



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

EXECUTIVE SUMMARY

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.

The responsibility for Historic Preservation falls under the Real Estate and Logistics Portfolio (REL) which is a component of HHS's Program Support Center (PSC). Historic preservation efforts are an important part of the charter of the Real Estate and Logistics Portfolio (REL). 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 13287 input, our agency-wide program was enhanced and expanded to meet all aspects of the National Historic Preservation Act and the Executive Order 13287.

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.

"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". . . .

INTRODUCTION

This is the fourth 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 of 1966, as amended (NHPA).

Over this reporting period, 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.

A major responsibility of REL 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.

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 but currently eligible for the National Register of Historic Places. However, management is very aware of their historic preservation responsibilities concerning the

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property and its possible inclusion at a later date. The Program Support Center (PSC) also manages real property which are leased properties through GSA and one GSA Owned Building is currently eligible

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

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HHS Responses to the 18 Major Questions in the Section 3 Report

1. HISTORIC PROPERTIES THAT HAVE BEEN IDENTIFIED AND EVALUATED IN THE LAST THREE YEARS

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.

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 currently has two (2) properties listed on the National Register of Historic Places (NRHP) the properties are as follows:
 - Experimental Mine, U. S. Bureau of Mines, Allegheny, PA. The Experimental Mine was listed in the National Register of Historic Places in 1974.
 - Atlas E Missile Site 9, Reardan, WA. The Cultural Resources Assessment of the CDC/NIOSH Reardan campus, finalized in November 2007, identified an Atlas E missile launch site as eligible to the NRHP under Criterion G for its role in the Cold War; the State of Washington Department of Archaeology and Historic Preservation concurred with the findings and assessment. The Atlas E Missile Site 9, Reardan, WA was listed in the National Register of Historic Places in September 2009.
- CDC has one (1) property that is considered eligible for listing in the National Register of Historic Places (NRHP) as a result of research and consensus with the Ohio SHPO: The Robert A. Taft Laboratory, Cincinnati, Ohio, originally known as the Sanitary Engineering Center, is recommended eligible to the NRHP under Criterion A at the national level of significance in the areas of engineering and science for its role as a flagship U. S. Public Health Service (HPS) environmental research laboratory, and under Criterion G for exceptional significance as a research facility that was instrumental in creating modern environmental regulations in the United States. Formal nomination was not pursued as the building remains

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under consideration for sale. The OHPO has recommended that GSA place historic preservation covenants on the deed to the property at the time of sale.

- FDA manages one historic property and one potentially eligible property 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. The existing nomination also specifically lists the early colonial period with the period of significance for the site (1500 to 1749), addressing potential Native American occupation during the early French colonial period. Other potential resources documented at present but not addressed by the existing National Register nomination include structural features from the nineteenth century. Additional resources potentially present but not previously documented in the study area include both Native American and historic period burials.
 - 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.”
- NIH manages an inventory of both listed and eligible National Register resources nationwide on its campus locations in both Bethesda and Frederick, Maryland as well as in Hamilton, Montana. NIH has identified 4 additional resources from that are considered potentially eligible for listing in the National Register of Historic Places (NRHP) increasing the 2014 total to 37 NRE resources.
 - The previous report for the Bethesda Campus listed 22 resources determined eligible (DOEs) for listing in the NRHP. For a list of those resources, please see the attached table, Attachment “A”. This table (Attachment “A”) includes the additional eight (8) resources we surveyed in the intervening three years, of which four (4) were Determined Eligible for listing in the NRHP and subsequently added to the Maryland Inventory of Historic Properties. The other four were determined ineligible, in consultation and with concurrence from the Maryland Historical Trust.
 - In Frederick Maryland, since the 2011 report was filed, no additional resources were surveyed nor determined eligible. On this campus is the One Million Test Sphere (Building 527). It is listed for its significance in the scientific development of aerobiology and for its unique structural engineering. A gas tight, steel sphere that was used for the study of pathogenic studies from 1951 to 1970, it is the largest such facility in the world, measuring 40 feet in diameter.
 - Similarly, in Hamilton Montana, since the 2011 report was filed, no additional resources were surveyed nor determined eligible. There has been no change to The Rocky

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Mountain Laboratory Historic District (reference number 88001274) which is composed of 10 contributing structures built between 1927 and 1937 of brick, stone and concrete in a vaguely Gothic Revival style. Their significance derives from the science conducted in these structures, including the research and development of vaccines to cure the insect borne Rocky Mountain spotted fever, as well as other vaccines developed to aid the troops during WWII. Like the NIH Bethesda campus, these historic buildings were all built under the direction of the Treasury Department's Supervising Architect, Louis A. Simon.

- 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).
 - PHS Institutional Support Facility, Fort Washakie, WY (2 buildings).
 - PHS Institutional Support Facility, Poplar, MT (1 building).
 - PHS Indian Hospital, Winterhaven, CA (one building).
- IHS identified a total of 154 properties that are considered potentially eligible for listing in the (NRHP). This is an increase of 15 additional properties compared to 2011.

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

GSA is responsible for determining the eligibility of HHS occupied properties leased through GSA.

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CURRENT HISTORIC PROPERTY INVENTORY

OPDIV	NRL	NHL/Historic District	NRE
CDC	2 Sites		1 Building
FDA	1 Site		1 Building
IHS		15 Buildings	154 Buildings
NIH		10 Buildings	26 Buildings

2. POLICIES THAT PROMOTE/INFLUENCE THE IDENTIFICATION AND EVALUATION OF HISTORIC PROPERTIES

HHS policy, guidance and requirements on promoting identification and evaluation of historic properties is outlined in the HHS Facilities Program Manual, (Volume 1), Section 3-3 “Historic & Archeological Preservation” and HHS Facilities Program Manual (Volume II), Section 3-4 Historic Preservation.

HHS policy on stewardship of historic properties requires each OPDIV to ensure that management of historic properties in its ownership is conducted in a manner that promotes the long-term preservation and use of those properties as Federal assets and, where consistent with OPDIV missions, governing law, and the nature of the properties, contributes to the local community and its economy. HHS real property includes land, hospitals, outpatient healthcare centers, laboratories, offices, warehouses, family housing, service, R & D, industrial, institutional and other uses.

Where consistent with OPDIV missions and the Secretary of the Interior's Standards for Archeology and Historic Preservation, and where appropriate, agencies shall cooperate with communities to increase opportunities for public benefit from, and access to, federally owned historic 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 criticalities 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 one of CDC’s two National Register assets available to the public as part of a mine safety and educational program. For one week per

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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.

Historic properties and heritage assets are classified in accordance with the Federal Real Property Council 2014 Guidance for Real Property Inventory Reporting requirements for "Historical Status" of the asset. The classifications are as follows:

- National Historic Landmark –NHL
- National Register Listed –NRL
- National Register Eligible –NRE
- Non-contributing element of NHL/NRL District
- Not Evaluated

3. ESTABLISHED GOALS FOR THE IDENTIFICATION AND EVALUATION OF HISTORIC PROPERTIES

HHS policy, guidance and requirements on goals for the identification and evaluation of historic properties is outlined in the HHS Facilities Program Manual, (Volume 1), Section 3-3 "Historic & Archeological Preservation" and HHS Facilities Program Manual (Volume II), Section 3-4 Historic Preservation.

HHS and OPDIVs established the goal of identification, documentation and evaluation of all properties when they turn 50 years of age with "historical status" reported in the HHS Automated Real Property Reporting System (ARIS).

4. REPORTING REQUIREMENTS FOR THE IDENTIFICATION AND EVALUATION OF HISTORIC PROPERTIES, INCLUDING COLLECTIONS (MUSEUM AND ARCHAEOLOGICAL)

The HHS Facility Program Manual requires quarterly reporting of all real property from all OPDIVs. These reports clearly denote "historical status" as described in response to No 2 above. This report is reviewed by the FPO. Each OPDIV has developed policies and programs to establish and maintain an accurate inventory of all historic or culturally significant properties.

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

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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. EMPLOYING THE USE OF PARTNERSHIPS TO ASSIST IN THE IDENTIFICATION AND EVALUATION OF HISTORIC PROPERTIES

OPDIVs and other stakeholders are involved through compliance with NEPA and the consultation process prescribed under 36 CFR §800 and Section 106 of the NHPA. During the identification and evaluation of historic properties working relationships and sometimes partnerships are established with State Historic Preservation Offices and other stakeholders.

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.

CDC reports they have not used partnerships for the identification and evaluation of historic properties; currently all CDC historic buildings are preserved and utilized in fulfilling its programmatic mission. Due to the highly specialized nature of most of its mission-critical space, CDC has not actively sought partnerships to locate Agency functions in historic properties. However, they do maintain a close relationship with GSA for leased space, which could house our non-laboratory "office" type functions in historic properties as long as applicable security and location criteria were met.

IHS reports that all programs including facilities are managed in partnership with the Tribe(s)/tribal organizations that are being served. IHS consults and establishes partnership with State Historic Preservation Offices and Tribal Historic preservation Offices in the identification and evaluation of historic properties.

NIH reports they have worked closely with the applicable SHPOs and recently hosted the Maryland Historical Trusts NR Chief as well as our compliance officer on a tour of the Bethesda campus. NIH sought SHPO input before determining the boundaries of a proposed district. In Montana, NIH will be working with the SHPO representative to determine best treatment methods for a highly deteriorated wood siding.

6. CHALLENGES, SUCCESSES, AND OPPORTUNITIES IN IDENTIFYING HISTORIC PROPERTIES OVER THE LAST THREE YEARS

NIH reports that there were no major challenges identifying historic properties over the last three years. The greater challenge has been the time required and resources to document the findings. Typically, research and data collection are performed by qualified in-house and contracted professionals meeting the Secretary of the Interior's (SOI) qualification standards. Typically this includes staff of the FP and the professional historians and archivists in the Office of NIH

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History. Some of the more recent DOEs have examined 50 year old facilities that were the settings for scientific breakthroughs and/or persons significant to the history of scientific research and human health.

IHS reports there were no major challenges in identifying historic properties. The IHS continues to work in partnership with those THPOs to ensure that they are actively consulted throughout the Section 106 process. However, this process occasionally takes longer than 30 days identified in 36 CFR Part 800. The major challenge is to deliver modern health care in older buildings not well suited for the function.

CDC reports while no additional historic properties have been identified by CDC in the past three (3) years, during this time period, CDC did complete a formal review and update of the Cultural Resource Assessment(s) (CRA) for seven (7) of nine (9) agency owned campuses.

FDA reports there were no major challenges in identifying historic properties due to their limited number of owned properties all of which have been evaluated for historical status.

7. PROTECTION OF HISTORIC PROPERTIES

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 THPO/SHPO, will determine if a property should be 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.

HHS uses GSA to execute most leased space projects, and relies significantly on GSA for Section 110 implementation regulations and procedures.

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.

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8. ESTABLISHED PROCEDURES TO ENSURE THE PROTECTION OF HISTORIC PROPERTIES AND COMPLIANCE WITH SECTIONS 106, 110 AND 111

Section 106

- Each OPDIV has an established historic preservation program that follows the Secretary of Interior's Standards and Guidelines for Federal Agency Historic Preservation programs and HHS Historic and Archeological Preservation Policy as described in: HHS Facilities Program Manual Volume 1 Section 3-3, and Volume 2 Section 3-4.

<http://www.hhs.gov/asa/psc/fls/resources/facilitiesprogrammanual1.html>

http://www.hhs.gov/asa/psc/fls/resources/hhs_facilities_program_manual_volume_2.html

- OPDIVs designate qualified Federal Preservation Coordinators who are charged with oversight and compliance to the statutory requirements of Section 106 in consultation with the HHS Federal Preservation Officer.
- All OPDIV project planning and programming includes full analysis and consideration of adverse effects to cultural/historic resources as a critical element to the process including cultural resource assessments, surveys and consultation with the THPOs/SHPOs and memorandums of agreement when proposed action is an undertaking as defined in section §800.16(y).

Section 110 and 111

- 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 THPO/SHPO, will determine if a property should be 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.
- HHS uses GSA to execute most leased space projects, and relies significantly on GSA for Section 110 implementation regulations and procedures.
- 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

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ensure that HHS historic facilities are not adversely affected by programmed construction or development.

- OPDIVS 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.

HHS has a historic preservation program and procedures for complying with Sections 110 and 111. However, continuous efforts are necessary and underway to improve the agency's program. Progress continues to be made in the status of property evaluations, program awareness, visibility, and information management.

Progress continues in the following areas to improve the existing program to 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.
- 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 MOAs/Programmatic Agreements as applicable.
- Improving written policies and guidelines outlining procedures and responsibilities.
- Improving staff awareness training in Section 106, 110 and 111 requirements.
- Incorporating improvements in the procedures for oversight and management of federal grants programs with respect to protection of historic/archeological resources.

9. POLICIES THAT PROMOTE AND/OR INFLUENCE THE PROTECTION OF HISTORIC PROPERTIES

HHS Each OPDIV has an established historic preservation program that that follows the Secretary of Interior's Standards and Guidelines for Federal Agency Historic Preservation programs and HHS Historic and Archeological Preservation Policy as described in: HHS Facilities Program Manual Volume 1 Section 3-3, and Volume 2 Section 3-4.

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- IHS has developed a Facility Condition Assessment Program (FCAP) for the identification of deferred maintenance for IHS facilities that includes historic assets. The details can be found in the IHS/OEHE Technical Handbook Part 73 Facility Condition Assessment Program (FCAP). Deferred maintenance projects are prioritized by the Area Offices annually as part of their Facilities Engineering Program Plan (FEPP) in consultation with tribes and tribal organizations. FEPPs are prepared by IHS Area Offices, service units, and tribal programs to identify, delineate, and plan facilities related activities and projects to be accomplished during the fiscal year with maintenance and improvement funds. The Area Office, service units, and tribal organizations must balance facility maintenance requirements with program needs, accreditation requirements, life-safety issues, historic protection, etc. in the development of their annual FEPP.
- CDC's Facility Assessment Program documents the condition of CDC facilities as well as historic properties. The Real Property database contains data fields to track physical deficiencies for each building, which allows CDC to determine the current Facilities Condition Index (FCI).
 - If specialized assessments for repair, stabilization, and/or rehabilitation are required for a historic property, CDC obtains the specialized assessment through contracted services.
 - The long-term and short-term costs associated with maintenance and operation of historic properties is not separately determined from those of non-historic properties, but is addressed through the normal budgetary process and the Facilities Assessment Program.
 - If specialized budgetary requirements are identified for a historic property during the planning/programming phase of a facilities project, those costs would be incorporated into the individual historic property's operating budget.
- NIH has supported an established historic preservation program that complies with the provision of Sections 110 and 106 for more than two decades. Significant components of their program include:
 - NIH maintains an extensive library of the history of our agency as well the history and construction of all its buildings.
 - The Historic Preservation Officer is also a staff member of NIH's Office of Research Facilities and works closely with its numerous divisions.
 - A designated Federal Preservation Officer who consults regularly and as required with the HHS Federal Preservation Officer and SHPOs.

