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Memorandum

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Subject: **Summary of Observations**
Potential Beneficial Re-use of Former Baptist Hospital Complex

The memorandum summarizes observations related to potential re-use of the Main Hospital building, the Medical Towers, and the Behavioral Health Unit (BHU) that form part of the former Baptist Hospital Complex. These observations are based on a site reconnaissance carried out by Geosyntec on 25 and 26 July 2024 and a cursory review of available documents. Our site reconnaissance was carried out to observe general conditions of the buildings and did not include structural assessments or sampling. The site visit was facilitated by representatives of Baptist Hospital but not all areas and spaces were visited during the reconnaissance as some areas were locked or otherwise inaccessible. Our observations related to building re-use are summarized below:

STRUCTURE

The Main Hospital building was constructed in the early 1950's and the Medical Towers and BHU were constructed in the early 1970's. The buildings are a combination of structural steel and concrete frame construction and there have been modifications, expansions, and renovations to the structures over their life.

Foundations - The buildings are supported on conventional spread foundations. There is some minor cracking and indications of settlement, but no visible indications of more extensive settlement related distress (such as racking of door frames and other openings).

Roof - The roofs are flat with membrane covering. There are indications that there are water leaks through the roof and potentially in some walls area. The visible portions of the membranes are in poor condition and would likely require replacement in a re-use scenario. The age of the building is an indicator of the possible use of asbestos-containing materials (ACM) in the roof materials (i.e., mastic and possible underlayment).

Façade – The Main Hospital building and the Medical Towers have a brick veneer façade. There are indications of localized deterioration of the mortar beds, and re-pointing may be required. The steel lintels above some of the windows and doors are corroded. The expanded steel has resulted in cracking of the mortar adjacent to the fenestrations.

Windows - The framing of the exterior windows is showing indications of corrosion and wear and is likely contributing to water leakage. The windows would require repairs and more likely full replacement with energy efficient systems.

BUILDING SYSTEMS

HVAC- the current HVAC system is a mixture of steam for heating provided by the adjacent steam plant and conventional chillers and air-handling equipment. In some locations the ducting was observed to be damaged with potential mold inside the ducts. Some of the HVAC ducting and steam lines appear to be jacketed with insulation that may be ACM. Therefore, the ductwork and likely the air-handling equipment would need to be removed and managed under ACM regulations and best management practices. The use of steam is not cost or energy efficient and building re-use would more likely require replacement of the entire HVAC system with current technologies and a system specifically purposed for the building zones and occupancy needs.

Building Utilities – In addition to HVAC, the buildings are serviced with hot and cold domestic water, fire water, sewer, electrical, medical air/oxygen, vacuum, and various ducts and cabling for communication and instrumentations. Where the drop-tile ceiling has collapsed, exposed utilities indicate that there have been renovations and modifications through the building life. The sanitary sewer system is more extensive than typically required for uses such as office spaces since there is usually sewer connections to each patient room. Transformers for the electrical service are of an age consistent with the use of polychlorinated biphenyls (PCBs). If to, the transformers would likely need to replaced and the PCB managed as a waste material. Given the age of the buildings, fluorescent light fixtures may have PCB-containing ballasts. Mercury switches may be present in thermostats. Overall, the building utilities would likely require removal and replacement with current systems suitable in capacity, location, and metering, for the planned occupancy.

Flooring and Interior Walls – The flooring and interior walls exhibit water damage and indications of mold. Some of the flooring and/or mastic is likely ACM. Typical abatement of water damage and mold in interior walls requires removal and replacement of the walls architectural finish and insulation which further requires removal and replacement of affected doors, outlets and fixtures. More generally, the flooring and interior walls would require removal and replacement/re-alignment to suit the planned building occupancy.

Elevators – The elevators include both hydraulic low-lift units and electromechanical unit for passenger, freight, and light-passage (i.e. dumbwaiter) services. The elevator cabs are showing significant wear and most likely the overall elevator capacity and elevator conditions would need renovation to suit a new building use and likely upgrade to current energy efficient units.

Kitchen/Food Preparation Areas - Some kitchen equipment including walk-in refrigerators and freezers, cooking surfaces/grills are still in place. Some indications of corrosion and damage to the kitchen equipment was observed. If kitchen equipment and facilities are to be re-used, they would require decontamination and repairs/renovations and possibly replacement with current energy efficient technologies and possibly upgrade of refrigerators to currently acceptable refrigerants. Fire suppression system may need to be replaced and/or upgraded to current code requirements.

SUMMARY

Based on our limited visual reconnaissance and cursory document review, re-use of the main hospital building, Medical Towers, and BHU will require a structural condition assessment and likely significant abatement of hazardous materials. The renovated structures would require significant investments in replacement of HVAC and other utility systems as well as replacement of interior architectural finishes. Repairs and rectifications would be required for exterior structures such as roofs, windows, and exterior façade. In more practical terms, the net result is that the structure would likely require to be stripped to the structural frame and replaced. Rebuilding around a structural frame that is already approaching 50 to 75 years of age would likely incur significant costs and may not be commercially viable.

An independent structural assessment to establish the validity of re-use of the structures would be required to identify deficiencies in the structural systems. Significant structural retrofits may trigger building code upgrades related to modern environmental conditions (hurricane/storm surge). In addition to revised loading conditions, the retrofit structure may also be subject to additional building code related upgrades including; hurricane ties and other wind related upgrades, ADA compliance, fire-proofing of structural components, and locations of fire-resistant barriers (such as doors).

Hazardous materials surveys would be required to establish the extent of ACM, PCB, lead paint, mold, and other hazardous material abatements required for building reuse. Specific utility studies would be required to establish what, if any, portion of the building services could be repurposed. A fire protection study would be required to identify needs for structural fire-proofing and other fire protection requirements consist with the planned occupancy. There may be requirements for rectifications of utility and fire protection systems to meet current code requirements.

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