Joseph Cox and Louise Davis

Behind the Mask

July 13, 2022

Barr: Good afternoon. Today is July 13, 2022. My name is Gabrielle Barr, and I'm the Archivist at the Office of NIH History and Stetten Museum. Today I have the opportunity to speak to Louise Davis. Ms. Davis is a Transportation Program Manager within the Office of the Director (OD), and Mr. Joseph Cox, who is the Chief of the Transportation Service Branch, also within the Office of the Director. Thank you both for being with me today.

Cox: It's a pleasure.

Barr: To begin, will you mention some of the responsibilities associated with your positions at NIH?

Cox: I'm the Branch Chief of the Transportation Service Branch in the Division of Amenities and Transportation Services. We oversee several programs. Louise is the Contracting Specialist and Program Manager who oversees our parking and shuttle contracts. Shuttles are pretty much self-explanatory, but there's a difference with parking contracts and what we do in our Employee Transportation Services Office. The parking contract is the contractors that do stack parking and valet parking and oversee the operations in our parking garages. The other thing I oversee within my branch is the Employee Transportation Service Office. What they do is oversee the transit subsidy program. They're also responsible for overseeing the parking permits that are issued at NIH, and also all the reserved parking throughout the campus. We also do that off campus, and we have satellite parking areas that we give permits for. Louise also oversees those contracts for the satellite lots we have at NIH. I would also say we're very involved throughout the campus in various missions, including the site selection committee that we co-sponsor with several stakeholders. It's a collaboration on impacts that construction has on campus that could impact our shuttle and parking services as well as access to our parking garages. There's a lot of construction getting ready to go on at NIH over the next five years. We're dealing with a lot of major issues. COVID has definitely changed the paradigm here at NIH and what we do with our business. I'll give Louise an opportunity to state some of the things that she does.

Davis: I'm Louise Davis, and I am the Transportation Program Manager. I oversee both the shuttle and the parking contracts on the NIH campus. Our shuttle services include both employee and patient shuttles. Employee shuttles are both on campus and off campus. Off-campus shuttles transport employees out to our leased facilities on Executive Boulevard, the Rockledge area, Fishers Lane, and now our Training Center. Patient shuttles operate to and from all three major airports and about seven hotels in the downtown Bethesda area and one north of Rockville Pike from the campus—that would be the Pooks Hill Marriott. Along with the patient shuttles, we also have a Children's Inn and Family Lodge shuttle that operates strictly for the Family Lodge and the Children's Inn, and we have recreational therapy shuttles and Alcoholics Anonymous shuttles.

Barr: That's a lot to keep track of. How many contractors do you have between the parking attendants and shuttle drivers?

Davis: Combined we have approximately 130 contractors. That's an estimate right now. On the parking side, our parking contractor operates our stack parking operations within the garages, and they operate our visitor parking services. They also sell parking permits for select areas for our contractors to park in.

Barr: That's a lot to keep track of. What did you have to do to make more parking available in the past and increasingly now too? How did you deal with people needing temporary permits who had previously taken public transportation?

Cox: There weren't a lot more people driving because more people were working remotely and teleworking. There was "ground zero," which is the Clinical Center, and some labs, which still had a large population. Once you get out of the ground zero—I would say even at ground zero—the parking usage was about 80% to 90%. We never hit 100%. Outside those areas, the parking facilities were at 25%, and sometimes maybe 50%, capacity. We went from having no parking at NIH to having more parking than anybody ever imagined. Even today, on a good day we might be at 70% of our capacity for parking across the campus. There could be people here, but there's plenty of parking. Having fewer people driving onto campus with the construction over the next five years is going to be the silver lining to the pandemic. We've changed the paradigm that people can work from home or telework, and there's a high percentage of people—probably 10% across NIH—that'll probably start working remotely. There will be plenty of parking.

