



**PACIFIC REGIONAL MEDICAL COMMAND  
INSPECTOR GENERAL**

**Fiscal Year 2013 Annual Inspection of Facilities Used to House  
Soldiers in Transition (STs)**

**Inspection Dates: 24 – 28 June 2013**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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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 facilities. In support of PL 110-181, the Deputy Secretary of Defense (DEPSECDEF) issued a memorandum dated 18 September 2008 to be used as the guideline for standards across the Department of Defense (DoD) when inspecting ST barracks and housing facilities. The standards focus in the areas of assignment, baseline accommodations, and special medical requirements. The Pacific Regional Medical Command Inspector General (PRMC IG) led the team of PRMC IGs to include representatives from PRMC Safety and the Garrison. 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 (also the Military Treatment Facility (MTF) Commander). Finally, the final inspection report (redacted version) will be posted on the respective RMC extranet website. The Commanding General (CG), USA MEDCOM memorandum dated 1 October 2012 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 23 April 2013, the Commander, PRMC issued the inspection directive (page 12) for PRMC IG to conduct the annual inspection of ST housing facilities in PRMC Hawaii. On 24-28 June 2013, the PRMC IG inspection team completed the FY13/annual inspection of ST barracks and all the government-owned/leased housing units in Oahu.
2. **Purpose.** The purpose of this inspection is to accomplish the annual inspection requirement of housing facilities used to house STs 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 family housing/contracted or leased housing). There were no ST personnel residing in government-owned lodging facilities (e.g., Army/other Services lodging facilities, Fisher House) and five out of 47 STs who are residing in military contracted-managed homes on-base consented in the housing inspection.

[REDACTED]

Sixty seven (67) STs residing in private homes located off-base (commercial or outside the military base) did not consent for the inspection.

a. Findings: There were a grand total of 10 findings: eight of the findings are in the barracks and two of the findings are in government housing units. The eight findings in the barracks include: missing/inoperable smoke alarm detectors, broken kitchen/bath sink cabinet doors, unsecured medications, fire extinguishers not maintained properly, damaged light switch, molded patio area, and water leakage. The two findings in housing units include: potential hazard outside the housing unit with the presence of a cut-off non-electric wire wrapped around the electrical wire; and the other finding was relating to multiple deficiencies inside one of the homes (e.g., broken receptacle plate cover, holes in wall, loose floor tiles). Most of the rooms in the barracks and the housing units met the DoD housing standards. The overall estimated repair costs: \$755 for the barracks and \$985.00 for housing units, respectively.

b. Observations: There were a grand total of 23 minor deficiencies (observations): 19 observations in the barracks and 4 observations in the housing units. The 23 observations have been consolidated/grouped under eight observations on this report. The STs living in the barracks and government housing units are not providing the WTB staff or the Housing Office timely information by reporting or submitting work orders for repair of these minor deficiencies.

c. Recommendations:

(1) The WTB leadership, particularly the squad/platoon leaders and other WTU staff, educate and reinforce STs' responsibilities in the proper and timely reporting of any deficiencies in their room or government housing unit.

(2) The WTB cadre perform and document random checks in the barracks and hold residents accountable for tampering the smoke alarm detectors such as removing the smoke alarm detectors on the ceiling and its batteries.

(3) 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.

(4) The WTB command is directed to reply to the PRMC IG findings and observations within 30 days from date of out-brief (NLT 12 August 2013).

[REDACTED]

## 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 (also as the Preventive Medical Officer as required), three PRMC Assistant IGs, PRMC Safety Officer and Garrison Representative. The WTB's Operations NCO and two government civilian support personnel provided escort, transportation, and logistics assistance to the inspection team.

3. Methodology.

a. Observation. The PRMC inspection team coordinated with the various agencies: the Senior Mission Commander (represented by 25<sup>th</sup> Infantry Division IG), the United States Army Garrison-Hawaii (USAG-HI) (on behalf of the Department of Public Works and the Housing Office), the WTB Commander and other pertinent staff members (e.g., IMCOM, Housing Office contractor). Out of 184 grand total STs: 70 STs reside in the barracks, 47 reside in government-owned or leased housing units on-base (5 STs consented for the inspection), and 67 STs reside in private homes/off-base who did not consent for the housing inspection.

b. Document Review. The inspection team reviewed current and open work orders from previous ST housing inspections. Records showed that two of the last year's (2012) findings have been fixed but similar findings still exist or they are showing that they have never been fixed as shown during this year's (2013) inspection. The inspection team also reviewed the current WTB SOP, "*WTB Policy #4: Barracks Policy*."

c. Interviews. The inspection team conducted on-site interviews with STs, including one telephonic interview with the ST personnel on medical appointment during the inspection, to gain feedback on work order response and overall housing satisfaction.

d. Surveys. The verbal interactions with ST personnel residing in the barracks and government-owned or leased housing units have higher customer satisfaction with the general condition and work order response for their quarters.

e. Sensing Session. No sensing session was conducted during the inspection due to the PRMC IG recent completion of the six-month WTU assessments inspection. The recent assessment inspections of WTB was directed by MEDCOM, which involved numerous sensing sessions (e.g., military, civilians, providers) within WTB.

