



**PACIFIC REGIONAL MEDICAL COMMAND  
INSPECTOR GENERAL**

**First Annual Inspection of Facilities Used to House  
Warriors in Transition**

**12 - 16 July 2010**





[REDACTED]

**DEPARTMENT OF THE ARMY**  
PACIFIC REGIONAL MEDICAL COMMAND (PRMC)  
1 JARRETT WHITE ROAD  
TRIPLER AMC, HAWAII 96859-5000

MCHK-IG

27 August 2010

MEMORANDUM FOR PRMC Commander

SUBJECT: Final Report on the First Annual Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition)

1. Purpose. To obtain PRMC Commander's signature on the enclosed First Annual Inspection of Armed Forces Housing Facilities of Recovering Service Members.
2. Discussion. On 27 April 2010, the PRMC Commander directed the PRMC IG to conduct the "Annual Inspection of Facilities Used to House Recovering Service Members."
3. The inspection team identified four findings and four observations and made recommendations for corrective actions related to one objective. There was no special interest item requirement during this first annual inspection.
4. Summary of Findings. Warriors in Transition were assigned to rooms or housing units according to standards.
5. Recommendation. That the PRMC Commander:
  - a. Approve the final report.
  - b. Authorize its immediate release to The Surgeon General/Commander, USA MEDCOM and others listed on the PRMC CG's approval memorandum.

Encl  
As





[REDACTED]

**DEPARTMENT OF THE ARMY**  
PACIFIC REGIONAL MEDICAL COMMAND (PRMC)  
1 JARRETT WHITE ROAD  
TRIPLER AMC, HAWAII 96859-5000

MCHK-CG

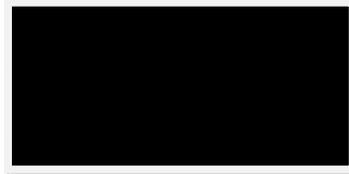
27 August 2010

MEMORANDUM FOR The Surgeon General/Commanding General, U.S. Army Medical Command

SUBJECT: First Annual Inspection of Facilities Used to House Warriors in Transition

1. I approve the findings, observations and recommendations in the enclosed Inspector General report on the "Inspection of Facilities Used to House Warriors in Transition", 12-16 July 2010.
2. Upon receipt of Department of the Army Inspector General and The Surgeon General/Commanding General USA MEDCOM concurrence, I authorize its immediate release to the organizations listed below and on the Pacific Regional Medical Command's internet web pages.

Encls  
as



CF: (w/encls)  
Congressional Defense Committees  
Assistant Secretary of Defense for Health Affairs  
Department of Defense Agencies  
Secretary of the Army  
Installation Management Command  
Office of The Surgeon General/Medical Command Staff



## **Release of Inspector General Information**

Dissemination, reproduction, and retention of Inspector General reports or extracts thereof is prohibited except as authorized by AR 20-1



## Table of Contents

<b>Executive Summary</b> .....	2
<b>Chapter 1 – Objective and Methodology</b> .....	4
<b>Chapter 2 – Good News</b> .....	6
<b>Chapter 3 – Findings and Observations</b> .....	7
<b>Appendix A – Inspection Directive</b> .....	11
<b>Appendix B – Detailed Standards List</b> .....	12
<b>Appendix C – Acronym List</b> .....	21
<b>Appendix D – References</b> .....	22





