



Final Report on the Special Inspection of Armed Forces
Housing Facilities of Recovering Service Members
Assigned to Warrior Transition Units



Pacific Regional Medical Command

16 - 28 July 2008



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Release of Inspector General Information

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Executive Summary

Background

On 28 Jan 08, Congress enacted Public Law 110-181, Sec 1662 (Appendix 5 References) which directed Regional Medical Command (RMC) Inspectors General (IGs) to inspect all quarters and housing facilities under the jurisdiction of the Armed Forces which are occupied by recovering service members on a semiannual basis for the first two years after the enactment of that Act and annually thereafter. It directed the first semiannual inspection to conclude 28 July 08. It also directed RMC IGs to “report on each inspection of a facility to the post commander at such facility, the commanding officer of the hospital affiliated with such facility, the surgeon general of the military department that operates such hospital, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees; and to post each such report on the Internet website of such regional medical command.”

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 USA MEDCOM RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided USA MEDCOM and IMCOM Inspectors General authority to task staff members and inspectors general assigned to senior commanders and IMCOM as well as “unlimited access to army activities, organizations, and all information sources [necessary] to ensure the successful and timely completion of the inspection requirement”.

On 16 July 08, The Surgeon General/Commander, USA MEDCOM directed RMC IGs to conduct the “Special Inspection of Armed Forces Housing Facilities of Recovering Service Members Assigned to Warrior Transition Units” and to report in accordance with the Public Law 110-181 (Appendix 6 References). The inspection focused on the following objectives:

- a. Inspect the physical conditions of recovering service members’ living quarters and barracks in accordance with uniform barracks and housing readiness standards.
- b. Inspect the housing and barracks requirements to determine compliance with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).



Scope

The six RMC IGs, leading a team of USAMEDCOM, IMCOM, and Senior Mission Command Inspectors General, augmented by subject matter experts, conducted the inspections in their respective regions. Forty-seven installations were visited throughout the continental United States and overseas.

Findings/Observations

In general, the inspection teams found recovering service members were assigned the best housing available that meets their special medical needs. Most recovering service members were pleased with the Warrior Transition Unit and garrison's team approach to addressing their housing concerns, the accessibility modifications made by Installation Management Command Directorate of Public Works and Residential Communities Initiative to on-post housing, as well as the community's involvement in improving the recovering service member's healing environment. Overall, barracks and housing maintenance teams were responsive and efficient in resolving issues once identified by the occupant. Most installations are aggressively seeking methods to improve quality of life by renovating existing facilities to meet the accessibility needs of a growing population of recovering service members with special medical needs. Renovations, modifications and design of new facilities takes into consideration lighting and color schemes for recovering service members experiencing Traumatic Brain Injury (TBI) or behavioral health issues associated with Post Traumatic Stress Disorder (PTSD). Therapeutic colors and fluorescent lighting are used when required. During the inspection, findings were quickly identified and are being addressed by the Warrior Transition Unit chain of command, in coordination with local installation representatives. All findings, observations, root causes, and recommendations made by the inspection teams follow:

Objective 1: Inspect the physical conditions of the recovering service members' living quarters and barracks in accordance with the uniform barracks and housing readiness standards.

Pacific Regional Medical Command

Observation 1.1: Recovering service members were housed in quarters and barracks which were in good physical condition, in accordance with uniform barracks and housing readiness standards.

Root Cause(s): Not applicable.





Recommendation(s):

- a. Recovering service member submit work orders for plumbing, stairwell doors, Heating, Ventilation, and Air Conditioning (HVAC) cleaning, fire extinguishers signs, and cabinets.
- b. Recovering service member turn in discharged fire extinguishers.
- c. DPW clean light fixtures.
- d. WTU chain of command continue to monitor.

Objective 2: Inspect the housing and barracks requirements to determine compliance with the Americans with Disabilities Act of 1990 (42 U.S.C 1201 et seq.).

Pacific Regional Medical Command

Observation 2.1: Recovering service members were housed in quarters and barracks which met their special medical needs in accordance with the ADA of 1990.

Root Cause(s): Not applicable

Recommendation(s):

- a. DPW give priority to occupants who submit work orders for fire safety issues.
- b. Inspection Team reassess work order recommendations at next inspection.
- c. WTU leadership continue to monitor medical and housing conditions.
- d. IMCOM provide guidance regarding the total number of ADA compliant units required in community housing.





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Chapter 1 Objectives and Methodology

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

a. Inspect the physical conditions of recovering service members' living quarters and barracks in accordance with uniform barracks and housing readiness standards.

b. Inspect the housing and barracks requirements to determine compliance with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101).

