



EUROPE REGIONAL MEDICAL COMMAND
INSPECTOR GENERAL

Inspection of Facilities Used to House
Warriors in Transition

1 - 12 August 2011



DEPARTMENT OF THE ARMY
UNITED STATES ARMY EUROPE REGIONAL MEDICAL COMMAND
CMR 442
APO AE 09042

REPLY TO
ATTENTION OF:

MCEU

MEMORANDUM FOR The Surgeon General/Commanding General, U.S. Army Medical Command

SUBJECT: Inspection of Facilities Used to House Warriors in Transition

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 Europe Regional Medical Command internet webpage.

Encls
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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





DEPARTMENT OF THE ARMY
UNITED STATES ARMY EUROPE REGIONAL MEDICAL COMMAND
CMR 442
APO AE 09042

REPLY TO
ATTENTION OF:



MEMORANDUM FOR Europe Regional Medical Command Commander

SUBJECT: Final Report on the 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 Armed Forces Housing Facilities of Recovering Service Members.
2. Discussion. On 27 Dec 10, The Europe Regional Medical Command (ERMC) Commanding General directed the "Inspection of Facilities Used to House Warriors in Transition".
3. The inspection teams identified two findings and 24 observation and made recommendations for corrective action related to the objective. A summary of observations follows:
4. Summarized Findings.
5. Recommendation. That the ERMC Commander:
 - a. Approve the final report.
 - b. Authorize its immediate release 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 Europe Regional Medical Command internet webpage.

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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 (IG) 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 11 Jan 11, 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 27 Dec 10, the RMC IG issued the directive to ERMIC IG to inspect the Facilities used to house Warriors in Transition from 1 – 12 Aug 11.

2. Purpose. The purpose of the inspection is to assess the condition and adequacy of facilities used to house recovering service members assigned to Warrior Transition Units.

3. Concept. Inspect 10 WTU facilities in Germany and Italy spending at least one day at each installation.

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

5. Summary of Findings, Observations, and Recommendations

Finding 1: The exterior light on the south end of the facility appears loose as it did in the previous inspection.

Root Cause: (Won't comply) The Cadre did not submit a work order from the previous inspection nor did they properly inspect the facility.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the light fixture and follow-up on the request until completed.

Finding 2: A small amount of mildew was detected on the silicon sealant in the shower of one room.

Root Cause: Won't comply, the Cadre did not inspect the room regularly since the Soldier moved into the barracks.

Recommendation: The IG recommends that the WTU commander ensure Cadre inspect the WTU facility regularly, submit work requests immediately for any deficiencies identified and follow-up on the work order until it is completed.

Observation 1: Front entrance to the WTU facility had water damage to the inside of the doorway on the bottom left and right side.

Recommendation: The IG recommends the following actions:

DPW assess the water damage to determine its cause and take appropriate actions to correct the problem.

WTU Commander ensures Cadre report all shortcomings for the facility immediately and follow-up on work request.

Observation 2: Right side entrance automatic door was not functioning properly.

Recommendation(s): The IG recommends that the WTU commander ensure Cadre are conducting checks of the facility based on the SOP, identify all shortcomings and submit work requests immediately.

Observation 3: Brown water coming out of faucet in the barracks and housing.

Recommendation(s): The IG recommends the following actions:

DPW test the water to determine if it is safe to drink.

WTU Commander and Cadre continue to ensure that WTs are aware of the requirement to run the faucet prior to showering or using for personal use.

Observation 4: Carpeting in occupied rooms is heavily stained.

Recommendation(s): The IG recommends that the WTU Commander ensure Cadre submits a request to replace the stained carpets and follow-up until completed.



Observation 5: Several light bulbs burnt out in two occupied rooms.

Recommendation: The IG recommends that the WTU Commander ensure Cadre submit a work order for the lights and follow-up until complete.

Observation 6: One hallway ceiling light burned out while verifying their operation.

Recommendation: The IG recommends that the WTU Commander ensure Cadre submit a work order for the lights and follow-up until complete.

Observation 7: Two hallway exit sign lights were not working.

Recommendation: The IG recommends that the WTU Commander ensure Cadre submit a work order for the exit sign lights and follow-up until complete.

Observation 8: The stucco on the back and west side of the facility has multiple cracks.

Recommendation: The IG recommends that the WTU Commander ensures the Cadre inspect the facility regularly, submit a work order to have the cracked areas patched and follow-up on the request until completed.

