Memorandum

Date MAR 19 1999

From June Gibbs Brown
Inspector General

Subject Review of the National Institutes of Health Printing Program (CIN: A-15-98-80001)

To Harold E. Varmus, M.D.
Director
National Institutes of Health

The attached final report provides you with the results of our review of the National Institutes of Health (NIH) Printing Program. We reviewed whether NIH's printing program complied with laws and regulations applicable to the Government Printing Office's Federal Depository Library and Cataloging and Indexing Programs.

In written comments dated January 29, 1999, NIH officials fully concurred with our findings and recommendations and stated that NIH's goal is to be in complete compliance with Federal printing rules and procedures.

We would appreciate your views and the status of actions taken or contemplated on our recommendations within the next 60 days. If you have any questions, please call me or have your staff contact Joseph J. Green, Assistant Inspector General for Public Health Service Audits, at (301) 443-3582. To facilitate identification, please refer to Common Identification Number A-15-98-80001 in all correspondence related to this report.

Attachment

OTHER MATTERS

The NIH components improperly printed items through commercial vendors that should have gone through GPO in Fiscal Year (FY) 1997. Responsible NIH officials were aware of the requirement to print through GPO, but chose to obtain printing services from commercial vendors because the officials felt the commercial vendors were cheaper and faster than GPO. None of the unauthorized printing jobs that were in our sample were sent to GPO for FDLP and C&I purposes. Had they been printed through GPO, as required by law, FDLP or C&I requirements would have automatically been met.

RECOMMENDATIONS

We recommend that the Director of NIH direct the Division of Support Services to ensure:

1. all affected Institutes are aware of their responsibilities regarding FDLP, through dissemination of FDLP requirements and GPO contact points;

2. all affected Institutes are aware of their responsibility to send a copy of each printed item to GPO for C&I purposes;

3. the responsible Institutes provide the required number of FDLP copies to GPO, for sampled items that GPO has identified as being of current public interest;

4. the responsible Institutes provide one copy of each item to GPO for C&I purposes, for sampled items that GPO has identified as not having received copies;

5. the NIH begins monthly reporting to GPO on all publications printed through sources other than GPO;

6. Printing and Reproduction Branch (PRB) printing officials adhere to printing requirements at 44 United States Code (U.S.C.) Section 501 when providing printing services for NIH components that do not have independent printing authority; and

7. the NIH components that do not have independent printing authority are aware of the requirement to print through GPO and, to the extent possible, ensure that only authorized National Research Institutes are printing commercially.

In its January 29, 1999 written comments to our October 20, 1998 draft report, NIH fully concurred with our recommendations. The NIH stated that its goal is to be in complete compliance with Federal printing rules and procedures, as the dissemination of information is of vital importance to the NIH mission. The NIH further stated that our review and NIH's follow-up actions will result in improvements to NIH's dissemination role.

In addition, NIH provided technical comments, which we have incorporated where appropriate. We have summarized NIH's comments in the report section entitled "NIH Comments and OIG Response." The full text of NIH comments is included as Appendix A.

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

REVIEW OF THE NATIONAL INSTITUTES OF HEALTH PRINTING PROGRAM

JUNE GIBBS BROWN
Inspector General

MARCH 1999
A-15-98-80001

EXECUTIVE SUMMARY

BACKGROUND

In November 1988, the National Institutes of Health (NIH), specifically the Director of each National Research Institute, was given the authority to use sources outside of the Government Printing Office (GPO) to publish, or arrange for the publication of, information with respect to the purpose of NIH. Because NIH has this authority, it is responsible for ensuring that GPO receives an adequate number of copies of publications for distribution to Federal Depository Libraries (FDL), as well as one copy for GPO to use for Cataloging and Indexing (C&I). The NIH is also required to report to GPO a list of all publications that NIH has published in the previous month.

OBJECTIVES

The objectives of this review were to evaluate costs associated with printing NIH products, as well as access to these products. However, upon completing initial survey work, we determined that it would not be feasible to perform a printing cost analysis between NIH and GPO because we could not obtain comparative cost figures for either organization. Our review of access to NIH printed products included issues regarding dissemination to GPO for purposes of the FDL program (FDLP) and GPO's C&I program.

SUMMARY OF FINDINGS

The NIH did not always provide copies of printed publications to GPO for distribution to the FDLs, or provide single copies to GPO for C&I purposes. In addition, NIH did not report its monthly commercial printing activity to GPO. While printing officials were generally aware of FDLP, they did not contact GPO to determine FDLP requirements for individual publications. In some cases, the printing officials categorized individual publications as being administrative in nature and, therefore, determined GPO did not require them for FDLP. In other cases, printing officials used a GPO listing of publications provided by GPO to determine FDLP requirements. Responsible officials at one Institute had no knowledge of FDLP prior to being notified of our audit, and none of the NIH officials we interviewed were aware of a separate monthly reporting requirement. By NIH not providing copies of publications to GPO for FDLP distribution, Depository Libraries, and the public who use them, do not have ready access to documents to which they are entitled, that were printed with taxpayer funding. The lack of monthly commercial printing reports and single-copy submissions to GPO prevents it from fully accounting for NIH's commercial publications and preparing an accurate comprehensive index of public documents.

TABLE OF CONTENTS

INTRODUCTION

BACKGROUND

The NIH mission is to uncover new knowledge that will lead to better health for everyone. One of the ways NIH works toward that mission is by fostering communication of biomedical information. The audience for NIH publications is diverse, and includes the general public, patients, health professionals, scientists, and researchers.

In accordance with 44 U.S.C. Section 501, all printing for Congress, the Executive Office, the Judiciary, other than the Supreme Court of the United States, and every executive department, independent office and establishment of the Government, is required to be done at GPO. However, certain organizations, including components of NIH, are exempt from this general printing requirement. In November 1988, NIH, specifically the Director of each National Research Institute, was given the authority to publish, or arrange for the publication of, information with respect to the purpose of NIH without regard to 44 U.S.C. Section 501. Conversely, all NIH Centers, Divisions, and other entities that cannot be classified as a National Research Institute are not exempted from the GPO printing requirements and must abide by 44 U.S.C. Section 501.

Government publications are generally to be made available to the public through FDLs, which are distributed by the facilities of the GPO Superintendent of Documents for public information. The Superintendent of Documents informs Government components ordering printing, the number of copies of their publications that are required for distribution to FDLs. Related costs are charged to appropriations provided the Superintendent of Documents for that purpose. However, Government components such as NIH, which obtain publications from sources other than GPO, must bear the cost of printing and binding publications that it furnishes to GPO for distribution to FDLs. Each of these Government components are also required to furnish the Superintendent of Documents a list of such publications issued during the previous month, that were obtained from sources other than GPO.

The Superintendent of Documents is required to prepare and publish a comprehensive index of public documents at the close of each regular session of Congress. To facilitate the Superintendent of Document's accomplishment of this endeavor, the head of each executive department, independent agency, and establishment of the Government must provide to him a copy of every document issued or published.

Within NIH's Office of the Director, the Division of Support Services (DSS) establishes policy for the management of NIH's printing program. The DSS also has responsibility for managing printing contracts and providing technical assistance. National Research Institutes can either obtain printing services through DSS or can contract directly for printing services. Printing for all other NIH components is required to be approved by the NIH Printing Officer and accomplished through GPO.

In response to a January 1997 request from the Deputy Assistant Secretary for Information Resources Management, we conducted a limited review of the NIH printing program. We judgmentally selected a sample of six commercial printing jobs from three Institutes, and reviewed associated costs, as well as compliance with FDL requirements, for each. Because our results were inconclusive, and the Joint Committee on Printing (JCP) has expressed interest in this area, we conducted a more detailed review of NIH's printing program.

