



Executive Order 13287, “Preserve America” Section 3 Report

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**U.S. Department of Health and Human Services
Executive Order 13287, Section 3 Report on Historic Properties**

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EXECUTIVE SUMMARY

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The United States Department of Health and Human Services (HHS) manages or leases properties that are widely dispersed geographically throughout the United States. These facilities range from a single structure, to research campus settings, archeological sites, historic properties of traditional, cultural, and religious significance to Indian tribes and Native Hawaiians, and a working mine. For the purpose of this report, four of the HHS operating divisions (OPDIVs) were required to submit data since they have facilities management responsibilities that could involve historic resources.

HHS also leases significant amounts of space in partnership with the General Services Administration (GSA). The GSA leased space is addressed under GSA's annual Section 3 Report submission.

In July 2002, the position of Deputy Assistant Secretary for Facilities Management and Policy was established to develop and provide coordinated facility management direction and policy guidance. Historic preservation efforts are an important part of the charter of the Office for Facilities Management and Policy (OFMP). Several of the OPDIVs have well-developed historic preservation programs and experienced staffs that have strong relationships with local historic preservation authorities/interest groups and State Historic Preservation Officers. Based on OPDIVs responses to previous Executive Order (EO) 13287 input, our agency-wide program was enhanced and expanded to meet all aspects of the National Historic Preservation Act and the EO.

While the attached initial consolidated triennial report, in compliance with Executive Order 13287 *Preserve America*, offers a synopsis of the Department's historic assets, efforts, and progress, the detailed reports from each of the four reporting components are attached for review.

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"Each agency with real property management responsibilities shall, by September 30, 2005, and every third year thereafter, prepare a report on its progress in identifying, protecting, and using historic properties in its ownership and make the report available to the Council and the Secretary". . . .

Executive Order 13287

INTRODUCTION

This is the second triennial report submission by the U.S. Department of Health and Human Services (HHS) to comply with Executive Order 13287, *Preserve America*. EO 13287 includes a number of actions to encourage better accountability for the use of federally owned historic properties, as defined in the National Historic Preservation Act (NHPA) of 1966, as amended.

Over the past year, HHS worked diligently to collect, analyze and update the Department's information concerning our historic preservation efforts and assets to include in this submission.

BACKGROUND

For the purpose of this report, four of the HHS operating divisions (OPDIVs) were required to submit documentation due to having facilities management responsibilities that could involve historic resources. These OPDIVs manage or lease varying properties that range from research campus settings to numerous facilities disbursed throughout the United States. The relative (to this report) property managing groups within HHS are:

- The National Institutes of Health (NIH), which operates and maintains NIH's Bethesda, MD, campus and a number of additional sites in several states.
- The Indian Health Service (IHS) operates medical clinics and hospitals around the United States including Alaska and Hawaii.
- The Food and Drug Administration (FDA), headquartered in Rockville, MD, with laboratories and field offices throughout the United States and Puerto Rico.
- The Centers for Disease Control and Prevention (CDC) in charge of facilities mainly concentrated in Atlanta, GA.

The position of the Deputy Assistant Secretary for Facilities Management and Policy, located at the headquarters of the U.S. Department of Health and Human Services, was established in July 2002. A major responsibility of the office is to develop and provide coordinated facility management direction and policy guidance for use throughout HHS. The Historic Preservation Program is part of this effort and HHS has focused resources and attention toward improving both the Department level and OPDIV level management of historic resources to ensure compliance with executive orders and regulations.

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REPORT ORGANIZATION

Four of the eleven HHS OPDIVs provided Section 3 Reports detailing their programs to HHS Headquarters. The OPDIV known as the Office of the Secretary manages one GSA-owned building that is not on or currently eligible for the National Register of Historic Places. However, management is very aware of their historic preservation responsibilities concerning the property and its possible inclusion at a later date. The Program Support Administration also manages real property, however, these are leased properties through GSA.

This report is a consolidated summary of responses to the ten major questions. The detailed responses from the four OPDIVs are attached as appendices to this report.

HHS Responses to the 10 Major Questions in the Section 3 Report

1. What types of historic properties does your agency own or manage and how is this information collected and maintained?

HHS historic properties range from a single structure, to research campus settings, archeological sites, historic properties of traditional, cultural, and religious significance to Indian tribes and Native Hawaiians, and a working mine.

