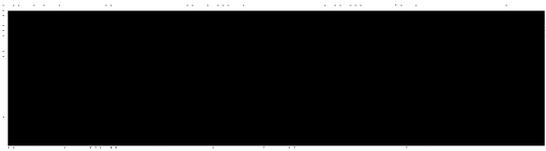


**PACIFIC REGIONAL MEDICAL COMMAND
INSPECTOR GENERAL**

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

8-17 December 2008





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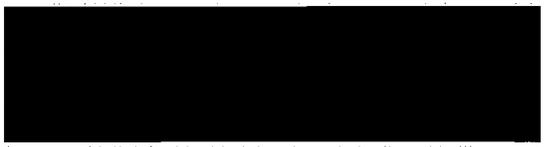




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Executive Summary

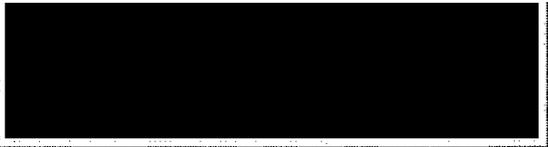
1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards to be used across the Department of Defense (DoD) for facilities housing Warriors in Transition (WT) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements, to include personnel with Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD) and stroke. On 28 January 2008, Public Law 110-181, Section 1662, *Access of Recovering Service Members to Adequate Outpatient Residential Facilities*, was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WT housing for the first two years and annually thereafter. The Pacific Regional Medical Command Inspector General (PRMC IG) led the team of PRMC inspectors to include subject matter experts (SMEs) in the areas of safety, TBI, PTSD and/or stroke. The results of this inspection will be provided to the post commander, the PRMC Commander, the US Army Medical Command (USA MEDCOM), the Secretary of the Army, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees. Finally, the final inspection report will be posted on the respective RMC Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 on 3 July 2008 to all US Army activities. This message directed USA MEDCOM RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided RMC IGs authorization to task staff members and IGs assigned to senior commanders and IMCOM as well as “unlimited access to U.S. Army activities, organizations, and all information sources necessary to complete the inspection.” The Commanding General, USA MEDCOM, 19 September 2008 memorandum directed Commanders of RMCs to issue a directive to their IGs to conduct the “Special Inspection of Facilities Used to House Recovering Service Members.” On 20 October 2008, the PRMC Commander issued the directive to PRMC IG to conduct and evaluate the standards of the facilities used to house WT at the RMC, Hawaii. On 8-9, 11, 15, 17, 24, 30 December 2008 and 6 January 2009, the PRMC IG inspection team completed its inspection of the WT Barracks, the government-owned or leased housing and lodging units, the Warrior Transition Unit (WTU) operations facilities, and Soldier and Family Assistance Centers (SFAC).

2. Purpose. The purpose of this inspection was to assess the condition and adequacy of facilities used to house recovering service members assigned to Warrior Transition Units.

3. Concept. The concept of this inspection was to determine the effectiveness of the Armed Forces Housing Facilities of Warriors in Transition (WT) Program using the baseline standards as outlined in DEPSECDEF 18 September 2007 memorandum in the proper housing of WT personnel and report on the adequacy of those facilities in the PRC and tenant units.

4. 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 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 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 Holdover Personnel.

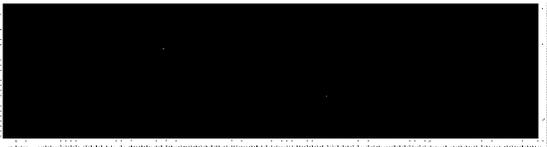
5. Special Interest Item. A few housing occupants were identified as having Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD) and/or stroke. All had appropriate housing. None complained of environmental conditions from housing adversely affecting their condition or recovery. One Warrior in Transition expressed appreciation for newer quarters being equipped with dimmers on the light.

6. Summary of Findings, Observations, and Recommendations. The inspection team inspected six different types of facilities with results of two findings and six observations. There were no WT personnel residing in Fisher Houses or Tripler Lodging.

a. Findings: The two findings were the result of fire safety issues. Portions of a fire alarm system were not functional and neither the WTB command, nor occupants, were aware of the ongoing maintenance. Some fire sprinkler heads were missing metal rings or were painted. Some smoke detectors/alarms were tampered with or not being maintained by occupants. A few fire extinguishers were not being maintained in accordance with standards. The fire alarm system was tested and repaired within two days.