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- A rigorous project planning and programming process that includes full consideration of effects on cultural/historic resources as part of the NEPA process.
- Use GSA to execute most of our leased space projects, and rely significantly on GSA to use its own Section 110 implementation regulations and procedures. We have had excellent success with this approach as we are able to leverage our own staff of planners, architects and engineers with the expertise of GSA historic preservation, archaeological and cultural resource staff. We also benefit from using GSA ID/IQ contracts with specialty firms to perform cultural resource/archaeology surveys, and Determinations of Eligibility (DOEs). GSA RHPO's typically have excellent ongoing relationships with appropriate SHPO's, which greatly facilitate informal and formal resolution of Section 110 and other Historic Preservation issues.
- Rigorous review of every proposed undertaking potentially affecting an historic resource automatically dictates the initiation of a Section 106 consultation by the FPO in coordination with the affected SHPO, when required.

10. THE USE OF PARTNERSHIPS TO ASSIST IN THE PROTECTION OF HISTORIC PROPERTIES

CDC reports they not have partnerships for the protection and/or preservation of historic properties; currently all CDC historic buildings are preserved and utilized in fulfilling its programmatic mission.

NIH reports they have worked closely with the applicable SHPOs and recently hosted the Maryland Historical Trusts NR Chief as well as our compliance officer on a tour of the Bethesda campus. NIH sought their input before determining the boundaries of a proposed district. In Montana, NIH will be working with the SHPO representative to determine best treatment methods for a highly deteriorated wood siding.

IHS reports there are no special statutory or legal restrictions that prohibit exploring partnerships for local economic development for the protection of historic properties. However, BIA not IHS would be responsible for properties located on trust land since IHS only has the authority to retain properties required for health care programs. All IHS programs, including facilities, are managed in partnership with the Tribe(s)/Tribal organization(s) that are being served. Most of IHS controlled properties are on tribal trust land; therefore tribal consultation is an integral part of any undertaking that will affect a historic property.

FDA reports they do not have partnerships for the preservation of historic properties because all historic properties are preserved and utilized in fulfilling its mission. Due to the highly specialized nature of most of FDA's mission-critical space, FDA has not actively sought out partnerships to locate Agency functions in historic properties. However, we do maintain a close

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relationship with GSA for leased space, which could house our non-laboratory “office” type functions in historic properties as long as applicable security and location criteria were met.

11. MAJOR CHALLENGES, SUCCESSES AND/OR OPPORTUNITIES ENCOUNTERED IN PROTECTING HISTORIC PROPERTIES OVER THE PAST THREE YEARS

CDC reports they have not experienced any major challenges or opportunities in protecting historic properties over the past three (3) years.

IHS reports the following are challenges related to the protection of historic properties:

- Most IHS facilities are located in remote areas of the country which result in increased maintenance, improvement and repair costs.
- Limited maintenance funding results in priority placed on keeping buildings operable for their current health care use.
- Upgrading, renovating, and maintaining historic buildings are not always the most effective or efficient use of funds, particularly with respect to energy efficiency, operational effectiveness, and maintainability.

NIH reports they have rehabilitated or adaptively reused historic properties to achieve sustainability goals.

- Two examples are building 16A, a Caretakers Cottage associated with the George Peter Freeland Estate which and Building 3, both of which have been converted to administrative offices. In both cases NIH has saved the original Windows and achieved required energy efficiencies by introducing new interior storm window units.
- Last year we completed a building envelope restoration project addressed pointing, window repairs, repair and painting of shutters and the introduction of new storm windows (totally reversible) for the historic Peter Estate. Valued at close to \$1 million, NIH now plans to address necessary repairs and restoration of the building’s original slate roof.
- Because the nature of scientific research has changed exponentially in the seven decades that NIH has occupied its Bethesda campus, it is often challenging to adapt buildings that do not have sufficient floor plate areas, columnar spacing or adequate slab to slab heights that sufficient allow for HVAC equipment. Nonetheless, we have and will continue rehabilitate existing structures if cost-benefit analysis can support this approach over new construction.

FDA reports they have not experienced any major challenges or opportunities in protecting historic properties over the past three (3) years.

12. USE OF HISTORIC PROPERTIES

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NIH has used its historic properties in a variety of ways, some of which simply perpetuate their original purpose, whether it is a research laboratory or a residence. Others have been adaptively reused for changing purposes.

- For example: The Peter Estate (Building 16) was originally built as a custom private residence for the descendants of George and Martha Washington, but is now used as a conference center on the ground floor level and as administrative offices on the second and third floors.
- Another example would be the continued research laboratory use of the historic Quad (Buildings 1, 2, 3, 4, 5, 6 and 7) at the Rocky Mountain National Laboratory in Hamilton Montana.
- NIH makes every effort to repurpose its historic buildings to a new use when they no longer effectively fulfill their original purpose.
 - An example of this can be found in our ARRA funded renovation of Building 3 in the Historic Core District of the Bethesda campus. Originally designed and used as the Public Health Methods and Animal Unit Building, the building's Neo-Georgian brick façade, double hung, divided light wood windows and slate roof was meticulously restored while its interior use was effectively transformed into administrative offices for the nearby Clinical Research Center. A LEED certified project this renovation was realized in compliance with EO 13563.

IHS uses its historic property for direct patient care or in support of the IHS mission to provide health care. Most of IHS controlled properties are on tribal trust land and are for the sole purpose of providing health care to the American Indians and Alaska Natives. Therefore any other uses would require IHS to transfer assets to the tribe or Bureau of Indian Affairs which would then be responsible for the use of the historic property. The IHS will use historic buildings to the maximum extent possible prior to the acquisition of new properties to include the reuse of historic properties to meet “Freeze the Footprint” requirements where appropriate. The challenge for IHS is to deliver modern health care in older buildings not well suited for the mission and function of IHS.

CDC has successfully continued to utilize CDC's two (2) historic properties to support the agency's mission over the past three (3) years. Both of the historic properties, the Atlas E Missile Site 9 and the Experimental Mine, are used to house laboratory testing that directly support the agency's mission.

- The agency has been successful in identifying current agency research activities at the Atlas E Missile Site that were compatible with the site's original design.
- The Experimental Mine:
 - The Experimental Mine was constructed by the Government for mine safety research; research in support of that mission is still conducted at this location today.

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- In addition, the Experimental Mine is also used for educational outreach. Tours of the historic portions of the mine are made available to school children and other groups by advance reservation. Due to increased government security requirements, visitation over the past several years has diminished.

13. OVERALL CONDITION OF HISTORIC PROPERTIES

NIH evaluates the condition of its all of its properties, including historic properties, through the Facilities Assessment Program/ Facility Condition surveys of all facilities that are conducted on a recurring, periodic schedule. Attached is the Condition Index of each facility (CI) Index.

CDC's reports the two (2) historic properties are in good repair and are functionally operational in support of the Agency's scientific research activities.

- While the Experimental Mine is in good condition due to the continuous maintenance efforts to maintain the mine drift (shaft) walls and ceilings stability; in 2013 CDC contracted with an independent mine consult to evaluate and document the physical condition of the entire mine workings. The CDC is utilizing the findings of the evaluation to develop a strategic mine restoration and maintenance execution plan to ensure the Experimental Mine's physical condition longevity. The CDC will develop future budget requests to support implementation of the execution plan.

IHS evaluates the condition of its all of its properties, including historic properties, through the facility condition surveys. Facility condition surveys are conducted on a recurring, periodic schedule and deficiencies are documented within the HFDS. Maintenance and improvements, including identified deficiencies, to historic properties is considered during the annual facilities engineering planning process for funding and corrective action. As funds are available, projects are undertaken to improve the condition of these properties. The physical condition of historic properties is approximately the same condition as the overall IHS portfolio. However, the condition index may be slightly lower, due to the need for public law and patient care improvements associated with delivering health care in buildings that are not easily renovated to provide modern health care delivery.

FDA reports historic property has been maintained in fair condition. The property has been modified through renovation in order to accommodate the changing function of the buildings. These renovations occurred both prior to and during FDA's control of these buildings. The archaeological site at Dauphin Island has not been excavated at the present time. Consistent with Federal Real Property Asset Management requirements for improving the condition of owned assets, FDA plans to improve the condition of the San Juan facility subject to the availability of funds.

14. POLICIES THAT PROMOTE AND/OR INFLUENCE THE USE OF HISTORIC PROPERTIES

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FDA reports it complies with HHS Facilities Program Manual which requires all OPDIVs to, support, and foster public-private initiatives and investment in the use, reuse, and rehabilitation of historic properties, to the extent such support is not inconsistent with other provisions of law, the Secretary of the Interior's Standards for Archeology and Historic Preservation, or essential departmental and OPDIV mission requirements.

The NIH Bethesda 2013 Comprehensive Master Plan stipulates what has become common practice at the NIH campuses nationwide, that historic assets be repurposed. Specifically, a stated goal of the Master Plan is: *“1.7.1.3 GOAL 3: Provide a secure and supportive environment for the people involved in NIH activities, including scientists, professional/administrative staff, patients, visitors, and residents.”* Underpinning this Goal, the text goes on to read: *“Preserve and build upon the character of the NIH campus,”* and, *“Preserve and enhance structures with established historic and cultural value, and protect and document important archeological finds.”*

- To this end historic buildings on the campuses have typically found new uses. One such example is the conversion of the NIH and Surgeon General’s residences into co-housing units for fellows who find in these homes the benefit of communal living spaces, semi-private bedrooms and pleasant surrounding gardens and patios.
- While heritage tourism is not within the scope or mission of the NIH, the NIH Visitor’s Center staff conducts hundreds of tours of the campus and its facilities on a daily basis.

IHS policy is to use historic buildings to the maximum extent possible as stated in the IHS OEHE Technical Handbook Chapter 31-11 as follows:

- *Historic Preservation: “Prior to acquisition of new properties, Area Offices shall use available historic property to the maximum extent possible. The Project Summary Document (PSD) or Program Justification Document (PJD) should document that use of any excess historic properties, as applicable, was considered. In the case of proposed replacement of a historic property, the PDS, PJD, or other planning document must state why the existing property can no longer meet program requirements and why replacement is required.”*

CDC reports it complies with HHS space utilization policies which promote maximizing the utilization of agency owned and leased assets; the space utilization policy promotes the continued use of CDC’s two (2) historic properties to the greatest extent feasible.

15. USE OF SECTION 111 (16 U.S.C. § 470h-3) OF NHPA IN PROTECTION OF HISTORIC PROPERTIES

HHS OPDIVs do not utilize section 111 (16 U.S.C. § 470h-3) of the NHPA as a means to protect historic properties.

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- IHS reports that the majority of IHS-managed properties are located on trust land. Once IHS no longer has a need for a facility, it is transferred to the tribe or to GSA for further transfer to the Bureau of Indian Affairs (BIA) or disposed of in accordance with applicable laws and regulations. The disposition of any IHS property on trust land is done in consultation with the tribe(s) and the THPO and/or SHPO depending on the established responsibilities.
- NIH reports they do not utilize this provision of the NHPA since all of its owned properties are within secured perimeters that provide for limited public access. It would therefore be impractical for other agencies to use any NIH facilities that might no longer serve NIH's mission.
- CDC reports they do not transfer, out-lease, or sell their historic properties. If an opportunity arises where use of this authority would be considered advantageous, the CDC would contact HHS for review, legal counsel, and direction.
- FDA reports the situation has not arisen to date where transfer, lease, or sale under Section 111 provisions was considered the preferred course of action.

16. THE USE OF PARTNERSHIPS TO ASSIST IN THE USE OF HISTORIC PROPERTIES

Due to security requirements required for safeguarding operations and research of highly specialized nature of most of our mission-critical space, NIH, CDC and FDA have not actively sought out partnerships to locate Agency functions in historic properties. 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.

Most of IHS controlled properties are on tribal trust land and are for the sole purpose of providing health care to the American Indians and Alaska Natives. Therefore any other uses would require IHS to transfer assets to the tribe or Bureau of Indian Affairs which would then be responsible for the use of the historic property. The IHS works in partnership with the tribes, including consultation with the SHPO/THPO, to identify the potential use and transfer of historic properties when excess to IHS mission requirements.

**17. MAJOR CHALLENGES, SUCCESSES, AND/OR OPPORTUNITIES
ENCOUNTERED USING HISTORIC PROPERTIES OVER THE LAST THREE
YEARS**

Since filing its last Section 3 Report, HHS has continued to improve their management of historic properties.

Some accomplishments and program progress include:

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- The continued review and evaluation of owned and managed properties, assessing the real property inventory for historic and archeological significance.
- Maintaining an up to date Facility Condition Survey and Assessment that tracks real property through a Facility Condition Index which identifies outstanding needs for operations and maintenance for repair and improvement.
- Maintaining a real property database that tracks the historic status of owned buildings. HHS is in the process of converting the real property database software package to a more sophisticated system with capability to include detail information on each historic property/asset.
- Ensuring that appropriate historic preservation-related O&M and preservation and conservation plans for historic properties are developed and integrated into the Asset Business Plan (ABP).
- Strengthened the procedures for managing grant funded projects to ensure compliance with historic preservation requirements for federally assisted undertakings resulted in the number of Grantee Section 106 compliance issues has significantly decreased.
- 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.
- NIH utilizes all of its historic properties to support the Agency's mission and recently upgraded its requirements for all projects affecting any of its eligible or listed resources to have as part of its integrated project team (IPT) a historic preservation trained professional who meets the Secretary of the Interior (SOI) qualification standards.
- CDC has successfully continued to utilize CDC's two (2) historic properties to support the Agency's mission over the past three years. Both of the historic properties, the Atlas E Missile Site 9 and the Experimental Mine, are used to house laboratory testing that directly supports the agency's mission.
- FDA fully utilizes its two (2) historic properties and they are considered mission critical/mission dependent facilities supporting FDA's mission.

