Alperson, Phil

From: John Carman [JCarman@RODGERS.com]
Sent: Thursday, January 03, 2008 1:57 PM
To: Alperson, Phil
Subject: DEIS Comments

Phil: As I've said before my overall comment is it's "very thin on data upon which to base judgments". As I've also mentioned it's unusual to try and review a portion of a plan, without the overall "Master plan" available by which to judge the plan. My specific thoughts fall into two groups "needed data" and "additional mitigation".

A) Additional data needed to evaluate DEIS:

1) Parking (4.7.2.5)

Although the trip generation breakdown may be technically adequate to examine intersection capacity, it is nowhere near detailed enough to relate auto usage to specific functions/facilities on site. It is, therefore, impossible to judge the adequacy or proper distribution of the parking on-site. This lack of detail on specific traffic sources will also hinder the development of an efficient transportation demand management program. (which also needs to be available before decisions on parking numbers can be made).

For example, how many cars are going to the main health facility v.s. the Uniformed Services University of the Health Sciences v.s. how many are going to the NEX v.s. other specific uses? How many are employees v.s. visitors for each use and each parking facility? How long do visitors stay at each? (i.e.. how fast does a parking space turn over?) This specific type of information is needed to judge parking requirements and to know the customer for tailoring an effective TMDP.

2) Housing (4.10.2.3)

There is not enough information provided to judge the adequacy of the on-sire housing. Square footages for BEQ Suites and Fisher Houses are provided, but no information is provided as to how this space relates to demand. Inadequate housing on-site will unnecessarily increase traffic congestion.

B) Additional mitigation to consider

1) Kiss and Ride

A solution for those being dropped off or picked up (i.e. kiss and ride) needs to be provided, preferably in the area of the proposed metro east entrance.

2) Protected walkway

A weather protected walkway, preferably a moving sidewalk, needs to be provided from the proposed metro east entrance (kiss and ride) , preferably with a separate pedestrian security gate, to the main medical facility.

John

EBCA comments on DEIS for BIC

January 3, 2008

GENERAL

- The analysis contained in the DEIS does not reflect the reality of the situation that we experience daily, namely with regard to traffic. The DEIS lacks conceptual and operational clarity, and its traffic survey barely predicts NNMC-area congestion as documented several years ago (M-NCPPC, 2006).
- More attention needs to be paid to mitigation measures that can be implemented in the very short term to deal with the stated time line of construction and operation (e.g., optimizing traffic lights to traffic loads, repaving well-worn intersections, etc.).
- The Navy must commit to achieving LEED standards in the construction of the new facility.

- This BRAC is unusual and exceptional. We In a highly congested area, force protection is of utmost concern and if patients, staff and personnel cannot move on the roadways, this will be a problem. DAR funding for adjacent roadways should be pursued.
- Because staff and patients are not discussed specifically, it is hard to understand the make-up of the additional base personnel (staff, constructions, and contractors) and ~500,000 new patients and visitor population. Serious consideration should be given to routing primary care patients to other facilities in the DC metro area to decrease the overall load at WRNMMC.
- We support continuing to explore options for dedicated access to the base that would reduce the number of single occupancy vehicles on arterial roads. Tapping into the existing Connecticut Avenue off ramp may provide a more direct route to the base without constructing an entirely new "slip ramp".
- We support better pedestrian and bicycle access including a way for people to get from the west side of Route 355 on to the base without having to cross at grade.
- There needs to be a mechanism to incorporate community feedback into the planning and implementation process beyond its mention in the final EIS.

SPECIFIC

Air quality

- The Air Quality Analysis does not name the specific traffic study utilized to determine its conclusions. We would like clarification as to which traffic study was used to make these determinations. We are concerned that the additional traffic and/or significant construction idling at area intersections and on-base will contribute more particulate matter in the air than is indicated in the DEIS.

- We understand from the Air Quality Analysis that under the current EPA policy for addressing PM2.5 precursors, the State or EPA can make a technical demonstration that NOx, VOCs, or ammonia from sources within the State significantly contribute to PM2.5 concentrations in a given nonattainment area (EPA, 2007e). We also understand that at this point neither USEPA nor Maryland have found PM2.5 problems in AQCR 47 to be caused by NOx, VOCs, or ammonia. We would like to know if the Maryland DEP and USEPA have actually conducted an analysis to confirm this, or if there may be reason to conduct a technical demonstration analysis to confirm this finding.

See attachment for full discussion

Transportation

We have many concerns about the transportation study and the conclusion that the additional traffic brought by the expansion will have little additional impact on area roadways. It is noteworthy that estimates for selected intersections (e.g, Rockville Pike and Jones Bridge Road) fail to account for drivers that avoid above-capacity intersections by cutting through residential streets. In one case, this may under estimate CLVs by >10% (e.g., North Chelsea Lane's recent traffic

survey estimating ~200 vehicles/hour during the PM commute). It is likely that other major intersections experience similar phenomena (e.g., Wisconsin & West Cedar for South/Eastbound traffic at PM commutes). This was left out of the transportation study even though this particular situation was brought to the Navy's attention during the scoping period.

The impact of the expansion and some of the Navy's proposals for building better access points on Jones Bridge Road are of utmost concern to residents of EBCA as this road is our northern border.

A proposed mitigation measure for new gates on Jones Bridge Road at Grier Road (Navy Lodge) and Gunnel Road (Navy Exchange) is listed as "a safety and security analysis is being conducted by DoD to improve security, safety, improve queuing on-site and reduce Jones Bridge Road queuing..." (page 4-49). This is not a proposed mitigation measure at all. The referenced study should have been conducted as part of the EIS process so that the results of the study, and any recommendations, could be commented on. The fact that a study is being conducted demonstrates that the appropriate studies were not completed before the DEIS was drafted. The public should have an opportunity to comment on the results of the study and any proposed actions the Navy intends to take as a result. As a result of this, there is no analysis with respect to the other measures proposed.

The DEIS proposes to use the Grier Road Gate for both inbound and outbound traffic, and to widen Grier road to allow for this, with 2 outbound lanes and 1 inbound lane. (Page 4-49). There is no analysis as to why this proposal is being made, what anticipated harms it is intended to mitigate (e.g., what traffic is it seeking to divert to Grier Road and why), what impact such a change would have (e.g., queuing on Jones Bridge, additional Jones Bridge Road traffic), or what additional measures are needed to mitigate such harms (e.g., the need to provide for an on-base truck waiting area and/or to extend the right- and left- turn lanes into the base). If Grier Road is widened, the goal should be to minimize truck queuing on Jones Bridge Road. There is no reason given for why 2 outbound lanes are proposed (1 left-turn and 1 right-turn). In light of the fact that there is no facing street, left-turn traffic should move freely out of the base on a green light. Nor does outbound traffic get stopped for inspection. Conversely, inbound traffic gets stopped, resulting in long lines on Jones Bridge Road. Another proposal would be for the middle lane to be inbound in the a.m. and outbound in the p.m.

Because the intersections are not "failing" there is no discussion in the DEIS about how to mitigate this substantial impact on traffic.

When mitigation is discussed, it is simply not adequate to address the problem. The broad brush strokes of the traffic study show that traffic moves away from areas of congestion (off of Route 355 to avoid the I-495 interchange and on to Cedar Lane and Jones Bridge Road, specifically – see page 53 of Appendix C). Real mitigation needs to look at the big picture of the roadway traveled (the stretch of Route 355 from Woodmont to I-495). Parts of this roadway are so congested that motorists currently avoid backups by cutting through adjacent residential streets that are not designed to handle the volume of traffic (e.g., Locust Hill Estates and the failing Wisconsin & W Cedar intersection). The DEIS offers no mitigation to these types of problems nor does it adequately resolve the issue of pedestrian safety at key intersections such as Jones Bridge Road and Cedar Lane. Further, DEIS offers no evidence or reason to believe that any proposed mitigation measures will, indeed, reduce traffic congestion or the pollution that it will generate.

Solutions to consider

- There is great need for a place for vehicles to pull over and drop-off and/or pick-up passengers without the car entering the base. Currently vehicles park and idle in nearby neighborhoods while waiting for people to walk off the base. This drop-off point should be located near a gate that can handle pedestrian access.
- Short term, easy-to-achieve mitigation measures include traffic calming measures such as adding a police presence at key intersections during peak hours, optimizing signalization, adding shared turn and through lanes, fixing worn intersections, cooperating on ongoing studies.
- Constructing better sidewalks on the north side of Jones Bridge Road and funneling pedestrian traffic to that side of the roadway.
- More thought should be given to mediating traffic at its origin (north on I-270) rather than providing satellite parking within a mile of the facility.

- There must be quality data from a reliable and valid traffic survey that informs a robust Transportation Demand Management program.

Items to revise and/or remove from the DEIS

In Appendix C, section 3.2.2 Programmed Improvements, point 4 "The Capital Beltway Study" is not in its "planning phase" and will likely not be realized. Point 5, the Inter County Connector is described as a BRAC related project but it predates the 2005 BRAC and will do little to alleviate congestion in the immediate vicinity of the base.

Land Use and Zoning

- Need to plan for future housing needs of staff living off base and patients and visitors who will be in extended stays.
- Create ways to incentivize employees to live near metro stations and commute by choice using public transportation. The goal should be to remove existing vehicles from area roads to the extent possible.
- Need to look at circulation patterns of employees and people visiting the base in both alternatives to ensure that there is good flow and movement on the base and through access points.

