGGMAN

California State Senate

SENATOR
SUSAN TALAMANTES EGGMAN
FIFTH SENATE DISTRICT
ASSISTANT MAJORITY LEADER



HEALTH
CHAIR
LEGISLATIVE LGBTQ CAUCUS
CHAIR
MEMBER
BUDGET & FISCAL REVIEW
BUSINESS, PROFESSIONS &
ECONOMIC DEVELOPMENT
ENERGY UTILITIES
& COMMUNICATIONS
NATURAL RESOURCES AND WATER
LEGISLATIVE LATINO CAUCUS
LEGISLATIVE WOMEN'S CAUCUS

September 11, 2023

Stockton Planning Commission

RE: Support for the Proposed Expansion Project at St. Joseph's Medical Center

Dear Commissioners,

I am writing to you today to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving

health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center. Should you have any questions regarding my support for this project, please do not hesitate to contact my office at (209) 472-9535.

Sincerely,

A handwritten signature in blue ink, appearing to read 'STE', is positioned above the printed name.

SUSAN TALAMANTES EGGMAN
SENATOR, 5th District



September 14, 2023

To: Stockton Planning Commission
RE: Support Proposed Expansion Project at St. Joseph's Medical Center

Executive Committee

Eddie Lira, President
BAC Community Bank

Luis Reyes, President-Elect
Wells Fargo

Angel Sepulveda, Secretary
State Farm

John Freeman, Past President
California Water Service

Board of Directors

Melissa Tong
Neumiller & Beardslee

Andrea Andrade
JP Morgan Chase

Tammy Shaff
Dignity Health St. Joseph's
Medical Center

Stephanie Riddle
Schwartz, Giannini, Lantsberger
& Adamson

Dylan George
Pacific Gas and Electric

Mark Apostolon
El Concilio CA

Ben Dominguez
Phoenix Roofing & Solar

Steve Morales
MAYACO Marketing & Internet

Mayra Cuevas
(Honorary Board Member)
Comerciantes Unidos

Chief Executive Officer
Lisa Vela

My name is Lisa Vela, and I am Chief Executive Officer of the San Joaquin County Hispanic Chamber of Commerce (SJCHCC). I am writing to express our/my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

Established in 1972, SJCHCC is a membership network of over 350 individuals, businesses, and professional associations working together to expand business opportunities for members and Hispanic businesses by encouraging mutually beneficial ties with the public and private sector. The mission of the San Joaquin County Hispanic Chamber of Commerce is to advocate on behalf of members and to encourage economic and business development throughout the region.



Executive Committee

Eddie Lira, President
BAC Community Bank

Luis Reyes, President-Elect
Wells Fargo

Angel Sepulveda, Secretary
State Farm

John Freeman, Past President
California Water Service

Board of Directors

Melissa Tong
Neumiller & Beardslee

Andrea Andrade
JP Morgan Chase

Tammy Shaff
Dignity Health St. Joseph's
Medical Center

Stephanie Riddle
Schwartz, Giannini, Lantsberger
& Adamson

Dylan George
Pacific Gas and Electric

Mark Apostolon
El Concilio CA

Ben Dominguez
Phoenix Roofing & Solar

Steve Morales
MAYACO Marketing & Internet

Mayra Cuevas
(Honorary Board Member)
Comerciantes Unidos

Chief Executive Officer
Lisa Vela

ATTACHMENT G

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in cursive script, reading "Lisa Vela".

Lisa Vela, Chief Executive Officer
San Joaquin County Hispanic Chamber of Commerce

From: [CC - City Clerk](#)
To: [Adriana Guerrero](#); [Azelia Fuentes](#); [Michael McDowell](#); [Stephanie Ocasio](#)
Cc: [CC - City Clerk's Office](#); [Taryn Jones](#)
Subject: FW: Letter of Support
Date: Tuesday, September 12, 2023 10:21:04 AM
Attachments: [Letter of Support.pdf](#)

Commissioner Correspondence

From: patrick@chasechevrolet.com <patrick@chasechevrolet.com>
Sent: Tuesday, September 12, 2023 10:06 AM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Subject: Letter of Support

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Good morning,

Please see the attached.

Best regards,
Patrick Velasquez
Director & Corporate Secretary
Chase Chevrolet Co., Inc.
209-475-6663 Office
209-479-4229 Cell
209-476-6686 Fax

ATTACHMENT G

CHASE  CHEVROLET
Family Owned Since 1944

Date: Sept. 12, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Patrick Velasquez and I am Chairperson of the St. Joseph's Foundation of San Joaquin and a Director and Corporate Secretary for Chase Chevrolet Co., Inc. I am writing to express our/my support for the much-needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact on capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for the growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth, and development trajectory and will improve the local healthcare landscape and our overall quality of life. I respectfully request the Stockton Planning Commission supports, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Patrick Velasquez
Chairperson / Director & Corporate Secretary
St. Joseph's Foundation of San Joaquin / Chase Chevrolet Co., Inc.



Medical Staff Office
1800 N. California St.
Stockton, CA 95204
direct 209.467.6352
fax 209.467.6327
dignityhealth.org

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Date: September 7, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Richard Waters, MD, and I am an independent physician in Stockton, and Chair of the Cardiovascular Department at St. Joseph's Medical Center. I am writing to express my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin Counties largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

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

Richard Waters, MD

From: [CC - City Clerk](#)
To: [Stephanie Ocasio](#); [Michael McDowell](#); [Adriana Guerrero](#); [Azelia Fuentes](#)
Cc: [CC - City Clerk's Office](#); [Taryn Jones](#)
Subject: Fwd: Comment letter for St. Josephs.expansion. City.Planning.Meeting
Date: Saturday, September 9, 2023 11:20:05 AM
Attachments: [St.Josephs.expansion 2023.docx](#)

Commissioner Correspondence

From: Betty Wilson <bwilson@bci-sjc.org>
Sent: Friday, September 8, 2023 8:46 AM
To: CC - City Clerk <City.Clerk@stocktonca.gov>
Subject: Comment letter for St. Josephs.expansion. City.Planning.Meeting

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Attached is our comment letter for the St. Joseph's Expansion. Please confirm receipt.

