

CN/EJ&E ACQUISITION: DEIS PUBLIC HEARING, BARRINGTON, ILLINOIS
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KAREN LAMBERT, PRESIDENT, ADVOCATE GOOD SHEPHERD HOSPITAL
WRITTEN SUBMISSION

In the spirit of satisfying the wishes of the Surface Transportation Board's Section of Environmental Analysis, or SEA, I'll limit my comments to specific portions of the Draft Environmental Impact Statement that I feel requires further attention, or outright revision.

Advocate Good Shepherd is a 183-bed acute care hospital rated as a Level II trauma center, with a state-of-the-art emergency department, able to care for all but the most dire cases. Recognizing that heart disease is the community's number one killer and that every minute is critical, we established our comprehensive cardiac care center.

Perhaps most frustrating in the draft EIS, is the fact that for the critical medical facilities section of the SEA's analysis of the Barrington area, it devotes only one misleading sentence: *"No public at-grade crossings are within two miles of the emergency medical facility...Advocate Good Shepherd Hospital (attachment E3, P. 19 of 250)."* It's understood that some baseline or metric must be agreed upon when conducting any analysis, but in our view, the SEA's two-mile range criteria from the EJ&E tracks to assess emergency and medical services for these communities is woefully inadequate in this particular circumstance.

The stated rationale is that typically beyond two miles from the tracks, *"...it tends to diminish the probability that Canadian National train traffic would interfere with emergency medical responders."* However, given the area's unique configuration, there's no basis to expect that this model provides reasonable perspective for the Board's decision-making when it comes to our geographic and service area constraints, two criteria the SEA stated it would use in evaluating site-specific conditions (*Appendix E, E-12*). This was clearly not the case.

It devoted plenty of comment - and rightly so - to analyzing local EMS's ability to move freely in the community, to respond to a patient's call for help at a residence, business, school or park. But, it virtually ignored the other critical half of the first-responder equation: assuming that 21 two-mile long freight trains will sever the town daily from north to south, will emergency services be able to transport and deliver those patients to the community's critical care facility? In our analysis, the answer is a resounding, "NO."

One-third of all Good Shepherd trauma and ambulance runs originate from east of the EJ&E tracks. The Barrington Fire Department studied its EMS calls through the Barrington area, and almost 1,200 – one-third of all their runs, just as we'd concluded – will need to be re-routed to another area hospital, one accessible from the other side of the tracks. This will increase transport times by 77 to 177 percent.

And in our business, time is the greatest threat to a critically ill or injured patient. There can be no other conclusion to draw but that area mortality rates for patients will increase, and overall patient outcomes for this large segment of residents will suffer. Access to an ambulance and being able to be transported to a critical care facility are two distinctly different propositions.

Does Canadian National or the SEA assume that being picked up by an ambulance constitutes access to medical treatment? Certainly not; an ambulance is the best means for transportation of the sick and injured, but the destination for every ambulance's patients – the acute care hospital – is what saves most lives.

Unlike inner ring suburbs with roads plotted in north-south, east-west city block grids, Barrington is a community in which vehicles are restricted in their ability to move around, with limited access and limited options to get from Point 'A' to Point 'B'. In the five miles of track that cut through the town between Rand Road in Lake Zurich to Dundee Avenue and Route 59, there are just five westbound roads: Otis Avenue, Lake-Cook Road, Route 14, Cuba Road and Route 22. That's it; five roads in five miles with no grade separations and the CN/EJ&E line cutting the communities in half, with medical care and emergency response on opposite sides of their rolling barriers.

In fact, it does a disservice to the analysis and to the Board members to not clearly acknowledge the disparity in available grade separations between towns that currently endure Canadian National trains and the EJ&E communities where Canadian National plans to relocate that rail traffic. The suburbs, and even more so, the neighborhoods in the City of Chicago that have for decades now seen high train traffic have significantly more mitigation, that is, many more under- and overpasses, compared to the total absence of any in Barrington or other impacted EJ&E communities. This means their safety is better ensured, and they're better equipped to reasonably co-exist with high train volumes.

The draft did not acknowledge the areas limited roadway access, as well as lack of grade separation. It accurately refers to the only grade separation available to Barrington as the sole underpass on Route 12 in Lake Zurich. But, it inaccurately states its distance from the Fire Station's emergency services as being just 2.5 miles (*attachment E3, P. 19 of 250*). Ambulances would logically need to use this underpass to reach our hospital when a train blocks that same Ela Road crossing, just south of Route 12. In that case, emergency services from Station One in Barrington's center would re-route south on Route 14, east on Lake-Cook, north on Ela, and east on Cuba Road through Deer Park to Route 12, to use the underpass in Lake Zurich. In that example, the underpass is 7.5 miles away, triple the distance stated in the draft.

In closing, this proposal – and this analysis – offers no substantive answers to critical public health and safety issues. There are issues that must be urgently and effectively addressed; they're not the sort that can wait long for the wheels of bureaucracy to turn. The proposed action, in its current state, will cost lives. Period. Patients are transported by ambulance because it's an emergency. And, emergencies demand urgency – not delaying treatment for critical patients.

Mortality rates for our communities will increase. Only an acute care hospital can deliver certain life-saving procedures, and time measured in minutes is always the enemy of the critical patient. Overall, this proposed action will negatively impact patient outcomes and overall patient care for thousands of area residents annually. And that, by any definition, is certainly not in the public interest.