Cumulative Impacts

- As stated on page 4-73, the DEIS considered both NIH and BCC master plans and concluded that commuter traffic will not increase as a result of the NIH Master Plan. However, the DEIS does not take into account the new NIH visitor center that will be coming on line in the second quarter of 2008 which will add vehicles to north bound Route 355 via Battery Lane throughout the day. While the Navy received background development information from the county, it is not inclusive of all the development happening in the nearby area. It is not clear that the DEIS has taken into consideration the combined impact of many new apartment buildings that are in the early construction phases along Wisconsin, south of Jones Bridge Road.

- The Navy acknowledges that "incremental effect could add to a general level of traffic that would be noticeable and inconvenience other motorists" p. 4-78. In fact, DEIS understates the extent of the problem. Using its own survey data, which don't even estimate traffic levels documented several years ago, base-related traffic will increase by 25% the number of failing intersections in the PM commute. A more realistic estimate, based on 2006 County data, would suggest that the number of failing intersections around NNMC resulting from base expansion will more than double. The DEIS needs to be more forthright on the cumulative impact that the traffic will have both during and beyond peak hours.

And lastly, in Appendix A: Correspondence and Public Involvement, Attachment 5: List of Community Associations that were mailed the Notification of the Public Scoping Meetings, East Bethesda Citizens Association is not included in the list and we were in fact not officially notified of the scoping meetings.

Attachment to EBCA comments, 1/3/08

Questions/Comments on the NNMC Expansion Air Quality Analysis:

We understand from the Air Quality Analysis that Montgomery County, Maryland, the location of NNMC, has been classified by the USEPA as a nonattainment area for PM2.5 and in moderate nonattainment for ozone.

According to the EPA, particulate matter is "particles in the air, such as dust, dirt, soot, smoke, and droplets. Small particles (PM-10 or PM-2.5) have significant effects on human health. Particulate matter is one of the six "criteria" pollutants for which EPA has established national ambient air quality standards."

EPA says that "ground-level ozone (smog) is formed by a chemical reaction between volatile organic pollutants (VOCs) and oxides of nitrogen (NOx) (which are in vehicle emissions) in the presence of sunlight. Ozone concentrations can reach unhealthy levels when the weather is hot and sunny with little or no wind. Ozone at the ground level causes adverse effects on lung function and other adverse respiratory effects. It is one of the six "criteria" pollutants for which EPA has adopted National Ambient Air Quality Standards". Prolonged exposure to high levels of ground level ozone, such as amounts found in non attainment areas like our area, have been found by UCLA scientists to cause asthma in children who play outdoors frequently.

The Air Quality Analysis states that "Air quality impacts are evaluated by the Ambient Air Quality Standards (NAAQS), local requirements, and the rules for conformity. For determining whether a project conforms to the regulations, a proposed project shall not cause or contribute to any new violation of the standard; as well as shall not increase the frequency or severity of any existing violation; and shall not delay timely attainment of the standards. As described above, all estimated concentrations for the no-build and build scenarios are well below the NAAQS standards, and thus **no violations were predicted of one-hour or eight-hour NAAQS at any sites."**

1. The Air Quality Analysis does not name the specific traffic study utilized to determine its conclusions. We would like clarification as to which traffic study was used to make these determinations. The EBCA has some serious concerns about the traffic study used to make conclusions in other parts of the DEIS and would have similar concerns with the validity of the findings of this Air Quality Analysis if the same traffic study data was used here as well.

2. We understand from the Air Quality Analysis that under the current EPA policy for addressing PM2.5 precursors, the State or EPA can make a technical demonstration that NOx, VOCs, or ammonia from sources within the State significantly contribute to PM2.5 concentrations in a given nonattainment area

(EPA, 2007e). We also understand that at this point neither USEPA nor Maryland have found PM2.5 problems in AQCR 47 to be caused by NOx, VOCs, or ammonia. We would like to know if the Maryland DEP and USEPA have actually conducted an analysis to confirm this, or if there may be reason to conduct a technical demonstration analysis to confirm this finding.

3. We understand from the Air Quality Analysis report that "A federal action that does not exceed the threshold emission rates of criteria pollutants may still be subject to a general conformity determination if the direct and indirect emissions from the action exceed ten-percent of the total emissions inventory for a particular criteria pollutant in a nonattainment area." We would like to know who makes the general conformity determination, and again, what specific traffic study was utilized to form the report's conclusions that the build scenario will not exceed the ten percent increase in total emissions inventory. We believe that the vehicles driven by many of the 500,000 additional visitors to NNMC annually and the 2,500 additional new staff could increase NOx emissions to a level of concern for our non attainment area.

To: Ilaya Hopkins, EBCA President

From: Victoria Hall

Date: January 3, 2008

Re: Proposed I-495 Slip Ramp Access: Comments on DEIS Analysis, Appendix C, Transportation Study, NNMC Bethesda, MD.

Outbound PM Trips from NNMC

Figure 17 (p. 53, Appendix C, Transp. Study) shows the outbound PM trips leaving NNMC as follows:

- 40% on Jones Bridge Road (eastbound to Connecticut Avenue)
- 30% on West Cedar Lane (westbound)
- 15% on Rockville Pike/MD 355 (southbound towards D.C.)
- 10% on Rockville Pike/MD 355 (northbound)
- 5% to East Cedar Lane (eastbound)

This shows that 45% of the outbound PM trips use Rockville Pike northbound for a short distance, but it does not explain why so many outbound PM trips then turn onto West Cedar Lane rather than continue on Rockville Pike northbound past Cedar Lane (intersection #5). *Does this analysis suggest that the county's proposed grade separation at Intersection #5 is no longer warranted and that improving outbound PM traffic via West Cedar Lane is a better alternative?*

Figure 18 (p. 54) shows that with a proposed I-495 Slip Ramp to the Inner Loop (eastbound), outbound PM trips would be as follows:

- 25% on Jones Bridge Road (eastbound to Connecticut Avenue) - DECREASE
- 15% on West Cedar Lane (westbound) - DECREASE
- 15% on Rockville Pike/MD 355 (northbound) - INCREASE
- 15% on Rockville Pike/MD 355 (southbound towards D.C.) - NO CHANGE
- 5% on East Cedar Lane (eastbound) - NO CHANGE
- 25% to I-495 Slip Ramp (eastbound). - NEW

In other words, the DEIS analysis suggests that more outbound PM trips would head eastbound with a Slip Ramp than without one, and fewer trips would head westbound in the evening. Why would an *eastbound* Slip Ramp reduce the number of outbound PM trips on Cedar Lane *westbound* from 30% to 15%?

This DEIS analysis also suggests that, with the addition of a Slip Ramp to I-495 eastbound, more outbound PM trips would head northbound on Rockville Pike (from

10% to 15%). Why would an eastbound Slip Ramp increase the number of northbound trips on Rockville Pike?

EBCA recommendation: Please clarify the DEIS analysis of outbound PM trips with and without an I-495 Slip Ramp.

Inbound AM Trips to NNMC

Figure 17 (p. 53, Appendix C, Transp. Study) shows the inbound AM trips to NNMC as follows:

- 40% from Jones Bridge Road (westbound from Connecticut Avenue)
- 30% from West Cedar Lane (eastbound)
- 15% from Rockville Pike/MD 355 (northbound)
- 10% from Rockville Pike/MD 355 (southbound)
- 5% from East Cedar Lane (westbound)

Notably, this suggests that at least 40% of the inbound AM trips will use the Jones Bridge Road entrances into NNMC, and that portion could be higher if inbound AM trips from Rockville Pike northbound turn right at Jones Bridge Road to use the Gunnell Road entrance.

In contrast, Figure 18 (p. 54) shows that with a proposed I-495 Slip Ramp to the Inner Loop (eastbound), inbound AM trips would be as follows:

- 40% from Jones Bridge Rd. (westbound from Connecticut Ave.) - NO CHANGE
- 10% from West Cedar Lane (eastbound) - DECREASE
- 15% from Rockville Pike/MD 355 (northbound) - NO CHANGE
- 5% from Rockville Pike/MD 355 (southbound) - DECREASE
- 5% from East Cedar Lane (westbound) - NO CHANGE
- 25% from I-495 Slip Ramp (eastbound). - NEW

In other words, the portion of inbound AM trips using the proposed Slip Ramp would come from two roads: West Cedar Lane (which drops from 30% to 10% of inbound AM trips), and Rockville Pike southbound (which drops from 10% to 5% of inbound AM trips). The proposed Slip Ramp from I-495 would not change the inbound AM trips along Jones Bridge Road westbound.

EBCA concurs with the DEIS analysis which suggests that a Slip Ramp would not significantly improve inbound AM traffic congestion since:

- *the number of inbound AM trips along West Cedar Lane can be easily mitigated by adding turning lanes and eliminating parking in both directions along Cedar Lane, and*

- *the Slip Ramp would not affect traffic congestion for inbound AM trips along Jones Bridge Road westbound.*

EBCA recommends that the EIS examine the feasibility of the following:

- *Given the evidence for the large portion of inbound AM trips along Jones Bridge Road, request an easement from NNMC/USUHS to allow the addition of a lane on the north side of Jones Bridge Road beginning at the eastern border of the USUHS campus all the way to Rockville Pike, allowing queuing along Jones Bridge Road at all entrances that will not block through traffic.*

- *As an alternative to the Slip Ramp, add a lane to the I-495 eastbound exit ramp onto Connecticut Avenue southbound and situate one of the exit ramp lanes through North Chevy Chase park and directly onto the NNMC/USUHS campus, allowing NNMC visitors and staff to bypass Jones Bridge Road altogether. (Long Term)*

Maplewood Citizens Association response to Navy DEIS
3 January 2008

The Maplewood Citizens Association welcomes the opportunity to comment on the Draft Environmental Impact Statement (DEIS) pertaining to the BRAC consolidation move of Walter Reed Army Medical Center to the National Naval Medical Center. The BRAC action will have a tremendous impact on the residents of Maplewood and we respectfully urge your careful consideration of our comments and recommendations for inclusion in the Final EIS.

