



Southern Regional Medical Command
Inspector General

Special Inspection of Facilities Used to House
Recovering Service Members (Warriors in
Transition)

September 2011



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**DEPARTMENT OF THE ARMY
SOUTHERN REGIONAL MEDICAL COMMAND
4070 STANLEY ROAD, SUITE 121
FORT SAM HOUSTON, TX 78234-6230**

MCSR-IG

9 September 2011

MEMORANDUM FOR Commander, Southern Regional Medical Command, Fort Sam Houston, TX 78234-6200

SUBJECT: Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition)

1. Purpose: To obtain the commander's signature on the enclosed Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition).

2. Discussion: On 16 February 2011, Commander, Southern Regional Medical Command (SRMC) directed the Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition).

3. The inspection teams identified 10 findings and made recommendations for corrective actions related to the objective.

4. Summarized Findings, observations and recommendations: 96% of all WT housing units within SRMC met the standards; there were no major findings.

a. All Warriors in Transition (WTs) are assigned appropriate housing applicable with their grade and number of dependents.

b. Several baseline standards were not within compliance; however, all deficiencies, except the separated drywall were corrected within 72 hours. One Privatized Housing Unit (PHU) had a small gas leak at the gas meter outside the house. Department of Public Works (DPW) notified the gas company and they immediately resolved the issue. A few barracks rooms had thermostats that failed to control temperatures. Those controls were replaced. A few barracks rooms had mold around electrical outlets. The mold was removed. DPW removed the covers to inspect for mold inside; no mold was found. A few of the rooms in the barracks had smoke detectors that were not operational. WTs had removed the detector to replace the battery and the WTs failed to

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[REDACTED]

reinstall it properly. DPW reinstalled all detectors and ensured they were operational. The inspectors found one PHU with mild mold in the bathroom. It was discovered that occupants did not run the exhaust fan. The mold was removed and occupants were informed to run the fan regularly to prevent mold. A few PHUs had electrical outlets that were not operational. Occupants called in work orders and DPW repaired some of the outlets; the remaining outlets were repaired during the inspection. AC filters are not being changed when dirty. This is a recurring finding. WT leadership was reminded to ensure filters are changed to prevent the HVAC from malfunctioning. Some barracks rooms had loose bathroom faucets to the point where they were not attached to the wall or sink. Work orders were submitted and repaired on the same day. At one installation, the drywall was separated and nails protruded in one PHU. DPW was aware of the construction issue, but stated it is systemic on the installation in the new Privatized Housing units. Foundations are settling/shifting in all of the new Privatized Housing, including units housing WTs.

c. There were a few special medical requirements that were requested by WT Soldiers. Three Soldiers requested an additional hand rail be installed to help traverse the stairs in their home. Another WT recently moved into quarters and requested a grab-bar be installed for his toilet and shower; he also required a ramp be installed to enter his home with ease. Work orders were submitted during the inspection and installation/construction was completed.

5. Recommendations:

a. That the Commander approve the final report.

b. That the Commander authorize the immediate release of the SRMC final report to The Surgeon General, Congressional Defense Committees, Assistant Secretary of Defense for Health Affairs, Department of Defense Agencies, Secretary of the Army, Installation Management Command, MEDCOM/OTSG OneStaff and post a redacted copy on the SRMC's internet website.

Encl
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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 inspections of all WT housing semi-annually for the first two years and annually thereafter; to submit a report on each facility inspected to the post commander, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees, and to post the final inspection report (redacted) on their respective Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARCT 162/2008 on 3 July 2008 to all army activities. This message directed US Army Medical Command (MEDCOM) RMC IG's, in coordination with Installation Management Command (IMCOM) to oversee the inspection effort. It also provided RMC IGs authorization to task staff members and IGs assigned to senior commanders and IMCOM, as well as, unlimited access to Army activities, organizations, and all information sources necessary to complete the inspection. On 11 January 2011, 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 16 February 2011, The Southern Regional Medical Command (SRMC) Inspector General (IG) issued the directive to conduct a Special Inspection of Facilities Used to House Recovering Service Members.

2. Purpose: To assess the condition and adequacy of armed forces facilities used to house recovering service members assigned to Warrior in Transition Units (WTUs).

3. Concept: To inspect the physical conditions of recovering WTs living in DoD sponsored housing.

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.

a. Assess compliance with Warrior in Transition housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.





b. Assess compliance with Warrior in Transition occupied housing for baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

c. Assess compliance with the requirement to provide special medical requirements to Warriors in Transition with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

5. Focus: The inspection will be a reoccurring inspection that focuses on the effectiveness of the Southern Regional Medical Command's compliance with DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

6. Task Organization. The Installation IG Offices within SRMC assessed the facilities housing Warriors in Transition and provided their report to the SRMC IG, which consolidated for the region and submitted onward to MEDCOM. The inspection element consisted of Inspectors General and Subject Matter Experts (SMEs) from DPW Housing, the Safety Office, DoD Lodging representatives, and WTU Cadre at each installation.