Observation 9: Glass awning on the west side of the facility was cracked.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the awning and follow-up on the request until completed.

Observation 10: A loose telephone cable was hanging down along the outside of the building.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to secure the cable and follow-up on the request until completed.

Observation 11: A glass panel along the steps was broken.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the glass panel and follow-up on the request until completed.

Observation 12: A urinal in the 1st floor male latrine was not flushing properly.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the urinal and follow-up on the request until completed.



Observation 13: A shower head holder was loose.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the shower head holder and follow-up on the request until completed.

Observation 14: An exhaust fan was not working.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the exhaust fan and follow-up on the request until completed.

Observation 15: Several common areas needed more cleaning.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly and ensure that the facility is maintained in a good state of cleanliness.

Observation 16: The shower drains were very slow.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to check the drains and follow-up on the request until completed.

Observation 17: There was brown water in a toilet.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order for the toilet and follow-up on the request until completed.

Observation 18: The handrails and fixtures were loose.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the handrails and fixtures, and follow-up on the request until completed.

Observation 19: Safety inspector recommended an additional handrail in the stairwell.

Recommendation: The IG recommends that the WTU Commander ensures Cadre submit a work order to request a second handrail in the main stairwell and follow-up on the request until completed.



Observation 20: Toilet in WT's room was found continuously running.

Recommendation(s): The IG recommends that the WTU commander ensure Cadre inspect the WTU facility regularly, submit work requests immediately for any deficiencies identified, and follow-up on the work order until it is completed.

Observation 21: Sewer odor coming from floor drain traps in the dayroom.

Recommendation(s): The IG recommends that the WTU Commander ensure that the Cadre pour water into the drains periodically to prevent the odor and follow-up to ensure compliance with recommendation.

Observation 22: A WT informed the inspector that he had problems with mowing his lawn.

Recommendation: The IG recommends that the WTU commander screen WT's medical issues that would impair them from performing normal tasks such as mowing a lawn or other tasks that healthy Soldiers perform on a daily basis.

Observation 23: Deck surrounding the building is in need of refinishing.

Recommendation: The IG recommends that the Garrison release the funding as soon as it becomes available.

Observation 24: Air conditioning vents and fans need cleaning.

Recommendation: The IG recommends that the WTU Commander ensure that the air conditioning and fans are cleaned. Additionally, contact USAG-V to determine if a cleaning contract is in place.



Chapter 1 Objectives and Methodology

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

2. Inspection Team. The inspection team consisted of ERMIC IG, Garrison IGs, representatives from DPW, Housing, Fire and Safety, and SFAC from each installation visited.

3. Methodology.

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

b. Document Review. The inspection teams reviewed open work requests.

c. Interviews. The inspection teams conducted interviews with Warriors in Transition.

4. Locations Visited:

a. Bamberg

b. Baumholder

c. Heidelberg

d. Hohenfels

e. Kaiserslautern

f. Katterbach

g. Schweinfurt

h. Vilseck

i. Vicenza

j. Wiesbaden

5. Findings/Observation Format.



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

Finding statement
Standard(s)
Inspection Result(s)
Root Cause
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
Discussion
Recommendation



Chapter 2 Good News

1. All Warriors in Transition were assigned housing appropriate to their grade and dependency status.
2. All housing assigned to Warriors in Transition met their medical needs.
3. All WTs were satisfied with the care and treatment they received from the WTU Cadre.
4. All WTs were pleased with the response time from DPW for repairs that they requested.

Chapter 3 Findings and Observations

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.

Finding 1: The exterior light on the south end of the facility appears loose as it did in the previous inspection.

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

Inspection results: The inspectors noted that a street light mounted on the south end of the building just under the roof was loose. A section of stucco seemed to be missing from under the mount for the light. The light is a safety hazard for pedestrians and vehicle operators because there is a walkway and street right below it. This was a finding in the previous inspection. It was apparent that no work order was ever submitted as DPW had all work orders on the facility with them during the inspection.

Root Cause: (Won't comply) The Cadre did not submit a work order from the previous inspection nor did they properly inspect the facility.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the light fixture and follow-up on the request until completed.

Finding 2: A small amount of mildew was detected on the silicon sealant in the shower of one room.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, states that there shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

Inspection results: During the inspection, the inspectors found a small amount of mildew on the silicon sealant along the bottom seal of the shower in Room #118. The inspector interviewed the Soldier. He informed the inspector that he moved into the room on 25 July 2011. At that time, there was no mildew in the shower. Additionally, the inspector stated that the Cadre inspected the room on 29 July 2011. At that time, there was no mildew present. A work order (#16036) was submitted to DPW by the Cadre to have the silicon replaced on the spot.

