



THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

MEMORANDUM

DATE: October 4, 2002
TO: Montgomery County Planning Board
VIA: John A. Carter, Chief, Community-Based Planning Division **JKC**
FROM: Kristin O'Connor, Senior Planner **JKO**
Bethesda-Chevy Chase/North Bethesda Team (301-495-2172)

REVIEW TYPE: Mandatory Referral
PROJECT NAME: Perimeter Fence Project
APPLICANT: The National Institutes of Health (NIH)

CASE NUMBER: Mandatory Referral No. 02204-NCPC-1
REVIEW BASIS: Article 28, Chapter 7-112 of the Regional District Act

ZONE: R-60
LOCATION: Building 13, Room 2E42, 13 South Drive, Bethesda
MASTER PLAN: Bethesda-Chevy Chase Master Plan (1990)

STAFF RECOMMENDATION: APPROVAL to transmit the following comments to the National Capital Planning Commission (NCPC):

1. Provide public access across the NIH campus to the Medical Center Metro Station without violating appropriate security practices as follows:
 - a. Develop guidelines for visitor access onto campus that vary according to threat levels under the Homeland Security Advisory System.
 - b. Provide access for the general public across the NIH campus between Old Georgetown Road and the Medical Center Metro Station for low and guarded threat levels.
2. Incorporate the following features into the Perimeter Fence project:
 - a. Construct Class I bicycle paths (eight feet minimum) around the campus perimeter, outside the perimeter fence. Include personal security elements, such as closed-circuit camera monitoring, for those portions of the bicycle paths not adjacent to public roadways.
 - b. Provide funding to the Montgomery County Department of Public Works and Transportation (DPWT) for enhanced bus transit services between the communities adjacent to the NIH and the Metrorail system instead of the proposed NIH shuttle bus system.
 - c. Coordinate with the Washington Metropolitan Area Transit Authority (WMATA) to ensure that the proposed fence does not infringe upon WMATA facilities, or that replacement facilities are provided.
 - d. Relocate any bus shelters and maintain short term parking located adjacent to the Medical Center Metro Station.

3. Reflect changes to the transportation system during subsequent NIH Campus Master Plan update processes.
4. Revise the Transportation Management Program (TMP) to reflect changes in travel patterns after September 11, 2001.
5. Minimize the fence in such a way that reduces the distance for neighbors to access the Navy Medical Metro Station. By not fencing in the County's proposed storm water pond, parking facilities and other non-essential buildings, especially on the south side, will trim off minutes for pedestrians walking/biking to Metro.
6. Remove the surface parking lot located within the buffer area on the southern border and pull in the fence in that location.
7. Provide a second visitor's center along Old Georgetown Road (on the west side of campus) to allow additional access.
8. Locate the future Truck Inspection Station, proposed in the northeast corner of campus near Cedar Lane and MD 355, off-site.
9. Replace every tree removed within the public rights of way at a rate of two trees to one, per the State of Maryland's roadside tree law.
10. Meet all forest planting requirements on site per the Department of Natural Resource's (DNR) request.

PROJECT DESCRIPTION

The National Institutes of Health (NIH) has submitted plans to construct:

1. A perimeter fence that would control vehicular, pedestrian, and bicycle access to the campus;
2. A perimeter vehicular barrier system combining naturally occurring landscape features and engineered components; and
3. Vehicle control gates, guard booths, and crash barriers at existing street entrances to the campus.

The perimeter fence is designed to completely enclose the NIH Bethesda campus, effectively controlling pedestrian and bicycle access to the campus. Six pedestrian gates in the fence will provide access for employees that walk or bicycle to work. Non-driving employees can also enter the campus through one of seven vehicular entrances to the campus. The fence is located to provide a minimum of 100' stand-off from all NIH buildings.

The perimeter vehicle barrier system includes a system that relies on existing natural barriers and where necessary, augmenting these with engineered barriers. The barrier system maintains a 250' vehicle stand-off distance from occupied buildings wherever possible.

The vehicle-controlled gates are staffed by five employee vehicle checkpoints and one visitor/employee checkpoint. Two entrances are located to serve Old Georgetown Road traffic, and four entrances serve Wisconsin Avenue. In the future, all visitors will enter the campus through a Visitors Center to be constructed on South Drive and Rockville Pike, near the Medical Center Metro Station. The South Drive vehicle checkpoint is intended to process both employee and visitor vehicles.

The NIH will implement full electronic security systems at campus access points in the initial perimeter security period. The NIH has a long-range goal of expanding the electronic security system along the pedestrian fence, including upgraded lighting as required. Electronic security systems include telephone, other communication systems, surveillance cameras, card key access systems, and remote control systems. Intrusion detection would be included when the system is expanded along the fence.

Background Information

The NIH campus is located in Bethesda, Maryland, just north of Washington, DC. The area is generally suburban residential with R-60 zoning. The site is directly bounded on the north by Cedar Lane and the Bethesda Fire Station; on the east by Rockville Pike; on the south by neighboring residential properties and on the west by Old Georgetown Road. Across Rockville Pike to the east is the National Naval Medical Center (Bethesda Naval Hospital). Across Old Georgetown Road are Suburban Hospital, a small food carryout, Bethesda Women's Club, an office building and residential buildings. Single-family residences are located across Cedar Lane to the north and garden apartments and single-family residences are abutting the NIH along its southern boundary. The NIH is an open campus similar to a large university with significant pedestrian activity during business hours.

The Project Design

The fence is a simple black picket design with small, undulating spherical finials on each picket. The fence is approximately nine feet high with six-inch picket spacing. Low granite field stone retaining or freestanding walls are used in certain places to provide the requisite vehicle barrier. Vehicle restraint cables are used in some areas to provide the vehicle barrier. Along the southern campus edge, the cable will be mounted on an existing chain link fence, which will be retained by the NIH.

There are nine non-commercial vehicular gates situated along Center, South, and Wilson drives. Each will have a guardhouse, a day and night pedestrian employee card entry, lift-gate barrier, and a sliding picket fence closed during the night. Vehicle checkpoints are standardized to be two lanes protected by a roof and with a small, 5' by 7' guard booth. The vehicle barrier will be located a hundred feet or more behind the checkpoint and will include a pop-up barrier crossing traffic lanes. The perimeter fence meets the vehicle checkpoint and will include a sliding gate to secure the checkpoint during non-business hours. The checkpoint building consists of a curved, tapered steel structure that supports a laminated glass roof, limestone walls, and a guard booth.

Pedestrian gates are scaled down versions of the vehicle checkpoints. Pedestrians will use a keycard to enter a glass vestibule, and then use their keycard a second time to leave the vestibule and enter the campus. This approach will minimize tailgating and provide more control for the police departments, which will be monitoring cameras remotely.

Construction of the fence, pedestrian gates, and vehicle barriers will begin in late fall 2002, and will be complete in May 2003. Construction of the road entrance

improvements will begin in January 2003, and will be complete approximately six months later in June 2003. A pedestrian path, proposed in the perimeter fence application, will be completed before the fence project is finished in May 2003. The cost of the project will be approximately \$11,500,000.00, exclusive of soft costs.

ANALYSIS

Master Plan Findings

Without the suggested modifications, including improving pedestrian access and providing a bikeway, the proposal does not conform to the guidelines in the 1990 Bethesda-Chevy Chase Master Plan. The Bethesda-Chevy Chase Master Plan endorses the expansion of pedestrian paths and bikeways to form a network linking residential neighborhoods with public facilities such as the NIH campus and Metrorail stations. The establishment of a perimeter fence excluding the general public, as proposed by the NIH, makes it difficult to achieve the pedestrian connectivity objectives expressed in the Master Plan.

Federal guidance has been given to all federal agencies to control site access and limit intrusion. A perimeter fence has been discussed as the primary piece of the security plan that would control access for vehicles and pedestrians. Staff acknowledges that bicycle and pedestrian circulation would be allowed around the perimeter and that limited community access to Metro is being considered. Staff is concerned that a fence around the perimeter of the NIH would significantly reduce pedestrian access from the community to the NIH Metro Station.

One of the approved 1995 NIH Master Plan objectives is to take *“greater advantage of public access to the site by Metrorail through enhancement of paths between Metro and the core of the campus, and creation of pedestrian and bicycle connections to the north and south areas of campus.”* These bicycle and pedestrian connections are important to neighbors and to the mission of Montgomery County.