IHS reported challenges as follows:

- It is a major challenge to provide health care in antiquated facilities that do not lend themselves to modernization and meet changing standard of care requirements.

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- Dispositions of facilities that have been replaced by a new facility:
 - After activation of a new replacement facility and vacating the older facility, transfer of the federal Property ownership is offered to the tribe. In many cases the process takes 5 or more years due to consultation with the tribe and Tribal Administrations sometimes change on regular basis with new administrations having different opinions regarding the disposition of the property. During this lengthy process it is difficult to maintain the condition of a vacant building until the final disposition of the asset. Some cases have taken over ten years with a property sitting vacant.

18. SUSTAINABILITY GOALS, CLIMATE CHANGE ADAPTATION AND HOW STEWARDSHIP OF HISTORIC PROPERTIES IS BEING ADDRESSED

http://www.hhs.gov/asa/psc/fls/resources/section_3-3_historic_and_archeological_vol_1.pdf

HHS policy (HHS Facilities Program Manual, Volume 1, Section 3-3) mandates the requirements set forth in the National Historic Preservation Act (NHPA) and Executive Order 13287, Preserve America. HHS applies these regulations to all federal undertakings including construction, renovation, repair, grant and leasing programs. In addition, the HHS policy provides guidance on real property disposal (HHS Facilities Program Manual, Volume 2, Section 5-1), http://www.hhs.gov/asa/psc/fls/resources/section_5-1_vol_2.pdf which includes adaptive reuse and the evaluation of disposal properties for HHS reuse. http://www.hhs.gov/asa/psc/fls/resources/sustainable_buildings_plan_2011a.pdf The HHS Sustainable Buildings Plan requires OPDIVs to ensure that rehabilitation of federally owned historic buildings utilizes best practices and technologies to promote long-term viability. Rehabilitation work shall be in accordance with HHS Program Manual Volume I, Section 3-3. EO 13287 Preserve America and Section 110 of the National Historic Preservation Act (NHPA) also direct agencies to give some preference for locating in historic buildings and districts. This language is compatible with those directives and would be closely integrated with those policies in the Federal Management Regulations (FMR). In addition, HHS policy provides guidance on real property disposal (HHS Facilities Program Manual, Volume 2 Sections 5-1 & 5-4), http://www.hhs.gov/asa/psc/fls/resources/section_5-1_vol_2.pdf & http://www.hhs.gov/asa/psc/fls/resources/section_5-4_vol_2.pdf which includes adaptive reuse and the evaluation of disposal properties for HHS reuse. HHS integrates the *Guiding Principles* into historic properties where possible, provided the modifications meet the Secretary of Interior's Standards for the Treatment of Historic Properties (and Rehabilitation), 36 CFR 68 and 36 CFR 67 respectively.

The 2012 HHS Climate Change Adaptation Plan does not specifically address impacts to historic properties. It is currently being updated and there will be a section concerning historic properties in the updated 2014 version. <http://www.hhs.gov/about/sustainability/adaptation-plan.pdf>

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HSS requires OPDIVs to coordinate historic preservation and sustainability goals in project planning through the use of the HHS Sustainable Buildings Checklist which indicates the project strategy to meet required sustainable building goals.

HHS OPDIVs have adaptively reused historic buildings to achieve sustainability goals. An example is the NIH Bethesda Campus Building 3 built in 1938 that once housed laboratories was restored and renovated for offices and administrative space.

HHS is committed to continuous improvement and better building performance management, energy efficiency enhancements and energy waste reduction in an open and transparent way presented in the 2013 Strategic Sustainability Performance Plan, HHS expresses its continued commitment to comply with environmental, energy, and public health statutes, regulations, and Executive Orders. <http://www.hhs.gov/about/sustainability/2013-sustainability-plan.pdf>

End of Report

APPENDIX A: NATIONAL INSTITUTES OF HEALTH (NIH)

**National Institutes of Health's Historic
Resources Preservation Program,
An Operating Division of the
U.S. Department of Health and Human Services**

**Executive Order 13287, "Preserve America"
Section 3 Report**

September 2014

**NIH RESPONSES TO
THE MAJOR QUESTIONS IN THE
ACHP SECTION 3: REPORTING PROGRESS ON THE IDENTIFICATION,
PROTECTION, AND USE OF FEDERAL HISTORIC PROPERTIES
September 2014**

1. Building upon previous Section 3 reports, please explain how many historic properties have been identified and evaluated by your agency in the past three years? Has your inventory improved? Please explain.

As noted in the previous report, NIH manages an inventory of both listed and eligible National Register resources nationwide on its campus locations in both Bethesda and Frederick, Maryland as well as in Hamilton, Montana

Our previous report for the Bethesda Campus listed 22 resources determined eligible (DOEs) for listing in the NRHP. For a list of those resources, please see the attached table, Attachment "A". This table (Attachment "A") includes the additional eight (8) resources we surveyed in the intervening three years, of which four (4) were Determined Eligible for listing in the NRHP and subsequently added to the Maryland Inventory of Historic Properties. The other four were determined ineligible, in consultation and with concurrence from the Maryland Historical Trust

In Frederick Maryland, since the 2011 report was filed, no additional resources were surveyed nor determined eligible. On this campus is the One Million Test Sphere (Building 527). It is listed for its significance in the scientific development of aerobiology and for its unique structural engineering. A gas tight, steel sphere that was used for the study of pathogenic studies from 1951 to 1970, it is the largest such facility in the world, measuring 40 feet in diameter.

Similarly, in Hamilton Montana, since the 2011 report was filed, no additional resources were surveyed nor determined eligible. There has been no change to The Rocky Mountain Laboratory Historic District (reference number 88001274) which is composed of 10 contributing structures built between 1927 and 1937 of brick, stone and concrete in a vaguely Gothic Revival style. Their significance derives from the science conducted in these structures, including the research and development of vaccines to cure the insect borne Rocky Mountain spotted fever, as well as other vaccines developed to aid the troops during WWII. Like the NIH Bethesda campus, these historic buildings were all built under the direction of the Treasury Department's Supervising Architect, Louis A. Simon.

2. Describe your agency policies that promote and/or influence the identification and evaluation of historic properties.

This information is collected through studies that are performed 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. The record copies of the studies are filed and maintained in both electronic and hard-copy format with Historic Preservation Officer. Our Real Property Inventory database also contains information that identifies a property's historic status.

Our Federal Preservation Officer, with the concurrence of the State Historic Preservation Officer, determines if a property is eligible for listing in the National Register of Historic Places based on National Registration Criteria and in accordance with the Secretary of the Interior's Standards for Evaluation. Historic/ potentially historic properties are not tracked as a percentage of our total real property holdings but are tracked individually.

3. How has your agency established goals for the identification and evaluation of historic properties including whether they have been met?

We have established as our goal the identification, documentation and evaluation of all properties once they turn 50 years of age in full accord with Section 110 of the NHPA.

4. Describe any internal reporting requirements your agency may have for the identification and evaluation of historic properties, including collections (museum and archaeological).

The Department of Health and Human Services (HHS) requires quarterly portfolio reporting from all Operating Divisions. These reports clearly denote the NRHP status of each resource therein. This listing is reviewed and updated by the FPO following any 110 Evaluations that have been submitted to or approved by the appropriate SHPOs

5. Explain how your agency has employed the use of partnerships to assist in the Identification and evaluation of historic properties.

NIH has had no experience using partnerships to identify its resources. There appears to be no benefit from this approach for our campuses since, quite fortunately, our facilities records are very complete and all campus have dedicated facilities stewardship teams. Phase 1 archaeological surveys, minimally, have been completed as well for all of the above noted campus locations.

6. Provide specific examples of major challenges, successes, and or opportunities your agency has experienced in identifying historic properties over the past three years.

There have been no such major challenges identifying historic properties over the last three years. The greater challenge has been to find the time and resources to document and evaluate those resources. Typically, research and data collection are performed by qualified in-house and contracted professionals meeting the Secretary of the Interior's (SOI) qualification standards. Typically this includes staff of the FP and the professional historians and archivists in the Office of NIH History. Some of the more recent DOEs have examined 50 year old facilities that were

the settings for scientific breakthroughs and/or persons significant to the history of scientific research and human health.

Protection

7. Explain how your agency has protected historic properties

Long recognized world-wide for its pre-eminence in supporting and conducting leading edge biomedical research, NIH has been a leader in preservation of its Bethesda Campus, witness to so much of the scientific discovery that has propelled our knowledge base and had a major positive impact on humankind.

In 1993 the NIH Facilities Planning Office first issued its Historic Preservation Plan for the National Institutes of Health. Completed shortly after NIH celebrated fifty years on its Bethesda campus location, this planning document served to record the architectural and archaeological heritage, and also to clearly articulate the structure, organization and procedures of NIH's preservation office, pursuant to federal regulations (section 110). Over the ensuing 20 years, only architects within the Office of the Division of Facilities Planning who meet the Secretary of the Interior's qualifications standards (36 CFR Part 61) have served as NIH Federal Preservation Officers. This ensures that stewardship of historic properties is considered in all facilities acquisitions, planning, design, construction, environmental protection, and maintenance & operations actions.

Working with preservation professionals in private practice and the Maryland Historical Trust, NIH had completed by 2004 Determinations of Eligibility resulting in the establishment of two campus historic districts (the Quarters and the NIH Historic Core) as well as five individually listed resources, one of which—the National Library of Medicine—was determined eligible under the exceptional significance criteria as a National Historic Landmark decades before it reached 50 years of age. Since that time research by the FPO in conjunction with staff of the Office of NIH History have added two more buildings, the laboratories of which have served as the settings for significant scientific discovery (the Biologics Standards Laboratory Building staffed by FDA scientists in the Center for Biologics Evaluation and Research; and the Dental Research Building home to the National Institute for Dental and Craniofacial Research).

The NIH has developed and implemented policies and procedures for the management and maintenance of the properties that meet commonly-accepted best practices. Thorough survey, assessment, and planning precede improvements and major repairs. In case after case, NIH has found that careful study and planning has led to courses of action that preserve character defining features while only promoting resources toward work that is truly necessary and is in accordance with the SOI Standards. In recent projects, such as the ARRA-funded renovation of Building 3, an original campus structure, as well as building 16, the former Peter family estate, NIH has worked with the Trust to assure that existing windows are repaired rather than replaced and that required federal energy conservation standards are achieved by the installation of storm windows which also act to protect the original building fabric.

Presently, the FPO is in the process of identifying and cataloging the character-defining features of each historic property to serve as a record and as a reference guides for those who clean, maintain, repair, or plan to alter a building. Serving as prototype for future such reports, the recently issued Convent of the Sisters of the Visitation of Washington (Building 60) Architectural Character (August 2013) documents all the significant extant architectural elements that contribute to unique integrity of this valuable resource. It also encourages parties to consider actions with less potential impact, and to better understand those features that are vital to the facilities historic integrity. This neither replaces notifying the FPO of proposed actions nor bypasses the Section 106 process. Following a review and comment period, future studies of character-defining features will be issued for NIH's historic properties. The NIH has also made great strides in educating key staff involved in day-to-day stewardship of historic properties. The FPO communicates regularly with maintenance staff, facilities managers, and design & construction project officers. This includes informational presentations on the historic preservation program with its legal and moral underpinnings; and discussion of roles, responsibilities, and expectations in regards to project planning and execution.

For larger repairs and improvements, the NIH as standard practice has relied on qualified contractors following well-thought-out, detailed specifications. The NIH has a sizeable in-house maintenance staff that is divided among specialized groups. The FPO has initiated research into existing Preservation Trades training programs, such as those offered at the National Center for Preservation Trades Training as well as the University of Virginia. Presently the FPO is in discussions with the Division of Facilities Maintenance and Operations regarding a pilot preservation trades training program based upon the identification of key staff having the knowledge, skills, and abilities related to common preservation maintenance activities, and further staff development.

NIH's preservation activities have already begun to have a positive effect on other federal agencies. For example, because of its thorough documentation of the historical significance of the scientific significance of the ground breaking research that took place in its 1961 Biologics Standards Laboratory Building, FPO staff has recently had the opportunity to work with National Historic Landmark program staff of the National Park Service as they look to research the Polio epidemic of the mid- 20th century.

Similarly, FPO staff at NIH have discussed historic preservation Section 106 consultation approaches and best practices with peers at the National Aeronautic and Space Administration in nearby Prince George's County, Maryland. Beyond Maryland, an illustrated summary of NIH's Historic Preservation program was a featured program item at ArchEx, the 2013 annual meeting in Richmond of the American Institute of Architect's Virginia Society.

8. Describe the programs and procedures your agency has established to ensure the protection of historic properties, including compliance with Sections 106, 110, and 111of NHPA.

Please see answers to item 7.above.

9. Describe your agency policies that promote and/or influence the protection of historic properties.

For more than two decades, NIH has supported an established historic preservation program that complies with the provision of Sections 110 and 106. Significant components of our program include:

- NIH maintains an extensive library of the history of our agency as well the history and construction of all its buildings.
- The Historic Preservation Officer is also a staff member of NIH's Office of Research Facilities and works closely with its numerous divisions.
- We have a designated Federal Preservation Officer who consults regularly and as required with the HHS Federal Preservation Officer and SHPOs.
- A rigorous project planning and programming process that includes full consideration of effects on cultural/historic resources as part of the NEPA process.
- We use GSA to execute most of our leased space projects, and rely significantly on GSA to use its own Section 110 implementation regulations and procedures. We have had excellent success with this approach as we are able to leverage our own staff of planners, architects and engineers with the expertise of GSA historic preservation, archaeological and cultural resource staff. We also benefit from using GSA ID/IQ contracts with specialty firms to perform cultural resource/archaeology surveys, and Determinations of Eligibility (DOEs). GSA RHPO's typically have excellent ongoing relationships with appropriate SHPO's, which greatly facilitate informal and formal resolution of Section 110 and other Historic Preservation issues.
- Rigorous review of every proposed undertaking potentially affecting an historic resource automatically dictates the initiation of a Section 106 consultation by the FPO in coordination with the affected SHPO, when required.