4. Locations Visited. The inspection team visited the following barracks and housing (with the residents' consent) facilities to determine compliance with DEPSECDEF memorandum of 18 September 2007:

Barracks Location  
Schofield Barracks, Hawaii

[REDACTED]

[REDACTED]



Housing Location (Oahu, Hawaii)

- (1) Aliamanu Military Reservation (AMR)
- (2) Schofield Barracks (SB)
- (3) Wheeler Army Air Field (WAAF)

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

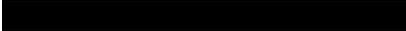
b. Where there was no violation of a published standard, policy, law or regulation, but an observation was made to improve current operations, an Observation Statement was developed and is addressed in the following format:

- 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. Sustain active and positive involvement by WTB leadership in resolving barracks/housing issues.
2. Sustain cooperation and collaborative efforts and relationships with Safety, Garrison, DPW, Housing Office and other support agencies.
3. Continue to remind STs of their responsibilities to report deficiencies to the WTB staff or with the Housing Office contractor for STs residing in military housing.
4. Sustain the use of the WTB Room Checklist as part of the in-processing/pre-inspection of assigned rooms.
5. Sustain the posting of WTB Barracks SOP inside the doors in each room of the barracks, thereby keeping STs informed.

[REDACTED]

## 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.***

### Findings

The following findings below can impact directly the safety or security of residents. Some of these findings have been corrected-on-the-spot, have current work orders, or repairs are ongoing, as indicated in the discussion:

**Finding Statement 1.1:** One housing unit exterior area has a cut-off non-electric wire wrapped around the electrical wires and is hanging/suspended towards the ground (pose a potential hazard if pulled causing electrical wires to come down).

**Standard:** 29 Code of Federal Regulation (CFR) 1960.8(a) states that “The head of each agency shall furnish to each employee and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.”

**Root Cause (RC):** Don’t Know

**Discussion:** Residents were not aware of the potential hazards of the exposed non-electrical wire, which can be reached by children in the housing area. The WTB staff noted that they will conduct a follow-up inspection to ensure work orders have been initiated.

**Recommendation:** Residents report deficiencies or follow-up with a work order from the Housing Office.

**Finding Statement 1.2:** One housing unit has several deficiencies inside and outside the home.

**Standards:** 29 CFR 1910.303(b)(1)(ii) cites, “Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided; wire-bending and connection space”, and 29 CFR 1910.305(a)(2)(ix) states that “All lamps for general illumination shall be protected from accidental contact or breakage by a suitable fixture or lampholder with a guard, brass shell, paper-lined sockets, or other metal-cased sockets may not be used unless the shell is grounded.”

**Root Cause (RC):** Won’t Comply

**Discussion:** The multiple deficiencies include: damaged living room electrical receptacle face plate, missing master bathroom light cover, broken window in bathroom, holes in wall along the staircase and bedrooms’ walls, loose floor tiles in all rooms, and mildew build up inside and outside of home.

**Recommendation:** Residents report and submit work orders to Housing Office and follow-up with the WOs.

**Finding Statement 1.3:** Seven rooms in the barracks have missing or faulty smoke alarm detectors (two - missing; and five with no batteries) (**corrected**).

**Standard:** 29 CFR 1910.164(c)(1) states that “The employer shall maintain all systems in an operable condition except during repairs or maintenance.”

**Root Cause:** Won’t Comply.



**Discussion:** Few Soldiers continue to tamper or disregard the purpose and operational need of smoke alarm detectors by removing the battery or by not reporting the missing or faulty smoke alarm detectors. The Garrison initiated the full replacement of all smoke alarm detectors in one of the older WTU barracks.

**Recommendations:**

1. Educate residents not to tamper or remove the batteries in smoke alarm detectors, to comply with the standard, and to report deficiencies to the WTB staff in a timely manner.
2. Residents and WTB staff conduct follow-up with the work orders and ensure the newly installed smoke alarm detectors are operational.

**Finding Statement 1.4:** Two fire extinguishers located in the Soldier Facility Assistance Center (SFAC) did not meet the safety requirements.

