



National Institutes of Health
Bethesda, Maryland 20892
www.nih.gov

MAY 06 2015

L. Preston Bryant, Jr.
Chairman
National Capital Planning Commission
401 9th St NW North Lobby, Suite 500
Washington, DC 20004

Dear Chairman Bryant:

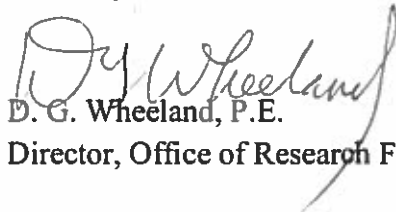
On behalf of Dr. Collins, I am responding to your April 7, 2015, letter regarding the NIH Bethesda Campus Master Plan. The NCPC is a valued partner in planning for the NIH's facilities program, and I believe we have many shared interests: the accomplishment of the mission of the federal agencies; safe, dependable, and expedient transportation; recruitment and retention of quality employees; improved air quality; and promoting healthful activities among federal employees.

Attachments 1 through 4 provide a brief summary of the actions the NIH has taken over the years to demonstrate our commitment to the community and our shared interests. We also share similar challenges: congested roads; overcrowded, sometimes unreliable mass transit systems; uncertainties relative to initiatives such as the Purple Line and the Rapid Transit Vehicle; expensive housing, especially in proximity to MetroRail stations; and limited budgets. Attachment 5 provides additional information regarding MetroRail limitations.

With this in mind, hopefully we can agree that policies, such as parking ratios, require standards of reasonableness. The NCPC Comprehensive Plan Transportation Element states that parking ratios should be applied and enforced with "thoughtful consideration," "flexibility," "...relative to its own unique situation" and that "each federal facility's parking ratio will be evaluated independently." Stated differently, while the 1:3 parking ratio is a goal, it was not envisioned to be a hard and fast standard.

Accordingly, the NIH has developed the attached draft Memorandum of Understanding (Attachment 6) for your review, which should address the NCPC's concern. If you believe that NCPC is interested in this from a conceptual point of view, I recommend our respective staffs meet to finalize the details. We look forward to working with the Commission and all others as we plan for our future.

Sincerely,

A handwritten signature in cursive script, appearing to read "D. G. Wheeland". The signature is written in black ink and is positioned above the printed name and title.

D. G. Wheeland, P.E.

Director, Office of Research Facilities

Attachment 1: Chronology of NIH Community Partnership Accomplishments

1956: NIH transferred 0.57 acre of land on the northwest corner of its campus to enable the construction of the Bethesda Fire Department facility.

1984: NIH embraced the opportunities associated with MetroRail and granted an easement of 4.47 acres to WMATA that resulted in the development of what is now a vibrant multi-modal hub involving MetroRail, MetroBus, RideOn, a Kiss and Ride Lot, and a Zip Car vehicle sharing program. For nearly 40 years, the use of NIH land has benefited NIH, the Navy, Suburban Hospital, and the surrounding community by hosting this vital mass transit hub. Noteworthy is that leadership at the then-National Naval Medical Center turned down an offer to have a Metro connection on the east side of 355. As a result, for years to come, 355 will soon be in a state of disrepair to allow the construction of a shallow pedestrian tunnel that could have been done at a fraction of the cost and disruption during the initial construction of the Medical Center stop.

1991: NIH granted easements of 2.0 acres to facilitate the extension of Woodmont Avenue to provide crucial access from 355 to the Bethesda Central Business District and alleviate congestion for thousands of motorists every day of the week.

1995: NIH established the Community Liaison Council (CLC). Members of the CLC play an important role as a conduit between their respective communities and NIH. The Council helps ensure that the community is involved with and informed about a wide variety of NIH issues, activities, and plans. The Council continues to provide a forum for review and comments on NIH's building programs, Master Plan, and environmental management. It is NIH's key connection to its neighbors, allowing area residents to provide input into NIH activities, as well as encouraging the NIH to reach out and remain a good neighbor to those around us. Few federal agencies have such a transparent and functional arrangement.