10. Explain how your agency has employed the use of partnerships to assist in the protection of historic properties.

NIH has worked closely with the applicable SHPOs. For example, we recently hosted the Maryland Historical Trusts NR Chief as well as our compliance officer on a tour of the Bethesda campus. We sought their input before determining the boundaries of a proposed district. In Montana, we will be working with the SHPO representative to determine best treatment methods for a highly deteriorated wood siding.

11. Provide specific examples of major challenges, successes, and/or opportunities your agency has encountered in protecting historic properties over the past three years.

We have rehabilitated or adaptively reused historic properties to achieve sustainability goals. Two examples are building 16A, a Caretakers Cottage associated with the George Peter Freeland Estate which and Building 3, both of which have been converted to administrative offices. In both cases NIH has saved the original Windows and achieved required energy efficiencies by introducing new interior storm window units.

Last year we completed a building envelope restoration project addressed pointing, window repairs, repair and painting of shutters and the introduction of new storm windows (totally reversible) for the historic Peter Estate. Valued at close to \$1 million, NIH now plans to address necessary repairs and restoration of the building's original slate roof.

Because the nature of scientific research has changed exponentially in the seven decades that NIH has occupied its Bethesda campus, it is often challenging to adapt buildings that do not have sufficient floor plate areas, columnar spacing or adequate slab to slab heights that sufficient allow for HVAC equipment. Nonetheless, we have and will continue rehabilitate existing structures if cost-benefit analysis can support this approach over new construction.

Use

12 Explain how your agency has used historic properties.

NIH has used its historic properties in a variety of ways, some of which simply perpetuate their original purpose, whether it be a research laboratory or a residence. Others have been adaptively reused for changing purposes. For example, the Peter Estate (Building 16) was original built as a custom private residence for the descendants of George and Martha Washington, but is now used as a conference center on the ground floor level and as administrative offices on the second and third floors. Another example would be the continued research laboratory use of the historic Quad (Buildings 1, 2, 3,4, 5, 6 and 7) at the Rocky Mountain National Laboratory in Hamilton Montana. NIH makes every effort to repurpose its historic buildings to a new use when they no longer effectively fulfill their original purpose. An example of this can be found in our ARRA funded renovation of Building 3 in the Historic Core District of the Bethesda campus. Originally designed and used as the Public Health Methods and Animal Unit Building, the buildings Neo-Georgian brick façade, double hung, divided light wood windows and slate roof was meticulously restored while its interior use was effectively transformed into administrative offices for the nearby Clinical Research Center. A LEED certified project this renovation was realized in compliance with EO 13563.

13. Explain the overall condition of the historic properties within your agency's control.

NIH evaluates the condition of its all of its properties, including historic properties, through the Facilities Assessment Program/ Facility Condition surveys of all facilities that are conducted on a recurring, periodic schedule.

Attached is the Condition Index of each facility (CI) Index.

14 Describe your agency policies that promote and/or influence the use of its historic properties.

The 2013 Comprehensive Master Plan stipulates what has become common practice at the NIH campuses nationwide, that historic assets be repurposed. Specifically, a stated goal of the Master Plan is: “**1.7.1.3 GOAL 3: Provide a secure and supportive environment for the people involved in NIH activities, including scientists, professional/administrative staff, , patients, visitors, and residents.**” Underpinning this Goal, the text goes on to read: “*Preserve and build upon the character of the NIH campus,*” and, “*Preserve and enhance structures with established historic and cultural value, and protect and document important archeological finds.*”

To this end historic buildings on the campuses have typically found new uses. One such example is the conversion of the NIH and Surgeon General’s residences into co-housing units for fellows who find in these homes the benefit of communal living spaces, semi-private bedrooms and pleasant surrounding gardens and patios.

While heritage tourism is not within the scope or mission of the NIH, the NIH Visitor’s Center staff conduct hundreds of tours of the campus and its facilities on a daily basis.

15. Explain how your agency has used Section 111 (16 U.S.C. 470h-3) of NHPA in the protection of historic properties.

NIH does 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, and direction.

Thus our agency does not utilize this provision of the NHPA since all of its owned properties are within secured perimeters that provide for limited public access. It would therefore be impractical for other agencies to use any NIH facilities that might no longer serve NIH’s mission.

When we need to dispose of properties to comply with other federal requirements, such as Freeze the Footprint, and the Federal Real Property Councils’ measures, we follow HUD Guidelines, completing a Title V Property Survey.

These guidelines include provisions for addressing the facility’s NRHP status. Thus far the only proposed disposal through demolition which affects an NRHP eligible structure, has been the demolition of Building 7, which was the result of a MOA arising out of a lengthy and well documented Section 106 consultation with the ACHP and the MHT.

16. Explain how your agency has employed the use of partnerships to assist in the use of historic properties.

NIH does not have partnerships for the preservation of historic properties because all historic buildings are preserved and utilized in fulfilling its mission. Due to the highly specialized nature

of most of our mission-critical space, NIH has not actively sought out partnerships to locate Agency functions in historic properties. However, we do maintain a close relationship with GSA for leased space, which could house our non-laboratory “office” type functions in historic properties as long as applicable security and location criteria were met.

NIH does not have opportunities for the use of its assets in economic development and heritage tourism. However, we involve stakeholders through compliance with the National Environmental Policy Act and the consultation process prescribed under 36 CFR §800 and Section 106 of the NHPA.

There are no special statutory or legal restrictions that prohibit us from exploring partnerships for local economic development; however, all historic buildings are being used to fulfill our primary mission. Specific proposals would require review by legal counsel.

17. Provide specific examples of major challenges, successes, and/or opportunities your agency has encountered in using historic properties over the past three years.

During last three years, we have improved our management of historic properties. Significant changes, accomplishments, and program progress since the last report include:

- Evaluation and updating the Real Property inventory database.
- Close and careful review of all Division of Property Management design and construction projects to assure absolute compliance with the SOI Standards.
- NIH now requires that all projects affecting any of its eligible or listed resources have as part of its project team a historic preservation trained professional who meets the SOI qualification standards.
- Thorough documentation, analysis and coordination with the SHPO in order to determine effects for all Section 106 projects.
- Creation of an electronic log of all Section 106 cases showing project status at any given time,
- Section 106 Reviews for six ARRA funded projects all of which were determined to have no Adverse Effect, to which the SHPO provided concurrence.
- Continuation of work with the NIH Division of Environmental Protection in the NEPA evaluation of projects and work sites.

18. Describe your agency’s sustainability goals and climate change adaptation planning and how stewardship of historic properties is being addressed.

- a. NIH has prepared a Strategic Sustainability Performance Plan in accordance with EO 13514 which does address historic properties under Section 3.

- b. The Divisions of Facilities Planning, the Stewardship and Environmental Protection are all within the Office of Research Facilities. As such projects are subject to rigorous review to eliminate duplication of resources, coordination of efforts and application of suitable expertise. An example of this effort is the Sustainability Management Team, composed of the Historic Preservation Officer, the NIH Sustainability Manager, the ORF Director, the NIH Deputy Director of Intramural Research and other senior managers who meet monthly to discuss and implement best practices to meet the Guiding Principles.

END OF REPORT

Executive Order 13287, Section 3 Report on Historic Properties

ATTACHMENT “A”

Summary of Bethesda Campus Historic Resources

last updated 9/4/2014

<u>Building Name</u> ¹	<u>Date Built</u>	<u>Age</u>	<u>Eligibility</u> ²	<u>MIHP #</u> ³	<u>Architect</u>	<u>Notes</u>
NIHBC 60 - Lasker	1923-01-01	92	NRE	M: 35-9-6		
NIHBC 61 - Caretakers House	1923-01-01	92	NE	M: 35-9-9		
NIHBC 15K	1926-01-01	89	NRE	M: 35-9-3		
NIHBC 16 - Lawton Chiles International House	1931-01-01	84	NRE	M: 35-9-1		
NIHBC 16A	1931-01-01	84	NRE	M: 35-9-1		
NIHBC 01	1938-12-01	76	NRE	M: 35-9-2		
NIHBC 02	1938-12-01	76	NRE	M: 35-9-2		

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	01			
	1938-12-			
NIHBC 03	01	76	NRE	M: 35-9-2
	1939-09-			
NIHBC 06	15	75	NRE	M: 35-9-2
	1940-01-			
NIHBC 15B1 - Quarters	01	75	NRE	M: 35-9-7
	1940-01-			
NIHBC 15B2 - Quarters	01	75	NRE	M: 35-9-7
	1940-01-			
NIHBC 15C1 - Quarters	01	75	NRE	M: 35-9-7
	1940-01-			
NIHBC 15C2 - Quarters	01	75	NRE	M: 35-9-7
	1940-01-			
NIHBC 15D1 - Quarters	01	75	NRE	M: 35-9-7
	1940-01-			
NIHBC 15D2 - Quarters	01	75	NRE	M: 35-9-7
	1940-01-			
NIHBC 15E1 - Quarters	01	75	NRE	M: 35-9-7
	1940-01-			
NIHBC 15E2 - Quarters	01	75	NRE	M: 35-9-7

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NIHBC 15F1 - Quarters	1940-01-01	75	NRE	M: 35-9-7	
NIHBC 15F2 - Quarters	1940-01-01	75	NRE	M: 35-9-7	
NIHBC 15G1 - Quarters	1940-01-01	75	NRE	M: 35-9-7	
NIHBC 15G2 - Quarters	1940-01-01	75	NRE	M: 35-9-7	
NIHBC 15H - Quarters	1940-01-01	75	NRE	M: 35-9-7	
NIHBC 15I - Quarters	1940-01-01	75	NRE	M: 35-9-7	
NIHBC 05	1941-04-15	73	NRE	M: 35-9-2	
NIHBC 04	1941-05-15	73	NRE	M: 35-9-2	
NIHBC 09	1943-02-01	72	NE	M: 35-9-4	
NIHBC 08	1946-01-01	69	NRE	M: 35-9-2	
NIHBC 07	1947-05-01	67	NRE	M: 35-9-5	
NIHBC 21	1949-12-01	65			draft by Robinson
NIHBC 12	1950-10-01	64	NE	M: 35-9-10	
NIHBC 52 - Substation	1951-01-01	64			Section 110 Eval required

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NIHBC 10 - Clinical Center	1952-01-01	63	NE	NA	Filed; MHT concurrence according to Rick Herring.
NIHBC 13	1952-08-01	62	NE	M: 35-9-10	
NIHBC 22	1952-09-01	62		M: 35-9-13	
NIHBC 11 - Central Plant	1952-11-01	62	NE	M: 35-9-10	
NIHBC 53 - Substation	1953-01-01	62			
NIHBC 14A	1953-11-01	61			Awaiting eval. based upon Historic Context development
NIHBC 14B	1953-11-01	61			Awaiting eval. based upon Historic Context development
NIHBC 14C	1953-11-01	61			Awaiting eval. based upon Historic Context development
NIHBC 14D	1953-11-01	61			Awaiting eval. based upon Historic Context development
NIHBC 25	1953-11-01	61		M: 35-9-14	
NIHBC 28	1953-11-01	61			Awaiting eval. based upon Historic Context development
NIHBC 14E	1956-01-01	59			Awaiting eval. based upon Historic Context development
NIHBC 14F	1957-09-01	57			Awaiting eval. based upon Historic Context development
NIHBC 14G	1957-09-01	57			Awaiting eval. based upon Historic Context development
NIHBC 28A	1958-01-01	57			Awaiting eval. based upon Historic Context development
NIHBC 32	1959-02-01	56	NE		
NIHBC 29	1960-07-01	54	NRE	M: 35-9-12	
NIHBC 54 - Substation	1961-01-01	54			Section 110 Eval required
NIHBC 30	1961-07-01	53	NRE	M: 35-9-11	

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NIHBC 38 - NLM	1962-04-01	52	NRE	M: 35-9-8	
NIHBC 31	1962-04-01	52			Section 110 Eval required
NIHBC 12A	1965-09-01	49			
NIHOS 82 - RA Bloch International Cancer Center	1966-01-01	49			
NIHBC T10D	1968-01-01	47			
NIHBC 29A	1968-09-01	46	NRE	TBD	
NIHBC 34 - Central Plant	1968-10-01	46	NE		MHT concurrence
NIHBC 41	1969-04-01	45			
NIHBC 37	1969-11-18	45			
NIHBC MLP6 - Multi-Level Parking	1971-07-01	43			
NIHBC 18	1973-01-01	42			
NIHBC 46 - Pepco West Substation	1975-01-01	40			
NIHBC 06A	1976-12-15	38			
NIHBC T14	1978-01-01	37			
NIHBC 12B	1979-06-01	35			
NIHBC 17 - Pepco East Substation	1980-01-01	35			
NIHBC MLP7 - Multi-Level Parking	1980-05-01	34	NRE	M: 35-9-8	
NIHBC 34A - Central Plant	1981-06-01	33	NE		MHT concurrence
NIHBC 38A - Lister Hill	1981-06-01	33	NRE	M: 35-9-8	

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NIHBC 14H	1982-09-01	32	Awaiting evaluation based upon Historic Context development
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NOTES

- ¹ Building Names include the Abbreviation for NIH Bethesda Campus (NIHBC) in front of the Numeric Name
- ² Eligibility Determinations are identified as one of the following: NRE = Eligible or NE = Not Eligible
- ³ This number is the Maryland Historical Trust's identifier for Resources NIH has identified as NRE

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APPENDIX B: INDIAN HEALTH SERVICE (IHS)

**Indian Health Service,
An Operating Division of the
U.S. Department of Health and Human Services**

**Executive Order 13287, “Preserve America”
Section 3 Report**

September 2014

Executive Order 13287, Section 3 Report on Historic Properties

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IHS RESPONSETO THE 18 MAJOR QUESTIONS IN THE SECTION 3 REPORT

IDENTIFICATION

1. Building upon previous Section 3 reports, please explain how many historic properties have been identified and evaluated by your agency in the past three years? Has your inventory improved? Please explain.