Several factors, including those that follow, lead to serious questions about the reliability of the DEIS and undermine confidence in the process. Accurate and current data and analyses are vital for proper planning purposes.

The Final EIS must:

- Reflect more accurate and substantiated traffic projections;
- Reflect a greater sense of urgency for resolving traffic implications;
- Provide solid and innovative solutions for the very real traffic problems that lie ahead outside the NNMC fence so that the critical mission inside the NNMC fence can be accomplished.

Given the surrounding neighborhoods' support (to date) for BRAC, it is imperative that Navy acknowledge its responsibility in this BRAC to dutifully mitigate the BRAC impact and insure the continued livability and integrity of the surrounding neighborhoods and Stone Ridge School as well as insuring viable access to the downtown Bethesda business district.

Critical Factors

1. **The DEIS understates and downplays the impact BRAC will have on the surrounding neighborhoods** by:
   - Excluding recently approved and planned development projects primarily in, but not limited to, the Rt. 355 corridor from NNMC /355 north to Old Georgetown Rd and from NNMC/355 south to Old Georgetown Rd. (Table 4-19).
   - Focusing on BRAC related incremental changes to traffic – this approach offers a myopic view of the nearby currently congested intersections. The mere fact that intersections are already congested is not an excuse to abdicate responsibility for BRAC traffic and its mitigation. In fact, given this high profile critical mission BRAC, the current traffic congestion should serve as an impetus for the DOD/Navy to implement every means available

(including funding) to resolve the congestion rather than simply minimize the BRAC impact.

- Use of traffic data and analyses that do not support the current traffic reality such as the comparison of DEIS and MNCPPC data on 13 common intersections which indicate that DEIS may have underestimated current traffic volumes by an average of 17%.

2. **The quality and appropriateness of the data and methodologies used in the DEIS are questionable, rendering it impossible to validate and difficult to evaluate the resultant projections and assessments.**
   - Neither the DEIS nor supporting documents delineate or explain how key numbers were derived, making it impossible to validate these.

     Example: The figure of 484,000 additional annual patients and visitors (Appendix C-pg 48) is stated and treated as fact without indicating how this number was derived. Neither does the DEIS address how this number relates to the current 600,000+ annual visitors and patients at Walter Reed.

   - The DEIS uses inconsistent numbers, raising questions of accuracy as well as consistency, and rendering an evaluation of the DEIS difficult.

     Example: According to the NNMC website there are 4,540 employees, but the Transportation Study (Appendix C -page 1) states that there are 8,000 NNMC employees and it uses this number to develop trip generation rates.

     Example: This same Appendix states that 24 percent of NNMC employees are enrolled in the Metrocheck program (USDOT Mass Transportation Fringe Benefit Program); the July 2007 NNMC employee survey found that only 15 percent of employees use some form of mass transit.

   - The DEIS uses generic and/or unsubstantiated methods and assumptions when both specific and reliable data are available and should be used.

     Example: A July 2007 NNMC employee transportation survey with 1,285 responses and a Walter Reed employee survey (July 07) provide details on the different residential distribution of the two locales' employees. Rather than using this data to develop traffic projections for the relocated employees, the

DEIS uses existing NNMC employee traffic patterns. Employee surveys at NNMC and Walter Reed represent a significant resource for traffic planning purposes and should be redone using a single survey technique as thorough as the July 07 NNMC survey. The results should be included in the Final EIS.

3. **The DEIS treats BRAC as an island unto itself with an apparent lack of focus on the importance of close coordination and communication with surrounding neighborhoods, Stone Ridge School, NIH and Suburban Hospital.** We recommend that Navy establish immediately a Community Liaison Council (CLC) similar to that of NIH for the purpose of maintaining a line of communication between Navy and its neighbors. We are proud to have such a prominent neighbor with such a critical mission, but ongoing communication is crucial.

4. **The EIS dismissal of BRAC as not qualifying under the Defense Access Road (DAR) program guidelines is unfortunate and deserves to be revisited** given that this BRAC will occur in a confined, urban, and well-established residential area near an increasingly dense business district and where major access roads are already heavily congested. This BRAC will significantly increase the daily traffic during peak and non-peak hours on a continual basis throughout the day which will challenge the efficient access to NNMC. It would seem incumbent upon DOD/Navy, in their interest to insure the success of this high profile critical mission BRAC merger, to accept funding responsibilities for road improvements outside the NNMC fence. The critical mission inside the fence is contingent to a large degree on what happens outside the fence given the urban locale.

5. **Lack of a Transportation Management Plan (TMP) in the DEIS is an unfortunate key omission** for the purpose of the DEIS and for timely planning purposes. Given that the employees being relocated to NNMC are already employed at Walter Reed, it would be prudent and relatively easy to begin developing strategies for these employees to evaluate and adopt prior to their relocation.

Specific Comments, organized by DEIS Section

- **4.1 Geology, Topography, and Soils**

- **4.2 Water Resources**

- **4.3 Biological Resources**

- **4.4 Air Quality**

  In view of the Executive Order: Strengthening Federal Environment, Energy, and Transportation Management (January 2007) it is recommended that the DEIS address the environmental impact on air quality and climate given the anticipated additional vehicular miles traveled relating to:
  a) 2,500 additional employees (above current 4,540 employees per NNMC website);
  b) 484,000 additional patients and visitors;
  c) the increased car idling due to traffic congestion on nearby roads which would significantly increase the production of particulates, carbon monoxide and ground level ozone.

- **4.5 Noise**

  Insure use of current data in evaluating noise levels. Provide details on the purpose of current and projected helicopter landings to include percentage of non- medevac/medical related landings. The DEIS provided no credible analysis of the BRAC related increase in helicopter traffic given BRAC's urban location and the anticipated significant increase in traffic congestion which might lead to increased use of helicopters to transport patients.

- **4.6 Utility Infrastructure**

- **4.7 Transportation**

  - ❖ I-495 Beltway Dedicated Ramp
    Request an immediate study of the I-495 Beltway dedicated ramp to NNMC which would provide a direct employee access route to NNMC thereby reducing BRAC traffic impact on nearby major roads. In its assessment of the potential I-495 slip ramp (Appendix C-pg 68) the Transportation Study does not explain the derivation of Table 16 peak hour trip figures and excludes non-rush hour projected use.

- Reversible Lanes: Consider use of reversible lane implementation for Rt 355 from Pooks Hill Rd/I-495 to as far as possible into downtown Bethesda. The reversible lane approach using individual lane arrows has been used successfully in many cities in the US including on Connecticut Ave in Washington, D.C., on Georgia Ave near the I-495 Beltway interchange in Silver Spring, and on Colesville Rd/Rt 29 in Silver Spring. This is an effective traffic management tool and might delay the need for possible expansion of Rt 355 for some time into the future.

- Detailed Construction Plan
  The Final EIS needs to detail a plan to handle construction issues such as hours of construction work (especially important if BRAC is to be accelerated), number of construction workers and their parking arrangements at any given moment during the project with analysis of their impact on traffic, and revisit the traffic impact of construction related vehicles using North Wood Dr as the dedicated entrance. Construction vehicle traffic does not flow at the same speed as passenger vehicles. Reliable shuttle bus service for all construction workers to the work site should be provided to eliminate parking impact on surrounding neighborhoods

- TMP Development and Implementation
  At such time as the TMP is developed, a primary aim should be on reducing Single Occupancy Vehicles and encouraging mass transit by:

  - Constructing a Metro entrance on NNMC property with a pedestrian link (above or below ground) to the NIH Medical Center Metro stop. This will eliminate pedestrian crossings on Rt 355, increase pedestrian safety and facilitate vehicular flow.

  - Publicizing mass transit opportunities and promoting the federal government's mass transit subsidy program ,Metrochecks. (Note: The July 07 NNMC employee transportation survey involving 1,285 respondents revealed that 88% are not reimbursed for commuting each month while about 11% receive some reimbursement. The survey also reveals that 72% of the 1,285 respondents drive alone (SOV).

  - Implementing changes that encourage and support transit use, such as providing flexible work schedules, establishing express bus services and vanpools from residential communities, and increasing the availability of daycare services on-site.

  - Using satellite parking facilities with shuttle buses and perhaps coordinated with NIH and Suburban Hospital if possible.

- Consider opportunities for NNMC to collaborate with NIH and Suburban Hospital on use of carpools and vanpools.

❖ The Transportation Study needs to expand its area of study to include:

a) The 355 corridor to Old Georgetown Rd (near Marinelli Rd) and factor in the planned development at White Flint, Strathmore, Lionsgate, Trillium, Metro Center 3 as well as other developments approved or proposed for construction and not reflected in Table 4-19.

b) Old Georgetown Rd from W. Cedar Lane south to Wisconsin Ave/Rt 355 (downtown Bethesda) with special focus on Greentree Rd and Huntington Parkway and factoring in Suburban Hospital expansion plans.

c) Old Georgetown Rd from W. Cedar Ln north to the I-270 ramps.

❖ The Transportation Study does not analyze the off-peak hour traffic involving the additional 484,000 patients and visitors per year with BRAC and how this 484,000 figure, given the current traffic congestion, is likely to prolong morning and afternoon rush hours. The DEIS traffic counts show that congestion is significant at the very beginning and end of each "peak period" which reflects the fact that the true peak (or congested) periods in this corridor extend beyond those used. The Transportation Study included the daily portion of the 484,000 (1,862 daily) patients and visitors into the peak rush hour figures to provide a worst-case scenario which does not accurately picture what the reality is likely to be. Given the current traffic congestion, Maplewood is not appeased by the conclusion (Executive Summary ES-14) "that neighbors may notice the increased traffic during non-rush hours, although conditions will be within the capacity of roadways".

