

Mr. Daniel Wheeland

September 2, 2022

Barr: Good morning. Today is September 2, 2022. My name is Gabrielle Barr, and I am the archivist at the Office of NIH History and Stetten Museum. Today I have the pleasure of speaking with Mr. Daniel Wheeland. Mr. Wheeland is the director of the Office of Research Facilities Development and Operations [ORF], and today he is going to be speaking a little bit about the trajectory of his career as well as how the Office of Research Facilities handled the COVID-19 pandemic. Thank you very much for being with me.

Wheeland: Thank you, Gabrielle.

Barr: To begin, will you please share a little bit about your childhood including where you were born and raised, your family life, early education, and any formative experiences?

Wheeland: Sure. I grew up in a small town in New York state that did not really offer too many opportunities for employment and for kids my age, and I and many of my colleagues went off to different universities, typically far from home. In my case, I had an opportunity to attend the University of Notre Dame to study civil engineering, and I took advantage of that opportunity. Upon graduation, I was commissioned in the Navy's Civil Engineer Corps, where I began a 25-year career serving in a wide array of positions related to the facility's life cycle, and by that, I mean design, construction, planning, utilities management, construction management, environmental remediation, maintenance management, space management, and more. While serving in the Navy, I also had the opportunity to go to graduate school at the University of California, Berkeley, where I studied construction management, and that was a very important experience in my development in that it provided a very applied hands-on capability, where we would learn certain principles in the classroom, but we would actively go to various construction projects in the Bay Area to apply what we had learned. That was a very important experience for me and for my colleagues there. During my time in the Navy, I had the pleasure and honor of serving in a wide array of locations, including not only the continental United States, but also Germany, Italy, and various deployments to places like Midway Island and Diego Garcia, and enjoyed those unique environments, and applied the same type of lessons learned and engineering principles there, to support the Navy in its global mission. Along the way, I had an opportunity to study at the Naval War College, where I received a graduate degree in National Security Decision Making. Eventually I was also able to participate in the Wharton School of Business Executive Development program. Those were really important formative experiences in my background that contributed to my ability to apply for the position here at NIH.

Barr: With the Navy, you handled a lot of different issues with the projects that you oversaw and managed such as the consolidation of organizations, a lot of multi-site construction and management. Can you speak a little bit about how you approached those sorts of situations because these are some of the same things that you deal with at NIH? I mean NIH is a massive campus that spans several states.

Wheeland: Sure. An illustration of that is when I was serving in the Navy, I had an opportunity to participate in the reorganization of the Navy Shore installation management and that involved the realignment of over 50,000 full-time equivalent employees throughout the globe, which was a substantial reorganization, and involved a significant amount of financial management, human resource management, and political challenges that confronted us, and resulted in the establishment of a new organization that is still performing well to this day. That was one of my proud accomplishments – to participate in that important reorganization. I would say that the lesson that I learned in that was actually lessons learned, and included the criticality of open and transparent communication, the importance of letting the employees who are affected by such reorganizations understand what is happening, and to communicate with them proactively. The other lesson that I learned is that no organization should take its position for granted because we all serve at the pleasure of the Executive Branch, and sometimes, there are decisions made that result in reorganizing to better support the mission and to become more efficient and effective. Those are some of the key lessons I took away from that experience.

Barr: Can you speak about some of your responsibilities in your last tour of duty as the Chief Information Officer for both the Naval Facilities Engineering Command and the Navy Installation Command?

Wheeland: That was an exciting tour that involved the consolidation and integration of a significant portfolio of legacy applications into a more integrated, cost-effective, and manageable portfolio of integrated applications. The result of that was that we were able to provide higher quality information in a more timely fashion at a lower cost. We made some progress in that regard, and some of those experiences enabled me to assist NIH in its journey relative to improving its portfolio of facilities related applications to manage across the facilities life cycle.

Barr: What encouraged you for applying to the opening of the Director in 2006, and what were your priorities when you started this new position?

Wheeland: I heard about the position through some senior executives with whom I was working at the Naval Facilities Engineering Command, and I researched the position and found it to be extremely exciting, so I threw my name in the hat. I feel blessed that I was selected for this important position. In terms of my priorities, when I first came aboard, we were still in the aftermath of an A-76 study that had competed a large portion of our workforce against private sector competitors, and we were still in the process of establishing what is referred to as the most efficient organization, which involved a significant

amount of human resources decisions associated with placing people in new positions to make ourselves more efficient and effective, and in parallel, we had to fill a number of vacant positions that were created during that A-76 process. Thirdly, of course, we had to support the NIH mission, so we were reorganizing, we were refilling our ranks, and we were accomplishing day-to-day functions, all in parallel, which made it a very exciting period of time.