IHS has:

- Identified 154 properties which are considered potentially eligible for listing in the National Register of Historic Places (NRHP). This is an increase of 15 additional properties compared to 2011. Seven(7) potentially eligible properties were demolished and two (2) potentially eligible properties were transferred to tribes from 2010-2013
- National Register Listed properties transferred to tribe: None

IHS manages an inventory of historic properties as follows:

- Four (4) IHS installations are located within historic districts:

Inst Nr	Installation	Historic District/Landmark (if applicable)	Reference Number	Contributing Elements (Building Nr)
61092	Mt Edgecumbe IHS Hospital, Sitka, AK	Sitka Naval Operations Base	86003559	00201 00203 00204 00205 00207 00208 00209 00210 00211 00212 00229
11556	PHS Institutional Support Facility, Fort Washakie, WY	Fort Washakie Historic District	69000188	00029 00074
11505	PHS Institutional Support Facility, Poplar, MT	Fort Peck Boarding School Historic District	86002067	00061
11488	PHS Indian Hospital, Winterhaven, CA	Yuma Crossing and Associated Sites	66000197	00215

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- Properties within historic districts demolished:

Inst Nr	Installation	District	Reference Number	Contributing Elements (Building Nr)
11505	PHS Institutional Support Facility, Poplar, MT	Fort Peck Boarding School Historic District	86002067	00063 (Office Building)

2. Describe your agency policies that promote and/or influence the identification and evaluation of historic properties.

The IHS mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The identification and evaluation of historic properties and heritage assets is integrated into IHS through guidance documents and procedures that ensure these properties are identified, evaluated and protected within accordance to the law.

The IHS has developed the following policies for stewardship of historic properties and heritage assets:

- *IHS Environmental Review Manual* (31 Jan 2007)
- Technical Handbook for Environmental Health and Engineering, Chapter 30-2, *Guidelines for Real Property Assets Accountability* (12 Feb 2010)
- Technical Handbook for Environmental Health and Engineering, Chapter 30-5, *Reporting Heritage Assets and Lands Held in Trust* (26 Nov 2007)
- Technical Handbook for Environmental Health and Engineering, Chapter 31-11, *Historic Preservation* (14 Dec 2006)
- Technical Handbook for Environmental Health and Engineering, Chapter 35-4, *Disposal of Historic Properties* (6 Aug 2007)

The IHS/OEHE Technical Handbook Chapter 31-11 *Historic Preservation* describes the IHS guidance for evaluation and nomination of historic properties. Area Offices receive facility support funds or project funds that are used to conduct studies and investigations to identify and evaluate properties which may be historic in nature. In addition, budgetary requirements for a historic property that is potentially affected by a facility project/undertaking are identified in the planning/pre-design phase of projects.

3. How has your agency established goals for the identification and evaluation of historic properties including whether they have been met?

The IHS/OEHE Technical Handbook Chapter 31-11 *Historic Preservation* issued in December 2006 outlined that the Area Offices complete comprehensive baseline studies, which were done at that time. The process also outlines evaluation of potentially-eligible buildings.

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The *IHS Environmental Review Manual* establishes the IHS procedures when there is an undertaking. This includes identification and evaluation of potential historic properties any time that an undertaking could affect either designated or potentially designated properties or resources of historic, architectural, archeological, or cultural significance.

4. Describe any internal reporting requirements your agency may have for the identification and evaluation of historic properties, including collections (museum and archaeological).

The IHS/OEHE Technical Handbook Chapter 31-11 Historic Preservation outlines that the IHS Area Offices maintain an accurate inventory of all historic or culturally significant properties in the Healthcare Facilities Data System (HFDS). The HFDS is used to track the determination of historical property status. IHS Area Offices are requested to review and update the data annually during the Federal Real Property Council real property inventory submission or as surveys are completed. An example of the HFDS form is shown below:

The screenshot shows the 'Healthcare Facilities Data System' interface. At the top, there are navigation links: Logout, DFO Site, Help, Contacts for Help, and Plug-in Support. Below this is a menu bar with options: Realty, Lease, MIE, FEDS & Env, Self Gov, Energy, Stewardship, Asset Mgmt, and Admin. The main form is titled 'Stewardship Form' and includes the following fields and sections:

- Area: Portland (dropdown), Installation Number: 11551 | PHS Indian Health Center | WA (dropdown), GO (button)
- Install Common Name: Colville Health Center
- Bls No: 00020 | Office | General, Institutional... | 227.6 (dropdown)
- Bldg Common Name: Old Doctors Quarters. Current Clinic Administration | Age: 75
- 1. Enter Information from Historic Property Assessment (Check all that apply)
 - Historically or Culturally Significant
 - Why: [text box]
 - Significant Event Occurred Here
 - Event: [text box]
 - Date: [text box]
 - Associated with important person
 - Who: [text box]
 - When: [text box]
- 2. Submitted for concurrence of THPO/SHPO
 - Submission Date: 12/14/2000
- 3. SHPO/THPO Determination
 - Determination: Historic (dropdown)
 - Signed By (Name Position): Dortignacq Assoc / THPO
 - Date Signed: 11/13/2000
- 4. Submitted to the National Register
 - Submitted by: [text box]
 - Submission Date: [text box]
- 5. National Register Determination
 - A Result: [dropdown]
 - Listing Date: [text box]
 - Reference Number: [text box]
 - or B in a Historic District included in a Landmark
 - Dist/Landmark Name: [text box]
 - Reference Number: [text box]
 - Contributing Element: [dropdown]
- Comments: Portland Area Office made an initial determination of historic significance on 12/14/2000.
- No Changes Pending (button)
- Last Update: 8/30/2014 By: dlisyun

1. National Historic Landmarks are nationally significant historic places designated by the Secretary of the Interior because they possess exceptional value or quality in illustrating or interpreting the heritage of the United States.
2. Reference Number refers to the unique reference number used in the National Register of Historic Places Database.

5. Explain how your agency has employed the use of partnerships to assist in the identification and evaluation of historic properties.

All IHS programs, including facilities, are managed in partnership with the Tribe(s)/Tribal organization(s) that are being served. The IHS consults with the State Historic Preservation Office and/or Tribal Historic Preservation Office in the identification and evaluation of historic properties.

6. Provide specific examples of major challenges, successes, and or opportunities your agency has experienced in identifying historic properties over the past three years.

There are no major challenges in identifying historic properties. The IHS continues to work in partnership with those THPOs to ensure that they are actively consulted throughout the Section 106 process. However, this process occasionally takes longer than 30 days identified in 36 CFR Part 800. The major challenge is to deliver modern health care in older buildings not well suited for the function.

PROTECTION

7. Explain how your agency has protected historic properties.

All IHS buildings are used for the IHS mission or in support of the mission to provide health care to American Indians and Alaska Natives. The IHS uses available funds to provide a safe environment for patients and staff and to protect real property assets.

To address compliance with protecting historic properties, the IHS developed technical guidance and an environmental review process to ensure that undertakings properly consider the historic nature of IHS assets. In addition, the IHS:

- Conducts facility conditions assessments of all buildings, including historic buildings and structures, which identify deferred maintenance requirements for future funding.
- Prioritizes maintenance needs during the Area Facilities Engineering Program Plan (FEPP) development that include historic facilities.
- Develops preservation plans for identified sites to enhance the long-term protection of the properties in accordance with the Secretary of Interior's Standards for Historic Properties. Service Unit Chief Executive Officers and local facility management staff ensure that appropriate maintenance and repair occurs within available resources.
- Includes Historic Preservation requirements in grant application instructions and guidance for competing and continuation application packages.

8. Describe the programs and procedures your agency has established to ensure the protection of historic properties, including compliance with Sections 106, 110, and 111 of NHPA.

IHS has established procedures to address compliance with the NHPA. Please refer to Item 2 above for a listing of IHS guidance related to historic preservation. This includes the *IHS Environmental Review Manual* which establishes the IHS procedures when there is an undertaking and the identification and evaluation of historic properties any time that an undertaking could affect either designated or potentially designated properties or resources of historic, architectural, archeological, or cultural significance.

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Historic preservation plans are suggested for all properties that are listed properties, contributing elements, or nominated or eligible for the National Register. Technical guidance outlines that historic preservation plans be developed including identifying preservation activities and budgeting for maintenance and upkeep of property. The Area Offices maintain an inventory of all historic or culturally significant properties in the Healthcare Facilities Data System (HFDS). Over the past three years, continuing consultation with the SHPO/THPO on owned real property has been conducted on a case-by-case basis.

IHS offers annual Section 106 Training Courses through the Environmental Health Support Center (EHSC), an internal IHS training division which supports the Indian Health Service Office of Environmental Health and Engineering. The course is available to all IHS employees with Section 106 responsibilities. IHS employees also have the option to take Section 106 courses through outside training providers such as the Advisory Council of Historic Places.

9. Describe your agency policies that promote and/or influence the protection of historic properties.

The IHS has established guidance on the use and protection of historic properties. The IHS as an agency has not entered into any management contracts to specifically manage historic properties. Under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, tribes and tribal organizations have the option of assuming from the IHS the administration and operation of health services and programs in their communities, including the managing properties used to provide these services.

IHS has developed a Facility Condition Assessment Program (FCAP) for the identification of deferred maintenance for IHS facilities that include historic assets. The details can be found in the IHS/OEHE Technical Handbook Part 73 Facility Condition Assessment Program (FCAP). Deferred maintenance projects are prioritized by the Area Offices annually as part of their Facilities Engineering Program Plan (FEPP) in consultation with tribes and tribal organizations. FEPPs are prepared by IHS Area Offices, service units, and tribal programs to identify, delineate, and plan facilities related activities and projects to be accomplished during the fiscal year with maintenance and improvement funds. The Area Office, service units, and tribal organizations must balance facility maintenance requirements with program needs, accreditation requirements, life-safety issues, historic protection, etc. in the development of their annual FEPP.

10. Explain how your agency has employed the use of partnerships to assist in the protection of historic properties.

There are no special statutory or legal restrictions that prohibit us from exploring partnerships for local economic development for the protection of historic properties. However, BIA not IHS would be responsible for properties located on trust land since IHS only has the authority to retain properties required for health care programs. All IHS programs, including facilities, are managed in partnership with the Tribe(s)/Tribal

Executive Order 13287, Section 3 Report on Historic Properties

organization(s) that are being served. Most of IHS controlled properties are on tribal trust land; therefore tribal consultation is an integral part of any undertaking that will affect a historic property.

11. Provide specific examples of major challenges, successes, and/or opportunities your agency has encountered in protecting historic properties over the past three years.

The following are challenges related to the protection of historic properties:

- Most IHS facilities are located in remote areas of the country which result in increased maintenance, improvement and repair costs.
- Limited maintenance funding results in priority placed on keeping buildings operable for their current health care use.
- Upgrading, renovating, and maintaining historic buildings are not always the most effective or efficient use of funds, particularly with respect to energy efficiency, operational effectiveness, and maintainability.

USE

12. Explain how your agency has used historic properties.

The IHS uses its historic property for direct patient care or in support of the IHS mission to provide health care. Most of IHS controlled properties are on tribal trust land and are for the sole purpose of providing health care to the American Indians and Alaska Natives. Therefore any other uses would require IHS to transfer assets to the tribe or Bureau of Indian Affairs which would then be responsible for the use of the historic property. The IHS will use historic buildings to the maximum extent possible prior to the acquisition of new properties to include the reuse of historic properties to meet “Freeze the Footprint” requirements where appropriate. The challenge for IHS is to deliver modern health care in older buildings not well suited for the mission and function of IHS.

13. Explain the overall condition of the historic properties within your agency’s control.

IHS evaluates the condition of its all of its properties, including historic properties, through the facility condition surveys. Facility condition surveys are conducted on a recurring, periodic schedule and deficiencies are documented within the HFDS. Maintenance and improvements, including identified deficiencies, to historic properties is considered during the annual facilities engineering planning process for funding and corrective action. As funds are available, projects are undertaken to improve the condition of these properties.

The physical condition of historic properties is approximately the same condition as the overall IHS portfolio. However, the condition index may be slightly lower, due to the need for public law and patient care improvements associated with delivering health care in buildings that are not easily renovated to provide modern health care delivery.

14. Describe your agency policies that promote and/or influence the use of its historic

properties.

The IHS will use historic buildings to the maximum extent possible as stated in the IHS OEHE Technical Handbook Chapter 31-11 *Historic Preservation*:

“Prior to acquisition of new properties, Area Offices shall use available historic property to the maximum extent possible. The Project Summary Document (PSD) or Program Justification Document (PJD) should document that use of any excess historic properties, as applicable, was considered. In the case of proposed replacement of a historic property, the PDS, PJD, or other planning document must state why the existing property can no longer meet program requirements and why replacement is required.”

15. Explain how your agency has used Section 111 (16 U.S.C. § 470h-3) of NHPA in the protection of historic properties.

The majority of IHS-managed properties are located on trust land. Once IHS no longer has a need for a facility, it is transferred to the tribe or to GSA for further transfer to the Bureau of Indian Affairs (BIA) or disposed of in accordance with applicable laws and regulations. The disposition of any IHS property on trust land is done in consultation with the tribe(s) and the THPO and/or SHPO depending on the established responsibilities.

16. Explain how your agency has employed the use of partnerships to assist in the use of historic properties.

Most of IHS controlled properties are on tribal trust land and are for the sole purpose of providing health care to the American Indians and Alaska Natives. Therefore any other uses would require IHS to transfer assets to the tribe or Bureau of Indian Affairs which would then be responsible for the use of the historic property. The IHS works in partnership with the tribes, including consultation with the SHPO/THPO, to identify the potential use and transfer of historic properties when excess to IHS mission requirements.

17. Provide specific examples of major challenges, successes, and/or opportunities your agency has encountered in using historic properties over the past three years.

The major challenge is providing health care in antiquated facilities that do not lend themselves to modernization to meet changing standard of care.

Another challenge is dispositions, historic or not, due to the consultation with the tribe. Tribal Administrations may change on regular basis with new administrations having different opinions regarding the disposition of assets. During this process it can be difficult to maintain the condition of a vacant building until the final disposition of the asset.

18. Describe your agency’s sustainability goals and climate change adaptation planning and how stewardship of historic properties is being addressed.

The Indian Health Service (IHS) does not have a separate Strategic Sustainability

Executive Order 13287, Section 3 Report on Historic Properties

Performance Plan (SSPP). However, the IHS developed a Sustainability Implementation Plan (SIP) that feeds into the Department of Health and Human Services (DHHS) SSPP. Also, the IHS provides input to the DHHS Climate Change Adaptation Plan. In addition, the SSPP contains strategies related to climate change adaptation.

Related EO 13653, established guidance and Technical Handbook chapters are followed when performing construction activities or realty actions on historic properties. Also, the Architect/Engineer Design Guide requires that sustainable design principles be integrated into all planning and construction activities. The IHS completed sustainability assessments on all IHS-owned buildings but has not established which buildings (historic or not) are feasible to bring into compliance.