The NIH has a number of visitors ranging from visiting patients at the hospital, to families spending nights at the Family Lodge, to researchers doing research at the Library of Medicine, to scores of foreign nationals and volunteers. The same checks that they allow for the aforementioned visitors, the NIH could allow the community to cross campus to access the Medical Station.

The fence has potential for excluding parking facilities and other non-occupied buildings that could greatly reduce the distance for neighbors to access the Medical Center Metro Station. The NIH has proposed to pull the fencing inside the County's proposed storm water pond, trimming minutes off for pedestrians trying to walk/bike around campus to Metro. There are several areas where the proposed fence is pulled inside the 250' building stand-off point and well within the 100' vehicle stand-off area.

The proposed fence design complies with the general requirements contained in the 1995 NIH Master Plan. The design has been developed with close coordination and collaboration with the planning team developing the update to the Master Plan.

Transportation Findings

Transportation Planning staff recommends three levels of commentary on the perimeter fence project. The first level includes features for the immediate capital project to construct the fence. The second level includes recommendations to develop guidelines for visitor and community access in a process parallel to fence construction. Finally, a comprehensive review of effects related to the broader changes in security protocols, of which the perimeter fence is only one component, should be reviewed as part of the future Campus Master Plan update.

Perimeter Fence

From a motor vehicle perspective, the proposal to implement a perimeter fence is primarily operational in nature. Most of the measurable effects on the vehicular transportation system have already occurred as a result of the tighter security protocols implemented after September 11, 2001.

The perimeter fence will have an adverse effect on non-vehicular travel to and across the NIH campus. Transportation Planning staff recommendations associated with the physical implementation of the perimeter fence are intended to mitigate the impact of closing the campus to unauthorized use by pedestrians and bicycles by providing safe paths around the campus outside the perimeter fence. These paths include Class I (off-road) bicycle paths along the property frontage on the east side of Old Georgetown Road (MD 187) and the south side of Cedar Lane, as well as a hiker-biker trail on an independent alignment parallel to and south of the perimeter fence along the southern campus boundary.

The hiker-biker path along the southern perimeter is not adjacent to any public roadway between Old Georgetown Road and Woodmont Avenue. The establishment of the perimeter fence will limit the ability of a pedestrian to take evasive action in the event of a personal security threat. Staff recommends establishment of improved security devices, such as monitoring via closed-circuit camera, to reduce the personal security threat.

WMATA reports that during May 2002, an average of 1,129 people boarded the Metrorail system at the Medical Center station during the AM peak period. The current mode-of-access by time of day is not immediately available, but the WMATA 1994 survey indicated that 62% of the daily boardings were walk-access trips (the daily figure does include, for instance, NIH or Naval Medical Center employees walking to board Metrorail at the end of the work day). NIH staff have recognized that the closure of the campus to non-employees would have an adverse impact on Metro Station access, and accordingly proposed establishment of a free shuttle bus service to operate between Old Georgetown Road and the Medical Center Metro Station. Based on the anticipated level of shuttle usage and comments from the adjacent community, staff feels that the

funding would be better applied toward improving Ride-On services to Metro from the adjacent residential communities. Staff recommends that the NIH coordinate with DPWT to arrange an appropriate level and mechanism for funding service to mitigate the reduction in pedestrian accessibility to Metro caused by the perimeter fence.

WMATA staff indicated in a September 20, 2002, letter that the NIH perimeter fence proposal adversely affects the kiss-n-ride facility at the Medical Center Metro Station. Staff concurs with the WMATA recommendation that the kiss-n-ride facility be retained or impacts mitigated.

Visitor and Community Access Guidelines

From a broader transportation planning and master planning perspective, the proposal to implement a perimeter fence has greater implications regarding accessibility for both the NIH employees and the adjacent community. These implications include the extent to which visitors will be allowed access to the campus, not only as a “cut-through” to the Medical Center Metro Station, but also for various medical, cultural and educational opportunities currently enjoyed by members of adjacent communities.

Staff proposes that the implications of various levels of campus closure be formalized through guidelines that relate access to the current threat level of the Homeland Security Advisory System. Staff recommends that when threat levels are low, visitors should be allowed access to the campus for the same reasons (including convenient Metro access) they did prior to September 11, 2001. Staff recognizes that during periods of elevated threat levels, visitor access will logically be constrained, and adequate access will be reliant upon other measures such as the bike paths and transit service levels previously described.

Master Plan Implications

The operational effects of the current security protocols, and the relatively minor modifications anticipated with the perimeter fence project, should be reviewed as part of the Campus Master Plan update. Prior to September 11, 2001, the context of the Campus Master Plan regarding vehicular transportation was heavily dependent upon the peak hour trip generation levels established in the current Transportation Management Program (TMP). Staff recommends that, as part of the Master Plan update process, the TMP measures be reviewed to determine whether, given new security mandates, different TMP measures should be considered.

Site Location and Access

The National Institutes of Health (NIH) campus is located in the Bethesda-Chevy Chase Planning Area. The 1990 Bethesda-Chevy Chase Master Plan classifies the adjacent roadways as follows:

- a. Wisconsin Avenue (MD 355) is designated a six-lane to eight-lane Major Highway, M-6, with a 120-foot right-of-way

- b. Old Georgetown Road (MD 187) is designated a six-lane Major Highway, M-4, with a 120-foot right-of-way
- c. West Cedar Lane is designated an Arterial, A-67, with a 48-foot ultimate pavement width and an 80-foot right-of-way.

Prior to September 11, 2001, vehicular access to the NIH campus was provided via eleven roadways; four on Wisconsin Avenue, three on Old Georgetown Road, and four on Cedar Lane. Not all roadways provided comparable access onto or across the site, as the entrances along Cedar Lane in the northeastern portion of the campus do not connect conveniently to the on-campus roadway network.

The 1978 Master Plan of Bikeways recommends the Class I bicycle paths around the perimeter of the NIH campus as previously described.

Local Area Transportation Review

The implementation of the perimeter fence will not change the number of employees on site and is therefore not expected to increase the number of vehicle trips generated by campus uses. From a strict interpretation of the Planning Board's Mandatory Referral and Local Area Transportation Review (LATR) Guidelines, an LATR study to assess the effects of the perimeter fence on the roadway network in the vicinity is not required.

However, the broader change in security protocols that have been implemented in response to the events of September 11, 2001, have had an effect on vehicular travel patterns in the vicinity of the NIH campus. Anecdotal evidence indicates that these effects have varied according to the level of perceived threat, with the greatest changes and adverse impacts accompanying the highest security levels in early fall 2001, and a return to a relative, but different, level of stability achieved during most of calendar year 2002. The greatest change in vehicular access is the reassignment of visitor trips (both destined for campus activities as well as "cut-through" traffic) onto different paths via the off-campus roadway network. This change is expected.

The NIH staff are conducting a review of these issues, in a form comparable to an LATR analysis, as part of the Campus Master Plan update and its accompanying Environmental Impact Statement. This information was not available to Department staff prior to development of this memorandum. Staff therefore proposes that the broader connectivity and accessibility issues associated with the perimeter fence be addressed as part of the Master Plan review.

Environmental Findings

The project is subject to a state forest conservation and stormwater management review. The Maryland Department of Natural Resources (DNR) has indicated that the perimeter fence will receive an exemption from forest conservation. Review of the fence project will be conducted under the state's roadside tree law, and trees removed within public rights of way will be replaced at a rate of two trees to one. The security gates will likely be subject to Forest Conservation Act review. DNR indicates that any forest planting requirements will be met on-site.

Community Concerns

Staff at the M-NCPPC recognizes all the efforts the NIH Office of Community Liaison has done over the past ten months in developing a security plan to protect the assets of the NIH—its employees, facilities and surrounding community. In the past seven years, the Office has established a very positive working relationship with the surrounding community. Staff encourages the NIH to continue to work with the community to every extent possible.

