

Duke University
Durham
North Carolina 27708-0001

OFFICE OF THE PRESIDENT
BOX 90001

TELEPHONE (919) 684-2424
FACSIMILE (919) 684-3050

March 7, 2019

Ellen Reckhow
Chair, Board of Trustees

Jeff Mann
President and CEO

GoTriangle
PO Box 13787
Research Triangle Park, NC 27709

Dear Chair Reckhow and Mr. Mann,

This is in response to your letter of March 4, 2019, regarding the Durham-Orange Light Rail Transit project.

On December 12, 2016, Duke signed a nonbinding memorandum of understanding (attached) to “cooperate with GoTriangle in connection with the design, implementation and construction of the DOLRT project.” Our shared intention was to support the continued planning for this important transit initiative while accelerating efforts to work through Duke’s longstanding concerns about, and objections to, the route along Erwin Road adjacent to Duke Hospital and Clinics. That nonbinding MOU also indicated that “...any such donation by Duke will require the negotiation and execution of definitive agreements regarding the exact route alignment...”

Unfortunately, Duke’s concerns and requests for consideration of alternate routes – which have been stated in almost identical form since 1999 – were ignored, minimized, or redirected, leading to President Price’s November 19, 2018 letter, which indicated that Duke would not be able to make a donation of land and rights of way to the DOLRT project, and which was provided to meet what you had indicated was a deadline of November 30, 2018. Following receipt of that letter, and at the direct request of you, Mayor Schewel and Commissioner Jacobs, Duke committed to engage with GoTriangle to determine whether our concerns about the route and numerous other serious problems could be resolved by your new deadline of February 28.

We entered into that process in good faith. However, the results of additional analysis and information that we have now received confirms that the DOLRT route along Erwin Road poses significant and unacceptable risks to the safety of the nearly 1.5 million patients who receive care at Duke Hospital and Clinics each year, and the future viability of health care and research at Duke.

Let us reiterate these concerns:

Electromagnetic interference (EMI): Duke and all research and clinical facilities deal with EMI every day. However, throughout this process, the concerns of our engineers, scientists and facilities experts about this issue have been dismissed or minimized, even when the parameters such as voltage and station location were changed. EMI interference to clinical and research equipment wasn't even mentioned in the Environmental Impact Statement (EIS). In 2017, we were told by GoTriangle that a study was forthcoming; we did not receive it until 2018. When we pointed out inconsistencies in the findings, you acknowledged it was flawed and agreed to rerun the analysis. We finally received that revised report from GoTriangle on February 18 – just a week before the final deadline – and turned it over to our outside consultant, Vitatech, for an independent analysis (attached).

Vitatech is a recognized leader in EMI analysis. They have worked for Duke, UC Berkeley, Caltech, Columbia, Harvard, Georgia Tech, Johns Hopkins, University of Pennsylvania, University of Michigan, Rockefeller University, UCLA, Yale and many other universities and medical centers in similar situations. Their analysis shows that the extent of the problem is deeper, more pervasive, and more dangerous than previously indicated. The EMI emitted by the DOLRT will travel much farther into Duke buildings than has been indicated in your earlier analysis. And further, the DOLRT line on Erwin Road would limit the type and location of future devices, which are likely to be even more sensitive, thus forever limiting the future opportunity for Duke to provide care to patients. Many of the devices that would be impacted today didn't exist 25 years ago, and it is impossible to predict the kinds of devices that will be necessary 25 years from now.

Finally, making comparisons between an elevated catenary rail system, such as DOLRT, and Duke's former PRT system, which was essentially a horizontal elevator car that ran on an air cushion powered by an induction motor, only further undermines any confidence in GoTriangle's ability to treat this issue with the seriousness it deserves.

Vibration: Like with EMI, Duke has demonstrated experience in setting and enforcing standards for vibration during construction, as we have built more than \$2 billion in health care and research facilities along the Erwin Road corridor over the past ten years with no problems. GoTriangle's response to our concerns has been to say, "trust us." We are unable to do so, since GoTriangle has been unwilling to even do test borings.

Utilities: We have been working on this issue for two years and have been unable to reach any kind of reasonable solution. Duke has spent hundreds of millions of dollars producing a strong, resilient and redundant underground utility network that our patient care and research operations rely upon for continuous service. GoTriangle has not presented a viable solution for relocating the critical utilities that supply both Duke Hospital and the Eye Center because there is simply not enough physical room left with the current rail route. Your recommendation to use a vulnerable aerial wire to be the sole source of electricity indicates how far apart we are on this important matter.

Indemnification: As a private institution that is being asked to assume huge risks, Duke has requested indemnification from liability and damages that might be caused by any aspect of the DOLRT during construction and operation. This is necessary because of the complex, pervasive

and potentially tragic events that could be triggered or affected by placement of a light rail line adjacent to a hospital. GoTriangle has offered to add Duke to its insurance policy, which is insufficient for numerous financial and legal reasons.

So this all comes down to risk. GoTriangle has created a set of compromises that Duke is simply unwilling to accept. These circumstances, based on facts that we have no reason to believe will change with further review or mediation, will jeopardize community health, public safety and the future viability of our enterprise.

Having concluded that your proposed DOLRT route down Erwin Road is simply not workable, we do not see any value in entering into mediation.

Now is the time for those of us who have been entrusted with positions of leadership to lead, to seek common ground, to unite and not divide, and to activate the energy and spirit and creativity of a community in which we have all invested so much, for so long.

Sincerely,



Vincent E. Price
President



A. Eugene Washington
Chancellor for Health Affairs
President and CEO, Duke University Health System



Tallman Trask III
Executive Vice President

cc: Mayor Steve Schewel
Commissioner Wendy Jacobs
Mr. Wendell Davis, Durham County Manager
Mr. Tom Bonfield, Durham City Manager