The IHS has limited funding for new construction, maintenance, and repair. As buildings, equipment and systems reach the end of life, IHS attempts to enhance energy efficiency and minimize environmental impact. New construction and major renovation must meet sustainability-related requirements of the Technical Handbook and the *IHS Architect/Engineer Design Guide*. The Environmental Steering Committee administers funding for sustainability-related activities that have included energy-efficient lighting, photovoltaic systems, solar water heating, and xeriscaping. The major determining factor to reuse an existing building is mission and how to provide health care in antiquated facilities that do not lend themselves to modern health care design standards and new sustainability goals.

APPENDIX C: FOOD AND DRUG ADMINISTRATION (FDA)

Food and Drug Administration
An Operating Division of the
U.S. Department of Health and Human Services

Executive Order 13287, “Preserve America”
Section 3 Report

September 2014

Point of Contact: Mrs. Deanna Murphy
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Phone (301) 301-796-2258 E-mail: Deanna.Murphy@fda.hhs.gov

Executive Order 13287, Section 3 Report on Historic Properties

FDA Responses to the 12 Major Questions in the Section 3 Report

Advisory Council on Historic Preservation

<http://www.achp.gov/PA-EOguidelines.pdf>

1. Building upon previous Section 3 reports, explain how many historic properties have been identified and evaluated by your agency in the last three years? Has your inventory improved?

There have been no changes in the number of historic properties managed. The Food and Drug Administration only manages one historic property and one potentially eligible property as described below:

- 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. The existing nomination also specifically lists the early colonial period with the period of significance for the site (1500 AD to 1749), addressing potential Native American occupation during the early French colonial period. Other potential resources documented at present, but not addressed by the existing National Register nomination include structural features from the nineteenth century. Additional resources potentially present, but not previously documented in the study area include both Native American and historic period burials. I will provide the Historic Preservation evaluation report stating its status as nominated. The actual burial grounds of the property is listed, and the burial grounds are located on the FDA property
- FDA's District Office and Laboratory at San Juan is considered potentially eligible for listing in the National Register of Historic Places (NRHP). As a result of a 2003 Section 106 undertaking on the property, the Puerto Rico State Historic Preservation Office determined the property to be "eligible for inclusion in the National Register of Historic Places (NRHP)." A June 15, 2005, Preliminary Historic Preservation Survey/Report conducted by a private Historic Preservation Specialist augments, clarifies and confirms the previous determination of eligibility. A copy of the Preliminary Historic Preservation Survey/Report has been submitted to the P.R. SHPO.

Having to satisfy only one of four of the established National Register criteria to be considered eligible, the San Juan site met 1) Criteria A, for its association with the expansion of the U.S Public Health Service in P.R. and its association with the establishment of the U.S. Naval Airbase in San Juan, as well as the establishment of a 'Detention Hospital' (Quarantine Station) for the epidemic diseased seaman, and 2) Criteria C, for an excellent example of the 'Art Moderne' style. This architectural style, while never common, became fashionable between 1920 and 1941. The District includes six contributing buildings and two contributing landscape and spatial features. It also

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includes one noncontributing new office building. The number of contributing and noncontributing resources has been determined using National Register guidelines that do not count additions to existing buildings as separate resources. Based on both the 2003 P.R. SHPO's determination of eligibility and the 2005 Preliminary Historic Preservation Survey/Report, which also concluded eligibility for the NRHP, the FDA formally submitted a request for "Nomination" to the P.R. SHPO for evaluation and comment on July 17, 2008. On August 20, 2008 the FDA received comments from the P.R. SHPO, who ultimately has the responsibility to recommend approval and forward a completed package to the NRHP for inclusion into the registry. The P.R. SHPO stated that "Further work is needed to complete the nomination." FDA responded to the comments and on March 25, 2009 received a letter from the PR SHPO stating that the State Review Board reviewed the nomination of the U.S. Public Health Service Quarantine Station and has determined that the nomination package was adequately prepared and that it meets the National Register Criteria for Evaluation. The property has not been formally nominated. FDA is currently in negotiations with the Commonwealth of San Juan to exchange the property for a new(er) facility at a different location. The San Juan Commonwealth wants to acquire the property to continue its rehabilitation of the waterfront.

- Two other properties in FDA's inventory received recommendations that were tentative as not meeting the criteria for listing in the National Register. The reports recommend that the potential should be explored for the intact areas of the site that were part of the Pine Bluff Arsenal biological weapons production process located on FDA's property in Jefferson, Arkansas. Potential eligibility of these specific areas of the site should be made in consultation with the Arkansas State Historic Preservation Office. Additionally, the report on the Davisville, Rhode Island site also makes a tentative recommendation that the status of the property is not eligible, but also recommends consultation with the Rhode Island State Historic Preservation Office with regard to a structure on the site. Copies of the report have been submitted to both the Arkansas SHPO and Rhode Island SHPO, respectively.

On December 1, 2009 the Rhode Island Historic Preservation and Heritage Commission (RIHPHC) provided a letter that summarized their analysis of historical significance of the property and concluded that Building 336 lacks sufficient integrity of setting and distinguishing features to be eligible for listing in the National Register. FDA declared this property excess and submitted a complete SF-118 package to the General Services Administration (GSA) on June 7, 2011 to begin the process to surplus the property. The property was officially transferred to GSA in 2012.

This information is collected through studies that are performed 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. Record copies of the studies are filed and maintained in both electronic and hard-copy format by the FDA's Division of Engineering Services located at 5630 Fishers Lane in Rockville, Maryland. Our Real Property Inventory database also contains information that identifies a property's historic status.

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2. Describe your agency policies that promote and/or influence the identification and evaluation of historic properties.

FDA follows the Department of Health and Human Services, Facilities Program Manual and the real Property Asset Management Plan. To meet the requirements of Executive Order 13327, Federal Real Property Asset Management, FDA has all its owned facilities analyzed and evaluated for their historical significance. The properties are evaluated against the National Register Criteria three key concepts: A) historic significance, B) historic integrity and C) historic context. Where a determination of an owned property's potential eligibility is made, FDA will confer with the State Historic Preservation Officer to confirm if a property is eligible for listing in the National Register of Historic Places based on National Registration Criteria and in accordance with the Secretary of the Interior's Standards for Evaluation. Historic/potentially historic properties are not tracked as a percentage of our total real property holdings but are tracked individually.

3. How has your agency established goals for the identification and evaluation of historic properties including whether they have been met?

Periodic reviews of historic data are conducted for completeness and accuracy. As part of its Real Property Asset Management the status of these resources will be examined every three years and reported to the Director, Office of Facilities Engineering and Mission Support Services. All properties are identified, documented and evaluated once they turn 50 years of age in accordance with Section 110 of NHPA. The historic or potentially historic status of real property is addressed as part of environmental compliance plans, and in specific project documentation and environmental assessments.

FDA evaluates the condition of all of its properties, including historic properties, through the Facilities Assessment Program using its Facility Condition survey of all facilities that are conducted on a recurring, periodic schedule.

The historic or potentially historic status of real property is addressed as part of environmental compliance plans, and in specific project documentation and environmental assessments.

FDA has not acquired any new properties since the last report.

4. Describe any internal reporting requirements your agency may have for the identification of historic properties, including collections (museum and archaeological)

FDA follows the Department of Human Services, Facilities Program Manual which requires quarterly portfolio reporting from all Operating Divisions which clearly denotes the HRHP status of each property or site.

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FDA employs two Agency historians that collect, preserve, and interpret significant historic objects, documents, and photographs. Each type of historical material is recorded in an electronic database maintained by the FDA Historians in the FDA artifact collection. This is recorded in a MS Word document.

The Facility Assessment Program documents the condition of FDA facilities as well as historic properties. The Real Property database contains data fields to track physical deficiencies for each building, which allows us to determine the current Facilities Condition Index (FCI). This same database includes detailed facility information including its use and utilization rate (UR). Changes to the inventory regarding use, UR or condition can be initiated by the Engineering Management Branch (EMB), tenant organization and/or facility operations personnel. EMB is also responsible for studying the buildings and determining their historic status. Major undertakings are subjected to Section 106 requirements. Smaller initiatives require approval by the Director of EMB.

With regard to artifacts that are relevant to FDA history, the FDA Historian may consider maintaining relevant documentation.

The FDA Federal Preservation Coordinator regularly reviews existing historic data for completeness and accuracy. Other real property specialists become more involved during specific project planning or as part of broad-based planning efforts.

We recognize the status of a property as not eligible for listing in the NRHP may change over time. The information is used regularly as a normal part of doing business and comprehensively reviewed at least every three years. Consideration of possible impacts on historic properties is automatically included in our NEPA as well as individual project planning and programming processes. Information is reviewed any time that an undertaking could affect either designated or potentially designated properties or resources of historic, architectural, archeological, or cultural significance. This information is often used as a basis for a "Section 106 Report" or an applicable section of a NEPA document. The information is updated to add new properties that are eligible for listing in the National Register of Historic Places.

We track our inventory of historic properties as follows:

- The periodic review of the Agency's inventory by qualified Cultural/Historic Preservation specialists.
- Environmental reviews of individual projects and determination of effects on any historic property within the "area of potential effect" for proposed undertakings;
- The FDA Real Property database tracks all FDA owned and leased properties that are either owned or leased through GSA.
- Monitoring existing historical significance against the National Register Criteria for compliance with age and significant events.

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Sources of information concerning historic/potentially historic properties are reports completed as a result of previous activities at the site and reports completed as a result of studies intended to establish each property's potential eligibility for the National Register as a Historic Property. Information that will be increasingly available as data is collected includes, but is not limited to:

- Asset Age
- Determination of Potential Eligibility
 - Significant Historic Event Occurrence
 - Whether in a Historic District
 - Cultural Significance
 - Architectural Significance
 - Archeological Significance
- Submission of information to THPO/SHPO
- Historic Status

In addition, we will be consulting with GSA's Historic Preservation Office to identify properties that we lease and manage and that appear on GSA's Historic Structures Report.

The Federal Preservation Coordinator regularly reviews existing historic data for completeness and accuracy. Other real property specialists become more involved during specific project planning or as part of broad-based planning efforts.

If necessary, discrepancies are reconciled between the Federal Preservation Coordinator and the THPO/SHPO. HHS Headquarters is consulted and makes a final determination for the Agency if warranted by the situation.

5. Explain how your agency has employed the use of partnerships to assist in the identification and evaluation of historic properties.

FDA does not have partnerships for the preservation of historic properties because all historic properties are preserved and utilized in fulfilling its mission. Due to the highly specialized nature of most of our mission-critical space, FDA has not actively sought out partnerships to locate Agency functions in historic properties. However, we do maintain a close relationship with GSA for leased space, which could house our non-laboratory "office" type functions in historic properties as long as applicable security and location criteria were met.

6. Provide specific examples of major challenges, successes and/or opportunities your agency has experienced in identifying historic properties over the last three years.

As noted above FDA has no changes in the number of historic properties managed in the last three years.

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7. Explain how your agency has protected historic properties.

As noted above FDA has inventory of historic buildings/properties includes two historic sites; San Juan District office and Gulf Coast Seafood Laboratory and one potentially historic register eligible site, the Pine Bluff Arsenal Biological Weapon Production Process in Jefferson, AR. All of these facilities are utilized and are part of the FDA sustainment and improvement program.

FDA is fulfilling its Historic Preservation program responsibilities by being familiar with and understanding Section 106 requirements and procedures, as indicated below. FDA has used the Section 106 process at our San Juan and Dauphin Island sites.

In adherence to Section 106 procedures FDA performs historical and archaeological surveys of it owned facilities. Sites with historical significance are identified and copies of surveys provided to the respective SHPO.

FDA's site facility managers, design and construction team members, and operations and maintenance personnel has been provided a copy of the surveys/assessments and a list of facilities that meet any aspect of the criteria, historically and/or archaeologically. If within a project there is an undertaking that might affect the historical or archaeological significance of a listed or facility having potential to be listed, the undertaking is submitted to the agency historic preservation coordinator (HPC). The HPC will provide a determination on whether the undertaking adversely affects the historical and/or archaeological significance of the property. If FDA's HPC determine that the undertaking has no potential to adversely affect the historic property, FDA has no further Section 106 obligations to contact the State Historic Preservation Officer (SHPO), and the project commences.

If the HPC has any reservations on whether the undertaking (design or construction) has an adverse effect on the property, he or she contacts the respective SHPO for their assessment and/or interpretation and if necessary, the SHPO and HPC make a joint determination on how to proceed.

If the SHPO and HPC cannot come to an agreement on how to proceed, they will contact the Advisory Council on Historic Preservation (ACHP) for their comment and/or recommendation on how to proceed.

Either party may terminate discussions. In this case the ACHP must provide written comments to the agency and the agency head must take into consideration the ACHP's written comments in deciding how to proceed.

8. Describe the programs and procedures your agency has established to ensure the protection of historic properties, including compliance with Sections 106, 110 and 111 of NHPA.

FDA has an established historic preservation program to assure compliance with sections 106, 110 and 111 of the NHPA. FDA has completed a study to identify Historic Properties

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in its inventory. As a result of the study, the San Juan property was determined to be eligible for listing in the National Register of Historic Places.

- FDA has a designated a Federal Preservation Coordinator who consults regularly, and as required, with the HHS Federal Preservation Officer and THPOs/SHPOs.
- 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.

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 its mission, budget, staffing, property management policies, and education and outreach affect historic properties.

FDA follows the Department of Health and Human Services, Facilities Program Manual and FDA has established internal policies based on Section 110, which are published as standard operating procedures for the Division of Engineering Services and the Division of Facilities Operations. These internal policies include guidance to comply with the Secretary of the Interior's Guidelines for Historic Preservation to the extent they are applicable.

The Director of the Office of Real Property Services with the concurrence of the THPO/SHPO determines if a property is eligible for listing in the National Register for Historic Places based on National Registration Criteria in accordance with 36 CFR 800 Section 110.

An FDA-wide assessment has been conducted on all of the Agency's Owned properties. All properties where the FDA has direct lease authority or delegated operating authority has been inventoried. Further consideration of those properties determined to be potentially eligible for listing in the NRHP will be conducted periodically.

As properties reach 50 years of age, after completing an evaluation of the property by a Historic Preservation specialist, the Federal Preservation Coordinator, in coordination with the HHS FPO and the THPO/SHPO, will determine if a property is eligible 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.