Root Cause: Won't comply, the Cadre did not inspect the room regularly since the Soldier moved into the barracks.

Recommendation: The IG recommends that the WTU commander ensure Cadre inspect the WTU facility regularly, submit work requests immediately for any deficiencies identified and follow-up on the work order until it is completed.

Observation 1: Front entrance to the WTU facility had water damage to the inside of the doorway on the bottom left and right side.

Discussion: The inspectors noted that there was water damage on the inside of the doorway on the bottom left and right side. Even though the building was recently renovated, the water damage continues to reappear in the same locations. DPW noted the issue and will send a repairman to assess the problem and take appropriate actions.

Recommendation: The IG recommends the following actions:

DPW assess the water damage to determine its cause and take appropriate actions to correct the problem.

WTU Commander ensures Cadre report all shortcomings for the facility immediately and follow-up on work request.

Observation 2: Right side entrance automatic door was not functioning properly.

Discussion: During the inspection of the WTU facility, the inspectors noted that the right side entrance automatic door was not functioning properly when the door switch was pressed to open the door. The door did function after the Cadre reset the switches on the door mechanism. The Cadre indicated that the door had been checked by DPW three weeks ago for the same issue. A new work request was submitted.

Recommendation(s): The IG recommends that the WTU commander ensure Cadre are conducting checks of the facility based on the SOP, identify all shortcomings and submit work requests immediately.

Observation 3: Brown water coming out of faucet in the barracks and housing.

Discussion: The inspectors noted that there was brown water coming out of the faucets for a few seconds and then cleared up. The DPW representative indicated that this problem existed at many locations on the installation. It was stated that the problem with the brown water was caused by the old pipes. However, by running the water for a few seconds, the discoloration clears up and has no adverse affect other than leaving stains in sinks, tubs, and showers. Cadre stated that they have instructed Soldiers to run water prior to using.



Recommendation(s): The IG recommends the following actions:

DPW test the water to determine if it is safe to drink.

WTU Commander and Cadre continue to ensure that WTs are aware of the requirement to run the faucet prior to showering or using for personal use.

Observation 4: Carpeting in occupied rooms is heavily stained.

Discussion: The inspectors noted stains on the carpeting in the occupied rooms. The Cadre was not able to remove the stains after several attempts at cleaning the carpets. The inspectors felt that replacing the carpets would be the only way to resolve the problem.

Recommendation(s): The IG recommends that the WTU Commander ensure Cadre submits a request to replace the stained carpets and follow-up until completed.

Observation 5: Several light bulbs burnt out in two occupied rooms.

Discussion: The inspectors noted that there were several burnt out lights in two of the six occupied rooms inspected. The WTs indicated that they were working up until that morning. The Cadre immediately submitted a work request to replace the bulbs.

Recommendation: The IG recommends that the WTU Commander ensure Cadre submit a work order for the lights and follow-up until complete.

Observation 6: One hallway ceiling light burned out while verifying their operation.

Discussion: While going through the hallway of the WTU barracks, the inspector noted a ceiling light burned out during a function check of all lights. The Cadre informed the inspector that on Friday during their normal checks the ceiling light was still working.

Recommendation: The IG recommends that the WTU Commander ensure Cadre submit a work order for the lights and follow-up until complete.

Observation 7: Two hallway exit sign lights were not working.

Discussion: While walking through the barracks hallway, the inspector noted that one exit sign light was flickering and one was burnt out. The Cadre stated that on Friday, the exit signs were still working. According to the Cadre, the light bulbs in the exit signs burn out occasionally. As soon as they notice the lights are burnt out, they call in a work order.

Recommendation: The IG recommends that the WTU Commander ensure Cadre submit a work order for the exit sign lights and follow-up until complete.



Observation 8: The stucco on the back and west side of the facility has multiple cracks.

Discussion: The inspectors noted multiple cracks around the back and west side of the WTU facility. The cracks are superficial and do not go through the structure.

Recommendation: The IG recommends that the WTU Commander ensures the Cadre inspect the facility regularly, submit a work order to have the cracked areas patched and follow-up on the request until completed.

Observation 9: Glass awning on the west side of the facility was cracked.

