

# First NIH Community FORUM

*Summary of  
Proceedings*



**Office of Community Liaison  
National Institutes of Health**

March 11, 1995  
Bethesda, Maryland

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## *Preface*

It is with pleasure that I introduce this Summary of Proceedings from the First NIH Community Forum on March 11, 1995.

The Forum provided more than 150 representatives from among NIH staff, NIH neighbors, and State, local, and civic organizations with the opportunity to openly discuss topics of mutual interest. Over the course of the morning, participants engaged in lively discussion on five topic areas: Environment, Growth, Transportation, Information Exchange, and Cultural, Recreational, and Educational Exchange. Not surprisingly, there were many ideas and issues developed from each topic area.

For example, the discussion on Growth included such topics as the impact on Bethesda of changes to the number of NIH employees and how to create better transportation linkages from the campus to Bethesda, Rockville, and Silver Spring. The Transportation group explored strategies to reduce congestion, make biking to work more feasible, and provide employee incentives to encourage greater use of public transit alternatives. Collaboration between NIH and the community to improve the environment was a major focus of the Environment group's discussion, while the Information Exchange group deliberated on better ways to communicate information about environmental issues and other topics of mutual interest. The fifth group—Cultural, Recreational, and Educational Exchange—suggested ideas for publicizing events on the NIH campus, developing intern opportunities for high school students, and increasing awareness about preventing disease and promoting health.

I think we all can be gratified and encouraged by the results of this first Forum as described in these Proceedings. These suggestions and observations about NIH's relationships with its community provide all of us with a foundation for greater understanding, further discussion, and future actions. The effects of the Forum can be noted already. For example, the monthly *OCL Update* directly addresses suggestions from the Cultural, Recreational, and Educational Exchange group discussions. The Environment group recommended expanding the NIH Environmental Reading Room by including Federal and State inspection reports. This has been done. Many reports also are available now at the Bethesda Regional Library for increased dissemination. These are just some of the action steps that have been taken since the First Community Forum. Progress is being made and there are other issues, events, and programs to

think about and plan for. Not all of the ideas in these Proceedings can be implemented immediately; many recommendations require further development and strategic planning. Clearly, however, the Forum has provided a baseline from which to work.

I invite you to review these Proceedings and complete the response form that accompanies this package. The Forum Planning Committee and I will be using these response forms to prioritize the Forum suggestions over the coming months in planning for the Second NIH Community Forum, which is tentatively scheduled for May 1996. I remain indebted to this wonderful group of volunteer NIH staff and neighbors who have been so generous with their energy, time, and talent.

Thank you again for your interest and contribution. Thanks too for your willingness to participate in what I hope will be a model Federal/community partnership of collaboration.

Janyce N. Hedetniemi  
Director  
Office of Community Liaison

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## ***Introduction***

The First NIH-Community Forum, held March 11, 1995, was organized by the Office of Community Liaison (OCL) at the National Institutes of Health (NIH) as the next step in its ongoing efforts to improve communication and cooperation between NIH and its neighbors in Bethesda and Montgomery County. Related activities include the establishment of a joint Environmental Concerns Working Group, the formation of the Master Plan Working Group made up of neighborhood representatives who will advise NIH on the revision of the Master Plan for the Bethesda campus, and the opening of an NIH Environmental Reading Room (Building 31, Room 2B-04, open 10 a.m. to 4 p.m., Monday through Friday), which provides residents access to a wide range of official documents on waste treatment, radiation safety, traffic management, and other topics of interest.

In her remarks to the Forum, Montgomery County Councilwoman Betty Ann Krahnke praised NIH for reaching out to establish permanent, productive channels of communication with the surrounding community. She also praised NIH's decision to reuse existing buildings where possible rather than erecting new ones on the crowded campus, as well as NIH's commitment to become a national model for the treatment and disposal of hazardous, pathogenic, and other solid wastes. Councilman Ike Leggett echoed these sentiments, adding that the Council's Transportation and Environment Committee would continue to monitor NIH's progress in the future. Both of them urged participants to take advantage of this opportunity to make their concerns heard.

Harold Varmus, Director, NIH, reminded participants that he and many other NIH employees also live in the surrounding community and that they share their neighbors' concern over the issues the Forum would address. He went on to describe the progress NIH has made in responding to the nine action items identified at a meeting that he held with the community on May 11, 1994:

1. Stop incineration on the Bethesda campus (accomplished on May 12, 1994).
2. Reduce the amount of medical-pathological waste (MPW) that NIH generates (19-percent reduction to date).
3. Conduct soil and water testing (draft soil test protocol made public on March 13; working with the Washington Suburban Sanitary Commission (WSSC) on sanitary sewer testing).

4. Make environmental data available without freedom-of-information actions (Environmental Reading Room opened in February 1995).
5. Get more community input on planning (Master Plan Community Working Group).
6. Look more closely at transportation management and parking (numerous activities, described in the background paper "Transportation and Parking at NIH").
7. Reconsider growth projections (NIH now anticipates a 10-percent growth over 20 years, rather than 40 percent).
8. Establish performance standards to minimize the impact of construction projects (NIH has negotiated acceptable work hours, plans to reduce the noise and light impact of Multilevel Parking Garage 8 (MLP-8), and has implemented a noise-abatement study).
9. Formalize NIH's interactions with the community (the NIH Office of Community Liaison, the *NIH Community News*, and the Forum itself).

In her charge to the participants, Janyce Hedetniemi, Director, Office of Community Liaison (OCL), told them that the purpose of the Forum was to bring together individual neighbors, community organizations, NIH staff, and members of county, State, and Federal governments to help establish an agenda for collaboration and information. To accomplish this, the day's events were structured to allow participants to attend two different sessions of the following discussion groups:

- Growth (Master Plan, construction);
- Transportation (bikeways, walkways, traffic, transportation management);
- Environment (waste management, recycling, noise abatement);
- Cultural, Recreational, and Educational Exchange (science, medical, and health education, the arts); and
- NIH-Community Information Exchange (public participation, libraries, schools, newsletters, computer information).

There would be no formal presentations; instead, she urged participants to engage in an open, creative discussion to address the following questions:

- What about this topic most concerns you?
- What can NIH and the community do together to address these concerns?

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- Who else should be involved in addressing these concerns and making changes?

She also asked participants to rank their concerns and suggestions in terms of their relative importance and priority, as a way to determine what can be done immediately and what will require long-term effort.

In the following sections, the discussions from each of the five groups are summarized, including the full range of concerns and suggestions voiced by the various participants. These summaries were reported at the plenary session at the end of the morning by the cochairs of each group. A final section in the document summarizes questions and suggestions raised during that concluding session.

These suggestions, as well as the reports of the cochairs, were received with thanks by Dr. Ruth Kirschstein, Deputy Director, NIH; Dr. Michael Gottesman, Deputy Director for Intramural Research; and Ms. Hedetniemi. They assured participants that the written proceedings of the Forum would become an important tool in shaping NIH's future interactions with its community. They also urged participants to send any additional suggestions to OCL, which will pass them along to the appropriate planning committees for consideration. With that the Forum was adjourned, and participants were invited to take a tour of the campus and the NIH Clinical Center.

This report can serve as a guide and catalyst for future activities, including additional meetings and forums. The document, however, merely summarizes what was *said* or *asked* by the participants, without any attempt to verify each assertion or answer every question in detail.

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# *Discussion Group on Growth*

## Overview

The two sessions of the Discussion Group on Growth focused on current revision of the Master Plan that will guide the growth and development of the NIH Bethesda campus over the next 20 years. Participants raised a number of questions about the planning process and the impact of growth on the surrounding community. One participant reported that many residents were angry in 1993 when NIH released a draft Master Plan without inviting the community to participate in the process. That process has now changed to allow residents to have input, but the community must take advantage of this opportunity. Participants identified the following topics for discussion:

- NIH Master Plan and the master planning process;
- Changes in the assumptions underlying the Master Plan;
- Impacts of growth at NIH on adjacent neighborhoods, the Central Business District (CBD), the Bethesda-Chevy Chase region, and Montgomery County;
- Transportation and related issues;
- Environmental issues; and
- Public events and activities.

## NIH Master Plan and Master Planning Process

Participants asked a number of questions about the Master Plan and the revision process: What does the Master Plan look like? What does it contain? How accessible, readable, and understandable is it for the average person? The *Master Plan for the NIH Bethesda Campus* is an integrated series of documents that includes individual plans for transportation, parking, site development for new buildings, buffer zones, landscaping, and so on. It is a planning document, not a budget document or an implementation document; it provides a roadmap for NIH to follow to achieve its goals. It is a structure or framework for long-term growth and development at NIH

over the next 20 years. As a result, it is very important for citizens to be involved in reviewing how NIH's growth relates to the residential communities surrounding it.

The Master Plan will be a volume of about 200 pages, accompanied by an Environmental Impact Statement that addresses the effects of this development on the environment and how they can be mitigated, if necessary. NIH is currently functioning under the 1972 Master Plan, which is in the Environmental Reading Room. Some parts of this were realized, but other parts were not, and NIH is in the process of developing a revised Master Plan for submission to Congress on June 30, 1995.

NIH resource personnel described the roles of their agencies in the master planning process. The National Capital Planning Commission (NCPC) is the central planning organization of the Federal Government in the National Capital region. Like other Federal facilities in this region, NIH is required to submit its Master Plan to NCPC for review, along with plans for individual construction projects. NCPC reviews the plan for consistency with its own comprehensive plan and for compatibility with local planning policies; it can approve, disapprove, or suggest changes to the NIH Master Plan.

The Maryland-National Capital Park and Planning Commission (M-NCPPC) prepares master plans for all public and private development in Montgomery County, including the Bethesda-Chevy Chase area. M-NCPPC has regulatory authority over private development, but in the case of public development such as that at NIH, M-NCPPC has only an advisory role. M-NCPPC is participating in the NIH-Community Master Plan Working Group, which is undertaking the process of revising the NIH Master Plan.

Participants wanted NIH to review past Master Plans to see how accurate those projections turned out to be. They noted, for example, that while the 1972 Master Plan is fairly accurate in predicting employment growth on the campus, it completely missed in its projection of a 25-percent Metro ridership (see further discussion of this topic by the Discussion Group on Transportation, below). Similarly, the 1972 plan encouraged NIH to minimize pollution and improve air quality on campus by lowering the sulfur content of the fuel used and going instead to a more environmentally friendly fuel. Yet 20 years later, NIH was still using the same #6 fuel oil for heating. (NIH converted from #6 fuel oil to diesel as its backup fuel in October 1994, and the ongoing conversion to natural gas has already resulted in an 84-percent reduction in power plant emissions.)

Participants identified the following action that could be taken:

- NIH should look at past Master Plans in light of existing and future development.

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## Changes in Underlying Assumptions

Three assumptions or premises underlying the current revision of the Master Plan have undergone major changes since 1993. The first change came about as a result of the downsizing of the Federal Government, which requires Federal institutions to decrease employment levels by 15 percent over the next several years. This will result in a short-term reduction in the population on the Bethesda campus. Beyond that, there may be some consolidation from other facilities onto the Bethesda campus and some additional growth if new research initiatives are undertaken, but the increase would total no more than 10 percent of the 1993 population. This would mean a maximum population for the Bethesda campus of 18,000 people, considerably lower than the 40-percent growth previously anticipated.

A second premise that changed had to do with work on the Clinical Center (Building 10). At the time of the 1993 draft, NIH had plans to totally replace the Clinical Center with a new facility at the center of campus. However, that approach would have meant relocating other buildings to the edge of campus, which would have affected the neighborhoods. The External Advisory Committee that recently reviewed NIH's Intramural Research Program recommended that NIH instead build a smaller addition to the existing Clinical Center to accommodate hospital needs and then proceed with a sequential renovation of Building 10. This renovation would address the space and utility problems in Clinical Center laboratories and give NIH a fully functional facility at the same site without further major disruptions or relocation.

The third major premise that has changed since 1993 concerns the proposed consolidation of 3,000 administrative personnel from Rockville to the Natcher II building on the Bethesda campus. There will be no relocation of extramural personnel onto the campus, and NIH will not build Natcher II.

## Growth Issues

Participants expressed concern about effects that growth on the NIH campus might have on adjacent neighborhoods, the CBD, the Bethesda-Chevy Chase region, and Montgomery County as a whole. Some participants pointed out that NIH *says* that it wants to be a "good neighbor," but in the past it hasn't always been one. For example, NIH leased a house in a nearby neighborhood, even though residents protested it. Participants were concerned about how to protect themselves from NIH encroachment when zoning laws are waived for Federal institutions.

In fact, some participants felt that the only solution to the problems caused by growth was for NIH to stop growing altogether; others felt this way about the Bethesda-Chevy Chase area and Montgomery County, as well. To these participants, the quality of life in the area has already declined, and more growth would mean more air and water pollution and less safety. They feel that the roads are already jammed, that parking is difficult, and that there is no land left to build on.

However, NIH brings enormous economic benefits to the county. One official referred to NIH as “one of the economic jewels of Montgomery County and the State of Maryland,” producing between three and five jobs off campus for every employee on campus. While NIH does not pay property taxes, the income tax revenue generated by NIH employees and the businesses they patronize is substantial. For the State and the county, the presence of NIH results in higher tax revenues that allow government to provide the kinds of services available in Montgomery County, such as an extensive park system and an excellent public school system. Currently, the Bethesda-Chevy Chase area has a population of 89,000, with a projected 20-year increase to 104,000—a relatively slow growth rate. Slower growth at NIH will give Bethesda-Chevy Chase more flexibility in the future.

