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NORTH ATLANTIC REGIONAL MEDICAL COMMAND
INSPECTOR GENERAL

Inspection of Facilities Used to House Warriors in Transition

Period of Inspection
27 April – 17 July 2009

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Executive Summary

1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WTs) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WT housing semi-annually for the first two years and annually thereafter; to submit a report on each facility inspected to the post commander, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees; and to post the final inspection report on their respective Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 on 3 July 2008 to all Army activities. This message directed US Army Medical Command (MEDCOM) RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided RMC IGs authorization to task staff members and IGs assigned to senior commanders and IMCOM as well as "unlimited access to army activities, organizations, and all information sources necessary to complete the inspection". On 6 April 2009, the Commanding General, USA Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the "Special Inspection of Facilities Used to House Recovering Service Members". On 7 April 2009, the RMC IG issued the directive to the Command Inspector General to conduct the "Special Inspection of Facilities Used to House Recovering Service Members".

2. Purpose. The purpose of this inspection is to evaluate the adequacy of facilities used to house Warriors in Transition.

3. Concept. The North Atlantic Regional Medical Command (NARMC) IG, leading a team of USA MEDCOM, IMCOM and Senior Mission Command Inspectors General and augmented by subject-matter-experts, conduct the inspection of the facilities located at the ten (10) installations within the NARMC region.

4. Objective. 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.

5. Summary of Findings, Observations, and Recommendations.

a. The inspection teams determined that all of the Warrior in Transition Units (WTUs) in the region were in compliance with the DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Overall, the inspection teams determined that recovering service members were assigned to housing facilities that best meet their needs. Most recovering service members were satisfied with their Warriors in Transition Units, as well as their respective Installation's support in addressing their housing concerns. Additionally, the Installation Management Command (IMCOM), Directorate of

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Public Works (DPW), along with the privatized housing agencies, consistently and quickly responded to service requests (work orders) from the Warriors in Transition (WTs) with housing issues. In accordance with the housing inspection standards, the WTs were given priority for maintenance requests. The inspection teams found throughout the region that the priority did not negatively impact the Installations' ability to resolve maintenance request for the balance of their populations. Largely, the barracks and housing maintenance teams at each installation were competent and efficient in resolving issues once identified.

b. The inspection teams determined that the WTUs met the Baseline Standards in accordance with the published memorandum above. Minor deficiencies identified were normally corrected on the spot or within 24 hours of submission of the work order. The leadership at all levels of command were continuously searching for ways to improve or upgrade areas such as kitchens, laundry facilities, and furnishings in order to enhance the quality of life and the healing process.

c. Most installations were aggressively seeking methods to improve the quality of life for the WTs through renovation projects, many with a special focus on those with special needs or requirements. The renovations, modifications and designs for new facilities took into consideration items such as lighting and color schemes and patterns as they applied to the WTs with cognitive and/or visual limitations or those who may be experiencing Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or other behavioral health issues associated with PTSD. The inspection teams recognized the purposeful consideration by the chains of command and Installation management when selecting furnishings, flooring, neutral colors, and patterns free from complex geometrical shapes or designs.

d. During the period of the inspection, the region had an average population of 3118 WTs. The inspection teams conducted a survey and received responses from approximately 15% of the WT population. The surveys were scored using a 1 to 5 scale, with 1 representing *strongly agree*; 2 *agree*; 3 representing *neutral*; 4 *disagree* and 5 representing *strongly disagree*. The survey focused on housing and its affect on the healing environment.

(1) The WTs who participated collectively rated a 2 (*agree*) when asked if their housing and its safety were conducive to the healing environments.

(2) The WTs with special medical needs also rated a 2 (*agree*) that their units provided special accommodations as necessary.

(3) Overall, the results of the survey indicated the WTs were provided a positive environment in which to heal.

e. In summary, all of the WTUs within the region were in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. The inspection teams made recommendations to the respective chains of command and the Installation's Senior Mission Commanders (SMC) or their representatives which were well received. One installation planned to incorporate a recommendation from the inspection to other facilities within their footprint, potentially saving thousands of dollars.

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Chapter 1 Objectives and Methodology

1. Objective. 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.

2. Inspection Team. The inspection teams consisted of: 1) IG Team Leader, 2) Installation IG Coordinator; 3) DPW subject-matter-expert (SME); 4) Safety SME; 5) Information Management (IM) SME; 6) privatized housing representative; 7) Medical personnel and/or Nurse Case Managers, and 8) WTU leadership/escorts. On several installations, senior leaders from Installation/Garrison accompanied the inspection teams during the inspection.