OBJECTIVES, SCOPE, AND METHODOLOGY

The objectives of this review were to evaluate costs associated with printing NIH products, as well as access to these products. However, upon completing initial survey work, we determined that it would not be feasible to perform a printing cost analysis between NIH and GPO because we could not obtain comparative cost figures for either organization. Our review of access to NIH printed products included issues regarding dissemination to GPO for purposes of FDLP and GPO's C&I program.

Our review covered NIH's FY 1997 commercial printing activity, as reported semiannually to JCP. Based on discussions with officials from NIH's PRB, we excluded from our printing universe, pre-press design work that was reported by the Medical Arts and Photography Branch, as well as reprint purchases. Our printing universe, after exclusions, totaled 739 printing jobs at a value of about $4.8 million.

Using a random number generator, we selected a statistical sample of 100 printing jobs for detailed evaluation. In order to minimize GPO resources that would be needed to analyze our statistical sample, we used GPO-published criteria and NIH file data to identify and remove 36 items from our sample that were not of public interest and, therefore, were not subject to FDL requirements. The GPO Depository Administration Branch Chief further identified 2 additional items to be removed, which left us with a sample size of 62 items.

We reviewed current laws and regulations governing Government printing operations, specifically, applicable sections of 44 U.S.C Chapters 17 and 19. We evaluated NIH's interpretation regarding its authority to print separately from GPO; and NIH's compliance with applicable reporting requirements. With the GPO Depository Administration Branch Chief's assistance, we determined whether NIH provided copies of publications to GPO for distribution to FDLs, where applicable,[1] for our 62 item sample. Where FDL copies were not required, we determined whether NIH provided single copies of publications to GPO for its C&I program. We relied on GPO's records for determining FDL and C&I requirements, and on both GPO and NIH records to determine NIH's corresponding level of compliance.

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[1] The GPO staff obtained the FDL requirements for our sample from an on-line data base; therefore, the number of copies cited reflect requirements in effect on the date(s) of GPO's inquiries. According to GPO officials, the requirements can fluctuate, nominally, on a daily basis.

We conducted interviews, as needed, with GPO officials responsible for administering FDLP acquisitions; NIH officials in charge of administering NIH's printing operations; and officials at the individual Institutes who were responsible for overseeing their respective printing operations.

Because much of the material included in our report was based on information and material provided by GPO officials, we provided them with a copy of the draft report for their review and input on the report's technical aspects.

Our review was conducted at NIH locations in Rockville, and Bethesda, Maryland, from October 1997 through August 1998, and was performed in accordance with the "Government Auditing Standards," issued by the Comptroller General of the United States.

RESULTS OF REVIEW

THE NIH DID NOT ALWAYS COMPLY WITH FDLP OR GPO'S C&I REQUIREMENTS

The NIH did not always provide copies of printed publications to GPO for distribution to the FDLs, or provide single copies to GPO for C&I purposes. In addition, NIH did not report its monthly commercial printing activity to GPO. While printing officials were generally aware of FDLP, they did not contact GPO to determine FDLP requirements for individual publications. In some cases, the printing officials categorized individual publications as being administrative in nature and, therefore, determined GPO did not require them for FDLP. In other cases, printing officials used a GPO listing of publications provided by GPO to determine FDLP requirements. Responsible officials at one Institute had no knowledge of the FDLP prior to being notified of our audit, and none of the NIH officials we interviewed were aware of a separate monthly reporting requirement. Because NIH did not provide copies of publications to GPO for FDLP distribution, Depository Libraries, and the public who use them, do not have ready access to documents to which they are entitled, that were printed with taxpayer funding. The lack of NIH's monthly commercial printing reports and single-copy submissions to GPO prevented it from fully accounting for NIH's commercial publications and preparing an accurate comprehensive index of public documents.

FDLP and C&I Requirements

FDLP Requirements

According to 44 U.S.C. Sections 1902-1903, Government publications are generally required to be made available to FDLs through the facilities of the Superintendent of Documents for public information. Exceptions are those publications determined by their issuing components to be required for official use only or for strictly administrative or operational purposes which have no public interest or educational value, and publications classified for reasons of national security. The number of copies may fluctuate to equal the number of FDLs requesting the respective publications. In addition, Government components such as NIH, which obtain publications from sources other than GPO, are required to furnish the Superintendent of Documents a list of such publications issued during the previous month, that were obtained from sources other than GPO. Government components which print solely through GPO are exempt from this monthly reporting requirement.

C&I Requirements

The head of each executive department, independent agency, and establishment of the Government is required by 44 U.S.C. Section 1710, to deliver to the Superintendent of Documents a copy of every document issued or published by the department, bureau, or office that is not confidential in character. The GPO catalogs and indexes each of these documents it

receives and, at the close of each regular session of Congress, the Superintendent of Documents prepares and publishes a comprehensive index of public documents.

The NIH did not Always Provide FDLP and C&I Copies, or Report Monthly Printing Activity, to GPO

The NIH did not always provide copies of printed publications to GPO for distribution to the FDLs, or provide single copies to GPO for C&I purposes. In addition, NIH did not report its monthly commercial printing activity to GPO.

FDLP and C&I Copies not Provided to GPO

Our review of a statistical sample of 62 publications, detailed in Appendix B, showed that 46 publications required FDLP copies and all 62 publications required single copies for C&I. However, NIH provided an adequate number of copies to GPO in only 10 instances.[2]

- The NIH PRB, which provides a centralized printing function at the request of NIH components, comprised the largest number of publications in our sample, at 46 items. According to GPO's records, 32 of the publications required FDLP copies and PRB complied with FDLP requirements for only four publications.

- The National Cancer Institute (NCI) Office of Cancer Communications had the most reported commercial printing activity of all the National Research Institutes, with 14 publications represented in our sample. The GPO's records confirmed that 12 of the publications required FDLP copies; and NCI sent an adequate number of copies to GPO for six publications.

- The National Institute on Mental Health (NIMH) and National Institute of Alcohol Abuse and Alcoholism (NIAAA) each had one publication in our sample. The GPO's records showed that both publications required FDLP copies, but neither Institute sent copies to GPO at the time of the respective publications' printing. After being notified of our audit, NIAAA officials contacted GPO to obtain FDLP counts for not only the item in our sample, but for their other commercially printed items as well.

Reports on Monthly Printing Activity not Provided to GPO

The NIH did not report its monthly commercial printing activity to GPO. The semiannual commercial printing report for JCP constitutes the only external reporting done by NIH. The

[2] According to GPO officials, when GPO receives publications for FDLP, one copy is retained at GPO for C&I. Therefore, compliance with FDLP requirements, in effect, results in compliance with C&I requirements.

GPO officials stated that the monthly report is needed so that GPO can ensure it has received FDLP copies for all applicable publications.

The NIH did not Contact GPO for FDLP Requirements and was not Aware of a Monthly Reporting Requirement

While printing officials were generally aware of the FDLP, they did not contact GPO to determine FDLP requirements for individual publications. In some cases, the printing officials categorized individual publications as being administrative in nature and, therefore, determined GPO did not require them for FDLP. In other cases, printing officials used a GPO listing of publications provided by GPO to make FDLP determinations. Responsible officials at one Institute had no knowledge of the FDLP prior to being notified of our audit, and none of the NIH officials we interviewed were aware of a separate monthly reporting requirement.

Publications Categorized as Administrative

Printing officials at PRB and NCI categorized individual publications as being administrative in nature and, therefore, determined GPO did not require them for FDLP. Both PRB and NCI printing officials thought that only items of broad, public interest were to be sent to GPO, and they used their professional judgment to categorize certain publications as administrative. These officials did not have any written guidance from GPO to assist them in defining which publications should be classified as administrative. However, 36 of 46 sampled publications that NIH printing officials had categorized as administrative were identified by GPO as requiring submission for FDLP.