Thank you.

Betty Wilson
Executive Director
Business Council of San Joaquin County
6731 Herndon Place
Stockton, CA 95219
209.956.3389 Office
209.487.3700 Direct Line
bci@bci-sjc.org
bwilson@bci-sjc.org

PLEASE NOTE: This communication and any accompanying documents are confidential and privileged. They are intended for the sole use of the addressee. If you receive this transmission in error, you are advised that any disclosure, copying, distribution, or the taking of any action in reliance upon this communication is strictly prohibited. If you have received this communication in error, please contact me at the above email address. Thank you.



BUSINESS COUNCIL EXECUTIVE COMMITTEE

ATTACHMENT G

Fritz Grupe
Chairman
Grupe Company

William R. Trezza
Vice Chairman
Bank Director BAC

Kathleen Lagorio Janssen
Secretary
Lagorio Companies

Gene Gini
Collins Electrical Company

Betty Wilson
Business Council

Michael Duffy
Valley Strong Credit Union

Douglass M. Eberhardt II
Bank of Stockton

Christopher Callahan
President
University of the Pacific

Don Wiley
Dignity Health

John Ledbetter
Vino Farms

Rudy Croce
CFO, BPM Inc.

Kevin Huber
President/CEO
Grupe Huber Company

Date: September 8, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Betty Wilson, and I am the Executive Director for the Business Council San Joaquin County. We are writing to express our support for the much-needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient's experience by adding 144 new, private, acute care beds in the New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion annually will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. We respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

Betty Wilson

Betty Wilson



**St. Joseph's Foundation
of San Joaquin.**
A Dignity Health Member

1800 N. California Street
Stockton, CA 95204
direct 209.467.6347
fax 209.461.6893
www.StJosephsCares.org/Foundation

Subject: Letter of Support for the Proposed Expansion of St. Joseph's Medical Center

Board of Directors

Donald J. Wiley
President & CEO

Patrick Velasquez
Chair

Mark Rishwain, Esq.
Vice Chair

Anthony Bott
Secretary

Nikki Ochoa
Treasurer & CFO

James Acosta
Sister Katherine Hamilton, O.P.
Sister Abby Newton, O.P.
Pallavi Reddy
Dave Silva
Balraj Singh
Annette Stephens
Denise Suen
Cindy Wong

Staff

Julie Kay Eckardt-Cantrall
Vice President & Chief
Philanthropy Officer

Oscar Segura
Manager of Philanthropy

Robyn Flores
Director of Grants

Morgan Gace
Philanthropy
Communication Specialist

Dalia Hernandez
Grants Coordinator

Der Yang
Secretary III

Date: September 6, 2023

To: Stockton Planning Commission

RE: Support Proposed Expansion Project at St. Joseph's Medical Center

My name is Cindy Wong and I am a St. Joseph's Foundation Board of San Joaquin Member. I am writing to express our/my support for the much needed proposed expansion of the St. Joseph's Medical Center (SJMC) in Stockton, which has been an anchor in our community for 125 years and is vital to the health ecology of our city and region.

The expansion will increase physical capacity and improve the patient experience by adding 144 new, private, acute care beds in a New Acute Care Tower. The expansion also includes a state-of-the-art Emergency Department and enhanced surgical facilities signifying a commitment to meeting the evolving healthcare needs of our diverse and growing population in the region.

California's 2030 seismic retrofits will be completed as part of the expansion project. Timing for construction of the new Acute Care Tower is critical as beds must be taken offline during the retrofit. The phasing of the project is designed to limit the impact to capacity and access to care, but to accomplish this goal this expansion cannot be delayed.

The proposed expansion allows for growth of the Graduate Medical Education Residency Program. There is a well-documented physician shortage in the San Joaquin Valley and growth of the residency program is vital to expand access to primary and specialty care for patients who would otherwise have to travel out of the area. This program will be training well over 200 residents each year in nine different specialties.

St. Joseph's Medical Center is a significant economic driver of our local economy with over 6,000 jobs supported. During construction there will be a significant increase in economic activity and thousands of jobs will be created over the construction period. The ongoing economic impacts of over \$1.6 billion, annually, will benefit the local economy once the project is completed.

St. Joseph's Medical Center is committed to health equity and has a strong history of caring for all people, especially historically marginalized and vulnerable communities. As San Joaquin County's largest hospital provider for Medi-Cal patients, St. Joseph's Medical Center is focused on improving health outcomes and addressing the social determinants of health through innovative health programs, community benefits, and investments.

As our region continues to grow it is critical that our health care network grows to support our residents. The proposed expansion of St. Joseph's Medical Center will ensure our population has access to world-class care and the hospital can continue its mission of improving community health.

The proposed expansion embodies Stockton's vision, growth and development trajectory and will improve the local health care landscape and our overall quality of life. I respectfully request the Stockton Planning Commission support, without delay, the expansion plans put forth by St. Joseph's Medical Center.

Sincerely,

A handwritten signature in blue ink that reads "Cindy Wong". The signature is fluid and cursive, with the first name "Cindy" and last name "Wong" clearly distinguishable.

Cindy Wong

St. Joseph's Foundation of San Joaquin Board Member