7. Inspected Housing for Warriors in Transition (WTs):

Fort Sam Houston, TX

Fort Hood, TX

Fort Jackson, SC

Fort Stewart, GA

Fort Gordon, GA

Fort Sill, OK

Fort Polk, LA

Fort Campbell, KY

Fort Benning, GA

8. Inspection Methodology: The inspection teams focused on gathering information through observations of the facilities, as well as interviews with command leadership, and WTs and their family members.





9. Summary of findings, observations, and recommendations: 96% of WT housing units met the standard; there were no major findings.

a. All Warriors in Transition (WTs) are assigned appropriate housing applicable with their grade and number of dependents.

b. Several baseline standards were not within compliance; however, all deficiencies, except the separated drywall were corrected within 72 hours. One Privatized Housing Unit (PHU) had a small gas leak at the gas meter outside the house. Department of Public Works (DPW) notified the gas company and they immediately resolved the issue. A few barracks rooms had thermostats that failed to control temperatures. Those controls were replaced. A few barracks rooms had mold around electrical outlets. The mold was removed and DPW removed the covers to inspect for mold inside; no mold was found. A few of the rooms in the barracks had smoke detectors that were not operational. WTs had removed the detector to replace the battery and the WTs failed to reinstall properly. DPW reinstalled all detectors and ensured they were operational. The inspectors found one PHU with mild mold in the bathroom. It was discovered that occupants did not run the exhaust fan. The mold was removed and occupants were informed to run the fan regularly to prevent mold. A few PHUs had electrical outlets that were not operational. Occupants called in work orders and DPW repaired some of the outlets; the remaining outlets were repaired during the inspection. AC filters are not being changed when dirty. This is a recurring finding. WT leadership was reminded to ensure filters are changed out to prevent the HVAC from malfunctioning. Some barracks rooms had loose bathroom faucets to the point where they were not attached to the wall or sink. Work orders were submitted and repaired on the same day. The drywall was separated and nails protruded in one PHU. DPW was aware of the construction issue, but stated it is systemic on the installation in the new Privatized Housing units. Foundations are settling/shifting in all of the new Privatized Housing, including units housing WTs.

c. There were a few special medical requirements requested by WT Soldiers. Three Soldiers requested an additional hand-rail be installed to help traverse the stairs in their home. A WT recently moved into quarters and requested installation of a grab-bar for his toilet and shower. He also required a ramp be installed to enter his home. Work orders were submitted during the inspection and installation/construction was completed.



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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.

a. Assess compliance with Warrior in Transition housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

b. Assess compliance with Warrior in Transition occupied housing for baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

c. Assess compliance with the requirement to provide special medical requirements to Warriors in Transition with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

2. Inspection Team: The inspection team consisted of Installation IGs/Assistant IGs, DPW representatives, Safety Officers, and WT Leadership.

3. Methodology.

a. Observation: The inspection teams inspected occupied facilities of the following types of Warrior in Transition housing: 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. Interviews: The inspection teams conducted interviews with command leadership, WTs and their family members.



4. Findings/Observation Format:

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

- Finding Statement
- Standards
- 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
- Standards(s) if applicable
- Discussion
- Recommendation

5. In the report, quantitative terms, such as few, some, majority, most, and all are used to describe percentile ranges of housing/barracks rooms inspected linked to specific findings or observations. These terms are defined as follows:

Few	1-25%
Some	26-49%
Half	50%
Majority	51-75%
Most	76-99%
All	100%

6. Root Cause is identified with three descriptions:

a. **Don't Know**

- (1) Never Knew: Did the person or unit ever know about the requirement?
- (2) Forgot: Did the person or unit forget about the requirement?
- (3) Task Implied: Was the task implied but the unit or person lacked the knowledge or experience to recognize the requirement?





b. **Can't Comply**

(1) Scarce Resource: Did the person or unit have the resources to accomplish the requirement?

(2) Don't Know How: did the person or unit know how to meet the requirement?

(3) Impossibility: Was the requirement impossible for the unit or person to perform.

c. **Won't Comply**

(1) No Reward: Would the person or unit be rewarded for completing the requirement?

(2) No Penalty: Would the person or unit suffer a penalty by failing to complete the requirement?

(3) Disagree: Did the person or unit disagree with the requirement?