In addition to requiring copies for FDLP distribution, GPO generally needs a single copy of all publications for C&I purposes. The PRB and NCI printing officials were not aware of this requirement; therefore, when the printing officials properly determined 16 individual publications in our sample were administrative and did not require FDLP distribution, they did not send single copies of the publications to GPO.

GPO Listings Used

The PRB and NCI printing officials used a GPO listing of publications provided by GPO to determine FDLP requirements. The PRB printing official was under the assumption that the listing was a viable source for FDLP information because he had obtained it from his GPO contact person. The PRB printing official stated that he would first consult the GPO listing to determine if a publication required FDLP copies, and if he could not determine FDLP requirements using that source, he called his GPO contact. The NCI printing officer generally used the GPO listing because he said it was not a convenient option to contact GPO for FDLP requirements for every commercially printed publication. If the NCI printing officer and his supervisor determined that a publication was of public interest and a high quantity was being

printed, they required the printing contractor to send several hundred copies to GPO for FDLP distribution.

The GPO listings in use during our audit period were over a year old, but according to the PRB printing official, these listings were the most recent NIH printing officials had received from GPO. However, the GPO Depository Administration Branch Chief informed us that the listings are intended for GPO's internal use only and are not a reliable source for FDLP information. Her reasoning was that FDLP requirements change frequently and, unless NIH constantly obtains updated copies, the above listings quickly become outdated.

The GPO Depository Administration Branch Chief advised that the only way for an Institute to ensure it has properly categorized a publication, and accurately determined the corresponding copy requirement, is to contact GPO for that information prior to printing. Because GPO has not issued any guidance on these matters since 1990, we requested written updated instructions that convey different mechanisms NIH can use to obtain FDLP counts from GPO. In response, the Depository Administration Branch Chief provided us with a GPO Memorandum, shown in Appendix C, which lists several GPO contact persons, and contact methods, for responsible NIH printing officials to use to obtain FDLP requirements.[3]

No Knowledge of FDLP

Responsible officials for one of the Institutes included in our sample had no knowledge of FDLP prior to being notified of our audit. When NIAAA was transferred to NIH in 1992, these officials were aware of their authority to print outside of GPO, which NIH had been granted several years earlier, but were not aware of their corresponding responsibilities regarding FDLP. The NIAAA officials sought out FDLP information after being notified of our audit.

No Knowledge of a Monthly Reporting Requirement

None of the NIH officials we interviewed were aware that they were required to report monthly commercial printing activity to GPO. The GPO officials conceded that GPO has no enforcement authority when it does not receive this monthly report.

The Public does not Have Access to NIH Publications and GPO cannot Fully Account for NIH Publications

Because NIH did not provide copies of publications to GPO for FDLP distribution, Depository Libraries, and the public who use them, do not have ready access to documents to which they

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[3] As a result of our audit, GPO has initiated action to update its 1990 FDLP guidance, Circular Letter 320, *Guidelines for Provision of Government Publications for Depository Library Distribution*

are entitled, that were printed with taxpayer funding. The lack of NIH's monthly commercial printing reports and single-copy submissions to GPO prevented it from fully accounting for NIH's commercial publications and preparing an accurate comprehensive index of public documents.

The Public does not have Access to NIH Publications

The public's lack of access to NIH publications prevents GPO from attaining the purpose and goals of FDLP, which are rooted in these underlying principles:

- A well-informed citizenry, cognizant of the policies and activities of its representative Government, is essential for the proper functioning of democracy; information provided by Government documents is a primary means for citizens to keep informed;

- The public has a right to information contained in Government documents which have been published at public expense; the Government has an obligation to ensure availability of, and access to, these documents at no cost. These documents are a permanent source of Federal information; and

- The Federal Government benefits by realizing efficiencies afforded by a centralized distribution system, such as FDLP, which ensures wide availability of Government publications; individual agencies are able to satisfy much of the public demand for their publications without incurring the costs associated with responding to individual requests for free copies.

The GPO Depository Administration Branch Chief determined that 32 of the 36 sampled items for which GPO required, but did not previously receive, FDLP copies, are still of current public interest. Therefore, GPO has requested that responsible NIH officials send the required number of copies, detailed in Appendix B, to GPO for FDLP distribution.[4]

The GPO cannot Fully Account for NIH Publications

The lack of monthly commercial printing reports and single-copy submissions to GPO prevents it from fully accounting for NIH's commercial publications and preparing an accurate comprehensive index of public documents.

We discussed with GPO officials the possibility of NIH meeting the intent of the monthly reporting requirement by ensuring responsible NIH officials contact GPO prior to printing to obtain applicable FDLP and C&I requirements. Doing so would result in NIH being in

[4] Because NIH officials have been unable to obtain sufficient copies to fulfill FDLP requirements for each publication, GPO has agreed to accept single copies for microfiche distribution.

compliance with both requirements, and GPO having full accountability for NIH's commercially printed publications. The GPO officials acknowledged our rationale, but stated that they did not have the authority to grant NIH a waiver from the reporting statute.

The GPO Depository Administration Branch Chief has requested that responsible NIH officials provide a single copy of the 52 sampled items for which a C&I copy was required, but was not previously submitted.[5]

[5] For the 32 publications requiring FDLP copies, one copy will be pulled for C&I purposes; therefore, no separate C&I copy will be required.

THE NIH COMPONENTS WHICH LACKED AUTHORIZATION PRINTED COMMERCIALLY

The NIH components improperly printed through commercial vendors items that should have gone through GPO in FY 1997. Responsible NIH officials were aware of the requirement to print through GPO, but chose to obtain printing services from commercial vendors because the officials felt the commercial vendors were cheaper and faster than GPO. None of the unauthorized printing jobs that were in our sample were sent to GPO for FDLP and C&I purposes. Had they been printed through GPO, as required by law, the FDLP or C&I requirements would have automatically been met.

The NIH Authorization to Print Outside of GPO

According to 44 U.S.C. Section 501, all printing for Congress, the Executive Office, the Judiciary, other than the Supreme Court of the United States, and every executive department, independent office, and establishment of the Government, shall be done at GPO. However, 42 U.S.C. Chapter 6A Section 284(c)(4) allows each Director of a National Research Institute to publish or arrange for the publication of information pertaining to the Institute without regard to 44 U.S.C. Section 501.

Title 42 U.S.C. Chapter 6A Section 281(b)(1) lists 17 agencies of NIH that are National Research Institutes and thereby have the authority to publish commercially. Additionally, the National Human Genome Research Center became an Institute on January 14, 1997, bringing the total number of National Research Institutes with commercial printing authority to 18.

Section F.2 of NIH Manual 6308, dated October 15, 1993, on acquisition of printing requirements at NIH, further states that all Centers, Divisions, and other entities that cannot be classified as Institutes are not exempted by the PHS Act from GPO printing requirements and must abide by 44 U.S.C. Section 501 and the Government Printing and Binding Regulations. These components must seek approval of their printing requirements from the NIH Printing Officer.

206 Commercial Printing Jobs were Unauthorized

The NIH improperly printed items through commercial vendors for NIH organizations that should have gone through GPO. Our review disclosed that NIH reported 206 commercial printing jobs for organizations that were not National Research Institutes in FY 1997, at a cost of $346,400. As shown in Appendix D, 205 of these printing jobs were handled by PRB, and one was contracted for separately by an NIH Center.

- The PRB provides centralized printing services for NIH; therefore, when an NIH organization contacts PRB to handle its printing, it is PRB which decides whether to contract with GPO or use commercial vendors. The 205 unauthorized, non-Institute printing jobs represent at least 9 different NIH organizations. While these components followed proper procedures by contacting PRB for their printing needs; it was PRB which made the decision to contract commercially rather than go through GPO, as regulations require.

- The Fogarty International Center (FIC) was the only non-Institute to report that it had printed independently. The NIH printing officials told us that additional unauthorized printing may have occurred in FY 1997; however, they are only aware of commercial printing that is reported to them.