For people using the shuttles or coming in by Metro on mass transit—scary times, but there are still a lot of people that depend on mass transportation as a means to get to NIH. There are a lot of people that live in D.C., or the areas close by that don't even have vehicles. The silver lining was that there weren't a whole lot of people on the Metro or using mass transit. The spacing you had on those facilities wasn't cramped, and everyone had to wear a mask because that was mandated by federal law. We mandated masks on our shuttles. We pretty much had to curtail all the off-campus shuttles because nobody was riding them. Nobody was coming in, especially from off campus, because it was really ground zero—at the Clinical Center and in labs here—where people had to come in. It devastated our Transhare usage because people were dropping out and just getting a parking permit. We have a program in our CAPS [Commuter and Parking Services] system. If you're a Transhare member, you can print yourself up to six temporary permits per quarter that you can just go online and print. People weren't coming in, so they weren't even using that. A lot of people didn't drop out of Transhare even though they weren't coming in. A lot of people did, and we had to remove a lot of people that weren't using their transit subsidy funds. They were dropped out. Now it's starting to come back—the numbers are going back up since we had the return to work back in April. There are more people coming back. There were people who had parking permits that expired because they hadn't been in for a year and a half.

Barr: Has it been hard for your office dealing with people having to get their parking up to date or get back into Transhare? Are you trying to "advertise" or remind people of those things, since they have not really been attuned to it for the past few years?

Cox: We have a software system called "Commuter and Parking Services," which is referred to as CAPS. CAPS is a very robust system and probably one of the larger NIH systems. It reminds people if they're up for renewal and sends up to five reminders until it actually expires. But we did get a rush. For a lot of people, it's just automatic—they get an email, hit the button, and they are renewed whether they are

coming in or not. We did have a few that didn't. We had to close down our parking office. We couldn't have people coming into the office, so we shifted a lot of our work to remote. We answered emails and could access the computer system. The only thing we had to come into the office for was to do the mailings. Someone would come into the office two or three times a week. You can order your permit online and then we mail it to your home address. People didn't need to come into the office; if they had questions, they could either perform a function in the CAP system, and we could respond to them in the system, or they could email our office. We had the phone line switched to go to people's numbers on their computers. We've never really missed a beat except for people walking into the office. We really discovered we don't need to be in the office in order to do what we do, except to do the mailings—which in the beginning was hard because no one was down in the mailroom either. We had to coordinate with them and get someone to come in once or twice a week to mail out the hundreds of permits that we send out every month. That was all worked out, and everyone was getting the permits in the mail. Everything worked out as far as people getting their transit benefits and parking permits—that was never an issue with our office.

Barr: Do you guys like working from home more often than you used to?

Cox: Well, I would be lying if I said I enjoy sitting in traffic for an hour and a half getting to work—you get there and you're tired and stressed out just from the drive. I feel more relaxed and energized working from home. I do miss being in the office with my coworkers, but we still keep in touch virtually—like ten times a day. Most of the time, with Louise's office next to mine, all we did was yell back and forth. This way [virtually], we can actually see each other! I don't think I missed too much as far as interpersonal contact. But outside of the office, I don't run into anybody that I used to run into in the lunchroom or grabbing a snack, so I don't get to say hi or ask how they've been. I kind of miss that. But there are still people I need to interact with from the Office of Research Facilities, and I also represent NIH outside of the NIH community—with Montgomery County and Commuter Connections. They're still doing it virtually. I don't feel like I'm missing anything by not being there in person. Some of the meetings where you got sidebars and you talked to each other before or after the meeting—you miss some of those people. We don't miss much by working remotely.

