



Southeast Regional Medical Command
INSPECTOR GENERAL

Inspection of Facilities Used to House
Warriors in Transition

10 OCT - 05 NOV 09



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Executive Summary

1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WTs) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WT housing semi-annually for the first two years and annually thereafter. We have currently completed the third of four semi-annual inspections. On 25 August 2009, the Commanding General, USA Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the "Special inspection of Facilities used to House Recovering Service Members. On 25 August 2009, the CDR, SERMC issued the directive to the RMC IG to lead and oversee the inspection of all housing facilities within the SERMC region used to house recovering service members.
2. Purpose. The purpose of the inspection was to conduct a special inspection of the facilities used to house Warriors in Transition (WT) and report on the adequacy of those facilities.
3. Concept. The Southeast Regional Medical Command Inspector General, coordinated with Senior Mission Command Inspectors General and related subject matter experts to conduct the inspection of Warriors in Transition (WT) units within the Southeast Regional Medical Command. Six installations were inspected throughout the region; Fort Rucker had no WTs during this inspection.
4. Objective. Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
5. Summary of Findings, Observations, and Recommendations. In general, the inspection teams found recovering service members were assigned the best housing available to meet their special medical needs. Most recovering service members were pleased with the Warrior Transition Unit and garrison's team approach to addressing their housing concerns. Overall, barracks and housing maintenance teams were responsive and efficient in resolving issues once identified by the occupant. Most installations are aggressively seeking methods to improve quality of life by renovating existing facilities to meet the accessibility needs of a growing population of recovering service members with special medical needs. During the inspection, findings were quickly identified and are being addressed by the Warrior Transition Unit chain of command, in coordination with local installation representatives.





Chapter 1 Objectives and Methodology

1. Objective. Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

2. Inspection Team. The inspection teams were established by the Senior mission IG. Representatives included IGs and staff from, DPW, Lodging, Safety, IMCOM, and Industrial Hygiene.

3. Methodology.

a. Observation: The inspection teams inspected the following types of Warrior in Transition occupied facilities: DoD Owned Unaccompanied Personnel Housing, DoD Leased or Contracted Housing or Lodging, DoD/NAF Owned Lodging, DoD Owned Family Housing, and Privatized Family Housing. Assessment of Privatized Family Housing was conducted with the consent of occupant and privatized housing management.

b. Document Review. The inspection teams reviewed the following documents: Maintenance Work Orders, Work Order Logs, WTU Billeting In-process packet, Standing Operating Procedures (SOP), and internal inspection schedules.

c. Interviews. The inspection teams conducted interviews with WTU/WTB Chain of Command; WTU/WTB Soldiers.

d. Surveys. One inspection team conducted a sensing session with WT Soldiers.

4. Locations Visited:

- a. Fort Campbell, KY
- b. Fort Stewart, GA
- c. Fort Jackson, SC
- d. Fort Benning, GA
- e. Fort Gordon, GA
- f. Redstone Arsenal, AL



5. Findings/Observation Format.

a. Where a published standard, policy, law or regulation was violated, met, or exceeded, a finding statement was developed and is addressed in the following format:

- Finding statement
- Standard(s)
- Root Cause
- Discussion
- Recommendation

b. Where there was no violation of a published standard, policy, law, or regulation, but an observation was made to improve current operations, an Observation Statement was developed and is addressed in the following format:

- Observation statement
- Standard(s), if applicable
- Discussion
- Recommendation

6. In the report, quantitative terms, such as “few, some, majority, most, and all” are used to describe percentile ranges linked to specific findings or observations. These terms are defined as follows:

Few	1-25%
Some	26-50%
Majority	51-75%
Most	76-99%
All	100%





Chapter 2 Good News

1. Tremendous improvement in the overall condition and cleanliness of the facilities.
2. Leadership was present during the inspection at all locations.
3. The WTB facilities used to house recovering service members have improved greatly from the last inspections.
4. IMCOM has funded and installed mold remediation equipment in the heating and air conditioning system for the barracks facilities.
5. Garrison has approved funding to pave the parking lot of the administrative building of the WTB. This project will replace the existing crush and run type surface, which makes wheelchair movement difficult.
6. DPW and the Housing offices are working hand and hand with the WTB.
7. The WTU Soldier Family Assistance Center (SFAC) are operational throughout the region. The SFAC offers a place for Soldiers to watch television, read, use computers, speak with counselors, etc. The SFAC also offers child care in order for Soldiers to attend briefings and medical appointments.
8. All ranks were being assigned IAW AR 420-1, Army Facilities Management Tables 3-9 and 3-10.
9. Cadre and Staff were very accommodating to Warriors in Transition.