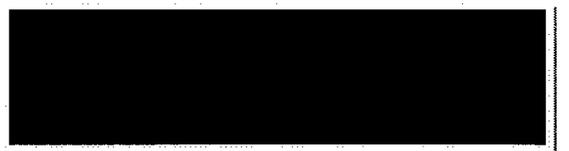
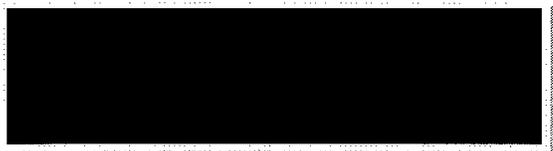
b. Observations: There were no findings relating to room or housing assignment of WT personnel in WTB barracks, government-owned or leased housing or lodging unit, and in privatized lodging units. There were three observations relating to the second inspection objective. Some maintenance work orders were not submitted in a timely manner. A few entries on the WTB personnel roster were inaccurate. A few rooms had prescription medications that could have been stored more securely and a barracks room had liquor. There were two observations relating to the third inspection objective. Not all latrines in WTB command facilities are ADA compliant. An automatic door opener did not function properly/reliably and two facilities were not equipped with automatic door openers.

c. Recommendations: Teaching and training was conducted throughout the inspection. The response to the fire alarm system issues was immediate and facilitated lasting relationship between all parties. The WTB command coordinate with the PRMC Safety Officer, Installation Command and the fire department to assess and correct the missing fire sprinkler hardware, painted fire sprinkler heads, smoke detector/alarm occupant maintenance and fire extinguisher checks. The WTB command initiate a move in/out checklist for barracks occupants and inspect the barracks periodically to facilitate the placement of timely work order requests and safeguard prescription medications. The WTB command scrub the housing roster. The WTB command post signs directing wounded warriors to ADA compliant latrines. The WTB command place a work order for the unreliable automatic door opener. Transient housing managers request automatic





door openers for their facilities. The WTB command reply to the Inspector General findings and observations within 60 days.





Chapter 1 - Objectives and Methodology

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

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 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 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 Holdover Personnel.

2. 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.

3. Inspection Team. The inspection team consisted of the PRMC Command IG, two PRMC Assistant IGs, the PRMC Safety Officer; a TBI, PTSD and stroke SME and members of the installation command.

4. Methodology.

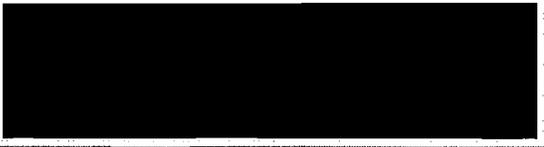
a. Observation. The PRMC inspection team coordinated with the Senior Mission Commander's Representative, MTF, garrison, WTB Commander and other pertinent staff members (e.g., DPW, Garrison Safety, 8th TSC). The inspection team also provided brief review of the inspection process, established rapport with key organizational staff, and made necessary adjustments to the itinerary based on issues identified by the command and by PRMC inspection team. The team visited WT quarters from six different facilities.

b. Document Review. The inspection team reviewed the following documents: Department of Public Works (DPW) work orders and lessons learned from the previous IG inspection.

c. Interviews. The inspection team conducted direct and telephonic (for personnel not at home) interviews with WT tenants of inspected facilities. Interviews sought to gain specific feedback on potential medication misuse in the barracks and overall housing satisfaction.

d. Surveys. Residents of government-owned or leased housing units were surveyed for overall satisfaction, such as, work order response and condition of their quarters.

