



SOUTHERN REGIONAL MEDICAL COMMAND
INSPECTOR GENERAL (IG)

Special Inspection of Facilities Used to House WTU Soldiers

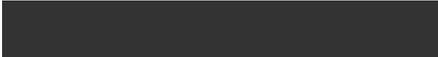
Period of Inspection
17 March – 26 June 2014





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DEPARTMENT OF THE ARMY
SOUTHERN REGIONAL MEDICAL COMMAND
4070 STANLEY ROAD, SUITE 121
JBSA FORT SAM HOUSTON, TEXAS 78234-2715

REPLY TO
ATTENTION OF:

MCSR-IG

9 September 2014

MEMORANDUM FOR Commander, Southern Regional Medical Command (SRMC)

SUBJECT: Final Report on the Special Inspection of Facilities Used to House WTU Soldiers for FY 2014

1. Purpose. To obtain the SRMC Commander's signature on the enclosed Special Inspection of Armed Forces Housing Facilities of WTU Soldiers
2. Discussion. On 4 November 2013, the SRMC Commander directed the "Special Inspection of Facilities Used to House WTU Soldiers" (Appendix 1).
3. The inspection teams identified 13 findings and 3 observations and made recommendations for corrective actions related to three objectives.
4. Summarized Findings and Observations: The teams inspected 1,094 unaccompanied and accompanied family living quarters and the physical perimeters of the facilities during the course of the FY 14 housing inspection. Over Ninety-seven percent (97%) of facilities used to house Wounded, Ill and Injured (WII) Service Members within the SRMC met standards. There were 13 minor findings and 3 general observations identifying minor deficiencies in unaccompanied personnel housing (UPH) and privatized family housing (PFH). Housing management officials, service technicians and maintenance staffs corrected/repared deficiencies or scheduled corrective actions noted during the inspection when possible. Other required work or repairs is in the process of completion.
5. Recommendation. The SRMC Commander:
 - a. Approve the final report.
 - b. Authorize its immediate release to The Surgeon General/Commanding General, USAMEDCOM.

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Executive Summary

1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing WTU Soldiers 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 WTU Soldiers' 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 19 September 2008, 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 WTU Service Members. On 4 November 2013 the Commanding General SRMC issued a directive to conduct the Special Inspection of Facilities Used to House Recovering Service Members within the region. On 27 November 2013, the SRMC IG issued the detailed inspection plan for the Special Inspection of Facilities Used to House Wounded, Ill and Injured (WII) Service Members.

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

3. Concept. Conduct an in-depth inspection of facilities used to house WII service members assigned to WTUs by document reviews, interviews and physical walk through of the facilities. Inspections consisted of surveys of WII Soldiers living in on post quarters, inspection of UPH rooms, inspection of Fisher Houses, inspection of privatized housing, involvement of the WTU chain of command.

4. Objectives.

a. Assess compliance with WTU Soldiers' housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

b. Assess WTU Soldiers' occupied housing for compliance with baseline standards

[REDACTED]

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 WTU Soldiers 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.

5. Summary of Findings, Observations, and Recommendations: The Senior Mission Commander Installation IG Offices within SRMC assessed the facilities housing WII Soldiers and provided their report to the SRMC IG Office, which consolidated the reports for the region. The inspection element consisted of IGs and Subject Matter Experts (SMEs) from Department of Public Works (DPW), Housing, Safety Office and DoD/Privatized Lodging representatives at each installation. The various inspection teams unaccompanied and accompanied family living quarters and the physical perimeters of the facilities during the course of the inspection 17 March to 26 June. The physical conditions of living quarters utilized by WII service members were within the regulatory requirements of the DoD housing inspection standards. There were 13 minor findings and 3 general observations identifying minor deficiencies in several family quarters, UPH areas, Fisher Houses and privatized housing areas. Housing management officials, service technicians and maintenance staffs corrected or repaired the majority of the minor deficiencies noted during the inspection.