FDA takes into account the effect of an undertaking on any district, site, building, structure or object that is included or eligible for inclusion into the National Register of Historic Places and afford the THPO/SHPO and, when necessary, the Advisory Council on Historic Preservation a reasonable opportunity to comment with regard to such undertaking.

FDA occupies and uses historic buildings in fulfilling its mission. National and local historic preservation interests will be effectively integrated into the planning for use of space.

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For GSA leased property we defer to GSA to select appropriate leased facilities within the delineated area, including the preferential use of historic properties.

The following are current challenges to maintaining compliance with Section 110:

- Limited operations and maintenance funding and limited repair and improvement funding cause our priority to be placed on keeping buildings operable for their current mission use.
- A major challenge for facilities determined eligible for inclusion on the National Register will be balancing the mission requirements for the Agency in highly specialized laboratory facilities with the goals for historic preservation of our buildings and sites.

HHS does have a historic preservation program and procedures for complying with Sections 110 and 111. However, efforts are underway to improve the Agency level program and implementation. Historic preservation programs at the Operating Division level have been reviewed over the course of the past year.

Federally owned and controlled buildings include offices and laboratories. FDA also controls a portion of a National Register site that is an archaeological resource. All federally owned buildings are recorded in the FDA's real property asset inventory database. Their protection and maintenance is planned as part of the budget along with all other FDA assets. Conditions are assessed and deficiencies corrected based on prioritized need.

FDA has developed and supports an historic preservation program. Our small inventory has not warranted a full program in the past. When initiating a project or significant undertaking, thorough evaluation was performed for historic and archeological significance as part of the environmental documentation process. However, with the increasing age of our inventory of real property, it has become necessary to institute a program and additional controls.

The FDA anticipates that the Historic Preservation Program will be established using existing budgets.

There are a minimum number of properties that exist in the inventory that are on the Register or considered potentially eligible for listing on the National Register. Since the Agency's facilities budgets are severely limited, it will be necessary to fund the historic preservation program from existing sources. Funding for large project related studies will be budgeted for in approved project budgets.

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9. Describe your agency policies that promote and/or influence the protection of historic properties.

- FDA follows Health and Human Services Facility Program Manual, the HHS Asset Management Plan and complies with the provisions of Sections 110 and 106.
- The FDA Federal Preservation Coordinator is a staff member of FDA's Office of Facilities Engineering and Mission Support Services (OFEMS), Engineering Management Branch (EMB).
- Our historic properties are utilized and part of our building and facilities funded sustainment and improvement program. Assessed the owned real property inventory for historic and archeological significance.
- A spreadsheet of historic and archaeological significance of all surveyed sites, titled "Quick Historical Data Access" is maintained and used for monitoring the assessed condition, status, and age of a facility for future potential significance.
- FDA conducts Facility Condition Survey and Assessments that track real property through a Facility Condition Index to identify outstanding needs for Operations and Maintenance and for Repair and Improvement at all owned assets, including historic/eligible properties.
- Maintains a real property database that tracks the historic status of FDA's owned buildings.

10. Explain how your agency has employed the use of partnerships to assist in the protection of historic properties.

As noted above FDA does not have partnerships for the preservation of historic properties because all historic properties are preserved and utilized in fulfilling its mission. Due to the highly specialized nature of most of our mission-critical space, FDA has not actively sought out partnerships to locate agency functions in historic properties. However, we do maintain a close relationship with GSA for leased space, which could house our non-laboratory "office" type functions in historic properties as long as applicable security and location criteria were met.

There are no special statutory or legal restrictions that prohibit us from exploring partnerships for local economic development; however, all historic buildings are being used to fulfill our primary mission. Specific proposals would require review by legal counsel.

FDA does not have opportunities for the use of its assets in economic development and heritage tourism. However, we involve stakeholders through compliance with the National Environmental Policy Act and the consultation process prescribed under 36 CFR §800 and Section 106 of the NHPA.

11. Provide specific examples of major challenges, successes, and/or opportunities your agency has encountered in protecting historic properties over the past three years.

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As noted above FDA utilizes its historic properties and they are part of the buildings and facility funded sustainment and improvement program. FDA has had a limited budget over prior years that make it difficult to meet sustainment of facilities including our historic properties.

Limited operations and maintenance funding and limited repair and improvement funding cause our priority to be placed on keeping buildings operable for their current mission use.

A major challenge for facilities determined eligible for inclusion on the National Register will be balancing the mission requirements for the Agency in highly specialized laboratory facilities with the goals for historic preservation of our buildings and sites.

12. Explain how your agency has used historic properties.

FDA's Gulf Coast Seafood Laboratory is a functioning research laboratory facility.

District Office and Laboratory at San Juan is a functioning office facility.

13. Explain the overall condition of the historic properties within your agency's control.

The distribution of Historic or potentially eligible Historic properties owned or managed by the Food and Drug Administration is limited to two locations. Based on facility condition assessments, the overall condition of the San Juan facility is fair. The condition of the San Juan District Office is such that the interiors have been modified to adapt their use from the buildings' original purpose, but the exterior of the buildings remain largely intact. Despite the interior renovations to the buildings on the San Juan District site, the property retains a substantial degree of integrity for its setting, feeling and association, and to some degree, its materials and workmanship. The Dauphin Island property represents an unexcavated archaeological resource.

The Jefferson, Arkansas site has many buildings that have been significantly changed, but areas of the site remain intact from its previous use for the development of biological weapons. At the present time the site aspects are not considered potentially eligible for the National Register of Historic Properties.

The Davisville, Rhode Island property was not considered potentially eligible when it was evaluated in 2005, and this has been confirmed by the RIHPHC letter dated December 1, 2009.

The FDA property has been maintained in fair condition. In spite of this the property has been modified through renovation in order to accommodate the changing function of the buildings. These renovations occurred both prior to and during FDA's control of these buildings. The archaeological site at Dauphin Island has not been excavated at the present time. Consistent with Federal Real Property Asset Management requirements for improving the condition of owned assets, FDA plans to improve the condition of the San Juan assets subject to the availability of funds.

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On a scale of one to ten, the Food and Drug Administration rates the condition of its historic property as a six. (Average CI of 58)

14. Describe your agency policies that promote and/or influence the use of historic properties.

As required by the HHS Facilities Program Manual all OPDIVs shall, support, and foster public-private initiatives and investment in the use, reuse, and rehabilitation of historic properties, to the extent such support is not inconsistent with other provisions of law, the Secretary of the Interior's Standards for Archeology and Historic Preservation, or essential departmental and OPDIV mission requirements.

15. Explain how your agency has used Section 111 (16 U.S.C. § 470h-3) of NHPA in the protection of historic properties.

FDA does not utilize Section 111 (16 U.S.C. § 470h-3) of NHPA nor does FDA 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, to transfer, lease, or sell a property utilizing the authorities provided under Section 111 as a feasible alternative for a historic property, then the option would be thoroughly coordinated with the HHS Federal Preservation Officer and Director, Real Estate Logistics Portfolio (REL) Office of Facilities Management and Policy. The FDA will contact HHS Real Estate and Logistics (REL) for review, legal counsel, direction, and approval.

16. Explain how your agency has employed partnerships to assist in the use of historic properties.

FDA does not have partnerships for the preservation of historic properties because all historic properties are preserved and utilized in fulfilling its mission. Due to the highly specialized nature of most of our mission-critical space, FDA has not actively sought out partnerships to locate Agency functions in historic properties. However, we do maintain a close relationship with GSA for leased space, which could house our non-laboratory "office" type functions in historic properties as long as applicable security and location criteria were met.

17. Provide specific examples of major challenges, successes and/or opportunities your agency has encountered in using historic properties over the last three years.

FDA fully utilizes its historic properties and they are considered mission critical/mission dependent facilities contributing to FDA's mission.

18. Describe your agency's sustainability goals in accordance and climate change adaptation planning and how stewardship of historic properties is addressed.

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The HHS Strategic Sustainability performance Plan is updated and issued annually listing interim goals and guidance for FDA for achievement of Executive Order goals including EOs 13514, 13423 and 13653.

FDA is in the process of drafting a FDA specific Climate Change Preparedness and Resilience Plan. Impacts to historic properties will be a part of this plan.

FDA uses HHS's "Sustainable Buildings Project Checklist" to coordinate historic preservation and sustainability goals during the early stages of project planning.

FDA's B&F Program funding is used to continue to meet mission requirements and to sustain and improve the condition of owned real property assets as its top priorities. Completions of these mission support and repair and improvement projects enhance FDA's ability to achieve its critical mission of protecting and promoting the health of the American public. These undertakings contribute to HHS sustainability goals established in the HHS Strategic Sustainability Performance Plan developed in accordance with Executive Order 13514, "Federal Leadership in Environmental, Energy and Economic Performance." More specifically, these projects will help reduce energy consumption and in turn, Scope 1 and 2 greenhouse gas emissions and improve water use efficiency and management.

Many of the FDA Buildings and Facilities Program undertakings address aspects of sustainable design and the elements of the HHS Sustainable Buildings Plan. The Dauphin Island property has taken on many upgrades over time and its condition index has improved dramatically, from an initial negative CI score to a CI score of 94. Additional undertakings are planned for the Gulf Coast Seafood Laboratory based on the availability of funds.

Projects at Jefferson, AR have been initiated that significantly improved an aged electrical infrastructure and the replacement of several leaking roofs. The replacement of the third and final boiler is in process, we continue replace building HVAC systems, emergency generators, renovating animal research space, repairing fire alarm systems, and have completed the installation of steam condensate and natural gas meters. Additional undertakings are planned for Jefferson Laboratory complex based on the availability of funds.

Several undertakings have been complete and continue to be made at our San Juan site. Projects completed include new roof top HVAC units, upgrade of new laboratory mechanical systems, new exterior doors matching previous existing doors installed during the initial historical survey that seal out undesired air leakage into the buildings, thus reducing energy consumption. All site building exteriors have been painted to protect exterior finishes and cracks being sealed within the preparation phase prior to actual painting of the exteriors. None of these undertakings adversely affected the historical integrity of the facilities, as determined by the agency historic preservation coordinator. Exhaust fans and replacement

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of chemical fume hoods have been completed and more undertaking are planned, based on the availability of funds.

Each of FDA's 85 building assets, including those at historical sites, are allocated available B&F funds based on identified mission support and repair and improvement projects sustainable goals projects are included in this funding.

FDA historic properties have in some instances been rehabilitated to carry out the agency's mission. When performing design, construction, and/or repair to any of the agency's 85 assets, the FDA is always seeking the most efficient/sustainable alternative.

FDA historic properties at San Juan, Dauphin Island and Jefferson (potential historic property) receive annually, allocated B&F funding for repair and improvement projects. These funds are leveraged to improve the condition of FDA's historic and potentially historic sites.

END OF REPORT

APPENDIX D: CENTERS FOR DISEASE CONTROL AND PREVENTION

**The Centers for Disease Control and Prevention (CDC),
An Operating Division of the
U.S. Department of Health and Human Services**

**Executive Order 13287, “Preserve America”
Section 3 Report**

September 2014

Point of Contact: Michael S. Tarr
Federal Historic Preservation Coordinator

CDC RESPONSES TO THE 18 MAJOR QUESTIONS IN THE SECTION 3 REPORT

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1. Building upon previous Section 3 reports, please explain how many historic properties have been identified and evaluated by your agency in the past three years? Has your inventory improved? Please explain.

- CDC currently has two (2) properties listed on the National Register of Historic Places (NRHP), the properties are as follows:
 - Experimental Mine, U. S. Bureau of Mines, Allegheny, PA. The Experimental Mine was listed in the National Register of Historic Places in 1974.
 - Atlas E Missile Site 9, Reardan, WA. The Cultural Resources Assessment of the CDC/NIOSH Readan campus, finalized in November 2007, identified an Atlas E missile launch site as eligible to the NRHP under Criterion G for its role in the Cold War; the State of Washington Department of Archaeology and Historic Preservation concurred with the findings and assessment. The Atlas E Missile Site 9, Reardan, WA was listed in the National Register of Historic Places in September 2009.
- In addition, CDC has one (1) property that is considered eligible for listing in the National Register of Historic Places (NRHP) as a result of research and consensus with the Ohio SHPO:
 - The Robert A. Taft Laboratory, Cincinnati, Ohio, originally known as the Sanitary Engineering Center, is recommended eligible to the NRHP under Criterion A at the national level of significance in the areas of engineering and science for its role as a flagship U. S. Public Health Service (HPS) environmental research laboratory, and under Criterion G for exceptional significance as a research facility that was instrumental in creating modern environmental regulations in the United States. Formal nomination was not pursued as the building remains under consideration for sale. The OHPO has recommended that GSA place historic preservation covenants on the deed to the property at the time of sale.
- While no additional historic properties have been identified, or determined eligible, by CDC in the past three (3) years, during this time period, CDC did complete a formal review and update of the Cultural Resource Assessment(s) (CRA) for seven (7) of the agency's nine (9) owned campuses.
 - In 2012, CDC contracted with an independent consultant to review and update the Cultural Resource Assessments (CRA) at the following CDC owned campuses:
 - CDC Roybal Campus
 - CDC Chamblee Campus

- CDC Lawrenceville Campus
- CDC/NIOSH Cincinnati Campus
- CDC/NIOSH Morgantown Campus
- CDC/NIOSH Pittsburgh Campus
- CDC/NIOSH Spokane Campus and Reardan Site
- The 2012 CRA update evaluated all structures on the CDC owned campuses listed above; in total approximately 128 facilities/structures were reassessed. The two (2) CDC owned campuses that were not assessed during this reporting period, will be assessed in the next reporting period; the remaining two (2) campuses contain approximately 10 facilities/structures to be assessed.

