

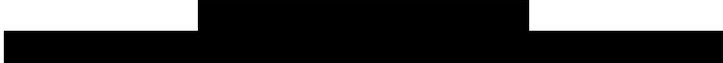


Southern Regional Medical Command
Inspector General

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

Fiscal Year 2013

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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

3 October 2013

MEMORANDUM FOR Commander, Southern Regional Medical Command, Fort Sam Houston, TX 78234-2715

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

1. Purpose. To obtain the commander's signature on the enclosed Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition).
2. Discussion. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WTs) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct inspections of all WT housing semi-annually for the first two years and annually thereafter. The Department of the Army issued guidance via ALARACT 162/2008 on 3 July 2008 to all Army activities. On 1 October 2012, the Commanding General, USA Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the "Special Inspection of Facilities Used to House Recovering Service Members." On 16 October 2012 the Commanding General Southern Regional Medical Command (SRMC) issued a directive to conduct the Special Inspection of Facilities Used to House Recovering Service Members in the region. (Appendix 1).
3. The inspection teams identified six (6) findings and three (3) observations and made recommendations for corrective actions related to the objective.
4. Summarized findings, observations, and recommendations: The teams inspected 1511 unaccompanied and accompanied family living quarters and the physical perimeters of the facilities during the course of the FY 13 housing inspection. Ninety-five percent (95%) of facilities used to house recovering Service Members within SRMC met standards. There were six findings and three general observations identifying minor deficiencies in unaccompanied personnel housing (UPH) and privatized family housing (PFH). Housing management officials, service technicians and maintenance staffs corrected or repaired deficiencies noted during the inspection.

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a. All Soldiers in transition are assigned appropriate housing applicable with their grade and number of dependents.

b. Several baseline standards were not within compliance: Few UPH inspected had deficient HVAC systems. The deficiencies could only be identified by individuals who were trained as subject matter experts (SME) in their area of the inspection. Few UPH units inspected had HVAC system leaks. The deficiencies were identified during the inspection, however; neither the responsible occupant nor supervisor identified and reported leaks. DPW completed work orders generated as a result of the inspection. Few PFH units had electric outlet/grounding deficiencies not detectable by the occupant. The deficiencies were previously repaired by DPW; however, when electrical outlet surges recurred occupants did not submit new work orders for the repair. DPW completed work orders generated as a result of the finding. One privatized housing unit had rotted window exteriors and damaged weather stripping. The occupant was not aware of the deficiency. DPW initiated and completed the work order to repair the window trim and exterior wall on the unit. Few PFH units had wall damage from leaks, mouse holes, termite damage, and a sloping bedroom ceiling. One PFH occupant had submitted work orders to repair deficiencies; however, did not follow-up to ensure repairs were completed. DPW initiated new work orders and completed all work orders on the unit. One PFH had an inoperable toilet, had not initiated a work order; yet the occupant reported having knowledge of the work order process. DPW initiated the work order and replaced the toilet.

Housing Inspectors observed that few UPH facilities had no Fire Evacuation Plans posted in Soldiers' rooms, common areas, Staff Duty book, or Fire Prevention continuity book. The lack of compliance with Fire Prevention policy resulted in noncompliance with monthly fire extinguisher inspections. Fire prevention tasks and initiatives are recurring observations from FY 11 and FY 12 housing inspections. Few UPH unit occupants had "daisy-chained" surge protectors, candles, portable heaters and flammable liquids. Soldiers reported awareness of Installation and Army policies regarding fire safety; however, had not reported or did not comply. All safety hazards were immediately addressed and corrected by the Chain of Command. The IG recommends WTU's coordinate with their installation Fire Prevention Office, Directorate of Emergency Services, and conduct fire prevention compliance inspections. Few UPH and PFH facility had pest control issues. Few PFH facilities had pests access the quarters as a result of unreported minor deficiencies such as ineffective window screens. All areas were addressed by DPW or local Privatized Housing Maintenance work orders. The IG recommends WTU's conduct monthly inspections of all medical hold (MH) personnel housing units IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

c. There were no special medical requirements that were requested by Soldiers assigned to transition units.

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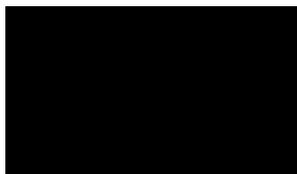
SUBJECT: Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition), Fiscal Year 13

5. Recommendations.

a. That the Commander approve the final report.