In addition, staff is aware that certain physical security measures have been mandated by NCPC for the safety of all federal facilities. Federal guidance has been given to all federal agencies in the County to control site access and limit intrusion. The proposed perimeter fence would control access for vehicles and pedestrians - essentially making the campus non-accessible to those who access the Metro through the campus. In addition to attending monthly NIH Community Liaison Committee meetings, staff met Wednesday, September 25, 2002, with the affected residents and neighbors. A summary of the community concerns raised at this community meeting and through recent correspondence follows:

1. The pedestrian path/bikeway should be finished before the fence is completed.
2. The fence should not be built outside the buffer. The proposed path is too lengthy and can be shortened (locate the fence uphill from the water retention pond to shorten the walk). There are areas where the fence is proposed that are well within the 100' building setback.
3. Pull the fence inward to reduce the distance to the Metro. The fence could be constructed with corridors in several areas with space to pass between enclosures.
4. Provide for pedestrians to enter and exit at car gates on the west side at Lincoln and Center Drives. With guards already at the gates, the marginal costs of putting in metal detectors and looking in briefcases seems to be minimal. Even if they need extra personnel at rush hour, the cost could be less than adding shuttle bus drivers. Returning home, they could enter at the visitor center, or the pedestrian gate nearer to Metro.
5. Allow pedestrians to travel across campus after the same kind of check they would do for volunteers and hospital visitors. Even at high level of security, the Director of the Office of Community Liaison at NIH, Tom Gallagher, has suggested that all visitors would need to be escorted to their destination building. If the NIH would be devoting substantial resources to escorting its many visitors and volunteers anyway, escorting the commuting public would not be significant compared to all their other visitors.
6. The adjacent community wants the opportunity to walk to Metro. The proposed shuttle is not scheduled to run during the same hours as Metro. In addition, the shuttle will take twice as long as walking does, substantially lengthening the commute. Even if they have two shuttles circling the campus on 15-minute headways, citizens feel that the shuttle ride will take longer than the promised 15 minutes during rush hour due to traffic blockage on Cedar Lane and on MD 355.

7. Residents fear that the NIH will cut the shuttle runs out all together if there is low ridership--leaving residents to walk through mud and wet grass if the path is not built.

CONCLUSION

The M-NCPPC is aware that certain physical security measures have been mandated for the safety of all federal facilities and recommends approval of the mandatory referral with recommendations listed at the beginning of this report. The applicant has agreed to consider the recommendations.

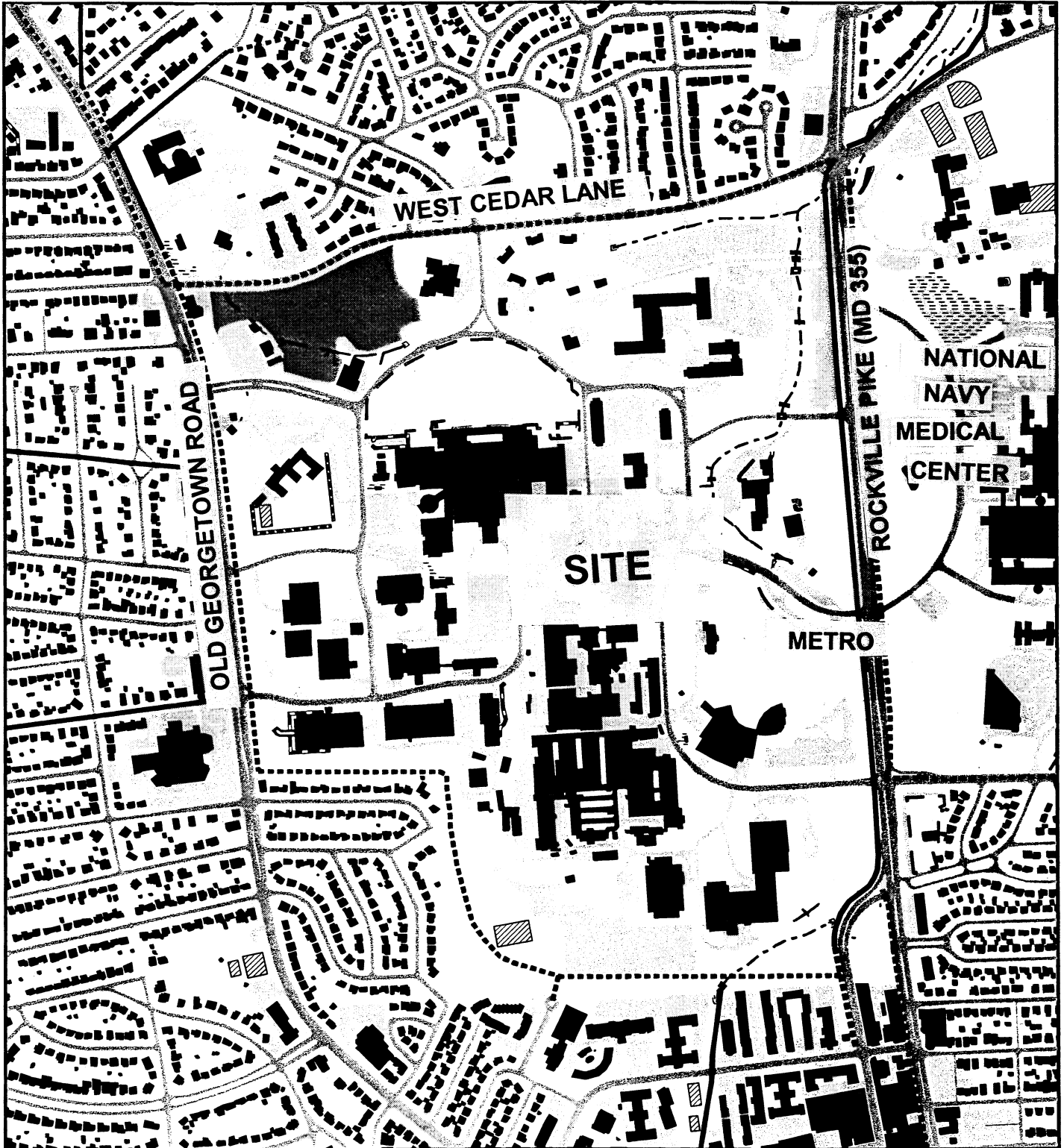
KO:ha: a:\o'connor1\NIH Staff Report 10 1.doc

Attachments:

- Attachment A: Vicinity Map
- Attachment B: Access and Perimeter Security Plan
- Attachment C: County Bikeway Plan
- Attachment D: Existing Pedestrian and Bike Paths
- Attachment E: Existing Land Use
- Attachment F: Rendering of Vehicle Entrance Gate
- Attachment G: Rendering of Pedestrian Entrance Gate
- Attachment H: Pedestrian Fence Details
- Attachment I: Vehicle Barrier Details
- Attachment J: Community Recommendations Made on 9/25/02

VICINITY MAP FOR
NIH PERIMETER FENCE PROJECT

ATTACHMENT A



Map compiled on October 03, 2002 at 6:39 AM | Site located on base sheet no - 211NW05

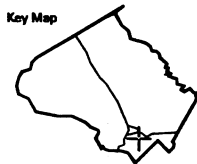
NOTICE

The planimetric, property, and topographic information shown on this map is based on copyrighted Map Products from the Montgomery County Department of Park and Planning of the Maryland-National Capital Park and Planning Commission, and may not be copied or reproduced without written permission from M-NCPPC.

Property lines are compiled by adjusting the property lines to topography created from aerial photography and should not be interpreted as actual field surveys. Planimetric features were compiled from 1:14400 scale aerial photography using stereo photogrammetric methods.