**Standards:** 29 CFR 1910.157(e)(2) states that “Portable extinguishers or hose used in lieu thereof under paragraph (d)(3) of this section shall be visually inspected monthly”, and 29 CFR 1910.157(c)(1) states “The employer shall provide portable fire extinguishers and shall mount, locate and identify them so that they are readily accessible to employees without subjecting the employees to possible injury.”

**RC:** Don’t Know; Won’t Comply

**Discussion:** The two fire extinguishers located in the SFAC’s recreation area (part of WTU barracks under building 692) must be corrected: one fire extinguisher must be inspected monthly and the other fire extinguisher needs to be mounted on the wall.

**Recommendation:** Conduct monthly inspection on fire extinguishers and submit work order to mount fire extinguisher on the wall.

**Finding Statement 1.5:** Three rooms have broken batch/kitchen cabinet doors in the WTU barracks.

**Standard:** 29 CFR 1960.8(a) states “The head of each agency shall furnish to each employee and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.”

**RC:** Won’t Comply

**Discussion:** The kitchen and bathroom cabinets in the two rooms have been replaced (**corrected**); one room has open WO for the replacement of broken bathroom cabinet door.

**Recommendation:** Residents need to report any deficiencies in their room to the WTB staff and follow-up with the open WO.

**Finding Statement 1.6:** Two (2) separate rooms in the barracks have unsecured controlled medications (**corrected**).

**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:** Won’t Comply.

**Discussion:** Residents must ensure they secure their controlled medications in their lock box.

**Recommendation:** Residents must comply with WTB SOP #4.

**Finding Statement 1.7:** One room in the barracks has broken or missing electrical outlet plate cover, resulting in exposure of live electrical circuit.





**Standard:** 29 CFR 1910.303(b)(1)(ii) cites “Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided; wire-bending and connection space.”

**Root Cause:** Won’t Comply.

**Discussion:** Barracks or housing residents must remain cognizant at all times about the danger of having a damaged or missing electrical outlet face plate.

**Recommendation:** Residents identify, report, and request for work order repair of deficiencies in their room to WTB staff.

**Finding Statement 1.8:** Two rooms in the barracks have water leakage.

**Standard:** 29 CFR 1910.141(a)(3)(i) states, “All places of employment shall be kept clean to the extent that the nature of the work allows.”

**RC:** Won’t Comply

**Discussion:** The refrigerator was leaking in one of the rooms (**corrected**) and a work order has been submitted in one of the rooms with a leaking bathroom tub faucet.

**Recommendation:** Barracks residents must report deficiencies to the WTB staff in a timely manner and follow-up with a work order.

**Finding Statement 1.9:** The Soldier Family Assistance Center (SFAC) inside stairwell door area is blocked with chairs (**corrected**).

**Standard:** National Fire Protection Agency (NFPA) 101-76, paragraph 7.5.1.1 states, “Exits shall be located, and exit access shall be arranged, so that exits are readily accessible at all times.”

**RC:** Don’t Know

**Discussion:** The SFAC Manager is now aware to ensure stairwell, exits and other main lobby or walkway must be accessible and cleared with obstructions at all times.

**Recommendation:** Free exit areas with obstructions at all times.

**Finding Statement 1.10:** Other rooms or areas in the barracks have deficiencies/potential hazards (under one standard for compliance).

**Standard:** 29 CFR 1960.8(a) states “The head of each agency shall furnish to each employee and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.”

**RC:** Don’t Know

**Discussion:** Three out of the four deficiencies have been corrected: one room in the barracks with mildew and grime on lanai floor (**open finding**); barrack’s kitchen garbage disposal inoperable (**corrected**); barrack’s outside stairs and exit area blocked with overgrown plants and algae growth in pathways (**corrected**); and barrack’s outside back stairs and sidewalk were covered with leaves and debris (**corrected**).

**Recommendation:** Follow-up completion of the work order for the open finding only.



## Observations

The following observations include some minor discrepancies identified during the inspection. Most, if not all, of these minor discrepancies does not pose an immediate safety or security concern to residents:

**Observation 1.1:** The WTU laundry facility has 3 out of 12 washing machines and 4 out of 14 dryer machines that are inoperable, respectively.

**Discussion:** The WTB staff continues to monitor the laundry facility machines and to ensure work orders are submitted for repairs or replacements of inoperable washing or dryer machines.

**Recommendation:** Follow-up with work orders and encourage residents' participation to report inoperable laundry machines to the WTB staff.