Business representatives pointed out that NIH employees patronize all the businesses in the Bethesda-Chevy Chase area—restaurants, banks, dry cleaners, and retail stores—and they also live in the neighborhoods around NIH. There is a symbiotic relationship between NIH and the business community that has to be kept in balance. A detailed report about the number of NIH contracts awarded, businesses, interactions, and dollar volumes is in the Environmental Reading Room.

Participants identified the following actions that could be taken:

- NIH should abide by its commitment to be a good neighbor, which includes a promise not to buy or lease buildings in the neighborhoods. NIH should stay within its campus and maintain the buffer zone.
- NIH should consider remote sites for future growth, such as Fort Detrick and other facilities that are being closed by the Department of Defense and the facilities that will become available if the Food and Drug Administration consolidates its activities in Clarksburg.
- Transportation links between NIH and the CBD should be improved to allow access by bicycle, shuttle, or footpaths from the NIH campus.

## **Transportation and Congestion**

Participants raised many concerns about road congestion and other transportation-related problems. (These and other concerns were also addressed by the Discussion Group on Transportation; see below.) Some participants wondered if the projected NIH growth of 10 percent—although lower than originally projected—is still too much for the roads to handle. Major highways have turned into “raceways” and are already at capacity. Cedar Lane has become an “NIH driveway” rather than a city street. Crossing Rockville Pike, Old Georgetown Road, or Center Drive on foot is dangerous; hearing-impaired people are particularly at risk. The impact on NIH of development at the Davis tract to the south of I-270 was also of concern.

Other participants felt that reducing speeds on Old Georgetown Road and Rockville Pike will turn these roads into parking lots, leading motorists to cut through

neighborhoods to find alternative routes and to speed through residential areas. Some participants said that this was already happening in their neighborhood, where speed bumps are being considered to handle the problem.

Parking on campus was also a concern. Many participants felt that, while growth on campus doesn't necessarily translate into congestion, free parking on campus does contribute to traffic. Consequently, several participants suggested that NIH should reduce the availability of free parking on campus. This could be done by removing parking places or by instituting paid parking, which would help get people out of their cars and reduce congestion. In their opinion, the ratio of 0.50 parking spaces per employee is too high; they think NIH should consider a parking ratio of 0.33 parking spaces per employee. Other participants also suggested that Montgomery County finance the construction and operation of privatized parking on the campus.

A few participants suggested that NIH might try to consolidate its employee population on the campus in order to maximize the density in the areas adjacent to downtown Bethesda; this would create a critical mass for transit alternatives. One participant suggested that this kind of dense, more urban land use might actually be better for air quality, because as density increases, gas consumption decreases.

As NIH looks at transportation planning within the context of the Master Plan, participants also wanted it to think of ways to encourage employees to walk to work, and ways to make the campus and surrounding areas more pedestrian-friendly. For example, several people asked about signage on campus and were frustrated by the lack of maps of the campus. Others suggested creating more spaces that will encourage people to walk. Because it is sometimes difficult to get around the campus on foot, people tend to jump in their cars instead of walk.

Similarly, many participants urged NIH to consider ways to make the campus more bicycle-friendly. Employees and residents alike might run more errands by bicycle if there were more bicycle lanes around NIH, especially into the CBD. Some people were upset that bicyclists use the sidewalks on Old Georgetown Road and that some streets, like Greentree Road, do not even have sidewalks. Bicyclists consider it safer to bike on Old Georgetown Road and Rockville Pike during rush hour because the speed is reduced to 25 mph. Participants were urged to write letters to the Montgomery County Council, encouraging it to shift resources to bike lanes and sidewalks in these areas. The Maryland Department of Transportation is willing to put in sidewalks, but it needs the support and encouragement of the community.

One suggestion was that NIH might consider providing affordable housing on campus so that some employees would not need to commute. Another suggestion was to look at affordable housing from the perspective of a light rail system: instead of clustering NIH employees on campus, light rail could be used to bring them to work from areas where affordable housing is already available.

Finally, several participants suggested that NIH could address its transportation problems by becoming a mixed-use campus, with child care centers, dry cleaning, cafes, and other services close to the Metro station. This would allow people to do

two or three things at one location, minimizing the need for travel and driving. While it might require some legal maneuvering to allow retail establishments on the campus, NCPC supports the mixed-use concept and could support NIH for this concept. The Bethesda-Chevy Chase Chamber of Commerce said that it would not fear these new services as long as its members had the opportunity to compete for employees' business.

Participants identified the following actions that could be taken:

- Construct grade-separated interchanges on Cedar Lane and Rockville Pike.
- Constrain the operating speed on Rockville Pike and Old Georgetown Road to 25 miles per hour, possibly through flashing lights or other traffic controls that force drivers to slow down.
- Reduce the number of parking spaces on campus and/or institute paid parking for employees. Specifically, reduce the employee parking ratio from 0.50 to 0.33.
- Coordinate the transportation management plans and programs of NIH, Navy Medical Center, and Suburban Hospital—for example, by sharing an expanded shuttle service that would provide access to the CBD at lunchtime and to surrounding neighborhoods for commuters.
- Make acrylic-covered campus maps available in boxes at the Metro station for people to pick up as they come on campus.
- Work with the county to construct bicycle lanes along the side of the roads around NIH and to develop bicycle and pedestrian avenues into the CBD.
- Encourage the Maryland Department of Transportation and the Montgomery County Council to shift resources to bike lanes and sidewalks in areas where they are needed.
- Consider the impact on transportation management of the proposed light rail link between Silver Spring and Bethesda.
- Develop plans for a mixed-use retail complex near the Metro station.

## **Environmental Issues**

Participants also raised several questions about the environmental impacts of congestion. Some participants wanted NIH to incorporate recycling into the Master Plan; others were concerned about the amount of waste NIH produces and the potential for a chemical accident. Participants cited environmental studies recommending that buildings that create waste be moved to the center of campus, rather than out on the borders, nearer the residential communities. (These and other environmental

issues were addressed in greater detail by the Discussion Group on the Environment; see below.)

## **Public Events and Activities**

Participants mentioned that one of the most popular activities on campus is the weekly Farmer's Market, which has been cosponsored for at least 10 years by the NIH Recreation and Welfare Association and the Montgomery County Office of Economic Development. The popularity of this event has increased in the past few years, in part because NIH began putting up signs for the market. People who live nearby said that it is a very good place for those who live within walking distance to gather on Tuesdays. They emphasized that these kinds of activities are also part of being a good neighbor.

Participants identified the following action that could be taken:

- Expand these informal, recreational activities—for example, flea markets or kite festivals.

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# *Discussion Group on Transportation*

## **Overview**

The two sessions of the Discussion Group on Transportation raised a wide range of concerns, suggesting that there are many problems to address and that many different but related actions will be required to address them. Participants insisted that NIH needs an integrated transportation policy, one that takes these different actions in a coordinated way. However, this policy must also provide employees with a free choice and with more choices, by providing equitable incentives and disincentives for different travel modes. This policy should be sufficiently flexible to accommodate the special needs of different groups of employees.

There appeared to be a consensus that the current “mode split” is not satisfactory, particularly for the 65 percent of NIH employees who still commute by single-occupancy vehicle (SOV). Participants suggested that changes in this mode split should be driven by policy and that NIH’s transportation policy should flow directly from its mission, which includes public education as well as biomedical research. They urged NIH not only to provide incentives for walking, bicycling, ride-sharing, and using mass transit, but also to reduce the incentives for SOV commuting that represent disincentives to other modes of transportation—particularly free parking. Specific suggestions included the following:

- Educate NIH employees about commuting options.
- Change the current mode shares, particularly reliance on the SOV.
- Increase the number of Metro, bus, and carpool commuters.
- Improve bicycle access to the NIH campus.
- Improve pedestrian access on and around the NIH campus.
- Reduce the amount of free parking available on campus, and consider charging for parking if necessary to reduce SOV commuting.

In proposing specific actions to address these concerns, participants recognized that there were some decisions that NIH can make for itself, such as parking on campus. However, other actions would require cooperation and collaboration with neighborhood groups, county government, and State and Federal transportation

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In proposing specific actions to address these concerns, participants recognized that there were some decisions that NIH can make for itself, such as parking on campus. However, other actions would require cooperation and collaboration with neighborhood groups, county government, and State and Federal transportation

agencies. Several participants suggested that NIH should start with what it can do itself and work outward—for example, improving bicycle access *on* the campus, while working with the county to improve bicycle access *to* the campus.

## Changing Commuting Patterns

Perhaps one-third of NIH employees live within 5 miles of the campus, close enough that they don't really need to commute by automobile. NIH needs to offer alternative ways to commute and to make people aware of those alternatives, in order to change their minds about driving to work. NIH has put a number of programs in place, but it needs to do more to publicize them, and it could also take many other actions to reduce the number of automobiles coming to the campus. People already own automobiles and find them convenient, and they will continue to use them unless there are more aggressive efforts to change their habits and mindset.

Alluding to recent newspaper articles about the negative health effects of air pollution, several participants pointed out that reducing SOV use would also reduce traffic and pollution and that alternatives like walking and biking also provide healthy exercise. Just as individuals have no right to smoke cigarettes if their secondary smoke harms others, so they have no right to drive their automobiles, especially alone, if doing so interferes with other people's right to breathe clean air. As an institution established to educate the public on health issues, NIH has an opportunity to "walk its talk" by establishing a transportation policy that is a national model for encouraging alternatives to SOV's.

Participants recognized that this is a national problem, not an NIH problem, and that the Washington area has one of the highest percentages of people driving to work in SOV's. But while NIH is only a small part of the transportation picture in the Bethesda area, as one participant noted, it can play a large role in finding solutions. Perhaps the first step would be to study the example of other communities that have already solved these problems and made the transition away from the automobile. Examples mentioned by participants included Davis, California; Eugene, Oregon; and several cities in the Netherlands, where up to 40 percent of the workforce commutes by bicycle. These communities could provide models for integrated transportation planning for Bethesda, if not for the entire Washington metropolitan area.

A more basic alternative is to change, not the *way* employees come to work, but rather the *number* of employees who come to the campus each day. The way to do this is through telecommuting, which allows employees to work at home or at an alternative work site through high-speed data communications. NIH is already experimenting with telecommuting on a limited basis, and its studies indicate that between 20 percent and 40 percent of its employees could become telecommuters—or rather, that many employees could work from their home or other remote sites 1 or 2 days per week.

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Participants identified the following actions that could be taken:

- Investigate the transportation policies and programs that have been put in place in other cities and countries, particularly in Europe, and that have succeeded in changing commuting patterns and offering viable transportation alternatives.
- Identify computerized transportation analysis and planning programs that have been used successfully in other communities to identify bottlenecks and cost-effective alternatives.
- Bring transportation planners from these communities to NIH and Bethesda, both to examine local conditions and to share their experience with alternative transportation policies.
- Support the implementation and expansion of telecommuting for NIH employees.

## **Change the Current Mode Share**

A survey of NIH employees in the fall of 1994 revealed the following commuter mode split:

- 65 percent drive alone (this figure may be misleading, since many of these employees also drive children to school or day care, or drop a spouse off at work or Metro).
- 20 percent use some form of ride-sharing (not all of these are in registered carpools).
- 11 percent use public transportation (bus and Metro combined).
- 4 percent walk or bicycle to work.

This breakdown will serve as a baseline against which NIH will measure its progress in encouraging employees to use alternative modes of transportation. However, participants from adjacent neighborhoods suggested that NIH set more aggressive goals for itself. One of them suggested that NIH should not take a gradual approach, working from the existing split and making projections for the future, but instead should make a policy decision about what sort of split is desirable and then come up with the programs and incentives needed to achieve it.

Participants recognized that there would always be some employees for whom the SOV will be the only practical alternative. One example is working parents, some of whom must pick up children from off-campus day care before 6:00 p.m.; others include shift workers and parents who must be able to respond to illness or accidents involving their children. NIH transportation officials are currently trying to institute an

“emergency ride home” program to accommodate these and other groups, but such programs are illegal under current regulations; NIH is participating in a Federal task force to develop guidelines for such a program.

By the same token, if one-third of NIH employees live within 5 to 7 miles of the campus, then two-thirds live farther away, often because of the lack of affordable housing near the campus. Many of these employees live in Northern Virginia or Frederick County, where mass transit to the NIH campus is difficult to use or non-existent. Participants pointed out that NIH transportation policy should not discriminate against these employees, but that it must have greater flexibility if it is to accommodate all of these groups and needs.

Participants identified the following actions that could be taken:

- Establish definite targets for commuter mode shares as part of the NIH Master Plan, and then develop and implement transportation programs as needed to achieve those targets.
- Expand child care facilities and opportunities on and near the NIH campus; at present, these are extremely limited and relatively expensive.
- Support legislative changes that will allow NIH to implement “emergency ride home” programs.
- Provide child care facilities and better bicycle and pedestrian access to remote transportation nodes (e.g., Shady Grove Metro station).
- Expand and coordinate the housing referral services of NIH, Navy Medical, and Suburban Hospital to improve the ability of their employees to find affordable housing nearby.

## **Metro, Bus, and Carpool Commuting**

There was a consensus among participants that NIH will make the biggest change in employees' transportation choices by improving the quantity and quality of mass transit available to them. According to one participant, other Federal facilities have done far better. At the Pentagon, for example, up to 60 percent of employees use public transportation; the National Oceanic and Atmospheric Administration, which also has a Metro station beneath its building in Silver Spring, has achieved similar success. At NIH, however, employees arriving on Metro must get on a shuttle bus or walk to their final destination, and the inconvenience of this “intermodal shift” is a disincentive to using public transit.