This map is created from a variety of data sources, and may not reflect the most current conditions in any one location and may not be completely accurate or up to date. All map features are approximately within five feet of their true location. This map may not be the same as a map of the same area plotted at an earlier time as the data is continuously updated. Use of this map, other than for general planning purposes is not recommended. - Copyright 1998

Key Map



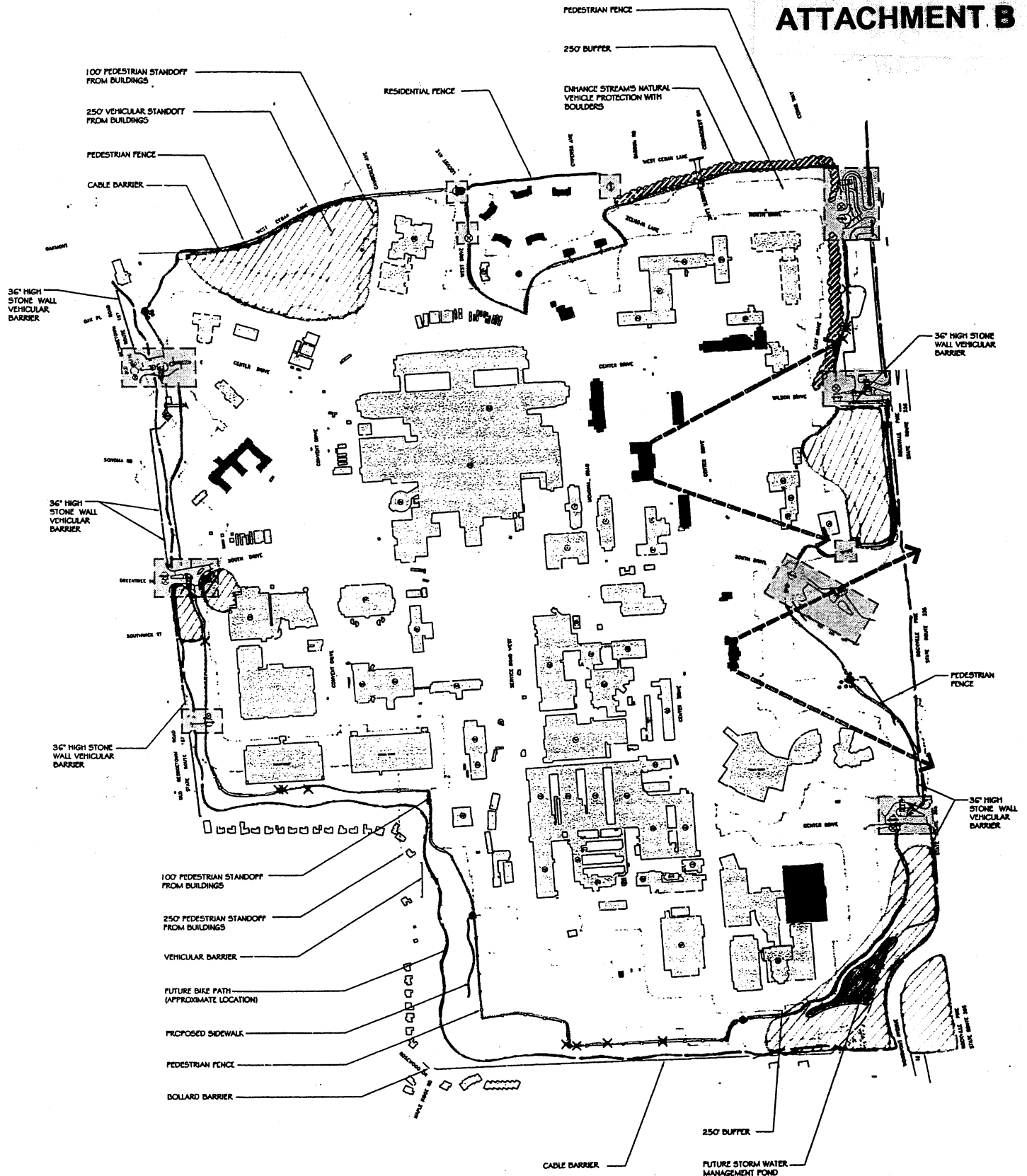
N



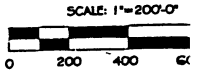
Research & Technology Center



1:9600



| LEGEND | | |
|--------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



AUGUST 2, 2002



Bikeways Around NIH

Map Compiled On 10-04-2002 at 10:18 AM
 Map Scale: 1 inch = 1500 feet or 1:18000

0 1500 Feet



The Maryland-National Capital Park and Planning Commission
 Montgomery County Department of Park and Planning
 Transportation Planning Unit
 8787 Georgia Avenue | Silver Spring, Maryland 20910
 301.495.4525 voice | 301.495.1302 fax | <http://www.mc-mnppc.org>

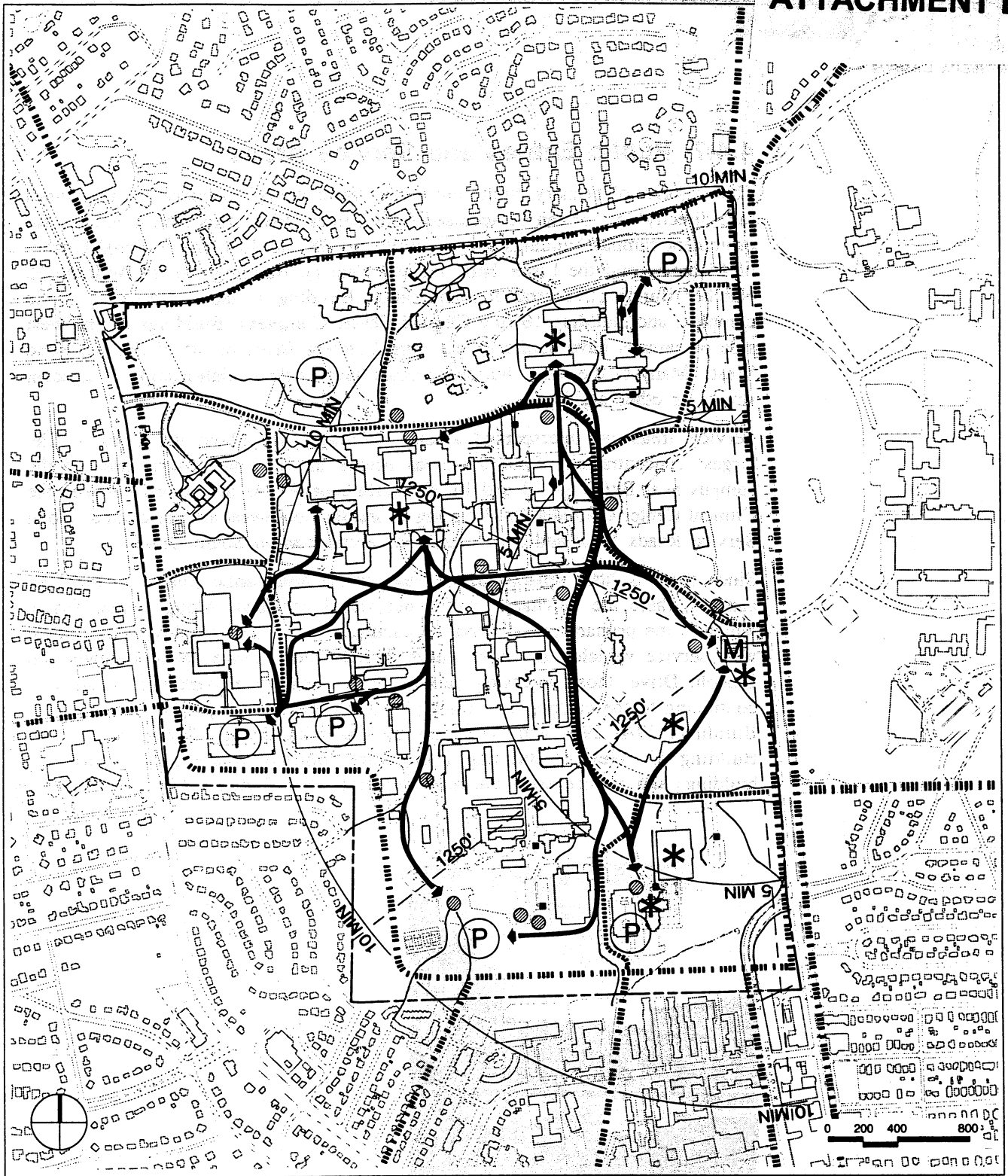
- Metro Stations
- Master Plan of Bikeways, As Amended
- Class 1 (Shared Use Path) Planned
- Class 1 (Shared Use Path) Existing
- Class 2 (Bike Lanes) Planned
- Class 2 (Bike Lanes) Existing
- Class 3 (Signed Shared Roadway) Existing
- Unclassified (Shared Roadway)
- MDCPPD Planimetric Street Centerlines
- Streams
- All Parks
- Existing
- Proposed
- Municipality
- Montgomery County

NOTICE
 The planimetric, property, and topographic information shown on this map is based on copyrighted Map Products from the Montgomery County Department of Park and Planning of the Maryland-National Capital Park and Planning Commission, and may not be copied or reproduced without written permission from M-NCPPC.

