



**GREAT PLAINS REGIONAL MEDICAL COMMAND
INSPECTOR GENERAL**

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

November 2008 - January 2009

MCHE-IG

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

Table of Contents

EXECUTIVE SUMMARY	4
CHAPTER 1 OBJECTIVES AND METHODOLOGY	6
CHAPTER 2 FINDINGS AND OBSERVATIONS	9
OBJECTIVE 1: ASSESS COMPLIANCE WITH WT HOUSING ASSIGNMENTS.	9
OBJECTIVE 2: ASSESS WT OCCUPIED HOUSING FOR COMPLIANCE WITH BASELINE STANDARDS.	10
OBJECTIVE 3: ASSESS COMPLIANCE WITH THE REQUIREMENT TO PROVIDE SPECIAL ACCOMMODATIONS AND SERVICES TO WT WITH FUNCTIONAL LIMITATIONS.	12
SPECIAL INTEREST ITEM: IDENTIFY SPECIAL ACCOMMODATIONS AND SERVICES PROVIDED TO WT TO ADDRESS THE RANGE OF COGNITIVE LIMITATIONS THAT RESULT FROM TBI, PTSD, AND STROKE.	14
APPENDIX 1 DIRECTIVE	17
APPENDIX 2 DETAILED STANDARDS LIST	19
APPENDIX 3 ACRONYM LIST	26
APPENDIX 4 REFERENCES.....	27

MCHE-IG

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

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MCHE-IG

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

Executive Summary

1. Background: On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing WT who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-81, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IG) to conduct semi-annual inspections of all WT housing units 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) Regional Medical Command (RMC) Inspectors General (IG), 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 Recovering "Service Members".

2. Purpose: To inspect all military facilities housing recovering service members assigned to GPRMC Warrior Transition Units.

3. Concept: To inspect the physical conditions of recovering WT living in DoD sponsored housing. Inspections will consist of teams of Detailed IGs, Assistant IGs, Safety representatives, DPW housing representatives, and MWR/Lodging representatives. WTU Cadre representatives will be present at the inspections.

4. Objectives:

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

MCHE-IG

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

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

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

5. Special Interest Item: Identify special accommodations and services provided to WT to address the range of cognitive limitations that result from Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke.

6. Summary of Findings, Observations, and Recommendations: All inspected UPH, housing, or lodging are in compliance with Department of Defense (DoD) standards. WT are being assigned proper housing for both single quarters and family quarters that are appropriate for their medical conditions, number of dependents, and pay-grade. The Warrior Transition Unit (WTU) chain of command, Installation Commanders, and post facility directors have put a great deal of effort in ensuring first rate living accommodations are made for recovering WT. The inspection teams found 1 deficiency which caused standards not to be met, but the Department of Public Works (DPW) quickly made the necessary adjustment to bring that room to standard. When minor deficiencies were found, representatives from DPW called in work orders while on site. In the housing areas, very few, less than 1%, of work orders were not addressed within a reasonable time limit. Safety representatives noted there is a possible need for some type of emergency notification system in the bathrooms of the Unaccompanied Personnel Housing. Some smoke detectors or carbon monoxide detectors were inoperable or dismantled by WT both in UPH and family housing. Frequent walk-through by leaders ensures the upkeep of the facilities. Most WT and family members are pleased with their assigned quarters.

MCHE-IG

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

Chapter 1 Objectives and Methodology

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

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

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

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

d. Special Interest Item. Identify special accommodations and services provided to WT to address the range of cognitive limitations that result from TBI, PTSD, and stroke.

2. Inspection Team: The inspection team consisted of Command IGs, Assistant IGs, DPW Housing Representatives, and Safety Representatives. WTU Cadre were also present during inspections.

3. Methodology:

a. Observation: The inspection teams inspected the following types of WT facilities: DoD Owned Unaccompanied Personnel Housing, DoD Leased/Contracted Lodging, DoD/Non Appropriated Fund (NAF) Owned Lodging, DoD Owned Family Housing, and Privatized Family Housing. Assessment of Privatized Family Housing was conducted with the consent of occupants and privatized housing management.

b. Document Review: The inspection teams reviewed applicable DoD, Army, Army subordinate headquarters directives, regulations, policies, guidance, and standing operating procedures, as applicable to their area of responsibility. In addition, current work orders for buildings being inspected and results of the last inspection.