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

Encl
as



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SUBJECT: Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition), Fiscal Year 13

[REDACTED]

[REDACTED]

[REDACTED]

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SUBJECT: Special Inspection of Facilities Used to House Recovering Service
Members (Warriors in Transition), Fiscal Year 13

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SUBJECT: Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition), Fiscal Year 13

Executive Summary

1. Background: On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WTs) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WT housing semi-annually for the first two years and annually thereafter; 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 1 October 2012, the Commanding General, USA Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the “Special Inspection of Facilities Used to House Recovering Service Members.” On 16 October 2012 the Commanding General SRMC issued a directive to conduct the Special Inspection of Facilities Used to House Recovering Service Members in the region. On 16 October 2012, the SRMC IG issued the detailed inspection plan for the Special Inspection of Facilities Used to House Recovering Service Members.

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

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

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

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

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

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

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

6. Task Organization: The Senior Mission Installation IG Offices within SRMC assessed the facilities housing Warriors in Transition and provided their report to the SRMC OIG, which consolidated the reports for the region and will submit onward to MEDCOM OIG. The inspection element consisted of Inspectors General and SMEs from DPW, Housing, Safety Office and DoD/Privatized Lodging representatives at each installation.

7. Installations where Housing for Warriors in Transition (WTs) were inspected:

Fort Benning, GA

Fort Gordon, GA

Fort Stewart, GA

Fort Campbell, KY

Fort Polk, LA

Fort Sill, OK

Fort Jackson, SC

Fort Hood, TX

Joint Base San Antonio (JBSA), Fort Sam Houston, TX

8. Inspection Methodology: The inspection teams focused on gathering information through observations of the facilities, interviews with leaders, Soldiers and their family members.

9. Summary of findings, observations, and recommendations: 95% of MH Soldier housing units met the standard; there were no major findings.

a. All Soldiers in transition are assigned appropriate housing applicable with their grade and number of dependents.

b. Several baseline standards were not within compliance: Few PFH inspected had deficient HVAC systems. The deficiencies could only be identified by individuals who were trained as SMEs in their area of the inspection. Few UPH units inspected had HVAC system leaks. The deficiencies were identified during the inspection, however; neither the responsible occupant nor supervisor identified and reported leaks. DPW

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completed work orders generated as a result of the inspection. Few PFH units had electric outlet/grounding deficiencies not detectable by the occupant. The deficiencies were previously repaired by DPW; however, when electrical outlet surges recurred occupants did not submit new work orders for the repair. DPW completed work orders generated as a result of the finding. One privatized housing unit had rotted window exteriors and damaged weather stripping. The occupant was not aware of the deficiency. DPW initiated and completed the work order to repair the window trim and exterior wall on the unit. Few PFH units had wall damage from leaks, mouse holes, termite damage, and a sloping bedroom ceiling. One PFH occupant had submitted work orders to repair deficiencies; however, did not follow-up to ensure repairs were completed. Privatized Housing Maintenance initiated new work orders and completed all work orders on the unit. One PFH had an inoperable toilet, the occupant reported having knowledge of the work order process, but had not initiated a work order. DPW initiated the work order and replaced the toilet.

Housing Inspectors observed that few UPH facilities had no Fire Evacuation Plans posted in Soldiers' rooms, common areas, Staff Duty book, or Fire Prevention continuity book. The lack of compliance with Fire Prevention policy resulted in unidentified fire safety requirements to include overdue fire extinguisher inspections. Fire prevention tasks and initiatives are recurring observations from FY 11 and FY 12 housing inspections. Few UPH unit occupants had "daisy-chained" surge protectors, candles, portable heaters and flammable liquids. Soldiers reported awareness of Installation and Army policies regarding fire safety; however, all violations of safety standards were immediately addressed and corrected by the Chain of Command. The IG recommends WTU's coordinate with their installation Fire Prevention Office, Directorate of Emergency Services and conduct fire prevention compliance inspections. Few UPH and PFH facility had pest control issues. Few PFH had vectors access the quarters as a result of unreported minor deficiencies such as ineffective window screens. All areas were addressed by Privatized Housing Maintenance or DPW work orders. The IG recommends WTU's conduct monthly inspections of all MH personnel housing units IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

c. There were no special medical requirements that were requested by Soldiers assigned to transition units.