It's such a benefit because my job is basically to get people to use alternative transportation options. One of those options has always been to telework. Telework is the best thing for the environment. It is also the best for congestion on the roadways and just reducing the resources that our society and the world need, as we can see by the gasoline crisis. Employee transportation service offices came about under [President Jimmy] Carter, and I'm probably the only one old enough to remember when they were issuing gas. If you had an even-numbered tag, you got gas on one day, and if you had an odd tag, you got gas on the other. Based on that, he put an executive order in place for vanpooling and carpooling in the federal government. That created [a situation where] every agency in the federal government has to have an office for employee transportation service. Then it was President Bill Clinton who put into effect that every federal agency has to offer a transit benefit, and it's especially mandated in the metropolitan area of Washington, D.C. Everywhere else they can give it, but here, we have to. It's an executive order—when they do budget cuts, they can't cut my Transhare budget. That's untouchable under the executive order. We're always providing that, and that's to get people out of cars. If we can get people out of cars by remote working and teleworking, especially with the issues here on campus

over the next five years, that is a silver lining of COVID—if there can be a silver lining to COVID after so many people died or got so sick. We've always argued we can do this from home, and they didn't want to hear it. We went from that to having to do it, and it worked.

Barr: Did you guys do any promotion for Transhare or for people who joined the NIH during the pandemic? For instance, I joined during the pandemic, and I didn't necessarily know that those benefits existed. I've always paid for my Metro fare.

Cox: We advertise. We've had some seminars. But people are busy. I feel busier now during the pandemic than I've ever been because of all the new issues and everything coming up. Now I have to write a policy about remote workers and what computer benefits they have, and how this impacts what I do on my CAP system. I have to get the IT people in, I have to write requirements, they have to do the programming, and then we have to do the testing—and then we'll all implement. It has to be based on policies and the new HHS [U.S. Department of Health and Human Services] guidance about remote workers being local or not—not something that we dealt with. And this also impacts the information we pulled out from the NED system—the NIH Enterprise Directory. Whatever information is in that is pulled down to my system, so we need to address issues there. There are a lot of issues going on—and a lot of things that are keeping me busy right now that I probably wouldn't have been dealing with if it wasn't for the pandemic.

Barr: Can we talk a little bit about the experiences of the parking attendants during the pandemic?

Davis: Going back—as far as the remote work goes, I would say that if remote working has done anything, it's increased productivity. For myself, I find that I'm more productive at home. You don't necessarily work longer hours, but you're more productive and focused on the tasks you're working on. This is because you don't have those interactions of people stopping by to say, "Hey, how are you doing?" Or you're not getting up and walking away from your desk, and then getting sidetracked when you're out in the hallways. I've found for myself that I'm more productive working remotely. With Joe as my Branch Chief, I can't really say, "I love it and don't ever want to come back into the office." Eventually, we'll see where that leads as far as remote work for the NIH campus and staff. [Back to] talking about the parking attendants. During the pandemic, we had to furlough staff on both sides, both parking and shuttle, because a lot of our services weren't being used—for example, stack parking operations. We temporarily eliminated the stack parking operations, and then we had to repurpose our parking attendants to other areas within NIH to assist with parking where the changes had occurred, especially around the Clinical Center. We added a cell phone parking lot for patients. For those patients that were coming in for appointments that had to continue, their significant other or their care partner weren't authorized to come into the Clinical Center during that time, so they had to have a spot to wait until the patient was ready to leave. We created a cellphone lot, and we took two parking attendants over to that area to monitor those spaces and make sure that those areas were reserved at all times for those individuals. Then we increased our parking attendant staff in the Clinical Center garage because they started the COVID screening. Once you came in through P1, you were screened for COVID-19 with a series of questions. The P1 entrance now became the only way in and there was no exit out of P1. Now the only exit out of the Clinical Center garage was through P3, so we stationed parking attendants throughout the garage to assist staff, patients, or patient visitors throughout the garage areas. As far as our parking attendants, I would say they have been very proactive. They've worked hard during the last

two and a half years because they were always on campus—their schedules didn't change. They weren't authorized, obviously, to remote work. They're always on campus—always wearing their masks. In the very beginning, gloves and hand sanitizer were provided to them. They are very proactive and very energetic. We have a very good group of parking attendants who are very dedicated to NIH and its mission—especially at the Clinical Center.

Barr: That's really great to hear. Now we'll shift to the shuttles. You said that some of the routes were altered, and you had to cut back. Can you talk a little bit more about how the pandemic affected the shuttle drivers? What did you do if somebody was sick in terms of backup? What were some of the concerns and what precautions did you implement for both them and the people riding?

