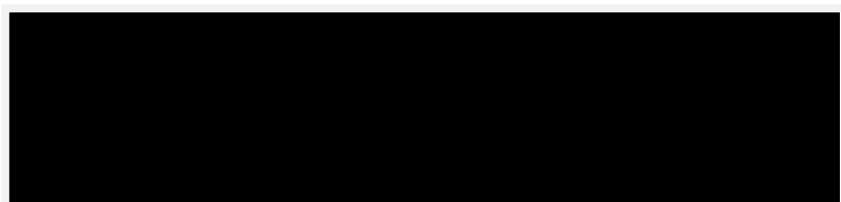




**PACIFIC REGIONAL MEDICAL COMMAND  
INSPECTOR GENERAL**

**Fiscal Year 2012 Third Annual Inspection of Facilities Used to House  
Soldiers in Transition**

**Inspection Dates: 23 – 31 July 2012**







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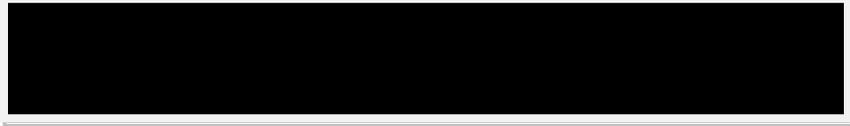
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## Executive Summary

1. Background. 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 Soldiers in Transition (STs) housing. The Deputy Secretary of Defense (DEPSECDEF) 18 September 2007 memorandum provided the baseline standards to be used across the Department of Defense (DoD) when inspecting ST housing facilities. The standards focus in the areas of assignment, baseline accommodations, and special medical requirements. 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 DoD 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 extranet website. The Commanding General (CG), USA MEDCOM 31 January 2012 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 8 May 2012, the PRMC CG issued an inspection directive which included the third annual inspection of ST housing facilities at the RMC, Hawaii. On 23 - 31 July 2012, the PRMC IG inspection team completed the third annual inspection of ST barracks and all the government-owned/leased housing units on Oahu.

2. Purpose. The purpose of this inspection is to accomplish the annual inspection requirement of housing facilities used to house Soldiers in Transition (ST) 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 ST using the baseline standards as outlined in DEPSECDEF 18 September 2007 memorandum in the proper housing of ST personnel and report on the adequacy of those facilities in the PRMC and tenant units.

4. Objective. To determine if facilities used to house Soldiers in Transition are in compliance with the DEPSECDEF memorandum, 18 September 2007, 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 two different types of facilities (barracks and government-owned housing/contracted or leased housing) with five findings and six observations overall. There were no ST personnel residing in government-owned lodging facilities (e.g., Fisher House, Army Lodging) and seventy five (75) STs living in private homes did not consent for this housing inspection.



a. Findings: The five findings include: three in the barracks and two findings apply to both the barracks and housing units (smoke alarms and broken electrical outlet plate covers). One of the findings in the barracks involved the faulty mechanical door in one of the elevators (has been corrected). Another finding was related to inoperable smoke alarm detectors in few of the rooms in the barracks and two in government housing units, respectively. The third finding was related to unsecured controlled medications by 13 STs living in the barracks. The fourth finding was the presence of two unserviceable fire extinguishers in the WTB laundry facility. The fifth and last finding was the damaged, broken, or missing electrical/master outlet plate covers, both in the barracks and government housing units. Most of the inspected barracks and housing units met the DoD housing standards and only few of the barracks rooms or housing units require minor repairs. The overall estimated repair costs: \$1,103.00 for the barracks and \$101.00 for housing units, respectively.

b. Observations: Most of the minor discrepancies and observations have been corrected or have open work orders prior to this inspection. Residents living in the barracks and government housing were familiar with the work order process to include follow-up of work orders through their squad leaders, platoon leaders, or housing representatives. Most ST personnel living both in the barracks and housing units were highly satisfied with the repairs and response to their work orders and the overall condition of their living quarters.

c. Recommendations:

(1) WTB leadership, particularly the squad/platoon leaders, ST Duty NCO, or Ombudsmen closely assess, assist, or educate Soldiers with the condition and responsibilities in maintaining their room or government housing unit.