5. Locations Visited. The inspection team visited the following facilities to determine compliance with DEPSECDEF Memorandum of 18 Sep 07:



Housing Location

- (1) Aliamanu Military Reservation (AMR)
- (2) Fort Shafter, HI
- (3) Helemano Military Reservation (HMR)
- (4) Navy Housing (Ford Island, Manana)
- (5) Schofield Barracks
- (6) Tripler Housing
- (7) Wheeler Army Air Field

6. Findings/Observation Format.

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

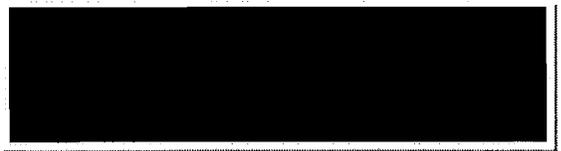
- Finding statement
- Standard(s)
- Root Cause
- Discussion
- Recommendation

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

- Observation statement
- Standard(s), if applicable
- Discussion
- Recommendation

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

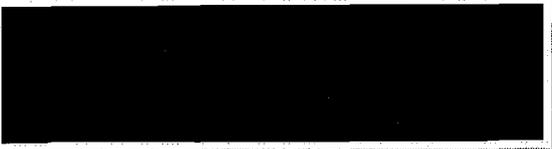
Few	1-25%
Some	26-50%
Majority	51-75%
Most	76-100%





Chapter 2 - Good News

1. The laundry facility for the barracks received 13 new dryers and 16 new washers that were handicap/ADA-friendly and currently under installation.
2. The SFAC planned to open its facility 24-hours a day upon completion with the renovation of the WT quarters within the SFAC facility (scheduled for Mar 09).





Chapter 3 - Findings and Observations

Objective 1: 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 Holdover Personnel.

Observation 1.1: There were no findings relating to room or housing assignments of WT personnel in WT barracks, government-owned or leased housing or lodging units, and in privatized lodging units (Fisher Houses).

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

Discussion: Housing assignments to barracks and government-owned or leased housing met established standards. There were no WT personnel in the DoD owned lodging. All facilities met the assignment standards and provided adequate services and amenities for WT personnel as outlined in DEPSECDEF 18 September 2007 memorandum.

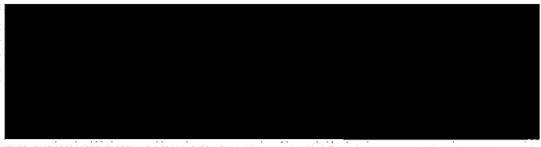
Recommendation: WTB maintain effective and appropriate housing assignments of WT personnel.

Objective 2: 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 Holdover Personnel.

Finding 2.1: One facility housing WTs contained a fire alarm system which was not fully operational.

Standards: Memorandum, Deputy Secretary of Defense, 18 Sep 07, subject: *DoD Housing Inspection Standards for Medical Hold and Holdover Personnel*. Department of Defense (DoD), Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, *Fire Protection Engineering for Facilities*, paragraph 1-1, states, "UFC establishes fire protection engineering policy and criteria for DoD components. The provisions of this UFC are applicable to all new and existing DoD facilities located on or outside of DoD installations, whether acquired or leased, by appropriated or non-appropriated funds, or third party financed and constructed. Facilities covered by this document include all types of buildings and their contents, structures, whether considered temporary or permanent, mobile and stationary equipment, waterfront facilities, outside storage, and shore protection for ships and aircraft." Additionally, the National Fire Protection Association (NFPA) 101, *Life Safety Code*, 2000 edition, paragraph 9.6.1.8, states, "Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service."

Root Cause: WTB and garrison personnel did not know that portions of the fire alarm system were inoperable.



Discussion: A utility room door and fire alarm cabinet doors were unsecured in the barracks. Portions of the fire alarm system including the smoke detector in the ventilation system and radio link were not operational. Other smoke detectors and the pull stations were operational and were capable of alerting occupants of a fire. The WTB Command and occupants of the building were unaware of the ongoing alarm maintenance. Members of the Installation Command, DPW and fire department responded immediately. The team tested the system and verified that the pull stations sounded the alarm. The ventilation alarm was functional by close of business and the radio link was repaired the following day. The utility room doors were tested and, though difficult, were able to be secured.

Recommendations: That the garrison, DPW and WTB effectively implement DoD UFC 3-600-01 and NFPA 101 and other local procedures in the proper handling and servicing of fire alarm system. To this end, introductions between all stakeholders were made, business cards were exchanged and teaching and training was conducted.

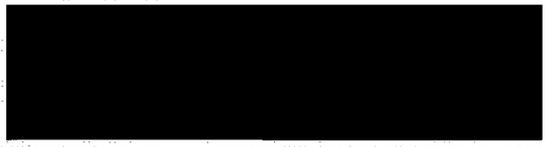
Finding 2.2: Some rooms had fire safety deficiencies including, missing or loose metallic fire sprinkler inserts and/or painted fire sprinkler heads. A few occupants had tampered with or failed to maintain smoke alarms/detectors.