## Executive Summary

1. Background. The Deputy Secretary of Defense (DEPSECDEF) 18 September 2007 memorandum promulgated standards to be used across the Department of Defense (DoD) when inspecting housing facilities of Warriors in Transition (WT). These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law (PL) 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 annual inspection of all WT housing (after the first two years of semi-annual inspections). There was no special interest item requirement for this annual inspection. The Pacific Regional Medical Command Inspector General (PRMC IG) led the team of PRMC IGs to include a subject matter expert from PRMC Safety. The results of this inspection will be provided to the Congressional Defense Committees, the Assistant Secretary of Defense for Health Affairs, the Department of Defense Agencies, the Secretary of the Army, the Installation Management Command-Pacific (IMCOM-PAC), the Office of The Surgeon General (OTSG)/US Army Medical Command (USA MEDCOM), the Senior Commander, and the PRMC Commander. Finally, the final inspection report will be posted on the respective RMC Internet website. The Commanding General (CG), USA MEDCOM 13 November 2009 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 27 April 2010, the PRMC CG issued the directive to PRMC IG to conduct and evaluate the standards of the facilities used to house WT at the RMC, Hawaii. On 12-16 July 2010, the PRMC IG inspection team completed the first annual inspection of WT barracks, lodging facilities, and all the government-owned or leased housing units used by WT in Oahu.
2. Purpose. The purpose of this inspection is to accomplish the first annual inspection requirement of housing facilities used to house Warriors in Transition in accordance with (IAW) National Defense Authorization Act (NDAA) 2008, PL 110-181, Section 1662.
3. Concept. The concept of this inspection was to determine the effectiveness of the Armed Forces Housing Facilities for WT 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 PRMC and tenant units.
4. Objective. To determine if facilities used to house WTs are in compliance with the DEPSECDEF memorandum, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
5. Special Interest Item. None.
6. Summary of Findings, Observations, and Recommendations. The inspection team inspected three different types of facilities (barracks, lodging, government-owned housing/contracted or leased housing and privatized family housing or lodging) with results of four findings and five observations. There were no WT personnel residing in Fort Shafter and Schofield military lodging facilities.



a. Findings: There were four findings. One of the findings is related to few painted fire sprinkler head metal rings in the barracks. Another finding was related to few rooms with inoperable, tampered with, or missing smoke alarm detectors. One of the barracks had few inoperable fire extinguishers on the floors assigned to garrison to house Soldiers from a Brigade Combat Team in the Division. Few housing units had inoperable or faulty electrical receptacles. Ninety-one percent (91%) or 104 out of 114 WTs inspected housing units met the DoD housing standards and 10 of these units require some minor repairs in their room or housing unit in order to meet the DoD housing baseline standards.

b. Observations: There were four observations. Most of the minor discrepancies and observations were corrected on-the-spot or were fixed while this inspection was on-going. WTs in the barracks were utilizing the issued lock box in storing their prescribed medications. The work order in refitting the oversized refrigerators in each room is still open since the last two inspections. Most WT personnel in the barracks and housing units were highly satisfied with the repairs and response to their work orders.

c. Recommendations: The WTB leadership continue to reinforce the responsibilities to WT personnel by incorporating in their periodic weekly inspections and in their barracks in-processing and out-processing checklists. WTB continue to enforce through the squad leaders and other Responsible Management Officials (RMOs) the facilities' standards to ensure they understand the guidelines and what to look for when conducting the periodic/weekly inspection in a WT facility. WTB command continue to maintain its command and coordination relationship with Safety, IMCOM, DPW or Housing Office to assess and correct the painted fire sprinkler head metal rings, the inoperable or damaged smoke alarm detectors and other deficiencies in the barracks and housing units. The WTB command is directed to reply to the Inspector General findings and observations within 60 days from date of out-brief (NLT 16 September 2010).





## Chapter 1 - Objective and Methodology

1. Objective. To determine if facilities used to house WTs are in compliance with the DEPSECDEF memorandum, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

2. Inspection Team. The inspection team consisted of the PRMC Command IG, three PRMC Assistant IGs and the PRMC Safety Officer. The WTB's Command Sergeant Major and two vehicle/support personnel provided assistance to the inspection team.

3. Methodology.

a. Observation. The PRMC inspection team coordinated with the Senior Mission Commander, USAG-HI, WTB Commander and other pertinent staff members (e.g., Garrison, IMCOM, 8<sup>th</sup> TSC IG). There were 114 WT personnel residing in quarters from three different types of facilities (barracks, billeting, and government housing): sixty two (62) reside in WT barracks, three WT reside in lodging, and 49 WTs reside in government-owned or leased housing units.

b. Document Review. The inspection team reviewed open work orders from the last WT housing inspection and other WTB standard operating instructions.

c. Interviews. The inspection team conducted telephonic interviews with WT personnel that were not present or available within the lodging to gain feedback on work order response and overall housing satisfaction.

d. Surveys. WT personnel residing in lodging and in government-owned or leased housing units were surveyed for overall satisfaction, such as the general condition and work order response on their quarters. All WT personnel interviewed were familiar with the work order process and most have no housing issues. Few WTs have some current or on-going issues with work orders submitted for repair. Few WT personnel were not present during this inspection but most were able to respond telephonically with the survey. WT personnel surveyed that were residing in family housing and in lodging have an overall satisfaction with a *Mode* of 10 and a *Mean* of 8 (in a scale of 1 to 10 with 10 as the highest satisfaction of their home).