According to other participants, if this alternative is to succeed, NIH must strike a better balance between the incentives to use mass transit (in terms of both cost and quality of service) and the contrary incentives to continue using the SOV. The NIH TRANSHARE program currently provides a subsidy of up to \$42 per month for

employees who use public transportation or vanpools; in exchange, they must surrender their employee parking permits. Current regulations allow a maximum subsidy of \$60, but there are difficulties in raising the subsidy to this amount, which NIH feels would “oversubsidize” employees who live nearest the campus. However, a number of participants suggested that \$42 per month was not a sufficient incentive for many employees to use mass transit, particularly when compared with the considerable disincentive of free parking (an incentive to use SOV’s—see below).

Some former bicycle commuters have found that bus service is inconvenient or unreliable, or both, either because drivers don’t wait for connecting buses or because routes and timetables sometimes change with little notice. According to several participants, however, the greatest disincentive to using public transit (or any alternative) is that NIH makes it so easy to use the SOV. (See below for further discussion of parking supply and demand.)

Several participants suggested the alternative of express buses to NIH from communities with large concentrations of NIH employees that are not well served by current Metro and bus routes. There used to be an express bus from Columbia to NIH, for example, but it proved to be unreliable and was dropped. Northern Virginia jurisdictions have had considerable success in contracting with private bus operators to provide such service; could this be done in Maryland as well? NIH is not allowed to provide this kind of shuttle bus service itself, but it might be able to subsidize express buses (as it does vanpools), and it also has extensive demographic data that could be used to facilitate efforts by commercial carriers to establish such service. NIH officials mentioned that there are already several vanpools from Frederick, and NIH has proposed that the Medical Center Transportation Management Organization reestablish express bus service from Columbia.

Participants identified the following actions that could be taken:

- Increase the TRANSHARE subsidy from \$42 to \$60 per month.
- Establish express bus service to NIH from neighborhoods with large concentrations of NIH employees. Silver Spring and Columbia would be good markets to target.

## Bicycle Access

Several participants pointed out that the volume of traffic on Wisconsin Avenue and Old Georgetown Road makes them unpleasant and dangerous bicycle routes. Maryland transportation officials have chosen not to mark curb lanes for bicycles only, forcing them up onto sidewalks that, while legal, are uncomfortable because of driveway cuts. (This also interferes with pedestrian access—see below.) Alternative routes through parks and neighborhoods are inconvenient, poorly marked, and sometimes impassable in winter due to patches of ice. While NIH has done a good job of developing bicycle paths *on* the campus, it is still difficult to get *to* the campus, or to use a bicycle to run errands *from* the campus during the day.

NIH has taken a number of steps to make bicycling a more attractive alternative, such as installing new and more “user-friendly” bicycle racks and lockers. Montgomery County, for its part, is developing a number of bicycle trails and routes such as the Capital Crescent Trail, which provides a major east-west route. However, Federal and State funding is needed to complete several key sections of this network, notably the bridges over the Beltway and 270 spur on the Tenleytown Trail. The County Council has made the decision to build these links, and there is approximately \$1 million in the current capital budget for one of those bridges. This and similar trails will benefit pedestrians as well as bicyclists.

On the other side of the question, several participants pointed out that it was unrealistic to expect *every* NIH employee, or even a significant fraction of them, to bicycle to work. One employee referred to this as the “suits” problem, although it is just as much of a barrier to women who must wear high heels and dresses: perhaps half the time, the weather makes it impossible to commute by bicycle and still maintain a professional appearance. Similarly, working parents cannot pick up children from day care on bicycles, and many employees feel that their age makes bicycles unacceptable for most of their transportation needs. These participants felt that NIH would make the biggest change in employees’ transportation choices by improving the quantity and quality of mass transit available to them.

Participants identified the following actions that could be taken:

- Provide full or partial cash subsidies to NIH employees who commute by bicycle.
- Urge the County Council to spend the money it has already approved, and to request additional funds, to build the two bridges that will complete the Tenleytown Trail.
- Increase opportunities to use *both* bicycles and mass transit, for example, by adding bicycle racks on Ride-On buses or extending the hours when bicycles can be carried onto Metro trains.
- Make rental or loaner bicycles available to employees once they get to the campus, so they can run errands that don’t fit shuttle bus routes.

## **Pedestrian Access**

Many NIH employees live close enough to the campus that they could easily walk to work, according to several participants. Driving may be quicker and more convenient, but walking takes only a few minutes more, and it’s good exercise. Pedestrian access to and across the campus is also important to its neighbors, who walk through the campus on their way to the Metro station and other destinations. However, neighbors do not believe that the campus and its environs are a pedestrian-friendly environment. Sidewalks are sometimes inadequate or nonexistent (e.g., along Rockville Pike from NIH north to Pooks Hill). Bicyclists forced onto the sidewalks by

automobile traffic are another complication. Signal lights may not give pedestrians enough time to get all the way across the street, and automobiles (especially those turning right on red) often fail to give pedestrians the right of way.

These problems are also disincentives to using mass transit, to the extent that they keep residents and employees from walking to bus stops and Metro stations. Solutions to these problems will require collaborative action by Montgomery County, the Maryland Department of Transportation, and other institutions in the area (e.g., Boy Scouts, Goodwill Industries). However, NIH can make a big contribution to the effort by adding its voice to those of its neighbors in asking for action to make the area more pedestrian-friendly.

Participants identified the following actions that could be taken:

- Provide pedestrian overpasses or underpasses across major highways. These facilities are expensive, however, and they can raise safety concerns.
- Change the timing of traffic signals to allow time for pedestrians to cross the street. This may delay traffic, but that's a small price to pay for increasing pedestrian safety.
- Encourage NIH and county police to enforce pedestrian right of way at intersections and marked crosswalks.
- Eliminate right-turn cutoffs, which encourage drivers to ignore pedestrians and bicyclists, and eliminate right turn on red, if necessary, to ensure pedestrian safety.
- Improve and maintain streetlights along Rockville Pike near the Metro station.
- Remove snow to median strips, where possible, to prevent meltwater from refreezing on sidewalks.
- Reengineer adjacent streets to slow traffic down in the vicinity of NIH and the Metro station.

## **Parking Supply and Demand**

Despite recent improvements, participants felt that employee parking remains a problem both on and around the campus. Several adjacent neighborhoods, especially those without residential parking programs, continue to have problems caused by outside vehicles. It isn't always clear whether these vehicles belong to NIH employees or visitors, but it makes little difference to residents who can't park in front of their own homes. Others report that the permit programs did work but that county police have cut back on enforcement and that a black market has sprung up in illegal residential permits.

Several participants pointed out that growth in the number of employees on campus doesn't have to mean more traffic, unless NIH makes the decision to accommodate that traffic. In the words of one participant, "Building new roads to relieve congestion is like loosening your belt to relieve obesity." Several participants made the same point about parking lots and garages. In essence, the level of traffic on the campus is a function of the amount of free parking that NIH provides, rather than the other way around. As long as NIH gives a parking permit to any employee who asks for one, the parking lots and garages will remain full and there will be pressure to build new ones. Another participant was troubled by the sense of a "parking entitlement" in the planning process, and several questioned whether the current level of parking should be taken as a given in the revision of the NIH Master Plan.

The *Comprehensive Plan for the National Capital* contains guidance on how much parking a Federal facility should provide for its employees on the basis of its distance from downtown. In the case of the NIH campus, that guidance calls for a ratio of 0.50 parking spaces per employee. However, the plan also directs agencies to maximize the use of public transit, which in the case of NIH should be considerable in view of the Metro station on campus and the number of bus routes that serve it. One participant pointed out that NIH should have no trouble maintaining that ratio, because employment on campus will be falling in the next few years.

Several others urged NIH to view the current 0.50 as a maximum, rather than a floor, and to seek ways to reduce it. At GEICO in Friendship Heights, for instance, employees with parking permits must find alternative transportation one day per week. Employees usually join carpools for that one day, a change that is less onerous than a total shift to alternative modes, but that still reduces the effective demand for parking spaces by 20 percent.

Bicycle advocates and other participants also pointed out that the abundant supply of free parking for employees on campus represents a major subsidy to automobile drivers. At current rates for commercial parking, this may in fact be a larger incentive to use the SOV than the \$42 subsidy offered to those who use mass transit or vanpools; bicycle and pedestrian commuters, however, receive no subsidy at all. The solution, according to many participants, is to charge employees for parking on campus and use the proceeds to increase the subsidies for employees who use mass transit. In the interests of equity, the price of the permit might rise with the employee's salary level; allowances could also be made for working mothers and others with a real need to use SOV's.

An NIH resource person explained that, under current legislation, if NIH were to charge employees or visitors for parking, the money would go into the Treasury's general fund; NIH would not have any control over the money, so it could not be used for other transportation-related activities at NIH. As a result, NIH has no institutional incentive to charge for parking, even though it would advance the stated goal of shifting employees out of SOV's. In addition, an attempt to impose parking fees for Federal employees in the 1970's under the Carter administration "blew up," hurting employee morale and leading to several lawsuits. Initially overturned by the courts,

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the parking fees for Federal employees were ultimately ruled constitutional but were never reimposed.

NIH is working with other agencies to modify these regulations in a way that would allow NIH to keep the money that would be raised by charging employees for parking and to use it to fund other transportation-related programs. The President's fiscal year 1996 budget, recently submitted to Congress, contains a proposal that directs Federal agencies to charge for parking and allows them to keep the money for use as transit subsidies.

Participants identified the following actions that could be taken:

- Charge employees for parking, especially for SOV's, in order to provide a real disincentive to the use of the automobile.
- As an alternative, base the decision to grant a parking permit on whether specific employees really *need* to drive to work (e.g., working mothers) or whether they might just as easily use some other form of transportation if the incentives and disincentives were better balanced.
- Support pending legislation that would allow Federal agencies to keep the money they raise with parking fees and to use it to fund incentive programs for alternative transportation modes.
- Privatize parking on the NIH campus. Turn it over to the county or some other contractor that would finance the necessary infrastructure and pay a fee to NIH to manage the parking lots and garages. The county is already running parking in Bethesda and elsewhere, and this would allow an integrated approach.

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## ***Discussion Group on the Environment***

Participants discussed a broad range of topics about the environmental impact of NIH activities, including the following:

- Regulatory authority and oversight of NIH operations;
- Organization and activities of the NIH Division of Safety;
- Nature of NIH's various waste streams and the mechanisms that have been put in place to monitor them;
- Effects of NIH operations on the health of its neighbors and employees;
- Soil testing;
- Noise abatement;
- Recycling; and
- Communication and public information on environmental issues.

### **Regulatory Authority and Oversight**

Many participants wanted to know how well NIH complies with safety regulations and how the public can be assured that it does. In other words, who is the "watch-dog" for NIH compliance, other than NIH itself, and where can the public go to obtain this information? In addition, although the community is glad that NIH has applied for a hazardous waste permit, what restrictions will be placed on this permit once it is issued by the State of Maryland?

NIH resource personnel explained that regulatory agencies apply what is known as "escalated enforcement" if NIH (or any other agency) is not in compliance with safety regulations. Under this approach, very minor problems can be fixed immediately, with minimal followup. As violations increase, however, the level of enforcement increases, inspection audits become more frequent, and civil penalties may be charged,

if necessary. Further, the NIH Division of Safety is required by law to alert regulatory agencies of any problems or violations as they arise. However, NIH employees are highly safety conscious (because of intense training and refresher courses), and over time the number of incidents has been very small.

The U.S. Nuclear Regulatory Commission (NRC) regulates and inspects NIH and has the power to impose corrective actions and even fines for violations. The NIH Radiation Safety Committee reports to NRC monthly, and NRC staff conduct inspections at NIH at least annually. Each inspection requires several person-weeks of NRC staff time. NRC maintains records of all incidents, whether discovered during inspections or reported independently by NIH; this information is available in the NIH Environmental Reading Room.

Staff from the Maryland Department of the Environment (MDE) noted that NIH is not exempt from regulations and that it has recently applied for a permit for hazardous waste. According to MDE staff, NIH must meet strict and extensive regulations to maintain a hazardous waste permit, and regular inspections are required. Any and all spills—whether in the lab or the sewer, for example—must be reported and compared with Environmental Protection Agency (EPA) standards known as reportable quantities. Any violation, no matter how small, must be reported, remediated, and followed up thoroughly and appropriately; records containing this information are open to the public. NIH also must maintain employee training records.

Several participants asked what impact proposed congressional reforms (e.g., repeal or suspension of environmental regulations) might have on the safety and environmental programs that might result from the NIH-Community Forum. NIH does not anticipate changes in *current* regulations, but future regulations and changes could affect its operations. However, NIH restated its commitment to maintain its current level of effort in working with the community to address and resolve environmental safety issues. Similarly, participants were reassured that the Division of Safety would continue its efforts to minimize exposure of workers, residents, and the surrounding environment to toxins.

NRC representatives noted that their agency already revisits current safety regulations when it is possible or necessary to improve them. NRC has not yet conducted cost-benefit reanalyses because the anticipated congressional regulations have not been finalized. EPA representatives noted that the new Congress appears to be talking more about voluntary proactive initiatives by industry and *encouraging* activity at the local level.

Other participants wanted to know whether NIH is exempt from any emergency laws and whether it operates under mandatory or voluntary reporting guidelines. Staff indicated that NIH has been working with Montgomery County for more than 2 years to develop reporting guidelines for emergencies; in some cases, these activities have been initiated by NIH. It has a mutual aid agreement with the Montgomery County Fire Department, including access to two hazmat vehicles. NIH has also established a hierarchy for “313 reporting” (chemical use, release, cleanup, etc.) within the Division of Safety, which forwards reports to the appropriate local, State, or Federal agency.