Chapter 1 Objectives and Methodology

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

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

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

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

2. Inspection Team. The inspection team consisted of Senior Installation IGs/Assistant IGs and SMEs from DPW, Housing, Safety Office and DoD/Privatized Lodging representatives at each installation.

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. Interviews: The inspection teams conducted interviews with command leadership, WTs and their family members.

4. Findings/Observation Format.

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

Finding statement
Standard(s)
Root Cause
Discussion
Recommendation

b. Where there was no violation of a published standard, policy, law, or

regulation, but an observation was made to improve current operations, an Observation Statement was developed and is addressed in the following format:

Observation statement
Standard(s), if applicable
Discussion
Recommendation

5. In the report, quantitative terms, such as “few, some, majority, most, and all” are used to describe percentile ranges of quarters/barracks 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%

6. Root Cause is broken down in to three major reasons:

a. **Don't Know.**

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

b. **Can't Comply.**

- (1) Scarce Resources: Did the person or unit have the resources to accomplish the requirement?
- (2) Don't Know How: Did the person or unit know how to meet the requirement?
- (3) Impossibility: Was the requirement impossible for the unit or person to perform?

c. **Won't Comply.**

- (1) No Reward: Would the person or unit be rewarded for completing the requirement?
- (2) No Penalty: Would the person or unit suffer a penalty by failing to complete the requirement?
- (3) Disagree: Did the person or unit disagree with the requirement?



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Chapter 2 Good News

1. Some Privatized Housing organizations accommodate Wounded Warrior needs at no additional cost to the government.
2. Soldiers and families consistently spoke highly of the Privatized Housing Maintenance Department performance and responsiveness to requests for assistance.



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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.

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

Finding a.1: None.

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

Root Cause(s): Not Applicable.

Discussion: The inspection teams did not find any violations of a published standard, policy, law, or regulation in regards to this objective.

Recommendation(s): WTU's continue to assign Soldiers housing IAW regulations and public law.

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

Finding b1: Few PFH inspected had deficient HVAC systems. [REDACTED]

Standard: Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel stated that all MH personnel housing must be in overall good 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 safety, and heating –ventilation—and air-conditioning (HVAC). It is important the MH personnel be able to adequately control the temperature in their units. There shall be no mold, exposed lead-base paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

Root Cause(s): Don't Know. Deficiencies could only be identified by individuals who were trained as SMEs in their area of the inspection.

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Discussion: In one of the units, HVAC system was located in the laundry room and a clothing rod was resting on the gas line. Another unit's HVAC system's gas line was not protected when entering the equipment, the outside copper lines were not insulated. Few UPH units had missing vent covers. DPW completed work orders generated as a result of the inspection.

Recommendation(s): The WTB Commander develop and implement a training program that specifically trains subordinate leaders on how to identify and address common maintenance trends found during this inspection of accompanied and unaccompanied housing.

Finding b2: Few UPH rooms inspected had HVAC system leaks. [REDACTED]

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

Root Cause(s): Don't Know. Deficiencies were indentified during the inspection, however; neither responsible occupant nor supervisor identified and reported leaks.

Discussion: One UPH building had signs of HVAC leakage in the majority of inspected room rooms. Some unoccupied rooms had stained ceiling tiles near the HVAC air return. One unoccupied room had mold on the tile due to the thermostat set below the dew point. DPW Completed work orders generated as a result of the inspection.

Recommendation(s): The WTB Commander develop and implement a training program that specifically trains subordinate leaders on how to identify and address common maintenance trends found during this inspection of accompanied and unaccompanied housing. Unit leadership ensures thermostats are set to prevent mold growth in unoccupied rooms and establish a monthly inspection to include HVAC operations.

Finding b3: Few PFH units had electric outlet/grounding deficiencies. [REDACTED]

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

Root Cause(s): Don't Know. Deficiencies could only be identified by individuals who were trained as SMEs in their area of the inspection.

Discussion: One housing unit Ground Fault Circuit Interrupter (GFCI), to the right of the stove, circuit test revealed Positive and Neutral connectors were reversed posing an

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electrocution hazard. Few PFH units had electrical outlets surge. The deficiencies were previously repaired by DPW, however, when the problem recurred occupants did not submit new work orders for the repair. The Inspection team conducted training on the work order process for those Soldiers. DPW completed work orders generated as a result of the inspection.

