

Phyllis Johnson-Ball
STB Finance Docket No. 35087
Surface Transportation Board
395 E. Street SW, Washington, DC 20423-0001

September 10, 2008

To the members of the Federal Surface Transportation Board and the SEA:

As an anesthesiologist regularly on call for emergencies at Advocate Good Shepherd Hospital in Barrington, Illinois, I strongly urge you to not approve Canadian National's proposal in its current form. Our medical center is designated as a Level II trauma center, able to care for all but the few most dire cases requiring Level I care. In order to maintain our designation, anesthesiologists, surgeons and staff such as surgical nurses, pulmonologists and others must be able to arrive at the hospital within 30 minutes or less to respond to an incoming critical patient. Many of us, including me, reside on the opposite side of the EJ&E tracks in question.

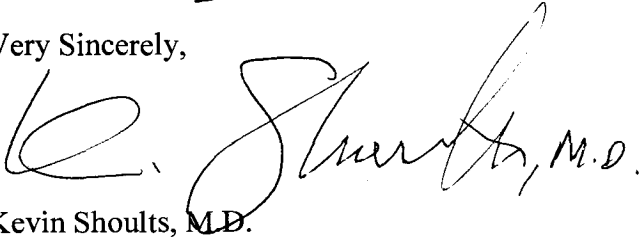
For five miles north to south, these communities have no under-or overpasses to ensure access for trauma patients or staff to reach this closest hospital. This community is already cut east to west with approximately 70 commuter and freight trains daily. Introducing an additional 20-plus two-mile long, slow moving freight trains without regard for substantive mitigation and identification of funding sources, virtually ensures that patient outcomes will suffer and mortality rates will increase.

Little consideration was given in the draft environmental impact statement to the clinical realities of trauma patients. These victims must be treated within what the medical community refers to as "the golden hour," in order to give them the best chance for survival. The "golden hour" begins at the moment of injury to the time they are treated at a critical care center like Good Shepherd, and mortality is measured not in miles, but in minutes. Waiting an additional 10 minutes or more for a freight train reduces their survival rates.

Obviously, no emergency surgery to, say, control internal hemorrhaging, can begin without anesthesia; the prospect of me or my colleagues waiting helplessly at a grade crossing for a freight train while a patient possibly bleeds out is disturbing and one that this community should not face for the benefit of CN.

I urge the board not to approve the proposed action in its current form.

Very Sincerely,



Kevin Shoults, M.D.

Advocate Good Shepherd Hospital