



Executive Order 13287, “Preserve America” Section 3 Report

Federal Preservation Officer
Program Support Center
Real Estate Logistics Portfolio
U.S. Department of Health and Human Services,
200 Independence Avenue, S.W., Room 347F
Washington, D.C. 20201

*Point of Contact: Gopinath Boray
HHS Federal Preservation Officer
Phone (202-384-2919)
E-mail: gopinath.boray@psc.hhs.gov*

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

Contents

| | |
|--|----|
| EXECUTIVE SUMMARY | 2 |
| INTRODUCTION | 3 |
| BACKGROUND..... | 3 |
| HHS Responses to the 10 Major Questions in the Section 3 Report..... | 4 |
| 1. How many, and what percentage of your assets, are historic as reported in :(a) your bureau or agency’s proprietary database and/or (b) your bureau’s or agency’s reports to the Federal Real Property Profile MS (FRPP MS)? | 4 |
| 2. Have your identification methods changed during this reporting period? Approximately what total percentage or portion of the inventory have now been surveyed and evaluated for the National Register, and does this represent an increase from your agency’s 2020 progress report; if applicable? | 4 |
| 3. Has your agency implemented any new policies or programs that promote awareness and identification of historic properties since the last report? | 6 |
| 4. Federal agencies are encouraged to share information regarding the number and percentage of historic property identification completed in the context of Section 106 for specific undertakings and programs versus that completed for unspecified planning needs (Section 110 survey). In a given year, what percentage of your agency’s identification of historic properties occurs due to Section 106 planning and compliance versus regular stewardship and unspecified planning needs (Section 1110)?..... | 7 |
| 5. How has your agency employed partnerships to assist in the identification and evaluation of historic properties over the last three years? | 7 |
| 6. Have the policies and programs your agency has in place to protect historic properties changed over the reporting period in ways that benefit historic properties? | 8 |
| 7. How has your agency used program alternatives such as programmatic agreements, program comments, and other tools to identify, manage, and protect your agency’s historic properties over the last three years, if at all? | 9 |
| 8. How does your agency coordinate historic preservation and sustainability/climate resiliency goals in project planning? | 10 |
| 9. How do your agency’s historic federal properties contribute to local communities and their economies, and how have their contributions changed over the reporting period?..... | 10 |
| 10. Provide specific examples of major successes, opportunities, and/or challenges your agency has experienced in the last three years. | 11 |

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

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 an active mine. Four out of eleven of the HHS Operating Divisions (OPDIVs) are required to submit historical data due to their 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 Program Support Center (PSC), Real Estate, Logistics and Operations Portfolio (RLO), Real Property Management Service (RPMS), Real Property Policy and Strategy (RPPS) Branch. Historic preservation efforts are an important part of the PSC, RLO, RPMS Portfolio. Several of the OPDIVs have well-developed historic preservation programs and experienced staffs possessing 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.

HHS did not submit 2017 and 2020 triennial reports, and the attached represents the HHS fifth consolidated triennial report submission to comply with Executive Order 13287 *Preserve America*. The 2023 HHS triennial report 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.

INTRODUCTION

The U.S. Department of Health and Human Services (HHS) has not submitted a triennial report to comply with Executive Order (EO) 13287, *Preserve America* since 2014. The 2023 triennial report represents, the fifth triennial report submission. EO 13287 includes several 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, update and submit the Department's information concerning historic preservation efforts and assets.

BACKGROUND

Four out of the twelve HHS landholding Operating Divisions (OPDIVs) were required to submit documentation due to having facilities management responsibilities that could involve historic resources. These OPDIVs manage or lease several properties ranging from research campus settings to numerous facilities distributed throughout the United States. The following are the HHS property managing entities with historical reporting requirements.

- The National Institutes of Health (NIH), which operates and maintains NIH's Bethesda, MD, Campus, and several additional sites in several states.
- The Indian Health Service (IHS) operates medical clinics and hospitals around the United States including Alaska.
- The Food and Drug Administration (FDA), headquartered in Silver Spring, 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.

For HHS non-landholding OPDIVs and Staff Divisions (STAFFDIVs) real property is leased through the GSA. RLO manages lease administration and serves as a liaison between HHS non-landholding OPDIVs and STAFFDIVs and GSA.