a. Many Soldiers voluntarily provided feedback to IG housing questionnaires addressing their housing accommodations and satisfaction with the services received. An overwhelming majority of the WII service members throughout the SRMC area of responsibility (AOR) were pleased with their housing and the services received. For those surveys that indicated minor problem areas or concerns, a service call was initiated by an IG team representative and responsible housing officials to rectify the problem or address the service members' concerns. Follow-up with service members indicated someone from the respective housing management organizations had contacted them and addressed their issues.

b. UPH and UPH Houses. Most deficiencies identified and corrected in all UPH areas were general maintenance, housekeeping, and minor safety-related issues. Deficiencies identified included poorly maintained rooms (individual housekeeping), a missing light fixture (globe), dirty heating, ventilation, and air conditioning (HVAC) vents/return air registers, a missing electrical cover plate, a few unsecured towel racks and shower rods, two missing sprinkler head covers, excessive lint in dryer exhaust vents, and service members not using room safes/storage containers to secure medications.

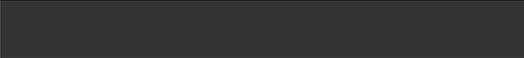
c. Family Quarters. Inspection teams observed a few deficiencies in the family quarters. Because of the age of the facilities and normal wear and tear of units, some quarters required minor repairs. Examples of the deficiencies noted included: one home with a loose stair hand rail; three homes had bathroom toilets, sinks, tubs and showers that required re-caulking; one home had a dripping shower head and a back



door blind with a missing bottom bracket. Another home had leaves in the roof gutters, a loose door back-stop, and a dishwasher top rail off track. Two home occupants stated they had minor pest problems on the outside of their homes, either in the crawl space under the house, around basement or in the garage. None of the occupants had submitted service orders for corrective action. The privatized housing partner accompanying the inspection team acted quickly to resolve the issues either with on-the-spot repairs or with a dispatched repair team.

d. The SRMC AOR program for housing WIIIs met the baseline standards as outlined by DoD. Leaders and all interested parties showed a sincere concern for WII Soldiers' housing needs and had well established procedures in place to address and maintain visibility and quality control. Chapter 3 of this report contains specific recommendations for each finding and observation.





Chapter 1 Objectives and Methodology

1. Objectives (Reference Appendix 1 – Special Inspection Directive).

- a. Assess compliance with WTU Soldiers' housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- b. Assess WTU Soldiers' 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 WTU Soldiers 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.

2. Inspection Teams. Installations within the SRMC AOR tailored their inspection teams as they deemed necessary to accomplish the mission. Most of the inspection teams consisted of IGs SMEs. The specialties of the SMEs included in the team makeup were ground safety, Fire Marshal's Office representatives, environmental health, industrial hygiene, civil engineering and housing specialists. The team members inspected all DoD-sponsored or affiliated housing and privatized housing (permission granted) utilized by assigned/attached WII personnel.

3. Methodology.

a. Observation: The inspection teams inspected the following types of WII Soldiers' 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 majority of inspection teams reviewed the following type documents: previous annual inspection reports, WTU rosters, unaccompanied personnel housing Standard Operating Procedures (SOPs), questionnaires, fire extinguisher safety logs, outstanding work/service orders, and safety regulations.

c. Interviews. The majority of inspection teams conducted direct and telephonic interviews with WII available tenants of inspected facilities, WTU leaders and selected WTU staff. Interviews sought to gain specific feedback on potential medical needs, housing conditions and overall housing satisfaction.

d. Surveys. Some of the inspection teams conducted an oral and written survey of residents, both in government-owned and privatized leased housing units and UPH to

[REDACTED]

determine overall satisfaction with the condition of their quarters and the responsiveness of the work order process.