2. Inspection Team. Each of the six Regional Medical Command Inspectors General led a team consisting of Inspectors General, augmented by subject matter experts.

3. Methodology and Scope.

a. The inspection teams visited installations in their respective regions in which recovering service members assigned to Warrior in Transition Units were housed (Reference Appendix 3 Facilities Listing).

b. The inspection teams inspected the following types of recovering service member occupied facilities: DoD Owned Unaccompanied Personnel Housing, DoD Leased or Contracted Housing or Lodging, DoD/NAF Owned Lodging, DoD Owned Family Housing, and Privatized Family Housing. Assessment of Privatized Family Housing was conducted with the consent of occupant and Privatized Housing Management.

c. 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.

d. The inspection teams conducted interviews with Warrior Transition Unit members, privatized housing management officials, and garrison staff, as applicable to their area of responsibility.

4. Locations Visited: See Appendix 3 Facilities List.

5. Findings/Observation Format.

a. Where a violation of a published standard, policy, law or regulation existed, a Finding Statement was developed and was addressed in the following format:

Finding statement



Standard(s)
Root Cause
Discussion
Recommendation

b. Where there was no violation of a published standard, policy, law, or regulation, but an observation was made to improve current operations, an Observation Statement was developed and was addressed in the following format:

Observation statement
Standard(s), if applicable
Discussion
Recommendation

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

Few	1-25%
Some	26-50%
Majority	51-75%
Most	76-100%





Chapter 2 Good News

Pacific Regional Medical Command:

a. WTB command support and follow up exceeded expectations. All items, findings and requests for information were submitted to the RMC Inspector General within 60 days of the initial inspection. Continue to build habitual relationships with WTB, IMCOM, RMC and IG Activities.

b. Weekly Army Medical Action Plan meetings that included all elements of command; transitioned to monthly meetings. WTB developed a barracks and housing deficiencies spreadsheet that depicted findings to corrective action taken. This punch list eliminated guesswork and focused efforts towards specific and or systemic issues within the WTB.



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Chapter 3 Findings/Observations

Objective 1: Inspect the physical conditions of recovering service members' living quarters and barracks in accordance with uniform barracks and housing readiness standards.

Pacific Regional Medical Command

Observation 1.1: Recovering service members were housed in quarters and barracks which were in good physical condition, in accordance with uniform barracks and housing readiness standards.

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: WTU barracks were inspected on 8 July 08. Sixty (60) rooms were inspected and the following areas were assessed: assignment, over all condition, laundry, electronics, ADA compliance, and alcohol/medication observations. Findings indicated no overcrowding; overall condition of the barracks was good. The laundry facilities were fair and the electronic packages were good. ADA compliance was good, considering the population of the recovering service members. No alcohol was found during the inspection and one room had unsecured prescription medication.

Recommendation(s):

- a. Recovering service member submit work orders for plumbing, stairwell doors, HVAC cleaning, fire extinguishers signs, and cabinets.
- b. Recovering service member turn in discharged fire extinguishers.
- c. DPW clean light fixtures.
- d. WTU chain of command continue to monitor.



Objective 2: Inspect the housing and barracks requirements to determine compliance with the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. 12101 et seq.).

Pacific Regional Medical Command

Observation 2.1: Recovering service members were housed in quarters and barracks which met their special medical needs in accordance with the ADA of 1990.

Root Cause(s): Not applicable

Discussion:

Government leased housing was inspected from 9-10 July 08. Fifty four (54) units were visited throughout the island of Oahu and the following areas were assessed: over all condition, work order history, utilities, fire alarms, ADA compliance, and pests or rodent problems. The IG's assessment range was from poor to good, with the IG assessing the mode as good. The occupant range was from 0-10, with a mean of 7.5. Most tenants were satisfied with the response to work orders. Utilities to include plumbing, electrical, and HVAC were inspected. There were findings of slow drains, missing or broken lights, and no central A/C in the older units. The tenants were instructed to call in work orders promptly. No recovering service member units inspected required wheel chair access. Housing assignments were appropriate for the medical condition observed. The recovering service member population was not as severely disabled as some other RMCs. Also, IMCOM and PRMC were proactively involved during the command planning phase of the Army Medical Action Plan.

Recommendation(s):

- a. DPW give priority to occupants who submit work orders for fire safety issues.
- b. Inspection Team reassess work order recommendations at next inspection.
- c. WTU leadership continue to monitor medical and housing conditions.
- d. IMCOM provide guidance regarding the total number of ADA compliant units required in community housing.