❖ The Transportation Study and Traffic Projections need to be revised to address the following critical discrepancies and inaccuracies:

- **The traffic counts taken for the DEIS consistently underreport a.m. and p.m. peak traffic** compared with MNCPPC counts for the same intersections (as reported in the Maryland-National Capital Parks and Planning Commission (2006) Highway Mobility Report 2006 - Final Draft; http://www.mc-mncppc.org/Transportation/hmr/index.shtm).

- **The projected trip distribution pattern at the 5 NNMC access points** (Figure 17, page 53, Transportation Study, Appendix C) **is not consistent with the DEIS traffic counts on which it is based.**

  The DEIS turn counts for current traffic in and out of NNMC have 67% of the inbound a.m.-peak traffic accessing NNMC via Rockville Pike southbound, but the projected trip distribution pattern only has 45% entering via this route. The turn counts have 56% of p.m.-peak departures from NNMC exiting onto Rockville Pike northbound, but the projected trip distribution pattern has 45% using this route. The turn counts themselves are questionable, if for no other reason than because they counted 27% more vehicles entering NNMC during the a.m. peak than departing during the p.m. peak.

- **The DEIS based BRAC traffic and travel patterns on current NNMC data even though existing residential data for Walter Reed employees** (who are expected to maintain their current residential locations and commute to NNMC) **clearly indicate that their traffic and travel patterns will differ from those of current NNMC employees**. (The employee residential location surveys at NNMC and Walter Reed show very different residential distribution among the employees at the two campuses.)

  While 53% of NNMC's employees reside in Montgomery County, only 27% of the Walter Reed employees reside in Montgomery County. On the other hand, 30% of Walter Reed's employees reside in Prince George's County, compared to only 11% of NNMC's. Residential distribution differences exist for all but the 1% "other" residential location.

- The DEIS and supporting appendices state that there will be 2500 parking spaces available for the relocated employees, visitors, and patients. However, the NNMC parking utilization survey found that only 77% of NNMC's existing capacity is used, leaving 1438 existing NNMC parking spaces available. **The result is that there will be a net of 3938 parking spaces available for the additional employees, patients, and visitors.**

  That is enough parking for all of the DEIS-projected 2200 employees and all but 124 of the DEIS-projected 1862 daily visitors and patients – if they are all parked on campus at the same time.

Allowing for some distribution of patients and visitors throughout the day, there would be absolutely no shortage of parking to encourage anything but single-occupant vehicle travel.

- **The DEIS does not sufficiently justify or explain the derivation of its assumed "15% reduction in trips using modes other than auto."**

  After citing 24% current NNMC Transit Check enrollment (which is not consistent with the 2006 NNMC employee survey finding of only 10% receiving subsidies, and only 15% using transit), and a WMATA survey of office locations inside the Beltway and within ¼ mile of a transit station (the plethora of parking available at NNMC renders the site substantially different from the majority reflected in the WMATA survey), the DEIS states that the apparently arbitrary rate of 15% was deemed conservative and therefore acceptable.

- **The DEIS does not address the traffic congestion that will occur from BRAC relocation until roadway improvements are completed.** Apart from the questionable impact of the roadway improvements suggested in the DEIS (especially given the unavoidable lane restrictions to Rockville Pike north and south of NNMC), these improvements are not far enough along in the planning and programming processes to expect them to be completed by 2011.

  Additionally, there is no consideration of the corridor traffic impacts during construction of these improvements.

❖ Transportation Study Correction Requested: Appendix C, page 9 Diagram # 5 is incorrect. Of the three Cedar Ln westbound lanes at Rt 355, the middle lane is a left turn lane in addition to being a through lane.

- **4.8 Cultural Resources**
- **4.9 Land Use and Zoning**
- **4.10 Socioeconomics**

The DEIS does not address the issue of potential short and long-term off-base housing needs of patients and visitors. This is important given that reasonably priced accommodations will likely being located at a distance from NNMC that may further contribute to traffic and vehicular miles traveled if not located in an area served by mass transit.

- **4.11 Human Health and Safety**
- **4.12 Cumulative Impacts**

Glenbrook Village HOA
Draft Environmental Impact Study Comments

After months of waiting for the DEIS, we are very disappointed with the lack of detail and informative information contained in the document. With the lack of any reasonable or substantial traffic mitigation within the DEIS it has not addressed any of our neighborhoods concerns presented during the scoping period.

The continued statement that the relocation of Walter Reed to NNMC and that increased traffic and construction will have no cumulative impact on the surrounding neighborhoods can only be seen as a DEIS written with blinders on.

The BRAC mandate to move Walter Reed to NNMC and build a world class Military Hospital continues to be supported by State, County and neighboring Communities. The Environmental Impact in an overcrowded urban area will be immense. NNMC needs to address the real issues and impacts to the site and surrounding areas in order for everyone to work together for a successful and productive outcome.

The employee numbers for NNMC requite additional explanation. While the present employee number is just over 8000, it is unclear if the proposed 2500 with the BRAC initiative is just staff or includes support and contract personnel. Only with the total numbers can needs assessments be accurate.

4.2 Water Resources

- New Storm Water Facilities need to address environmental concerns of increased mosquitoes and other disease carrying insects with the presence of infectious disease at NNMC and the extensive traveling of the residents surrounding NNMC. No indication of any controls and concerns for residents, staff and patients.
- What specific controls will be used to prevent and reduce erosion at the site both during construction and upon completion?

4.3 Biological Resources

- Why is NNMC not part of the Forest Conservation Act?
- No indication of the number of trees and plant material to be removed and plans for replacement and/or reforestation.
- Both Alternatives require the removal of many mature trees in the surface parking area to the north of the tower. What replacements and/or reforestation will take place to compensate for their removal?
- As trees, bushes and plants help to maintain a healthier air quality. What impact will the demolition and removal of plant material have on the air quality study?

4.4 Air Quality

- While CO levels have been preformed there is no indication that the cumulative affect has been taken into account with increased traffic, construction equipment vehicles and site demolition. Please provide this information for safety

measures. The attached tables are not clear as to whether or not the numbers quoted are for the total number of each piece of equipment or for one of say the 184 Front End Loaders.

- The analysis was also taken over a one year period and does not seem to address the short term load effect, during a specific period, with multiple machinery used in a confined space. Spreading the data over a one year period, lowers the impact during high construction periods and does not adequately disclose the environmental effects.
- What is BEQ?
- What chemical is to be used for dust control and what is the environmental impact?
- What effect will the decrease of substantial plant material have on the air quality at NNMC and surrounding neighborhoods?

4.5 Noise

- The DEIS states "Residential areas on the east side of NNMC and across Jones Bridge Road are far enough from the construction sites that they are unlikely to be impacted by the noise from construction activities" Please provide the date for this statement. Twice a day in Glenbrook Village we hear the bugle from NNMC inside our homes. While the construction noise may cancel this pleasant sound out, what testing has been completed to ascertain that no construction noise will affect our Community?
- Additional helicopter and vehicle traffic can only increase the cumulative noise in and surrounding NNMC. Please provide recent studies that support the statement that there will be no increase noise effect with the additional traffic and helicopter trips. Why does the sporadic and unpredictable arrival of helicopters to NNMC make the increased noise redundant? Please provide data.
- What is the proposed designated truck route for construction? What will the traffic and noise impact be for this route?
- What are the locations of the noise monitoring stations and what standardized testing will be used?
- What updated noise information has been obtained since the 2003 data quoted in the DEIS. We are now 7 years beyond this data with 3 additional years prior to the completion date.

4.6 Utility Infrastructure

- The DEIS states that the present utility infrastructure will support either Alternative One or Two. Please provide data from Pepco and Washington Gas that this statement can be supported. Also that the utility lines outside the fence will adequately support and updating of lines inside the fence.
- The statement that if Pepco fails there is a back up system that is oil fueled does not include the impact of running this backup system on the air quality and emissions from NNMC. Also the additional deliveries of the fuel, is not reflected in the transportation study.
- Can WSSC accommodate the increase in waste water from the site? How will this be monitored?

4.7 Transportation

- Please provide a detailed traffic mitigation plan in the final EIS.
- How do you account for the fact that NNMC traffic study numbers are lower than traffic studies preformed by MNCPPC for the one to five years previous to the NNMC study?
- The NNMC traffic study does not take into account the NIH CVIF facility or the new Visitor's Center both located on Rockville Pike. What cumulative impact will this have on the present numbers? Please provide details.
- What is the total number of Construction Workers that will be on site on a daily basis until the completion of the project?
- How will you ensure that all Construction workers will take public transit or park in the 200 designated spots within the campus?
- What steps are in place to prevent parking in surrounding neighborhoods?
- What is the rationale behind shuffling traffic from Rockville Pike to Jones Bridge Road? This proposal will only direct additional traffic to two already failing intersections (Rockville Pike and Jones Bridge Road – Connecticut Avenue and Jones Bridge Road). How has this been reflected in the Traffic Study?
- How will the gates be designed to ensure there is no queuing on adjacent roadways?
- As this is an unprecedented BRAC in an overcrowded urban area, and will truly create and unusual impact of a defense activity, DAR funding should be thoroughly pursued for traffic mitigation measures.
- A traffic signal at the NIH CVIF will only ease the left turn access into NNMC and create further delays and congestion on Rockville Pike. Once again having additional Environmental Impact on the surrounding Communities.
- The Beltway Access is critical for study and possible implementation. NNMC traffic study did not assess this interchange, therefore has no foundation for it's DEIS statement.
- A staff and patient drop off access would help ease the queuing and backups on adjoining roadways.
- NIH Master Plan studies should be utilized for traffic mitigation. This could allow study recourses to accomplish other mitigation measures.
- Police presence on surrounding roadways could have a positive effect on easing aggressive driving, running of red lights, pedestrian safety and general traffic flow.
- What is the present public transportation rider ship for NNMC Staff?
- What is the present public transportation rider ship for patients and visitors?
- Could a no left turn from Rockville Pike into NNMC assist in easing the traffic congestion for the surrounding neighborhoods?
- Will revamped gateways allow for NNMC traffic queuing inside the property and take it off adjoining roadways?
- Where does the traffic study show the cumulative effect of travelers bringing patients to NNMC then exiting the campus for shopping and entertainment, sometimes entering and exiting several times a day while treatment is on going?
- Specific plans and implementation of public transportation, pedestrian safety, bridge or tunnel to Metro and adequate sidewalks and bike paths.
- Traffic Study did not include all hours of congestion. PM congestion begins at 3:00 PM on busy days.