4. Locations Visited:

- a. Fort Benning, Georgia, 6-9 May 2014
- b. Fort Gordon, Georgia, 2-13 June 2014
- c. Fort Stewart, Georgia, 24-26 June 2014
- d. Fort Campbell, Kentucky, 28 May-6 June 2014
- e. Fort Polk, Louisiana, 17-18 June 2014
- f. Fort Sill, Oklahoma, 2-6 June 2014
- g. Fort Hood, Texas, 1-30 May 2014
- h. Joint Base San Antonio (JBSA), Fort Sam Houston, Texas, 17-28 March 2014

5. Findings/Observation Format.

a. Where a violation of a published standard, policy, law or regulation existed, 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:

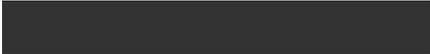
Observation statement
Standard(s), if applicable
Discussion
Recommendation

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

Few 1-25%

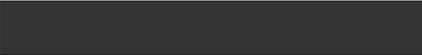


Some	26-50%
Majority	51-75%
Most	76-99%
All	100%



Chapter 2 Good News

1. Across the SRMC AOR WTU command teams continue to put the needs of WII Soldiers as a top priority as evidenced by their presence during the inspection process. All WII Soldiers were assigned housing appropriate for their grade and dependency status (IAW AR 420-1, Army Facilities Management Tables 3-9 and 3-10).
2. Overall the WII Soldiers are pleased with the WTU staff, cadre and the condition of their housing accommodations. The surveys and interviews conducted across the SRMC AOR indicated a high level of praise with the level of care, assistance, attentiveness and service provided by the staff and cadre at the WTUs.



Chapter 3 Findings and Observations

Objective 1: Assess compliance with WTU Soldiers' housing assignments.

Finding 1.1: WTU Soldiers were assigned housing that complied with DoD baseline standards.

Standard: Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, Army Regulation 420-1, Army Facilities Management, dtd March 2009.

Root Cause: Not applicable.

Discussion: Through direct observations, interviews and document review, the inspection teams found service members were assigned to housing and living quarters that met all applicable standards.

Recommendation: WTUs continue to assign WII Soldiers priority in housing IAW regulations and public law.

Objective 2: Assess WTU Soldier-occupied housing for compliance with baseline standards.

Finding 2.1: In a few (one of eight installations) common area UPH laundry rooms drainage holes located on the floor for washing machines to drain into are only partially covered with a metal grate. (affecting 149 WII Soldiers)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, para 7, "Baseline standards, Conditions. There will be no mold, exposure to lead base paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, health hazard."

Root Cause: Don't Know. Deficiencies were noted during the inspection and were due to the movement of the washers from their original position. Building Safety Technician did not know that moving the washing machines and moving the drainage hoses to a wall drain pipe would create a safety hazard.

Discussion: During the inspection it was noticed that in certain common area laundry rooms the floor drains were only partially covered with a metal grate. It was determined that when the building was first built the washers sat on top of the drain and the drain hose was placed in the uncovered half of the drain. It was decided later to move the draining of the washers to drain pipe on the wall leaving the drains on the floors unused and uncovered.

[REDACTED]

Recommendation: DPW purchase and install a metal grate large enough to cover the entire drainage hole or put the drain hoses for the washers back in the floor drains.

Finding 2.2: Breaker boxes in few (one of eight installations) UPH rooms have an electrical panel void between the breaker switch and cover panel. (affecting 10 WII Soldiers)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, para 7, “Baseline standards, Conditions. There will be no mold, exposure to lead base paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, health hazard.” Safety standard: Electrical Panel Voids: NFPA 70 110. “12A electrical equipment shall be installed in a neat and workman like manner. Unused openings other than those intended for operation of equipment, those intended for mounting purposes shall be closed to afford protection substantially equivalent to the wall of the equipment.”

Root Cause: Don’t Know. Building Safety Technician did not know that electrical panel voids could be a safety hazard.

Discussion: During the inspection it was noticed that in breaker boxes in some of the UPH rooms have an electrical panel void between breaker switches and cover panel which could be a safety hazard. It was determined that these small gaps could cause a fire hazard allowing a fire behind the wall and thus spread quickly.

Recommendation: The building Safety Technician place a service order to inspect and adjust or replace breaker box panel covers as needed to eliminate gaps.