A major responsibility of RLO is to develop and provide coordinated facility management direction and policy guidance for use throughout HHS. The Historic Preservation Program is a GSA responsibility and HHS participates as a tenant in complying with GSA's historic preservation requirements. HHS has focused resources and attention toward improving both the Department level and OPDIV and STAFFDIV level management of historic resources to ensure compliance with executive orders and regulations.

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

1. How many, and what percentage of your assets, are historic as reported in :(a) your bureau or agency’s proprietary database and/or (b) your bureau’s or agency’s reports to the Federal Real Property Profile MS (FRPP MS)?

The number of assets that are directly owned and listed as National Historic Landmark (NHL) and National Register Eligible (NRE) and National Register Listed (NRL) in HHS’ Real Property Database by HHS facility type:

| HHS Facility Type | National Historic Landmark | National Register Eligible | National Register Listed | Grand Total |
|--|----------------------------|----------------------------|--------------------------|-------------|
| Dormitories/Barracks | | 1 | | 1 |
| Facility Security | | 1 | | 1 |
| Family Housing | | 29 | | 29 |
| Hospital | | 4 | | 4 |
| Industrial | | 2 | 2 | 4 |
| Institutional | | 2 | | 2 |
| Laboratories | 1 | 12 | 7 | 20 |
| Office | 8 | 44 | 3 | 55 |
| Other | | 21 | | 21 |
| Outpatient Healthcare Facility | 4 | 13 | | 17 |
| Parking | | 1 | | 1 |
| Research and Development | | 1 | 1 | 2 |
| Research and Development (other than Laboratories) | | | 1 | 1 |
| Service | 2 | 12 | | 14 |
| Utility Systems | | 1 | | 1 |
| Warehouses | 2 | 7 | 1 | 10 |
| Total | 17 | 151 | 15 | 183 |

There is a total of 2,936 owned assets in the HHS Real Property Databases. Therefore, the percentage of assets that are reported as historic is 6.23%

2. Have your identification methods changed during this reporting period? Approximately what total percentage or portion of the inventory have now been surveyed and evaluated for the National Register, and does this represent an increase from your agency’s 2020 progress report; if applicable?

HHS updated its policy, guidance, and requirement on August 2022 on promoting the identification, evaluation, and protection of historic properties in the [HHS Facilities Program Manual, Chapter 9 – Historic and Archeological Preservation](#).

The last progress report HHS submitted was in 2014. Therefore, the total percentage or portion of the inventory that has been surveyed and evaluated for the National Register will be compared to when HHS last reported as opposed to 2020.

In 2014, the following table summarizes the historic property inventory that was reported only for the CDC, FDA, IHS, and NIH for HHS owned real property.

| HHS OPDIV | National Historic Landmark | National Register Eligible | National Register Listed | Grand Total |
|------------------|-----------------------------------|-----------------------------------|---------------------------------|--------------------|
| CDC | | 1 | 2 | 3 |
| FDA | | 1 | 1 | 2 |
| IHS | 15 | 154 | | 169 |
| NIH | 10 | 26 | | 36 |
| Total | 26 | 182 | 3 | 211 |

The following table summarizes the current historic property inventory in 2023 for the CDC, FDA, IHS, and NIH:

| HHS OPDIV | National Historic Landmark | National Register Eligible | National Register Listed | Grand Total |
|------------------|-----------------------------------|-----------------------------------|---------------------------------|--------------------|
| CDC | 3 | 14 | 5 | 22 |
| FDA | | 8 | 1 | 9 |
| IHS | 14 | 99 | | 113 |
| NIH | | 30 | 9 | 39 |
| Total | 17 | 151 | 15 | 183 |

Since 2014, the following additional properties have been identified as historic properties:

- CDC has identified
 - 3 additional historic landmarks
 - 13 additional national register eligible properties
 - 3 additional national register listed properties
- FDA has identified
 - 7 additional national register eligible properties
- IHS has identified
 - 1 additional national register eligible property
 - 55 National register eligible property have been disposed of since 2014
 - 1 historic landmark property has been transferred to a tribal health program since 2014.

HHS incorrectly reported for NIH Historic Landmark and National Register Eligible properties in the 2014 report. The correct numbers have been updated and are listed in the current historic property summary for 2023.