Participants identified the following actions that could be taken:

- Make available handouts that describe the regulations and responsibilities of each regulator and agency overseeing NIH operations.
- Publish a list of the NIH employees responsible for providing data and answering questions on waste management and other environmental and safety issues.
- Establish special task forces to address safety issues; membership should emphasize community members with relevant technical expertise.
- Join NIH in urging Congress to consider carefully the role of cost-benefit analyses before allowing the promulgation of any new regulatory requirements.

## Division of Safety

Participants raised a number of questions about the organization and activities of the NIH Division of Safety. What is its structure? Who monitors it, or does it certify and monitor itself, for example in the control and disposal of waste materials? What is the employee makeup of the Division? What about contractual support?

NIH personnel stated that the Division of Safety manages *all* NIH-generated waste and that all branches of the Division are involved in waste management activities to some degree. For example, the Environmental Protection Branch, which employs 23 people, handles solid waste, general waste, and MPW; the Radiation Safety Branch (RSB), which has 35 employees, manages low-level radioactive waste. Approximately 75 percent to 80 percent of the employees in the Division are professionals; engineers and health physicists comprise 90 percent to 95 percent of the professional staff within the RSB. In addition to NIH employees, about 80 to 85 contract workers support the Division's on-site waste management programs. The Division spends some \$6.2 million per year—about one-third of its total budget—on waste management activities.

Participants raised a number of related questions that could not be answered immediately: How many people are involved in data collection and reporting within the Division? Who is responsible for reporting this information to the public? What standards are used for comparison, that is, how does the community or NIH know that a waste management or environmental problem exists? Division representatives suggested that this topic be discussed as a separate issue in the future because of its complex nature.

Participants identified the following action that could be taken:

- Organize a future forum on the organization and activities of the Division of Safety.

## **NIH Waste Streams**

Participants asked if there is a brief summary description of the waste streams produced by NIH and, if not, when one will be available. Information of interest includes the types and amounts of waste streams generated, the chemical (or other) constituents of these wastes, and the methods of disposal. The Division of Safety had prepared a poster session on waste streams for the Community Forum; full information on this topic could be made available to the public, perhaps through the NIH Environmental Reading Room.

Participants also asked about the mechanisms NIH uses to monitor air and water (storm, ground, drinking) quality and whether problems associated with water pressure and valves at NIH have been resolved. Resource personnel report that these "multibranch" problems are managed by the Division of Safety, which also trains laboratory employees in how to reduce waste and dispose of it properly. Wastewater going into the sanitary sewer is regularly tested by NIH and WSSC. NIH also tests groundwater and stormwater at a skimming basement chamber, a process monitored by the Maryland Department of the Environment. WSSC staff noted that NIH meets established water quality standards and that the problem of backflow (which can occur if WSSC pressure drops) has been resolved by the installation of backflow preventers that override WSSC systems when necessary.

Air quality is monitored through a number of mechanisms, including the testing of laboratory exhaust systems; reviewing the data indicates that all entities tested are well below regulatory limits. NIH staff noted that, in general, the volumes of waste materials generated by NIH have decreased markedly over the years as technologies have improved.

## **Health Impacts**

Several participants expressed concern about the impact of NIH operations on the health of residents in the surrounding areas. They asked what information NIH can provide on this topic and what it is doing to evaluate the problem. Community members also wanted to know what safety mechanisms are in place to ensure that employees and residents in surrounding areas—particularly children and pregnant women—are no longer being exposed to toxins such as dioxin.

Members of the Environmental Concerns Working Group's Health Data Subcommittee reported that they have begun to tackle this issue. Their initial analysis indicates that death rates (by disease, including several types of cancer) are actually lower in areas surrounding NIH than in other parts of the State or county; the only disease with a higher rate is breast cancer. This evaluation must be viewed with caution, however, because it is not statistically rigorous and does not account for the impact of factors such as education and economic status. The Health Data Subcommittee is also collecting disease incidence data, including cancer statistics, from the State health department. A third study involves assessing the health status of NIH employees.

The subcommittee does not have the resources to conduct long-term surveys, so it must rely on data available from various established sources. It will monitor the results of relevant studies, such as the Long Island Breast Cancer Study, which suggests that high levels of exposure to dioxin may increase the risk for breast cancer in certain populations. The results of these studies (and of soil testing on the NIH campus—see below) will be used to develop improved methods of data collection and evaluation of current and past residents as well as NIH employees.

Several participants raised questions about the community's response to "negative" results—that is, what if well-designed and well-conducted studies show that living near or working on the campus poses no health risks? Will major health concerns be put to rest? Most of those in attendance agreed that the majority of citizens and researchers would be satisfied with negative results; they also agreed, however, that some individuals may express a need for more studies and more data. This fact points to the need for careful attention to study design and data interpretation. Equally important are (1) the need for input from all players—including community members—*early* in the design of a study; (2) a consensus among those involved in or affected by the study; and (3) the ability to ask the right questions. Community outreach is essential, and, as many participants noted, a dialog between residents and scientists *before* the research begins is critical. Several participants noted that lack of such dialog has been the problem all along.

Participants identified the following actions that could be taken:

- Initiate a dialogue between scientists and residents on the design, conduct, and interpretation of health impact studies.
- Make available published studies of the impact of specific pollutants prenatally and on young children.

## Soil Testing

Central to NIH's effort to identify the impacts of past incineration of MPW is a plan to conduct soil testing on the Bethesda campus. Several participants asked about the current status of this soil testing activity; others asked why the community hasn't been involved in developing the proposed protocol. There was a widespread feeling that the soil testing process must be done right in order to finally put this question to rest.

This effort began when NIH, at the community's request, contracted for the proposed testing with the Environmental Compliance Organization (ECO), a professional waste management consulting firm headed by Pauline Ewald. The timeline of activities on this project to date follows:

- 9/28/94 Ms. Ewald meets with Janyce Hedetniemi, Director, OCL.
- Oct 94 ECO submits a draft proposal for the Field Sampling Plan.
- Dec 94 NIH approves a statement of work that authorizes ECO to develop a soil sampling protocol.
- 3/9/95 ECO submits a draft protocol in response to the statement of work.
- 3/13/95 As promised, NIH makes the draft protocol available to all interested parties for review and comment.

Upcoming activities (as of March 11) would include the following:

- 3/25/95 Last date for submitting written comments on the draft protocol.
- 3/29/95 Open meeting for all interested community members, NIH staff, and Ms. Ewald to discuss the proposed Field Sampling Plan. Questions submitted in advance as well as those asked during the open meeting will be addressed.

Community members in particular were strongly encouraged to take these opportunities to express their concerns and offer their suggestions on the proposed plan. Topics to be addressed at the March 29 meeting include (but are not limited to) the number and location of sites to be tested, chemical analysis, timeframe for testing, cost analysis, and evaluation of data. NIH representatives pointed out that no work will begin until comments and suggestions from the community have been considered. Activities following the open meeting on March 29 will include the following:

- Evaluate and incorporate comments and suggestions from the open meeting.
- Modify the protocol.
- Conduct soil testing and obtain results.
- Evaluate the results.

To evaluate and interpret the results of the Field Sampling Plan, NIH will work with the community to assemble an ad hoc group of experts, comprising public health professionals, toxicologists, environmental chemists, statisticians, and others. Community members were urged to propose names for this group; OCL will compile a list from which community members and NIH staff will select the members. The list of proposed professionals (with qualifications and background information) will be made available to the public through the Environmental Reading Room, mailings, and other vehicles as needed.

## Noise Abatement

Participants asked what was being done to determine whether NIH is the source of low-frequency sounds in the residential communities surrounding the campus. NIH staff reported that the Division of Engineering Services (DES), Special Projects Branch, has responded in two ways. When residents request it, DES employees will take noise detection equipment to their homes and measure the full spectrum of noise frequencies. Larger scale projects have included a study of noise from the cooling towers on the top of Building 34, which recommended several modifications to the building (to be completed by March 1996) that will significantly reduce the noise generated from the towers. Another study, begun in February 1995, uses data gathered from 14 sites along Old Georgetown Road and Cedar Lane to focus on noise associated with new construction at Building 10.

EPA's Noise Abatement Office, which never had any regulatory power, was disbanded during the Reagan administration. Currently, EPA has no formal noise program and no plans to establish one; further, the EPA representative knew of no official Federal legislation regulating noise. Decisions concerning the development of most noise programs or regulations (e.g., limiting times for construction) are made at the local level, such as through the county or city council. Low-frequency noise is not monitored by Maryland or Montgomery County, but NIH uses the newest testing and remediation technologies and more than meets county noise standards.

## Recycling

Several participants asked why it has taken so long to implement NIH's recycling program. Resource personnel answered that this program was initiated on a voluntary, individual basis by NIH office and laboratory staff. NIH currently has the beginnings of a full recycling program, and the implementation of a uniform, campus-wide program will be undertaken by an outside contractor. This is a slow process, but the first steps—first writing a statement of work and then a procurement to solicit a bid for this work—are under way. NIH is also considering sources of funds to complete this task.

## Communication and Public Information

There was concern about a breakdown in communication between NIH and the community on environmental questions, thereby resulting in a lack of trust in what NIH now says and does. NIH staff acknowledged that they might have handled the communications aspect better, but they also insisted that NIH has always complied with *existing* regulations on incineration, permitting, and hazardous waste management. The primary goal now is to identify current and possible future problems and seek solutions.

There was a consensus that OCL should continue to serve as the clearinghouse or link between the community and NIH, with a mandate to keep the community abreast of ongoing projects and problems. Participants also suggested that all environmental

permit applications, monitoring data, incident reports, and related documents should be made available in the Environmental Reading Room.

Participants identified the following actions that could be taken:

- Release reports to the community regularly.
- Provide brief (i.e., understandable and readable) summaries of issues of concern to the community.
- Prepare status reports of ongoing issues and programs.
- Update lists of available resources.
- Designate a contact person at OCL for questions and concerns.
- Provide a written forum/exchange, such as a Letters to the Editor column in the *NIH Community News*.
- Continue to stock and promote the Environmental Reading Room.

Participants also identified three specific ways in which OCL and local residents could work together to improve communications:

1. Establish an ongoing community advisory board.
2. Prepare and make available regular reports.
3. Offer opportunities for community members to help monitor and participate in environmental activities.

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## ***Discussion Group on Cultural, Recreational, and Educational Exchange***

### **Overview**

The two sessions of the Discussion Group on Cultural, Recreational, and Educational Exchange focused on the participants' desire for better communication, collaboration between NIH and the community, and access to NIH activities and facilities. Specific concerns included the following:

- More opportunities in the arts;
- More opportunities in education;
- Better communications by and with NIH;
- Access to NIH facilities; and
- More educational and volunteer opportunities for senior citizens.

### **The Arts**

Several writing and community arts centers are located near the campus. NIH itself has several arts programs, including exhibitions of artwork by doctors and scientists on staff, chamber music concerts, and jazz festivals. Several of the doctors are also poets, and one is an accomplished playwright.

Participants agreed on the need to forge more links between the scientific and arts communities and mentioned activities such as teaching science through the arts, both for adults (e.g., in NIH's "Science and the Cinema" educational series) and in the county schools (e.g., by teaching math through art).

Participants also identified the following action that could be taken:

- **Forum on Creativity.** The most far-reaching suggestion was for a forum or symposium on creativity, which would explore the links and synergy between science and literature. Many participants, including the leader of a local writing group, the manager of a community arts center, NIH educators and recreational managers, and county educators and librarians, expressed their interest in this project. Participants for this project would include
  - Bethesda-Chevy Chase High School English Department;
  - Foundation for the Advancement of Education and Science;
  - Montgomery County Libraries;
  - Montgomery County Public Schools, Department of Academic Programs;
  - NIH Art Gallery;
  - NIH Office of Science Education;
- **NIH Recreation and Welfare Association;**
  - NIH Office of Community Liaison;
  - Strathmore Hall; and
  - Writer's Center.

## **Education**

Participants were impressed by the educational opportunities that NIH already offers. However, they had several ideas for new programs and suggestions on how to expand existing ones:

- **Adopt-a-School Program.** Through various programs, NIH scientists work in a number of metropolitan-area high schools, both teaching classes and working with teachers. Parents of children in the elementary and secondary schools in the neighborhoods adjacent to the campus asked the Institutes to extend the program by adopting their schools as well. Participants in this project would include
  - Montgomery County Chamber of Commerce;
  - Montgomery County Public Schools, Department of Academic Programs;
  - National Heart, Lung, and Blood Institute;
  - Science Alliance;

- 
- NIH Alumni Association; and
  - NIH Office of Science Education.
  - **High School Shadow Programs.** Bethesda-Chevy Chase High School and Walter Johnson High School have a successful program with the Montgomery County Chamber of Commerce in which individual students spend the day following a professional around and seeing what's involved in his or her job. NIH already participates in the program, but participants suggested that NIH expand its commitment. Participants in this project would include
    - Bethesda-Chevy Chase Chamber of Commerce;
    - NIH Alumni Association;
    - NIH Recreation and Welfare Association;
    - NIH Office of Science Education; and
    - NIH Office of Community Liaison.
  - **Cutting Edge Medical Information.** One neighbor told the group how much NIH helped him after his recent stroke. By calling the Institutes' information lines and using the National Library of Medicine, he was able to get information on his condition and possible methods for rehabilitation. He became healthier and more hopeful because of this assistance. He wondered, however, how easy it would be for others experiencing medical setbacks in their lives to find the same help. The group suggested that NIH issue a press release listing the hundreds of information lines it provides. This list could be printed periodically in local newspapers. Participants in this project would include
    - NIH Information Offices;
    - NIH Office of Disease Prevention Education and Control;
    - NIH Office of Science Education; and
    - NIH Office of Community Liaison.