- Transportation Study – Page 9 - #12 – This diagram is incorrect. Jones Bridge Road becomes Center Drive as it crosses Rockville Pike entering the NIH Campus.
- Does the parking ratio meet the current Montgomery County standard?

4.8 Cultural Resources

- NNMC needs to commit to achieving LEED standards in the construction of the new facility. While it spoke extensively of this standard during the scoping period, there is no indication of this in the DEIS.

4.10 Socioeconomics

- While the DEIS indicates increase jobs and income for the area during construction it does not state this will benefit the State of Maryland or Montgomery County specifically. If the above mentioned are expected to bear the costs, how is NNMC assuring the economic benefits it states in the DEIS will be directly applied to Maryland and Montgomery County?
- What impact will visitor's and patients in need of temporary accommodation have on the surrounding area?
- Economic effect on visitor's and patients with high priced accommodation in the surrounding area? Will this increase vehicle trips per day while finding affordable accommodations?

4.11 Human Health and Safety

- What will the increased traffic and safety hazard amount to with the increase in Regulated Medical Waste (RMW) shipped to the Baltimore Site? Has this increased truck traffic and truck noise been included in the relevant studies?
- What enhancements or provisions are being made for the safe and unhindered travel of emergency vehicles in the area?
- The physical location of NNMC, NIH and Suburban Hospital and their ongoing collaboration in the already congested area has not been addressed in the DEIS. Increased traffic and pedestrians will only increase the need for these services. How does NNMC plan on addressing this issue?

4.12 Cumulative Impacts

- The addition of a Day Care Center, Navy Lodge and expansion of the NEX has not been identified in either the traffic study or noise and air quality studies. The original scoping presentation by NNMC stated staff increase to be total of 2500, not 2200, leaving additional numbers for these increases. No data or explanation available for variance.

And lastly, in Appendix A: Correspondence and Public Involvement, Attachment 5: List of Community Associations that were mailed the Notification of the Public Scoping Meetings, Glenbrook Village Home Owners Association is not included in the list and we were in fact not officially notified of the scoping meetings.

LOCUST HILL CITIZENS ASSOCIATION
Primary Areas of Concern Arising from DEIS

Locust Hill Estates, through its neighborhood's association known as Locust Hill Citizens Association ("LHCA") hereby submits the following list of primary areas of concern in response to the DEIS. LHCA intends to submit its own formal comment concerning the DEIS before the comment period has run; however, these points are made in support of the BRAC Implementation Committee's efforts to give guidance and input to the County Executive on this neighborhood's reaction to the DEIS.

- **The Federal Government Should Take More Responsibility for the Traffic Impact this Unique BRAC action will have on our Neighborhoods.** The DEIS bases a shift of responsibility to road improvements to local and state governments on an inappropriate standard. That is, it states that the Navy is not permitted to provide funding or management of road improvements outside its property except under the Defense Access Roads (DAR) Program, which only allows the federal government to pay its "fair share" when there is an "unusual impact." DEIS at pages 4-49-4-50, section 4.7.3.2. However, the definition used therein for "unusual impact" is doubling existing traffic impact. This is an inappropriate standard given the well-acknowledged unique aspect of this BRAC action being the only such action taken in a high-density urban setting. It is easily imagined that under more traditional BRACs, such as a new military installation in a rural setting, that the standard requiring a doubling of traffic would be more common and appropriate. In such actions, doubling traffic on rural roads where nearly none exists prior to the BRAC, the "unusual impact" definition of twice existing traffic makes sense. Here, it would be nearly impossible to double traffic in an area in which several of the key intersections are already failing. LHCA urges the federal government to revise its standard for this type of urban BRAC and assume a more active role in funding and assisting in road improvements surrounding the NNMC. It should be the Navy's goal that there should be no failed intersections in the surrounding area after this BRAC action is concluded,

not simply returning the intersection to a pre-BRAC level of failure.

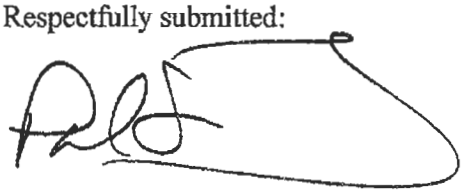
- **Further Independent Traffic Study Should be Pursued.** Many of the results of the traffic study relied upon in the DEIS strike the LHCA as unbelievable or implausible. As our neighborhood is directly affected by traffic traveling on 355 and Cedar Lane, our own first-hand experiences contradict data in the DEIS. For example, if the Navy accepts the "results" of the study which indicate a 2-3% increase in traffic load to 355 and Cedar Lane during the AM and PM rush hour periods (Tables 4-11 and 4-12, line 5), one would conclude that such a minor impact need not be of any real concern. With thousands of visitors and employees expected, many of whom will be driving, these numbers strain credibility. As further example, the traffic study used a period of 4-7 pm for its afternoon rush (page 13 of Traffic Study, Appendix C to DEIS). Again, anybody regularly traveling on the affected roadways would confirm that they are well over capacity beginning much earlier than 4 in the afternoon. The conclusions reached arising from false premises can not be relied upon. LHCA urges an independent study of expected traffic impacts (perhaps largely addressed by the $2 million 355 corridor study).

- **Continued Study and Consideration of the Beltway Slip Ramp Are Encouraged.** Given its position of being adjacent to the Beltway, and given the obvious enormous increase in numbers of visitors and employees, rejecting the Beltway slip ramp at this time seems premature. The reasons given for such rejection (no significant improvement to conditions and statutory prohibition) are unpersuasive. Were the NNMC to require certain of its visitors and employees to use such a ramp in lieu of the local streets, it is impossible to imagine it not having more than the stated affect of "not significantly improv[ing] traffic congestion levels along the study area roadways." Traffic Study, page 68, Appendix C to DEIS. In addition, we are familiar with Beltway modifications over the past 3-15 years in which such new exits were created where needed – for example, the new Rockledge exit just past the Old Georgetown Road exit as well as the Arena Drive

Exit just past Landover Road, created when the Redskins built their new stadium in the 1990's.

- **Prohibit Construction Workers from Parking in Surrounding Neighborhoods During Construction.** Having endured many months of neighborhood streets crowded with construction workers during the recent NIH renovations, LHCA urges the NNMC to require as a condition to its contracts with its construction vendors that such companies provide off-site parking to its workers and shuttle them to the site. Locust Hill experienced many disconcerting moments of construction workers changing clothes outside of their cars while our children were getting off of school busses and residents being unable to park near their homes because of workers' cars taking all available spaces. Such impacts to surrounding neighborhoods should be prevented as they are so easily anticipated.

Respectfully submitted:



Paul S. Thaler
Locust Hill Citizens Association Representative
Mont. County BRAC Implementation Committee

WESTERN MONTGOMERY COUNTY CITIZENS ADVISORY BOARD
Serving the areas of Bethesda, Cabin John, Chevy Chase, Friendship Heights
Garrett Park, Glen Echo, North Bethesda and Potomac

January 11, 2008

The Honorable Isiah Leggett
Montgomery County Executive
101 Monroe Street, 2nd Floor
Rockville, Maryland 20850

Dear Mr. Leggett:

The Western Montgomery County Citizens Advisory Board (WMCCAB), as the established and recognized County liaison within the Bethesda-Chevy Chase community, would like to inform you of the concerns and comments from citizens and businesses who have reviewed the Draft Environmental Impact Statement (EIS) for Activities to Implement 2005 Base Realignment and Closure Actions at National Naval Medical Center in Bethesda. The comments and concerns primarily focus on the transportation and construction consequences of the BRAC actions. The listings below provide both summaries of the concerns and suggested actions to either mitigate the consequences outright or provide improved information for subsequent evaluation.

Transportation Consequences

- It is important that the EIS include a detailed study of a "slip" ramp on and off the Capital Beltway (I-495) that would go directly into the National Navy Medical Center (NNMC). Many residents believe that although this will be expensive, it would be the most beneficial road improvement in our region.
- Although a Transportation Management Plan (TMP) is required at a later time in the process, we urge you to require that NNMC include a TMP in the final EIS.
- There are concerns that the overflow of traffic will creep into the local communities during both the construction phase and after.
- It is vital for pedestrian movement and safety that NNMC connect to the Metro on the east side of Wisconsin Avenue (State Highway 355). At a minimum, a pedestrian tunnel should be built under Wisconsin Avenue. This will create a safe environment for pedestrians and bicyclists to cross Wisconsin Avenue, but it will also allow traffic signal engineers the ability to get more cars through an intersection since they will not have to wait for pedestrians and bicyclists.

- It is vital that NNMC continue to improve the pedestrian and bikeway routes for visitors and employees, both inside and outside the installation. We encourage NNMC to conduct a feasibility study of all adjacent areas for bikeway and pedestrian routes and make these critical improvements.

