



Alerts
Initiatives
Communication

from the Office of Research Services

News: To Use!



Projects
Information
Customer Feedback

April, 1996

In this Issue...

- [Clinical Research Center Planning Begins](#)
- [Employee Recognition](#)
- [Apprenticeship](#)
- [Master Plan](#)
- [Security Measures](#)
- [We mourn the loss of Michele Shevitz](#)
- *and as always,*
- [Fax Us a Line!](#)

Clinical Research Center Planning Begins!

Zimmer Gunsul Frasca Partnership (ZGF), the accomplished Oregon architectural firm, has been chosen to design the new hospital and laboratory building that will be attached to the existing Clinical Center.

A very interactive process between the architects and the NIH community is about to begin, with over ten months of interviews planned. A November letter to the NIH Selection Panel members from ZGF principal Robert Frasca explained that

"no architect can do it alone. For a building to be adequately endowed, many people, especially the inhabitants, have to invest their energies in ways that may never have been contemplated. It is getting as many people as possible involved with making a building and caring for it."

From the intricacies of the operating rooms to the number of closets that are needed, the architects are encouraging input. They will return to the same people two or three times over the course of the planning period, to alleviate the pressure that people might experience if they feel they have only one chance to make their statement. To coordinate information and assistance for the architects and builders, NIH has organized Clinical, Scientific and Technical Process Action Teams. The Technical Team will be lead by Dr. John Gallin, Dr. Michael Gottesman, and Mr. Steve Ficca, respectively. The Technical Team will collaborate with ZGF on issues such as parking, traffic, security, safety, and all aspects of the general construction process. ZGF will open a Washington area office during 1996 and will work with organizations that have specific expertise in lab planning and in health care facilities. Metcalf-Tobey-Davis of Reston, Virginia will provide local coordination.

Zimmer Gunsul Frasca was the American Institute of Architects' Firm of the Year in 1991 and has won two very prestigious awards for laboratory design. Most of ZGF's impressive projects are in the West, such as the Fred Hutchinson Cancer Institute in Seattle. ZGF is currently designing the Johns Hopkins Cancer Research Lab in Baltimore. Opening Day of the NIH Clinical Research Center should be sometime during the year 2002!

Information: George Williams 6-8102

Employee Recognition: how far can it go?

In response to a January **News** article that praised those who worked so hard to clear the snow away, one of our readers faxed us a note suggesting cash awards for everyone who worked during the snowstorms and furlough.

HHS Instruction 451-1 states that Special Act or Service Awards may be granted for one time occurrences for work performed either within or outside normal job responsibilities. The nature of this work may be an act of heroism, a special project, an assignment that involved overcoming unusual difficulties, or the performance of assigned duties that resulted in significant economic benefit to the NIH, or important contributions to science or research.

While ORS appreciates recognition of our dedicated employees, cash awards cannot be granted to employees who were excepted from the furlough, nor to those who were designated for duties caused by the snow, unless certain duties met the above definition. Although those who were sent home were paid, that is not enough of a reason to grant cash awards to those who were not sent home. ORS thanks this reader for the opportunity to remind all NIH managers of this provision for tangible recognition, and encourages such action when appropriate.

**Information:
Your ICD's Personnel Office**

Correction:

Bethesda Room Phone No. is 402-3165...

**Contact person:
still Lilly Talbott!**

NIH Enhanced Security Measures

Two months after the bombing of the Murrah Federal Building in

Oklahoma City, the Department of Justice (DOJ), as directed by President Clinton, published a study of

the vulnerability of federal office buildings to acts of terrorism and other forms of violence. The study, entitled "

VULNERABILITY ASSESSMENT OF FEDERAL FACILITIES," proposed minimum security standards for federal buildings and recommended that all federal facilities be upgraded to meet those standards to the extent feasible.