Property lines are compiled by adjusting the property lines to topography created from aerial photography and should not be interpreted as actual field surveys. Planimetric features were compiled from 1:14400 scale aerial photography using stereo photogrammetric methods.

This map is created from a variety of data sources, and may not reflect the most current conditions in any one location and may not be completely accurate or up to date. All map features are approximately within five feet of their true location. This map may not be the same as a map of the same area plotted at an earlier time as the data are continuously updated. Use of this map, other than for general planning purposes, is not recommended. Copyright 2002.





**NIH
Master Plan
Bethesda Campus**

FPPB / DES / ORS

- M** METRO
- *** PEDESTRIAN GENERATORS
- P** VEHICULAR PARKING
- MAJOR PEDESTRIAN PATHS
- MINOR PEDESTRIAN PATHS
-** CAMPUS BIKE ROUTES

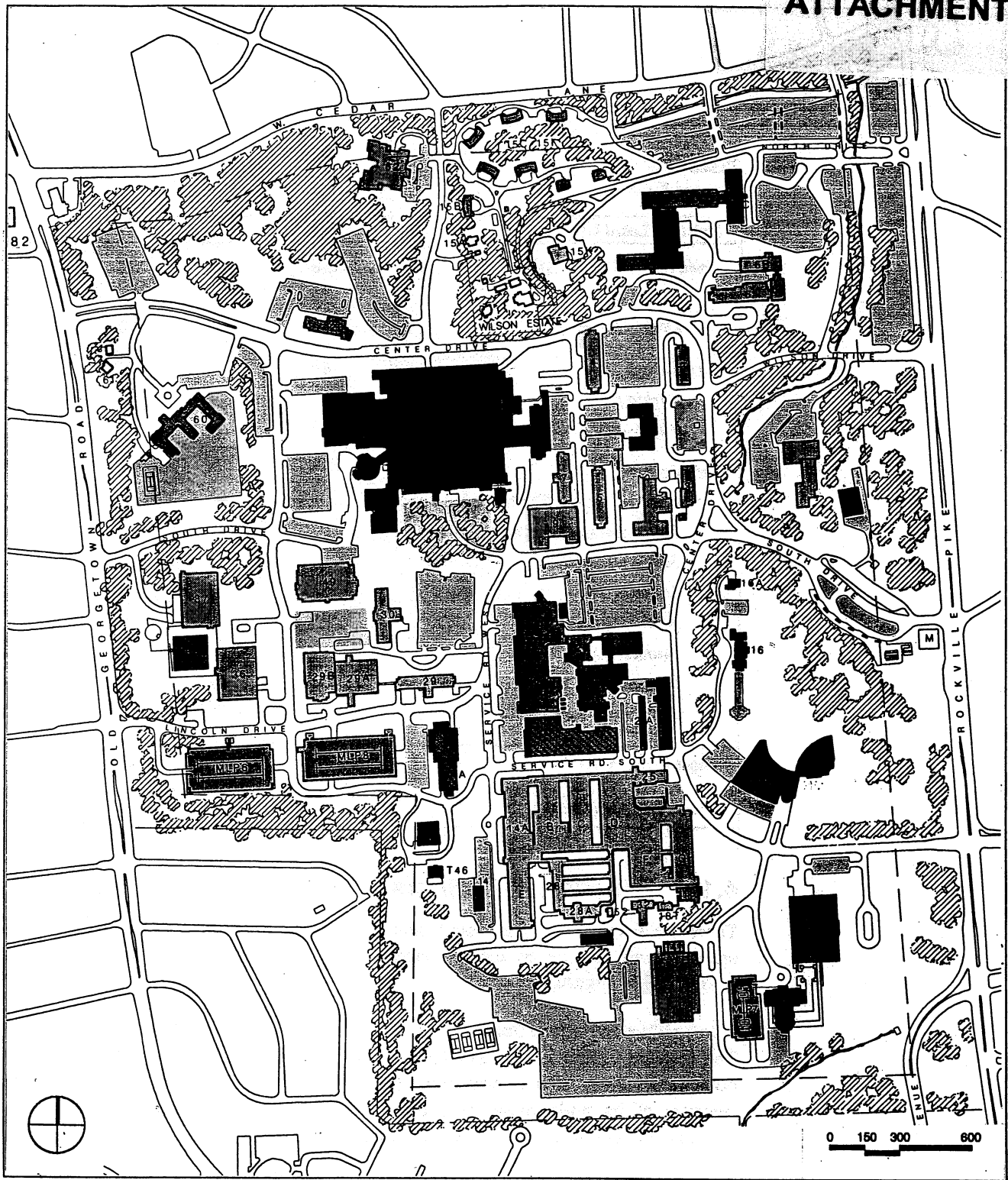
Oudens + Knoop, Architects, PC

- SHUTTLE / BUS STOPS
- — —** PROPOSED COUNTY BIKE ROUTE
- BICYCLE PARKING

Figure 4.4.5

**Existing Pedestrian
& Bike Paths**

Florance Eichbaum Esocoff King Architects

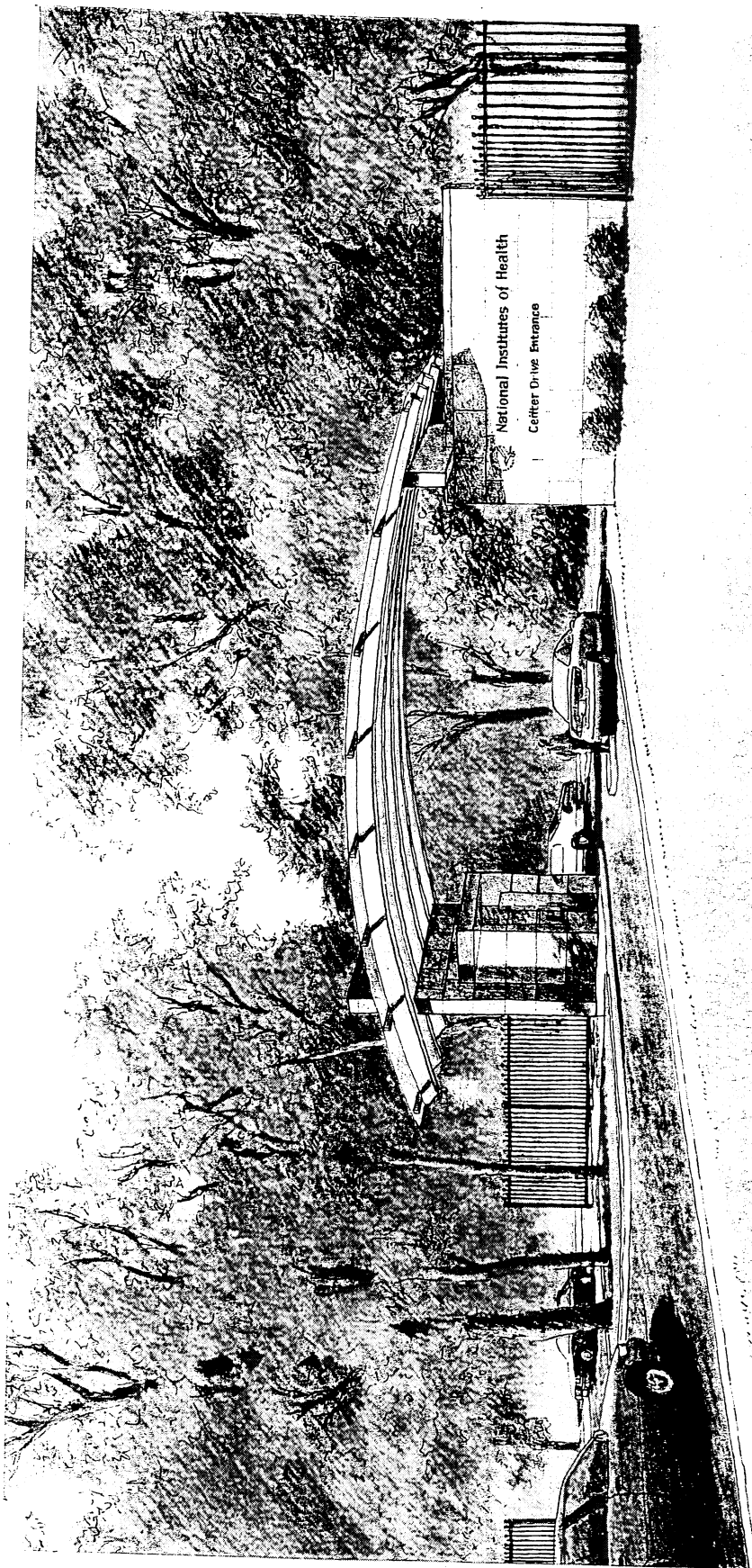


**NIH
Master Plan
Bethesda Campus**

- | | | | |
|--|------------------------|--|---------------------|
| | CLINICAL CENTER | | RESIDENTIAL |
| | LABORATORY | | MULTI-LEVEL PARKING |
| | ADMIN/SPECIAL FUNCTION | | SURFACE PARKING |
| | SERVICE/SUPPORT | | DEFINED OPEN SPACE |
| | UTILITIES | | |
| | ANIMAL FACILITY | | |