The following table summarizes the number of evaluated and not evaluated of HHS owned

facilities for 2014:

| HHS OPDIV | Evaluated, Not Historic | Not Evaluated | Total Properties |
|--------------|-------------------------|---------------|------------------|
| CDC | 127 | 93 | 220 |
| FDA | 24 | 0 | 24 |
| IHS | 1,701 | 461 | 2,162 |
| NIH | 70 | 203 | 273 |
| Total | 1,922 | 757 | 2,679 |

The following table summarizes the number of evaluated and not evaluated of HHS owned facilities for 2023:

| HHS OPDIV | Evaluated, Not Historic | Not Evaluated | Total Properties |
|--------------------|-------------------------|---------------|------------------|
| CDC | 90 | 80 | 170 |
| FDA | 63 | 7 | 70 |
| IHS | 1,785 | 455 | 2,240 |
| NIH | 20 | 251 | 271 |
| Grand Total | 1958 | 793 | 2,751 |

HHS' real properties evaluations for the National Register is a 1.84% increase from HHS' last report in 2014.

3. Has your agency implemented any new policies or programs that promote awareness and identification of historic properties since the last report?

HHS updated its policy, guidance, and requirement on August 2022 on promoting the identification, evaluation, and protection of historic properties in the [HHS Facilities Program Manual, Chapter 9 – Historic and Archeological Preservation](#).

HHS utilizes General Services Administration (GSA) to execute most lease space projects and relies significantly on GSA for its GSA-leased facilities.

CDC complies with the Historic Preservation policies and guidance and tracks our inventory of historic property through Cultural Resource Assessments and Master Planning updates for each campus and facility. Three (3) additional historic landmarks, 13 additional national register eligible properties and three (3) additional national register listed properties have been identified since the 2014 report.

FDA has implemented new staff training requirements and programs to promote awareness of historic properties over the last three years. FDA has identified seven (7) additional national register properties since the last report.

IHS has not implemented new policies or programs in the last 3 years to promote awareness of historic properties. IHS considers facilities that are at least 45 years old to be eligible for the National Register until IHS has finds otherwise through Historic Preservation studies and

consultation with Tribal Historic Preservation Officer (THPO) and/or State Historic Preservation Officer (SHPO) as appropriate. IHS has identified one (1) additional national register eligible property since the last report.

NIH, through Section 106 consultation, has embraced online exhibits as part of Section 106 mitigation efforts. This should help promote awareness of NIH historic properties, and access to interpretive exhibits for those unable to visit physical exhibits or the actual properties. The online exhibits are extensions of the existing Office of NIH History and Stetten Museum website. The pilot effort was an exhibit, “Biologics Regulation and Research: The People and Work of Buildings 29 & 29A.” This exhibit was one component of Section 106 mitigation for the proposed demolition of two National Register Eligible buildings on the NIH Bethesda Campus in Bethesda, MD. The buildings are nationally significant to the history of medicine and public health because within their laboratories, the NIH and then the Food and Drug Administration (FDA) staff helped to conquer some of the world’s deadliest infectious diseases. The Office of NIH History & Stetten Museum worked closely with the NIH Office of Research Facilities and the FDA History Office to document the two buildings for posterity.

4. Federal agencies are encouraged to share information regarding the number and percentage of historic property identification completed in the context of Section 106 for specific undertakings and programs versus that completed for unspecified planning needs (Section 110 survey). In a given year, what percentage of your agency’s identification of historic properties occurs due to Section 106 planning and compliance versus regular stewardship and unspecified planning needs (Section 110)?

CDC utilizes an asset management database, 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. All CDC owned properties information from IFMS is report to HHS via the Automated Real Property Management System (ARIS). ARIS contains a specific data field for historic status reporting to HHS.

FDA reports that in a given year no identification of historic properties occurs due to Section 106 planning and compliance.

The percentage of historic properties that IHS assesses in the context of Section 106 is relatively small since IHS only studies facilities that may have adverse actions in the near future.

For NIH, most identification efforts are completed in the context of Section 106 for specific undertakings. However, the identification efforts are typically proactive, result from establishing a preliminary liberal area of effects for undertakings early in project planning, which is done to save time and to reduce uncertainty.