The objective of the study was to protect federal employees and citizens who work in or visit federal facilities daily. As part of the DOJ study, a standards committee developed 52 security standards dealing with such items as perimeter parking, lighting, physical barriers and closed circuit television monitoring. Additional standards were recommended for security at entrances and exits, employee and visitor identification, and the operation of day care centers.

Five levels were identified ranging from Level 1, minimum security (typically, leased facility with 10 or less employees such as a small post office) to Level 5, maximum security, (a building such as the Pentagon or CIA headquarters with large employee population and critical national security mission. The greater number of standards and more sophisticated security measures apply to Level 5 buildings and their occupants: the number of security standards lessen as the Levels decrease.

While this study prompted immediate facility assessments throughout the government, the NIH Office of Research Services, Division of Public Safety (DPS), was already winding down a year long vulnerability assessment study of all on and off campus buildings. The DPS findings and recommendations could now be applied to the standards provided by the DOJ. The "NIH Security Assessment" report was finalized and issued 6 weeks after the DOJ study was released.

The ORS Advisory Committee reviewed the NIH Security Assessment report and strongly endorsed several recommendations that could be implemented quickly. Three of these recommendations are:

1. Require employees and contractors to obtain and wear identification ID cards in NIH facilities

- on and off campus-at all times.

2. Require all ID cards, card keys, metal keys and parking permits to be surrendered when leaving NIH

and

3. Recommend that movable, theft-prone equipment, such as computers and balances , should be secured by cabling or other devices.

As you can see, these security standards are fairly easy to adhere to and will require a minimum amount of effort from the NIH employees. However, they are seen as major steps in helping to secure the NIH and protecting our every day work environment.

For the longer-term initiatives, the DPS will work with the ICDs to establish building Security Advisory Committees, to include building occupants, to review their building's specific security needs and make recommendations. Many of these Security Advisory Committees will actually be set up for "clusters" of similar buildings, based on type of use (lab, office, clinical, animal), size, location or other appropriate category. This

will help create more uniform security measures among similar types of buildings. It will also help address the balance that must be maintained among:

- the security of the occupants of an individual building,
- the risk/cost benefit of any security enhancements
- the need for NIH staff to move freely between NIH buildings
- the need for NIH staff to receive colleagues, patients and other visitors

These proposed recommendations were presented to the NIH Scientific Directors, Executive Officers and the ICD Directors and received unanimous approval from all groups. The DPS is now in the process of developing an implementation plan that will ultimately be captured in a new NIH Manual Issuance.

We expect the NIH security standards policy to be in place by mid-summer. It can be a success if we all join together as partners to make it one. Each of us must do our share to make NIH less vulnerable to the many unforeseen elements that may seek to disrupt or destroy the wonderful research work that is done

here. We can begin this partnership mission by wearing our ID cards, securing our equipment, turning in our keys, and by reminding others to do the same.

Information:

Deborah Thomson 6-9818

NIH 20 Year Master Plan:

approved, with high praise

At its February hearing, the National Capital Planning Commission (NCPC) granted approval of the NIH Master Plan for the

Bethesda Campus. The Master Plan will guide and coordinate the next twenty years of physical development on the Bethesda Campus in terms of buildings, utilities, roads, landscaping, and various amenities. It is not a budget or program plan. Implementation of any project included in the plan is dependent on future funding and policy decisions. The Master Plan is a *guide*, mapping out logical development for the campus. If and when it does occur is another matter.

The plan was developed by the Facilities Planning and Programming Branch of the Division of Engineering Services-and its team of consultants-in cooperation with other divisions of ORS, scientific representatives of the ICDs, and ICD and NIH management. **The Office of Community Liaison did an outstanding job in establishing a process to involve community leaders in the development of the Plan.**

The extensive time and effort that went into the development of the Master Plan paid off, as is evidenced in the following quote from the NCPC approving letter, applauding the NIH planning team for its

"...creative and practical framework which will guidenew development." The letter went on to state that, *"this Master Plan serves as a model for other Federal installations to follow. The Master Plan*

and supporting technical reports are among the highest quality ever submitted to the Commission. "

Copies of the Master Plan and the associated Environmental Impact Statement are available for review at the Environmental Reading Room(31/2B04).