Davis: During the pandemic, we had a lot of changes to our shuttle services. The first thing we did was eliminate the off-campus shuttles. Since everybody was under that stay-at-home order for remote work, there was no need for those off-campus shuttles. Those were suspended until just recently, March 28th, when we brought them back online. Even when we brought them back, we had to make some changes to adjust to all the other construction issues and things like that. During the early days of the pandemic, at the Clinical Center, we had a transportation desk. The patient transportation desk oversees our patient shuttle services, which are the airports and hotels shuttles, Children's Inn, and Family Lodge shuttles. Also, the taxicab arrangements are made by the clinic coordinators. We handle all of that, but in order to continue to provide that service, we had to move that operation out into the open—into the Clinical Center next to the hospitality desk—and co-locate there with the staff. Our area was now going to be used to assist with screening. Any patient who came in and answered "yes" to one of those questions would be staged into that area until they could be further evaluated. We relocated our staff out to that area. The patient shuttle drivers could not enter the Clinical Center, so we had to do a telephone call train. Once they arrived out front of the Clinical Center for, let's say, the hotel shuttle, they would call the desk. Our staff would then announce that the shuttle was outside, and that way they would ensure the patient got outside.

We also went ahead and started disinfecting the shuttle buses. Originally, we had started twice a day. The shuttle busses would run during the morning, be disinfected, and then they would sit for half a day. That shuttle driver would take one of the buses that had already been previously disinfected. Then at night, it would be disinfected again. Once our shuttles stopped at 9:00 p.m. on the patient side, those shuttles would sit for the remainder of the evening and then we would repeat the process. Once the COVID level started to decrease, under the advisement of DOHS [Division of Occupational Health and Safety], we went ahead and decreased the disinfecting to once a day. Now we have once again discussed with DOHS and now we only clean the shuttle buses at night, which was [the same as] pre-pandemic. There's no additional disinfecting going on currently based on the COVID level and that risk. Our on-campus shuttles for employee services remained—that would be the employee campus shuttle and our campus limited shuttle, which was also changed. Before COVID, we operated a split shift with that shuttle, so it operated as the perimeter shuttle on the outside of the campus and then it came into campus and operated as the limited. Since we eliminated the perimeter campus shuttle, we now decided to operate that campus limited shuttle on a full schedule. That would give the Clinical Center staff more options to get to the Clinical Center.

Barr: Those are a lot of changes.

Davis: Right. We also installed barriers on all of our shuttle buses, and on our patient vans, so the driver is protected—and the passengers are protected from the driver also. We posted signage regarding the mask mandate. All those shuttle drivers have masks. We just recently started having issues with some ridership who think they don't need to continue wearing a mask, and our drivers can now provide them with a mask. The drivers that have stayed—we furloughed 10 drivers during this time—have been very understanding. They have all gone through the Clinical Center and received their vaccines, just like our parking attendants. They're all fully vaccinated. When one of those contractors would go out because they contracted COVID, then we had a plan in place where we could bring back one of those furloughed drivers or parking attendants to fill in. Or we would just move staff around. Everybody has been very accommodating and very aware of the situation. We're lucky—we have great contractors, and they're willing to work with us.

Barr: Are you back to full capacity?

Davis: No, we are not back to full capacity. We're still at probably about 50%. We're slowly seeing increases. Our patient ridership has gone up. I just finished our stats for last month, and our ridership went up on the patient side by about 3,000 people for that month, and then our employee side has gone up by about 10,000 in ridership. We find that our busy days are Tuesdays, Wednesdays, and Thursdays, so you can see when the staff is coming back.

Barr: That's interesting. How quickly did you have to put up the signage, barriers, and things like that? That must have been quite an effort.

