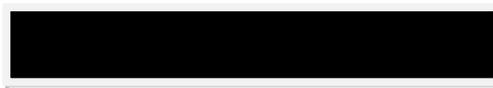




Southern Regional Medical Command  
Inspector General

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

September 2012





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

MCSR-IG

10 October 2012

MEMORANDUM FOR Commander, Southern Regional Medical Command, Fort Sam Houston, TX 78234-6200

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 31 January 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 8 February 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.
3. The inspection teams identified 10 findings and made recommendations for corrective actions related to the objective.
4. Summarized findings, observations and recommendations: 99% of all WT housing units within SRMC met the standards; there were no major findings.





a. All Warriors in Transition (WTs) are assigned appropriate housing applicable with their grade and number of dependents.

b. Several baseline standards were not within compliance; however, all deficiencies, except the tree root trip/fall hazard were corrected within 72 hours. Few privatized housing units (PHU) inspected required re-insulation and/or resealing of ventilation systems and repairs to exhaust stacks of Heating, Ventilation, and Air Conditioning (HVAC) systems. Deficiencies with the HVAC systems were repaired by Directorate of Public Works (DPW) within 72 hours of identifying the issues. Few PHU had disconnected smoke detectors. The smoke detectors were remounted and serviced immediately. Few PHU's had inoperable bathroom exhaust fans due mainly to age and accumulation of dust within the fan. Inoperable bathroom exhaust fans were repaired by DPW within 72 hours after the inspection. Few Soldiers could not regulate water temperature in one Unaccompanied Personnel Housing (UPH) building. The problem was immediately corrected by an emergency work order through DPW. Few PHU's had electrical outlets which did not work properly; located in laundry rooms, outdoor HVAC utility rooms and building exteriors. During the Inspection, DPW submitted work orders and the issue was also resolved. Few AC filters are not being changed when dirty. This is a reoccurring finding from the FY 10 and FY 11 WT Housing Inspections. WTU leadership was reminded to ensure filters are changed out to prevent the HVAC systems from malfunctioning. One UPH building did not have proper return air vents installed, or minimum temperature blocks emplaced on thermostats, which led to excessive condensation buildup and an environment favorable to the formation of mold however; no mold was found. The 18 WTs residing in the building at the time of the inspection have since moved to a newly constructed WT housing complex. A few trip/fall hazards were identified around the exterior of one PHU. These hazards included pavement drop-off, excessive sand on the sidewalk area, and tree root exposures on the grounds. The exposed tree roots did not affect sidewalks surrounding the building. The sidewalk area has been corrected. Intercontinental Hotels Group (IHG) Lodging plans to address the issues with the tree roots during upcoming renovations (time frame is undetermined/no cost to the government).

c. There were a few special medical requirements that were requested by WT Soldiers. Two Soldiers requested an additional handrail be installed to help traverse the stairs in their home. Work orders for the additional handrails were submitted during the inspection and installation/construction was completed.

## 5. Recommendations:

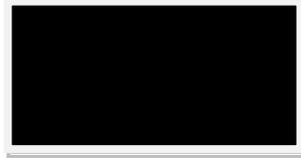
a. That the Commander approve the final report.





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.

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## Executive Summary

1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (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; 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 (redacted) on their respective Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARCT 162/2008 on 3 July 2008 to all army activities. This message directed US Army Medical Command (MEDCOM) RMC IG's, 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 31 January 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 8 February 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. On 8 February 2012, the Southern Regional Medical Command (SRMC) Inspector General (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 recovering WTs living in DoD sponsored housing.

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

c. Assess compliance with the requirement to provide special medical requirements 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 Subject Matter Experts (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:

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

Fort Hood, TX

Fort Jackson, SC

Fort Stewart, GA

Fort Gordon, GA

Fort Sill, OK

Fort Polk, LA

Fort Campbell, KY

Fort Benning, GA





8. Inspection Methodology: The inspection teams focused on gathering information through observations of the facilities, as well as interviews with command leadership, WTs and their family members.

9. Summary of findings, observations, and recommendations: 99% of WT housing units met the standard; there were no major findings.

a. All Warriors in Transition (WTs) are assigned appropriate housing applicable with their grade and number of dependents.