The OPDIVs collect information concerning historic properties in accordance with processes outlined by the Department of the Interior for historic property evaluation and identification and as specified in Section 110 of the NHPA. Each OPDIV, in coordination with and concurrence of the appropriate State Historic Preservation Officer (SHPO) and/or the Tribal Historic Preservation Officer (THPO), determines if a property is eligible for listing in the National Register of Historic Places (NRHP) using the National Registration Criteria in accordance with the Secretary of the Interior's Standards for Evaluation.

By way of example, the following summary characterizes the range and diversity of historic/potential historic properties owned or managed by HHS. A more detailed discussion is contained in each OPDIV appendix attached hereto.

- CDC manages an inventory of historic properties as follows:
 - The Robert A. Taft Laboratory, Cincinnati, Ohio
 - The Reardon Missile Site, Spokane, Washington
 - Mine Roof Simulator Test Facility - Pittsburgh Research Campus
 - Experimental Mine, U. S. Bureau of Mines, Allegheny, PA, 1974-10-18.
- FDA manages one historic property and several potentially eligible properties as described below:
 - The FDA's Gulf Coast Seafood Laboratory Site (4.2 acres) is within a larger 18-acre site that is a National Register listed property because of its potential to yield significant information about prehistoric subsistence and settlement patterns.
 - Another property in the FDA owned inventory, the San Juan District Office, is considered potentially eligible for listing in the NRHP. A 2003 Section 106 review regarding the property, the Puerto Rico SHPO determined it to be "eligible for inclusion in the NRHP."
 - Pine Bluff Arsenal biological weapons production process in Jefferson, Arkansas.
 - Davisville, Rhode Island Site.

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- NIH has the following types of historic properties: historic districts and buildings located in Bethesda, Maryland, and Hamilton, Montana; and archaeologically sensitive areas in Bethesda and Poolesville, Maryland. Over 20 properties are considered eligible for listing in the NRHP as a result of research and consensus with the SHPOs. A sample of properties are listed below:
- The NIH Historic Core of Georgian Revival buildings form the foundation of the NIH and are located in the heart of the NIH campus. The Historic Core comprises Buildings 1, 2, 3, 4, 5 and 6. Buildings 1, 2, and 3 are the original NIH buildings located in the Historic Core and were constructed in 1938. Building 6 was completed in 1939 and Buildings 4 and 5 were completed in 1941.
 - Officers' Quarters: The Officers' Quarters are the result of a request by the Surgeon General in 1938.
 - Memorial Laboratory: The Memorial Laboratory (Building 7), is located on the west side of Memorial Drive, across from the main administrative quadrangle at NIH. It was built in 1946 and occupied in 1947 to house a new laboratory, which was to be in the forefront of research on infectious diseases.
 - The Wilson Estate: The second oldest existing structure at the NIH is the Wilson Estate. Luke and Helen Woodward Wilson purchased 94.207 acres in 1923.
Convent of the Sisters of Visitation: The oldest existing structure at the NIH is the Convent of the Sisters of Visitation (The Mary Woodward Lasker Center for Health Research and Education, Building 60).
 - George Freeland Peter Estate: The George Freeland Peter Estate is another example of the estates that were constructed along Rockville Pike in the early 20th century and is noteworthy for the role it now plays in the medical research community, which now surrounds it.
- IHS manages an inventory of historic properties located in a historic district or included with a national landmark as follows:
- Mt. Edgecombe IHS Hospital, Sitka, AK (11 buildings).
 - Public Health Service (PHS) Institutional Support Facility, Fort Washakie, WY (one building).
 - PHS Institutional Support Facility, Poplar, MT (three buildings).
 - PHS Indian Health Center, Pawnee, OK (two buildings).
 - PHS Indian Hospital, Winterhaven, CA (one building).
 - In addition there are 139 properties considered to be eligible for listing in the National Register of Historic Places (NRHP).

Sources of information concerning historic/potentially historic properties are typically reports completed because of previous activities at the site or studies intended to establish the properties

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potential eligibility for the National Register. Information that is or will be available as more data is collected includes:

- | | |
|--|------------------------------|
| ▪ Asset Age | ▪ Cultural Significance |
| ▪ Determination of Potential Eligibility | ▪ Architectural Significance |
| ▪ Significant Historic Event Occurrence | ▪ Archeological Significance |
| ▪ Whether in a Historic District | ▪ Submission of Information |
| | ▪ Historic Status |

Copies of the studies are filed and maintained in both electronic and hard copy format. Historic/potentially historic properties are tracked individually rather than as a percentage of total real property holdings. The real property database is also used to track these properties.

General Services Administration (GSA) is responsible for determining the eligibility of HHS occupied properties leased through GSA.