Finding 2.3: Some (four of eight installations) in privatized housing units inspected did not meet baseline standards. It was noted that some units had mold and water damage in the bathroom areas (affecting three WII housing units), hallway light fixture needed replacing (affecting one WII housing unit), a slip/fall hazards due to an exposed drain existed (affecting one WII housing unit), smoke detectors needed replacing (affecting three WII housing unit), an improperly connected HVAC unit was identified (affecting one WII housing unit), Ground Fault Circuit Interrupters (GFCI) receptacles needed rewiring (affecting three WII housing units), insulation needed replacing (affecting one WII housing units), surface corrosion on support H beams was discovered (affecting one WII housing units), and a picket fence was in need of repair (affecting one WII housing units). (Total 15 WII housing units affected)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, para 7, “Baseline standards, Conditions. There will be no mold, exposure to lead base paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, health hazard.”

[REDACTED]

Root Cause: Don't Know. Residents of housing units were not educated or aware that the housing maintenance was available to fix their minor problems with their quarters.

Discussion: During the inspection process minor problems were observed at some (4 of 8 installations) in privatized housing units (affecting 15 housing units). It was noted that some units had mold and water damage in the bathroom areas, hallway light fixture needed replacing, a slip/fall hazards due to an exposed drain existed, smoke detectors needed replacing, an improperly connected HVAC unit was identified, GFCI receptacles needed rewiring, insulation needed replacing, surface corrosion on support H beams was discovered, and a picket fence was in need of repair.

Recommendation: WII Soldiers occupying privatized housing receive training on the work order submission process and the responsible housing office conduct periodic inspections/surveys with tenants to identify problem areas.

Finding 2.4: A few (one of eight installations) locations have trip/fall hazards around the exterior of Army Lodging facilities and unaccompanied personnel housing (affecting 20 WII housing units in two common areas). These hazards include more than a quarter of an inch in pavement elevation difference and the lack of markings identifying the difference in elevation.

Standards: Occupational Safety and Health Administration (OSHA) 29 CFR part 1910, subpart D.

Root Cause: Don't Know. WII Soldiers not aware of the standard.

Discussion: During the inspection, Safety Officers identified a number of trip/fall hazards around the exterior of the facility but mainly the sidewalks leading to the building from the parking area.

Recommendation: DPW repair sidewalk areas so that the walking surface is level or marked with contrasting yellow paint in areas where repair is not possible.

Finding 2.5: A few (one of eight installations) issues had inoperable air conditioning thermostats in UPH area suites (affecting five WII UPH Soldiers)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, para 7, "Baseline standards, Conditions. There will be no mold, exposure to lead base paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, health hazard."

Root Cause: Don't Know. WII Soldiers were not aware that there was an issue with their thermostat and unclear how to report the problem to building maintenance.

[REDACTED]

Discussion: During the inspection five suites had inoperable air conditioning thermostats. WII Soldiers failed to report the problem to building maintenance. Once identified during the inspection a service order was opened to correct the problem.

Recommendation: The WTU chain of command assist and provide training to WII Soldiers on the service order process with emphasis on the importance of submitting them in a timely manner.

Finding 2.6: A few (two of eight installations) UPH rooms inspected had medications left out in the open and unsecured. (affecting seven WII UPH occupants)

Standard: Brooke Army Medical Center, Warrior Transition Battalion (WTB), WTB Barracks SOP dated 19 February 2012, paragraph, 4f (2), Drugs/Medications states; "All medications will remain in the original properly marked containers. Soldiers will secure medications in a locked safe or drawer any time they are sleeping or not in their room. RMC IG Annual Inspection Checklist: Element 13; Physical Safety/Security; Appropriate level of physical security measures (e.g. lock box for meds)

Root Cause: Won't Comply. Occupants failed to comply with directive as outlined in the WTU Barracks SOP and other policies and procedures.

Discussion: During the UPH inspections it was discovered that medication was left out and unsecured. The occupants had either available safes within their rooms or lockable desks to secure medication or other sensitive items.

Recommendation: WTU leadership direct WTU Soldiers to secure all medications in available security safes or cabinets when departing their rooms and check compliance during room inspections and take appropriate action for repeat offenders.