4. Locations Visited. The inspection team visited the following facilities to determine compliance with DEPSECDEF memorandum of 18 September 2007:

Housing Location

- (1) Aliamanu Military Reservation
- (2) Hawaii Navy Lodge on Ford Island
- (3) Helemano Military Reservation
- (4) Hickam Housing (WT was not available due to medical appointments and was relocating to newer housing on Hickam AFB within days)
- (5) Manana Marine Corps Housing Area
- (6) Pearl City Peninsula



- (7) Pearl Harbor
- (8) Schofield Barracks
- (9) Tripler Housing and Tripler Army Medical Center Fisher Houses
- (10) Wheeler Army Air Field

5. Finding/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

6. In the report, quantitative 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	76-99%
All	100%





## Chapter 2 - Good News

1. Significant improvement in WTB Work Order response time from the Garrison or DPW.
2. Survey showed all WT expressed knowledge of the work order process.
3. Survey showed 47 out of 49 (WT(s) residing in housing expressed positive feedback for Housing Office work order response which represented 9 out 10 installations visited.
4. The leadership implemented scheduled training for (5) Repair and Utilities (R&U) representatives thereby enhancing immediate or routine response to Soldier's need.
5. Bldg 692 Internet installation completed and fully operational.
6. Established and posted bus schedule for all WTs residing in the barracks.



[REDACTED]

## Chapter 3 - Findings and Observations

**Objective 1: To determine if facilities used to house WTs are in compliance with the DEPSECDEF memorandum, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.**

**Finding 1.1:** Five rooms or 3% of the barracks 164 rooms that were inspected did not meet the fire safety standard due to painted fire sprinkler head metal rings (escutcheons).

**Standards:** National Fire Protection Association (NFPA) 13-28, *Installation of Sprinkler Systems*, 2007 edition, Chapter 6, paragraph 6.2.7.2 states “Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly.”

**Root Cause:** Sprinkler head metal rings are mistakenly painted during repair by maintenance workers.

**Discussion:** IMCOM, DPW and WTB personnel should enforce the standards and the quality of work by the agency responsible in correcting this systemic deficiency.

**Recommendations:**

a. Garrison, DPW, IMCOM and WTB personnel should ensure that the fire sprinkler system in the barracks meet the fire safety standards and are fully operational at all times, to include the fire sprinkler system in vacant rooms.

b. Reinforced to squad leaders and other WTB RMOs to conduct periodic checks and promptly report, validate and correct the deficiencies. WTB correct the finding and report to PRMC IG in 60 days from the date of out-brief.

**Finding 1.2:** Two rooms or 1% out of 164 rooms in the barracks and two housing units have missing or faulty smoke alarm detectors.

**Standards:** NFPA 72-92, *National Fire Alarm Code*, 2007 edition, Chapter 10, paragraph 10.2.2.1 states that “The property or building owner or the owner’s designated representative shall be responsible for inspection, testing, and maintenance of the system and for alterations or additions to this system.” Additionally, DoD UFC 3-600-01, paragraph 1-3.1, states “Existing facilities must meet the requirement of NFPA 101, *Life Safety Code*, for existing occupancies.”

**Root Cause:** Resident WT personnel, squad leaders or other Responsible Management Officials (RMOs) failed to identify, report, and submit work orders on defective or inoperable smoke alarm detectors.

**Discussion:** The work order remains open on one of the smoke alarm detectors that were chirping even though a new battery was installed.



**Recommendations:**

a. WTB personnel (e.g., squad leaders, first sergeants, others) should consistently enforce the standards in the proper maintenance and prompt reporting of inoperable smoke alarm detectors.

b. Squad leaders, first sergeants and other WTB RMOs incorporate in their weekly inspection and in their barracks in-processing and out-processing checklists the standards and prompt reporting and follow-up of defective or faulty smoke alarms. WTB correct the finding and report to PRMC IG in 60 days from the date of out-brief.