b. Several baseline standards were not within compliance; however, all deficiencies, except the tree root trip/fall hazard (on the grounds, not the sidewalk) were corrected within 72 hours. Few privatized housing units (PHU) inspected required re-insulation and/or resealing of ventilation systems and repairs to exhaust stacks of Heating, Ventilation, and Air Conditioning (HVAC) systems. Deficiencies with the HVAC systems were repaired by DPW within 72 hours of identifying the issues. Few PHU had disconnected smoke detectors. The smoke detectors were remounted and service immediately. Few PHU's had inoperable bathroom exhaust fans due mainly to age and accumulation of dust within the fan. Inoperable bathroom exhaust fans repaired by DPW with 72 hours after the inspection. Few Soldiers could not regulate water temperature in one UPH building. The problem was immediately corrected by an emergency work order through DPW. Few PHU's had electrical outlets located in laundry rooms, outdoor HVAC utility rooms and building exteriors, which did not work properly. During the Inspection, DPW submitted work orders and the issue was also resolved. Few AC filters are not being changed when dirty. This is a reoccurring finding from the FY10 and FY11 WT Housing Inspections. WTU leadership was reminded to ensure filters are changed out to prevent the HVAC systems from malfunctioning. One UPH building did not have proper return air vents installed, or minimum temperature blocks emplaced on thermostats, which led to excessive condensation buildup and an environment favorable to the formation of mold, however; no mold was found. The 18 WTs residing in the building at the time of the inspection have since moved to a newly constructed WT housing complex. A few trip/fall hazards were identified around the exterior of one PHU. These hazards include pavement drop-off, excessive sand on the sidewalk area, and tree root exposures on the grounds. The sidewalk area has been corrected. The issues with the tree roots will be addressed by Intercontinental Hotels Group (IHG) lodging during upcoming renovations (time frame is undetermined/no cost to the government). The exposed tree roots did not affect sidewalks surrounding the building.

c. There were a few special medical requirements that were requested by WT Soldiers. Two Soldiers requested an additional handrail be installed to help traverse the stairs in their home. Work orders for the additional handrails were submitted during the inspection and installation/construction was completed.





## 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 compliance with Warrior in Transition occupied housing for baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD housing Inspection Standards for Medical Hold and Holdover Personnel.

c. Assess compliance with the requirement to provide special medical requirements 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 teams consisted of Senior Mission Installation IGs/Assistant IGs and Subject Matter Experts (SMEs) from DPW, Housing, Safety Office and DoD/Privatized Lodging representatives at each installation.

3. Methodology.

a. Observation: The inspection teams inspected occupied facilities of the following types of Warrior in Transition housing: 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 met or violated a finding statement was developed and is addressed in the following format:

- Finding Statement
- Standards
- 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
- Standards(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 housing/barracks rooms inspected linked to specific findings or observations. These terms are defined as follows:

Few	1-25%
Some	26-49%
Half	50%
Majority	51-75%
Most	76-99%
All	100%

6. Root Cause is identified with three descriptions:

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 Resource: 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.

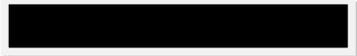
c. **Won't Comply**

(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?





## Chapter 2 Good News

- The majority of WTUs have fully operational, newly constructed Warrior in Transition barracks/billeting:
  - Fort Polk – Opened the first Americans with Disabilities Act-compliant WTU barracks in the United States.
  - Fort Hood, Joint Base San Antonio, Fort Sill, Fort Campbell, and Fort Stewart WTUs occupied new housing facilities in FY 12.
- All WT have been assigned housing which is appropriate for their pay grade and dependency status.
- The WTU Soldier Family Assistance Center (SFAC) is operational at Fort Gordon. The SFAC offers a place for Soldiers to watch television, read, use computers, speak with counselors, etc. The SFAC also offers child care so that spouses can attend appointments and briefings with Soldiers.
- Most WTU Leadership applauded by WT for care of housing facilities, facility maintenance, and accommodating practices in support of WT.



## Chapter 3 Findings

**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:** N/A

**Discussion:** N/A

**Recommendation(s):** N/A

**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.

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

**Finding b.1:** Few PHU's inspected required re-insulation and/or resealing of ventilation systems and repairs to exhaust stacks of Heating, Ventilation, and Air Conditioning (HVAC) systems (Fort Hood).

**Standard:** Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. (B.1.8)

**Root Cause:** Don't Know. The deficiency was observed by a trained inspector who is a subject matter expert (SME). PHU occupants were not aware of the issue and had no technical knowledge of the deficiency.



**Discussion:** Four PHU's inspected had insulation and/or sealing deficiencies with their HVAC systems which were repaired by DPW within 72 hours identifying the issues. The deficiencies were found by the SME assigned to the inspection team.

**Recommendation(s):** DPW ensures that PHU HVAC units are inspected annually.

**Finding b.2:** Few PHU's had disconnected smoke detectors (Fort Hood, Fort Sam Houston).

**Standard:** Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.(B.1.7)

**Root Cause:** Won't Comply. The deficiencies were attributed to a lack of routine maintenance by the occupant.

**Discussion:** When a Soldier signs for and accepts quarters (accompanied or unaccompanied), he or she receives a briefing on requirements to conduct routine maintenance, procedures for calling in work orders, and where to procure self-help items. During the inspection of Fort Sam Houston building 3624, room 203, the inspector observed the smoke detector laying on the television. Four PHUs at Fort Hood had disconnected or inoperable smoke detectors. In most cases, Soldiers either forgot the requirement and procedure to maintain the smoke detectors or simply failed to comply. All of the smoke detectors were remounted and serviced immediately by DPW.