The NIH Knowingly Printed Outside GPO

Responsible NIH officials were aware of the requirement to print through GPO. However, these officials told us they chose to obtain printing services commercially because most of their printing requests have tight time constraints and, in their opinion, commercial vendors were faster and cheaper than GPO. Our review did not include a comparison of such costs and, therefore, we cannot verify this opinion, which was contested by GPO.[6]

The NIH did not Meet FDLP and C&I Requirements

None of the unauthorized printing jobs that were in our sample were sent to GPO for FDLP and C&I copies. As shown in Appendices B and D:

- 26 of the 206 (13 percent) unauthorized, commercial printing jobs were in our sample;
- 19 of these 26 required FDLP or C&I copies to GPO; and
- None of the required FDLP or C&I copies associated with these 19 printing jobs were sent by NIH to GPO.

Had these printing jobs gone through GPO, as required by law, the FDLP or C&I requirements would have automatically been met. Although the remaining 180 unauthorized printing jobs were not part of our sample, the potential exists that a portion of them would have required FDLP and/or C&I copies, and this requirement would not have been met.

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[6] Upon completing initial survey work, we determined that it would not be feasible to perform a printing cost analysis between NIH and GPO because we could not obtain comparative cost figures for either organization.

RECOMMENDATIONS

We recommend that the Director of NIH direct DSS to ensure:

1. all affected Institutes are aware of their responsibilities regarding FDLP, through dissemination of FDLP requirements and GPO contact points;

2. all affected Institutes are aware of their responsibility to send to GPO a copy of each printed item to GPO for C&I purposes;

3. the responsible Institutes provide the required number of FDLP copies to GPO, for sampled items that GPO has identified as being of current public interest;

4. the responsible Institutes provide one copy of each item to GPO for C&I purposes, for sampled items that GPO has identified as not having received copies;

5. the NIH begins monthly reporting to GPO on all publications printed through sources other than GPO;

6. Printing and Reproduction Branch printing officials adhere to printing requirements at 44 U.S.C. Section 501 when providing printing services for NIH components that do not have independent printing authority; and

7. the NIH components that do not have independent printing authority are aware of the requirement to print through GPO and, to the extent possible, ensure that only authorized National Research Institutes are printing commercially.

The NIH COMMENTS AND OIG RESPONSE

In its January 29, 1999 written comments to our October 20, 1998 draft report, NIH fully concurred with our recommendations. The NIH stated that its goal is to be in complete compliance with Federal printing rules and procedures, as the dissemination of information is of vital importance to the NIH mission. The NIH further stated that our review and NIH's follow-up actions will result in improvements to NIH's dissemination role.

In its general comments, NIH noted that, while outside the scope of our review, in addition to traditional print media, NIH employs new computer technologies such as the Internet (www.nih.gov and www.nlm.nih.gov) and electronic mail to make information available to the general public. Any conclusions made in this report were with regard to public access of printed publications through FDLP.

The NIH also provided a number of technical comments, which we have incorporated where appropriate. However, we do not agree with the reasoning NIH gave for two of its comments, which we have detailed, as follows:

- The NIH was of the opinion that the law granted NIH the authority to determine when certain publications are administrative and do not require FDLP submissions, and that NIH should not have to clear such decisions through GPO. However, in our opinion, it is important that NIH coordinate with GPO because the law also gives the Superintendent of Documents the authority to inform Government components as to the number of copies of their publications required for distribution to depository libraries. The NIH must bear the cost to print FDLP copies; therefore, it would be more cost effective for NIH to make this determination, through GPO, before contracting for printing services. To discover an FDLP requirement after-the-fact would potentially result in NIH having to contract separately in order to fulfill the FDLP requirement.

- The NIH cited lack of guidance from GPO on FDLP issues as a contributing factor in NIH's misidentifying certain publications as administrative and, therefore, not requiring FDLP copies. The GPO subsequently determined during our audit that FDLP copies were required for these publications. We disagree with NIH's position. The GPO's 1990 guidance, which NIH printing officials did not have, includes detailed listings of the types of publications included in or excluded from the FDLP. According to the guidance, "it was developed to guide Government agency officials in determining the suitability of various Government publications for depository distribution." The GPO has recognized the need for more current guidance, as evidenced by GPO's issuance of a Memorandum which lists GPO contacts for FDLP matters, shown in Appendix C, and GPO's recently initiated efforts to update the 1990 guidance. We provided copies of the 1990 guidance and the GPO Memorandum to NIH printing officials during our audit.

The full text of NIH comments is included as Appendix A.

APPENDICES

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

JAN 29 1999

TO: June Gibbs Brown
Inspector General

FROM: Deputy Director for Management

SUBJECT: NIH Comments on the Office of Inspector General (OIG) Draft, *Review of the National Institutes of Health Printing Program* (A-15-98-80001)

Thank you for providing the NIH an opportunity to review the above referenced draft report. We hope that the attached comments from several of the institutes, the NIH Legal Advisor's office, and the NIH Central Printing and Publications Management Organization (CPPMO) will be helpful. General and specific comments related to the draft are included in **Attachment A.**

In general NIH concurs with the recommendations. NIH's goal is to be in complete compliance with federal printing rules and procedures, and we have taken steps to assure that has happened. We believe that the report should acknowledge that NIH's "failure" to act in certain areas was, at least in part, due to a lack of guidance from the Government Printing Office (GPO). This is explained in more detail in the attachment. Since receiving the draft OIG report, NIH has taken actions to ensure NIH's compliance with the Federal Depository Library Program (FDLP), Cataloging and Indexing (C&I), and with 44 USC 501 regarding printing requirements. As you will see in the attached information, NIH has systems in place that will ensure that these types of problems do not occur in the future. In addition, I briefed the Institute/Center (IC) Executive Officers and followed up with a memorandum (**Attachment B**) informing them of the OIG report and that they must take immediate steps to ensure their ICs are in full compliance with federal printing rules and procedures. We have also re-established the CPPMO, as required in the Government Printing and Binding Regulations, to insure future compliance with the FDLP.

The dissemination of information to the general public, patients, health professionals, scientists and researchers is of vital importance to the NIH mission. Therefore, your review and our follow-up actions will result in improvements to our dissemination role. Should your staff have any questions, please ask them to contact Mary Jane Meyers, Office of Management Assessment, NIH, at (301) 402-8482.

Anthony L. Itteilag

Attachments

cc:

Dr. Lee, OA	Dr. Beaven, OPC
Mr. Ficca, ORS	Dr. Skirboll, OSP
Mr. Whitmore, ORS	Ms. Gray, OLPA
Ms. Guerra, NCI	Mr. Trusty, NIAAA
Ms. Foellmer, NCI	Ms. Kvochak, OGC

Attachment A

General Comments:

In order to appreciate the unique printing/publication process at NIH, it is important to understand section 405 (c) (4) of the Public Health Service (PHS) Act (the PHS Act), 42 USC 284 (c) (9). This section, added in 1988, gave each Director of a national research institute the authority to publish, or arrange the publication of, information with respect to the purpose of the institute without regard to the requirement in 44 USC 501 that the GPO do all printing for the executive departments.

As a result of this change in the PHS Act, NIH decided that the CPPMO (the NIH printing officer) would have responsibility for Federal Depository Library Program (FDLP) requirements only when printing was procured through the Printing and Reproduction Branch, NIH. The NIH ICs were responsible for monitoring the printing or distribution of materials commercially procured by them and for meeting printing responsibilities including the FDLP.

While we understand that the purpose and scope of the audit and report are limited, we believe that the lack of information regarding NIH's mission, and how the printing program helps NIH to carry out that mission, does the agency a disservice. Further, the report does not acknowledge that NIH's "failure" to act in certain areas was, at least in part, due to a lack of guidance from GPO.