**Finding 1.3:** Three housing units or 6% out of 49 housing units have broken, inoperable or faulty electrical receptacles.

**Standards:** The 29 Code of Federal Regulation, Chapter 17 (7-1-04 Edition) paragraph 1910.303 states that “(b) Examination, installation, and use of equipment-(1) Examination. Electrical equipment shall be free from recognized hazards that are likely to cause death or serious physical harm to employees. Additionally, DoD UFC 3-600-01, paragraph 1-3.1, states “Existing facilities must meet the requirement of NFPA 101, *Life Safety Code*, for existing occupancies.”

**Root Cause:** Resident WT personnel failed to identify the electrical hazard within their unit.

**Discussion:** Residents must remain aware of electrical hazards from broken, inoperable or faulty electrical receptacles.

**Recommendation:** Resident WT personnel promptly submit work orders for repair. WTB correct the finding and report to PRMC IG in 60 days from the date of out-brief.

**Finding 1.4:** The integrity of the fire extinguishers in one of the barracks’ 4<sup>th</sup> and 5<sup>th</sup> floors had been compromised and vandalized.

**Standards:** NFPA 10, Chapter 7.2.3 Corrective Action – “When an inspection of any fire extinguisher reveals a deficiency in any of the conditions listed in 7.2.2 immediate corrective actions shall be taken.” Paragraph 7.2.2, Section 7.2.2.2 includes: “(2) checking for broken or missing safety seals and tamper indicators, (3) examination for obvious physical damage, corrosion, leakage, or clogged nozzle.”

**Root Cause:** Abuse and vandalism from residents within the building and lack of leadership, supervision, and/or presence from the transient residents/units.

**Discussion:** WTB is responsible in one of the barracks’ for the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floors while the 4<sup>th</sup> and 5<sup>th</sup> floors are under the management of Garrison in overseeing the facility’s standard. These two floors are not assigned to the WTB; a Brigade Combat Team from 25<sup>th</sup> ID resides on those floors. The Brigade Combat Team had recently deployed and the Rear Detachment was working with the garrison to correct deficiencies. The RMOs (e.g., Garrison, IMCOM, DPW





and WTB) have been working on the work orders to resolve the current problems on the 4<sup>th</sup> and 5<sup>th</sup> floors including the inspection of fire extinguishers and the restoration of 'Fire Extinguisher' signs that were covered with paint which may negatively impact the safety of WTs residing on the lower floors of the building.

**Recommendations:**

- a. Have DPW or Fire Department check all the fire extinguishers and restore or remove paint in all 'Fire Extinguisher' signs.
- b. WTB leadership proactively engage with future transient units' leadership to improve and provide oversight or supervision with their personnel while being temporarily housed in WTB barracks.
- c. WTB extend a collaborative effort with transient unit's leadership with personnel residing on other floors of WTB barracks. WTB provide teaching and training to other units to be familiar with the proper care and maintenance of fire extinguishers, fire sprinkler system and other safety or security requirements for WT buildings/barracks.

**Observation 1.1:** Few housing units require minor repairs.

**Discussion:** Few homes (5 or 10% out of 49 homes) were noted with minor problems. The following minor discrepancies were noted in housing units: paint peeling off the wall, one unit with inoperable dryer, one unit with recalled dish washing machine, three units with dirty air vents, two units with tall grass in the backyard, two homes with grass growing in roof gutter, and three units with damaged screens.

**Recommendations:**

- a. Ensure WT residents submit or follow-up with work orders.
- b. WT residents seek assistance from WTB RMOs to ensure their concerns within the barracks or housing are resolved.

**Observation 1.2:** All barracks and most government-owned or leased housing units provided adequate accommodations for WT resident personnel.

**Discussion:** Two WT personnel residing in two-story housing unit expressed interest in relocating to a one-story house due to their recent or upcoming medical surgery and recent reassignment to the WTB.