**Recommendation(s):** Have housing authority mount smoke detectors (Action Completed); WTU Commander emphasizes Soldiers responsibilities to maintain their quarters and the resources available to correct deficiencies.

**Finding b.3:** Few PHU's had inoperable bathroom exhaust fans due mainly to age and accumulation of dust within the fan (Fort Hood).

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

**Root Cause:** Won't Comply. Soldiers either forgot the requirement to conduct routine maintenance, procedures for calling in work orders, or where to procure self-help items.

**Discussion:** Three PHU's inspected at Fort Hood had inoperable bathroom exhaust fans repaired by DPW within 72 hours of identifying the deficiency. Operational exhaust fans reduce moisture which could foster mold development.

**Recommendation(s):** The WTU Commander emphasizes Soldiers responsibilities to maintain their quarters and the resources available to correct deficiencies.





**Finding b.4:** Few Soldiers could not regulate water temperature in one UPH building (Fort Sill).

**Standard:** Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.(C.4.1)

**Root Cause:** Don't Know. Soldiers had not reported or requested work orders to correct to control of water temperature. The WTU Cadre performing routine health and welfare inspection did not identify the problem prior to the inspection.

**Discussion:** The inspection team noted that no cold water was available in Bldg 3705 which houses 48 WT's. All faucets were providing hot water. An emergency maintenance request was submitted to DPW immediately correct the problem.

**Recommendation(s):** Train WTU Cadre to conduct routine health and welfare walkthrough inspections. Continue to train WT's on reporting procedures for maintenance and safety issues.

**Finding b.5:** Few PHU's had electrical outlets located in laundry rooms, outdoor HVAC utility rooms and building exteriors, which did not work properly. (Fort Hood)

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

**Root Cause:** Don't Know. Housing occupants were generally unaware that standard electrical receptacles did not function properly.

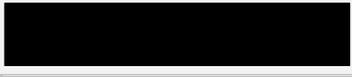
**Discussion:** Inspectors identified standard electrical receptacles which required replacement with Ground Fault Circuit Interrupter (GFCI) receptacles in 12 PHU's. During the Inspection, DPW submitted work orders to replace the receptacles which were located in laundry rooms, outdoor HVAC utility rooms, and building exteriors and the issue was resolved within 72 hours.

**Recommendation(s):** Brief all housing occupants on GFCI receptacles; advice housing occupants of work order procedure for replacement of standard electrical receptacles.

**Finding b.6:** Few UPH building's fire extinguisher did not have annual service completed. (Fort Gordon)

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





**Root Cause:** Won't Comply. This is a reoccurring deficiency noted in the FY 10 and FY 11 WT inspections.

**Discussion:** During the inspection, the Safety Officer identified fire extinguishers overdue for annual service. There are 252 WTs residing in the affected quarters.

**Recommendation(s):** WTU Safety Officer conduct monthly inspections of fire extinguishers to ensure annual services are conducted.

**Finding b.7:** Few PHU's had dirty HVAC filters which required immediate replacement. (Fort Hood)

**Standard:** Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel and DA Pam 420-1-1, Housing Management, dated March 2009.

**Root Cause:** Don't Know. The deficiencies were attributed to a lack of routine maintenance on the part of the occupant, mainly because they were unaware of the requirement or didn't know where the filters were located. This is a reoccurring deficiency noted in the FY 10 and FY 11 WT housing inspections.

**Discussion:** DA Pam 420-1-1, Housing Management, dated March 2009, states "Heating, ventilation, and air conditioning: All filters will be replaced at least twice each year, prior to air conditioning season." Local policies, for example Fort Hood Regulation 420-9, Energy Conversation Plan, Dated Oct 2007, states "Inspect filters at a minimum of once a month, replacing disposable filters at least every 90 days." Each housing occupant that was identified as needing their filter replacement was given several additional filters to have on-hand for future replacements as needed. The inspection team determined the failure to change dirty filters on a regular basis presents a risk for malfunction of HVAC.

**Recommendation(s):** Housing occupants inspect HVAC filters and replace as needed or at a maximum every 90 days.

**Finding b.8:** One UPH building did not have proper return air vents installed, or minimum temperature blocks emplaced on thermostats (Fort Sill).

**Standard:** Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.(B.1.9-10)

**Root Cause:** Don't Know. The building was inspected prior to Soldiers moving in, however; the issue was not identified as the building was initially inspected during the winter months when the condensation build-up was not evident.