Davis: The signage went up almost immediately. We started moving the transportation desk before we went into the mandatory stay-at-home order. The Clinical Center saw what was coming. We worked with the Clinical Center to move our services and change what needed to change to be prepared and to make sure that the patients and their family members could get to the Clinical Center without any issues. We put our signage up—that was no problem. The barriers took a little bit longer because everybody was putting barriers up. It took three to six months before we got those barriers up. That was really because of supply chain issues. Everybody was doing the same thing with their services.

Barr: You work at the Clinical Center and DOHS. Are there others that you work with at NIH and outside of NIH in making your decisions?

Davis: I would say on campus, for my services, I worked with the NIH Police. The NIH Police assist with any of those passengers who, let's say, didn't want to wear a mask.

Barr: Did you have a lot of cases like that?

Davis: I would probably say about five—no more than five. It was very few. But when we did have those cases, we had a procedure in place that we would not move the bus. The bus would stay wherever it was—let's say it was at the Metro on the inside loop coming to Building 31 or the Clinical Center. It would stay until the NIH Police arrived. Either that individual got off the shuttle or decided they would wear a mask. I would also say the NIH Police and the NIH Fire Department for some incidents off campus. I had to work with the three local airports to coordinate our shuttle bus access and there

wouldn't be any issues there. We didn't have any issues with the hotels. What we found, though, during the pandemic, is that the hotels stopped using the van service they had before COVID. That made our patients rely on our patient shuttles more so. Previously, if they missed that night shuttle, they could get on the hotel van. That hotel van was no longer being authorized.

Cox: We didn't have a whole lot of cases of people refusing to wear the mask. In one of those five cases, somebody got off the Metro, and on the Metro, you didn't have to wear a mask at the time. They just didn't know. We make sure all our shuttles have masks that they can issue to anybody who comes here and is not aware that you've got to wear your mask on the NIH shuttles.

Barr: Is there anything you guys have implemented during COVID, either lessons or protocols, that you would apply going forward in normal times?

Cox: I would like to see masks at least continued on the shuttles. I had COVID—I don't know where I caught it, but I know I came to work not feeling well, but I always wear my mask at work. I went to the gym and worked out with somebody. I was wearing my mask, and he was wearing his, and neither one of us caught it. That kind of told me that masks must work. Masks are important. In the cafeteria or a really high-volume place, I prefer to wear my mask—that's just a personal thing. I don't wear my mask everywhere. When I'm outside or in my office—I have my own office—I don't wear a mask. For the protection of others, even if you're vaccinated, you can still be a carrier and not know it. It's just out of caution. I don't want to spread it to anybody if I should catch COVID, and I hope nobody wants to spread it not knowing whether they have it or not.

Davis: One thing that we learned about ourselves and learned behavior that kind of improved over the pandemic, was the communications between the staff, like Joe and I or our other coworkers. For myself, I found that I was communicating more with the parking and shuttle contractors. Not only because I had to because I worked remotely and they were on-site the entire time, but just checking on their emotional well-being more than I previously did, making sure they had everything they needed to not only do their jobs, but outside of NIH when they went home. I know that really changed for me, but hopefully, a lot of us have more respect for each other.

Cox: I also think that COVID is not going away. We already have a game plan in place. We know what DEFCON [defense readiness condition] level to go to with different situations if they should manifest in the future—and what we would need to shut down or operate at a level where it spreads less easily and is less lethal. We've learned a lot of lessons that we could put into place in what we do. Going forward, things like vanpools and carpools might be going the way of the dinosaur, because who is carpooling anymore? Usually, it was based on no parking, and if you came in and had two people, you could park in the carpool lot—but nobody's probably going to come in on the same day. There's plenty of parking. Our vanpools took a real hit. You need a minimum of four people to start a vanpool and you need five or six people to make it cost-efficient, even with the subsidy that we give. But people aren't coming in. If there are five of them, there might be one person in the vanpool coming on Monday, Tuesday, or Wednesday. They might not all come in on the same day. We're given funding for a vanpool that's going to sit somewhere or come in without a minimum of four people in it. In ORF [Office of Research Facilities] there are some blue-collar jobs where people have to come in every day, and those vanpools are still working because they have to come in every day. But outside of that, the carpool, vanpool, and