Recommendation(s):

(1) WTU appoints an Repairs and Utilities (R&U) NCO to place and track work orders for assigned Soldiers.

(2) WTU conduct monthly inspection of all MH personnel housing units IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding b4: Few privatized housing unit had rotted window exteriors and damaged weather stripping. [REDACTED]

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

Root Cause(s): Don't Know. The PFH occupants were not aware of the deficiency.

Discussion: During the inspection one privatized housing unit had rotted wood on exterior window trim. DPW had conducted some repairs; however, holes were incorrectly filled. The occupant reported that they were working with DPW to repair deficiencies, but the process was slow. The occupant further stated that the housing unit had not been seen by his supervisor and the issues had not been brought to the supervisor's attention. DPW initiated and completed the work order to repair the window trim and exterior wall on the unit. Few PFH had damaged weather stripping.

Recommendation(s): WTU conduct monthly inspection of all MH personnel housing units IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding b5: Few PFH units had wall damage from leaks, mouse holes, termite damage, and a sloping bedroom ceiling. [REDACTED]

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

Root Cause(s): Don't Know. The PFH occupant had submitted some work orders to repair deficiencies, however; none of the deficiencies were brought to the attention of [REDACTED]

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the supervisor. The occupant's supervisor had not visited the residence. One occupant was aware of the work order process but failed to follow-up with to ensure repairs were completed.

Discussion: During the inspection one privatized housing unit had kitchen wall damage from leaks, mouse holes and termite damaged baseboards, and a sloping bedroom ceiling. The occupant reported that they were working with DPW to repair items, but the process was slow. The occupant further stated that the housing unit had not been seen by his supervisor and the issues had not been brought to the supervisor's attention. One Soldier had a previous roof leak that caused damage to the interior ceiling. An initial work order was completed for the roof repair; however, the Soldier was told and failed to complete a follow-up work order to repair the damaged ceiling. DPW initiated and completed all work orders on the unit.

Recommendation(s):

(1) Privatized Housing Maintenance repairs all identified deficiencies and conducts a follow-up inspection of the housing unit. Repairs are completed.

(2) WTU conduct monthly inspection of all MH personnel housing units IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding b6: One PFH had an inoperable toilet. [REDACTED]

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

Root Cause(s): Don't Know. The PFH occupant had submitted some work orders to repair deficiencies; however, the deficiency was not brought to the attention of the supervisor. The occupant's supervisor had not visited the residence.

Discussion: During the inspection one privatized housing unit had and inoperable toilet. The occupant reported that they were working with DPW to repair items, but the process was slow. The occupant further stated that the housing unit had not been seen by his supervisor and the issues had not been brought to the supervisor's attention. Privatized Housing Maintenance initiated the work order and replaced the toilet.

Recommendation(s):

(1) Privatized Housing Maintenance repairs identified deficiency and conducts a follow-up inspection of the housing unit within 180 days. Repair was completed.

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(2) WTU conduct monthly inspection of all MH personnel housing units IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Observation b1: Few UPH facilities had no Fire Evacuation Plans posted in rooms, common areas, Staff Duty book, or Fire Prevention continuity book. [REDACTED]

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

Discussion: Few UPH facilities had no Fire Evacuation plans in each room. Unit Fire Prevention plans were incomplete/not fully executed. The lack of compliance with Fire Prevention policy resulted in noncompliance of monthly fire extinguisher inspections.

Recommendation(s):

(1) Building managers in coordination with unit commanders verify and place exit routes signage on the back of each facility entry door.

(2) WTU assign Additional Duty Officer/NCO to coordinate with the Fire Prevention Office, Directorate of Emergency Services and conduct a fire prevention compliance inspection.

(3) WTU conduct monthly inspection of all UPH facilities IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, DA PAM 385-1, Unit Safety Management, and OTSG/MEDCOM Policy Memorandum 13-023, 17 April 2013, Subject: Use of Non-category 5XXXX Facilities for Healthcare.