Information:

Stella Serras-Fiotes 6-5037

Extra, Extra: more News!

In response to frequent requests for extra copies of **News: to Use!**, the Printing and Reproduction Branch (PRB) of the Division of Support Services is pleased to offer additional copies of each current issue until the supply runs out.

Information:

Shirley Clagett 6-4808

NIH Apprenticeship Program:

upward mobility for tradespeople

The NIH Apprenticeship Program began in 1978 as evidence of NIH's commitment to upward mobility and quality employment opportunity for its permanent employees. Managed with enthusiastic stewardship by DES, 72 apprentices participated in the program between 1978 and 1994. Of the 72, 75% were minorities and lower graded employees.

The Apprenticeship Program Committee met in February of 1996 to determine the types of trades that are most needed at this time and the number of apprenticeships that can be offered. The total is dependent on staffing and budget allocations, and the training opportunities are chosen from the following trades:

utility systems repairer/operator, air conditioning mechanic,

sheet metal mechanic, boiler plant operator, elevator mechanic, electrician, carpenter, and plumber.

Interested parties-**only permanent NIH employees are eligible**-should watch for posters announcing the chosen training categories. As soon as posters appear, in mid-April, application forms will be available. Applicants should

have an updated SF171 ready, as well as a high school transcript if possible. The candidates most likely to be chosen should possess the following:

- **a high school diploma or G.E.D.**
- **good communication skills**

- **good math skills *and***
- **the desire to learn and succeed!**

In addition to the on-the-job training that is part of the program, NIH contracts with Montgomery College (MC) to provide formal apprenticeship education. MC offers related courses that any interested person can take, independent of the program.

Many graduate apprentices have successfully made the transition to challenging and responsible positions. Mr. Steve Ficca best summed up the unique worth of this effort at the last graduation ceremony when he said, "The program nurtures the overall mission of the NIH by providing equal opportunity gateways to gain skilled, well-qualified and valued craftspeople for operations and maintenance of NIH's research facilities."

Information:

Ron Poole 2-3441

Mission:

Communications

The purpose of this newsletter is to inform & communicate with the entire NIH community about ORS projects, policy changes & initiatives that could be of immediate practical interest, along with some items that might be

filed away for possible future use. The Office of Research Services directly affects you and the place where you spend your whole day-your office, your building, your entire organization. Your satisfaction is our utmost concern.

Please let us hear your ideas and comments.

We mourn the loss of Michele Shevitz

Michele F. Shevitz, a friend to so many ORS and NIH employees and contractors, died suddenly on March 8 after a car accident in Howard County. Michele, who held the position of Supervisory Purchasing Agent for the Office of Research Services, began her NIH career in 1965 as a Clerk-Steno in NIMH. Aside from taking a 4 year break to devote to her family, she was with NIH-working for NINDS, NINCDS, NCI and ORS-for over twenty years. She is survived by Alan, her husband of 28 years, their two children, Brooke and Kevin, her parents, a sister, nieces and nephews. Michele was enthusiastic about so many things-in addition to family and work, she loved bowling, baseball, and watching her

husband umpire. When the R&W had Orioles season tickets for sale, she was first in line! As busy as Michele was, she found the time to knit afghans for family and friends *and* for residents of nearby nursing homes. She will be greatly missed for her sense of humor, her compassion, and her work ethic. In loving memory of Michele, The Brooke Shevitz Education Fund was established by the DCASA Umpire

Association.



Mr. Steve Ficca, the Associate Director for Research Services, would like to respond to your questions, comments and

suggestions...or is there anything you would like to know about the Office of Research Services but were afraid to ask? Here is your chance!

[Click here for copy of form to fax to Mr. Ficca's office at 402-0604.](#)

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