**Observation 1.2:** One of the barracks' "EXIT" sign back cover is missing.

**Discussion:** Exit sign back cover is missing and there was no existing work order for repair.

**Recommendation:** Submit work order to replace the back cover of the EXIT sign.

**Observation 1.3:** One of the barracks (Bldg 2076) has the following minor deficiencies:

- One room with rusted kitchen ceiling vent.
- Two rooms with mildew around the kitchen ceiling.
- One room with missing sink and shower drain stoppers.
- One room with hallway light burned-out.
- One room with damaged door stop and kitchen wall.
- Dead bugs inside top of refrigerators' doors, particularly in barracks' vacant rooms.

**Discussion:** WTB staff validates observations and ensure work orders are submitted for each of the deficiency.

**Recommendations:**

1. Sustain in educating and encouraging ST residents in submitting timely work orders or by reporting deficiencies to the WTB staff.
2. Routinely check refrigerators for dead bugs, particularly in vacant rooms.

**Observation 1.4:** One of the barracks (Bldg 692) has the following minor deficiencies:

- One room with broken bath tub drain stopper.
- One room with damaged ceiling and paint peeling.
- Debris in the side of the SFAC building (part of Bldg 692).
- Barracks has broken vinyl in one of the stairwell steps (has open/existing WO).
- Laundry facility sink tub broken (has existing WO).
- One room - rotten fruit left inside the desk drawer.
- One room with toaster left plugged-in to electrical outlet (**corrected**).
- Propane tank left unsecured in the gazebo area of the barracks (**corrected**).

**Discussion:** Residents' participation is important in order to maintain and sustain consistency in the timely submission of work orders and to ensure deficiencies are reported as they occur within their room or building.

**Recommendation:** Residents must report deficiencies to the WTB staff as soon as possible.



**Observation 1.5:** Few (25% or 12 out of 46) of the rooms in one of the barracks have dead moths and termites inside the light cover fixtures.

**Discussion:** Dead moths and termites started to build up inside the hallway and rooms light fixtures in one of the barracks (Bldg 692).

**Recommendation:** Submit work order for the routine cleaning of dead moths or termites inside the light fixtures.

**Observation 1.6:** Few (25% or 12 out of 46) rooms in the barracks have lint/dust build up in bathroom ventilations.

**Discussion:** Most of the rooms' bathroom ventilations are clean but few rooms have lint/dust build up.

**Recommendation:** Remind STs or submit work order for the routine cleaning of lint/dust in bathroom ventilations.

**Observation 1.7:** Three damaged utility/drain covers outside the barracks.

**Discussion:** One utility and two drain covers have been damaged located outside the barracks.

**Recommendation:** Submit work orders for the repairs or replacements of the utility and drain covers located outside the barracks.

**Observation 1.8:** Few (2 out 5 visited units) government housing units/homes require work orders for minor repairs or service.

**Discussion:** The following minor discrepancies were noted:

- One housing unit in SB has tall grass in the back yard; has empty boxes/trash in the backyard and in the side of the unit; and has dust build up in its air vents.

- One housing unit in SB has grass growing in roof gutters and the television jack was broken.

- **(Resident was not home)** The outside area of one housing unit at SB has missing light bulb located on the side of the unit; and the bottom portion of the wooden fence pieces were detaching from support beams (protruding nails pose safety hazard to occupants).

- One housing unit in WAAF has its front walkway and sidewalk covered with mud from runoff rain from the construction dirt pile nearby.

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

**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

M CPR-CG

23 April 2013

### MEMORANDUM FOR THE INSPECTOR GENERAL

SUBJECT: Directive for Fiscal Year 2013 Special Inspection of Armed Forces Housing Facilities of Soldiers in Transition

1. You are directed to evaluate and assess the condition and adequacy of the Armed Forces Housing Facilities of Soldiers 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 Soldiers 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.

[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.

[REDACTED]

Attachment:  
As stated

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[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.

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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 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.



[REDACTED]

### Appendix C – Reports (Local Distribution)

In accordance with PL 110-181, this inspection report was provided to the incumbent of the offices listed below or their designated representatives on the date indicated:

| <b>Office</b>  | <b>Date of Report</b> |
|--|-----------------------|
| Warrior Transition Battalion Commander                         | 4 September 2013      |
| Military Treatment Facility Commander                          | 4 September 2013      |
| Post/Garrison Commander  | 4 September 2013      |
| Senior Mission Commander (delegated under 25 <sup>th</sup> ID) | 4 September 2013      |



## Appendix D – 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             |
| ST   | - | Soldiers in Transition               |
| TAMC | - | Tripler Army Medical Center          |
| WTB  | - | Warrior Transition Battalion         |





## Appendix E – References

29 Code of Federal Regulation (CFR): 1910.141; 1910.157; 1910.303; 1910.305; 1960.8.

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

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

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) 72-92, *National Fire Alarm Code*, 2007 Edition.

NFPA 101-76, *Life Safety Code*, 2009 Edition.