Observation b2: Few UPH unit occupants had “daisy-chained” surge protectors, candles, portable heaters and flammable liquids. [REDACTED]

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

Discussion: During the inspections, one Soldier had a “daisy-chained” surge protector, few Soldiers had unauthorized power strips, few Soldiers had candles, and one Soldier had lighter fluid in the MH personnel housing unit. Soldiers reported awareness of Installation and Army policies regarding fire safety. All safety hazards were immediately addressed and corrected by the Chain of Command.

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Recommendation(s):

(1) WTU coordinates with the Fire Prevention Office, Directorate of Emergency Services and conduct a fire prevention compliance inspection.

(2) WTU conduct fire prevention training and evacuation rehearsal bi-annually.

(3) WTU conduct monthly inspection of all MH personnel housing units IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Observation b3: Few UPH and PFH facilities had pest control issues. [REDACTED]

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

Discussion: The inspection team identified ants and mouse droppings in one PFH. The unit occupant had three trashcans in the dining area that had not been emptied. The inspection team determined that cleanliness was the most likely root cause of the issue. A work order was initiated and the unit was treated for pests. Inspectors discovered insects in several rooms of one UPH. Few PFH had pests access the quarters as a result of unreported minor deficiencies such as ineffective window screens. All areas were addressed by DPW work orders. DPW sprayed and neutralized pests in the living facilities.

Recommendation(s):

(1) WTU conduct monthly inspection of all MH personnel housing units IAW Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

(2) MH Soldiers immediately notify housing management or submit work orders to address known pest issues.

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

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

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Finding: None.

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

Root Cause(s): Not applicable.

Discussion: The inspection team found no violations of a published standard, policy, law, or regulation in regards to this objective.

Recommendation(s): WTB and housing managers continue to accommodate and provide services to WTs with functional limitations as required.

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Members (Warriors in Transition), Fiscal Year 13

Appendix 1 Directive



REPLY TO
ATTENTION OF

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

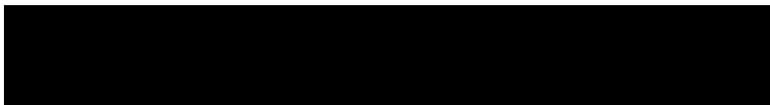
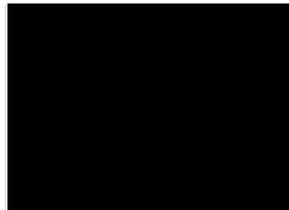
OCT 16 2012

MCSR-CG

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

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

1. You are directed to oversee the inspection of WT housing in the SRMC area of responsibility IAW Public Law 110-181, Section 1662, 28 January 2008, National Defense Authorization Act of 2008 and ALARACT 162/2008, DTG 031515z Jul 08.
2. The inspection will focus on the following objective: Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
3. You are authorized to task staff members, Inspectors General assigned to Senior Commanders, and Installation Management Command (IMCOM) as required. You have unlimited access to Army activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement IAW ALARACT 162/2008, DTG 031515z Jul 08, Subject: Inspection of Military Facilities Used to House Recovering Service Members Assigned to Warrior Transition Units.
4. You will collect SRMC installation Inspections reports of WT Housing Facilities NLT 19 July 2013. You will consolidate all SRMC Inspections of WT Housing Facilities reports into one report and will be prepared to brief and submit the consolidated report NLT 23 August 2013.
5. A copy of the consolidated report will be furnished to MEDCOM Inspectors General Office NLT 1 September 2013 and upon approval a redacted copy the consolidated report will be posted on the SRMC Internet website. The posted report will not name specific facilities, units, or other sources of information.
6. The point of contact for this inspection is [REDACTED] and [REDACTED] SRMC IG Office, DSN 429-8560, 471-9921 or Com (210) 221-9921.



Appendix 2 Detailed Standards List

APPENDIX 2: DETAILED STANDARDS LIST

HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER PERSONNEL

1. PURPOSE

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

2. GENERAL

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

3. APPLICABILITY

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

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

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

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



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

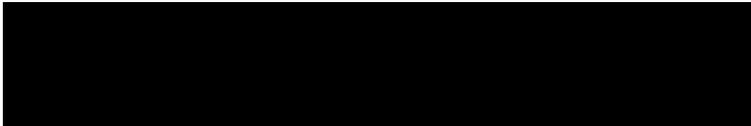
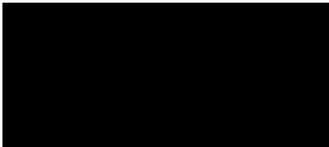
It is fitting that medical hold personnel who have "serious physical disabilities"¹ or that are the "direct result of armed conflict"² have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide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

5. RESPONSIBILITIES

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

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 0001 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)





6. ASSIGNMENT

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

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., pes lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority 1", as defined by DoDD 4165.63M, 000 Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement.