**Discussion:** Fort Sill building 3704 was temporarily used to house WT until completion of the new WT housing facilities. The ventilation deficiency could lead to excessive condensation buildup and an environment favorable to the formation of mold. No mold was found, however; the 18 WTs residing in building 3704 at the time of the inspection have moved to the new WT housing complex building 2701.

**Recommendation(s):** WTU Leadership provides training on routine health and welfare walkthrough inspections as well as reporting procedures to WTU Cadre and WTs.

**Finding b.9:** A few trip/fall hazards were identified around the exterior of Ring Hall [Intercontinental Hotels Group (IHG) Lodging]. These hazards include pavement drop-off, tree root exposures, and excessive sand on the sidewalk area (Fort Gordon).

**Standards:** Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel (B.6.1) and OSHA 29 CFR part 1910, subpart D.

**Root Cause:** Don't Know (not aware of the standard)

**Discussion:** During the inspection, Safety Officers identified a number of trip/fall hazards around the exterior of the facility but mainly the sidewalks leading to the building from the parking area. The sidewalk area has been corrected; however, IHG plans to address the issues with the tree roots during upcoming renovations; time frame is undetermined. This will be at no cost to the government. There are 44 WT's currently residing in the affected building. The exposed tree roots did not affect sidewalks surrounding the building.

**Recommendation:** IHG submit work orders to DPW Roads and Grounds Division to address/correct 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 medical requirements 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.**

**Finding c.1:** Few WT requested special accommodation items to be installed such as hand rails, grab bars, and a ramp. (Fort Campbell)





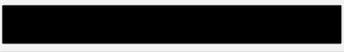
**Standard:** Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

**Root Cause:** Don't Know. The occupants never inquired about how to receive the items.

**Discussion:** During the inspection two Soldiers requested an additional hand rail be installed to help traverse the stairs in their home. Work orders were submitted during the inspection and completed within 72 hours.

**Recommendation(s):** WT Leadership visit quarters and assess the need for special accommodations in the future.





## Appendix 1 Directive



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

MCIG

31 JAN 2012

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

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

1. You will direct the Regional Medical Command (RMC) Inspector General (IG) to assess Warrior in Transition housing in the RMC's area of responsibility. This inspection will conclude no later than 1 September 2012.
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. RMC IG Teams, in coordination with Installation Management Command (IMCOM), are authorized to task staff members Inspectors General, assigned to Senior Commanders and IMCOM, and are to have unlimited access to army activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement.
4. You will provide me with a report at the conclusion of the inspection.
5. Point of contact is COL Ricardo A. Glenn, MEDCOM Inspector General, at [ricardo.glenn@amedd.army.mil](mailto:ricardo.glenn@amedd.army.mil) or MAJ Gerald C. Ross, Deputy Chief, Inspections Branch, at [gerald.rossiii@amedd.army.mil](mailto:gerald.rossiii@amedd.army.mil), at commercial (210) 221-6017 or DSN 471.

3 Encls

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





REPLY TO  
ATTENTION OF

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

FEB 8 2012

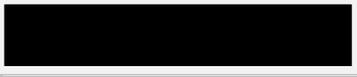
MCSR-CG

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

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

1. You are directed to oversee the inspection of Warrior in Transition housing in the SRMC area of responsibility IAW Public Law 110-181, Section 1662, 28 January 2008, National Defense Authorization Act of 2008.
2. The inspection will focus on the following objective: Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
3. You are authorized to task staff members, Inspectors General assigned to senior commanders, and 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. SRMC installation Inspections reports of WT Housing Facilities are required NLT 20 July 2012. 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 24 August 2012.
5. A copy of the consolidated report will be furnished to MEDCOM Inspectors General Office NLT 1 September 2012 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 Mr. Leroy Reynolds at [leroy.reynolds@us.army.mil](mailto:leroy.reynolds@us.army.mil) and Ms. Janelle Allen at [janelle.allen@us.army.mil](mailto:janelle.allen@us.army.mil), SRMC IG Office, DSN 429-8560 or Com (210) 916-8560.





## Appendix 2 Detailed Standards List



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

SEP 18, 2007

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

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

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

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

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

Timely implementation of these standards is a top Department priority.

Attachment:  
As stated





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"<sup>1</sup> or that are the "direct result of armed conflict"<sup>2</sup> 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.

<sup>1</sup>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.)

<sup>2</sup>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 personnel housing must be in good overall condition with no major problems with any of the building systems, ie., 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

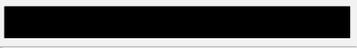
Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss 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.





#### Laundry Services and Equipment

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

#### Kitchens and Food service

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

#### Furnishings

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

#### Parking

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

#### Proximity to Outpatient Treatment Center and Other Services

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

### **9. INSPECTIONS**

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





**10. FEEDBACK AND UPDATES**

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

**11. IMPLEMENTATION**

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





### Appendix 3 References

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

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

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

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

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

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