2. How would you characterize the distribution and general condition of these properties?

HHS manages or leases properties that are widely dispersed geographically throughout the United States and Puerto Rico. Many properties are highly specialized and are fully functional in support of the OPDIVs mission. In general, the properties with high usage are in the best condition due to both criticality of need and visibility.

- For example, the historic property managed by CDC is a highly specialized underground experimental/test mine that is still in active use. The historic property has been conserved as an educational feature at the CDC's Pittsburgh Research Center (PRC). Concerning usage, PRC has developed a unique outreach effort to make CDC's only known National Register asset available to the public as part of a mine safety and educational program. For one week per month each school year, tours of the Experimental Mine (1910) are conducted for schoolchildren and college students.
- The distribution of historic or potentially eligible historic properties owned or managed by FDA is limited to two locations. The condition of the San Juan District Office is such that the interiors have been modified from the buildings' original purpose, but the exteriors of the buildings remain largely intact. The Dauphin Island, Alabama, property represents an unexcavated archaeological resource.
- IHS hospitals and clinics are still used to provide healthcare.
- Building 1 at the Bethesda Campus of NIH is the administration building for the entire agency housing the director and the heads of institutes.

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On a scale of 1 to 10, with 10 being excellent, the condition of historic/potentially historic properties are rated 7.8.

3. What reporting mechanisms and systems are used by your agency for carrying out its resource management responsibilities?

Asset condition and performance are evaluated periodically through the Facility Condition Assessment (FCA) protocol developed by HHS and its OPDIVs in conformance with Federal Real Property Council (FRPC) guidance. The asset condition and performance data developed during the FCA will be stored, evaluated, and reported on, as specified in the Department's guidance regarding Real Property Asset Management Plan (RAMP). In addition to the RAMP, HHS will report on historic preservation resource management responsibilities through the EO 13287 Section 3 Report.

When we identify potentially eligible historic properties in our inventory, we will consult with the SHPO/THPO with regard to these properties. As part of our RAMP responsibilities, the status of these resources will be examined periodically.

4. Does your agency coordinate its data gathering for historic properties under its ownership or control with required Federal audit, accounting, and financial management reporting?

Each OPDIV prepares their financial statement as part of the HHS rollup under the Chief Financial Officer (CFO) Act, "Government Auditing Standards," and OMB Bulletin 01002, "Audit Requirements for Federal Financial Statements," for the applicable fiscal year.

As part of the HHS financial statement required under the CFO Act, a listing is maintained of all HHS Real Property Capital Assets that provides the cost of the asset and its depreciated value. As the capital assets are improved, the listing is modified to reflect the value of the improvement and the depreciated value of the improvement.

5. How is your agency fulfilling its historic preservation program responsibilities under Section 110 of NHPA?

A rigorous project planning and programming process that includes full consideration of effects on cultural/historic resources as part of the NEPA process is in place agency wide. Section 110 requirements are typically addressed in conjunction with a NEPA action; thus, historic property information is disseminated to a wide audience of interested parties for comment and potential impacts on resources. This is highly effective for taking into account how our mission, budget, staffing, property management policies, education, and outreach affect historic properties.

As properties near 50 years of age an evaluation of the property by a historic preservation specialist will be conducted. The OPDIV Federal Preservation Coordinator, in coordination with the Tribal Historic Preservation Officer (THPO)/SHPO, will determine if a property should be

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nominated for listing in the National Register for Historic Places based on National Registration Criteria in accordance with 36 CFR §800, as well as with Section 110 of the NHPA.

Centers for Disease Control uses GSA to execute most leased space projects and relies significantly on GSA for Section 110 implementation regulations and procedures. Centers for Disease Control has had excellent success with this approach, as they are able to leverage their own staff of planners, architects and engineers with the expertise of GSA historic preservation, archaeological and cultural resource staff. Centers for Disease Control also benefits from using GSA IDIQ contracts with specialty firms to perform cultural resource/archaeology surveys and Determinations of Eligibility (DOEs).

The HHS Historic Preservation Program is very effective and balances the varied missions of our OPDIVs with national and local historic preservation interests. The HHS Federal Historic Preservation Officer conducts extensive reviews with the State Historic Preservation Officers, Tribal Historic Preservation Officers and the Advisory Council, to ensure that HHS historic facilities are not adversely affected by programmed construction or development.

6. How is your agency complying with Section 111 of NHPA when historic properties are transferred, leased, or sold?

The Operating Divisions do not have unilateral authority to transfer, out-lease, or sell their historic properties. If an opportunity arises where use of this authority would be considered advantageous, the OPDIVs will contact HHS OFMP for review, legal counsel, direction and approval.