(2) Sustain open lines of communications across the command. WTB leadership sustains the collaborative relationships with Safety, Garrison, IMCOM, Department of Public Works (DPW), Housing Office, and other agencies.

(3) Furthermore, WTB command should sustain and continue to reinforce the responsibilities to ST personnel by effectively implementing the barracks' room and the in/out-processing checklists for STs.

(4) Provide routine reminder or situational awareness for STs in maintaining a safe and hazard-free living environment (e.g., identifying broken/missing electrical outlets, water leaks, etc.).

(5) The WTB command is directed to reply to the PRMC Inspector General findings and observations within 30 days from date of out-brief (NLT 28 September 2012).





## Chapter 1 - Objective and Methodology

1. Objective. To determine if facilities used to house STs are in compliance with the DEPSECDEF memorandum, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

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

3. Methodology.

a. Observation. The PRMC inspection team coordinated with the Senior Commander, USAG-HI, WTB Commander and other pertinent staff members (e.g., USARPAC IG, Garrison, IMCOM). Out of 170 grand total STs, sixty seven (67) STs reside in the barracks, 28 STs reside in government-owned or leased housing units (one ST was off-island for treatment), and 75 STs reside in private homes who did not consent for this housing inspection.

b. Document Review. The inspection team reviewed 13 open work orders from the last ST housing inspection. The inspection team also reviewed the current WTB SOP, "*WTB Policy #4: Barracks Policy.*"

c. Interviews. The inspection team conducted on-site interviews, including telephonic interviews with few ST personnel on leave or absent during the inspection, to gain feedback on work order response and overall housing satisfaction.

d. Surveys. ST personnel residing in the barracks and government-owned or leased housing units have higher satisfaction with the general condition and work order response for their quarters. Most ST personnel were familiar with the work order repair/process. ST personnel residing in government housing units have an overall satisfaction with a *Mode* of 10 and a *Mean* of 9 (in a scale of 1 to 10 with 10 as the highest satisfaction of their home).

e. Sensing Session. One Sensing Session was offered to all STs residing in the barracks. Feedback from the Soldiers were provided to WTB leadership for situational awareness which include: installation of water fountain on every floor, access to Soldier Family Assistance Center (SFAC) pool table after duty hours, use of rice cooker in the room, timely repair of clothes washers, allow ST to lock their belongings in their closet, cleaning supplies not readily available, multiple cadre/squad leaders access to individual ST room, cadre openly discussing Soldier's condition, perception by allowing Soldiers' to drive after taking medications, and possible compromise of personally identifiable information being disposed in nearby dumpster.

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

Housing Location

- (1) Aliamanu Military Reservation
- (2) Helemano Military Reservation
- (3) Manana Housing (Marine Corps Base Housing – Pearl City Peninsula)
- (4) Schofield Barracks
- (5) 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%



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**Chapter 2 - Good News**

1. Sustain the routine trimming of shrubs around the barracks, particularly in the fire hydrant standpipes.
2. Sustain the cleanliness and sanitation within the barracks to include the laundry facility.
3. Sustain the cooperative and collaborative relationship between WTB and other support agencies (e.g., Garrison, DPW, IMCOM, others).





### Chapter 3 - Findings and Observations

**Objective 1: To determine if facilities used to house STs are in compliance with the DEPSECDEF memorandum, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.**

**Finding 1.1:** One of the elevators in Building 2076 (located close to Fire Department Building), its door was not automatically retracting or nudging when opened and posed a safety hazard.

**Standard:** DoD Unified Facilities Criteria 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:** Don’t Know.

**Discussion:** Residents, squad leaders, or other WTB Responsible Management Officials failed to identify, report, and submit work order with the problem in one of the elevators in the barracks. However, work order for repair was immediately submitted during the inspection. Corrective action has been completed and has been validated by PRMC Safety Officer.

