FOR OFFICIAL USE ONLY

Southern Regional Medical Command (Provisional)
Inspector General

Inspection of Facilities Used to House Warriors in Transition

September 2009 though December 2009

[redacted]

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

REPLY TO ATTENTION OF

MCSR-CG 17 December 2009

MEMORANDUM FOR The Surgeon General/Commanding General, U.S. Army Medical Command, Fort Sam Houston, Texas 78234-6230

SUBJECT: Inspection of Facilities Used to House Warriors in Transition (WT)

1. I approve the findings and recommendations in the enclosed Inspector General report on the "Inspection of Facilities Used to House Warriors in Transition.

2. Upon receipt of Department of Army Inspector General and The Surgeon General/ Commanding General USA MEDCOM concurrence, I authorize its immediate release to the organizations listed below and on the Great Plains Regional Medical Command's internet web pages.

[redacted]

Encls
as

CF: (w/encls)
Congressional Defense Committees
Assistant Secretary of Defense for Health Affairs
Department of Defense Agencies
Secretary of the Army
Installation Management Command
MEDCOM/OTSG OneStaff

[redacted]

[redacted]

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

REPLY TO ATTENTION OF

MCSR-IG 17 December 2009

MEMORANDUM FOR Commander, Southern Regional Medical Command (Provisional)

SUBJECT: Final Report on the Special Inspection of Facilities Used to House Recovering Service Members (Warrior in Transition)

1. Purpose. To obtain Southern Regional Medical Command (Provisional) Commander's signature on the enclosed Special Inspection of Armed Forces Housing Facilities of Recovering Service Members.

2. Discussion. On 3 September 2009, the Commander, Great Plains Regional Medical Command directed the "Inspection of Facilities Used to House Warriors in Transition."

3. The installation inspection teams identified eight findings and one observation during the inspection. The teams also made recommendations for corrective action related to the three objectives. A summary of findings follows:

4. Summarized Findings. All Warriors in Transition (WT) within the region are assigned housing that complies with DoD standards. Most DoD owned or leased housing within in the region meets or exceeds the needs of WT and their family members. Work processing and completion for Unaccompanied Personnel Housing (UPH) improved since previous inspections. There are a few minor maintenance and general wear and tear areas that continue to reoccur. Some baseline housing standards were found to be out of compliance. A few housing facilities had non-structural cracks in walls, floors, and ceilings that were repaired by the installation Department of Public Works (DPW) within 24 hours. A few porches identified in privatized housing were painted with gloss paint creating a slipping hazard. The deficient porches were subsequently repainted by DPW. One WT had a difficult time wheeling himself up to his quarters because the ramp was too steep. DPW rebuilt the ramp at a gentler grade to accommodate the WT. Minor mold and mildew remain in a few areas due to problems with air conditioning units. One installation had not installed sufficient handicap signs and parking spaces outside UPH housing. A few fire extinguishers were installed too high to accommodate WT in wheelchairs. One installation is in the process of replacing automatic door locks to prevent WT from inadvertently locking themselves out of their rooms.

[redacted]

5. Recommendation. The Commander, Southern Regional Medical Command (Provisional):

a. Approve the final report.

b. Authorize immediate release of the 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 posting on the SRMC internet web pages.

Encls
as

[redacted]

Release of Inspector General Information

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[redacted]

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Table of Contents

EXECUTIVE SUMMARY……....2
CHAPTER 1 OBJECTIVES AND METHODOLOGY…….4
CHAPTER 2 GOOD NEWS……7
CHAPTER 3 FINDINGS AND OBSERVATIONS……....8
APPENDIX 1 DIRECTIVE……13
APPENDIX 2 DETAILED STANDARDS LIST……...14
APPENDIX 3 ACRONYM LIST……22
APPENDIX 4 REFERENCES……23

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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 (WT) 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; 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 on their respective Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 on 3 July 08 to all Army activities. This message directed US Army Medical Command (MEDCOM) RMC IGs, 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 3 Sep 09, the Commanding General, MEDCOM 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 3 Sep 09, the SRMC (P) IG issued the directive to the installation IGs within the region to conduct the "Special Inspection of Facilities Used to House Recovering Service Members."

2. Purpose. To inspect all military facilities housing recovering service members assigned to SRMC (P) Warrior in Transition Units

3. Concept. To inspect the physical conditions of recovering WT living in DoD sponsored housing. The inspection teams consisted of Command IGs, Detailed IGs, Assistant IGs, Safety representatives, DPW housing representatives, MEDDAC personnel, and MWR/Lodging representatives. WTU Cadre representatives were present during the inspection.