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

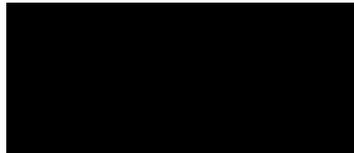
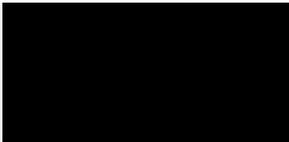
7. BASELINE STANDARDS

Condition

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

Kitchens

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





Laundry Facilities

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

Furnishings

Provide loaned furnishings as appropriate.

Electronic Equipment

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

Housekeeping and Pest Management

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

Landscaping, Grounds Maintenance, and Parking

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

Physical Security

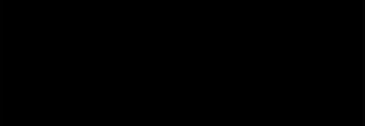
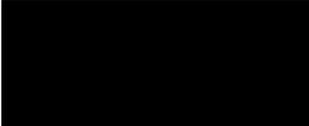
MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

Building Maintenance and Housekeeping Requests

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

8. SPECIAL MEDICAL REQUIREMENTS

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





Accessibility

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

Cognition

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

Visual and Auditory

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

Burns

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

Other Physical Limitations

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

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

Housekeeping

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



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Laundry Services and Equipment

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

Kitchens and Food service

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

Furnishings

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

Parking

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

Proximity to Outpatient Treatment Center and Other Services

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

9. INSPECTIONS

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



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10. FEEDBACK AND UPDATES

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

11. IMPLEMENTATION

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



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Appendix 3 Reports

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

Office	Date Briefed and/ or Received Report
Fort Benning, GA	
WTU Commander	10 July 2013
MTF Commander	10 July 2013
Garrison Commander	19 July 2013
Senior Commander	19 July 2013
Fort Gordon, GA	
WTU Commander	4 Sept 2013
MTF Commander	4 Sept 2013
Garrison Commander	4 Sept 2013
Senior Commander	3 Sept 2013
Fort Stewart, GA	
WTU Commander	22 March 2013
MTF Commander	22 March 2013
Garrison Commander	22 March 2013
Senior Commander	22 March 2013
Fort Campbell, KY	
WTU Commander	31 May 2013
MTF Commander	31 May 2013
Garrison Commander	31 May 2013
Senior Commander	31 May 2013
Fort Polk, LA	
WTU Commander	12 July 2013
MTF Commander	12 July 2013
Senior Commander	15 July 2013
Fort Sill, OK	
WTU Commander	12 July 2013
MTF Commander	12 July 2013
Senior Commander	15 July 2013
Fort Jackson, SC	
WTU Commander	23 May 2013
MTF Commander	14 May 2013

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Garrison Commander	14 May 2013
Senior Commander	14 May 2013
Fort Hood, TX	
WTU Commander	29 May 2013
MTF Commander	1 July 2013
Garrison Commander	1 July 2013
Senior Commander	11 July 2013
Joint Base San Antonio, TX	
WTU Commander	20 June 2013
MTF Commander	21 June 2013
Garrison Commander	21 May 2013
Senior Commander	22 May 2013



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Appendix 4 Acronyms List

Acronyms

WT	Warrior in Transition
WTU	Warrior in Transition Unit
Bldg	Building
UPH	Unaccompanied Personnel Housing
PFH	Privatized Family Housing
DoD	Department of Defense
DPW	Department of Public Works
MH	Medical Hold and Holdover
MWR	Morale, Welfare, and Recreation
NAF	Non Appropriated Fund
PDA	Personal Data Assistant
HVAC	Heating, Ventilating, and Air-conditioning
TBI	Traumatic Brain Injury
PTSD	Post Traumatic Stress Disorder

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SUBJECT: Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition), Fiscal Year 13

Appendix 5 References

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

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