Chapter 2 Good News

- Throughout the region, WTs and families consistently spoke highly of the performance and responsiveness to work order requests and their living conditions
- Most leadership conducts a town-hall meeting to address issues and concerns.
- Fort Sam Houston instituted a formalized health and welfare inspection program with a written SOP. This SOP provided tasks, conditions and standards for conducting inspections and allowed the Commander to enforce standards.
- New Construction:
 - Fort Polk - the construction of the new WT Barracks is expected to be completed in FY 12.
 - Fort Hood – the construction of the new five-story WT housing complex is expected to be completed Dec 11.
- Fort Jackson WTU has ensured that Warriors in the barracks have a drawer that locks so that high dollar value items and medications can be secured.



Chapter 3 Findings

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.

a. Assess compliance with Warrior in Transition housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding a.1: None

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

Root Cause: N/A

Discussion: N/A

Recommendation(s): N/A

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.

b. Assess compliance with Warrior in Transition occupied housing for baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding b.1: One Privatized Housing Unit had a small gas leak at the gas meter connection outside the house (Fort Sill).

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

Root Cause: Won't Comply. The WT and family member were aware of the gas leak but failed to notify DPW.





Discussion: There was excessive dirt around the pipes of the gas meter. The gas company was notified and immediately came out and resolved the issue. The environmental health department was notified as an additional safety precaution. The environmental health department tested the excessive dirt for mold. The test results were negative.

Recommendation(s): WT Leadership continue to remind WTs to call in work orders when needed.

Finding b.2: Few UPH rooms had thermostats that failed to control temperatures. (Fort Campbell)

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

Root Cause: Don't Know. WTs were unaware the thermostats were broken.

Discussion: During the inspection, it was noticed by the inspectors that the thermostats were not working; however, just before the inspection two WTs notified their Squad Leaders that their thermostat was not working.

Recommendation(s): WT Leadership continue to teach and train WTs on the need for work orders.

Finding b.3: Few UPH rooms had small amount of mold around an electrical outlet. (Fort Campbell)

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

Root Cause: Don't Know. Leadership and WTs were unaware of the mold.

Discussion: During the inspection, a light amount of mold was identified in three rooms on the walls near the electrical outlets. DPW removed the covers to further inspect for mold inside the walls and no mold was found.

Recommendation(s): WT Leadership periodically monitor this area when they inspect and ensure it is cleaned regularly.





Finding b.4: Few UPH rooms had smoke detectors that were not operational. (Fort Campbell)

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

Root Cause: Don't Know. WTs had taken the detector down to have the battery replaced and had not reinstalled it. The ones that were reinstalled were not properly plugged in.

Discussion: The inspectors found smoke detectors that did not work because WTs had recently taken them down to change the battery and never reinstalled them properly. DPW installed them properly and conducted a test to ensure they were operational.

Recommendation(s): WT Leadership periodically check the smoke detectors during their periodic walk through.

Finding b.5: One Privatized Housing Unit had mild mold in bathroom (Fort Campbell)

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

Root Cause: Won't Comply. WT and family did not run the exhaust fan. WT and family had been informed previously.

Discussion: The Inspection Team found mold on a wall in a small master bathroom. The occupants stated they previously had some mild mold removed from that bathroom. A work order was established and mold treatments were conducted. DPW reiterated to the occupants the need to run the exhaust fan when occupying the small master bathroom.

Recommendation(s): WT utilize the exhaust fan and request work order when mold occurs.

Finding b.6: Few Privatized Housing Units had electrical outlets that either a plug would not stay in or were not operational. (Fort Campbell)

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





Root Cause: Can't Comply. Work orders were previously completed but not all outlets were serviced because technician had other service orders to complete.

Discussion: Occupants told the inspector that the technician did not allow a sufficient amount of time to complete the entire work order and they were told to submit another work order. They never submitted a second work order. During the Inspection, DPW submitted a work order on the spot and the issue was resolved within 72 hours.

Recommendation(s): DPW complete all work on work-orders and WTs submit a work order when further issues arise.

Finding b.7: Few UPH rooms' fire extinguisher did not have annual service completed. (Fort Gordon)

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

Root Cause: Don't Know. WT Leadership were unaware of the expiration date for the annual service requirement.

Discussion: Fire extinguishers in the staircase-landing were getting properly serviced; however, the fire extinguishers in the individual rooms were only serviced if/when the WT was available.

Recommendation(s): WTU Safety Officer conduct monthly inspections of fire extinguishers to ensure annual services are conducted.

Finding b.8: Few UPH rooms had AC filters that had not been changed when dirty. (Fort Stewart)

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

Root Cause: Won't Comply. WT and Leadership did not change filters regularly.

Discussion: The inspection team determined the failure to change dirty filters on a regular basis presents a risk for malfunction of HVAC.