[REDACTED]

Appendix 1 Directive



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

REPLY TO
ATTENTION OF

MCIG

16 JUL 2008

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL COMMANDS

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 January 2008, 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 Army Warrior Transition Units (enclosec).

2. Regional Medical Command (RMC) Inspectors General (IGs) will oversee the semiannual conduct of a general inspection of the facilities used to house recovering service members, and the adequacy of those facilities. The first inspection will be concluded NLT 28 July 2008.

3. The six RMC IGs will lead the inspection effort in each of their respective regions and oversee the conduct of the inspections within the command. In accordance with the Public Law, the Regional Medical Commands will compile and submit an overall report to the senior installation commander, the medical treatment facility commander, the Army Surgeon General, the Secretary of the Army, the Assistant Secretary of Defense for Health Affairs, and Congressional defense committees through the Office of Legislative Liaison. In addition, a copy of the report will be furnished to The Inspector General (ATTN: SAIG-ID).

4. Each RMC IG report will be posted on the Command's Web site, and a copy will be provided to this office at the conclusion of the inspection. The reports will specify the RMC only, and not name specific facilities, units, or other sources of information. A list of the facilities visited will appear in an appendix at the end of the report.

5. The RMC IGs will focus on the following objectives:

a. Inspect the physical conditions of recovering Soldiers' living quarters and barracks in accordance with uniform barracks and housing readiness standards.

b. Inspect the housing and barracks requirements to determine compliance with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

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Appendix 2 Detailed Standards List

Americans with Disabilities Act of 1990 (42 U.S.C.12101 et seq)

“SUBCHAPTER III - PUBLIC ACCOMMODATIONS AND SERVICES OPERATED BY PRIVATE ENTITIES, Sec. 12182.

Prohibition of discrimination by public accommodations:

(a) General rule. No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation.”



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"DoD Housing Inspection Standards for Medical Hold and Holdover Personnel"

SA



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

SEP 18 2007

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

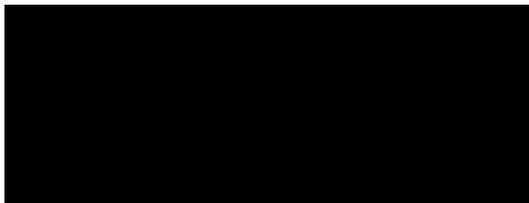
SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover
Personnel

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

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

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

Timely implementation of these standards is a top Department priority.



Attachment:
As stated

70912971



[REDACTED]

**HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER
PERSONNEL**

1. PURPOSE

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

2. GENERAL

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

3. APPLICABILITY

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

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

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

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



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

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

5. RESPONSIBILITIES

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

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

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





6. ASSIGNMENT

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

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

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

7. BASELINE STANDARDS

Condition

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

Kitchens

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





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 Facilities List

Pacific Regional Medical Command

Barracks	Facility	Installation
	BLDG # 2076	Schofiled Barracks, HI

Leased or Contracted Housing or Lodging	Facility	Installation
	N/A**	N/A**

DoD/NAF Owned Lodging	Facility	Installation
	Fisher House I	Tripler AMC
	Fisher House II	Tripler AMC
	Tripler Lodging	Tripler AMC

Family Housing	Total # Units Inspected/Total Units Occupied by WTs*
Privatized Family Housing	62/62
DoD Owned Family Housing	0/0

*WTs Warriors in Transition (Recovering Service-Members)

**N/A - Not Applicable



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Appendix 4 Acronym List

AMAP	Army Medical Action Plan
CFR	Code of Federal Regulations
DEPSECDEF	Deputy Secretary of Defense
DoD	Department of Defense
DPW	Directorate of Public Works
DRM	Department of Resource Management
HQDA	Headquarters, Department of the Army
HVAC	Heating, Ventilation, and Air Conditioning
IG	Inspector General
IMA	Installation Management Activity
IMCOM	Installation Management Command
MEDDAC	Medical Activity
MTF	Medical Treatment Facility
NAF	Non-Appropriated Fund
NDAA	National Defense Authorization Act
NMA	Non-medical Attendant
PRMC	Pacific Regional Medical Command
RCI	Residential Communities Initiative
RFI	Request for Information
RMC	Regional Medical Command
SFAC	Soldier Family Assistance Center
TIG	The Inspector General
USA MEDCOM	United States Army Medical Command
USC	United States Code
WT	Warrior in Transition
WTB	Warrior Transition Battalion
WTU	Warrior Transition Unit



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Appendix 5 References

ALARACT, 3 Jul 08, subject: Inspection of Armed Forces Facilities Used to House recovering Service Members Assigned to Army Warrior Transition Units