Finding 2.7: A few (two of eight installations) rooms had unauthorized candles, flammables, air fresheners and unauthorized surge protectors. (affecting eight WII UPH Soldiers)

Standard: NFPA 1, Ch-10: General safety requirements state the housing authority shall have the authority to prohibit any or all open flames, candles, and open, recreational, and cooking fires or other sources of ignition, or establish special regulations on the use of any form of fire or smoking material where circumstances make such conditions hazardous.

Root Cause: Won't Comply. Service members failed to comply with published regulations and commands policy.

Discussion: During the inspection process, the fire safety inspector observed a few rooms with unauthorized candles, flammables, and air fresheners in several rooms. All devices were confiscated on the spot by the building manager.

[REDACTED]

Recommendation: Facility manager and WTU cadre enforce policy on unauthorized items in living areas. In addition, the building manager or Battalion logistics office purchase flammable storage lockers to store small quantities of flammables; i.e., lighter fluid, WD-40, cigarette lighter refills.

Finding 2.8: Measured Carbon dioxide (CO₂) levels in a few rooms/areas in the UPH (one of eight installations) exceeded the recommended guidelines for facilities. (affecting six WII UPH Soldiers)

Standard: American Society of Heating, Refrigeration and Air-conditioning Engineers (ASHRAE) Standard 62.1 - 2010, Ventilation for Acceptable Indoor Air Quality, guidelines suggest a CO₂ level no greater than 700 parts per million (PPM) above outdoor levels.

Root Cause: Don't Know. Occupants were unaware of the problem; the HVAC system required routine servicing and no service orders had been submitted.

Discussion: During the inspection of a few buildings the industrial hygiene inspector found the CO₂ measured level in six rooms/areas exceeded the recommended ASHRAE guidelines for all facilities. ASHRAE guidelines recommend a CO₂ level no greater than 700 PPM above outdoor levels. CO₂ concentration is used as an indicator of indoor air quality.

Recommendation: Housing managers get the civil engineers to check the HVAC system and conduct periodic maintenance.

Findings 2.9: In a few buildings (one of eight installations) three fire alarm audible signaling devices were not marked with the word "Fire." (affecting three WII UPH Soldiers)

Standard: NFPA 72 National Fire Alarm and Signaling Code, Chapter 18.3.3 Physical Construction. 18.3.3.2: Notification appliances used for signaling other than fire shall not have the word "Fire," or any fire symbol, in any form (i.e., stamped, imprinted, etc.) on the appliance visible to the public. Notification appliances with multiple visible elements shall be permitted to have fire markings only on those visible elements used for fire signaling.

Root Cause: Don't Know. Building manager was unaware of the regulatory requirement.

Discussion: During the inspection of a few buildings the inspection team found three fire alarm audible signaling devices were not marked with the word "Fire" as required.

Recommendation: Facility manager submit a service order to have an audible signaling devices properly marked.

[REDACTED]

Finding 2.10: A few UPH room occupants (one of eight installations) had muffled the fire alarm notification voice box in their rooms. (affecting three WII UPH Soldiers)

Standard: NFPA 101, Life Safety Code, Ch 9.6.3, Occupants Notification 9.6.3.7: Audible alarm notification appliances shall be of such character and so distributed as to be effectively heard above the average ambient sound level that exists under normal conditions of occupancy.

Root Cause: Won't Comply. Occupants failed to comply, stating the humming noise was annoying.

Discussion: During the inspection of a few buildings the fire inspector observed a few occupants muffled the fire alarm notification voice box in their rooms. Several occupants stated the alarm notification box emitted an annoying beeping/humming sound.

Recommendation: Facility manager submit a service order to have an alarm technician inspect alarm speakers system and adjust accordingly. Commander, WTU inform building occupants that covering notifications box devices is not allowed.

Finding 2.11: Laundry room dryers duct vents had excessive lint buildup in a few buildings (one of eight installations affecting five common areas).

Standard: AFI 91-203, Air Force Consolidated Occupational Safety Instruction, Ch-41.3.7 and Laundry Rooms and Facilities, paragraph 41.3.7.4: Ensure dryers are vented to the outside and dryer exhaust pipes are cleaned as needed to prevent buildup of flammable lint.

Root Cause: Don't Know. Facilities manager was unaware of the problem and had not check the dryer vents.

