DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

APR 09 2015

Roger Berliner
Councilmember, District 1
Montgomery County Council
Stella B. Werner Office Building
100 Maryland Avenue, 6th Floor
Rockville, Maryland 20850

Dear Councilmember Berliner:

Thank you for your March 12, 2015, letter concerning the parking ratio adopted in the NIH's recent Master Plan. As the largest employer in Montgomery County, the NIH is a proud contributor to the County's vibrant life sciences economy and has a proud history of strong relationships with the State, County, and Community, as documented in Attachment 1.

The NIH has been a leader in sustainable commuting and in encouraging employees, trainees, and others to commute to work by means other than single-occupancy motor vehicles, including mass transit, carpools, vanpools, bicycling, and walking. In 1992, the NIH signed a Memorandum of Understanding (MOU) with the National Capital Planning Commission (NCPC) and the Montgomery County Planning Board of the Maryland-National Capital Park and Planning Commission (MCPB). This MOU included numerous Transportation Management goals, including minimizing NIH-generated peak hour traffic on adjacent roadways. Since 1992, the NIH has reduced morning peak trips by 55 percent and afternoon peak trips by 65 percent. All parties to the MOU also agreed to a parking ratio of 1:2. In 2003, when the one parking space to two employee (1:2) ratio was in effect, the NIH awarded construction contracts for two employee garages.

NCPC's adoption in 2004 of a parking ratio goal of 1:3 came as a surprise to the NIH, as it was developed unilaterally, contained no evidence of feasibility, was oriented toward office facilities (as opposed to the NIH's twenty-four hour operations), and was implemented after contracts for the NIH's two new parking garages had been awarded. The rationale for the 1:3 parking ratio is the proximity to Metrorail. While Metrorail is viable for many employees, it is not a perfect solution, as described in Attachment 2.

Attachment 3 illustrates that the majority of the traffic along Rockville Pike is not associated with the NIH; rather, it is generated by traffic associated with Friendship Heights and the District of Columbia as well as the high density development in downtown Bethesda, which is described well on the Bethesda Urban Partnership website: "Bethesda is a city on the move, continually growing and redeveloping." The website describes numerous high-rise construction projects boasting luxury apartments that will be unaffordable for nearly all NIH and Walter Reed

employees. To the extent that the NIH can do so, the agency stands ready to assist with projects such as the Purple Line and the Rapid Transit Vehicle.

Please contact Dan Wheeland, the Director of the NIH's Office of Research Facilities, at (301) 594-0999, if you have any additional questions on this matter. I am sending copies of this response to the other signatories to your letter.

Sincerely yours,

Francis S. Collins, M.D., Ph.D.
Director, NIH

cc:
Chris Van Hollen
Susan Lee
Bill Frick
Ariana Kelly
Marc Korman

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

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