Barr: Will you speak about some of the projects that you have overseen or are currently overseeing, such as the Net-Zero Energy Warehouse with NIEHS [National Institute of Environmental Health Sciences], the phase two of the Porter Neuroscience Research Center where you had to make a lot of accommodations for the very large MRI machine that is in the basement there, the cell processing center, and presently, the new wing of the Clinical Center, and the expansion of the Vaccine Research Center? That is just to name a couple, and you can speak about any that particularly speak to you.

Wheeland: Sure. You mentioned the Net-Zero Energy Warehouse that is on our site in the Research Triangle Park in support of NIEHS. That was an exciting project because it was the first Net-Zero Energy facility built in the Department of Health and Human Services, and as the name implies, the facility develops through photovoltaics and other technologies, as much energy as it consumes. That involved a lot of engineering technology but also some change management relative to the occupant behavior in order to live within those net-zero energy constraints. You also mentioned the Porter Neuroscience Research Center phase two. That project was especially rewarding because for many years we had been involved in the design of the facility, but we were unsure if we would be able to secure the funds. Thankfully, the American Recovery and Reinvestment Act came about, and the project was mission critical and shovel ready, and we were awarded that project. It was very challenging from a technology point of view. We deployed chilled-beam technology to make the facilities as energy efficient as possible. We also deployed ground source heat pumps for the facility to try to make it as green as possible, and now I am proud to say that it is hosting approximately ten neuroscience institutes and centers that are doing some fascinating work relative to a wide array of neuroscience-related illnesses, developing new therapeutics, diagnostics, and cures.

We have also invested heavily in the facilities that are associated with aseptic processing, including cell processing tumor infiltrating lymphocytes and tailored intravenous admixture units. All of these precision medicine related facilities involve sophisticated and high reliability rates of air change, temperature and humidity parameters, and differential pressures, in order to ensure that the products that are developed there, that are typically injected into clinical human subjects, are of the proper sterility. As you can appreciate, those facilities have a huge level of reliability and redundancy to make them effective and compliant with all the requisite laws and regulations.

Most recently, we were able, thanks to the support of Congress, OMB-HHS, and NIH, to award, at a cost of over 600 million dollars, a new wing that will host the surgery, radiology, and laboratory medicine functions, that are so critical to the Clinical Center and will also host key functions of the National Cancer Institute and NHLBI [National Heart, Lung, and Blood Institute]. This is going to be a transformative project and is the largest project in terms of dollar value that the NIH will have awarded.

Finally, thanks to the Cares Act funds, we were able to award two projects in support of NIAID [National Institute of Allergy and Infectious Diseases], specifically the expansion of the Vaccine Research Center on the Bethesda campus, as well as the construction of a Comparative Medicine Center on our site in Rocky Mountain labs in Hamilton, Montana. Both of which will dramatically expand the capabilities of NIAID in terms of infectious disease research.

Barr: How do you plan for all the present and future technological demands in these new buildings and renovation projects, and who do you collaborate with in making some of these detailed decisions with these buildings?

Wheeland: The Office of Research Facilities has a division within it called the Division of Technical Resources, and we have architects and engineers who are specialists in biomedical research facilities and healthcare facilities. One of the secrets about the Office of Research Facilities is that NIH has a sort of a collateral duty – participation in a number of code setting bodies that affect the engineering standards to which these specialized facilities are constructed. For example, the NIH Office of Research Facilities Division of Technical Resources directly participates in the ANSI [American National Standards Institute] committees that deal with specialized facilities such as biosafety level three and four facilities to ensure that the facilities designs properly take into account the associated risks of conducting work with pathological agents that could obviously endanger the workers that are conducting research on them. Relative to biosafety cabinets and air change rates and how to commission such facilities, my colleagues in that Division of Technical Resources have an instrumental role to play.

Barr: That is really interesting. Can you discuss how RRF [Relief and Recovery Fund] is incorporating values of sustainability not only in its construction but also in other areas such as its landscaping? Increasingly, that has become a focus for you all.