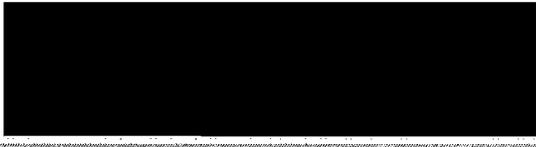
Standards: Memorandum, Deputy Secretary of Defense, 18 Sep 07, subject: *DoD Housing Inspection Standards for Medical Hold and Holdover Personnel*. DoD, Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, *Fire Protection Engineering for Facilities*, paragraph 1-3.1 and 1-3.1.1, state “Existing facilities must meet the requirements of NFPA 101, *Life Safety Code*, for existing occupancies. Additionally, NFPA 1, *Fire Code*, 2009 edition, *Fire Protection System*, paragraph 13.1.7 and 13.1.8 state “All fire protection systems and devices shall be maintained in a reliable operating condition and shall be replaced or repaired where defective or recalled” and “The Authority Having Jurisdiction (AHJ) shall be notified when any fire protection system is out of service and on restoration of service.”

Root Causes:

- a. WTB and garrison personnel did not know about painted or missing or loose hardware, fire alarms or cookware.
- b. Occupants were not complying with maintenance requirements or had disabled alarms.
- c. Ancillary personnel did not know of the requirement to check fire extinguishers.

Discussion: Fire sprinklers were painted in the barracks. Occupants have tampered with or failed to maintain the smoke alarm/detectors in the barracks and privatized family housing. A few rooms in the barracks had a toaster, rice cooker, hot plate or propane burner. Two fire extinguishers were missing, one did not fit the cabinet and one was missing its seal in an area under renovation in the barracks. No WT personnel were assigned to the renovation floor. Teaching and training were conducted.





Recommendations:

- a. Garrison, IMCOM and WTB personnel effectively implement DoD's UFC 3-600-01 and the NFPAs 1 and 101 in the proper care, maintenance and repair of sprinkler heads and smoke alarm detectors.
- b. The WTB coordinate corrective measures with the PRMC Safety Officer.
- c. The WTB correct the finding and report to PRMC IG in 60 days from the date of out-brief.
- d. Ancillary personnel check their fire extinguishers monthly.

Observation 2.1: Some maintenance work orders were not submitted in a timely manner.

Discussion: It is the responsibility of occupants to maintain their quarters, including calling in work orders in a timely manner. Overall, rooms in the barracks were not as clean as the previous inspection. Observations indicated that WT personnel were not adequately cleaning rooms prior to vacating them and Squad Leaders were not checking them. Evidence indicated that the WTB and garrison had addressed the findings and observations from the previous inspection. There were fewer comments during interviews regarding work order response time by community managers. Fewer WT personnel occupy older, legacy housing units. Overall satisfaction with privatized family housing was 8/10 and the team assessment mode was good.

Recommendations:

- a. WTB personnel conduct periodic room inspections to enhance readiness and availability of the rooms for incoming WT personnel.
- b. The garrison, IMCOM and WTB should enforce the barracks check-in and check-out checklist to enhance proper maintenance and housekeeping standards, IAW AR 420-1, *Army Facilities Management*, paragraph 3-19 and Figure 3-1.
- c. WTB personnel ensure recovering service members submit work orders in a timely manner.

Observation 2.2: A few entries on the WTB personnel roster were inaccurate.

Discussion: The WTB roster for the housing inspection omitted one housing unit. The WTB roster for the housing inspection had an inaccurate address. Interviews indicated that a Warrior in Transition and squad leaders had failed to report the change of address to the personnel division. WTB personnel were able to contact occupants telephonically in both instances.

Recommendations:





- a. WTB leadership visit recovering service members living in family housing periodically and coordinate with the chaplain, who also visits Warriors in Transition on a regular basis, to reconcile personnel housing data.
- b. WTB personnel inform the personnel division when they change quarters.

Observation 2.3: A few rooms had prescription medications that could have been stored more securely and a room had liquor.