Construction Consequences

- All of the neighboring residences and businesses are concerned with the demolition, construction, and delivery process that will occur on the military installation. We urge you to request that NNMC be required to form and work with a liaison committee of residential and businesses to help address all of the issues surrounding demolition, construction, and delivery of materials.
- NNMC should be required to meet at least a minimal level of LEED certification for all new construction with this high profile project.

While this is not an exhaustive list of comments, we believe it accurately reflects the overall feelings of deep concern that we have heard from residential and business communities. We appreciate your thoughtful consideration of these recommendations and ask that you include them in your response to the Department of the Navy. We will also forward a copy of our letter to Phil Alperson, BRAC Coordinator. Please contact us if you should have questions or comments.

Sincerely,

Peter Gubser
Chair

cc: Mike Knapp, President, Montgomery County Council
Phil Alperson, BRAC Coordinator

To: Phil Alperson
From: Pat Baptiste
January 3, 2008

Comments, questions, and recommended changes on the NNMC DEIS

Patient Capacity Information, and Family Housing Needs

2.5.1.1 (Page 2-8) Medical Care Space:

- In total, including existing and additional space, how many in-patients will be accommodated in the facility?
- In total, including existing and additional space, how many out-patients (i.e. those service men and women who are continuing care on an out-patient basis directly after having been treated in hospital) will be treated at the facility?

2.5.1.2 (Page 2-8) TBI/PTSD ICE

- How many patients will be treated at the TBI? Will they be in-patients or out-patients?
- How many patients will be treated at the PTSD? Will they be in-patients or out-patients?

2.5.1.4 (Page 2-9) BEQ:

- Additional information is needed in order to know how many individuals will be accommodated in each of the BEQ's
- Information is needed in order to know how many of those housed in the BEQ are anticipated to be staff, and how many will be patients, if any.

2.5.1.5 (Page 2-9) Fisher Houses:

- Information needs to be added indicating how many families will be housed in the two existing Fisher Houses, and whether fewer than 21 families will be accommodated in each of the two new Fisher Houses.

2.9 (Page 2-18) Bullet One—Navy Lodge:

- How many rooms are available in the present Navy Lodge? Will these be reserved exclusively for use by the family of patients?
- How many additional rooms will be available in a renovated Lodge? Will these be reserved exclusively for use by family of patients?

4.9.1.1 (Page 4-62) Land Use Impacts to Local Community

- How many of the patients (including all in-patients, out-patients, TBI and PTSD) are expected to have family members relocate to this area during the time of convalescence?
- Of these relocated families, how many can be accommodated on base?

- What is the average length of stay for a relocated family?
- How many of these families will not be able to be accommodated on base?
- What is the impact on the nearby and surrounding community as these families attempt to find suitable housing and cannot find on-base housing?

Transportation Appendix C:

Page 37 & 38, Figure 14 and Table 9:

- Additional projects need to be included in the background traffic including:
  - LCOR (at White Flint)
  - Redevelopment of Mid-Pike Plaza
  - White Flint Crossing (just south of Nicholson Lane)
  - Woodmont East Phase II
  - Redevelopment of Lot 31 (Bethesda and Woodmont Ave)
  - Redevelopment underway at Wisconsin and Western Ave

3.2.2 (Page 40) Programmed Improvements:

- Corridor and Transitway Projects #6 – The study underway by the State for the Bi-County Transitway (now known as the Purple Line) includes an alternative for Bus Rapid Transit on Jones Bridge Road with a stop at the southwest corner of the NNMC property. This line would connect the Medical Center with the Silver Spring Red Line Metro Station, and continue a connection to Langley Park, College Park and New Carrollton. The EIS needs to have a correct description of this plan, and it needs to consider the benefits of such a BRT in mitigating the traffic impacts resulting from the Base Realignment. In addition, the fringe parking lots to be constructed along this route (see p. 72) would provide additional rationale to support a study of the benefits of this alignment.

4.5.2 (Page 68-69) Potential Long Term Improvements:

- I 495 Slip Ramp: Continue to study the feasibility of a Slip Ramp; restudy the numbers of cars using the ramp (the numbers seem too small) and consider the effect of removing these cars from the congested intersections of Conn Ave and Jones Bridge Road (p.m. left turn northbound to access eastbound I 495 and northbound RT 410) and a.m. southbound traffic on RT 355.
- Fringe Parking: Identify fringe parking at an area farther from the highly congested RT410 corridor.
- Bicyclist Improvements:
  - Improve access to the Georgetown Branch of the Capital Crescent Trail along Jones Bridge Road (note that the trail provides a direct connection to the Walter Reed Annex at Forest Glen)
  - Improve the surface of the Georgetown Branch Trail, including paving, from Bethesda to the CSX tracks.

- Remove recommendation for better lighting as these trails are closed after dark

- Transit improvements:
  - Add consideration of the Purple Line Loop Metro Rail (heavy rail) to connect Silver Spring via the CSX r-o-w and along the north side of I495 to join the Red Line and connect with the NIH/NNMC station. (A full description is set out in the January, 2008, Final Draft-Purple Line Functional Master Plan Purpose and Outreach Study at p.15, MNCPPC document)
  - Recommend that a true Metro entrance on the NNMC (east) side of 355 be constructed. The entrance can serve as an underpass to the NIH campus as well.

Alperson, Phil

From: Jon Alterman [JAlterman@csis.org]

Sent: Wednesday, January 02, 2008 10:05 PM

To: Alperson, Phil; WYNN: Teresa Healey-Conway; BGragnolati@suburbanhospital.org; Susan_Tabach@Mikulski.senate.gov; almyers@starpower.net; ascott@mdot.state.md.us; Bronrott, Bill; Billy Hwang; Debbie Michaels; john.morse2@na.amedd.army.mil; Kleinman, Joan; judy.daniel@mncppc-mc.org; shahriar.etemadi@mncppc-mc.org; randal.treiber@us.army.mil; Hanson, Royce; stanley schiff; Stephanie Yanovitz; syanovitz@vhb.com; jim.newton@mail.house.gov; Baptiste, Pat; Berliner's Office, Councilmember; Bill Bronrott (Annapolis); Boumel, Margaret; Brian Frosh; Carman, John; Daniel Fox; david smith; Floyd, Chuck; George Milne (Stone Ridge); Hamm, Leslie; Holmes, Arthur; Hopkins, Ilaya; Italiano, Ginanne; Jana Coe; Janet Maalouf; Lashley, Richard; Lord, Rebecca; MDOT-SHA: Ron Spalding; Moss, David; Ms. Shotwell: B.Gragnolati-Suburban; NNMC: Ollie Oliveria; O'Neil, Patrick; Plantamura, Michael; Reichard, Ken; Richard Barbieri: Stone Ridge; Siddique, Mohammad; Thaler, Paul; Wenger, Melanie; Wheeland, Daniel

Cc: tim.stelzig@fcc.gov

Subject: Parkview comments on DEIS

Phil:

Many thanks for continuing to move this all forward. I benefitted tremendously from reading the MNCPPC staff notes, and I appreciate your drawing our attention to it.

I wanted to bring your attention to three things that, it seems to me, are not addressed by the DEIS at all, and that the Parkview Citizens' Association would very much like addressed in the final EIS when it comes out.

1) On p. 2-25, it suggests that "construction crew parking is being constrained by limiting parking spaces (currently 200 spaces), necessitating greater reliance on mass transit." This strikes me as conjectural, and in the not-so-recent past, other construction projects in nearby facilities resulted in a large number of construction workers parking in surrounding neighborhoods (where they sometimes changed clothes in plain sight, but that it another issue). I don't know that constraining on-site parking at nearby facilities did anything to encourage mass transit use by construction workers. Setting aside the fact that their construction worker parking "solution" directly contravenes promises NNMC made to me, they should be compelled to prove that a) restricting worker parking will indeed induce workers to use mass transit, and b) that they accurately and fairly estimate the impact that such restricted parking will have on surrounding neighborhoods and roadways, if mass transit turns out not to be an option for some of these workers. I'd also like to see some more aggressive effort to manage worker traffic other than parking supply restrictions. NIH ran some sort of shuttle out of the Marriott parking lot, which while insufficient, was at least an effort in the right direction.

2) I may be missing something in appendix B, but I didn't see any reference to the air quality consequences of demolition work, including but not limited to the release of asbestos and other carcinogens during demolition and disposal.

3) Regarding appendix C, I may have missed reference to the consequences of the heavy equipment required for construction on traffic patterns. Dumptrucks, cranes, trailers, etc do not have the same impact on traffic as a Celica, and I suspect they will outnumber Celicas for some time on this stretch.

I share many of the concerns contained in the staff response, and many of the others we heard going

around the table last month. Rather than reiterating those, I wanted to add these to the pile.

Best wishes,

Jon

-----Original Message-----
From: Alperson, Phil [mailto:Phil.Alperson@montgomerycountymd.gov]
Sent: Mon 12/31/2007 12:15 PM
To: WYNN: Teresa Healey-Conway; BGragnolati@suburbanhospital.org; Susan_Tabach@Mikulski.senate.gov; almyers@starpower.net; ascott@mdot.state.md.us; Bill4MD16@aol.com; Billy Hwang; Debbie Michaels; john.morse2@na.amedd.army.mil; Jon Alterman; Kleinman, Joan; judy.daniel@mncppc-mc.org; shahriar.etemadi@mncppc-mc.org; randal.treiber@us.army.mil; royce.hanson@mncppc-mc.org; stanley schiff; Stephanie Yanovitz; syanovitz@vhb.com; jim.newton@mail.house.gov; Alperson, Phil; Baptiste, Pat; Berliner's Office, Councilmember; Bill Bronrott (Annapolis); Boumel, Margaret; Brian Frosh; Carman, John; Daniel Fox; david smith; Floyd, Chuck; George Milne (Stone Ridge); Hamm, Leslie; Holmes, Arthur; Hopkins, Ilaya; Italiano, Ginanne; Jana Coe; Janet Maalouf; Lashley, Richard; Lord, Rebecca; MDOT-SHA: Ron Spalding; Moss, David; Ms. Shotwell: B.Gragnolati-Suburban; NNMC: Ollie Oliveria; O'Neil, Patrick; Plantamura, Michael; Reichard, Ken; Richard Barbieri: Stone Ridge; Siddique, Mohammad; Thaler, Paul; Wenger, Melanie; Wheeland, Daniel
Subject: Details on responding to the BRAC Draft EIS

Happy New Year to the BRAC Implementation Committee! I hope you are having a relaxing holiday.