NIH publications have many audiences, including the general public, patients, health professionals, scientists, and researchers. Any reference in the report that implies that NIH or any component of NIH is attempting to keep information from the public is inaccurate. In the past few years, as technology has opened up new avenues for sharing information, NIH has exploited these technologies (Internet, World Wide Web, electronic mail) and has made available information that otherwise could not possibly have been accessible to the general public. The NIH Web site is second only to NASA's as the federal site receiving the most "hits" from the public. All ICs have Web sites that, at least in part, are aimed at the general public. For example, the National Library of Medicine (NLM), for example, introduced MEDLINEplus in October 1998, a service that links consumers with a wide variety of health information, including that made available by the ICs. Web access to MEDLINE, via both PubMed and Internet Grateful Med, has skyrocketed. Consumers, health professionals, scientists, and students are now searching MEDLINE at the amazing rate of 120 million queries a year. Clearly, the new communication technologies are making more NIH information available to more people than ever before. All NIH web sites can be accessed through the www.nih.gov and the NLM is accessible through www.nlm.nih.gov.

Another area where NIH's performance has been directly related to communications with GPO is in determining which documents are required for strictly administrative or operational purposes, which have no public interest or educational value. In fact, NIH has received conflicting information from different officials at GPO in this area, and there

is no up-to-date written guidance. Our understanding is that NIH, pursuant to 44 USC 1902, need not make available to the FDLP a government publication which it determines is required for strictly administrative or operational purposes having no public interest or educational value. The law states that the agency has the discretion to decide which documents are exempt. Based on the OIG draft, the reader is left with the impression that NIH has consistently failed to "correctly" apply the test. In fact, many of the examples included in the appended list of "fugitive" (i.e. documents that have not been sent to the FDLP) documents would in our view be publications which are for strictly administrative or operational purposes having no public interest or educational value.

The draft OIG report cited the following problems:

1) NIH did not always provide copies of printed publications to GPO for distribution to the Federal Depository Libraries.
2) NIH did not always provide single copies to GPO for Cataloging and Indexing (C&I) purposes.
3) NIH did not provide monthly commercial printing activity reports to GPO.
4) NIH incorrectly identified publications as "administrative" in nature and therefore they became exempt from FDLP.
5) During FY 1997, NIH improperly printed items through commercial vendors that should have been printed through GPO.

NIH's goal is to be in complete compliance with federal printing rules and procedures. Since receiving the draft OIG report, NIH has taken steps to conform to the seven report recommendations to ensure NIH compliance with the FDLP, C&I, and 44 USC 501 printing requirements.

Regarding the OIG findings (1 and 2 above): The NIH used the most recently furnished list from the Library Depository Management Publications Specialist to determine FDLP requirements.

Regarding the OIG finding (#4 above) pursuant to 44 USC 1902, NIH officials determined which publications were for "administrative or operational purposes which have no public interest or educational value," and did not make copies of these documents available to GPO for distribution in the FDLP. The OIG report states that GPO uses a narrower definition of "administrative" documents and faults NIH for categorizing a number of publications as "administrative" such as program applications and internal reports. NIH has received conflicting information from various GPO officials in this area. 44 USC 1902 clearly states that the agency has the discretion to determine which documents are strictly for administrative or operational purposes which have no public interest or educational value. NIH is developing a package of material that will be distributed to all ICs. This package will include the most current information from the GPO, the NIH Manual Issuance and other information that will clarify information to the NIH community. This information will be distributed during the first quarter of 1999. NIH will do whatever possible to conform to written GPO guidelines in the area of "administrative" documents.

A paramount goal of the NIH is to make health care information available to the general public as quickly as possible. The OIG report should not be taken as an implication that the NIH or any component of NIH tried to conceal information. In addition to the traditional print media, NIH employs new computer technologies (Internet, electronic mail) to make available information that otherwise might not be accessible to the general public through usual library means.

Specific Comments:

Page 1, paragraph 1 (Background) - Line 4, "However, certain organizations, ***including components of NIH,*** are exempt..."

Page 1, paragraph 3, last sentence - Comment re: wording, "every document issued or published" - this is not correct. 1) Pursuant to 44 USC 1902, the issuing component, has the responsibility to report Government publications, except those determined to be required for official use only or for strictly administrative or operational purposes which have no public interest or educational value.

On page 2, it says that the report relied on GPO's records for determining FDL and C&I requirements but GPO has no FDL guidance according to page 7.

This report suggests that the public does not have "ready access" to NIH publications, copies of which were not sent to FDLs. There is no support for this conclusion. The public may in fact have access and perhaps even easier access than going to the library. As described under the general comment section, there are numerous examples of public access made available by the NIH.

Page 6, paragraph 2 (Publications Categorized as Administrative), 4th line - "...they used their professional judgement to categorize *certain* publications as administrative." Also, same paragraph, last sentence, comment: This is an interpretation, and it illustrates the major problem faced by NIH and other agencies in attempting to define the term "administrative" without written guidance.

Page 6, paragraph 3, third line, comment: The word "properly" is subjective and again illustrates the point made above. Further, there is a universe of documents that would not even need to be provided for C&I purposes.

On page 6, it states that a number of publications categorized as administrative should have been sent to GPO, including "internal reports." NIH believes that it has the authority to decide whether something is administrative and without public interest.

Page 7, first complete paragraph, first line, comment: the GPO listings used by NCI (provided by GPO) were well over one year old and may have been as much as ten years old.

Page 7, second paragraph, add new sentence at the end of the paragraph - *"NCI has already instituted a new procedure developed in collaboration with GPO."*

Page 7, "The Public does not Have Access to NIH Publications..." - comment: Much of the information in this section and following on pp. 8-9 is repetitive of statements made previously in the report and as discussed earlier gives the reader the impression that NIH is intentionally withholding information from the public.

Other than the statement on page 7 that GPO officials conceded that most Government agencies do not comply with the monthly reporting requirement, there is no information in the report regarding NIH's actions in comparison to other agencies.

National Institutes of Health
Bethesda, Maryland 20892

DEC 8 1998

TO: NIH Executive Officers

FROM: Deputy Director for Management

SUBJECT: NIH Printing Program – OIG Concerns

As I have mentioned to you, the Office of Inspector General (OIG) has recently issued a final draft report on NIH printing operations. This report is expected to be issued formally in the near future. In addition, legislation expected to be reintroduced in the coming year related to the Government Printing Office (GPO) could have a profound affect on the way NIH accomplishes printing.

As you know, research institutes currently have authority to use sources outside the Government Printing Office (GPO) to publish or arrange for the publication of certain documents. The OIG audit examined whether NIH was ensuring that an adequate number of copies of publications were provided to the GPO for distribution to Federal Depository Libraries (FDL), and whether one copy of each publication was provided to the GPO for cataloging and indexing (C&I). They further sought to ensure that the GPO was provided a monthly listing of all publications that NIH had published the previous month.

The OIG sampled 62 NIH items for the time period of FY 1997 and found that we were negligent in all of these areas. For example, 82 percent of the sample publications (52), were not sent to the GPO monthly for C&I as required by law.

- **Findings from the OIG report identified:**
  1) Lack of communication between the Institutes and the NIH Printing and Reproduction Branch.
  2) Ambiguous policies and procedures issued by the Government Printing Office and the Library Depository Program which were difficult to interpret.
  3) Lack of knowledge of GPO policies by the Institutes.

I am concerned about this OIG report and the conclusion that the NIH is not always complying with Federal printing requirements. There has been criticism in the Congress regarding Federal agencies' failure to provide documents to the FDLs, thereby denying public access to taxpayer-funded publications. In that regard, the *Wendell H. Ford Government Publications Act of 1998*, S.2288, introduced by Sen. John Warner, sought to reform the Government printing process, strengthen the role of the GPO, and rescind NIH's special printing authorities. A constant theme underlying this bill is that of access, particularly making Government publications accessible to the American public. While S.2288 did not pass, it is expected to be reintroduced in the next session of Congress.