Figure 4.1.3

**Existing
Land Use**



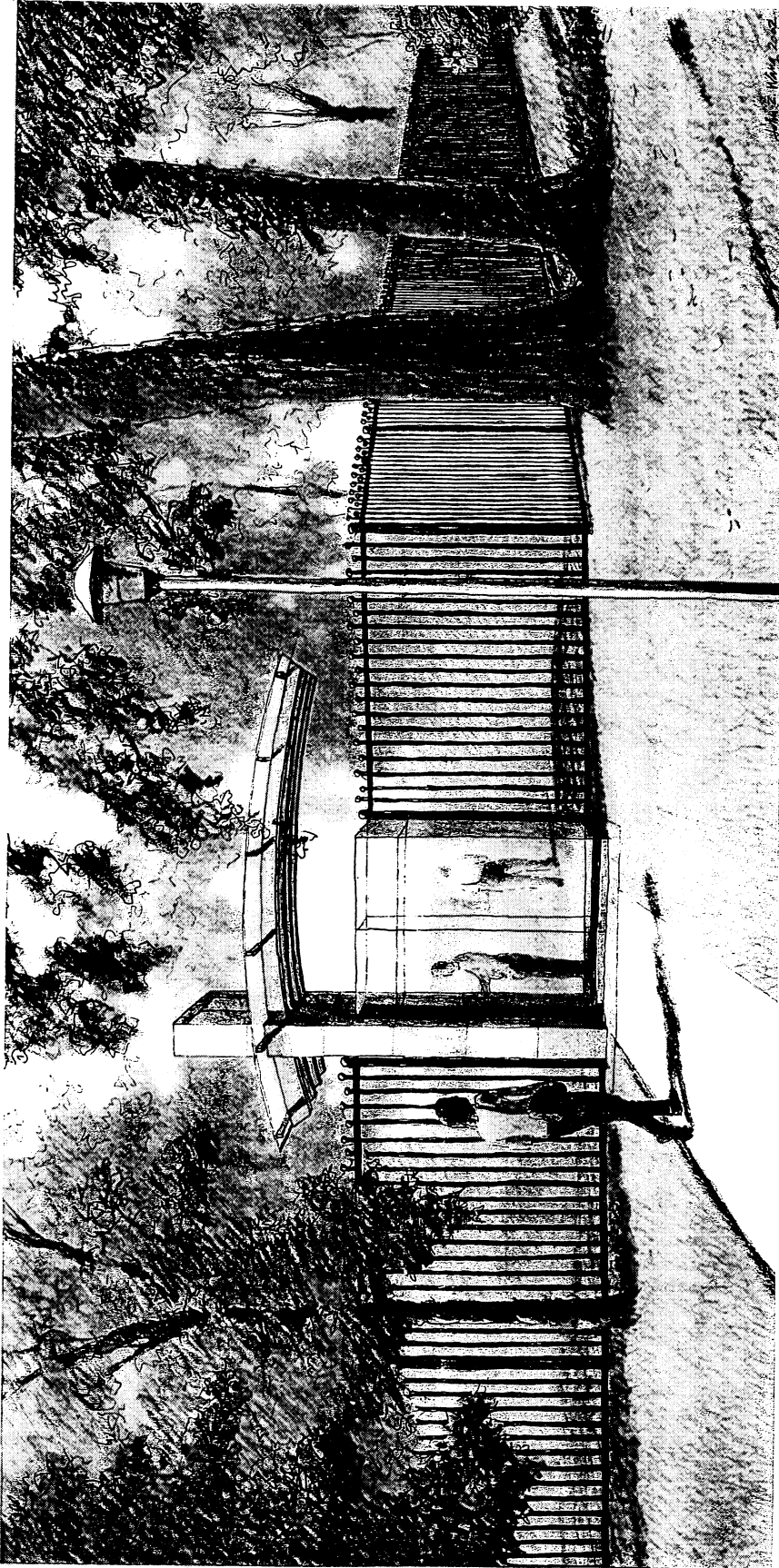
John Z. Wang 2002



VEHICLE ENTRANCE GATE
National Institutes of Health

NOT CLASSIFIED LAW ENFORCEMENT SENSITIVE WORKING DRAFT. DO NOT DUPLICATE.

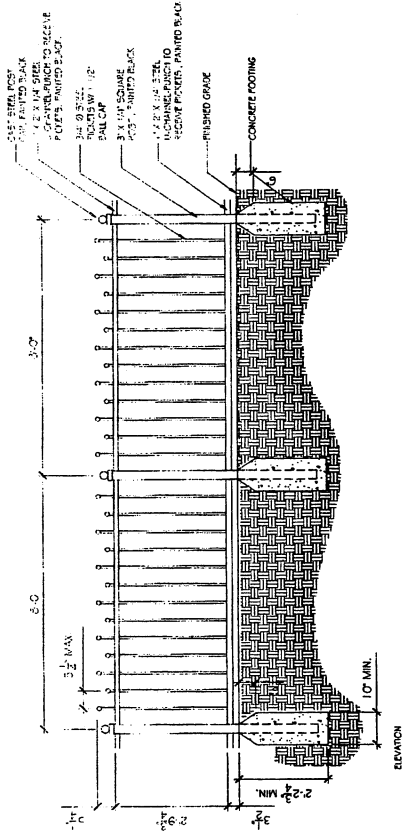




PEDESTRIAN ENTRANCE GATE

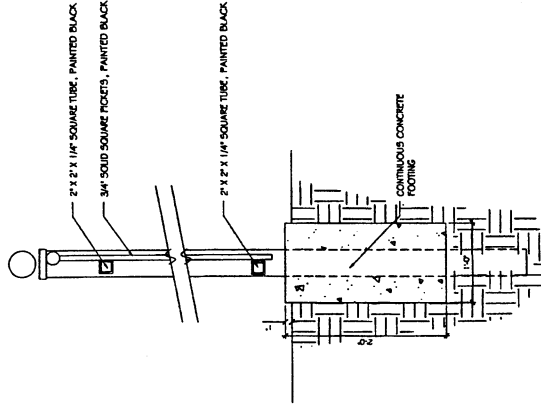
National Institutes of Health

NOT CLASSIFIED, LAW ENFORCEMENT SENSITIVE, WORKING DRAFT, IN NAME OF PUBLICITY

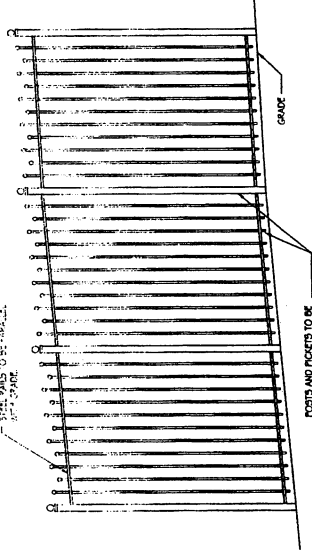


RESIDENTIAL FENCE
SCALE: 3/4" = 1'-0"

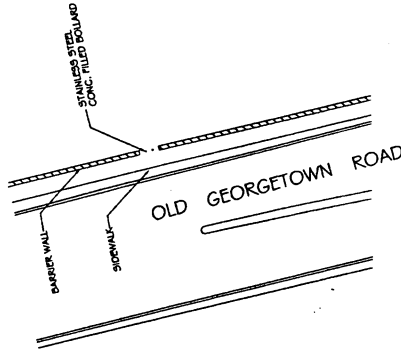
- NOTES:
1. FENCE WILL SLOPE WITH GRADE WITH HORIZONTALS BEING PARALLEL WITH THE GROUND AND VERTICALS ALWAYS PLUMB.
 2. GRIND ALL EXPOSED WELDS SMOOTH.
 3. FINISH WILL BE BLACK POWDER COAT.