MCHE-IG

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

c. Interviews. The inspection teams conducted interviews with WT and their families as available.

d. Surveys. None conducted

4. Locations Inspected:

a. Fort Leonard Wood, MO

b. Fort Sill, OK

c. Fort Bliss, TX

d. Fort Carson, CO

e. Fort Riley, KS

f. Fort Sam Houston, TX

g. Fort Hood, TX

h. Fort Leavenworth, KS

i. Fort Huachuca, AZ

j. Fort Polk, LA

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

MCHE-IG

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

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. Additional Information: In the report, quantitative terms, such as "few, some, majority, and most" are used to describe percentile ranges of housing units/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	76-100%

MCHE-IG

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

Chapter 2 Findings and Observations

Objective 1: Assess compliance with WT housing assignments.

Observation 1.1: All WT assigned to UPH and/or family housing have priority in assignment of quarters. WT are being assigned proper housing for both single quarters and family quarters that are appropriate for their medical conditions, number of dependents, and pay-grade.

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

Discussion: After interviewing WT, some WT were assigned to quarters that were not in compliance prior to becoming a WT and were immediately placed in quarters that were in compliance with their injuries. A few WT were offered immediate housing, but chose to wait for a different housing area (the wait was less than 60 days). A few acquired family members, but had not submitted paperwork for consideration of assignment to larger quarters. Some WTU personnel rosters were inaccurate and did not reflect the physical location of some recovering WT assigned in the UPH. Most WT were extremely satisfied with the procedures in place for acquiring housing.

Root Cause(s): Not applicable

Recommendation(s):

- a. Continue the priority for assigning WT members' quarters.
- b. WTU leadership ensure recovering service members submit paperwork immediately for consideration of larger quarters for those with additional family members.
- c. Representatives from the WTU chain of command, DPW, and the UPH Manager meet regularly to reconcile personnel rosters and discuss issues.

MCHE-IG

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

Objective 2: Assess WT occupied housing for compliance with baseline standards.

Observation 2.1: Most WT housing was in compliance with baseline standards at the time of inspection. The few that weren't had minor deficiencies that were discovered and repaired immediately due to on the spot work orders submitted by representatives of the inspection team from DPW.

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

Root Cause(s): Not applicable

Discussion: A few WT did not have operable phone service or internet.

Recommendation(s): WTU leaders check for compliance during their visits and ensure work order is submitted accordingly.

Observation 2.2: Most bathrooms in UPH do not have any type of emergency notification system. Safety representatives feel there is a need for an emergency notification system in the bathrooms of the UPH.

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

Root Cause(s): Not applicable

Discussion: WT need to have the ability to contact emergency services should they have complications while in their rooms. For instance, if a WT slipped in the shower they may have no way of alerting anyone of the emergency.

Recommendation(s): DPW develop a system for emergency response personnel. Possible solutions are cords similar to those installed in hospitals, or wireless remote necklaces. These devices may connect to WTU staff duty or emergency services.

MCHE-IG

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

Observation 2.3: Some electrical outlets had excessive amounts of items plugged into them.

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

Root Cause(s): Not applicable

Discussion: WT did not have enough if any power surge protectors. A few WT were using adapters in order to plug in their extra electrical items. Too many items were plugged into one outlet.

Recommendation(s):

- a. Safety office provide safety posters of the electrical do's and don'ts to show how to avoid electrical hazards.
- b. DPW ensure adequate amount of outlets are installed in living quarters.
- c. Leaders check for safety hazards during walk through.

Observation 2.4: Some smoke detectors and carbon monoxide detectors were inoperable or dismantled by WT.

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

Root Cause(s): Not applicable

Discussion: WT were dismantling the detectors mainly because they were being sounded too frequently instead of calling in work orders. DPW representative had those repaired immediately.

MCHE-IG

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

Recommendation(s):

- a. WTU leaders ensure detectors work properly during their visits.
- b. WTU leaders ensure inoperable detectors have a work order placed immediately.
- c. Safety Office ensure WT receive fire safety and prevention training.

Observation 2.5: Some ADA showers lack the proper drainage which would prevent spillage of water outside the shower stall, thereby creating a slipping hazard on the adjoining bathroom floor.