the car sharing, even with the cost of gas, if I only have to drive in once a week, do I really want to give up my parking hanger to share with somebody and find a way to pass that back and forth to each other? Ridesharing is going to take a hit in the future. Mass transit is still going to be something that people need to use, so that's not going to go away. And if they come off the Metro, they're going to continue to want to use our shuttles around NIH. With the traffic concerns that are going to happen with the road closures, we're going to have to find innovative ways to better utilize our shuttles to get people from parking areas on one side to large buildings like Building 10. We've already done this with one we call the "Building 10 Express Shuttle" that we run from lots 41 and 42 straight to the south entrance and back every morning and every afternoon. We are looking at innovative ways to use our shuttles to augment the parking as well as the mass transit riders coming out of the Metro.

Barr: Definitely. In addition to being NIH employees, you're also people who have been living through the pandemic. What have been some opportunities and challenges that COVID has presented for you as individuals?

Cox: I would say that the challenge is that everybody was worried and scared. I mean, it impacted everything you did in life, and coming to work was just one of them. Going to the grocery store or restaurants—it was something like what happens in a bad movie. For people who had to come into the office, we made sure only one person came in at a time. We probably had overkill—enough Lysol and hand sanitizer to wipe out any germs on the planet—sitting around for people to overclean and overuse. My hands were chapped from constantly putting that alcohol stuff on my hands. As for people wearing a mask, it got hard, especially if you wore glasses. There were a lot of challenges, but we learned from them and lived through them. We probably honed a few skills that I hope we never have to perfect again to that degree when we're scared. Now we know how to roll with the punches and when I should wear my mask and when not to—so a lot of lessons learned. At first, we had a lot of meetings—probably more than we had to—because we wanted to make sure we were communicating. Now we know if we need to make a virtual meeting or have a virtual call. Everyone's working hard and people like working from home. I'm not going to lie about that, but there are a couple of people in our division who come in every day because they want to. Even through the pandemic, I came in at least once a week, if not twice, just to check on operations and check on things. But outside of that, for the future, telework is just good for the environment, and it's good for worker morale to have work flexibilities and to be able to use those. But we do need people here on campus because in the other divisions—like the gyms, food, and retail—no one's here. Those groups are looking at how it's not cost-effective and they're going to close up shop. Unless we highly subsidize those areas, they're going to dry up and be very few people. We do have cafeterias in the Clinical Center that are profitable, but everywhere else, with buildings being at less than 50% capacity, it's just hard for vendors to come in here and make a living.

Davis: I would think that if the pandemic taught us anything, it taught us how to use the available technology that's out there. Some of us who were reluctant to use certain technologies have had to force ourselves to learn how to use them because it was our only way to communicate—like Zoom meetings, Teams, or Skype, and things like that. You also implemented it outside of work with your family members. If you had someone living out of state, then you could do a Zoom call and have a group chat, so you can connect with all your family and friends outside through that technology. It taught a lot

of us how to use that and to take advantage of what's available to us—whereas before, we might have had those blinders on, where we didn't want to use them because we could rely on face-to-face.

Barr: Thank you both so much for your time and all your efforts during the pandemic. Is there anything else that either of you want to share about your personal or professional experiences?

Davis: I don't have anything else.

Cox: I would just like to give credit where credit's due with DOHS, the Division of Health and Safety. They've been at the forefront of all of this. Our division has worked with them—we provide them parking areas in which they can do their car line testing—and they helped us with every question we had, like how we deal with the shuttles and the workers and how we could improve the parking office and make it safe with plexiglass and different strategies. They've been a tremendous help and they've done tremendous work during these times. They've helped us and probably worked with us more closely than they ever had in the past, and we're thankful for that.

Barr: That's great. Thank you both, and I look forward to hopefully seeing you around campus.

Davis: Thank you.

Cox: Thank you.