Discussion: Medication lockboxes were being installed during the inspection. A few rooms were not yet equipped with lockboxes. Some occupants were not familiar with operation of the newly installed lock boxes. Training was conducted by WT personnel on-the-spot. A few occupants were not making full use of the lockboxes. Interviews with available barracks occupants were conducted regarding hoarding, selling or trading of medications. Five responded that they had no knowledge of such activity. One responded that he/she had heard of such things, but had no direct knowledge of it going on and could not provide any details. One room had a bottle of liquor.

Recommendation: WTB remain vigilant for proper storage and use of medications and alcohol by WT personnel.

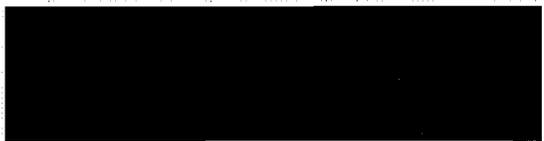
Objective 3: Assess compliance with the requirement to provide special accommodations and services to Warriors in Transition with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Observation 3.1: A few facilities did not have automatic door openers.

Discussion: Some DoD owned lodging facilities were not equipped with automatic door openers. Occupants of these two facilities are usually accompanied by nonmedical attendants and no warriors in transition were housed in these facilities during the inspection.

Recommendations: Have automatic door openers installed.

Special Interest Item. A few housing occupants were identified as having TBI, PTSD and/or stroke. All had appropriate housing. None complained of environmental conditions from housing adversely affecting their condition or recovery. One Warrior in Transition expressed appreciation for newer quarters being equipped with dimmers on the light





Appendix A – Directive



REPLY TO
ATTENTION OF

**DEPARTMENT OF THE ARMY
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
1 JARRETT WHITE ROAD
Tripler AMC, Hawaii 98859-5000**

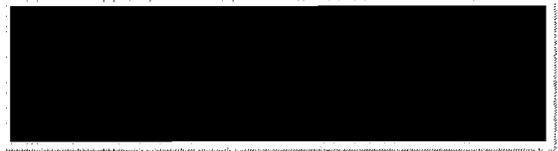
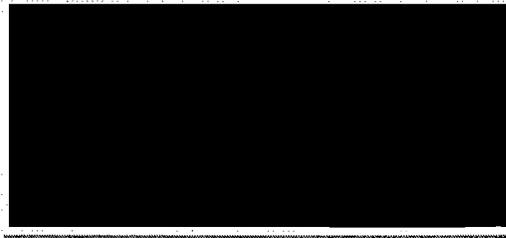
MCHK-CG

20 October 2008

MEMORANDUM FOR The Inspector General, Pacific Regional Medical Command

SUBJECT: Directive for Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition), 8-12 December 2008.

1. You are directed to evaluate the effectiveness of the Facilities Used to House Recovering Service Members (Warriors in Transition) Pacific Regional Medical Command IAW the National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 Jan 08.
2. Submit your report to me as soon as possible, but protect the rights of all persons involved and ensure the inspection is complete and accurate.



[REDACTED]

Appendix B - Detailed Standards List

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**

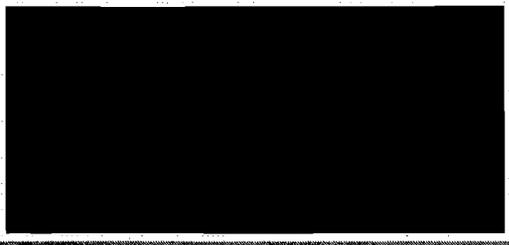
**SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover
Personnel**

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

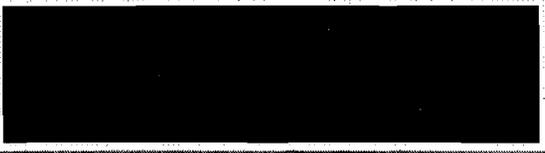
Effective immediately, the Military Services will provide housing for medical hold and holdover personnel in accordance with the attached standards. These standards address baseline accommodations and special features and services that may be required depending on a member's medical condition and treatment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





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).