Chapter 3 Findings and Observations

Objective 1: Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding 1.1: A small amount of what appeared to be mold was found in a few quarters on the heating ventilation and air-conditioning faceplates, and on the ceiling area. The contributing factors were inadequate air circulation and room temperatures being set consistently low by occupants.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel para 7 base line standards states that there shall be no mold.

Root Cause(s): Don't Know.

Discussion: The team identified a few quarters with apparent mold on the faceplates of the ventilation system and on the ceiling.

Recommendation(s):

- a. WTU chain of command inspect recovering service member quarters frequently to identify possible mold problem and to ensure service member is maintaining appropriate standards of cleanliness.
- b. DPW upgrade or replace current ventilation systems to reduce moisture buildup and prevent mold growth or install ventilation fans where needed.
- c. DPW remove all faceplates and clean with a bleach/water solution whenever filters are replaced.
- d. Warrior in Transition perform routine cleaning with bleach and water solution to remove mold.

Finding 1.2: Military Lodging Laundry facility was found to be inadequate.

Standards: Deputy Secretary of Defense Memorandum dated 18 Sep 2007 para 8 special medical requirements states that laundry facilities should be accessible from a wheel chair.

Root Cause: Can't Comply

Discussion: During the inspection the inspection team determined that the laundry facility was not accessible by wheel chair. The laundry room was located on the second



floor with no elevator. However, no WTs housed at this facility are affected by this finding.

Recommendation(s): Military Lodging is under renovation to install elevators in the facility and will be complete Jan 2010. The post laundry facility was identified as an alternate facility. DPW surveyed the facility and it was found to be ADA compliant.

Finding 1.3: The handicap parking spaces at Building 2641 and 2642 are not IAW Americans with Disabilities Act Accessibility Guidelines.

Standard: Americans with Disabilities Act Accessibility Guidelines- 28 CFR Part 36, Appendix A outlines the requirement for handicap parking as follows:

Paragraph 4.6.3, Parking Spaces. Accessible parking paces shall be at least 96 in (2440 mm) wide. Parking access aisles shall be part of an accessible route to the building or facility entrance and shall comply with 4.3. Two accessible parking spaces may share a common access aisle. Parked vehicle overhangs shall not reduce the clear width of an accessible route. Parking spaces and access aisles shall be level with surface slopes not exceeding 1:50 (2%) in all directions.

Root Cause(s): Don't Know

Discussion: The person doing the work did not know the requirement of Americans with Disabilities Act Accessibility Guidelines- 28 CFR Part 36.

Recommendation(s): DPW repaint the handicap parking IAW Americans with Disabilities Act Accessibility Guidelines- 28 CFR Part 36, Appendix A, 4.6.3

Finding 1.4: A few Single Soldier Complex fire extinguishers did not have monthly checks recorded on the inspection tag and some were also overdue for annual inspections

Standards: OSHA Reference 1910.157(e)(2) Portable extinguishers or hose used in lieu thereof under paragraph (d)(3) of this section shall be visually inspected monthly.

Root Cause: Don't Know

Discussion: During the inspection, Safety Officer's identified fire extinguishers that were overdue for annual inspections and monthly checks were not recorded on the inspection tag.

Recommendation(s): That the WTU Safety Officer conducts monthly inspections of fire extinguishers to ensure annual inspections and monthly checks are conducted.



[REDACTED]

Observation 1.1: In general, the inspection team found that all recovering service members were assigned housing as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Discussion: All units are in compliance with Inspection Standards.

Recommendation(s): Continue current operating procedure of assigning all Warriors in Transition to housing commensurate with their service and specialized needs and review periodically for changes in policy.