Page 2 – Executive Officers – NIH Printing Program

I am asking each of you to take appropriate steps to ensure that your IC is in full compliance with Federal printing rules and procedures. Should you need information or assistance, the Division of Support Services (DSS), Office of Research Services, is available to provide advice and technical assistance. The DSS will be arranging several meetings in which GPO representatives will explain procedures and offer assistance. You will be provided notification of these meetings and asked to send appropriate staff to them.

If you or your staff have any questions, please call Mr. Samuel Whitmore, Chief, Printing and Reproduction Branch, DSS, at 496-6781.

Anthony L. Itteilag

cc:
Mr. Steve Ficca, ORS

NIH PRINTING PROGRAM
FEDERAL DEPOSITORY LIBRARY AND
CATALOGING AND INDEXING REQUIREMENTS

JOB DESCRIPTION			DEPOSITORY REQUIREMENTS			
NO.	INSTITUTE	PRINT DESCRIPTION	QUANTITY REQUIRED	QUANTITY SENT		EXPLANATORY NOTES
				GPO Records	Institute Records	
1	NCI	WYNTK about Kidney Cancer	726	724	724	Job Specs required FDLP copies; UPS Shipment Receipt
8	NCI	WYNTK about Oral Cancer	735	0	0	*NOTE: Job Specs required FDLP copies, but none sent
17	NCI	EEO Fact Sheet	735	0	0	
25	NCI	Consensus Development Book	735	0	0	
27	NCI	Taking Time	727	1448	724	Job Specs required FDLP copies; UPS Shipment Receipt
36	NCI	Consensus Development Posters	735	0	0	
47	NCI	Graduate Internships in Health	735	0	0	
339	NCI	Smoking Monograph 8	1 MF	1	531**	**Estimate based on GPO Receipt/530 copies returned to NCI
344	NCI	DCS Research Directory	1 MF	1	1	Job Specs required FDLP copies; Carter Prts. Delivery Receipt
356	NCI	Keep Your Engine Running	158	1	1	Job Specs required FDLP copies; Peake Prtrs Delivery receipt
362	NCI	Mammo pubette	721	852	730	Job Specs required FDLP copies; RPS Shipment Receipt
374	NCI	Scholars Program	722	733	0	No FDLP copies in job specs; copies sent inadvertantly
392	NIAAA	Alcohol Alert #36	643	669**	0	**Copies sent to GPO after NIAAA was notified of our audit
429	NIMH	PTSD Referral List	827	0	0	
92	PRB NCI	P.C.E.B. Newsletter	735	0	0	
101*	PRB OD	Crisp 4 Ways to Access	682	0	0	
117	PRB NICHD	BTS Sleep Wafer Tabs	832	0	0	

NIH PRINTING PROGRAM
FEDERAL DEPOSITORY LIBRARY AND
CATALOGING AND INDEXING REQUIREMENTS

JOB DESCRIPTION			DEPOSITORY REQUIREMENTS			
NO.	INSTITUTE	PRINT DESCRIPTION	QUANTITY REQUIRED	QUANTITY SENT		EXPLANATORY NOTES
				GPO Records	Institute Records	
124	PRB NIDDK	Kidney Stones in Adults	682	0	0	Could not Locate File at NIH
144*	PRB OD	Woman Health Service Program	339	0	0	
165*	PRB OD	Recombinant DNA Minutes	1 MF	0	0	
173*	PRB CC	Pharmacy Update	1 MF	0	0	
190*	PRB OD	Women's Health Flyers, Cards,Pro	683	0	0	Time Sensitive Document/GPO does not need copies at this time
193	PRB NIA	Summer Brochure FY97	814	0	0	Time Sensitive Document/GPO does not need copies at this time
205	PRB NIDDK	Gastroesophagel reflux	556	0	0	
212	PRB NIDDK	Digestive Disease and Overview	556	0	0	
227	PRB NICHD	DBSB Progress Report	704	0	0	
247	PRB NIAID	MERC Evaluation Report	729	0	0	
260	PRB NICHD	Research Human Comm.Repts.	705	0	0	
300*	PRB OD	NIH Guidelines	421	0	0	
304	PRB NIA	Urinary Incontinence	596	600	0	Job specs required distrib. to NIA/NIAIC only
507*	PRB OE	Summer Intership Prgm Res Posters	180	0	0	Time Sensitive Document/GPO does not need copies at this time
537	PRB NIDR	CSDB Site Visit Book 2	264	0	0	
587	PRB NIA	Health ABC Physician Brochure	813	0	0	
604	PRB NICHD	Print Ads - White Baby - SIDS	692	692	0	Could not determine distrib. requirmts. from file info

NIH PRINTING PROGRAM
FEDERAL DEPOSITORY LIBRARY AND CATALOGING AND INDEXING REQUIREMENTS

JOB DESCRIPTION			DEPOSITORY REQUIREMENTS			
NO.	INSTITUTE	PRINT DESCRIPTION	QUANTITY REQUIRED	QUANTITY SENT		EXPLANATORY NOTES
				GPO Records	Institute Records	
613	PRB NIMH	Spotlight on the Elderly	826	0	0	
614	PRB NICHD	Partners in Business/Educ News	704	0	0	
622	PRB NIDR	Programs for Kreshover Lecture	378	0	0	
652	PRB NICHD	Young Drivers Study Pamphlets	704	0	0	
665*	PRB OD	Workplace Diversity Initiative	682	0	0	
672*	PRB CC	Brochure	186	0	0	
686	PRB NIDR	Oral Medicine Fellowship	378	0	0	
691	PRB NIAAA	Project Match Vol 4 Dfinc	1 MF	1	0	File jacket noted FDLP copies sent on 1st printing
696*	PRB CC	Grand Rounds Oct.97	186	0	0	
714	PRB NIMH	Abstract Book	826	0	0	
715	PRB NICHD	Fact Sheet	426	432	0	Could not determine distrib. requirmts. from file info
729	PRB NIDA	Neuroscience NIDA Flyer	200	0	0	Time Sensitive Document/GPO does not need copies at this time
TOTAL		10 Items Requiring FDLP Copies				

NIH PRINTING PROGRAM
FEDERAL DEPOSITORY LIBRARY AND
CATALOGING AND INDEXING REQUIREMENTS

JOB DESCRIPTION			DEPOSITORY REQUIREMENTS			
NO.	INSTITUTE	PRINT DESCRIPTION	QUANTITY REQUIRED	QUANTITY SENT		EXPLANATORY NOTES
				GPO Records	Institute Records	
325	NCI	CIS Looseleaf prototype	1 C&I	0	0	
373	NCI	Awards Ceremony materials	1 C&I	0	0	
129	PRB NICHD	BTS Back to Sleep Information Cd	1 C&I	0	0	
171	PRB NIA	BLSA Application	1 C&I	0	0	
177*	PRB ORS	NIH Mail Poster	1 C&I	0	0	
275*	PRB DCRT	Enter.Mail Jan.97 (Revision)	1 C&I	0	0	
284	PRB NICHD	Awards Ceremony	1 C&I	0	0	
310*	PRB CC	Patient Activities Calendar Dec.	1 C&I	0	0	
453	PRB NHGRI	Poster and Tent Card	1 C&I	0	0	
470	PRB NIAID	Gorgas Lecture	1 C&I	0	0	
476*	PRB DCRT	NIH Data Warehouse	1 C&I	0	0	
488*	PRB OAM	Home page post card	1 C&I	0	0	
611*	PRB ORS	Center for Career Resources	1 C&I	0	0	
634*	PRB OD	Prgm Women's Health Seminar Arthr	1 C&I	0	0	
635*	PRB ORS	Waste Disposal Guide Calendar	1 C&I	0	0	
700*	PRB OD	NIH DIR's Seminar Series - Posters	1 C&I	0	0	
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

62 ITEMS RESEARCHED BY GPO FOR FDLP REQUIREMENTS
* At Sample No. Indicates Unauthorized Print Job

MF - Microfiche C&I - Cataloging and Indexing
Shaded Items Indicate Compliance with FDLP Requirements

APPENDIX C

UNITED STATES GOVERNMENT

memorandum

DATE: April 30, 1998

REPLY TO ATTN OF: Chief, Depository Administration Branch

SUBJECT: Library Programs Service Acquisitions Contact Information

TO: Memo for the Record

Agencies may contact Library Programs Service (LPS) staff by utilizing one of the following methods. Any questions concerning product eligibility for distribution to the libraries in the Federal Depository Library Program (FDLP) may be directed to one of the following numbers or e-mail addresses listed below.