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



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ALARACT 162/2008

ALARACT 162/2008 (AMHS 2005 10.23.1.1)

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UNCLASSIFIED//
Subject: ALARACT 162/2008 Originator: ALARACT RELEASE AUTHORITY(UC) DTG: 031515Z Jul 08 Precedence: PRIORITY DAC: General To: AL ALARACT(UC), ALARACT

UNCLASSIFIED//

THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER ON BEHALF OF DA WASHINGTON DC//DASG-HCZ//DAMO-DASG//

THIS MESSAGE IS SENT ON BEHALF OF THE VICE CHIEF OF STAFF ARMY//

SUBJECT: INSPECTION OF MILITARY FACILITIES USED TO HOUSE RECOVERING SERVICE MEMBERS ASSIGNED TO ARMY WARRIOR TRANSITION UNITS

REF/NATIONAL DEFENSE AUTHORIZATION ACT 2008/PUBLIC LAW 110-181/ SECTION 1662/DTD 28 JAN 2008//

1. (U) THIS ALARACT MESSAGE DIRECTS THE U.S. ARMY MEDICAL COMMAND INSPECTORS GENERAL, IN COORDINATION WITH INSTALLATION MANAGEMENT COMMAND (IMCOM), TO OVERSEE THE SEMI-ANNUAL GENERAL INSPECTION OF ALL MILITARY FACILITIES USED TO HOUSE RECOVERING SERVICE MEMBERS ASSIGNED TO ARMY WARRIOR TRANSITION UNITS. THE FIRST INSPECTION OF ALL FACILITIES WILL BE CONDUCTED NLT 28 JUL 08. THEREAFTER, INSPECTIONS WILL BE CONDUCTED SEMI-ANNUALLY FOR A PERIOD OF TWO YEARS (28 JUL 10) AND ANNUALLY THEREAFTER.
2. (U) THE SIX RMC INSPECTORS GENERAL, IN COORDINATION WITH INSTALLATION MANAGEMENT (IMCOM) INSPECTORS GENERAL, WILL LEAD THE INSPECTION EFFORT IN EACH OF THEIR RESPECTIVE REGIONS AND WILL OVERSEE THE CONDUCT OF THE INSPECTIONS WITHIN EACH COMMAND. IN ACCORDANCE WITH PUBLIC LAW, REGIONAL MEDICAL COMMANDS WILL COMPILE AND SUBMIT AN OVERALL REPORT TO THE SENIOR INSTALLATION COMMANDER, THE MEDICAL TREATMENT FACILITY COMMANDER, THE ARMY SURGEON GENERAL, THE SECRETARY OF THE ARMY, THE ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS, AND CONGRESSIONAL DEFENSE COMMITTEES THROUGH THE OFFICE OF LEGISLATIVE LIAISON (OCLL). IN ADDITION, A COPY OF THE REPORT WILL BE FURNISHED TO THE INSPECTOR GENERAL (ATTN: DAIG-ID).
3. (U) FURTHER, EACH RMC IG REPORT WILL BE POSTED ON THE COMMAND'S WEB SITE. REPORTS WILL IDENTIFY THE RMC ONLY AND NOT NAME SPECIFIC FACILITIES, UNITS, OR OTHER SOURCES OF INFORMATION. A LIST OF THE FACILITIES VISITED WILL BE LISTED IN AN APPENDIX AT THE END OF THE REPORT.
4. (U) INSPECTIONS WILL FOCUS ON THE FOLLOWING OBJECTIVES:
 - 4.A. (U) INSPECT THE PHYSICAL CONDITIONS OF RECOVERING SOLDIERS' LIVING QUARTERS AND BARRACKS IN ACCORDANCE WITH UNIFORM BARRACKS AND HOUSING READINESS STANDARDS.
 - 4.B. (U) INSPECT THE HOUSING AND BARRACKS REQUIREMENTS TO DETERMINE COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1990 (42 U.S.C. 12101 ET SEQ.).
5. (U) RMC IG TEAMS, IN COORDINATION WITH IMCOM IG, 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.



<https://www.amhs.army.pentagon.mil/Amhs/messagePane.asp?id=201616&messageType=3...> 7/3/2008





7. (U) EXPIRATION DATE CANNOT BE DETERMINED




Public Law 110–181

Public Law 110–181 — Jan 28, 2008 122 Stat. 479 Sec. 1662. Access of Recovering Service Members to Adequate Outpatient Residential Facilities

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

(b) Inspector General Reports.—The Inspector General for each regional medical command shall—

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

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