Wheeland: Yes, and it has taken on a special level of criticality given recently published executive orders by the Biden Administration. There are a number of ways that NIH is participating heavily in sustainability. I will give just a few examples. One is our co-generation plan that enables NIH to generate approximately 23 megawatts of electricity and steam in a significantly more efficient manner than buying the electricity from the public utility. This not only reduces emissions, but it also saves NIH over six million dollars a year, thereby enabling us to plow those six million dollars into more science. Another example that we are proud of is the freezer competition that we hold annually, whereby NIH scientists adopt the best practices associated with the operation and maintenance of ultra-low temperature freezers to preserve biospecimens in an environmentally friendly fashion. Another illustration is, as you mentioned Gabrielle, landscaping. We are committed to refraining from the use of harmful pesticides and herbicides in our campuses, and so we use only natural ingredients to operate and maintain our landscaping. Despite that, we still have a wide array of prize-winning trees on our campus, and at our

other sites, we have equally important accomplishments regarding the landscaping. Lastly, one of our areas of emphasis is on stormwater management, whereas you have read in the news there are increasing number of events in which very intense rainfalls occur. We are investing in ways to reduce the level of runoff and erosion because it affects in many ways the downstream ecosystem. On the Bethesda campus, as an example, we have Rock Creek which is directly impacted by the water quality of the surrounding areas. We are trying to reduce the level of impervious surfaces by providing low intensity design features such as bioswales to capture some of the storm water and minimize the peak flows that end up in the downstream creeks.

Barr: Oh, that is very interesting. We are going to turn to your response to COVID-19, another really big issue that you all have been dealing with this past two and a half years. When and how did you and others at ORF began preparing for COVID-19?

Wheeland: When the COVID-19 situation was unfolding, one of the first things we did was to develop an emergency response plan that analyzed our ability to support the Clinical Center relative to key areas such as medical gas oxygen capabilities, gowning and de-gowning areas, and the areas that required differential air pressures to ensure that the likelihood of a transmission of the virus was minimized. We also developed elaborate plans to operate the various campuses and maintain essential services by devising revised shifts to maintain physical separation. As an example, we utilized a realistic simulator that is analogous to a flight simulator that enabled us to train additional central utility plant [CUP] operators to ensure that if the pandemic affected the workforce, we would be able to bring on additional staff, including recent retirees, to maintain the CUP in the event of major transmission among the utility systems operators.

Another example is that we proactively reached out to the Office of Budget to identify opportunities to nominate projects in support of infectious disease research, and this resulted in \$223 million of Cares Act funding for the two infectious disease laboratories that I previously mentioned – the 90,000 gross square feet Vaccine Research Center expansion and the 120,000 gross square feet RML Comparative Medicine Center, both of which will help dramatically improve NIAID's ability to develop vaccines and therapeutics in response to COVID-19 and other infectious diseases.

Another thing that we did, in response to the pandemic, was we developed a standard operating procedure as well as a web-based application to track all of the rooms exposed to potential infections and to track the remediation status. With the assistance of the system, we managed 84 incidents involving the disinfection of over 3,000 rooms, totaling almost a million square feet of space. In one specifically critical operation regarding the Vaccine Research Center, we collaborated with the Coast Guard National Strike Force as well as NIAID and the ORUS [Operations Resources Utilization System] Division of Occupational Health and Safety to deploy a vaporized hydrogen peroxide tool to rapidly and effectively neutralize any residual virus thus enabling the vaccine research staff to return to work safely within a few days of the exposure.

Another example is that given the criticality of hand hygiene in combating the pandemic, we developed a plan involving the replacement of over 1,000 manual faucets and approximately 700 towel dispensers from manual to hands-free models – a plan that has been fully executed. There was a lot to take into consideration, and we are still, of course, in the middle of the pandemic. It is not entirely behind us, but I am especially proud of the ORF staff who simultaneously dealt with their own risks and exposure levels but advanced the NIH mission in ways such as those that I just described.

Barr: You also erected hundreds of Plexiglass barriers at each of the NIH campuses. How did you decide where these barriers should be erected? That was a really big thing, especially in the beginning of the pandemic.

Wheeland: Correct. Many of the Plexiglass barriers were specifically requested by the Clinical Center in areas such as nursing stations where COVID-19 patients may be treated but also by the Office of Research Services in areas such as the Gateway Center where there were going to be significant levels of contact with people entering the campus. In addition to those locations that were specified by the institutes and centers, we also set up a system by which staff could come into our building and pick up a sort of a self-help build-it-yourself kit, where we had prepared Plexiglass in a way that with just four pieces of Plexiglass you basically bolted together, assemble it yourself, and configure it to your specific workstation. There were many, many Plexiglass barriers constructed and deployed in order to both reduce the risk but also provide some confidence in the staff that they were working in a safe environment.