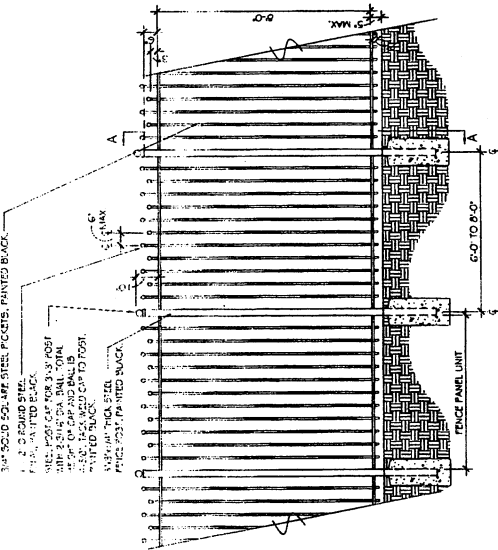
SECTION 'A' - PICKET POST AND FOOTING
SCALE: 1 1/2" = 1'-0"



PEDESTRIAN FENCE ELEVATION AT VARIABLE SLOPE
SCALE: 1/2" = 1'-0"

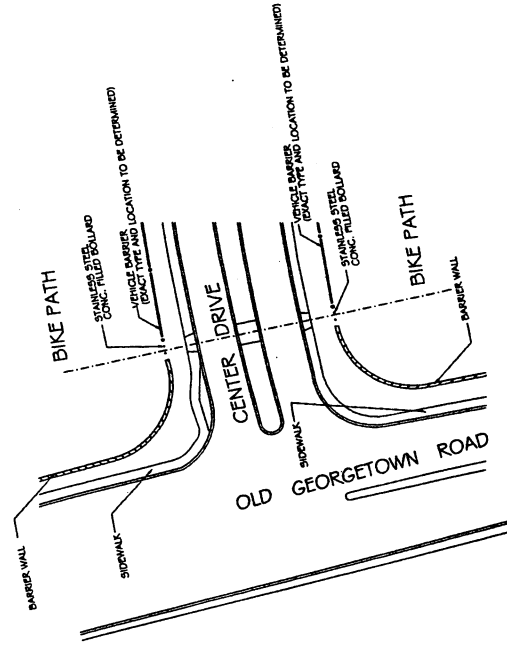


BARrier WALL PEDESTRIAN ACCESS 2
SCALE: 1" = 30' (PRELIMINARY DESIGN)



PEDESTRIAN FENCE ELEVATION
SCALE: 1/2" = 1'-0"

- NOTES:
1. FENCE WILL FOLLOW THE SLOPE OF THE LAND, WITH HORIZONTAL RAILS PARALLEL TO THE GROUND AND VERTICALS ALWAYS PLUMB.
 2. ALL STEEL SHALL HAVE A YIELD STRENGTH OF 50 KSI MINIMUM.
 3. STEEL SHALL BE SAND BLASTED, PAINTED WITH 2 COATS EPOXY PRIMER, AND THEN FINISHED WITH 1 COAT OF THERMIC PAINT.
 4. FINISH SHALL BE SHIP PAINTED. ONLY TOUCHING UP PAINT WILL BE PERMITTED IN FIELD.
 5. GRIND ALL EXPOSED WELDS SMOOTH.
 6. EXPANSION CONNECTION TO BE PROVIDED EVERY 20 FENCE PANELS.



BARrier WALL PEDESTRIAN ACCESS 1
SCALE: 1" = 30' (PRELIMINARY DESIGN)



PEDESTRIAN FENCE DETAILS National Institutes of Health

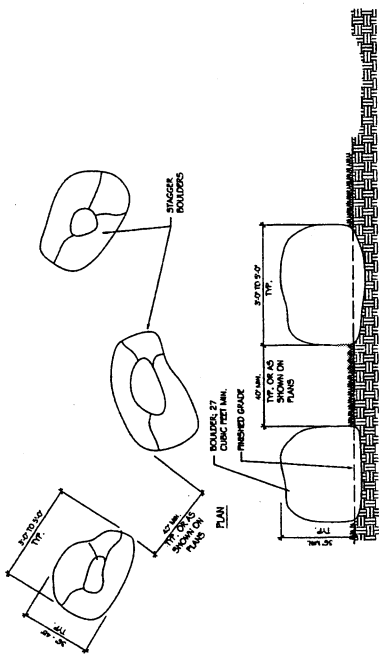
NOT CLASSIFIED. LAW ENFORCEMENT SENSITIVE. DO NOT DUPLICATE.



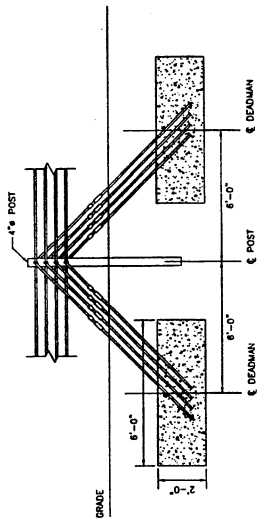
VEHICLE BARRIER DETAILS

National Institutes of Health

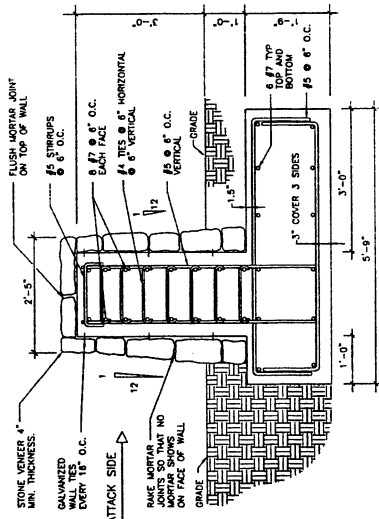
NOT CLASSIFIED - LAW ENFORCEMENT SENSITIVE - DO NOT DUPLICATE



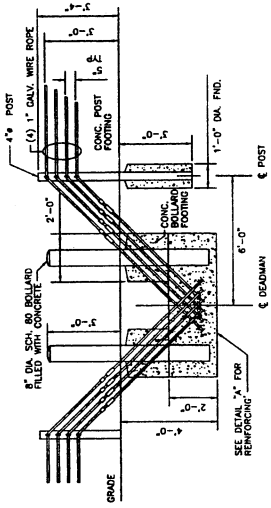
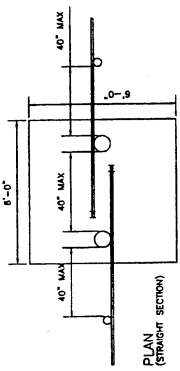
BOULDER BARRIER
SCALE: 1/2" = 1'-0"



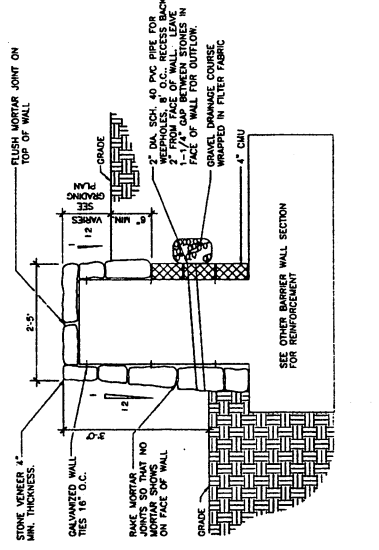
CABLE BARRIER AT INTERMEDIATE POST
SCALE: 1/2" = 1'-0"



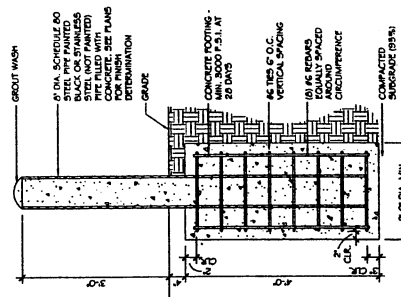
BARRIER WALL
SCALE: 1" = 1'-0"



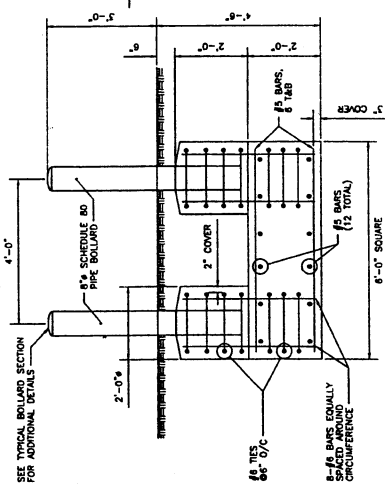
CABLE IN BARRIER AT BOLLARDS
SCALE: 1/2" = 1'-0"



BARRIER WALL
SCALE: 1" = 1'-0"



TYPICAL BOLLARD SECTION
SCALE: 1" = 1'-0"



DETAIL "A" - BOLLARDS AT ACCESS OPENING
SCALE: 3/4" = 1'-0"

NOTES:
1. ALL COMPONENTS SHALL BE PAINTED BLACK.