## **Communications**

As they listened to presentations by NIH staff and resource personnel, many participants, including very active community leaders, remarked on how surprised they were at the number of educational and cultural opportunities on campus and in the immediate area and how startled they were that they had never heard of them. They agreed that more needs to be done to inform everyone of these opportunities.

Representatives of several organizations also offered their services. For example, the Montgomery County Public Libraries, which reach 76 percent of the households in the county, informed the group that they will put information packets on the educational, cultural, and athletic activities of nonprofit organizations in their 25 outlets.

Participants identified the following actions that could be taken:

- **Information Fair.** The most wide-reaching suggestion was for an information fair in which NIH departments and neighboring institutions can set up booths and either provide information (e.g., example, on disease prevention) or tell attendees about the activities and events they sponsor. This fair could be on campus or could rotate to different locations. Participants in this project would include
  - Bethesda Urban Partnership;
  - Montgomery County Chamber of Commerce;
  - Montgomery County Department of Education (high schools);
  - Bethesda-Chevy Chase Government Center;
  - Montgomery County Libraries;
  - NIH Information Officers;
  - NIH Office of Communications;
  - NIH Recreation and Welfare Association; and
  - NIH Office of Community Liaison.
  
- **Promotional Access to NIH Employees.** The community organizations near the campus want to be able to invite NIH employees to their activities and events. The group suggested that they be given access to NIH calendars and other methods of communication so they can promote their activities. Participants in this project would include
  - NIH Information Offices;
  - NIH Recreation and Welfare Association; and
  - NIH Office of Community Liaison.

## Access to Facilities

There was a perception among some participants that NIH is not eager to host outside groups. Members of local education and arts groups would like to use NIH's facilities for conferences, concerts, and meetings. These facilities are now available, but with the stipulation that outside groups may be bumped from the facilities, even at the last minute. Although local groups appreciate having access to the facilities, many find them of no value if they cannot guarantee that their events will take place. The group decided to ask NIH senior management to change this policy.

## Opportunities for Senior Citizens

A relatively high proportion of NIH's neighbors are senior citizens. Those participating in this discussion group wanted to know about the various educational and cultural opportunities on campus. (For example, seniors are offered half-price tuition for courses at the Foundation for Advanced Education in the Sciences Graduate School.) They also want to be able to volunteer.

Participants identified the following action that could be taken:

- Take additional steps to ensure that neighboring seniors hear about cultural, educational, and volunteer opportunities on the campus. Participants in this project would include
  - Foundation for Advanced Education in the Sciences;
  - NIH Office of Clinical Center Volunteers;
  - NIH Office of Science Education;
  - NIH Recreation and Welfare Association;
  - NIH Office of Community Liaison; and
  - NIH Alumni Association.

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# ***Discussion Group on NIH-Community Information Exchange***

## **Overview**

Participants were asked to address two central questions: (1) How can NIH better disseminate, and the community better access, the vast amount of health and scientific information available on the campus? (2) How can NIH better communicate with the surrounding community on the issues being addressed in the other discussion groups? Both issues concerned developing systematic ways to open up two-way communication between NIH and its neighbors. In their discussions, participants identified the following specific concerns:

- Lack of equipment needed to access the Internet and other sources of information;
- Lack of coordination between NIH and local schools and libraries;
- Lack of consistency and followup by NIH regarding community questions and concerns; and
- The need to make the campus more community-friendly.

## **Computer Links and Equipment**

Participants pointed to a lack of computer equipment in the schools and libraries, equipment needed to provide access to health and scientific information via the Internet. This equipment is relatively inexpensive, but money was judged to be the problem. Residents do not want taxes raised to provide computer equipment. Participants judged this issue to be a general urban problem rather than an issue specific to NIH-community relations.

Access to NIH databases is available through the "Sailor" gopher, a free service provided to all Maryland residents by the University of Maryland. Because of a recent collaborative effort between the Wheaton Regional Library and the National Library of

Medicine, residents can access a variety of health information using the Health Information Center, which is a computerized information source. NIH also provides funding for connectivity to the Internet for all Montgomery County Public Schools; connection is currently in process. Residents can also access information by visiting the NIH Environmental Reading Room; however, participants reported that as yet, there is no information in the libraries about the OCL or the Environmental Reading Room.

A possible vehicle for providing information to the community is establishing a local-access bulletin board service (BBS), which would be for local use only and would list health and scientific information as well as any planned activities around the campus that will affect the surrounding neighborhoods. A calendar of upcoming events of possible interest could be included, as well as a copy of the newsletter. Currently, the NIH Office of Communications maintains a BBS that can be accessed from anywhere in the United States. However, this BBS is dedicated to information on a national level; the only local information listed consists of the meeting minutes from the Environmental Concerns Working Group.

There was a consensus that NIH should make communicating with schools, libraries, and local civic associations a priority. This could be accomplished by providing scientific and health information, as well as information such as a calendar of events, upcoming issues regarding growth, and master planning available in hard-copy form to the libraries. Notifying leaders of community and neighborhood associations of upcoming events is another way to inform the community. NIH needs to make the community one of its target audiences.

Participants identified the following actions that could be taken:

- Establish a dedicated BBS service to inform local residents of NIH-related activities and issues.
- Increase publicity about OCL and the Environmental Reading Room.
- Provide additional information about NIH activities and resources for local libraries' information areas.
- Include phone numbers on hard-copy documentation so that people can call NIH with questions.
- Disseminate information on all the issues being discussed at the NIH-Community Forum, not only health information.

## **Coordination with Schools and Libraries**

There was a consensus that NIH should make communicating with local schools, libraries, and neighborhood associations a priority. Participants agreed that part of the problem was the lack of a formal, structured collaboration among these groups.

Improved communications and planned efforts could provide a viable avenue to make information available to the community. For example, one way to disseminate scientific and health information would be to expand the science education programs in the surrounding elementary schools. The program currently involves mostly middle and high schools, although Science Alliance is a program that involves three elementary schools in Montgomery County. Another solution would be to stimulate students' interest in the science and health fields by making science more "kid-friendly." For example, the resources of the NIH Speakers Bureau could be combined with existing school programs to form the foundation for a science course.

Participants identified the following actions that could be taken:

- Use the NIH Speakers Bureau to make scientists available to local schools.
- Expand the Open House, sponsored every 3 years by NIH, to include local libraries and schools.

### **Improving Communication with the Community**

Lack of forthrightness and direct communication from NIH to the community was another issue. NIH is perceived as an unresponsive bureaucracy, and the community has developed a deep mistrust of its words and actions. Because too many of the community's questions remain unanswered, a lack of trust has resulted. A related problem is the lack of consistency in NIH's communications with the community. Participants stressed that hesitant or inconsistent answers from NIH lead them to perceive a lack of credibility and accountability, as well as a feeling that NIH has something to hide. An open, two-way communication process—one that allows neighborhood input on issues that affect the surrounding community—should lead to the development of trust between the community and NIH.

OCL is in the best position to provide this two-way communication link. A number of participants listed OCL's newness and resulting lack of visibility as an issue. Knowing about this office would give the community a place to start when seeking information about what's happening on the campus. For example, OCL has sent personalized letters to local neighborhood associations about the Master Plan and NIH's desire to include the community in its planning process.

Participants identified the following actions that could be taken:

- Continue and expand personal interaction between the community and NIH, which could be in the form of the newsletter, open houses, additional forums, or "mini-forums."
- Encourage the use of the NIH Speakers Bureau (maintained and organized by the NIH Office of Education) both for the local schools and libraries and civic and neighborhood associations.

- Continue to publish the OCL newsletter, *NIH Community News*, at least bimonthly.
- Continue to communicate directly with the various neighborhood and civic associations.
- Notify the local media of happenings and news on or around the campus. Media include the *Washington Post*, *Montgomery Journal*, *Bethesda Almanac*, and *Bethesda Gazette*, as well as cable channels 8 and 21, and educational channels 52 and 60.

## **Making the Campus Community-Friendly**

Campus identification was another issue. Residents and visitors alike find it difficult to navigate the campus. Participants suggested that, to make the campus more user-friendly, buildings be identified with the activity that occurs inside, as well as the building number. The use of acronyms is also confusing. It was suggested that the full names of the Institutes, Offices, and Divisions be spelled out for those not familiar with the campus. Along with this, it was suggested that maps of the campus be provided at the local bus and subway stations, not only to help the surrounding neighborhoods, but to provide information to visitors.

Participants identified the following actions that could be taken:

- Provide better signage for directions around campus.
- Provide maps at adjacent bus stops, Metro stations, and around the campus.
- Identify buildings by function or activity, not numbers, and refer to Institutes by their full name rather than by their acronyms.

## **Players**

It was agreed that in most instances all of the groups listed below would be included in providing solutions and establishing priorities for the issues outlined in this discussion group:

- Community leaders;
- Civic associations;
- Neighborhood associations;
- Planning commission(s);
- Public Information Office for Montgomery County;

- Montgomery County Public Schools;
- Montgomery County Public Libraries;
- NIH Office of Communications; and
- NIH Office of Community Liaison.

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## *Conclusion*

When the cochairs of the various discussion groups presented summaries of their findings during the closing plenary session, audience members made the following additional suggestions:

- Growth
  - Ensure that the revised Master Plan is as clear, readable, and understandable as possible.
- Transportation
  - Improve bicycle and pedestrian access to the Bethesda CBD, including clear signage.
  - Work with other institutions (churches, schools, etc.) to ensure that ice and snow are cleared from *all* sidewalks leading to NIH.
  - Work with Metro to remove obstacles and improve pedestrian access to the Medical Center station.
- Environment
  - Provide scientific oversight of the permitting, monitoring, and soil testing processes.
  - Establish aggressive goals and timetables for addressing the community's environmental concerns, and publish regular progress reports on what is being accomplished.
- Cultural and Educational Exchange
  - Publish information about cultural and educational events and activities in the OCL newsletter.

- NIH-Community Information Exchange
  - Ensure that the BBS serves not only as a channel for information going out to the community, but also as a public forum for questions and concerns from the community flowing to and being responded to by NIH.
  - Have NIH make every effort to ensure that the General Services Administration, which is in charge of the distribution of surplus Government property, makes surplus NIH equipment—especially computers and modems—available to schools, libraries, and other groups that can use them. Officials from the Montgomery County Public Schools would need to be involved.
  - Consider having radio stations broadcast the same kinds of information that are disseminated through other media.

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***Appendix A***

**Issues, Proposed Solutions/Actions,  
and Possible Participants**

## NIH COMMUNITY FORUM DISCUSSION GROUP ON GROWTH

### Issues

#### Growth issues:

- NIH campus
- Central Business District (CBD)
- Bethesda-Chevy Chase (B-CC)

#### Impact of employment growth (or decrease) on NIH/CBD/BCC

#### Master Plan development process:

- Accessible
- Understandable
- Role of NCPC/M-NCPPC

#### Parking:

- Increased parking on campus would increase traffic throughout area
- Potential mitigation strategies

#### Protecting neighborhoods against NIH encroachment

### Proposed Solutions/Actions

- Coordinate County, NIH, CBD, B-CC plans
- Consider past Master Plan projections and their outcomes in devising new strategies for the revised Master Plan.
- Stop growth altogether.
- Create better transportation links.
  
- Ensure continued cooperation among NIH, county, state, and federal planning agencies.
  
- Encourage community participation in master planning efforts.
- Make 1972 Master Plan available in NIH Environmental Reading Room.
  
- Privatize parking on campus.
- Explore paid parking on campus.
- Create critical mass for greater transportation access.
- Reduce parking ratio below 0.5 spaces/employee.
  
- Adhere to "good neighbor" policy.
- Implement better review of NIH plans by NCPC/M-NCPPC.
- Request NIH commitment not to lease or operate any facilities in the neighborhoods.