**Recommendations:**

a. Follow-up with work orders and ensures compliance with the elevators’ periodic maintenance requirement.

b. Sustain WTB’s collaborative relations with Garrison, DPW, and IMCOM thereby, building cooperation and timely response to work orders/repairs.

**Finding 1.2:** Six (6) rooms in the barracks and two government housing units have missing or faulty smoke alarm detectors (Barracks: 1-missing/4 with no battery; Housing: 2 chirping/missing battery).

**Standard:** 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.”

**Root Cause:** Don’t Know.

**Discussion:** Few Soldiers were not familiar with the proper maintenance of smoke alarm detectors.

**Recommendation:** Advise Soldiers to comply with applicable fire safety standard or to contact their Safety Officer, squad/platoon leader, or ST Duty NCO for familiarity, replacement, or questions regarding smoke alarm detectors.



**Finding 1.3:** Thirteen (13) separate rooms in the barracks have unsecured controlled medications.

**Standard:** WTB Policy #4, paragraph 4.e.(3) states that “Secure all non-temperature controlled prescription medications within the medicine safes located behind each room door at all times.”

**Root Cause:** Don’t Know; Can’t Comply.

**Discussion:** Most Soldiers with prescribed controlled medications were not using their issued lock box to secure the medications. Three out of 13 rooms have no lockboxes. Every single ST living in the barracks has his or her assigned room key thereby preventing other STs access to their medications and other valuables.

**Recommendations:**

a. WTB leadership should continually remind Soldiers to ensure compliance with WTB Policy #4 with emphasis in the proper storage/security of controlled medications.

b. Revise current WTB policy relating to medications with emphasis in securing “all prescription medications that are non-temperature sensitive inside the lock box located behind each room door at all times.”

**Finding 1.4:** Two unserviceable fire extinguishers were left in the WTB barracks laundry facility (corrected).

**Standard:** 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.”

**Root Cause:** Don’t Know.

**Discussion:** The barracks ST Duty NCO or other WTB personnel should be aware with the guidelines/requirements in the proper disposition of unserviceable or used fire extinguishers. The unserviceable fire extinguishers have been removed from the WTB laundry facility.

**Recommendations:**

a. Remove or properly label unserviceable fire extinguishers to avoid confusion with residents which fire extinguishers are operational.

b. Encourage STs to contact their ST Safety Officer or report to their ST Duty NCO for guidance in the proper disposition of unserviceable fire extinguishers.

**Finding 1.5:** Two rooms in the barracks and six government housing units have broken or missing electrical outlet plates/master outlet covers, and light bulbs resulting in exposure of live electrical circuit.





**Standard:** 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.”

**Root Cause:** Don’t Know.

**Discussion:** ST residents failed to identify the electrical hazard posed by broken or missing electrical outlet covers or light bulbs.

**Recommendations:**

- a. Periodically remind and keep ST residents aware with this type of electrical hazards.
- b. Temporarily cover broken receptacles with electrical tapes to prevent hazards to children or other residents within the housing unit while awaiting completion of work order(s).

**Observation 1.1:** Few rooms and areas in the barracks require repair or follow-up to residents by squad/platoon leaders or by WTB management.

**Discussion:** One fire extinguisher cabinet handle broken, one room with broken microwave, one room with door bell detached/hanging down the wall, one room with burned out light in the bath sink, two rooms and a barrack’s hallway with damaged walls, two rooms with closet rack loose attachment from the wall, one room with detached bath sink door, and one room with detached closet mirror and broken lampshade cover.

**Recommendation:** Sustain in educating and encouraging ST residents in submitting timely work orders or by reporting deficiencies to their squad leaders, ST NCO on-duty, or to WTB leadership.

**Observation 1.2:** Leaves, debris, and other hazardous materials were noted around the barracks.

**Discussion:** One of the barracks has propane tanks stored in the side of the building; two barracks with bird’s nest, plants growing in the rain gutters; and one barracks with leaves/debris around the building.