NOTE: ALL BOLLARD SURFACES SHALL BE SAND BLASTED, PAINTED WITH 2 COATS OF EPOXY PRIMER, AND THEN FINISHED WITH 1 COAT OF THERMASEAL. ALL PAINTING SHALL BE PERMITTED IN FIELD. ONLY TOUCHING UP OF PAINT WILL BE PERMITTED IN FIELD.



THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

MEMORANDUM

TO: Community Members
 FROM: Kristin O'Connor
 SUBJECT: Community Concerns on the NIH Perimeter Fence Project
 PLACE: Bethesda-Chevy Chase Services Center
 DATE/TIME: September 25, 2002 Meeting, 7-9 PM

The purpose of the meeting was to provide an opportunity to express concerns regarding the NIH perimeter fence proposal. The comments from the community are recorded in the following:

NIH SHOULD...

- Mitigate for impacts for fence.
- Minimize fence.
- Provide pedestrian access, especially from Old Georgetown Road.
- Provide liberal access/public access.
- Allow for key access- McKinley, Battery, Maple Ridge, North Brook.
- Draft a binding TMD for NIH/Medical Center.
- Provide a Class I bike loop (10' minimum) around campus, no compromises.
- If bus, provide shelters.
- Fund Ride-On Instead of campus shuttle.
- Provide coffee shop and restrooms at future visitor's center.
- Provide a rent a bike station (storage, repair, rental).
- Consider loss of property values from not being able to walk to metro.
- NIH provides access to foreign researchers, why not US citizens?
- If Fence is built, then build the bike path at the same time.
- Provide long-term access clearance, what are the long-term guarantees.
- Provide Path through Battery Park.
- Provide for access for evening classes or events (sports, fitness, etc.)
- Exclude the Natcher Bldg. And others outside the fence.
- Conduct a Transportation Review.
- Provide bike racks, handicapped access.
- Paint fence green to match the green buffer and open space and preserve the campus-like atmosphere.
- Provide Optical scanning for security so neighbors can access campus to walk through.
- Provide Bus shuttle thru campus.
- Use Color-coded card.
- Provide bio-medical scanning.
- Partner with Metro/Wmata.
- Hire additional guards instead of paying for shuttle bus service.
- Provide free access to all.
- Provide a ped/bike/bus corridor thru campus (N/S and E/W).

NIH Should (continued)....

Review other NCPC “standards” or “methods” for security instead of the fence.
Acknowledge that the community has as much of a concern as NIH does.
Review other facilities pedestrian guidelines? (i.e., the White House, etc.); Other facilities allow for pedestrian access.
Remove hazards on the Bethesda Campus.
Restrict flood lights for pedestrian paths; use cut-offs for the paths
Why not present ID at all gates?
See household survey.
Maybe they need another classification system.
Satisfy late night workers.
Need balance between neighborhood and NIH for security.
Need emergency access – a regulatory issue for hospital, OSHA issues for employees to escape.
New access route to metro must not take longer than access to next station.
Must address cut-thru traffic (BAG, police enforcement of traffic regulations)
Convenient cross campus access to metro.
Design the pedestrian access points so that they can be accessible to the public.
Shuttle is not an acceptable solution. Not convenient.
Pedestrian access AKA employee/pedestrian access should operate on Metro’s schedule
Metro to Suburban Hospital circulate.
Move hazardous operations to Ft. Detrick.
Pull fences in to the core of buildings (see map provided).
Guards should be able to process pedestrians.
Visitors center should be constructed to open to the south for easy access.
Include government employees.
Expand access to residents.
Fence should go inside the Library and other non-essential Bldgs.
Fence along interior street/pedestrian corridors.
Bus is not acceptable.
Provide pedestrians a keycard; set up criteria and follow it, if lost set up a system.
Access thru gate for all neighbors (using SSN, birth dates. Etc.).
Mitigation efforts should be a part of the project.
Minimize the fence.
Public access to metro for students, kids, guests.
Current public access points should be retained (they are est. in the 1995 Plan).
Class I bikeway with project (not as a separate project for the future).
Not a substandard bikeway.
Include bus shelters.
Fund Ride-On for best routes (combine routes for the area); increase the service for the area.
Ride-On Service thru campus.
Provide a “Bike station” (bike store, rentals, maintenance, restrooms, etc.)
Provide a TMP for the area.
Pedestrian overpasses around campus.

NIH Should (continued)...

- Complete the footpath at the same time.
- Do a cost-benefit analysis on the fence.
- Make sure there is funding the Class I bike path.
- Maintain the south side of campus, especially with a new fence (over growth, etc.)
- 10' pavement for the bike path is too wide.
- Citizen's assoc could work with NIH for keycards.
- Provide special keycards to citizens (like UPS, contractors, etc.)
- Plan to accommodate for evening events.
- Plan to not include the library in the fence.
- Issue the same ID's to pedestrians as they give to foreign nationals.
- Parking along Cedar. Is it going to stay?
- Do not add a bus. It will only clog our streets; bring back the Ride-ons.
- Make a larger effort to communicate with the community.
- Pay extra for added security, raise salaries and hire full number of employees.
- Reconsider other alternatives (thumbnail security, color-coded cards).
- Spend money on technology that would allow for access.
- Allow citizens to spend own money for keycard access.
- Take money for buses and hire security staff.
- Consider that there are casual users for Metro.
- Metro is a public facility; federal money is spent on Metro.
- Provide free access (i.e., cameras, etc.).
- Shuttle will not operate in 15-minute intervals.
- Provide a Bus corridor through campus.
- Take NCPC standards and look at other alternatives (barriers, landscaping, etc.).
- Realized that neighbors are also in the same situation.
- Guidelines for pedestrian security? No GSA requirements.
- Place lab in Frederick.
- Remove targets/move security threats from corners of campus.
- Do not use flood lights to light path/Instead use cut off lights around campus.
- NIH should use IDs at pedestrian/vehicle access points.
- Not use IDs at IDs at " ".
- Put fences around areas that need it (i.e., not around the hospital).
- Research other classifications for security – look to change the process.
- Look at policies for late night workers and pedestrians.
- Complete an independent study of pedestrians on campus – if low, why not allow for pedestrians?
- Allow access to Medical Center Metro, athletics, and evening classes.
- OSHA issue, if accident the hospital needs egress and ingress.
- Get rid of bio-terrorist lab (Level 3).
- Question the location of the proposed lab.
- Have bus run on a schedule.
- Look at increase in cut thru traffic situation.
- Clarify the security remaining once fence is built.

NIH Should (Continued)...

Maintain the current security presence in all major buildings and maintain pedestrian access to the majority of campus.

Build the new Level 3 laboratory in the interior of campus.

Maintain reasonable security on all vehicles entering the campus, including visual inspections of the driver and vehicle to ensure that the authorized driver is not bringing unintended weaponry into campus.

Exclude all parking from the perimeter fence project as vehicles present the largest potential security threat.

Exclude public facilities such as Natcher Conference Center and NLM from the fence. Clinical facilities such as the hospital and the Children's Inn should also be considered for exclusion.

Build around the facilities in the center of campus that truly require a perimeter fence.