[REDACTED]

Recommendation(s): WT Leadership inspect all filters during their periodic walk through and ensure they are changed when necessary.

Finding b.9: Some UPH rooms had bathroom faucets that were loose and not installed to the sink or wall. (Fort Hood)

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

Root Cause: Don't Know. WT Leadership were unaware and did not notice during routine inspections. WT did not call in work orders.

Discussion: The inspection team found the faucets to be very loose and informed WT Leadership how and what to look for/inspect during their routine inspections of the barracks. Work orders were submitted and DPW fixed the faucets.

Recommendation(s): WT Commander develop a training program that helps subordinate leaders identify routine maintenance issues and ensure work orders are submitted.

Finding b.10: One privatized housing unit had drywall separation and nails protruded. (Fort Benning)

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

Root Cause: Don't Know. WT and family members did not notice separation or nails protruding.

Discussion: The inspection team identified the separation and protruding of nails. The DPW representative stated 'this is a systemic because of the foundation settling in the new housing construction'. The maintenance section has documented occurrences of these issues for all new housing on the installation.

Recommendation(s): DPW engineers reevaluate the construction of the interior walls and identify the appropriate apparatus or device for anchoring drywall to ensure safety of the home.

[REDACTED]

[REDACTED]

[REDACTED]

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.

c. Assess compliance with the requirement to provide special medical requirements to Warriors in Transition with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding c.1: Few WT requested special accommodation items to be installed such as hand rails, grab bars, and a ramp. (Fort Campbell)

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

Root Cause: Don't Know. The occupants never inquired about how to receive the items.

Discussion: During the inspection three Soldiers requested an additional hand rail be installed to help traverse the stairs in their home. Another WT recently moved into quarters, requested a grab bar be installed for his toilet and shower. He also requested a ramp be installed to get into his home with ease. Work orders were submitted during the inspection and completed within 72 hours.

Recommendation(s): WT Leadership visit quarters and assess the need for special accommodations in the future.

[REDACTED]

[REDACTED]

[REDACTED]

Appendix 1



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
SOUTHERN REGIONAL MEDICAL COMMAND
2410 STANLEY ROAD, SUITE 121
FORT SAM HOUSTON, TEXAS 78234-6230

MCSR-CG

FEB 16 2011

MEMORANDUM FOR Southern Regional Medical Command (SRMC) Inspector General (IG)

SUBJECT: Directive for the Special Inspection of Armed Forces Housing Facilities of Recovering Service Members

1. You are directed to oversee the inspection of Warrior in Transition housing in the SRMC area of responsibility IAW Public Law 110-181, Section 1662, 28 January 2008, National Defense Authorization Act of 2008.
2. The inspection will focus on the following 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.
3. You are authorized to task staff members, Inspectors General assigned to senior commanders, and Installation Management Command (IMCOM) as required. You have unlimited access to Army activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement IAW ALARACT 162/2008, DTG 031515z Jul 08, Subject: Inspection of Military Facilities Used to House Recovering Service Members Assigned to Warrior Transition Units.
4. The inspection will conclude and the final report will be submitted to SRMC IG NLT 27 July 2011.
5. You will provide me with the final report at the conclusion of the inspection. In addition, a copy of the report will be furnished to MEDCOM Inspectors General Office and a redacted copy will be posted on the SRMC Internet website. The posted report will not name specific facilities, units, or other sources of information.
6. The point of contact for this inspection is Ms. Janelle Allen at janelle.allen@us.army.mil and Ms. Mary Dickenson at mary.dickenson@us.army.mil, SRMC IG Office, DSN 471-9977 or Com (210) 221-9977.



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Appendix 2 Detailed Standards List



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

SEP 18, 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
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

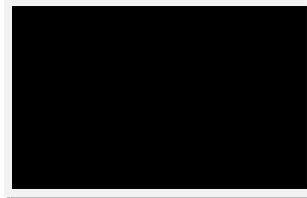
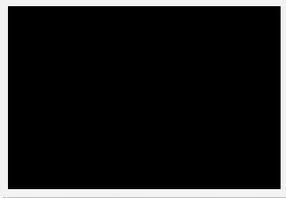
The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint DoD/DVA committee met and approved the following policy changes on August 28, 2007.

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



[REDACTED]

APPENDIX 2: DETAILED STANDARDS LIST

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 (TOY) lodging, permanent change of station (peS) 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.

¹For 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.)

²For 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 0001 1332.38, 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 assignment/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., pes 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, 000 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 Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

Furnishings

Provide loaned furnishings as appropriate.

Electronic Equipment

Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WIFI and a laptop computer.

Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

8. SPECIAL MEDICAL REQUIREMENTS

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.





Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TSJ), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night).

For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.





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 these 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.



[REDACTED]

Appendix 3 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