Discussion: During the inspection of a few buildings the fire inspector observed excessive lint buildup throughout large dryer duct vents in the laundry room.

Recommendation: That all facility managers add cleaning of the dryer duct vents to cleaning crew task list for quarterly cleaning vs. semiannually. A cleaning crew completed cleaning the dryer duct vents during the inspection.

Finding 2.12: A few WII Soldiers living in privatized housing (one of eight installations affecting two WII Soldiers) stated they have observed or experienced minor pests (squirrels, ants and spiders) around their homes.

Standard: Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7: There shall be no environmental/safety health hazard. Military personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

[REDACTED]

Discussion: During the inspection interviews, two Soldiers stated they had observed or experienced ants, squirrels, and spiders outside their homes, in their basements and crawl spaces under the stairwell. No occupants had submitted work orders to address the problems. Upon hearing of the problems, the privatized housing management officials responded immediately; exterminators were called to inspect and treat the infected areas.

Recommendation: That the Soldiers immediately notify housing management or submit service orders to address known pest issues.

Observation 2.1: A few privatized housing homes (one of eight installations affecting three WII Soldiers) had bath room toilets, sinks, tubs and showers that required re-caulking.

Discussion: During the inspection of privatized housing, the inspection team observed three homes with bath room toilets, sinks, tubs and showers that required re-caulking. The technician on site reported the deficiency; a maintenance team was dispatched to make repairs.

Recommendation: That WII Soldiers living in privatized housing look for deficient areas and submit service orders for any deficiencies found for repair.

Observation 2.2: A few privatized housing homes (one of eight installations affecting three WII Soldiers) had one or more of the following minor issues: a loose stair handrail, a shower head dripping, a back door blind missing its bottom bracket, a loose door back-stop, and a dish washer top rail off track.

Discussion: During the inspection of privatized housing, the inspectors found a loose stair hand rail, a shower head dripping, a back door blind missing its bottom bracket, leaves in the roof gutters, a loose door back-stop, and a dish washer top rail off track in three homes. The occupants had not submitted any service orders to have the deficiencies repaired. The technician on site reported the deficiencies; a maintenance team arrived later and immediately began to make repairs.

Recommendation: That Soldiers living in privatized housing submit appropriate service orders for any deficiencies found repair.

Observation 2.3: A few UPH rooms (three of eight installations affecting ten WII Soldiers and one common area) had one or more of the following minor issues: bathroom ceiling condensation, broken night stand drawer, broken TV mount, leaky faucet, laundry room door needing adjustment and an unauthorized surge protector.

Discussion: During the inspection of UPH areas, the inspectors found bathroom ceiling condensation, broken night stand drawer, broken TV mount, leaky faucet, laundry room door needing adjustment and an unauthorized surge protector.

[REDACTED]

Recommendation: That WII Soldiers living in the UPH submit appropriate service orders for any deficiencies found repair.

Objective 3: Assess compliance with the requirement to provide special accommodations and services to WTU Soldiers with functional limitations.

Finding 3.1: Privatized housing quarters (one of eight installations affecting two WII Soldiers) that were built for wheel chair accessibility do not provide washers and dryers.

Standard: Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel para 7, Baseline standards, "Laundry Facilities: laundry facilities shall be provided as defined by the type of housing or as applicable on medical condition. If an assigned referred housing unit only has laundry equipment hook-ups a residential quality clothes washer and dryer should be provided as loaned equipment."

Root Cause(s): Don't Know. Building manager and WII Soldier were unaware that front loading washers and dryers could be issued as loaned furniture.

Discussion: During inspection it was observed that privatized housing built as wheelchair accessible units only had washer and dryer hook-ups and no equipment was issued.

Recommendation(s): Installation privatized housing office provide WII Soldiers assigned to wheelchair accessible quarters front loading washers and dryers as loaned furniture.