### Possible Participants

<b>Issues</b>	<b>Proposed Solutions/Actions</b>	<b>Possible Participants</b>
Safety:	<ul style="list-style-type: none"> <li>■ Review traffic control at major intersections.</li> <li>■ Improve pedestrian and bicycle access.</li> </ul>	
<ul style="list-style-type: none"> <li>■ Pedestrian</li> <li>■ Bicycle</li> </ul>	<ul style="list-style-type: none"> <li>■ Promote alternative work schedules, such as flexible hours, reduction of hours open.</li> <li>■ Reduce auto use.</li> <li>■ Create bicycle lanes on campus and surrounding roads.</li> <li>■ Consider maximum capacity of I-270 and I-495 when making growth decisions.</li> <li>■ Return Cedar Lane to a city street (but will increase parking in neighborhoods).</li> <li>■ Investigate mixed use development on campus (i.e., bringing in retail services such as dry cleaners, child care centers, cafeterias).</li> <li>■ Create lunch time shuttle to Bethesda businesses.</li> <li>■ Support Light Rail link to Silver Spring.</li> <li>■ Provide affordable housing on campus.</li> <li>■ Reduce Metro costs to CBD.</li> </ul>	
Congestion	<ul style="list-style-type: none"> <li>■ Create better pedestrian walkways from NIH to CBD.</li> <li>■ Create better signage on campus and at Metro.</li> </ul>	
Campus not user-friendly	<ul style="list-style-type: none"> <li>■ Plan for and implement recycling programs on campus.</li> </ul>	
Recycling programs	<ul style="list-style-type: none"> <li>■ Create pedestrian-friendly campus.</li> <li>■ Create bicycle-friendly campus.</li> <li>■ Prevent situation in which residents must pay for neighborhood parking permits to prevent NIH employee parking.</li> </ul>	
Neighborhood problems:		
<ul style="list-style-type: none"> <li>■ Cut-through traffic</li> <li>■ Speeding</li> <li>■ Parking</li> </ul>		

**NIH COMMUNITY FORUM  
DISCUSSION GROUP ON TRANSPORTATION**

<b>Issues</b>	<b>Proposed Solutions/Actions</b>	<b>Possible Participants</b>
Transportation policy.	NIH transportation policy should flow from the agency's mission, which includes public education as well as biomedical research.	
Many problems require many solutions.	NIH needs an integrated transportation policy that offers free choice, more alternatives, and equitable incentives and disincentives.	
Current mode share is not satisfactory:	Increase shares of Metro, bus, carpools:	
■ 11% Metro or bus;	■ Increase subsidy from \$42 to \$60.	
■ 20% carpools;	■ Improve Metrorail/bus service.	(Metro)
■ 4% bike or walk;	■ Provide express buses from Columbia and other points.	
■ 65% single-occupant vehicle.	■ Provide child care options, emergency ride home.	
	■ Coordinate housing referrals.	(Navy Medical)
Improve bicycle access.	■ Bike paths, bridges—off campus as well as on.	
	■ Subsidies for bicyclists, too?	
Improve pedestrian access.	■ Make NIH and adjacent community a pedestrian-friendly environment.	
	■ Improve traffic lights, sidewalks, overpasses.	(State DOT)
Parking supply and demand.	■ Avoid thinking of parking as an entitlement.	
	■ Charge for parking.	
	■ Privatize parking.	(County, contractor)

**NIH COMMUNITY FORUM  
DISCUSSION GROUP ON ENVIRONMENT**

**Issues**

**Proposed Solutions/Actions**

**Possible Participants**

Improved communication on environmental issues.

- Establish community action committee/task force.
- Provide community training.
- Continue to publish OCL Newsletter.
- Expand NIH Environmental Reading Room.
- Recruit student interns for OCL.

Regulation and inspection of NIH:  
 ■ Adequacy of current regulations;  
 ■ Effect of regulatory reform.

- Publish a description of regulatory authority and frequency of inspections.
- Involve community in inspections.
- Place inspection reports in Environmental Reading Room.

(Regulatory agencies)

Reporting:  
 ■ Waste streams;  
 ■ Chemical inventory;  
 ■ Incidence of spills;  
 ■ Federal, local reporting requirements.

- Expand Environmental Reading Room.
- Provide training for community members.
- Identify responsible staff members.

(Regulatory agencies)

Water and air quality monitoring—  
 frequency and adequacy of resources.

- Publicize current status of monitoring.
- Place results in Environmental Reading Room.
- Continue to publish OCL Newsletter.
- Provide training.
- Establish community task force.

(Regulatory agencies)

Issues	Proposed Solutions/Actions	Possible Participants
Health effects and other impacts of past and present NIH actions.	<ul style="list-style-type: none"> <li>■ Establish Health Data Subcommittee.</li> <li>■ Identify previous shortcomings and things that didn't work in the past.</li> <li>■ Ensure day-to-day involvement of community task force.</li> <li>■ Improve collaboration.</li> </ul>	(Ad Hoc Group of Experts)
Soil testing and impacts of incineration (e.g., dioxins).	<ul style="list-style-type: none"> <li>■ Review soil testing protocol.</li> <li>■ Incorporate comments.</li> <li>■ Complete soil testing.</li> <li>■ Establish Ad Hoc Group of Experts to review test results.</li> <li>■ Achieve consensus on findings.</li> </ul>	(Consultant)  (EC Working Group)
Noise: <ul style="list-style-type: none"> <li>■ Identification and abatement;</li> <li>■ Compliance with county statutes.</li> </ul>	<ul style="list-style-type: none"> <li>■ Describe ongoing studies.</li> <li>■ Make equipment available for measurements.</li> </ul>	(County government)
Recycling (implementation schedule).	<ul style="list-style-type: none"> <li>■ Implement voluntary recycling plan.</li> <li>■ Develop statement of work for comprehensive program.</li> </ul>	(County government)
RCRA/hazardous waste permit: <ul style="list-style-type: none"> <li>■ Frequency of inspection;</li> <li>■ Oversight mechanisms;</li> <li>■ Implementation of new technology.</li> </ul>	<ul style="list-style-type: none"> <li>■ Continue permit review already in process.</li> <li>■ Encourage greater citizen involvement.</li> <li>■ Provide training for citizen participants.</li> </ul>	(State government)

**NIH COMMUNITY FORUM  
DISCUSSION GROUP ON CULTURAL, RECREATIONAL, AND EDUCATIONAL EXCHANGE**

<b>Issues</b>	<b>Proposed Solutions/Actions</b>	<b>Possible Participants</b>
Access to NIH resources.	<ul style="list-style-type: none"> <li>■ Hold a forum on scientific and literary creativity.</li> <li>■ Host an Information Fair:               <ul style="list-style-type: none"> <li>- at NIH or travelling;</li> <li>- booths on what's available at NIH and in the community.</li> </ul> </li> </ul>	<p style="text-align: right;">(FAES) (Strathmore Hall) (Montgomery County Public Schools) (Montgomery County Libraries) (B-CC H.S. English Department) (Chamber of Commerce)</p>
Access to NIH expertise and personnel.	<ul style="list-style-type: none"> <li>■ Expand Adopt-a-School Program.</li> <li>■ Expand participation in B-CC Shadow High School Program.</li> </ul>	<p style="text-align: right;">(Science Alliance) (Montgomery County Public Schools)</p>
Access to NIH facilities.	<ul style="list-style-type: none"> <li>■ Change policies so community groups won't get bumped at the last minute.</li> </ul>	
Access to NIH activities.	<ul style="list-style-type: none"> <li>■ Publicize calendars of recreational, educational, and cultural events.</li> </ul>	
Access to biomedical information.	<ul style="list-style-type: none"> <li>■ Educate people in the community on new medical research and rehabilitation techniques.</li> <li>■ Publish a list of various NIH help lines.</li> </ul>	
Programs for seniors.	<ul style="list-style-type: none"> <li>■ Publicize information resources, lecture series, volunteer opportunities, and continuing education.</li> </ul>	<p style="text-align: right;">(FAES)</p>

**NIH COMMUNITY FORUM  
DISCUSSION GROUP ON INFORMATION EXCHANGE**

<b>Issues</b>	<b>Proposed Solutions/Actions</b>	<b>Possible Participants</b>
Lack of information about NIH.	<p>Make the community a target audience:</p> <ul style="list-style-type: none"> <li>■ Disseminate information through libraries and schools;</li> <li>■ Increase communication with local civic associations, government agencies;</li> <li>■ Encourage use of Speaker's Bureau.</li> </ul>	<p>(County Libraries) (Public Schools) (Civic Associations) (County Government)  (NIH Office of Education)</p>
Lack of follow-up by NIH on community questions and concerns.	<ul style="list-style-type: none"> <li>■ Strengthen the NIH Office of Community Liaison;</li> <li>■ Develop trust and two-way communication;</li> <li>■ Hold more mini-forums or forums like this one.</li> </ul>	
Need for additional vehicles for communication between NIH, community.	<ul style="list-style-type: none"> <li>■ Continue OCL newsletter;</li> <li>■ Investigate use of cable stations, radio, newspapers;</li> <li>■ Remain consistent in message and presentation;</li> <li>■ Evaluate progress and ongoing success;</li> <li>■ Provide computer BBS for neighboring community's use.</li> </ul>	
<p>Campus identification:</p> <ul style="list-style-type: none"> <li>■ Difficult to get around campus;</li> <li>■ Hard to identify buildings;</li> <li>■ Hard to find information;</li> <li>■ Use of acronyms is confusing.</li> </ul>	<p>Make the campus community-friendly:</p> <ul style="list-style-type: none"> <li>■ Provide directions around campus;</li> <li>■ Provide maps at bus and Metro station;</li> <li>■ Indicate institute and activities for each building;</li> <li>■ Avoid use of acronyms.</li> </ul>	(Planning Commission)

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*Appendix B*

**Forum Participants**

## NIH Community Forum Chair

Janyce N. Hedetniemi  
Director  
Office of Community Liaison, NIH  
Building 1, Room 257  
Bethesda, MD 20892-0172

## Forum Planning Committee

Liliana Arango  
Maplewood Citizen's Association  
102 Lucas Lane  
Bethesda, MD 20814

Tom Bennett  
Bethesda-Chevy Chase Chamber of  
Commerce  
7910 Woodmont Avenue  
Suite 1204  
Bethesda, MD 20814

Mark Birnbaum  
8200 Wisconsin Avenue  
#1015  
Bethesda, MD 20814

Steve Ficca  
ORS/NIH  
Building 1, Room 160  
Bethesda, MD 20892

Kenny Floyd  
ORS/DS/EPB/NIH  
Building 13, Room 2W64  
Bethesda, MD 20892

Morton Goldman, Sc.D., P.E.  
6408 Danville Court  
North Bethesda, MD 20852

Shawn Googins  
ORS/DS/RSB/NIH  
Building 21, Room 135  
Bethesda, MD 20892

Anita Hamel  
5200 Benton Avenue  
Bethesda, MD 20814

Dr. Ruth Hegyeli  
NHLBI/NIH  
Building 31, Room 4A07  
Bethesda, MD 20892

Karen Helfert  
Division of Safety, OD  
Building 31, Room 1C02  
31 Center Drive, MSC 2260  
Bethesda, MD 20892-2260

Richard Hoye  
104 Lucas Lane  
Bethesda, MD 20814-1455

Mimi Lising  
Presidential Management Intern  
Office of Community Liaison, NIH  
Building 1, Room 257  
Bethesda, MD 20892-0172

Marilyn Mazuzan  
Ayclawn Citizens Association  
5506 Oakmont Avenue  
Bethesda, MD 20817

Juanita Mildenberg  
ORS/NIH  
Building 13, Room 2W48  
Bethesda, MD 20892

Ginny Miller  
Wyngate Citizens Association  
9612 Singleton Drive  
Bethesda, MD 20817

Carolyn Mosher  
Presidential Management Intern  
Office of Community Liaison, NIH  
Building 1, Room 257  
Bethesda, MD 20892-0172

Heidi Munger  
DES/NIH  
Building 13, Room 2E43  
Bethesda, MD 20892

Gail Nachman  
Bethesda-Chevy Chase Government  
Center  
7815 Woodmont Avenue  
Bethesda, MD 20814

Jay Nolan  
DS/ORS/EPB/NIH  
Building 13, Room 2W64  
Bethesda, MD 20892

Joy Nurmi  
Confidential Aide to Betty Ann Krahnke  
Montgomery County Council  
100 Maryland Avenue  
Rockville, MD 20850

Ed Pfister  
DS/EPB/NIH  
Building 13, Room 2W64  
9000 Rockville Pike  
Bethesda, MD 20892

Miriam Randall  
Executive Assistant  
Office of Community Liaison, NIH  
Building 1, Room 257  
Bethesda, MD 20892-0172

Alex Rexroad  
Clinical Center Communications, NIH  
Building 10, Room 1C174  
Bethesda, MD 20892

Randy Schools  
R & W/NIH  
Building 31, Room B1W30  
Bethesda, MD 20892

Stella Serras-Fiotes  
DES/NIH  
Building 13, Room 2W48  
Bethesda, MD 20892

Robin Spear  
Bethesda Urban Partnership, Inc.  
7908 Woodmont Avenue  
Bethesda, MD 20814

Anne Thomas  
Office of Communications, NIH  
Building 1, Room 344  
Bethesda, MD 20892

Gail Thorsen  
ETSO/NIH  
Building 31, Room B3B08  
9000 Rockville Pike  
Bethesda, MD 20892

Tim Tosten  
Presidential Management Intern  
Office of Community Liaison, NIH  
Building 1, Room 257  
Bethesda, MD 20892-0172

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## Discussion Groups and Resource Personnel

### Cultural, Recreational and Educational Exchange Discussion Group

#### Co-Chairs

Robin Spear  
Bethesda Urban Partnership, Inc.  
7908 Woodmont Avenue  
Bethesda, MD 20814

Randy Schools  
R & W/NIH  
Building 31, Room B1W30  
Bethesda, MD 20892

#### Resource Personnel

Elaine Barkley  
Health Information Center Librarian  
Wheaton Regional Library  
11701 Georgia Avenue  
Wheaton, MD 20902

Deede Blum  
Owner  
J & D Travel  
7900 Wisconsin Avenue, Suite 304  
Bethesda, MD 20814

Cynthia Clarke  
Bethesda-Chevy Chase High School  
4301 East West Highway  
Bethesda, MD 20814

Fred Donadeo  
Presidential Management Intern  
Planning and Financial Management  
Branch  
NIAAAA/NIH  
Bethesda, MD 20892

Irene Anne Eckstrand, Ph.D.  
Acting Director  
Office of Science Education, NIH  
6100 Executive Boulevard, #5H01  
Rockville, MD 20892

Bruce Fuchs, Ph.D.  
Senior Science Education Advisor  
Off. of Science Education Policy  
OSE/OD/NIH  
6100 Executive Boulevard, #5H01  
Rockville, MD 20892

Agnes M. Griffin  
Director  
Montgomery County Department of  
Libraries  
99 Maryland Avenue  
Rockville, MD 20850

Ruth Hegyeli, M.D.  
Associate Director, International  
Programs  
NHLBI/NIH  
Building 31, Room 4A07  
Bethesda, MD 20814

