LOCUST HILL CITIZENS' ASSOCIATION

BETHESDA CREST HOMEOWNERS' ASSOCIATION

January 5, 2015

Valerie Nottingham
Deputy Director, Division of Environmental Protection
National Institutes of Health, B13/2S11
9000 Rockville Pike
Bethesda, Maryland 20892

Re: Final Environmental Impact Statement, Proposed NIH 2013 Master Plan

Dear Ms. Nottingham:

The Locust Hill Citizens' Association ("Locust Hill") and the Bethesda Crest Home Owners' Association ("Bethesda Crest") hereby submit these comments to be included in the record of comments received in during the comment period on the Final Environmental Impact Statement ("Final EIS") for NIH's 2013 Master Plan. In particular, this letter responds to the comments on the May 23, 2014 joint Locust Hill-Bethesda Crest letter concerning the draft EIS, as set out in Final EIS Appendix F.2.4.

First and most significantly, **NIH comment 4-1** (and 4-2, 4-4, 4-5, 4-6, 4-7, 4-8, and 4-10) recognizes that the draft EIS was based on data available at the time it was collected, and states that the draft EIS thus did not take into consideration transportation or development projects that were not funded or underway. Rather than deeming this fact to render the EIS inadequate as a basis for assessing the traffic impacts of the long-term NIH Master Plan, the comment merely states that "The NIH updates its Master Plan every 5 years and will reevaluate its traffic management plan, based on current and future projects at that time." This is an inadequate response and commitment on the part of NIH.

Because of the current highly dynamic nature of developments affecting traffic in the Rockville Pike corridor, as set out in our May 23 joint letter, no valid assessment of the impact of parking on the NIH campus beyond the existing 10,000 spaces will exist at least until the analytic cycle for the next 5-year update. Given that reality, the Record of Decision for the Final EIS must commit that no projects implementing the Master Plan expanding campus parking beyond

10,000 spaces can commence at least until the impact of such expansion is assessed in the next planning cycle.

Second, **NIH comment 4-3** relies on the existence of the 1992 NIH- National Capital Planning Commission/Montgomery County Planning Board MOU as justification for continuing to adhere to the 2:1 employee/parking space ratio. It is notable in this regard that in their comments on the draft EIS both the National Capital Planning Commission and the County Planning Board both state that the 1992 MOU is obsolete. In those agencies' view, compliance with the current 3:1 standard is the only appropriate objective for the NIH Master Plan.

While committing to adhere to a 3:1 ratio for *additional* employee levels on campus, as stated in comment 4-3, is a step toward meeting current NCPC requirements, we continue to believe that the most effective way to start on the long-term process of complying with that standard is to cap parking at 10,000 spaces. By doing so, the parking ratio would automatically begin to move toward the 3:1 level when and as employee levels on the campus increase.

We also note that NIH comment 4-3 fails to address our comment that use of BRAC-funded intersection improvements at Cedar Lane to bring calculated CLV values from campus parking expansion below "failure" levels:

> would be a perversion of the intent of BRAC-funded intersection improvements: BRAC funding was intended to raise intersection performance to better than "failure" levels as consequence of traffic increases generated by consolidation of the Walter Reed Army Medical Center with the National Naval Medical Center. BRAC funding was *not* intended to allow NIH to expand its campus at a 2:1 employee-parking space ratio, while the Naval Support Activity-Bethesda campus adheres to a 3:1 ratio.

We assume that NIH's lack of comment is an implicit acceptance of the self-evident validity of our observation.

Finally, if NIH increases parking levels to above 10,000 spaces, its traffic management plan is doomed to inadequacy. Creation of addition spaces will create a concomitant demand to use them. Conversely capping or reducing spaces toward the 3:1 ratio will create a demand for better traffic management approaches. In this regard, because the Master Plan is a long-term plan, employees inevitably will retire or otherwise end their NIH employment during the life of the plan. By announcing a formal objective of achieving a 3:1 ratio, NIH will encourage new employees to reside in transit-friendly locations, making achievement of the 3:1 standard all the more possible while reducing any potential for employee disruption.

Locust Hill and Bethesda Crest appreciate this opportunity to provide NIH with these comments on the Final EIS. Please feel free to contact the undersigned with comments or questions.

Sincerely,

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