[REDACTED]

Appendix 1 Directive



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
SOUTHERN REGIONAL MEDICAL COMMAND
4070 STANLEY ROAD, SUITE 121
JBSA FORT SAM HOUSTON, TEXAS 78234-2715

MCSR-IG

4 November 2013

MEMORANDUM FOR Inspector General, Southern Regional Medical Command

SUBJECT: Directive for the Inspection of Facilities Used to House Recovering Soldiers

1. Purpose. In accordance with Public Law 110-181, you are directed to inspect Recovering Soldiers housing assigned to the Warrior in Transition Units (WTUs) in the Southern Regional Medical Command (SRMC) area of responsibility. This inspection will conclude NLT 18 July 2014.
2. Objective. The objective is to determine if facilities used to house recovering Soldiers are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel (Encl 1).
3. Methodology. In coordination with Installation Management Command, you are authorized to task Inspector General (IG) assigned to Senior Commanders, and IMCOM. You will coordinate to have unlimited access to Army activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement.
4. Report. You will collect the Inspection of Facilities Used to House Recovering Soldiers reports of SRMC installations NLT 18 July 2014. You will brief the reports to me NLT 1 August 2014. You will then submit the SRMC reports to the MEDCOM IG's office NLT 15 August 2014. After formal notification to Congress, the SRMC CIG will post the SRMC report on the SRMC website.
5. Point of contact for this inspection is [REDACTED]

Encls

[REDACTED]

[REDACTED]

[REDACTED]

Appendix 2 Detailed Standards List



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

SEP 18 2007

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

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

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

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

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

Timely implementation of these standards is a top Department priority.

[REDACTED]

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 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]

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

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

5. RESPONSIBILITIES

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

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

² For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)

6. ASSIGNMENT

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

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., 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]

Laundry Facilities

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

Furnishings

Provide loaned furnishings as appropriate.

Electronic Equipment

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

Housekeeping and Pest Management

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

Landscaping, Grounds Maintenance, and Parking

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

Physical Security

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

Building Maintenance and Housekeeping Requests

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

8. SPECIAL MEDICAL REQUIREMENTS

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



Accessibility

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

Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (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.

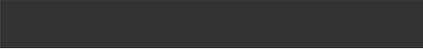
Other Physical Limitations

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.



Laundry Services and Equipment

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

Kitchens and Food service

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

Furnishings

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

Parking

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

Proximity to Outpatient Treatment Center and Other Services

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

9. INSPECTIONS

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



10. FEEDBACK AND UPDATES

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

11. IMPLEMENTATION

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

SEC. 1682. ACCESS OF RECOVERING SERVICE MEMBERS TO ADEQUATE OUTPATIENT RESIDENTIAL FACILITIES.10 USC 1071
note.

(a) **REQUIRED INSPECTIONS OF FACILITIES.**—All quarters of the United States and housing facilities under the jurisdiction of the Armed Forces that are occupied by recovering service members shall be inspected on a semiannual basis for the first two years after the enactment of this Act and annually thereafter by the inspectors general of the regional medical commands.

(b) **INSPECTOR GENERAL REPORTS.**—The inspector general for each regional medical command shall—

(1) submit a report on each inspection of a facility conducted under subsection (a) to the post commander at such facility, the commanding officer of the hospital affiliated with such facility, the surgeon general of the military department that operates such hospital, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees; and

(2) post each such report on the Internet website of such regional medical command.

Website.

SEC. 1683. STUDY AND REPORT ON SUPPORT SERVICES FOR FAMILIES OF RECOVERING SERVICE MEMBERS.

(a) **STUDY REQUIRED.**—The Secretary of Defense shall conduct a study of the provision of support services for families of recovering service members.

(b) **MATTERS COVERED.**—The study under subsection (a) shall include the following:

(1) A determination of the types of support services, including job placement services, that are currently provided by the Department of Defense to eligible family members, and the cost of providing such services.

(2) A determination of additional types of support services that would be feasible for the Department to provide to such family members, and the costs of providing such services, including the following types of services:

(A) The provision of medical care at military medical treatment facilities.

(B) The provision of additional employment services, and the need for employment protection, of such family members who are placed on leave from employment or otherwise displaced from employment while caring for a recovering service member for more than 45 days during a one-year period.

(C) The provision of meals without charge at military medical treatment facilities.