Barr: Can you talk a little bit about ORF's tackling of the ventilation systems in the buildings throughout NIH, and can you speak a little bit about that process because there are a lot of buildings and certain buildings have a higher priority than others? How did you all contend with some of the older buildings on campus that have trickier ventilation systems than maybe some of the newer ones?

Wheeland: Sure. Thankfully, many of our buildings, including our labs and the hospital facility, have what we refer to as one pass air, and that refers to a mechanical system in which the air is supplied to the space, and is then exhausted in a fashion that there is no recycling of the air whatsoever. Our laboratory and clinical space is by design extremely safe relative to this type of a scenario, and the risk of cross-contamination is very, very, very low. Some of our office buildings, on the other hand, have recirculated air, which of course is intended for energy efficiency, and in that case, we replaced the filtration with the maximum level of filtration that the systems could handle and thereby reduced the risk substantially. Certainly, there is no scenario where the risk becomes zero, but much like driving safety, if you drive defensively and wear your seat belt, you can reduce the risk dramatically. We worked very closely with the Division of Occupational Health and Safety on all of these discussions. .

The other thing that we did was that we looked at these office facilities, and just out of a prudent measure, we began taking CO2 measurements to make sure that they were properly ventilated, because as humans exhale, they regenerate carbon dioxide. When you compare the ambient levels of carbon dioxide with the interior levels of carbon dioxide, you can use that as a surrogate measure of the efficiency of the ventilation system. All of these measurements are important, none will result in a zero-risk profile, but these are helpful to ensure that we are doing our utmost to provide a safe environment for our staff.

Barr: Definitely. Can you speak a little bit about the decision to concentrate housekeeping in certain parts of the campus, especially during the first stage of the pandemic?

Wheeland: When the pandemic first occurred, we collaborated through the NIH Coronavirus Task Force with the question of whether it was still prudent to have custodians go from office to office and workstation to workstation to pick up trash. The concern that was expressed, which was understandable, was whether the process that we had always, or traditionally applied, of having the custodians proceed from office to office and workstation to workstation should be reassessed, because they could be inadvertently transmitting the virus from one place to the other. Working with the various stakeholders, we decided that it would be prudent to realign these important staff and essentially, have them focus on the high touch surfaces such as elevator lobbies, stairwell doors, and restrooms, and have them refrain from going from office to office and workstation to workstation. That involved staff carrying their trash out to the public corridor so there was some change management involved in that, but I believe that this contributed to a good balance between using the custodians properly and not exposing staff to avoidable transmission risk.

Barr: Will you discuss ORF's contributions to setting up the screening stations at the Clinical Center, the symptomatic and asymptomatic testing sites, reconfiguring parts of the Clinical Center to accommodate more COVID patients, such as your work installing the HEPA filters and UV lights, and also the Vaccine Clinic? What were the time and resources your team was allotted to make all these COVID responses come to fruition in relatively a short amount of time? You did not have a lot of time to do these things.

Wheeland: Correct. Our Division of Facilities Operations Maintenance and our Division of Technical Resources worked very closely with the Clinical Center and with the ORS Office of the Division of Occupational Health and Safety, as well as other stakeholders such as the Division of Fire Rescue Services, to deploy a wide array of capabilities. One of them involved the symptomatic testing, and by the way, not just at the Bethesda campus but at all of our sites. We provided facilities in which symptomatic testing could be conducted in a way that was accessible to the symptomatic staff and did not unnecessarily expose other staff to that risk. Finding locations for that and facilities for that was challenging but was rapidly done within a few weeks of having made the determination. On the Bethesda campus, we had to move the site a couple times to make sure that we factored in a number of other issues such as the winter that was coming up on us in 2021. The work within the Clinical Center

involved a close collaboration with the Clinical Center staff and the epidemiological services experts. We worked hard to develop two principal capabilities: one was an area in which COVID-19 patients could be treated and we worked hard to develop the proper gowning and de-gowning, differential pressures, and the various means by which those risks were managed. We also worked closely with those same folks regarding the asymptomatic testing that has treated or provided testing for thousands of NIH staff to keep the mission going and provide NIH staff the knowledge that either they were infected and should be quarantined, or that they had not been, and they gained a sense of safety and wellness just with that level of confidence. Those were the efforts that we undertook to provide those important response capabilities.