2004: In the aftermath of the Oklahoma City bombing and 9-11, NIH constructed a perimeter fence. Recognizing that this impacted nearby residents and staff of Suburban (now Johns Hopkins) Hospital who previously walked or drove through the NIH campus to access Metro, NIH allowed the public to ride its perimeter shuttle on a space-available basis. NIH also put into place a badging station on its western edge to allow neighbors to secure a visitor's badge and walk through campus. At the request of the community, a portion of the NIH land (known as the south lawn) was left unfenced to enable neighbors to utilize the land for recreation. NIH invested heavily in automated, badge-activated gates that dramatically speed up access and prevent gate chokepoints. During AM and PM peaks, NIH typically operates eight vehicle gates, leveraging the west, north and east sides of its campus. (Currently, one of the eight gates is out of service due to an ongoing project to replace an unsafe bridge). NIH constructed a Commercial Vehicle Inspection Facility, sited in a fashion to ensure that trucks never back up onto 355. NIH constructed a dedicated Patient entrance to ensure that those who might be unfamiliar with the campus are treated in a manner that avoids confusion and spillovers into the community roads. NIH operates nine automated pedestrian portals on each side of its perimeter,

encouraging employees to walk or cycle to work. Few federal agencies utilize such pedestrian portals.

2006: NIH granted an easement of 4.39 acres to Montgomery County to construct a stormwater detention pond constructed on the southeastern portion of the NIH campus. This facility, constructed on NIH land, has allowed the Bethesda Central Business District to develop additional impervious surface that would have not been possible otherwise.

2011: NIH granted an easement of 0.66 acre of land in support of the widening of the intersection of Rockville Pike and Cedar Lane. Without land easements from NIH, this intersection widening would not have been possible.

2011: NIH granted an easement of 1.71 acres to Montgomery County for the Shared Use Path along West Cedar Lane.

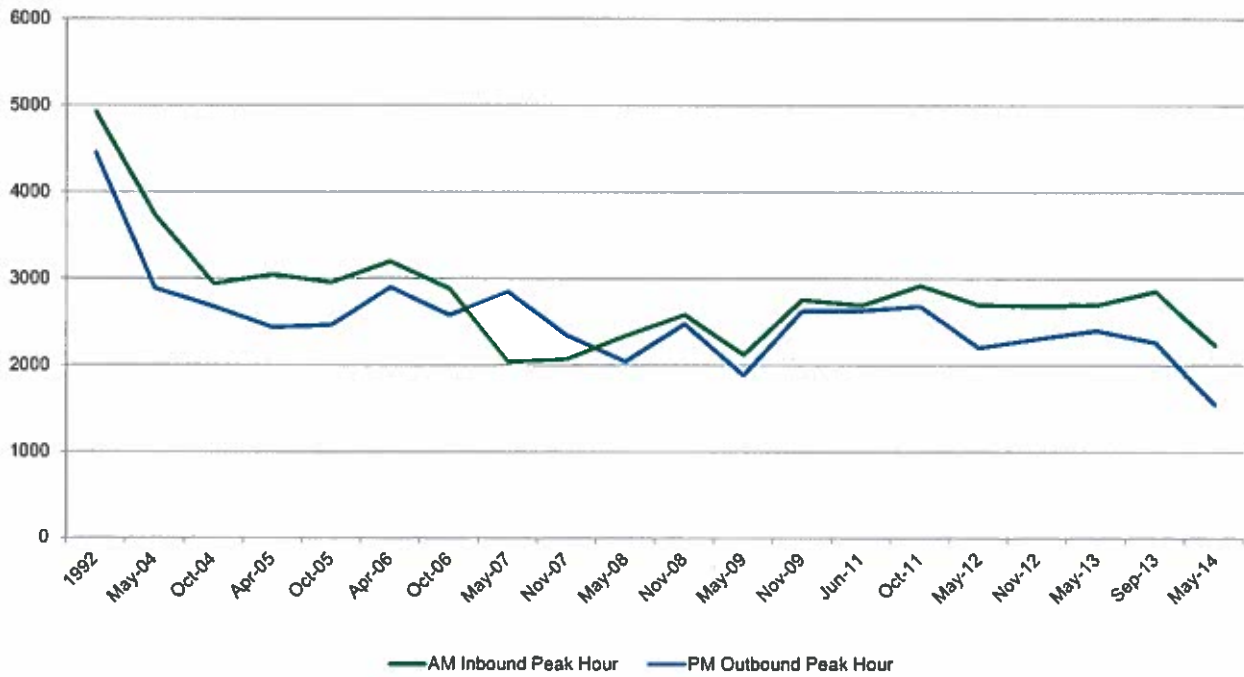
2014: NIH granted an easement of 0.2 acre of land in support of the widening of the intersection of Rockville Pike and Old Georgetown Road. Without land easements from NIH, this intersection widening would not have been possible.

2015: NIH granted an easement of 0.71 acre of land in support of the widening of the intersection of Rockville Pike and Old Georgetown Road. Without land easements from NIH, this intersection widening would not have been possible.