If the alternative to transfer, lease, or sell a property utilizing the authorities provided under Section 111 is considered as feasible for a historic property, then the option would be thoroughly coordinated with the HHS Federal Preservation Officer and Deputy Assistant Secretary, OFMP.

7. If your agency does not currently have a historic preservation program or procedures for complying with Sections 110 and 111, what future actions will be taken to meet these statutory requirements?

Health and Human Services does have a historic preservation program and procedures for complying with Sections 110 and 111. However, efforts are underway to improve the agency's program and implementation. Historic preservation programs at the OPDIV level have been reviewed over the course of the past year. Dramatic progress is taking place in the status of initial property evaluations, in program awareness and visibility, and information management.

The following continuing actions are planned to improve the existing program and ensure a more efficient, effective and integrated preservation program:

- Completing baseline inventories of potentially historic buildings that are under direct lease or where GSA has delegated operating authority.

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- Prioritizing properties for nomination to the NRHP. Initiating consultations with the THPO/SHPO for buildings and sites either on or potentially eligible for the Register.
- Integrating preservation into all real property planning and real property systems for asset tracking.
- Establishing a reliable system for tracking the historic status of all real property.
- Establishing Memorandums Of Agreement MOAs/Programmatic Agreements as applicable.
- Improving written policies and guidelines outlining procedures and responsibilities.
- Improving staff awareness training in Section 110 requirements.
- Incorporating improvements in the procedures for managing federal grants programs with respect to protection of historic/archeological resources.

8. What issues regarding your agency's mission, internal policies, location of its inventory of historic properties, or use of such properties could potentially hinder the agency's ability to contribute to community economic development initiatives.

The HHS OPDIVs occupy a significant amount of biological and environmental /chemical laboratory space, constructed specifically for research programs. This type of space is not typically well suited for historic property reuse. In addition, labs are subject to stringent security requirements that are best met in controlled secure campuses. The use or reuse by the public is in conflict with the purpose of the space in order to contain potentially hazardous materials in a safe and healthful manner.

The IHS mission is to provide healthcare to American Indians/Alaskan Natives in remote areas of the country where no other facilities exist. Some of these areas are only accessible by airplane or helicopter, thus they are not viable for economic development. Additionally, many IHS facilities are eventually transferred to the respective Tribe or the Bureau of Indian Affairs (BIA).

9. Does your agency have programs and policies that help it to identify historic preservation opportunities and promote preservation through partnerships?

The majority of HHS owned properties do not have significant opportunities for the use of assets in economic development and heritage tourism. However, agency-wide stakeholders are involved through compliance with NEPA and the consultation process prescribed under 36 CFR §800 and Section 106 of the NHPA.

A noteworthy exception – CDC's Mine Research Center has developed a unique outreach effort to make CDC's only National Register asset available to the public as part of a mine safety and

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educational program involving tours of the Experimental Mine (1910) for schoolchildren and college students.

Because of security requirements required for safeguarding operations and research, HHS and its OPDIVs do not actively pursue partnerships in this area since almost all their facilities are in full use in support of the agency's missions.

10. How would your agency characterize its overall progress in meeting its property management and stewardship responsibilities since filing its last Executive Order 13287, Section 3, Report?

During the past several years HHS has improved their management of historic properties. Significant changes, accomplishments and program progress includes:

- The continued review and evaluation of owned and managed properties, assessing the real property inventory for historic and archeological significance.
- Establishing a Facility Condition Survey and Assessment that will track real property through a Facility Condition Index. The assessment process will identify outstanding needs for operations and maintenance and for repair and improvement.
- Establishing a real property database that will track the historic status of owned buildings.
- Ensuring that appropriate historic preservation-related O&M and preservation/conservation plans for historic properties are developed and integrated into the Asset Business Plan (ABP).
- Strengthening the procedures for managing grant funded projects to ensure compliance with historic preservation requirements for federally assisted undertakings.
- Continuing education of Federal Preservation Coordinators through the Advisory Council on Historic Preservation's training courses, agency sponsored training, and on-the-job training.
- Incorporating *Historic Preservation* as a performance element in performance plans to increase awareness and accountability.
- Prioritizing the list of eligible properties for nomination to the National Register of Historic Places (NRHP).
- The Department has expanded its preservation efforts to include grant programs.
- Provides assistance to OPDIV's with historic preservation grant cases (Health Resources and Services Administration – HRSA and Centers for Medicare and Medicaid Services – CMS).