(3) A survey of military medical treatment facilities to estimate the number of family members to whom the support services would be provided.

(4) A determination of any discrimination in employment that such family members experience, including denial of retention in employment, promotion, or any benefit of employment by an employer on the basis of the person's absence from employment, and a determination, in consultation with the Secretary of Labor, of the options available for such family members.

(c) **REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to

Encl 2



Appendix 3 Reports

Inspection reports were provided to the incumbent of the offices listed below or their designated representatives on the date indicated:

Office	Date of Report
Commander, Martin ACH, Fort Benning, GA	14 July 2014
Commander, MCoE, Fort Benning, GA	14 July 2014

Office	Date of Report
Commander, Eisenhower AMC, Fort Gordon, GA	8 July 2014
Commander, Fort Gordon, GA	8 July 2014

Office	Date of Report
Commander, Winn ACH, Fort Stewart, GA	18 July 2014
Commander, Fort Stewart, GA	18 July 2014

Office	Date of Report
Commander, Blanchfield ACH, Fort Campbell, KY	17 June 2014
Commander, Fort Campbell, KY	2 July 2014

Office	Date of Report
Commander, Bayne-Jones ACH, Fort Polk, LA	19 August 2014
Commander, Fort Polk, LA	28 August 2014

Office	Date of Report
Commander, Reynolds ACH, Fort Sill, OK	6 June 2014
Commander, Fort Sill, OK	18 July 2014

Office	Date of Report
Commander, Carl R. Darnall AMC, Fort Hood, TX	9 July 2014
Commander, III Corps and Fort Hood, Fort Hood, TX	14 July 2014

Office	Date of Report
Commander, Brooke AMC, JBSA- Fort Sam Houston, TX	5 June 2014
Commander, USARNORTH, JBSA-Fort Sam Houston, TX	5 June 2014

Appendix 4 Acronyms List

ADA	American with Disabilities Act
AFI	Air Force Instruction
ALARACT	All Army Activities
AOR	Area of Responsibility
AR	Army Regulation
ASHRAE	American Society of Heating, Refrigeration and Air-Conditioning Engineers
BLDG	Building
CDR	Commander
CFR	Code of Federal Regulations
CO ₂	Carbon Dioxide
DEPSECDEF	Deputy Secretary of Defense
DoD	Department of Defense
DPW	Department of Public Works
GFCI	Ground Fault Circuit Interrupters
HQDA	Headquarters, Department of the Army
HVAC	Heating, Ventilation, and Air Conditioning
IAW	In Accordance With
IG	Inspector General
IH	Industrial Hygiene
IMCOM	Installation Management Command
MTF	Medical Treatment Facility
MWR	Morale, Welfare and Recreation
N/A	Not Applicable
NDAA	National Defense Authorization Act
NFPA	National Fire Protection Association
OSHA	Occupational Safety and Health Administration
PFH	Privatized Family Housing
PPM	Parts Per Million
RMC	Regional Medical Command
SME	Subject Matter Expert
SOP	Standard Operating Procedures
SRMC	Southern Regional Medical Command
UPH	Unaccompanied Personnel Housing
USAMEDCOM	United States Army Medical Command
USC	United States Code
WII	Wounded Ill and Injured
WT	Warrior in Transition
WTB	Warrior Transition Battalion
WTU	Warrior Transition Unit



Appendix 5 References

American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) Standard 62.1 - 2010, Ventilation for Acceptable Indoor Air Quality

ALARACT 295/2008, 9 December 2008, 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

Air Force Instruction (AFI) 91-203, 15 Jun 2012, Air Force Consolidated Occupational Safety Instruction

AR 190-16, 31 May 1991, Physical Security,

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

DA PAM 420-1-1, 2 April 2009, Housing Management

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

National Fire Protection Association (NFPA) 1: Fire Code, 2012 Edition

National Fire Protection Association (NFPA) 72: National Fire Alarm and Signaling Code Handbook, 2013 Edition

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

Brooke Army Medical Center, Warrior Transition Battalion (WTB), WTB Barracks SOP dated 19 February 2012