Robin Haun-Mohamed
Chief, Depository Administration Branch
Library Programs Service (SLLA)
U.S. Government Printing Office
Washington, DC 20401
(202) 512-1071 Fax: (202) 512-1636 e-mail: rhaun-mohamed@gpo.gov

Earl Lewter
Chief, Acquisitions and Classification Section
Library Programs Service (SLLA)
U.S. Government Printing Office
Washington, DC 20401
(202) 512-1129 Fax: (202) 512-1636 e-mail: elewter@gpo.gov

Acquisitions Desk (Library Programs Service)
(202) 512-1585
Fax: (202) 512-1196
e-mail: sdaniel@gpo.gov

ROBIN L. HAUN-MOHAMED

FILE:A:\FY 97 Non-Institute Printing Jobs - Numeric

NIH PRINTING PROGRAM
UNAUTHORIZED COMMERCIAL PRINTING
FY 1997

NO.	ICD	PRINT DESCRIPTION	COST
60	FIC	NIH Annual Report Intl.Act. FY96	$18,475
77	PRB NLM	Tabs	$700
78	PRB OA	Change Bulletin I996 Catalog	$4,548
96	PRB CC	Disability Employment Program	$181
99	PRB CC	MRD-RM-606 Log	$350
101	PRB OD	Crisp 4 Ways to Access	$1,191
109	PRB OD	Disability Awareness/Tent Card	$2,147
114	PRB CC	Nursing Conf. Chronic Condition	$2,895
140	PRB DPM	Employee Expense Brochures	$4,676
141	PRB DCRT	Mail Room Jacket	$278
142	PRB FIC	Internal Research Fellowship Appl.	$7,722
144	PRB OD	Woman Health Service Program	$1,030
147	PRB OD	Radio News Service	$960
152	PRB DCRT	ADBIS Dec., support,financ. guide	$808
153	PRB DCRT	ADBIS: Dec Support Prep Guide	$775
154	PRB DCRT	ADBIS: Dec Support Enterprise	$1,765
156	PRB ORS	Alternative Dispute Handbook	$1,187
157	PRB ORS	Center for Career Resources	$500
160	PRB OD	Using Animals in Intramural Resch	$7,852
162	PRB OD	Black History Month Program	$1,157
165	PRB OD	Recombinant DNA Minutes	$1,790
167	PRB DCRT	Interface #198	$1,642
173	PRB CC	Pharmacy Update	$986
175	PRB NCHGR	Tabs	$167
177	PRB ORS	NIH Mail Poster	$1,390
178	PRB NLM	NCBI Newsletter	$1,355
179	PRB CC	Medical records Forms	$336
190	PRB OD	Women's Health Flyers, Cards,Pro	$4,070
195	PRB CC	Blood Bank Product Tag	$375
203	PRB ORS	Posters	$648
209	PRB FIC	Conference flyers	$1,790
218	PRB CC	Bioethics Project	$284
219	PRB DCRT	NIH Computer Center	$998
220	PRB CC	Temporary Clinical privileges	$99
221	PRB CC	Patient Unit Index	$308
224	PRB CC	Recruitment Flyers	$427

FILE:A:\FY 97 Non-Institute Printing Jobs - Numeric

NIH PRINTING PROGRAM
UNAUTHORIZED COMMERCIAL PRINTING
FY 1997

NO.	ICD	PRINT DESCRIPTION	COST
225	PRB CC	Recruitment Flyers	$895
226	PRB CC	Recruitment Flyers	$208
228	PRB FIC	International Frontiers	$782
229	PRB NCHGR	Anchondroplasia Booklet	$3,669
230	PRB NCHGR	Color Dividers	$230
231	PRB CC	Frontiers	$2,200
233	PRB NCRR	Divider Tab	$186
241	PRB CC	Clinical Research Volunteer Visit	$1,230
242	PRB NCRR	Tabs and Index	$1,902
250	PRB CC	Recuration Therapy Section	$802
264	PRB CC	Recruitment Mailer	$1,917
272	PRB NLM	NLM New Nov. and Dec.	$2,525
274	PRB CC	Patient Activities Calendar	$430
275	PRB DCRT	Enter.Mail Jan.97 (Revision)	$5,544
276	PRB OD	Ris Invite Revised 96	$1,102
279	PRB NLM	GM Bookstore Reply card	$1,033
286	PRB OD	Women's Health Seminars, Tent	$4,299
294	PRB CC	Vascular Access Service Log	$723
300	PRB OD	NIH Guidelines	$670
301	PRB DCRT	NIH Computer Center Service	$795
309	PRB ORS	EEO Pamphlets	$1,199
310	PRB CC	Patient Activities Calendar Dec.	$3,389
439	PRB CC	CC: Clinical Research Volunteer Rpt	$2,667
440	PRB ORS	ORS: Overage, Shortage& Damage	$1,631
441	PRB DPM	DPM: Table Tents (Blank)	$312
442	PRB ORS	ORS: Telecommunication Notes	$730
443	PRB ORS	ORS: AEC Manual	$2,300
454	PRB CC	Grand Rounds 5/97 - June Flyer	$592
455	PRB NCRR	Letterhead	$93
456	PRB ORS	Emergency Who to Call	$1,045
458	PRB ORS	Tabs 1/8 cut	$2,039
468	PRB CC	Inpatient Control Card	$199
469	PRB CC	Request for Medical Record	$287
472	PRB ORS	Emergency Steps to Take in Event	$1,970
473	PRB DCRT	Property Mgmt Student Guide	$553
475	PRB DCRT	Procurement/Market Req Student Gd	$650

FILE:A:\FY 97 Non-Institute Printing Jobs - Numeric

NIH PRINTING PROGRAM
UNAUTHORIZED COMMERCIAL PRINTING
FY 1997

NO.	ICD	PRINT DESCRIPTION	COST
476	PRB DCRT	NIH Data Warehouse	$1,475
477	PRB DES	Utility Tunnel Expansion	$80
479	PRB CC	Becoming Research Patient/NIH	$5,575
483	PRB CC	13th. Floor Clinic brochure	$327
484	PRB OD	Improving Health care/Afro-American	$889
488	PRB OAM	Home page post card	$2,304
489	PRB OD	Free Medline Announcement	$1,790
490	PRB CC	Bloodbank Bag Tag	$715
491	PRB FIC	Glycoconjugates and Molecules Hlth	$300
498	PRB CC	Animal Carcass ID Label	$262
501	PRB CC	Note Paper	$88
502	PRB CC	Required Documentation	$329
503	PRB CC	Required Documentation	$439
504	PRB DCRT	Budget and Finance Student Guide	$438
505	PRB DCRT	NIH Data Warehouse Design Spec	$372
507	PRB OE	Summer Intership Prgm Res Posters	$1,855
508	PRB OD	Pamphlet and Flyers	$4,457
510	PRB OD	Implementation of NIH Guidelines	$569
511	PRB NCRR	Window Envelopes	$390
512	PRB CC	Outpatient First Registration	$2,719
513	PRB CC	Confidential Label	$299
514	PRB OAM	NIH Organization Handbook	$4,153
515	PRB ORS	Police Warning Notice	$1,198
516	PRB OGC	Letterhead	$209
519	PRB OA	NITAAC Task FIle	$179
521	PRB OAM	Newsletter	$2,400
522	PRB CC	Nursing FLow Sheet	$1,791
523	PRB CC	Letterhead	$220
528	PRB ORS	OAM Services Pamphlet	$229
529	PRB ORS	Binder Tabs ORS Policy Manual	$560
530	PRB OE	Resident Letter and Envelopes	$3,450
531	PRB ORS	Parking Brochure	$2,784
533	PRB NLM	Staff Directory '97	$588
534	PRB DCRT	TSO Reference Manual	$1,811
535	PRB CC	Disability Employment Program	$4,700
545	PRB OD	Women's Health for 21st. Century	$1,790