4. Objective. Determine if facilities used to house WT 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 WT housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

[redacted]

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

c. Assess compliance with the requirement to provide special accommodations and services to Warriors in Transition with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 Seo 07, Subject: DoD Housing Inspection standards for Medical Hold and Holdover Personnel

5. Summarized Findings. All Warriors in Transition (WT) within the region are assigned housing that complies with DoD standards. Most DoD owned or leased housing within in the region meets or exceeds the needs of WT and their family members. Work processing and completion for Unaccompanied Personnel Housing (UPH) improved since previous inspections. There are a few minor maintenance and general wear and tear areas that continue to reoccur. Some baseline housing standards were found to be out of compliance. A few housing facilities had non-structural cracks in walls, floors, and ceilings that were repaired by the installation Department of Public Works (DPW) within 24 hours. A few porches identified in privatized housing were painted with gloss paint creating a slipping hazard. The deficient porches were subsequently repainted by DPW. One WT had a difficult time wheeling himself up to his quarters because the ramp was too steep. DPW rebuilt the ramp at a gentler grade to accommodate the WT. Minor mold and mildew remain in a few areas due to problems with air conditioning units. One installation had not installed sufficient handicap signs and parking spaces outside UPH housing. A few fire extinguishers were installed too high to accommodate WT in wheelchairs. One installation is in the process of replacing automatic door locks to prevent WT from inadvertently locking themselves out of their rooms.

Chapter 1: Objectives and Methodology

1. Objective. Determine if facilities used to house WT 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 team consisted of Command IGs, Detailed IGs, Assistant IGs, Safety representatives, DPW housing representatives, MEDDAC personnel, Fire Inspectors, and MWR/Lodging representatives. WTU Cadre representatives were present at the inspections.

3. Methodology.

a. Observation: The inspection teams inspected the following types of WT 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 applicable DoD, Army, subordinate headquarters directives, regulations, policies, guidance, and standing operating procedures, as applicable to their area of responsibility. In addition, current work orders for buildings being inspected and results of the previous inspection were also reviewed.

c. Interviews. The inspection teams conducted interviews with WT and their family members as available. Inspectors also interviewed staff and cadre members assigned to WTU.

d. Surveys. Some WT and family members living in privatized housing completed questionnaires that identified how pleased they were with their living quarters.

4. Locations Visited:

a. Fort Sam Houston, TX

b. Fort Hood, TX

c. Fort Sill, OK

d. Fort Bliss, TX

e. Fort Carson, CO

f. Fort Huachuca, AZ

g. Fort Riley, KS

h. Fort Leonard Wood, MO

i. Fort Polk, LA

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%

7. Root Cause is broken down into three major categories:

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?

[redacted].

(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 Resources: 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?

[redacted]

Chapter 2: Good News

1. New WT Barracks Complex has been funded and groundbreaking was executed on 16 October 2009 at Fort Bliss, TX.

2. Non-slip material or mats have been placed in all bathroom tubs.

3. WT were very pleased with adequacy of the housing facilities as well as the care and responsiveness of leadership and installation support.

4. Post agencies continue to make WT a top priority.

5. WT state they have seen constant improvement in their quality of living.

6. WTU Cadre are visiting barracks rooms daily.

7. Significant reduction in smoking violations in the barracks.

8. WT getting reimbursed for cable, internet, and phone service.

9. WT leadership at For Polk provided dehumidifiers for every barracks room to control moisture.

[redacted]

[redacted]

Chapter 3: Findings and Observations

Objective: Determine if facilities used to house WT 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 WT housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

Finding 1.1: No Findings. All WT are assigned priority housing that is commensurate with their number of family members and medical condition.

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

Root Cause(s): N/A

Discussion: All recovering Service Members assigned to WTU are assigned proper housing. Those WT that were in compliance prior to becoming a WT and after becoming a WT were non compliant, were moved immediately.

Recommendation(s): DPW Housing continue to adhere to DoD standards when assigning WT housing

Objective: Determine if facilities used to house WT 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 WT occupied housing for compliance with baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

Finding 2.1: Few WT housing had non structural cracks in walls, floors, and ceilings

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

Root Cause(s): Don't Know. WT failed to call in work order.

Discussion: At Fort Sam Houston, the IG Team noticed during the inspection few homes had non structural cracks in walls, floors, and ceilings. DPW sealed cracks within 24 hours of identification.

[redacted]

Recommendation(s): DPW periodically inspect cracks for possible structural damage, and repair as necessary.

Finding 2.2: Few porches were painted with gloss paint.

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

Root Cause(s): Don't Know. DPW applied the wrong type of paint.

Discussion: Three houses at Fort Sam Houston were painted with gloss paint causing a slipping hazard when wet. DPW repainted porches within 72 hours.

Recommendation(s): N/A

Finding 2.3: A WT house had a very steep wheelchair ramp.