Barr: Can you speak about some of the challenges in maintaining the buildings on campus when so much of NIH's workforce was remote for a period?

Wheeland: That was an interesting challenge because many of the facility situations and deficiencies are pointed out by NIH occupants. For example, when there are temperature fluctuations or leaks, many times those issues are pointed out by our building occupants, but as you pointed out Gabrielle, there were thousands of NIH staff who were teleworking. We had to increase our surveillance to ensure that we were keeping an eye on those facilities. Secondly, it was challenging when we did receive a customer-initiated maintenance request. Many times, they were at home, and we were not able to understand to the same level of specificity what exactly had happened, and it just made it challenging from a communication and customer service point of view to diagnose and resolve these maintenance issues without the customers in the spaces.

Barr: With your people on campus, were there were some opportunities for ORF to attend to particular projects, construction projects, or other sorts of things?

Wheeland: Yes. From the very beginning we had to make allowances for providing construction surveillance possible throughout the pandemic. We had provisions for bringing staff to campus for ad hoc reasons such as coordinating utility shutdowns or observing significant construction activities. Those were all based on risk and making sure that the staff were properly protected, but also that the construction projects were able to proceed. One of the benefits of the pandemic, if there were any, was that some of our construction projects were able to proceed without as much impact to the building occupants because many of those building occupants were teleworking. We were able to advance several key projects while the occupants were in a telework status, and thereby minimizing the impact to them, had they been in the office or laboratory environment. That included some of our exterior improvements such as repairing the steps to building 50 that had been in bad state and were able to do some of these intrusive construction projects while minimizing the impact to the occupants so that as they return to the physical workplace, they found an improved environment that would have otherwise been challenging to have coordinated.



Barr: Definitely. Can you speak about the efforts to get supervisors to evaluate spaces before the return to campus, which included the creation of some guidelines? Then, how did you all contend with the onslaught of maintenance and housekeeping requests that ensued when all these people who are formally teleworking suddenly came back?

Wheeland: You are right. There was an onslaught as teleworkers began to return to the workplace in large numbers, and these requests included a wide range of requests including re-lamping. When people came back, we did not know obviously that some of the lighting fixtures had burned out bulbs, and so we had this huge surge in responding to the re-lamping requests. Similarly, we had some cases in which carpet had been soiled for a number of reasons, and the number of requests for carpet cleaning skyrocketed. Other cases involved the reconfiguration of rooms to provide some physical separation between employees where necessary. This was, of course, a big surge in workload, and what we tried to do was achieve customer satisfaction by using both the in-house staff, as well as where appropriate, using contractor capabilities to address these various needs. Thankfully, as of the time of this interview, we are sort of over the hump, and we are now into more of a steady state operation. I would add that because of that surge and workload, and a loss of many workers who were either in a quarantine status or actually had contracted the virus, we ended up with a backlog of maintenance activities, and as a result of that, we are still recovering. We have a number of vacancies in our Division of Facilities Operations and Maintenance. More specifically, approximately one in four positions is vacant, so we are still in a recovery mode because of the imbalance between the workload and the workforce, but thanks to a lot of support from the Office of Human Resources, I believe that we are now heading in the right direction.

Barr: Much of your staff has to be on site, so how did you start to ensure their physical protection as well as provide moral support? I am sure some of them were concerned in the beginning of the pandemic when things were not as well known about the virus. How did you ensure that they abided by NIH COVID protocols, even when really difficult to do so?

Wheeland: Well, that indeed was a significant challenge, and I believe that first line supervisors, branch chiefs, and division directors did a very admirable job at communicating with staff and trying to ensure that they complied with the NIH regulations relative to physical separation, hand hygiene, and mask wearing. The other thing I would say is that NIH leadership conducted regular meetings, typically weekly meetings, with all of the NIH institutes leadership including myself, and that regular rhythm of sharing information regarding the exposure rates, community levels, the status of the vaccines, and the growing body of knowledge of what we knew about the virus, we shared regularly with the ORF staff. I think that the regular transparent and accurate communication with them about what we knew and what we didn't know, provided them assurances that we were doing everything humanly possible to care for their safety.

Barr: How did supply chain issues affect the operations of ORF throughout the pandemic?