**Recommendation:** WTB leadership and Housing Office personnel provide assistance to WTs with processing their request to relocate to a single story home commensurate with the Soldier's current medical condition. Residents stated they were newly assigned to the WTB and did not previously inform their chain of command or the Housing Office about their desire to relocate.





**Observation 1.3:** Numerous hairline/stress cracks exist in interior and exterior walls of rooms and hallways in one of the barracks.

**Discussion:** Repair work began same-day once deficiency was identified by the inspection team. Repair is on-going in patching/fixing the hairline/stress cracks in the barracks.

**Recommendation:** Garrison, IMCOM and WTB RMOs remain vigilant and continue to inspect and identify any structural deficiencies for repair.

**Observation 1.5:** The work order to refit the oversized refrigerators in each room in the barracks has remained open since it was noted during the last two WT housing inspections.

**Discussion:** This issue has been previously identified and discussed with the USAG-HI, DPW, Housing Office and WTB during the last two WT inspections.

**Recommendation:** Garrison, DPW, IMCOM and WTB reassess the priority of the work order.

**Special Interest Item.** None.



[REDACTED]

**Appendix A – Directive**



**DEPARTMENT OF THE ARMY**  
PACIFIC REGIONAL MEDICAL COMMAND (PRMC)  
1 JARRETT WHITE ROAD  
TRIPLER AMC, HAWAII 96859-5000

MCHK-CG

27 April 2010

MEMORANDUM FOR The Inspector General, Pacific Regional Medical Command

SUBJECT: Directive for Annual Inspection of Armed Forces Housing Facilities of Warriors in Transition, 12-16 July 2010, IAW National Defense Authorization Act 2008, Public Law 110-181, Section 1662 dated 28 January 2008

1. You are directed to evaluate the effectiveness of the Armed Forces Housing Facilities of Warriors in Transition in the Pacific Regional Medical Command, Oahu, Hawaii.
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]

[REDACTED]

[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 (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"<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 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 (Continued)

Army Regulation (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.

Code of Federal Regulation 29, Chapter 17 (7-1-04 Edition), paragraph 1910.303, *General Requirements*.

Department of Defense (DoD), Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, *Fire Protection Engineering for Facilities*, paragraph 1-3.1, states "Existing facilities must meet the requirement of NFPA 101, *Life Safety Code*, for existing occupancies."

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

National Fire Protection Association (NFPA) 10, Chapter 7.2.3 *Corrective Action* – "When an inspection of any fire extinguisher reveals a deficiency in any of the conditions listed in 7.2.2 immediate corrective actions shall be taken." Paragraph 7.2.2, Section 7.2.2.2 includes: "(2) checking for broken or missing safety seals and tamper indicators, (3) examination for obvious physical damage, corrosion, leakage, or clogged nozzle."

NFPA 13-28, *Installation of Sprinkler Systems*, 2007 edition, paragraph 6.2.7.2, states, "Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly."

NFPA 72-92, *National Fire Alarm Code*, 2007 edition, paragraph 10.2.2.1, states, "The property or building owner or the owner's designated representative shall be responsible for inspection, testing, and maintenance of the system and for alterations or additions to this system."



## Appendix C – Acronym List

ADA	-	American with Disabilities Act
CG	-	Commanding General
DoD	-	Department of Defense
DPW	-	Department of Public Works
NFPA	-	National Fire Protection Association
PRMC	-	Pacific Regional Medical Command
RMC	-	Regional Medical Command
RMO	-	Responsible Management Official
SC	-	Senior Commander
TAMC	-	Tripler Army Medical Center
TSC	-	Theater Sustainment Command
UFC	-	Unified Facilities Criteria
WAC	-	Warrior Assistance Center
WT	-	Warriors in Transition
WTB	-	Warrior Transition Battalion
WTU	-	Warrior Transition Unit



## Appendix D – 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.

Code of Federal Regulation 29, Chapter 17 (7-1-04 Edition), paragraph 1910.303, *General Requirements.*

Department of Defense Unified Facilities Criteria (UFC) 3-600-01, 26 Sep 06, *Fire Protection Engineering for Facilities.*

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.*

National Fire Protection Association (NFPA) 13-28, *Installation of Sprinkler Systems*, 2007 edition.

NFPA 72-92, *National Fire Alarm Code*, 2007 edition.