Discussion: The inspectors noted that the awning on the west end of the building was cracked. The DPW representative annotated the deficiency to submit a work order.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the awning and follow-up on the request until completed.

Observation 10: A loose telephone cable was hanging down along the outside of the building.

Discussion: The inspectors noted that a telephone cable was not properly secured to the outside of the building. However, part of the cable was tacked in place but not the full length of the cable. The DPW representative annotated the deficiency to submit a work order.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to secure the cable and follow-up on the request until completed.

Observation 11: A glass panel along the steps was broken.

Discussion: The inspector noted that there was broken glass panel along the steps at the back of the facility.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the glass panel and follow-up on the request until completed.

Observation 12: A urinal in the 1st floor male latrine was not flushing properly.

Discussion: The inspector noted that the urinals were not flushing properly and were very slow to empty. The DPW representative annotated the deficiency to submit a work order.



Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the urinal and follow-up on the request until completed.

Observation 13: A shower head holder was loose.

Discussion: The inspector noted that the shower head holder was loose in the 1st floor bathtub room.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the shower head holder and follow-up on the request until completed.

Observation 14: An exhaust fan was not working.

Discussion: The inspector noted that the exhaust fan in the 1st floor bathtub room was not working.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the exhaust fan and follow-up on the request until completed.

Observation 15: Several common areas needed more cleaning.

Discussion: The inspectors noted that the showers in the 1st floor male latrine were dirty and the 1st and 3rd floor kitchen exhaust hoods over the ovens were greasy.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly and ensure that the facility is maintained in a good state of cleanliness.

Observation 16: The shower drains were very slow.

Discussion: The inspector noted that the shower drains in the 2nd floor female latrine were very slow.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to check the drains and follow-up on the request until completed.

Observation 17: There was brown water in a toilet.

Discussion: The inspector noted that there was brown water in one of the toilets in the 3rd floor male latrine. The inspector flushed several times without the water clearing up. The inspector checked the other toilets in the latrine and found that the water was clear.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order for the toilet and follow-up on the request until completed.

Observation 18: The handrails and fixtures were loose.

Discussion: The inspector noted that the handrails and fixtures in the 3rd floor female latrine were loose.

Recommendation: The IG recommends that the WTU Commander ensures Cadre inspect the facility regularly, submit a work order to repair the handrails and fixtures, and follow-up on the request until completed.

Observation 19: Safety inspector recommended an additional handrail in the stairwell.

Discussion: The safety inspector indicated that the main stairwell to the WTU facility should have a second handrail installed to allow WTs to hold on to the rail when going up and down the stairs simultaneously.

Recommendation: The IG recommends that the WTU Commander ensures Cadre submit a work order to request a second handrail in the main stairwell and follow-up on the request until completed.

Observation 20: Toilet in WTs room was found continuously running.

Discussion: During the inspection, the inspectors found that the toilet was continuously running. A work order was submitted immediately through the DPW representative, WO#16035.

Recommendation(s): The IG recommends that the WTU commander ensure Cadre inspect the WTU facility regularly, submit work requests immediately for any deficiencies identified, and follow-up on the work order until it is completed.

Observation 21: Sewer odor coming from floor drain traps in the dayroom.

Discussion: The inspectors noted that a sewer odor was coming from the floor drain trap in the dayroom. This was similar to what was corrected last year in several rooms and common areas. The DPW representative that was present stated that the odor comes from the water evaporating in the drainage system. In order to prevent the odor, the drains would need to be covered and water needs to be poured into them to occasionally reduce the odor from coming up the drain.

Recommendation(s): The IG recommends that the WTU Commander ensure that the Cadre pour water into the drains periodically to prevent the odor and follow-up to ensure compliance with recommendation.



Observation 22: A WT informed the inspector that he had problems with mowing his lawn.

Discussion: A WT in housing informed the inspector that he had problems with cutting his lawn due to his medical issues. He uses a cane for walking which makes pushing a mower difficult. The DPW representative informed the inspector, Cadre, and the WT that DPW would begin cutting his grass to assist him in his recovery.

Recommendation: The IG recommends that the WTU commander screen WT's medical issues that would impair them from performing normal task such as mowing a lawn or other tasks that healthy Soldier's perform on a daily basis.

Observation 23: Deck surrounding the building is in need of refinishing.