**Recommendation:** WTB leadership follow-up with Garrison, DPW, or IMCOM regarding these issues.

**Observation 1.3:** Few Soldiers stored large amount of cash inside their desk drawers.

**Discussion:** Soldiers were allowed to keep large sum of cash in their possession.





**Recommendation:** Squad leaders and WTB leadership remind ST personnel in ensuring that they secure their cash and limit the amount on their possession for security reason.

**Observation 1.4:** One Soldier has a large knife (over four inches long) displayed or attached on the award plaque.

**Discussion:** Soldier may not be familiar with the WTB policy regarding the authorized length of knife allowed in ST room/barracks, particularly that the knife was attached to the plaque.

**Recommendations:**

a. Squad leaders and WTB leadership remind ST personnel with the WTB policy regarding the authorized size of knives or other items allowed in their room.

b. Provide storage to STs with unauthorized items in their possession along with proper accountability of the items.

**Observation 1.5:** Few government housing units/homes require work orders for minor repair or replacement.

**Discussion:** Most ST residents reside in new government housing units. However, the following minor discrepancies were noted: one unit with detached air-conditioning hose unit from the house and require reseal/recaulking on the wall; one unit with damaged floor tiles and carpet; one unit with damaged air-conditioning vent; two units with minor water leaks underneath the kitchen and bath sink, respectively; one unit with bath sink door hinges loose; one unit with outside wall light--loose attachment from wall; one unit with vertical rain gutter damaged; two units with missing kitchen grease traps/filters; and one unit with cracked or damaged trash bin.

**Recommendation:** Remind residents to submit work order or conduct follow-up (for existing work orders) based on these observations.

**Observation 1.6:** Three government housing units/homes with lint/debris in the back of dryer machine.

**Discussion:** Fire hazard could be attributed to clutter or presence of lint or debris in the back of dryer machines.

**Recommendation:** Squad leaders or WTB leadership should periodically remind residents to routinely clean the back area of the dryer machine for possible fire hazard from lints/debris.

**Special Interest Item.** None.





**Appendix A – Directive**



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

MCPR-CG

8 May 2012

MEMORANDUM FOR The Inspector General, Pacific Regional Medical Command

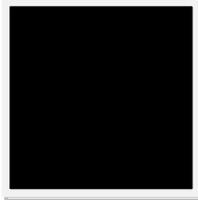
SUBJECT: Directive for the Fiscal Year 2012 Special Inspection of Armed Forces Housing Facilities of Warriors in Transition, 30 July – 6 August 2012

1. You are directed to evaluate and assess the condition and adequacy of the Armed Forces Housing Facilities of Warriors in Transition in the Pacific Regional Medical Command at Schofield Barracks, Hawaii.
2. The assessment will focus on the objective to determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
3. You are authorized to task the Warrior Transition Battalion (WTB) and subordinate units for those resources required to ensure the successful accomplishment of this assessment.
4. You are authorized unlimited access to WTB, other WT Units, and all information sources necessary to complete this effort.
5. Submit your written report to me as soon as possible, but protect the rights of all persons involved and ensure the inspection is complete and accurate.





**Appendix B - Detailed Standards List**



**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





## **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**

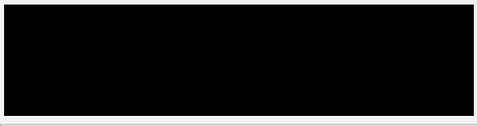
The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning 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.

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<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 feedback should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

#### **11. IMPLEMENTATION**

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







### Appendix 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
- SC - Senior Commander
- ST - Soldiers in Transition
- TAMC - Tripler Army Medical Center
- WTB - Warrior Transition Battalion





## 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.

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

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.*

National Fire Protection Association (NFPA) 101, *Life Safety Code*, 2009 Edition, paragraph 8.3.3.3.

NFPA 72-92, *National Fire Alarm Code*, 2007 Edition, paragraph 10.2.2.1.