5. How has your agency employed partnerships to assist in the identification and evaluation of historic properties over the last three years?

OPDIVs and other stakeholders are involved through compliance with National Environmental Policy Act (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.

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, FDA does maintain a close relationship with GSA for leased space, which could house our non-laboratory "office" type functions in historic properties if applicable security and location criteria were met.

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 if applicable security and location criteria were met.

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.

The NIH has not employed partnerships over the last three years. There appears to be no need for this approach for NIH because the area of potential effects for undertakings typically does not reach far beyond NIH land, NIH facilities records are comprehensive, and NIH campuses have dedicated facilities stewardship teams.

6. Have the policies and programs your agency has in place to protect historic properties changed over the reporting period in ways that benefit historic properties?

The HHS Historic Preservation Program is very effective and balances the varied missions of our OPDIVs with national and local historic preservation interests. HHS recently updated its policy,

guidance, and requirement on August 2022 on promoting the identification, evaluation, and protection of historic properties in the [HHS Facilities Program Manual, Chapter 9 – Historic and Archeological Preservation](#). 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.

IHS reported the following:

- IHS protects national register eligible properties to the maximum extent possible during the planning phases for construction and/or expansion at the site.
- If the national register eligible property cannot be protected during the planning phase and demolition is elected as the only viable option, then IHS works with the SHPO, THPO, and Advisory Council on Historic Preservation to implement a memorandum of agreement that is agreed upon by all properties.

NIH reported the following:

- While it would be desirable to conduct large-scale repairs and improvements—to completely address every issue for one building, or to carry out similar work across multiple buildings simultaneously, this is not always possible.
- Therefore, NIH programs for buildings and facilities have supported a process whereby
 - Studies are conducted to identify and prioritize needed repairs for entire buildings or groups of buildings
 - Designs are produced for right-sized portions of work likely to be supported by available funding for construction, and
 - Shovel-ready projects may be executed with available funding while the construction documents are current.
- Numerous historic properties have benefited from multiple sequential projects flowing from an initial conditions assessment study. In this way, the NIH can steadily protect life safety and building envelope integrity for historic properties.
- The NIH Federal Preservation Officer remains a staff person in the NIH's Office of Research Facilities and works closely with its numerous divisions.
- The NIH continues to maintain an extensive library of the agency's history as well the drawings of its buildings.
- The NIH still has a rigorous project planning and programming process that includes full consideration of effects on cultural/historic resources as part of the NEPA process.
- As always, rigorous review of proposed undertakings potentially affecting historic properties dictates the initiation of a Section 106 consultation.

FDA reported the following:

- FDA has implemented staff training to better protect its national register listed and eligible properties and to ensure that undertakings with the potential to affect historic properties are appropriately identified and consultation is initiated in accordance with 36 CFR Part 800, the regulations implementing Section 106 of the National Historic Preservation Act (54 U.S.C. § 306108).

7. How has your agency used program alternatives such as programmatic

agreements, program comments, and other tools to identify, manage, and protect your agency’s historic properties over the last three years, it at all?

The NIH, FDA, IHS, and CDC has not used program alternatives but understands the utility of programmatic agreements.

8. How does your agency coordinate historic preservation and sustainability/climate resiliency goals in project planning?

Although HHS does not mention historic preservation in its current [Sustainability](#) and [Climate Adaptation](#) Plans, HHS OPDIVs remain committed to meeting all requirements for Real Property under their authority, including Historic Preservation.

CDC assets of historic significance are appropriately considered as part of our sustainability and resiliency planning and are incorporated to the extent feasible. Historic evaluations of buildings include a sustainability component.

FDA uses a wholistic approach to project planning and addresses historic preservation and sustainability/climate resiliency goals as cooperative rather than competing objectives.

Planning for projects at IHS facilities incorporates historic preservation and sustainability/climate resiliency as required by law or executive order.

Regarding sustainability, the NIH has been able to make improvements to building envelope and mechanical systems to reduce energy use and improve indoor air quality and comfort. The NIH has found these improvements to be achievable without adverse effect to historic buildings. For climate resiliency, the NIH is currently conducting climate vulnerability assessments for its campuses and will evaluate the findings in the context of preservation of historic properties.

9. How do your agency’s historic federal properties contribute to local communities and their economies, and how have their contributions changed over the reporting period?