[REDACTED]

[REDACTED]



[REDACTED]

DEPARTMENT OF THE ARMY
HEADQUARTERS, SOUTHEAST REGIONAL MEDICAL COMMAND
FORT GORDON, GEORGIA 30905-5650

Appendix 1 Directive

MCSE-IG

25 AUG 09

MEMORANDUM FOR Southeast Regional Medical Command (SERMC) Inspector General

SUBJECT: Directive for Special Inspection of Facilities Used to House Warriors in Transition

1. References:

a. Memorandum, Commander MEDCOM, 25 August 09, Subject; Directive for the Inspection of Facilities Used to House Warriors in Transition (enclosed).

b. Public Law 110-181, Section 1662, 28 January 2008, National Defense Authorization Act of 2008.

c. ALARACT 162/2008, DTG 031515Z Jul 08, Subject: Inspection of Military Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units.

d. Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

2. In accordance with the above references, you are hereby directed to lead and oversee the inspection of all housing facilities within the SERMC region used to house recovering service members. Report back to me NLT 10 November 2009 with your findings.

3. In coordination with Installation Management Command (IMCOM), you are authorized to task staff members and IGs assigned to Senior Commanders and IMCOM and are to have unlimited access to Army activities, organizations and all information sources to ensure the successful and timely completion of this inspection requirement.

4. The Inspection will focus on the following objective: determine if facilities used to house Warriors in Transition are in compliance with the referenced memorandum

[REDACTED]

[REDACTED]

[REDACTED]

5. Point of Contact is Mr. Shaffer Clark; Assistant Inspector General, SERMC Inspector General at email shaffer.clark@amedd.army.mil or commercial. (706) 787-2690 or DSN 773-xxxx.

Encl
MEDCOM Memo, 25 AUG 09

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Appendix 2 Detailed Standards List

SA



DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS AND
UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS
UNDER SECRETARY OF DEFENSE FOR
ACQUISITION, TECHNOLOGY AND LOGISTICS
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH
AFFAIRS

SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover
Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WI-SOC), a joint
DoD/DVA committee, met and approved the following policy changes on August 28,
2007.

Effective immediately, the Military Services will provide housing for medical hold
and holdover personnel in accordance with the attached standards. These standards
address baseline accommodations and special features and services that may be required
depending on a member's medical condition and treatment plan.

The Secretaries of the Military Departments are directed to use these standards for
conducting the inspections required by section 3307 of the U.S. Troop Readiness,
Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007
(Public Law 110-28), and to report inspection findings to the Under Secretary of Defense
for Personnel and Readiness not later than October 31, 2007.

Timely implementation of these standards is a top Department priority.



Attachment:
As stated

70912971



[REDACTED]

**HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER
PERSONNEL**

1. PURPOSE

These standards shall be used as a basis for evaluating the adequacy of facilities that house medical hold and holdover personnel.

2. GENERAL

In general, medical hold and holdover personnel receiving outpatient medical treatment (hereafter referred to as MH personnel or MH members) shall be assigned or referred to housing that exceeds or meets the applicable quality standards and is appropriate for their medical condition, expected duration of treatment, dependency status (including authorization of a non-medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

3. APPLICABILITY

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated furnishings, amenities, operations/services, and maintenance that are critical to well being and morale.

These standards apply to the following types of housing when occupied by MH personnel:

- DoD-owned family housing (FH)
- DoD-owned unaccompanied personnel housing (UPH)
- Lodging owned by DoD, whether supported by appropriated funds or a non-appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher houses.
- Lease/contracted housing and lodging, to the maximum extent permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extent permitted by the associated agreement.

Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.



4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT

It is fitting that medical hold personnel who have "serious physical disabilities"¹ or that are the "direct result of armed conflict"² have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

5. RESPONSIBILITIES

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

¹ For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

² For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.3B, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)





6. ASSIGNMENT

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignments/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing.

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority 1", as defined by DoDD 4165.63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement.

If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home, MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade - unless dictated otherwise by special medical requirements.

7. BASELINE STANDARDS

Condition

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

Kitchens

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).





Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

Parking

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with those types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

9. INSPECTIONS

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall reinspect such facility not less often than once every 180 days until the deficiency is corrected.





10. FEEDBACK AND UPDATES

The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feedback should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

11. IMPLEMENTATION

The Military Departments have the authority to issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.





Appendix 3 Acronym List

WT
WTU

Warrior in Transition
Warrior Transition Unit



Appendix 4 References

ALARACT 295/2008, 9 December 08, Subject: MOD 1 to ALARACT 162/2008

ALARACT 162/2008, 3 July 2008, Subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units

Army Regulation 420-1, Army Facilities Management, 12 February 2008

National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 January 2008, Subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities

Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

Memorandum, Deputy Chief of Staff, G-1, HQDA, 18 June 2007, Subject: Housing Prioritization for Warriors in Transition