Lois Kochanski  
Foundation for Advanced Education in  
the Sciences, NIH  
1 Cloister Court, Suite 230  
Bethesda, MD 20814

Sheila E. Merritt  
Deputy Executive Officer  
Office of Administrative Management  
NHLBI/NIH  
7420 Westlake Terrace, #907  
Bethesda, MD 20817

Kathy Meisner  
Montgomery County Libraries  
99 Maryland Avenue  
Rockville, MD 20850

Greg Morosco Ph.D.  
Director  
Prevention, Education, and Control  
Office  
NHLBI/NIH  
Building 31, Room 4A03  
Bethesda, MD 20892

Eliot Pfanstiehl  
Executive Director  
Strathmore Hall Arts Center  
10701 Rockville Pike  
North Bethesda, MD 20852

Al Rexroad  
Chief  
Clinical Center Communications, NIH  
Building 10, Room 1C174  
Bethesda, MD 20892

Lucinda Sullivan, Ph.D.  
Director  
Department of Academic Programs  
Montgomery County Public Schools  
850 Hungerford Drive, #254  
Rockville, MD 20850

### **Environmental Discussion Group**

#### **Co-Chairs**

Shawn Googins  
ORS/DS/RSB/NIH  
Building 21, Room 135  
Bethesda, MD 20892

Marilyn Mazuzan  
President  
Ayrilawn Citizens Association  
5506 Oakmont Avenue  
Bethesda, MD 20817

Hank Fales, Ph.D.  
Chair  
Medical Pathological Waste  
Subcommittee, NIH  
Building 10, Room 7N318  
Bethesda, MD 20892

Michael Gottesman, M.D.  
Deputy Director for Intramural  
Research, NIH  
Building 1, Room 114  
Bethesda, MD 20892

#### **Resource Personnel**

Bill Belanger  
Health Physicist  
U.S. Environmental Protection Agency  
841 Chestnut Street, MC 3AT32  
Philadelphia, PA 19107

Meryar Ebrahimi  
Project Officer  
Special Projects Branch, DES/NIH  
9000 Rockville Pike, Building T-16  
Bethesda, MD 20892

William Harlan, M.D.  
Associate Dir. for Disease Prevention  
OD/NIH  
Building 1, Room 260  
1 Center Drive, MSC 0174  
Bethesda, MD 20892-0174

Eileen Kao  
Business Recycling Coordinator  
Montgomery County Department of  
Environmental Protection  
101 Monroe Street  
Rockville, MD 20850

Steven Laslo  
Investigator  
Code Enforcement, Washington  
Suburban Sanitary Commission  
14501 Sweitzer Lane  
Laurel, MD 20707

Kira Lueders, Ph.D.  
Research Chemist  
DCBDC/NIH  
Building 37, Room 4C03  
Bethesda, MD 20892

Ernest G. Lunsford, Jr., P.E.  
Deputy Assistant Director,  
Design/Construction  
Design and Construction Branch,  
DES/NIH  
Building 13, Room 2W06  
Bethesda, MD 20892

Robert McKinney, Ph.D.  
Director  
DS/ORS/NIH  
Building 31, Room 1C02  
Bethesda, MD 20892

Omer M. Mir  
Public Health Engineer  
Waste Management Administration  
Maryland Department of Environment  
2500 Broening Highway  
Baltimore, MD 21224

Tom Ogle  
Director of Noise Program  
Montgomery County Department of  
Environmental Protection  
101 Monroe Street  
Rockville, MD 20850

Walter Pasciak, Ph.D.  
Chief, Industrial Application Section  
Radiation Safety and Safeguards  
Division  
Nuclear Regulatory Commission  
675 Allendale Road  
King of Prussia, PA 19406

Parsuram Ramnarain  
Chief of Process Compliance Division  
Air/Radiation Management  
Administration  
Maryland Department of Environment  
2500 Broening Highway  
Baltimore, MD 21224

George O. Redmond  
Radiation Safety Branch, NIH  
Environmental Concerns Working  
Group  
Building 21, Room 141  
Bethesda, MD 20892

Don Wilson  
Chemical Waste Manager  
Environmental Protection Branch, NIH  
Building 13, Room 2W64  
9000 Rockville Pike  
Bethesda, MD 20892

Deborah Wilson, Dr.PH  
Chief  
Occupational Safety and Health Branch  
DS/NIH  
9000 Rockville Pike, Building 13-3K04  
Bethesda, MD 20892

Robert Zoon, MS/ME  
Chief  
Radiation Safety Branch, NIH  
21 Wilson Drive, MSC 6780  
Bethesda, MD 20892-6780

**Growth Discussion Group****Co-Chairs**

Steve Kornblatt  
Edgewood-Glenwood Citizens  
Association  
5305 McKinley Street  
Bethesda, MD 20814

Stella Serras-Fiotes  
DES/NIH  
Building 13, Room 2W48  
Bethesda, MD 20892

**Resource Personnel**

Robert G. Brewer, Esq.  
President  
Bethesda-Chevy Chase Chamber of  
Commerce  
3 Bethesda Metro Center, #380  
Bethesda, MD 20814

Bob Cosby  
Community Planner  
National Capital Planning Commission  
801 Pennsylvania Avenue, N.W., #301  
Washington, DC 20576

Elizabeth Davison  
Director  
Montgomery County Office of Planning  
and Implementation  
101 Monroe Street  
Rockville, MD 20850

Don Downing  
Planning Coordinator  
Community Planning Division,  
M-NCPPC  
8787 Georgia Avenue  
Silver Spring, MD 20910

Juanita Mildenberg  
Assistant Director, DES for  
Facilities Planning and Programming  
NIH  
Building 13, Room 2W48  
Bethesda, MD 20892

Ron Wilson  
Director, Planning, Review and  
Implementation  
National Capital Planning Commission  
801 Pennsylvania Avenue, N.W., #301  
Washington, DC 20576

**Information Exchange Discussion Group****Co-Chairs**

Joy Nurmi  
Confidential Aide to Betty Ann Krahnke  
Montgomery County Council  
100 Maryland Avenue  
Rockville, MD 20850

Anne Thomas  
Director  
Office of Communications, NIH  
Building 1, Room 344  
Bethesda, MD 20892

## Resource Personnel

Jim Brunetti  
Division of Computer Research and  
Technology, NIH  
8030 Needwood Road  
Derwood, MD 20855

Janice Geletka  
Acting Director  
Career/Tech. Educ. Div., Mont. Co.  
Public Schools  
850 Hungerford Drive  
Rockville, MD 20850

Barbara Harr  
Development Officer  
Mont. Co. Dept. of Libraries  
99 Maryland Avenue  
Rockville, MD 20850

Gail Nachman  
Bethesda-Chevy Chase Government  
Center  
7815 Woodmont Avenue  
Bethesda, MD 20814

Miriam Randall  
Executive Secretary  
Office of Community Liaison, NIH  
Building 1, Room 257  
Bethesda, MD 20892

Gloria Seelman  
Precollege Outreach Coordinator  
Office of Science Education, NIH  
6100 Executive Boulevard, Suite 5H01  
Rockville, MD 20892

Leila Shapiro  
Regional Librarian  
Bethesda Regional Libraries  
7400 Arlington Road  
Bethesda, MD 20814

Philip Smith, Ph.D.  
Program Director  
Computer Networking, NIDDK/NIH  
Westwood Building, Room 621  
5333 Westbard Avenue  
Bethesda, MD 20892

## Transportation Discussion Group

### Co-Chairs

Tom V. Robertson  
Senior Transportation Planner  
M-NCPPC  
8787 Georgia Avenue  
Silver Spring, MD 20910

Ginny Miller  
President  
Wyngate Citizens Association  
9612 Singleton Drive  
Bethesda, MD 20817

### Resource Personnel

Rosemary Cummings  
Director  
Division of Logistics, OD/NIH  
Executive Plaza South, Room 750  
6120 Executive Boulevard  
Rockville, MD 20852

Jeanne Goldstein  
President  
Chevy Chase Valley Citizens Association  
8900 Spring Valley Road  
Chevy Chase, MD 20815

Neal Green  
Action Committee for Transit  
5514 Charles Street  
Bethesda, MD 20817

Susan Hinton  
Community Planner  
National Capital Planning Commission  
801 Pennsylvania Avenue, N.W., #301  
Washington, DC 20576

Richard Hoye  
Coordinator  
Bicycle Action Group  
104 Lucas Lane  
Bethesda, MD 20814

Jay Miller  
President  
NIH Bicycle Commuter Club  
8924 Ridge Place  
Bethesda, MD

Heidi Munger  
Special Assistant to the Director  
Office of Research Services, NIH  
Building 13, Room 2W48  
Bethesda, MD 20892

Ron Sleyo  
Personnel Management Specialist  
OHRM/NIDDK/NIH  
5308 Pooks Hill Road  
Bethesda, MD 20814

Adrian Stanton  
Director of Managed Care  
Suburban Hospital  
8600 Old Georgetown Road  
Bethesda, MD 20814

Gail Tait-Nouri  
Senior Planning Specialist  
Office of Planning and Project  
Development  
Montgomery County Department  
of Transportation  
101 Monroe Street, 10th Floor  
Rockville, MD 20850

Gail Thorsen  
Traffic Management Specialist  
Employee Transportation Services  
Office  
NIH  
Building 31, Room B3B08  
Bethesda, MD 20892

Bill Wilkinson  
Bike Federation of America  
6212 Greentree Road  
Bethesda, MD 20817

### **Poster Session Resource Personnel**

Mike Blayney, Ph.D.  
OSBH/NIH  
Building 13, Room 3K04  
13 South Drive, MSC 5760  
Bethesda, MD 20892-5760

Kenny Floyd  
ORS/DS/EPB/NIH  
Building 13, Room 2W64  
Bethesda, MD 20892

Bill Holcomb  
DS/RSB/NIH  
Building 13, Room 2W64  
Bethesda, MD 20892

Mark Miller  
EPB/DS/NIH  
Building 13, Room 2W64  
Bethesda, MD 20892

Michael Spillane  
Deputy Chief, EMB  
HazMat Trucks, NIH  
Building 13, Room 2E57  
13 South Drive, MSC 5754  
Bethesda, MD 20892-5754

### **Additional Staff Resource Personnel and Rapporteurs**

Deborah Burke  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Mary Cerny  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Patricia M. Gerkin  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Laura Nawrocki  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Paul Phelps  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Joanne Sanders  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Susan Shelton  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Connie Staley  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Jackie Tury  
EEI  
66 Canal Center Plaza  
Suite 200  
Alexandria, VA 22314

Pat Winkler  
DCRT/NIH  
Building 12A, Room 3061  
Bethesda, MD 20892

Dan Zoll  
DCRT/NIH  
Building 12A, Room 3061  
Bethesda, MD 20892

## Attendee Listing

Karren Alerier  
4601 N. Park Avenue, #301  
Chevy Chase, MD 20815

Arlene Allen  
N. Bethesda Congress  
9928 Brixton Lane  
Bethesda, MD 20817

Don Allen  
9204 Cedar Way  
Bethesda, MD 20814

Augustus Alzona  
Alta Vista Gardens Community  
N. Bethesda Congress  
5908 Kingwood Road  
Bethesda, MD 20814

Elizabeth Alzona  
NIH  
5908 Kingwood Road  
Bethesda, MD 20814

Meredith Aman  
NLM/NIH  
8600 Rockville Pike  
Washington Grove, MD 20894

Faye Amster  
7420 Westlake Terrace  
Bethesda, MD 20817

Bertha Atelsek  
Wildwood Manor Citizens Association  
6029 Berkshire Drive  
Bethesda, MD 20814

Sean Austin  
NIH  
13313 Burnt Woods Place  
Germantown, MD 20874

R. L. Bain  
9407 Rockville Pike  
Bethesda, MD 20814

Calvin Baldwin  
Garrett Park  
10705 Weymouth Street, Box 17  
Garrett, MD 20896

Emmet Barkley  
Howard Hughes Medical Institute  
4000 Jones Bridge Road  
Chevy Chase, MD 20815

Jane Barton  
5000 Battery Lane  
Bethesda, MD 20814

Adel Baryoun  
RSB/NIH  
21 Wilson Drive  
Bethesda, MD 20892

Edward Betzy  
Rockcreek Highland  
9703 Cedar Lane  
Bethesda, MD 20814

B. Bloom  
Montgomery County Dept. of  
Environmental Protection  
101 Monroe Street  
Rockville, MD 20850

Ms. Boggess  
4205 Glenrose Street  
Kensington, MD

Fred Bonkovsky  
7914 Lynbrook Drive  
Bethesda, MD 20814

Bill Branson  
5500 Friendship Boulevard, #2209N  
Chevy Chase, MD 20815

Richard R. Brown  
Mohician Hills Citizens Association  
6405 Walhonding Road  
Bethesda, MD 20816

Ann M. Brown  
Bradley Hills Community Association  
7408 Honeywell Lane  
Bethesda, MD 20814

David C. Buegler  
7207 Oakridge Avenue  
Bethesda, MD 20815

Susan Cheney  
5208 Chandler Street  
Bethesda, MD 20814

Sidney Chernick  
Councilman  
6703 Melville Place  
Chevy Chase, MD 20815

Yong-Duk Chyun  
5701 Newington Road  
Bethesda, MD 20816

Tony Clifford  
NIH  
11017 Rosemont Drive  
North Bethesda, MD 20852

Frederick Combs  
507 Round Table Drive  
Fort Washington, MD 20744

Patrick Connelly  
Maplewood Citizens Association  
5203 Acacia Avenue  
Bethesda, MD 20814