CDC, FDA, IHS, and NIH are the only HHS Divisions that own federal real property. The following are the responses on how their historic federal properties contribute to the local communities:

- CDC historic federal properties are highly specialized space actively in use for agency functions. No change to utilization or engagement with local or external partners.
- FDA’s historic federal properties contribute to local communities and economies through providing jobs and opportunities for scientific collaboration with non-governmental entities. These contributions have remained unchanged over the reporting period.
- IHS historic properties provide health care and employment to local American Indian and Alaska Native communities.
- The contributions of the NIH to surrounding regional economies is meaningful, but historic properties are embedded in campuses among many other buildings, so it has not been feasible to quantify the contribution of individual historic properties.
 - NIH campuses may be visited by the public, so building exteriors and settings may be readily viewed.

- However, NIH historic properties tend to house biomedical research laboratories and research support functions; therefore, access to interiors may be limited.
- The NIH has therefore not sought to use properties to foster heritage tourism or trades training. There are efforts underway to add interpretive signage.
- One historic property with a well-known public-facing function is the National Library of Medicine, which is currently being rehabilitated to rebalance space programming in the building to reflect changing uses of libraries by staff, scholars, and the public at large.

10. Provide specific examples of major successes, opportunities, and/or challenges your agency has experienced in 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:

- 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 amore sophisticated system with capability to include detail information on each historic property/asset.
- IHS continues to provide continuing education of Federal Preservation Coordinators through the Advisory Council on Historic Preservation’s training courses, agency sponsored training, and on-the-job training.
- NIH completed conditions assessment study in 2018, a design in 2020, and completed an exterior envelope repair in 2023 for two single-family residences in Officer’s Quarters historic district.
- CDC has successfully continued to utilize CDC’s two (2) historic properties to support the Agency’s mission over the past three years. Both 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) sites with historic properties, and they are considered mission critical/mission dependent facilities supporting FDAs mission.

Major Challenges Identifying Historic Properties

IHS reported challenges as follows:

- 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.
- 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.
- 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.

NIH Reported challenges as follows:

- There have been no 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.

CDC reports the following:

- CDC did complete a formal review and update of the Cultural Resource Assessment(s) in 2012 of all structures on agency owned campuses and findings are updated as a component of ongoing Campus Master Planning efforts.

FDA reports the following:

- There were no major challenges in identifying historic properties due to their limited number of owned properties.

Major Challenges, Successes, and/or Opportunities Encountered in Protecting Historic Properties

CDC reports they have not experienced any major challenges or opportunities in protecting historic properties over the past three (3) years. However, CDC recognizes the challenges associated with maintenance cost to ensure facilities are in compliance with operational needs and meet mission purpose. The Experimental Mine in Pittsburgh require restoration. CDC will develop future budget requests to support restoration plans required to maintain safe operation of the facility

FDA reports that they have faced challenges and opportunities in protecting their Gulf Coast Seafood Laboratory Site (4.2 acres), which is within a larger 18-acre site that is a National Register listed property. Items potentially buried on the site could yield significant information about prehistoric subsistence and settlement patterns, the early colonial period (1500 to 1749), and potential Native American occupation during the early French colonial period. Avoiding terrestrial disturbance limits suitable methods for protecting the shorefront site from erosion and storm damage. FDA is working towards moving some laboratory operations from the site to better protect the site's historic archaeological features, including Native American shell middens.

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

- Most IHS facilities are 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 the following challenges related to protection of historic properties:

- The NIH continues to be challenged by limitations of older buildings in meeting the needs of today's biomedical research, due in large part to the increased space requirements of robust, modern building systems.
- Where possible, the NIH intends to adapt former laboratory buildings for less intensive office uses.
- In one exceptional case, two laboratories could not be feasibly reused to support the NIH mission and will be demolished under a Memorandum of Agreement between the NIH and the MD SHPO.
 - An initial consulting parties meeting was held online in April 2020, early in the COVID-19 pandemic.
 - Mitigation included not just Historic American Buildings Survey documentation, but also a comprehensive online exhibit related to the regulation of biologics by the NIH and FDA so that the stories of the people and work of these buildings could be accessed by an audience beyond Bethesda, MD.

End of Report