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

Root Cause(s): Don't Know. WT failed to call in work order.

Discussion: The IG Team at Fort Sam Houston noticed during the inspection one WT housing's wheelchair ramp was very steep. It was difficult for WT to wheel himself, and difficult for his wife to push him up the ramp.

Recommendation(s): DPW replace the ramp.

Finding 2.4: Few WT barracks had minor mold and mildew.

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

Root Cause(s): Won't Comply. Lack of appropriate temperature levels in barrack rooms by Soldiers and lack of supervision by WTU leadership.

Discussion: The IG team at Fort Sill discovered during their inspection 11 rooms had minor mold and mildew. This is due to temperature controls being set at low levels causing condensation.

Recommendation(s): WT set temperature controls at adequate temperatures.

Finding 2.5: Few privatized housing had broken lock on patio door.

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

Root Cause(s): Won't Comply. WT did not call in work order to fix door.

Discussion: The IG team at Fort Sill discovered the broken patio door during inspection. A work order was submitted and deficiency was repaired immediately.

Recommendation(s): WT should call in work orders as soon as deficiency is identified.

Finding 2.6: Few handicapped signs and parking spaces are not allocated or identified.

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

Root Cause(s): Don't Know. Handicap parking was not previously available for this reallocated structure.

Discussion: At Fort Leonard Wood recent renovations were completed to install wheelchair accessible ramps immediately around building 319 to support any handicapped assigned Soldiers.

Recommendation(s): DPW install signs and identify parking spaces.

Finding 2.7: Few fire extinguishers installed too high off the floor.

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

Root Cause(s): Don't Know. Building managers didn't know fire extinguishers were installed higher than NFPA requirements. The fire extinguishers in this building were not identified in previous inspections.

Discussion: At Fort Leonard Wood, Foster Lodging was renovated about 3 years ago and during the renovation the fire extinguishers were installed higher than NFPA requirements.

Recommendation(s): Have building manager submit work order to reinstall fire extinguishers to the correct height.

Observation 2.1: At Fort Carson, all locks on WT barracks room doors were being replaced because they would automatically lock when WT leave the room to enter common area.

Standard: N/A

Root Cause(s): N/A

Discussion: WT had a few incidents where they had locked themselves out of their rooms when entering the common areas such as the kitchen or bathroom, and could not get back in for hours. The installation commander directed DPW to change all locks to where they can only secure the room with a key as they leave.

Recommendation(s): N/A

Objective: Determine if facilities used to house WT 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 accommodations and services to WT with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

Finding 3.1: Few wheelchair ramps have damaged welds and the ramp seams are sagging.

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

Root Cause(s): Can't Comply.

Discussion: The welds on the wheelchair ramps continue to break due to the high volume of traffic and the stress of heavy weight. Work orders are submitted and the repairs are made when needed. The ramps have been repaired and re-welded but continue to break and require repair. The damage is usually a ½ inch sag in the ramp which may present a safety hazard and cause difficulties for personnel in wheelchairs to enter the buildings.

Recommendations:

a. DPW assess the structure of all wheelchair ramps to determine if a more sturdy structure is warranted due to the continuous breaks and sags in welds on the ramps.

b. WTB representatives perform periodic inspections with support from unit safety officers to ensure safety guidelines are met. Unit ensures WT report damages.

c. WTB request work orders for spot welds to be made in closer interval along the full seam of the ramps to prevent future breaks in the seams from applied weight.

[redacted]

Appendix 1: Directive

DEPARTMENT OF THE ARMY
GREAT PLAINS REGIONAL MEDICAL COMMAND
3851 ROGER BROOKE DRIVE
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO
ATTENTION OF
MCSR-IG

SEP 3 2009

MEMORANDUM FOR Great Plains Regional Medical Command Inspector General

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 GPRMC's 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 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 be submitted to GPRMC IG *NLT 23 October 2009.***

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 GPRMC 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 COL Steven Bolint, GPRMC IG Office, DSN 471-9977 or Com (210) 221-9977.

[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
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.

[redacted]

Attachment:
As stated

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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.

[redacted]

[redacted]

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.

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[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 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)

[redacted]

[redacted]

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., 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).

[redacted]

[redacted]

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.

[redacted]

[redacted]

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 (TBI), 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.

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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.

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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 feed back 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.

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Appendix 3: Acronym List

WT	Warrior in Transition
WTU	Warrior Transition Unit
UPH	Unaccompanied Personnel Housing
Bldg	Building
DoD	Department of Defense
NAF	Non Appropriated Funds
TBI	Traumatic Brain Injury
PTSD	Post Traumatic Stress Disorder
DPW	Department of Public Works

[redacted]

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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

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