Here are some updates and Gentle Reminders:

1. The next BRAC Committee meeting will be at 9:00 a.m., Saturday, January 5, 2008 at the BCC Services Center. The purpose of this meeting is to finalize a general outline, or bullet points, for the Committee's comments on the Draft EIS. John Carman will use these points as the basis for his testimony before the Park and Planning Commission on January 10th. Please email me any bullet points you may have by the end of this week.

2. CD-ROMs of the Draft EIS, including the Transportation Appendices that are not in the hard copies, are available at the BCC Service center Office. If you have not picked up your copy, please do so. Sorry, no extras.

3. Here is the MNCPPC Staff Evaluation of the Draft EIS: http://www.mc-mncppc.org/board/agenda/index.shtm (It is also posted on the Walter Reed/EIS Page). It is a 25-page pdf.

4. TIMELINE FOR EIS COMMENTS:

- Jan. 3: If possible, BRAC Committee members should provide outline or bullet points to Phil.
- Jan 5: BRAC Committee Meeting Saturday, Jan. 5th, 9:00 a.m. at BCC Services Center.
- Jan. 10: Deadline for BRAC Committee Members to provide final comments to Phil.

- Jan. 10: John Carman will testify on behalf of the BRAC Committee at MNCPPC

- Jan. 12: Phil will circulate Draft Committee Comment to Members for review.

- Jan. 15 (regular 3rd Tuesday BRAC Committee meeting): Open discussion and Q&A with community about EIS. Phil will circulate Final Committee Comment to County Executive Leggett

- Jan. 28: Count Executive Leggett will submit his formal response to the Draft EIS, drawing upon the Committee Comment and other comments he receives.

5. Format for Comments: Comments should be drafted in the same order as Section 4.0 of the Draft EIS, on Environmental Consequences. Section 4.0 is divided into twelve units, listed below. You do not need to comment on every section, but should comment on those sections that are relevant to you.

- 4.1 Geology, Topography, and Soils

- 4.2 Water Resources

- 4.3 Biological Resources

- 4.4 Air Quality

- 4.5 Noise

- 4.6 Utility Infrastructure

- 4.7 Transportation

- 4.8 Cultural Resources

- 4.9 Land Use and Zoning

- 4.10 Socioeconomics

- 4.11 Human Health and Safety

- 4.12 Cumulative Impacts

6. As usual, there is more stuff on the BRAC web site: <http://www.montgomerycountymd.gov/> http://www.montgomerycountymd.gov/brac <http://www.montgomerycountymd.gov/brac>

Please do not hesitate to contact me with any questions!

Thanks

1/10/2008

Phil Alperson

Montgomery County BRAC Coordinator

(Base Realignment and Closure)

Office of the County Executive

101 Monroe Street, 2nd floor

Rockville, MD 20850

240-777-2595

fax: 240-777-2594

phil.alperson@montgomerycountymd.gov <mailto:phil.alperson@montgomerycountymd.gov>

<http://www.montgomerycountymd.gov/> http://www.montgomerycountymd.gov/brac
<http://www.montgomerycountymd.gov/brac>

Visit the BRAC web site often. It is upated frequently.

Alperson, Phil

From: Chuck Floyd [chuck@chuckfloyd.com]

Sent: Saturday, December 29, 2007 1:01 PM

To: Alperson, Phil; 'WYNN: Teresa Healey-Conway'; BGragnolati@suburbanhospital.org; **Susan_Tabach@Mikulski.senate.gov; almyers@starpower.net; ascott@mdot.state.md.us; Bronrott, Bill; 'Billy Hwang'; 'Debbie Michaels'; john.morse2@na.amedd.army.mil; 'Jon Alterman'; Kleinman,** Joan; judy.daniel@mncppc-mc.org; shahriar.etemadi@mncppc-mc.org; randal.treiber@us.army.mil; **Hanson, Royce; 'stanley schiff'; 'Stephanie Yanovitz'; syanovitz@vhb.com; jim.newton@mail.house.gov; 'Baptiste, Pat'; Berliner's Office, Councilmember; 'Bill Bronrott** (Annapolis)'; Boumel, Margaret; 'Brian Frosh'; 'Carman, John'; 'Daniel Fox'; 'david smith'; 'George Milne (Stone Ridge)'; Hamm, Leslie; Holmes, Arthur; **'Hopkins, Ilaya'; 'Italiano, Ginanne'; 'Jana Coe'; 'Janet Maalouf'; 'Lashley, Richard'; Lord, Rebecca; 'MDOT-SHA: Ron Spalding'; Moss, David; 'Ms.** Shotwell: B.Gragnolati-Suburban'; 'NNMC: Ollie Oliveria'; **'O'Neil, Patrick'; 'Plantamura, Michael'; 'Reichard, Ken'; 'Richard Barbieri: Stone Ridge'; Siddique, Mohammad; 'Thaler, Paul'; Wenger, Melanie; 'Wheeland, Daniel'**

Cc: 'Chuck Floyd'

Subject: EIS Comments

The comments we have should make minimal difference in the overall scheme of things for this EIS and the BRAC expansion project. However, the more critical issues are the road and mass transit infrastructure upgrades outside the base. We are all concerned about our "quality of life" issues. I have several comments below:

1. The transportation study must take into consideration more than just intersection upgrades and traffic counts. It must include a ramp off the beltway and the number of developments within a 5 mile radius of the naval hospital. Montgomery County is very lax about overall traffic mitigation while trying to do mitigation just at the project development site. Private development in this 5 mile radius should be delayed for 8 years.

2. Metro and the Navy should look at a covered walkway or tunnel from the metro station to the hospital. Individuals walking from the metro should not be exposed to the outside weather conditions and should have easy access with walking escalators or other devices for people with disabilities. An example is the Crystal City underground walkway system.

3. A dedicated truck route into the hospital campus should be given a high priority. Also, the lay-down area must be thought-out with truck traffic for the construction during certain non-peak hours.

4. The traffic ratio should not be a mitigation consideration due to the mission of the base with many different functions and activities, (i.e. city within itself).

5. The County must press the Maryland DOT and the Governor to provide the necessary funds to immediately upgrade the road and mass transit infrastructure within a 2 mile radius of the Navy hospital campus. Along with this are the new EA or EIS issues for this infrastructure upgrade, which should be on a fast-track with limited lawsuits from certain no-growth and environmental groups.

Chuck Floyd
301-273-5620

12/31/2007

Alperson, Phil

From: Wheeland, Daniel (NIH/OD/ORF) [E] [wheeland@od.nih.gov]

Sent: Friday, November 09, 2007 4:48 PM

To: Alperson, Phil; jim.newton@mail.house.gov; Healey-Conway, Teresa; john.morse2@na.amedd.army.mil; ed.hubbard@mail.house.gov; Alterman, Jon; Baptiste, Pat; Barbieri, Richard; Berliner's Office, Councilmember; Bronrott, Bill; Boumel, Margaret; Bronrott, William; Carman, John; Chairman; Coe, Jana; david smith; Floyd, Chuck; Fox, Daniel; Frosh, Brian; Gragnolati, Brian; Hanson, Royce; Holmes, Arthur; Hopkins, Ilaya; Italiano, Ginanne; Janet Maalouf; Johnson, Cindy; Kleinman, Joan; Lashley, Richard; Linton, Gordon; Lord, Rebecca; Malanoski, M P; McGlockton, William; Meyers, Allen; Michaels, Deborah; Milne, george (stone ridge); Minnitte, Samuel; Ms. Shotwell (gragnolati's aide); O'Neil, Patrick; Plantamura, Michael; Reichard, Ken; Rother, Lisa; Siddique, Mohammad; Snead, Deborah; Tabach, Susan; Thaler, Paul; Wenger, Melanie

Subject: BRAC and Traffic Planning

Follow Up Flag: Follow up

Flag Status: Flagged

Phil et al,

I would like to follow up on a few points that we discussed during our meeting of October 16th. As traffic congestion remains one of our focus areas, I believe it is paramount that we explore all potential alternatives to address traffic, even prior to the promulgation of the Draft EIS. My comments follow:

- The Navy's conceptual drawings presented during the evening of October 16th do an outstanding job of preserving and actually enhancing the architectural views from 355. While acknowledging that the conceptual drawings are evolutionary in nature, my principal observation is that the campus seems to retain its focus upon vehicular traffic. With three new multilevel parking garages contemplated, it would seem that the expansion encourages vehicular traffic. My recommendation is to identify means by which the expansion plans can:

1) Be user-friendly for pedestrians using mass transit.

a. I believe we should support the east Metro entrance. Whereas an isolated improvement to one road intersection could just move a backup from one location to another, it's likely that increased Metro ridership would benefit multiple intersections and roads. Metro ridership generates revenue that could translate into increased frequency of service along the Red line, which could in turn increase ridership.

b. Should funding not become available for the east entrance, emphasis should be placed upon ensuring that the Walter Reed shuttle is predictable and frequent. This shuttle could pick up passengers, checking ID cards while doing so, and then do a circuit around the base, dropping passengers off and picking MetroRail/MetroBus/RideOn-bound passengers up. I believe that there is actually such a shuttle in existence now, but a year or so ago I heard that it had to be discontinued due to funding constraints. So I believe we should support a strong shuttle program, especially acknowledging that some personnel have quite a walk from the Metro to their workplace.