Discussion: The inspector was informed that the deck surrounding the building needed to be refinished. DPW stated that scraping, sanding, and repainting with a non-skid paint was required. A work order was in place but was on hold until funding was available. Projected cost was estimated at \$35,000.

Recommendation: The IG recommends that the Garrison release the funding as soon as it becomes available.

Observation 24: Air conditioning vents and fans need cleaning.

Discussion: The inspectors noted that the air conditioning vents and fans need to be cleaned. When asked, WTU Cadre thought there was a cleaning contract in place. The Cadre never observed a cleaning crew at the WTU. The inspectors from the USAG-V and the USAHC-V were also unsure if a contract exists.

Recommendation: The IG recommends that the WTU Commander ensure that the air conditioning and fans are cleaned. Additionally, contact USAG-V to determine if a cleaning contract is in place.



Appendix 1 Directive



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
UNITED STATES ARMY EUROPE REGIONAL MEDICAL COMMAND
CMR 442
APO AE 09042

MCEU

27 December 2010

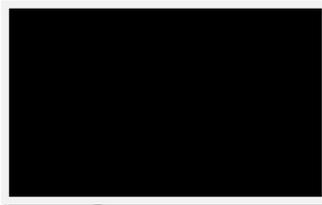
MEMORANDUM FOR ERMIC Inspector General, U.S. Army, Europe Regional Medical Command, APO AE 09042

SUBJECT: Directive for the Inspection of Facilities used to House Warriors in Transition

1. In accordance with Public Law 110-181 (Enclosure 1), I direct the Europe Regional Medical Command Inspector General to conduct the special inspection of facilities used to house Warriors in Transition within Europe. This inspection will be concluded no later than 1 Sep 11.
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 Medical Holdover Personnel.
3. ALARACT 162/2008 (enclosure 2) authorizes Regional Medical Command IG teams, in coordination with Installation Management Command (IMCOM), to task staff members, Inspectors General, assigned to Senior Commanders and IMCOM and provide unlimited access to Army activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement.
4. You will provide me with a written report.
5. All personnel presented with this directive will afford the inspectors with the maximum assistance necessary to allow them to complete their task. Pursuant to AR 20-1, IG personnel are authorized access to all documents and other evidentiary materials needed to discharge their duties.
6. Point of contact is LTC Linda L. Guthrie, Office of the ERMIC Inspector general at commercial 06221-17-2504 or DSN 371-2504.

3 Encls

1. Public Law 110-181, 28 Jan 08
2. ALARACT 162/2008, 3 Jul 08
3. ALARACT 295/2008, 9 Dec 08



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.



Attachment:
As stated



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 instrumentally (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 extended permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extended 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” 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, furnishing 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 should 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 reason why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

(1) For purposes of this provision, “serious physical disability” means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precluded 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, stairs 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 DoD 1332.38, Physical Disability Evaluation, paragraph E3.P5.2.2.1 and E3.P5.1.2)

6. ASSIGNMENT

As a general rule, unless dictated otherwise by special 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 dependent, 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 on a privatized-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-ventilation-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 definite 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.

Electric Equipment

Generally, a television with cable/satellite service, internet service, and a television 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 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 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 preventive 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 issues 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, linen, 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 auditory 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

Standards 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 wheelchairs 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 attendance 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 contact. 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 linen, 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.

Furnishing

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 to 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 re-inspect such facilities 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 on OSD, in conjunction with any other reporting requirements.

11. IMPLEMENTATION

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

Appendix 3 Acronym List

ALARACT	All Army Activities
BLDG	Building
DEPSECDEF	Deputy Secretary of Defense
DoD	Department of Defense
DPW	Department of Public Works
ERMC	Europe Regional Medical Command
FH	Family Housing
FOIA	Freedom of Information Act
HQ	Headquarters
IG	Inspector General
IMCOM	Installation Management Command
MEDCOM	Medical Command
MH	Medical Hold
MTF	Military Treatment Facility
NAF	Non-Appropriated Funds
NAFI	Non-Appropriated Funds Instrumental
OSD	Office of Secretary of Defense
PCS	Permanent Change Station
POV	Privately Owned Vehicle
PTSD	Post Traumatic Stress Disorder
RMC	Regional Medical Command
TBI	Traumatic Brain Injury
TDY	Temporary Duty
UPH	Unaccompanied Personnel Housing
USAMEDCOM	United States Army Medical Command
WT	Warrior in Transition
WTU	Warrior in Transition Unit

Appendix 4 References

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

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

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

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

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

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