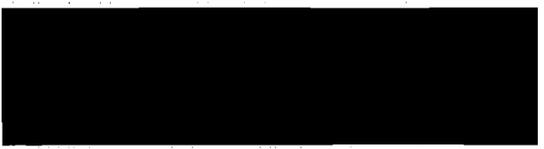
3. APPLICABILITY

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

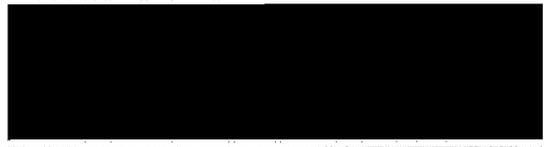
It is fitting that medical hold personnel who have "serious physical disabilities"¹ or that are the "direct result of armed conflict"² have *priority* for housing and certain services. While the minimum housing *standards* are the same for all medical hold personnel, DoD has a special obligation to provide 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.

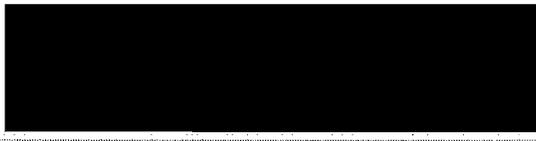
5. RESPONSIBILITIES

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

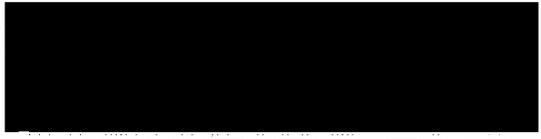
Condition

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 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

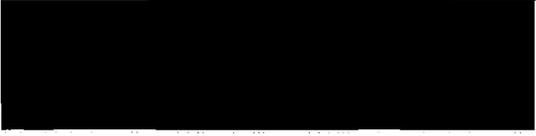
Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss 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 feed back should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

11. IMPLEMENTATION

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





Appendix B - Detailed Standards List

Department of Defense (DoD), Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, *Fire Protection Engineering for Facilities*, paragraph 1-1, states, “UFC establishes fire protection engineering policy and criteria for DoD components. The provisions of this UFC are applicable to all new and existing DoD facilities located on or outside of DoD installations, whether acquired or leased, by appropriated or non-appropriated funds, or third party financed and constructed. Facilities covered by this document include all types of buildings and their contents, structures, whether considered temporary or permanent, mobile and stationary equipment, waterfront facilities, outside storage, and shore protection for ships and aircraft.”

The National Fire Protection Association (NFPA) 101, *Life Safety Code*, 2000 edition, paragraph 9.6.1.8, states, “Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.”

FRAGO 27 to OPORD 7-55 states “Create an Alcohol-free zone around WTU billets/on-post lodging facilities to ensure that WT Soldiers do not consume alcohol within their barracks rooms. Commanders will ensure that their WT Soldiers acknowledge in writing that they understand the Alcohol-free policy. Violations of the prohibition will subject them to discipline under the UCMJ (General Order Number 1 for Warriors in Transition Units TBP).”

AR 420-1, *Army Facilities Management*, paragraph 3-19 and Figure 3-1. Under 10 USC 2775, as implemented in AR 735-5, a Soldier is liable to the United States for damage to any assigned housing and related equipment or furnishings, if the damage is caused by the Soldier’s abuse or negligence. The term “assigned housing” means both Family and unaccompanied personnel housing.



Appendix C – Acronym List

- ADA - American with Disabilities Act
- DPW - Department of Public Works
- DoD - Department of Defense
- GFCI - Ground Fault Circuit Interrupter
- IMCOM - Installation Management Command
- NFPA - National Fire Protection Association
- PRMC - Pacific Regional Medical Command
- PTSD - Post Traumatic Stress Disorder
- RMC - Regional Medical Command
- SFAC - Soldier and Family Assistance Center
- TBI - Traumatic Brain Injury
- UFC - Unified Facilities Criteria
- WT - Warrior in Transition
- WTB - Warrior Transition Battalion
- WTU - Warrior Transition Unit





Appendix D - References

1. Army Regulation 420-1, 12 February 2008, Army Facilities Management.
2. Department of Defense Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, *Fire Protection Engineering for Facilities*
3. Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
4. National Fire Protection Association (NFPA) 1, *Fire Code*, 2009 edition.
5. National Fire Protection Association (NFPA) 101, *Life Safety Code*, 2000 edition.
6. FRAGO 27 to OPORD 7-55.