Edwina Conrad  
7300 Connecticut Avenue  
Chevy Chase, MD 20815

Carol R. Cronin  
3 Pooks Hill Road, #512  
Bethesda, MD 20814

W.D. Crooks  
10630 Montrose Avenue  
Bethesda, MD 20814

Donald Dahlin  
5514 McKinley Street  
Bethesda, MD 20817

Sigrid Dahlin  
5514 McKinley Street  
Bethesda, MD 20817

Neil Davis  
OEC  
1 Kentbarg Way  
Bethesda, MD 20814

Arthur R. Dornheim  
Battery Park Citizens Association  
8004 Maple Ridge Road  
Bethesda, MD 20814

Don Downing  
M-NCPPC  
8787 Georgia Avenue  
Silver Spring, MD 20910

George Durban  
NIH  
Building 12A, Room 4052  
Bethesda, MD 20892

Brenda K. Edwards  
10524 Weymouth Street, #204  
Bethesda, MD 20814

Jeannine Eidman  
5613 Madison Street  
Bethesda, MD 20817

Richard Eidman  
5613 Madison Street  
Bethesda, MD 20817

Kate Eldred  
East Bethesda Citizens Association  
4408 Rosedale Avenue  
Bethesda, MD 20814

Dr. James Everhart  
5868 Marbury Road  
Bethesda, MD 20817

Eric Fischer  
8513 Rosewood Drive  
Bethesda, MD 20814

Arnaud Fronigolse  
4858 Battery Avenue  
Bethesda, MD 20814

Anne Gillen  
NIH  
Building 31, Room 3C39  
Bethesda, MD 20892

Jack Glen  
8509 Rosewood Drive  
Bethesda, MD 20814

Hoppy Goddin  
Edgemoor Citizens Association  
5010 Hampden Lane  
Bethesda, MD 20814

Michael Gottesman, M.D.  
Deputy Director for Intramural  
Research, NIH  
Building 1, Room 114  
Bethesda, MD 20892

Anne Gray  
East Glenwood Citizens Association  
5305 McKinley Street  
Bethesda, MD 20814

Roz Gray  
OLPA/NIH  
Building 1, Room 244  
Bethesda, MD 20892

Sarah Grier  
NIH  
Building 31, Room 3B03  
9000 Rockville Pike  
Bethesda, MD 20892

Claudette Grubelich  
Edgewood-Glenwood Citizens  
Association  
5304 Roosevelt Street  
Bethesda, MD 20814

Eric Guille  
8510 Jefferson Street  
Bethesda, MD 20817

Gordon Hawk  
5503 Oak Place  
Bethesda, MD 20817

Fred Heider  
ALA  
8180 Greensboro Drive  
Suite 201  
McLean, VA 22102

Bob Helmbold  
Bethesda Parkview Citizens Association  
4505 Avamere Street  
Bethesda, MD 20814

Paula S. Helmbold  
President  
Bethesda Parkview Citizens Association  
4505 Avamere Street  
Bethesda, MD 20814

Leanne Hogie  
111 S. Brook Lane  
Bethesda, MD 20814

Dr. Edna Hokenson  
Bradley Hills  
5821 Bradley Boulevard  
Bethesda, MD 20814

Robert T. Jaske  
EBCA  
7908 Chelton Road  
Bethesda, MD 20814

Monica Jeffries  
Strathmore Hall Arts Center  
10701 Rockville Pike  
North Bethesda, MD 20852

Holly Joseph  
Edgewood-Glenwood Citizens  
Association  
8504 Rosewood Drive  
Bethesda, MD 20814

Mark Kapiloff  
Montgomery County Sentinel  
P.O. Box 1272  
Rockville, MD 20849

Marie Kaplan  
Kensington-Parkwood PTA  
4403 Clearbrook Lane  
Kensington, MD 20894

Peggy Ann Kariya  
Bethesda Condo Owner  
7401 Westlake Terrace, #1403  
Bethesda, MD 20817

Gene Kersey  
President  
Kersey and Associates  
4905 Del Ray Avenue, #300  
Bethesda, MD 20814

Ruth L. Kirschstein, M.D.  
Deputy Director  
National Institutes of Health  
Building 1, Room 126  
Bethesda, MD 20892

Stuart Knoop  
Oudens & Knoop, AIA  
2 Wisconsin Circle  
Chevy Chase, MD 20815

Dr. Alan D. Kornblut  
5530 Wisconsin Avenue, #535  
Chevy Chase, MD 20815

Dr. Eugene G. Kovach  
4118 Aspen Street  
Chevy Chase, MD 20815

Betty Ann Krahnke  
Montgomery County Council, District 1  
County Office Building (COB)  
100 Maryland Avenue  
Rockville, MD 20850

Karin Krchnak  
5225 Pooks Hill Road, #112 South  
Bethesda, MD 20814

Frank Kutlak  
DES/NIH  
Building 50T  
50 South Drive, MSC 5901  
Bethesda, MD 20892-5901

David Lankford  
Legal Council Office, NIH  
Bethesda, MD 20892

Isiah Leggett  
Montgomery County Council-At-large  
County Office Building (COB)  
100 Maryland Avenue  
Rockville, MD 20850

Pamela Lindstrom  
421 Gaithers Street  
Gaithersburg, MD 20877

Doug Lorenz  
Maplewood Citizens Association  
5515 Alta Vista Road  
Bethesda, MD 20814

Dr. Lyubov Lozhnikova  
5530 Wisconsin Avenue, #535  
Chevy Chase, MD 20815

Cathy Malone  
Kensington Parkwood Elementary  
4710 Fall Road  
Kensington, MD 20895

Moira Martin  
8510 Jefferson Street  
Bethesda, MD 20817

Melvin Mason  
NIH  
Building 12A, Room 3063  
Bethesda, MD 20892

Thomas Mason  
NIH  
Building 12A, Room 1033  
Bethesda, MD 20892

Andrew Matique  
11315 Palisades Court  
Kensington, MD 20895

Ruth S. Mayer  
Maplewood Citizens Association  
5004 Alta Vista Road  
Bethesda, MD 20814

M. Victor Mayer  
Maplewood Citizens Association  
5004 Alta Vista Road  
Bethesda, MD 20814

Helen C. McCarron  
Wyngate Citizens Association  
9502 Old Georgetown Road  
Bethesda, MD 20814

Kathie Meisner  
Community Librarian  
Chevy Chase Community Library  
8005 Connecticut Avenue  
Chevy Chase, MD 20815

Mark Miller  
DS/EPB/NIH  
Building 13, Room 2W64  
9000 Rockville Pike  
Bethesda, MD 20892

R. D. Montgomery  
Environmed  
3200 Hawkins Point Road  
Baltimore, MD 21226

Allen L. Myers  
East Bethesda  
4319 Maple Avenue  
Bethesda, MD 20814

Lorraine Nagy  
W. Bank  
9304 Cedarcrest  
Bethesda, MD 20814

Wilma Navazio  
NARFE  
4890 Battery Lane, #421  
Bethesda, MD 20814

Dennis Nelson  
9516 Linden Avenue  
Bethesda, MD 20814

Peter Nissley  
Cedar Lane Unitarian Church  
5934 Anniston Road  
Bethesda, MD 20817

Ralph Nossal  
Battery Park Citizens Association  
8034 Park Lane  
Bethesda, MD 20814

Alan Okonski  
3109-4 University Boulevard West  
Kensington, MD 20895

Philip Ordway  
5205 Elsmere Avenue  
Bethesda, MD 20814

Nancy Osinoff  
Bethesda-Chevy Chase High School  
5212 Hampden Lane  
Bethesda, MD 20814

K. Parczewski  
4977 Battery Lane, #513  
Bethesda, MD 20814

Myra Patner  
Bethesda Gazette  
4815 Rugby Avenue  
Bethesda, MD 20814

Ms. Pearce  
5225 Pooks Hill Road, #706-S  
Bethesda, MD 20814

Aris J. Peterson  
Brookmont Civic League  
6025 Broad Street  
Bethesda, MD 20816

Don Ralbovsky  
NIH  
Building 1, Room 3  
Bethesda, MD 20892

Robert Resnik  
Huntington Terrace Citizens Association  
5508 Hoover Street  
Bethesda, MD 20817

Eleanor Rice  
Locust Hill  
9320 W. Parkhill Drive  
Bethesda, MD 20814

Charles A. Roberts  
Construction Safety Institute  
11401 Woodson Avenue  
Kensington, MD 20895

Mark Rollenz  
3322 Jones Bridge Road  
Chevy Chase, MD 20815

Lynn Roscendus  
26517 Aiken Drive  
Clarksburg, MD 20871

Martha Rouse  
NARFE  
4890 Battery Lane, #421  
Bethesda, MD 20814

Dr. John Ruffin  
NIH  
Building 1, Room 260  
9000 Rockville Pike  
Bethesda, MD 20892

Neil Ruther  
Environmed  
3200 Hawkins Point Road  
Baltimore, MD 21226

Neil Sandler  
Spokes Magazine  
5334 Sovereign Place  
Frederick, MD 21701

Frank Sanford  
Kensington Parkwood  
2718 East West Highway  
Chevy Chase, MD 20815

Raymond P. Schmidt  
North Ashburton Citizens Association  
6205 Lone Oak Drive  
Bethesda, MD 20817

Erwin Schwertling  
9917 Duke Drive  
Kensington, MD

Richard Sears  
7904 Chelton Road  
Bethesda, MD 20814

Eric Shimabukuro  
5202 Roosevelt Street  
Bethesda, MD 20814

Anne Silverman  
7420 Westlake Terrace  
Bethesda, MD 20817

Louis Slade  
Gorove/Slade Associates  
1140 Connecticut Avenue, N.W.  
Washington, DC 20036

Charles Sneiderman  
NIH  
4900 Battery Lane, #404  
Bethesda, MD 20814

Richard Striker  
Ayclawn  
5601 Greentree Road  
Bethesda, MD 20817

Ramachandran Subbar  
RSB/NIH  
Building 21, Room 135  
Bethesda, MD 20892

Ane Talbot  
9508 Forest Road  
Bethesda, MD 20814

Bernard Talbot  
Maplewood Citizens Association  
9508 Forest Road  
Bethesda, MD 20814

Don Udey  
9204 E. Parkhill Drive  
Bethesda, MD 20814

Marie Udey  
9204 E. Parkhill Drive  
Bethesda, MD 20814

Anne Vandewall  
Maplewood Citizens Association  
9203 Cypress Avenue  
Bethesda, MD 20814

Nathan VanHooser  
Washington Area Bicyclists Association  
613 Denham Road  
Rockville, MD 20851

Harold Varmus, M.D.  
Director  
National Institutes of Health  
Building 1, Room 126  
Bethesda, MD 20892

Laura Vazquez  
8030 Needwood Road, #101  
Rockville, MD 21701

Annette Wamock  
8713 Susanna Lane  
Bethesda, MD 20815

Larry Weiner  
East Bethesda Citizens Association  
4305 Rosedale Avenue  
Bethesda, MD 20814

Ruth Weiss  
4323 Maple Avenue  
Bethesda, MD

Aileen Western  
6436 31st Street, N.W.  
Washington, DC 20015

Charles D. Wood  
4701 Willard Avenue, #304  
Chevy Chase, MD 20815

Karen Woodard  
Summer's Mortgage Services  
4824 Edgemoor Lane  
Bethesda, MD 20814

William D. Woodson  
AARP, ILR, OASIS, YMCA  
8100 Connecticut Avenue, #205  
Chevy Chase, MD 20815

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***Appendix C***

**Agenda**

## AGENDA

*The NIH-Community Forum to Establish an Agenda  
for Future NIH-Community Collaboration*

**National Institutes of Health  
Natcher Conference Center—Saturday, March 11, 1995**

8:30 a.m.     *Registration*

9:00 a.m.     *Welcome*  
Janyce Hedetniemi, Forum Moderator  
Director, Office of Community Liaison

*Greetings from Montgomery County Councilmembers*  
Betty Ann Krahnke, District 1  
Ike Leggett, Member at Large

*Introduction of Dr. Varmus*  
*Comments from the Director, NIH*  
Harold Varmus, M.D.

*Charge to the Participants*  
Ms. Hedetniemi

9:30 a.m.     *Convene in Discussion Groups \**

**Discussion Groups:**

- |  |                   |
|--|-------------------|
| I. Growth<br>Master Plan<br>Construction   | Conference Room C |
| II. Environmental Topics<br>Waste Management and Recycling<br>Noise Abatement<br>Public Health                             | Conference Room F |
| III. Transportation<br>Bikeways and Walkways<br>Parking and Traffic<br>Transportation Management                           | Conference Room B |
| IV. Cultural, Recreation and Educational<br>Exchange<br>Science, Medical and Health Education<br>Arts and Events<br>Sports | Conference Room G |

V. NIH-Community Information Exchange  
Libraries and Schools  
Newsletters and Computer Information

Conference Room A

- 10:45      **Break**
- 11:15      **Convene in Second Discussion Groups**
- 12:30 p.m.      *Lunch*
- 1:30 p.m.      *Summaries of Group Discussions*  
Presenters: Discussion Group Co-Chairs  
Moderator: Ms. Hedetniemi
- 2:30 p.m.      *Closing Remarks*  
Ruth Kirschstein, M.D., Deputy Director, NIH
- 2:45 p.m.      **Tour of the Campus and Visitor Information Center, Building 10.**  
**Meet the shuttle bus in front of the Natcher Conference Center.**

\*Participants are able to attend two different discussion groups. The first at 9:30 and, after the break, a second at 11:15.

NIH and Montgomery County HAZ MAT trucks will be in front of the Natcher Conference Center for tours during the break and lunch.