2) Acknowledging that even the most aggressive Transportation Demand Management

Plan will still involve vehicles, we should study ways to efficiently process vehicular traffic. Ideas follow:

a. The entrances should be studied to induct traffic as fast as possible, using SmartGate RFID card readers, random vehicle checks (in lieu of 100%), and other procedures. The gate should be sited sufficiently interior to the base to allow vehicles to cue up without backing up traffic on 355 and Jones Bridge. Just last weekend, on a Saturday with low traffic volume, it appeared that one car was holding up the entire cue, backing up traffic to Rockville Pike. There needs to be a means of rapidly getting problematic vehicles (those without ID cards, those searching for directions, etc.) over to the side.

b. It would appear very beneficial to improve utilization of the Jones Bridge entrances. This would likely encourage more folks to use the Connecticut Avenue exit from the beltway. They would be making a series of right hand turns to access the campus, as opposed to the left hand approach on 355.

c. A visitor processing center should be included in the plan to avoid backups and should be capable of dealing with pedestrian and vehicular visitors.

Reducing traffic congestion is mutually beneficial to DoD and to the Bethesda community. DoD seeks to provide a high level of patient satisfaction, and that satisfaction could be impacted if patients are significantly inconvenienced in transiting to and from the base. DoD needs to attract and retain high quality medical and support personnel, and unreasonable commuting times will impact those needs. NIH and Suburban have similar challenges in terms of staff and patient quality of care and quality of life. The surrounding residents have needs that are self-evident. The increased density economic development occurring in Bethesda and Friendship Heights and along 355 will be impacted as well. Therefore, I submit that reduction of traffic congestion is not a community versus Navy issue –rather, we're in this together. Through teamwork, proactive planning and focus upon a manageable number of key investments, I believe we are most likely to succeed.

Warm regards,
Dan

Dan Wheeland
Director, Office of Research Facilities
National Institutes of Health
MSC 5759
13 South Drive
Bethesda MD 20892-5759
Office: 301.594.0999
Mobile: 240.678.0687
E-mail: wheeland@od.nih.gov

Alperson, Phil

From: Coleman, Dennis (NIH/OD) [E] [colemande@od.nih.gov]
Sent: Thursday, January 03, 2008 2:08 PM
To: Alperson, Phil
Cc: jcarman@rodgers.com
Subject: Original DEIS Information Gap Tbl Translated to BIC Format

Phil, since valid DEIS comments have nothing to do with pointing out lack of mitigation (NEPA doesn't require mitigation) and everything to do with pointing out lack of adequate impact identification & mitigation analysis (NEPA does require that, and without it, there won't be a compelling story for any lobbying campaign to tell), I am resending the original NIH Office of Community Liaison Table of DEIS Information Gaps, this time ordered according to your preferred categories.

This is not to say that requesting mitigation is totally inappropriate for DEIS comments, only that the Navy doesn't have to deliver. But DoN does need a positive image & PR to calm the public concern that has developed during 2007 about BRAC impacts on Bethesda, as well as to minimize the still unknown risk of law suits (which could throw a wrench into the whole deal & can't really happen until the "administrative" process has been completed – i.e. Final EIS/RoD phase).

The above reality, plus the 3-5 year waiting period for so-called "short" term mitigation, and the 6-10 year waiting period for "long" term mitigation is why in addition to comments to improve the information content of the DEIS, I understand that knowledgeable neighbors are also working on a new class of "immediate" mitigations.

These "immediate" mitigations would be hard for DoN to deny because they would be relevant, reasonable, simple, cheap, quick & totally within DoN's control (i.e. no studies, agency approvals, RFPs, consultants, contracts or external funding required). These "immediate" mitigations include things like DoN (a) arranging for a civil police presence on 355 & JBR during peak commute hours; (b) developing & publishing the results of a local traffic model to ensure that the most effective traffic mitigation projects are prioritized & launched in the future (this costs as little as $20K from an ongoing Fed. Hwy Admin project); (c) establishing community & mgmt forums to identify & resolve issues that are bound to come up during the construction & transition periods; (d) doing more serious exploration of DAR funding, which the DEIS gave up on without much trying or reasoning; and (e) joining the nationwide "Fly Neighborly" program, which other urban area military bases with helicopter operations have already joined to reduce their noise & safety impacts. Moreover, "immediate" mitigations are the only off-site measures that could possibly be in place by mid-2008 when $850M of construction/renovation/demolition starts. Having no mitigation in place when that happens is definitely something to be avoided.

Dennis Coleman, Director
NIH Office of Community Liaison

NIH OFFICE OF COMMUNITY LIAISON PERSPECTIVE OF BRAC DEIS INFORMATION GAPS

IMPACT	DEIS ASSERTION [ref]	COMMENT
AIR QUALITY	- <100 tons/yr is de minimus air pollution; no impact [ES9]	- Seems high for Clean Air Act nonattainment area - No impact of backup oil use & more congestion
NOISE	- North: BEQ construction impacts school & homes [ES10] - East & South: assume no construction impact [ES10] - 12 flights/mo increases by 1 or 2; no impact assumed [ES10]	- Undefined issue; no impact assumed - 76-83 dBA source attenuates over long distance - WR having only 1 or 2 flights/mo seems low; NNMC having only 12 flights/mo seems low
UTILITY INFRA-STRUCTURE	- Natural gas capacity not analyzed; assume no impact [ES10]	- 75% demand increase projected [4-33]; NIH EIS found ltd local capacity; backup oil=air quality impact; expanding pipeline=local road impact
TRANSPOR-TATION	- 355 & N. Dr (intersection #8), is the only intersection failure directly caused by BRAC [ES11; 4-39, 46 & 47]	- No impact on existing failures (# 4, 5, 6, 10, & 12)* is a dubious assumption; cars=reality; E&F=ltrs
	- BRAC adding 2-14% more peak hour traffic is a relatively minor impact [ES11; 4-44, 45]	- When existing LoS is E or F, added vehicles have significant impact (ltd space; longer backups)
	- Construction impact < staff & patient impact [ES11]	- Impact not identified (workers, equipment, supply)
	- Construction impact mitigated by ltd parking [ES12]	- What happens when 200 set aside spaces are filled?
	- N. Gate access to front lawn staging area minimizes construction impact on 355 & improves security [ES12]	- 355 impact & basis for conclusion not identified; staging $850M project in front yard creates impact
	- Visitor traffic included in peak hour analysis [ES14]	- How? Aren't visitors distributed thru business day
	- Assume patients & visitors come & go only once/day [ES14]	- Those driving patients can make multiple trips/day
	- Shopping area expansion impact is off-peak [ES16]	- Impact not identified (shoppers, gas, gym, svcs, etc)
	- DoN will seek a traffic light at 355 & CVIF [ES19]	- Inconsistent w/reason given for lack of mitigation (DoN can't lobby for projects outside their fence)
	- Local roads unqualified for DAR funding [ES19]	- Boilerplate basis for conclusion; ability of state to apply & DoN willingness to assist not mentioned
	- Off-base projects would not make LoS acceptable [4-51]	- Ignores conservative calc. that off-base projects can reduce vol. by up to 400 vehicles/ln [4-53 thru 56]
	- I-495 ramps would not make LoS acceptable [4-52]	- Assumes only 25% utilization; ignores reduced vol.
	- Responsible for only on-base mitigation [4-48, 49]	- Inconsistent w/full cooperation commitment [ES19]
	- Natural gas capacity not analyzed; assume no impact [ES10]	- Pipeline expansion would impact local roads
LAND USE & ZONING	- No direct or significant indirect ext. land use impact [ES13]	- Basis for conclusion not identified; NIH, Bethesda, & adjacent areas all have masterplans w/o BRAC
SOCIOECO-NOMICS	- 2145 direct+3355 indirect RoI jobs from construction [ES13]	- RoI & conclusion basis not ID'd; economic impact depends on contractors chosen (MD,VA,DC, other)
HEALTH & SAFETY	- Dev't near AoCs & SWMUs needs EPA concurrence [ES15]	- Unidentified issue; no impact assumed; monitor?
	- Asbestos & lead paint in old bldgs reqs spec. handling[ES15]	- Assumed: procedure applied w/no impact; monitor?
	- Regulated med waste doubles; more storage/transport [ES15]	- Assumed: procedure applied w/no impact; monitor?
	- Lack of substantive discussion means no impact assumed	- More traffic, pedestrians, people, helicopters, etc.
	- Numerous substnd sidewalks & crosswalks identified [3-42]	- Substnd area totally surrounds NIH & NNMC
	- Improvements not done til roads widened [4-50]	- Pedestrian safety would have to wait 5-10 years

ABBREVIATIONS: AoC/Area of Concern; BEQ/Bachelor Enlisted Qtrs; dBA/decibel; RoI/Region of Influence; SWMU/Solid Waste Mgmt Unit; WR/Walter Reed Army Med Ctr; DAR/Defense Access Roads Program; LoS/Hwy Level of Service; DoN/Dept. of the Navy;

* INTERSECTIONS: 355/Pooks Hill = # 4; 355/Cedar = # 5; OGR/Cedar = # 6; 355/North Dr = # 8; 355/Wilson = # 10; 355/JBR = # 12