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

Root Cause(s): Not applicable

Discussion: The tile barrier that separates the shower stall from the bathroom floor immediately outside the shower stall, are not effective in preventing spillover from the shower stall as many of them are the same elevation and not properly sloped away from the barrier.

Recommendation(s): DPW provide shower curtains that extend to the floor and/or install non slip mats on the outside of the shower stall.

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

Finding 3.1: The bathroom sink in a WT's room at a DoD lodging facility was not readily accessible for a below the knee double amputee to perform a basic self-care activity such as shaving.

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

MCHE-IG

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

Root Cause(s):

a. Insufficient depth underneath the sink did not allow the extension of his amputated limbs.

b. An angled plywood divider covering plumbing under the sink greatly hinders the ability to push wheel chair comfortably under sink.

Discussion: WT does not have prosthetics and totally depends on wheelchair. Therefore, the WT was experiencing difficulty accessing the bathroom sink when trying to maintain basic self care.

Recommendation(s):

DPW make necessary modifications to allow complete access to the sink within 24 hours.

Findings Corrected: DPW made adjustments according to the recommendation.

Observation 3.1: Special accommodations were provided to WT that needed them due to functional limitations.

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

Root Cause(s): Not applicable

Discussion: One WT in a wheelchair requested ramps, hand rails, and widening of hallways. However, the WT decided to purchase a house, therefore, accommodations are not required. Most facilities were accessible with concrete ramps and sloped curb sections.

Recommendation(s): Leaders continue to identify and address the needs of WT with functional limitations, and ensure adjustments are made accordingly.

MCHE-IG

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

Observation 3.2: Some facilities had no provisions for snow/ice removal.

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

Root Cause(s): Not applicable

Discussion: Capable WT were being utilized to clear snow/ice within the limits of their profile.

Recommendation(s): Leaders address snow and ice removal of sidewalks and parking lots.

Observation 3.3: A few did not have laundry rooms on their floor levels that made it inconvenient for those WT with limited mobility.

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

Root Cause(s): Not applicable

Discussion: WT with limited mobility residing on upper floors were moved to quarters that were more accommodating for them to do their laundry. This issue was never brought up to facility managers.

Recommendation(s): DPW ensure access to laundry facilities.

Special Interest Item: Identify special accommodations and services provided to WT to address the range of cognitive limitations that result from TBI, PTSD, and stroke.

Observation 4.1: Most WT were provided with Personal Data Assistants (PDA) to help them with appointments.

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

MCHE-IG

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

Root Cause(s): Not applicable

Discussion: WT stated the PDAs were invaluable.

Recommendation(s):

a. Leaders continue to provide WT with PDAs, or call them at least the morning of and one to two hours before their appointment as a reminder.

b. Leaders continue to provide other accommodations, as needed, to WT.

Observation 4.2: Some WT housed in lodging facilities stated the space under the door allowed too much outside light in the room, especially at night.

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

Root Cause(s): Not applicable

Discussion: It was not brought to the attention of leaders or facility managers. Once brought to their attention, door sweeps were immediately installed.

Recommendation(s): None

Observation 4.3: A few WT housed in lodging facilities stated there was excessive noise from other guests.

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

Root Cause(s): Not applicable

Discussion: Between the hours of 0500-0700 and weekend nights, other guests were excessively loud speaking, slamming doors, and partying. It was brought to the attention of the facility manager.

Recommendation(s): Commanders of the units of those Soldiers that are excessively loud address the issue with their Soldier.

MCHE-IG

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

Chapter 3 Good News

1. Installation Commanders, their support staff, and WTU leaders were very dedicated in ensuring high quality of life for WT. They have made WT a top priority and provide great services in a timely manner.
2. Most WT appreciate the transportation service provided to them so they may attend appointments, or meet other needs.
3. Most WTU leaders frequently visit their WT and ensure work orders were submitted when necessary.
4. Most WT are very satisfied with their living conditions and the involvement of the Chain of Command.
5. Most deficiencies from the previous inspection have been corrected and Heating, Ventilating, and Air Conditioning (HVAC) upgrades have been made.
6. Most WT praised housekeeping in UPH.