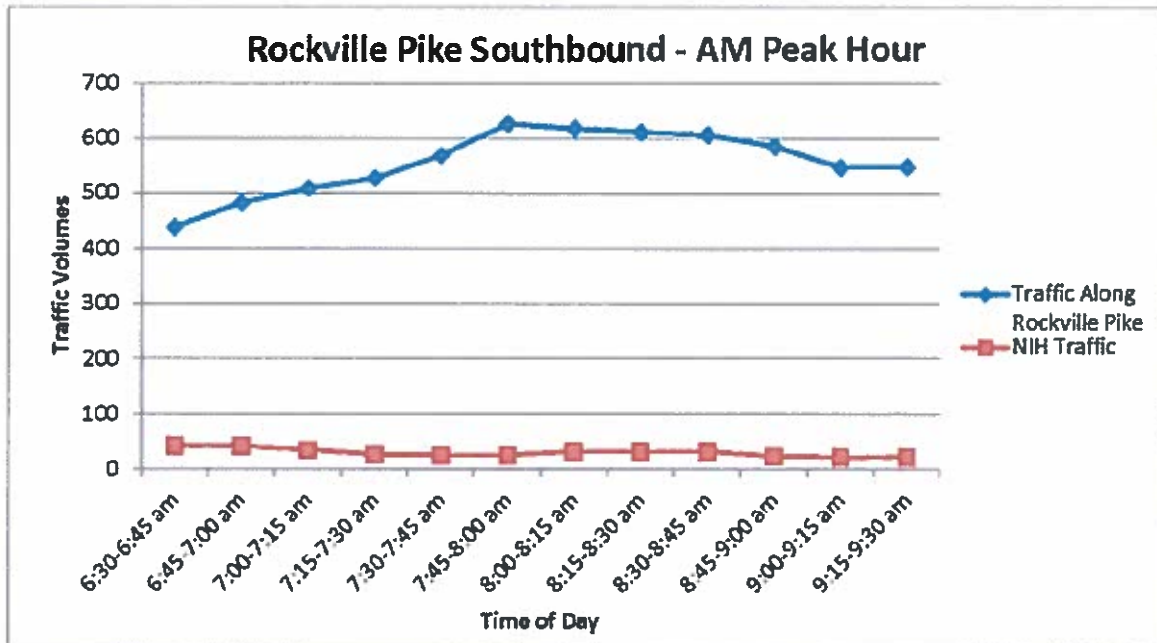
In total, 14.71 acres of NIH land have been utilized for the benefit of the surrounding community. Few federal agencies can claim such an accomplishment.

Attachment 2: Graph Illustrating Dramatic Reductions in NIH Peak Traffic Generation

*Rockville Pike Peak NIH Traffic Counts:
55% Reduction in AM Peak, 65% Reduction in PM Peak*



Attachment 3: Graph Depicting Rockville Pike AM Peak Traffic, Illustrating Total versus NIH Traffic



Attachment 4: Commuting Awards Received by NIH

2009: The Association of Commuters, Inc. identified the NIH as having the best Employee Transportation Coordinator in the nation. This was a prestigious award from an association of over 1,000 transportation professionals from around the country. This national award validated NIH's transportation management programs as being innovative and industry setting.

2013: The Metropolitan Washington Council of Governments (MWCOC), Commuter Connections' Employer Recognition Committee selected NIH as a regional model of excellence for Transportation Demand Management. Specifically, MWCOC honored NIH with the Employer of the Year – Incentives Award. This honor was in recognition of NIH's outstanding work in the following areas: mitigating traffic with transit and bicycle subsidies; car/vanpool incentives; bicyclist amenities (lockers, showers, racks, and improved entrance gate access); computer software system called Commuter and Parking Services (CAPS). NIH uses CAPS to track incentives with easy online access that encourages employees to seek and join commuter incentive programs.

2013: NIH received the Health and Human Services (HHS) "Green Champion Award" for transportation projects including: Electric Vehicle Program; rideshare program; paperless applications for Transshare and parking; and Greenhouse Gases reduction.

Multiple Years: The NIH leads the National Capital Region (NCR) in bicycling to work. Since the inception of "Bike to Work Day" (BTWD), NIH has always has been the employer with the most participants every consecutive year. NIH has received over five awards from the MWCOC for BTWD. On average, NIH has 500 cyclists a day and as many as a 1,000 during amenable weather.

Attachment 5

Following is an explanation of MetroRail issues affecting NIH achieving the 1:3 parking ratio.

Overcrowding of the Red Line: Even at the beginning of the line at Shady Grove, by 8:00 AM, there is standing room only, forcing many riders to stand their entire commute – and the overcrowding worsens with each progressive station.