2. Describe your agency policies that promote and/or influence the identification and evaluation of historic properties.

- CDC complies with the Historic Preservation policies and guidance documented in the *United States Department of Health and Human Services, Facilities Program Manual*.
- In compliance with the HHS policy, CDC tracks our inventory of historic properties as follows:
 - Through the Cultural Resources Assessments of each facility and campus, and through the specific Historic Preservation Plan for each listed property.
 - The Facility Master Plans of each campus indicates any/all listed properties. The development of these Master Plans respects and preserves the historic status of listed properties and influences the master planning process.
 - Environmental reviews of individual projects and determination of effects on any historic property within the “area of potential effect” for every proposed undertaking.
 - Integrated Facilities Management System (IFMS) and Automated Real Property Management System (ARIS) databases track all CDC owned properties; there is a specific data field for historic status within both of these systems.
- Sources of information concerning historic/ potentially historic properties are obtained from Cultural Resources Assessments prepared for each facility. CDC either contracts with GSA, or utilizes its own Real Estate and Advisory Services Contract, to provide Historic Preservation consulting services.
- CDC recognizes the status of a property as eligible/ not eligible for listing in the NRHP may change over time. The information is used regularly as a normal part of doing business and comprehensively reviewed at least every five (5) years. Consideration of possible impacts on historic properties is automatically included in our Master Planning efforts, Environmental Plans, and individual project planning and programming processes. Information is reviewed any time that an undertaking could affect either designated or potentially designated properties or resources of historic, architectural, archeological, or cultural significance. The information is updated to add new properties that are eligible for listing in the National Register of Historic Places.

3. How has your agency established goals for the identification and evaluation of historic properties including whether they have been met?

- While CDC's Historic Preservation Coordinator regularly reviews existing historic data for completeness and accuracy, CDC' goal is to conduct an independent third-party re-evaluation of our entire owned property/assets portfolio at least every five (5) years.
- While no additional historic properties have been identified by CDC in the past three (3) years, during this time period, CDC did complete a formal review and update of the Cultural Resource Assessment(s) (CRA) for seven (7) of nine (9) agency owned campuses.
 - The 2012 CRA update re-evaluated approximately 128 owned facilities/structures; approximately 10 owned facilities/structures remain to be assessed.

4. Describe any internal reporting requirements your agency may have for the identification and evaluation of historic properties, including collections (museum and archaeological)

- CDC utilizes the Integrated Facilities Management System (IFMS) to document and record the real time historic status, and any changes in historic status, of all owned properties, inclusive of historic properties, and/or assets. On a quarterly basis, the historic status of all CDC owned properties is report to HHS via the Automated Real Property Management System (ARIS). ARIS contains a specific data field for historic status reporting to HHS.

5. Explain how you agency has employed the use of partnerships to assist in the identification and evaluation of historic properties.

- CDC has not used partnerships for the identification and evaluation of historic properties; currently all CDC historic buildings are preserved and utilized in fulfilling its programmatic mission.
 - Due to the highly specialized nature of most of our mission-critical space, CDC has not actively sought partnerships to locate Agency functions in historic properties. However, we do maintain a close relationship with GSA for leased space, which could house our non-laboratory "office" type functions in historic properties as long as applicable security and location criteria were met.
- While CDC does not have partnerships, there are no special statutory or legal restrictions that prohibit us from exploring partnerships for local economic development.

6. Provide specific examples of major challenges, successes, and/or opportunities your agency has experienced in identifying historic properties over the past three years.

- While no additional historic properties have been identified by CDC in the past three (3) years, during this time period, CDC did complete a formal review and update of the Cultural Resource Assessment(s) (CRA) for seven (7) of nine (9) agency owned campuses.

7. Explain how your agency has protected historic properties.

- CDC has been successfully in completing the following historic properties preservation actions and/or activities for our two (2) historic properties over the past three (3) years:

- Experimental Mine
 - CDC contracted with an independent mine consult to evaluate and document the physical condition of the entire mine workings.
 - CDC is utilizing the findings of the evaluation to develop a strategic mine restoration and maintenance execution plan to ensure the Experimental Mine's physical condition longevity.
 - CDC will develop future budget requests to support implementation of the execution plan.
- Atlas E Missile Site 9
 - In response to the Atlas E Missile Site 9 Preservation Plan recommendations, a permanent record group of engineering drawings, historic maps, original historic photography, and oral histories has been collected, catalogued, electronically scanned and placed in archive.
 - Trees and tree roots that were encroaching and jeopardizing the integrity of the unground structures of the missile site were removed; this action removed the threat of structural damage and also restored the original visual integrity of the site.
 - CDC has initiated and funded a project to remove two (2) non-contributing, small structures that are in disrepair and detract from the original construction and visual integrity of the site. The removal of these two (2) structures will be completed within the next 12 months.

8. Describe the programs and procedures your agency has established to ensure the protection of historic properties, including compliance with Section 106, 110, and 111 of NHPA.

- CDC has an established historic preservation program that complies with the provision of Section 106, 110, and 111. The preservation program balances mission with national and local historic preservation interests. Extensive reviews are conducted with THPOs/SHPOs, the Advisory Council, and CDC staff, to ensure that historic facilities are not adversely affected by construction or development; this consultation is also used to support the development and execution of management plans for historic properties/facilities. Significant components of our program include:
 - CDC has been using its own Evaluation Checklist and Corrective Action Plan since 2005, developed from the Secretary of the Interior's Standards and Guidelines for Federal Agency Historic Preservation Programs.
 - In addition CDC uses the HHS Facilities Program Manual and the GSA/PBS NEPA Desk guide.
 - CDC has a designated Federal Preservation Coordinator who consults as required with the HHS Federal Preservation Officer and THPOs/SHPOs.
 - The Federal Preservation Coordinator, with the concurrence of the THPO/SHPO, determines if a property is eligible for listing in the National Register of Historic Places based on National Registration Criteria in accordance with 36 CFR 800 Section 110. The 2012 updated Cultural Resource Assessments completed for all CDC Atlanta Facilities and CDC/NIOSH facilities in Cincinnati, Pittsburgh, Spokane, and Morgantown are used as the initial starting point for evaluation.

- For undertakings on new projects, the determination of historic eligibility or archeological significance is made during the environmental evaluation process.
- A rigorous project planning and programming process that includes full consideration of effects on cultural/historic resources as part of the NEPA process.
- CDC occupies and uses historic buildings in fulfilling its mission. National and local historic preservation interests are effectively integrated into the planning for use of space. Full consideration is given to the use of all historic properties through Master Planning.
- CDC uses GSA to execute our leased space projects; CDC relies on GSA to use its own Section 110 implementation regulations and procedures.

9. Describe your agency policies that promote and/or influence the protection of historic properties.

- CDC complies with the Historic Preservation policies and guidance documented in the *United States Department of Health and Human Services, Facilities Program Manual*.
- CDC's Facility Assessment Program documents the condition of CDC facilities as well as historic properties. The Real Property database contains data fields to track physical deficiencies for each building, which allows CDC to determine the current Facilities Condition Index (FCI).
 - If specialized assessments for repair, stabilization, and/or rehabilitation are required for a historic property, CDC obtains the specialized assessment through contracted services.
- The long-term and short-term costs associated with maintenance and operation of historic properties is not separately determined from those of non-historic properties, but is addressed through the normal budgetary process and the Facilities Assessment Program.
 - If specialized budgetary requirements are identified for a historic property during the planning/programming phase of a facilities project, those costs would be incorporated into the individual historic property's operating budget.

10. Explain how your agency has employed the use of partnerships to assist in the protection of historic properties.

- CDC does not have partnerships for the protection and/or preservation of historic properties; currently all CDC historic buildings are preserved and utilized in fulfilling its programmatic mission.
- CDC has collaborated with State Historic Preservation Offices and private entities in the documentation of the Agency's owned historic properties and in the development of preservation and maintenance plans for these historic properties.

11. Provide specific examples of major challenges, successes, and/or opportunities your agency has encountered in protecting historic properties over the past three years.

- CDC has not experienced any major challenges or opportunities in protecting historic properties over the past three (3) years.

12. Explain how your agency has used historic properties.

- CDC has successfully continued to utilize CDC's two (2) historic properties to support the agency's mission over the past three (3) years. Both of the historic properties, the Atlas E Missile Site 9 and the Experimental Mine, are used to house laboratory testing that directly support the agency's mission.
 - The agency has been successful in identifying current agency research activities at the Atlas E Missile Site that were compatible with the site's original design.
 - The Experimental Mine:
 - The Experimental Mine was purpose constructed by the Government for mine safety research; research in support of that mission is still conducted at this location today.
 - In addition, the Experimental Mine is also used for educational outreach. Tours of the historic portions of the mine are made available to school children and other groups by advance reservation. Due to increased government security requirements, visitation over the past several years has diminished.

13. Explain the overall condition of historic properties within you agency's control.

- CDC's two (2) historic properties are in good repair and are functionally operational in support of the Agency's scientific research activities.
 - While the Experimental Mine is in good condition due to the continuous maintenance efforts to maintain the mine drift (shaft) walls and ceilings stability; in 2013 CDC contracted with an independent mine consult to evaluate and document the physical condition of the entire mine workings. The CDC is utilizing the findings of the evaluation to develop a strategic mine restoration and maintenance execution plan to ensure the Experimental Mine's physical condition longevity. The CDC will develop future budget requests to support implementation of the execution plan.

14. Describe your agency policies that promote and/or influence the use of its historic properties.

- CDC complies with the Historic Preservation policies and guidance documented in the *United States Department of Health and Human Services Facilities Program Manual*.
- CDC complies with HHS space utilization policies which promote maximizing the utilization of agency owned and leased assets; the space utilization policy promotes the continued use of CDC's two (2) historic properties to the greatest extent feasible.

15. Explain how your agency has used Section 111 (16 U.S.C. § 470h-3) of NHPA in the protection of historic properties.

- CDC has not utilized Section 111 (16 U.S.C. § 470h-3) authorities for the protection of the Agency's historic properties.
- CDC does 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 CDC would contact HHS for review, legal counsel, and direction.

16. Explain how your agency has employed the use of partnerships to assist in the use of historic properties.

- CDC does not have partnerships for the use of historic properties; currently all CDC historic buildings are preserved and utilized in fulfilling its programmatic mission.
 - Due to the highly specialized nature of most of our mission-critical space, CDC has not actively sought partnerships to assist with the use of CDC currently owned historic properties.
 - Due to the highly specialized nature of most of our mission-critical space, CDC has not actively sought partnerships to locate Agency functions in historic properties. However, we do maintain a close relationship with GSA for leased space, which could house our non-laboratory “office” type functions in historic properties as long as applicable security and location criteria were met.
- While CDC does not have partnerships, there are no special statutory or legal restrictions that prohibit us from exploring partnerships for local economic development.

17. Provide specific examples of major challenges, successes, and/or opportunities your agency has encountered in using historic properties over the past three years.

- A major challenge for facilities determined eligible for inclusion on the National Register of Historic Places (NRHP) is balancing the scientific mission requirements of the Agency in facilities with the goals for historic preservation. Fortunately, CDC has successfully continued to utilize CDC’s two (2) historic properties to support the Agency’s mission over the past three years. Both of the historic properties, the Atlas E Missile Site 9 and the Experimental Mine, are used to house laboratory testing that directly supports the agency’s mission.
 - The agency has been successful in identifying current agency research activities at the Atlas E Missile Site that are compatible with the site’s original design and configuration.
 - The Experimental Mine was purpose constructed by the Government for mine safety research; research in support of this mission is still conducted at this location today.

18. Describe your agency’s sustainability goals and climate change adaptation planning and how stewardship of historic properties is being addressed.

- **Has your OPDIV prepared a Strategic Sustainability Performance Plan and Agency Adaptation Plan in accordance with EO 13514, and if so, does it include discussion of historic properties either in general terms or as specific examples?**

HHS releases an updated version of its Strategic Sustainability Performance Plan (SSPP) annually, which includes interim goals for Operating Divisions (OPDIVs) that guide each agency towards achievement of goals outlined in Executive Orders, including EOs 13514, 13423 and 13653. CDC also maintains a Sustainability Implementation Plan that details specific strategies for goal achievement in each of 10 goal areas in the SSPP and has incorporated these performance goals into the CDC Sustainable Design and High Performance Guidelines. Historical properties are not specifically mentioned in these documents, but will be evaluated appropriately in accordance with their status along with other agency-owned properties at periodic intervals. For CDC assets considered of

historic significance, sustainability performance goals will be incorporated to the extent feasible. Future historic evaluations of buildings will include a sustainability component.

- **Is your agency considering impacts to historic properties when addressing climate change preparedness and resilience in accordance with EO 13653?**

CDC is working with HHS to begin drafting an agency-specific Climate Change Preparedness and Resilience Plan that will build upon HHS's current plan and will incorporate consideration of climate change effects into all agency property and facilities maintenance and operations. CDC has also recently provided input to an HHS Master Plan guidance document that, if approved, will require consideration of climate change events in all future campus planning efforts. Historic properties will be evaluated as a part of their campus as a whole, just as all other owned sites, taking into account feasibility of continued occupation, appropriateness of resilience-related upgrades or installations, and any other site-specific special circumstances.

- **How does your agency coordinate historic preservation and sustainability goals in project planning?**

Historic preservation and sustainability goals are integrated in the execution and documentation of the Project Development Study (PDS) for each individual project. The PDS serves as the planning document forming the basis for the execution of projects.

- **Has your agency rehabilitated or adaptively reused historic properties to achieve sustainability goals?**

To date, CDC has not rehabilitated or adaptively reused historic properties to achieve sustainability goals.

- **How has your agency promoted the rehabilitation of historic properties to achieve energy efficiency goals as an alternative to new construction?**

To date, CDC has not promoted the rehabilitation of historic properties to achieve energy efficiency goals as an alternative to new construction. CDC's two historic listed properties continue to be used to satisfy mission related research, new construction to replace these facilities is not a current, or projected, need.

- **How is your agency planning for the continuous improvement and better building performance management, energy efficiency enhancements, and energy waste reduction in an open and transparent way, as outlined in the *Presidential Memorandum: Federal Leadership on Energy Management (December 2013)*?**

CDC is continuously identifying opportunities for improved building performance management and implementation of efficiencies, installing upgrades and new energy technologies each year through CI and R&I projects at various campuses. CDC is also working to obtain funding through multiple mechanisms for new or upgraded installations in compliance with the December 2013 Presidential Memo. Notable efforts include a planned Utility Energy Services Contract (UESC) for Atlanta-area campuses and an Energy Savings Performance Contract (ESPC) in Pittsburgh, both of which will

result in major renovations related to energy consumption, including installation of upgraded boiler systems, more efficient lighting fixtures, and consideration of on-site renewables at CDC's Chamblee Building 107.

- **Has your agency faced resistance to reuse of historic properties due to the perceived incompatibility of preservation with sustainability goals and climate resilient investments?**

No, CDC's two historic listed properties continue to be used to satisfy mission related research.