MCHE-IG

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

Appendix 1 Directive



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

REPLY TO
ATTENTION OF
MCHE-CG

29 OCT 2008

MEMORANDUM FOR GPRMC IG

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

1. References:

- a. Public Law 110-181, Section 1662, 28 Jan 08, National Defense Authorization Act of 2008.
 - b. ALARACT 162/2008, DTG 031515Z Jul 08, Subject: Inspection of Military Facilities Used to House Recovering Service Members Assigned to Warrior Transition Units.
 - c. Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
2. The GPRMC IG will oversee the second semiannual inspection of Warrior in Transition housing directed by reference 1a.
3. The GPRMC IG will:
- a. Conduct a special inspection of facilities used to house Warriors in Transition assigned to Warrior in Transition Units (WTU) within their command. This inspection will be concluded NLT 30 January 2009.
 - b. Coordinate the inspection effort with senior mission Command Inspector General (CIG) and local Installation Management Command (IMCOM) representatives.
 - c. Out-brief the WTU commander of the inspected facility.
 - d. Submit a report to the senior mission commander of the inspected facility.
 - e. Submit a report to the garrison commander of the inspected facility.
 - f. Submit a report to the hospital commander affiliated with the inspected facility.

MCHE-IG

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

g. Submit an update to the MEDCOM IG NLT 10 February 2009. This update will include a finding/observation statement and inspection results for each objective and special interest item listed in this directive, the period of the inspection, and a list of facilities inspected.

h. Submit final report to the MEDCOM IG NLT 24 February 2009.

i. WTU/WTB Commanders will Reply by Endorsement (RBE) to the GPRMC IG NLT 1 April 2009 that all inspection findings have been appropriately resolved or addressed.

4. The inspection will focus on the following objectives:

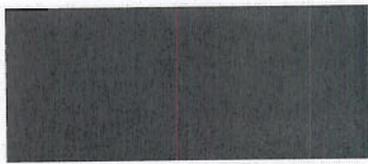
a. Assess compliance with Warrior in Transition housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel.

b. Assess Warrior in Transition 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 Medical 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 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel.

5. SPECIAL INTEREST ITEM: Identify special accommodations and services provided to Warriors in Transition to address the range of cognitive limitations that result from Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD) and stroke.

6. The POC for this inspection is COL Steven Bolint, GPRMC Inspector General at steven.bolint@us.army.mil or Ms. Patricia Rourke, Deputy Inspector General at patricia.a.rourke@us.army.mil, commercial (210) 916-3309 or DSN 429.



MCHE-IG

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

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 instrumentally (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses.
- Lease/contracted housing and lodging, to the maximum extended permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extended permitted by the associated agreement.

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

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

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

5. RESPONSIBILITIES

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

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

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

6. ASSIGNMENT

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

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

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

7. BASELINE STANDARDS

Condition

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

Kitchens

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

Laundry Facilities

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

Furnishings

Provide loaned furnishings as appropriate.

Electric Equipment

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

Housekeeping and Pest Management

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

Landscaping, Grounds Maintenance, and Parking

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

Physical Security

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

Building Maintenance and Housekeeping Requests

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

8. SPECIAL MEDICAL REQUIREMENTS

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

Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards 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, linen, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

Visual and Auditory

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

Burns

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

Other Physical Limitations

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

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

Housekeeping

If a MH member without a non-medical 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 contact. Provide disposal of bio-hazard waste as required.

Laundry Services and Equipment

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

Kitchens and Food Service

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

Furnishing

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

Parking

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

Proximity to Outpatient Treatment Center and Other Services

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

9. INSPECTIONS

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

10. FEEDBACK AND UPDATES

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

11. IMPLEMENTATION

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

MCHE-IG

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

Appendix 3 Acronym List

WT	Warrior in Transition
WTU	Warrior in Transition Unit
Bldg	Building
UPH	Unaccompanied Personnel Housing
DoD	Department of Defense
DPW	Department of Public Works
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

MCHE-IG

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

Appendix 4 References

Memorandum, Deputy Chief of Staff, G-1, HQDA, 18 Jun 07, subject: Housing Prioritization for Warriors in Transition

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

National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 Jan 08, subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities

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

Message, DASG-HCZ, DAMO-DASG, 031515Z Jul 08, subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units

Message, DAMO-AOC, 090029Z Dec 08, subject: MOD 1 to ALARACT 162/2008, subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units