Reliability: In its 2014 Q2 report, Metro rated its own rail on-time performance as Red (Unacceptable), meaning that on-time performance had dropped below 80%. This means that, on average, NIH employees would experience a delay once per week when riding Metro.

Shift Worker Availability: Many NIH personnel work shifts that do not resemble the typical federal office environment, for which NCPC rules seem to be tailored. As an example, NIH has over 1,000 nurses and 1,200 physicians who provide round the clock patient care in shifts. Two of three shifts start or end at 11 PM. The NCPC standard does not acknowledge shift workers who complete or start shifts at such hours. This is not limited to health care workers -- other NIH employees commute to campus at hours that are impractical for mass transit, including maintenance mechanics, boiler operators, firefighters, policemen, cafeteria workers, and animal caretakers. Additionally, many scientists perform experiments until late in the evening due to the nature of the experiment and/or the need for a noise or vibration free environment.

Proximity to Home: Another reality is that Metro is not reasonably accessible to all employees. NIH conducted a residential zip code analysis of its current workforce. Approximately 53% of NIH employees are not served well or not served at all by MetroRail. While MetroRail serves employees residing to the north, many NIH employees live to the east of campus. Due to the U-shape of the Red Line, passengers boarding at the Glenmont Station would need to ride the Metro into the District and travel 42 stops per day (21 each way). One can drive from the Glenmont Metro Station to the Medical Center station in 20 minutes (40 minutes round trip). According to the WMATA website, taking MetroRail from Glenmont to Medical Center would take 51 minutes (102 minutes round trip). However, few people live within walking distance of Metro so we add 15 minutes to get from home to the Metro (30 minutes round trip). The bottom line is that an employee could commute by car in 40 minutes or MetroRail in 132 minutes (MetroRail) – and that's assuming no MetroRail mechanical delays and no waiting for the train at the departing station.

Summary: When we sum up the issues regarding safety, reliability, overcrowding, hours of operation and timeliness, MetroRail has limitations that must be factored into this analysis.

**Attachment 6: Draft Memorandum of Understanding between the
National Institutes of Health and the National Capital Planning Commission**

Given the following:

Page 82 of the NCPC Comprehensive Plan Transportation Element states: “every federal facility should be considered relative to its own unique situation, and parking ratios should be applied and enforced with thoughtful consideration”;

Page 82 of the NCPC Comprehensive Plan Transportation Element states: “For federal facilities deemed to be within walking distance of Metrorail, the Commission will consider the position of the given Metrorail station within the context of the overall Metrorail system and utilize flexibility in enforcing compliance with prescribed parking ratios”;

Page 82 of the NCPC Comprehensive Plan Transportation Element requires NCPC take into account nearby commercial parking space availability;

Page 83 of the NCPC Comprehensive Plan Transportation Element stipulates that each federal facility’s parking ratio will be evaluated independently;

NIH’s existing employee parking structures were constructed in accordance with the 1992 MOU, when a 1:2 ratio was in place;

NIH, consistent with the 1992 MOU, has dramatically reduced its peak traffic counts; as an example, the Rockville Pike a.m. peak traffic was reduced by 55% and the p.m. peak traffic was reduced by 65%;

Consistent with the NCPC’s Comprehensive Plan language: “*A second important theme in the Comprehensive Plan is the operational efficiency of the federal government.... The federal government should make every attempt to use existing federal facilities and land for new federal space needs*”, NIH’s Master Plan would adaptively reutilize historic facilities by converting labs to administrative buildings and relocating some administrative functions (presently housed in leased facilities in Executive Blvd and Rockledge) into these renovated buildings. While this would increase the campus population, the congestion in Montgomery County would decrease, since the parking ratio for those realigned personnel would change from 1:1 to 1:3 and the traffic between leased facilities and the Bethesda campus would decrease. In addition to reducing congestion, this enables NIH to improve collaboration and reduce costs, since campus-level security is inherently more efficient than building-specific security;

MetroRail safety, reliability, costs and overcrowding limit the extent to which NIH can solve all of its transportation needs;

Many NIH shift employees, such as physicians, nurses, firemen, policemen, and maintenance personnel are required to report to work in a timely fashion that MetroRail has proven unable to meet;

The futures of the Purple Line and Rapid Transit Vehicle programs are highly uncertain;

The NCPC Comprehensive Plan Transportation Element was not developed with hospitals specifically in mind;

Therefore, NIH hereby agrees to delete the construction of 1,000 additional parking spaces from its 2013 Bethesda Campus Master Plan if/when it increases the campus population by 3,000 personnel; in return, NCPC agrees to approve the 2013 Bethesda Campus Master Plan.