Wheeland: Supply chain issues were a major challenge and continue to be a challenge, and they affected us in a number of ways. We are all familiar with the challenges of just finding adequate supplies of hand sanitizer early on in the pandemic. It was extremely challenging to identify sources for replenishing our hand hygiene dispensers, and we had to develop some innovative ways of keeping those full because we could not find the replacement cartridges. We ended up deploying some techniques such as refilling the cartridges with syringes and other solutions. Now, those current shortages are predominantly behind us, but the supply chain issues have affected us in terms of repair parts for building systems, and they have also been challenging for our construction projects. Further complicating things, as you may recall, was when the ship was stuck in the Suez Canal and had a ripple effect. The other thing is that some of our sophisticated building components have integrated circuit cards and the supply chain issues surrounding computer chips is well documented and has affected some of our projects that involve mechanical and electrical systems which contain embedded chips. We are not entirely out of the woods, but we are starting to turn the corner. The highly publicized backlogs of shipping at ports such as Los Angeles, Norfolk, and Long Beach – those delays are predominantly in an improved state. There are still delays in the rail heads and to some extent in the trucking industry, so a lot of these things, a lot of these challenges, are still real, but I think, heading in the right direction so I am cautiously optimistic that we will be able to return to a more normal state of supply chain and better support the NIH mission.

Barr: Yes, I hope so too. What changes and innovations do you think the pandemic has catalyzed for ORF, in terms of how you go about doing things, or the way you are looking at planning some new facilities, or even your regular operations?

Wheeland: I think that the most significant change that will sustain the facilities going into the future will relate to the hybrid workforce and the space management related implications. By that I mean the pandemic was analogous to the adage necessity is the mother of invention. It provided an impetus to go into hyper-telework mode for many of our colleagues, and the implications of that are going to be felt especially profoundly in office space. It is not entirely clear what the future will bring, but it is clear that there will be an increase in the rate of telework and in the number of remote workers. The demand for office space, going into the future, will likely decrease which provides an opportunity for us potentially to use a higher percentage of our precious resources on laboratories and clinical facilities, because the pressure may be reduced relative to the office related facilities because an increasing number of staff may be able to support the NIH mission virtually as they have done through the pandemic.

Barr: Yeah, that is true. It will be interesting to see what will be. In addition to being an administrator at NIH, you are also a person who has been living through this historic event. What have been some challenges and opportunities for you as an individual presented by COVID-19?

Wheeland: Certainly, all of us have our own fears for our loved ones. I am always concerned about my wife and daughter and their safety, and that I think applies to all of my colleagues. We have responsibilities to our families, and we have responsibilities to the NIH Mission. I think a lot of us have had challenges balancing those two needs throughout the pandemic. Especially early on, we were dealing with something that is invisible, that is potentially lethal, and is potentially carried by people who are completely asymptomatic, so it is a very disorienting situation. I think, all of us went through an emotional roller coaster where we thought originally this thing might take a few weeks to get under control. Then it became apparent that it was going to take months. Then it became apparent that it would take potentially years, and now, I think, there is a realization that this may be a chronic challenge that we face on top of other illnesses that are well known to us, including cancer, heart disease, and other infectious diseases, so it is an additive source of stress to everyone. I think that what I am proud of with respect to the Office of Research Facilities is that despite all these challenges – and I attribute this to the employees and the supervisors – they maintain their sense of professionalism and patience and persistence despite these additive challenges and maintained a sense of calm and focus throughout these times of adversity and actually continued to identify opportunities to improve the way we deliver services. Like the adage, when you are given lemons make lemonade, the Office of Research Facilities has proudly tried to not only muscle our way through the pandemic, but also take this as an opportunity to make substantive and lasting improvements in the way we deliver our services.

Barr: Yes, for sure. Is there anything else that you would like to add about any of your experiences and especially any of your COVID experiences?

Wheeland: I would like to, just once again, thank the WG [WAGE grade], WG leader, and WG supervisor staff, who are often underappreciated and under-recognized, for their exceptional professionalism throughout these times. At 3 A.M, when they are fixing a leaking pipe, or operating a boiler or a chiller, it is easy to take those folks for granted, and paradoxically, the time that they tend to be appreciated is when something goes radically wrong. The fact that we did not have any major mishaps throughout the pandemic is a credit to those individuals who are at the rubber hits the road level, and I am honored to lead them and support them, and I hope that the entire NIH community can be appreciative of what they have been doing despite the pandemic induced challenges.

Barr: Well, thank you very much for all that you have done and everything that ORF has done to manage the campus throughout the pandemic, and I wish you and everyone continued safety.

Wheeland: Thank you, Gabrielle. It was a pleasure to participate in this interview.