NIH PRINTING PROGRAM
UNAUTHORIZED COMMERCIAL PRINTING
FY 1997

NO.	ICD	PRINT DESCRIPTION	COST
546	PRB FIC	Lecture Program w/ envelopes	$438
547	PRB OAM	Newsletter	$1,953
549	PRB OD	Including Women and Minorities	$486
550	PRB ORS	Pollution Prevent Plan Book	$510
551	PRB CC	Invitation for Blood Donor Day	$220
552	PRB ORS	Negotiated Agreement Between NIH	$254
553	PRB ORS	Women's Health for Seminar #3	$4,790
555	PRB CC	General Admission Consent	$748
556	PRB CC	Clinical Research Protocol	$716
557	PRB CC	Clinical Research Protocol	$690
559	PRB OD	Pecase	$1,500
560	PRB OD	Applied Clinical Trial Articles	$1,000
563	PRB ORS	Telecommunications Notes	$640
564	PRB OD	Area Booklet	$2,900
565	PRB OA	Fed Electronic Computer Store	$450
567	PRB CC	Copier Paper	$887
569	PRB DES	Job Assignment Cards	$194
571	PRB ORS	DSS Awards Program	$210
575	PRB CSR	Anesthesia Authorization	$2,137
576	PRB DES	Negotiated Contract Section A-E	$96
577	PRB DES	Sealed Bid Contract Section A-E	$87
578	PRB OD	Beyond Hunt Valley	$1,720
580	PRB NCRR	Mail Indicia First Class/Standard	$124
581	PRB OD	Federal Advisory Committee Activity	$400
582	PRB ORS	ISDN Users Guide Book	$3,900
584	PRB OD	Conduct of Research	$4,300
586	PRB DES	Invitations	$984
589	PRB ORS	DSS Awards Invitations/Envelopes	$136
590	PRB ORS	Temporary Parking Permits	$1,046
591	PRB OD	NIH Radio News Service	$852
595	PRB OD	Conduct of Research	$2,900
598	PRB CC	Clinical Research Volunteer Prgm	$1,549
602	PRB OD	Director's Award Book	$3,655
606	PRB NLM	Letterhead	$594
608	PRB ORS	Center for Carbon Resources	$7,654
612	PRB OD	John Diggs Lecture Series - Cards	$1,461

NIH PRINTING PROGRAM
UNAUTHORIZED COMMERCIAL PRINTING
FY 1997

NO.	ICD	PRINT DESCRIPTION	COST
617	PRB OD	OAM Newsletter	$749
618	PRB OD	NIH Support/Research Women Hlth	$9,200
619	PRB OD	Coloring Xeroxing for EEO	$654
620	PRB OD	NIH Manual 1754	$21,400
621	PRB ORS	Awards for DES	$2,100
623	PRB CC	Invitation Blood Donor Day - Rev	$228
624	PRB ORS	DSFM Award Ceremony	$650
626	PRB DES	Waterline Cleaning	$465
627	PRB ORS	Certification of Completion Lab Safety	$319
628	PRB OD	Step Catalog 97-98	$3,254
629	PRB CC	Rolodex Cards and Flyers	$2,375
632	PRB CC	Education/Training Letterhead	$1,755
634	PRB OD	Prgm Women's Health Seminar Arthr	$3,868
635	PRB ORS	Waste Disposal Guide Calendar	$4,270
637	PRB ORS	OD Honor Awards Brochure	$1,150
638	PRB CC	Letterhead	$124
639	PRB CC	Envelopes	$208
640	PRB NLM	Adopt-a-School Brochure	$1,220
645	PRB OD	GBC Exchange Cheat	$90
646	PRB CC	Grand Rounds 9/97	$645
649	PRB OD	2nd OD Awards Brochure	$995
650	PRB CC	Tab Dividers - Interdisciplinary Note	$2,015
651	PRB OER	NIH Homepage Grants Page	$2,298
654	PRB OE	Resident Letter/Envelope	$2,300
655	PRB DCRT	SEQ Lab Guide	$1,400
656	PRB DCRT	Program Manual Vol II	$1,805
657	PRB DCRT	GCG User's Guide	$1,100
658	PRB DCRT	Program Manual Vol. I	$2,000
659	PRB DCRT	User Release Notes	$187
660	PRB DCRT	Spine for Disaster Recovery Manual	$53
661	PRB CC	Recruitment Flyer Critical Care Nurse	$1,467
662	PRB OD	Blank Table Tent	$56
665	PRB OD	Workplace Diversity Initiative	$1,461
667	PRB OD	DSS Brochures	$2,948
672	PRB CC	Brochure	$250
673	PRB FIC	US Mexico Canada Workshop	$370

FILE:A:\FY 97 Non-Institute Printing Jobs - Numeric

NIH PRINTING PROGRAM
UNAUTHORIZED COMMERCIAL PRINTING
FY 1997

NO.	ICD	PRINT DESCRIPTION	COST
674	PRB DES	Inside Boiler 5	$43
675	PRB ORS	Poster-Copy Room Equipment	$400
679	PRB ORS	BTS Letterhead	$1,165
680	PRB ORS	Certificate Completion HIV/Blood	$90
685	PRB OD	Thalidomide Abstract	$575
688	PRB OD	Acupuncture Abstract Book	$6,767
695	PRB DES	Renovation/Boilers/Chillers	$46
696	PRB CC	Grand Rounds Oct.97	$592
697	PRB CC	Tab Dividers - Patient Unit Indes	$3,110
698	PRB CC	Tab Dividers - Protocol History	$1,521
699	PRB ORS	Parking Brochure - Reprint	$2,690
700	PRB OD	NIH DIR's Seminar Series - Posters	$470
701	PRB OD	NIH DIR's Seminar Series - Flyers	$460
702	PRB OD	NIH DIR's Seminar Series - TentCard	$600
703	PRB FIC	Handbook Visiting Foreign Scientists	$2,900
707	PRB OD	ORWH Reentry Assessment Progrm	$3,200
709	PRB OD	Exchange OD Users Book	$1,550
710	PRB CC	Patient Activities Calendar	$375
712	PRB ORS	International Activities	$6,700
713	PRB OD	Magic Bookmarks	$645
717	PRB OD	Schedule/OD Users Book	$3,550
722	PRB OD	NIH Radio News Service	$768
723	PRB OD	Gordon Lecture Epidemiology	$1,858
724	PRB FIC	International Activities	$5,936
730	PRB OD	Wed. Afternoon Lectures - Fall	$340

Shaded Line Indicates Item was Part of Sample

TOTAL NUMBER	**206**
% OF ALL COMMERCIAL PRINTING	**28%**
TOTAL DOLLARS	**$346,400**
% OF ALL COMMERCIAL PRINTING	**7%**