3. Methodology.

a. Observation: The inspection teams inspected the following types of Warrior in Transition occupied facilities: DoD Owned Unaccompanied Personnel Housing, DoD Leased or Contracted Housing or Lodging, DoD/NAF Owned Lodging, DoD Owned Family Housing, and Privatized Family Housing. Assessment of Privatized Family Housing was conducted with the consent of the occupant and privatized housing management.

b. Document Review. The inspection teams reviewed the following documents: 1) Work Order requests; 2) policy memorandums; 3) guidance specific to WTUs; 4) Installation/local policies and Standard Operating Procedures (SOPs); and 5) surveys.

c. Interviews. The inspection teams conducted interviews with the WTU Commanders, First Sergeants, Platoon Sergeants, other cadre/staff members and Warriors in Transition present during the inspections.

d. Surveys. The inspection team surveyed the Warriors in Transition using paper media. Approximately 15% of the Warriors in Transition population participated in the survey. The surveys were disseminated by the chains of command to the WTs. The surveys did not contain Personal Identifying Information (PII) and the WTs were informed that the surveys were strictly voluntary.

4. Locations Visited:

a. Fort Belvoir, VA

b. Fort Bragg, NC

c. Fort Dix, NJ

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d. Fort Drum, NY

e. Fort Eustis, VA

f. Fort Knox, KY

g. Fort Lee, VA

h. Fort Meade, MD

i. Walter Reed Army Medical Center, Washington, DC

j. West Point, NY

5. Findings/Observation Format.

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

Finding statement
Standard(s)
Root Cause
Discussion
Recommendation

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

Observation statement
Standard(s), if applicable
Discussion
Recommendation

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. All of the WTUs had a viable working relationship with their respective Installation/ Garrison commands.

2. All of the installations in the region have made renovations to facilities used to house WTs. These renovations include upgrades to HVAC systems, space modifications, new or upgraded kitchens, laundry rooms and dayrooms.

3. Throughout the region, most of the WTs provided positive feedback in regards to the quality of care they received.

4. Most WTs received immediate assistance and responses from their Squad Leaders and Platoon Sergeants (both during and after duty hours).

5. When reported, most WTs received immediate responses to work orders.

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Chapter 3 Findings and Observations

Objective: 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.

Finding 1.1: The inspection teams did not find major violations of a published standard, policy, law, or regulation in regards to the objective. Minor deficiencies of the baseline standards did not surpass the threshold of non-compliance.

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

Root Cause(s): Not applicable.

Discussion: All of the facilities inspected were in compliance with the DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. The standards as written are extensive and cover multiple areas and aspects in regards to the adequacy of the facilities used to house WTs. The inspection team inspected facilities for more than 3000 WTs in the region. The inspection teams found minor deficiencies at each of the installations; however, based on the 13 areas and 77 subareas listed in the Baseline Standards, none of the deficiencies found were a risk of imminent failure or malfunction. Additionally, none of the minor deficiencies had an adverse impact to the well being or morale of the WTs.

Recommendation(s): The inspection teams recommended to the WTU chains of command that they continue to conduct inspections of their facilities and work with their installations' employees to ensure compliance with the applicable standards.

Observation 1.1: On one installation, the inspection team observed deep scratches and markings in the tile flooring in an unaccompanied personnel housing (UPH) facility.

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

Root Cause(s): Not applicable.

Discussion: The team identified the problem as an incompatibility between the "feet" on the furniture and the flooring. The feet were made of a hard plastic material. When the furniture was moved (for example a chair pulled away from a desk) the result was a scratch in the tile floor. Over time, these scratches became deeper scars in the flooring, drastically decreasing the life of the flooring. Without corrective action, the flooring would have to be replaced before its normal life span.

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Recommendation(s): The inspection teams recommended that the installation purchase "caps" or some other type of non-abrasive end covering for the furniture.

Observation 1.2: On one installation, the inspection team observed three rooms with smoke detectors that were inoperative.

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

Root Cause(s): Not applicable.

Discussion: The smoke detectors were unplugged from the main unit in two of the rooms. The third room's detector was painted to the ceiling and required additional labor. All three detectors was operable prior to the end of that day's inspection.

Recommendations: The inspection team recommended that the chain of command place an emphasis on fire safety and ensure the smoke detectors are checked during their unit-level inspections. The inspection team also recommended that the chain of command disseminate to the WTs that tampering with smoke detectors is unauthorized.

Observation 1.3: On one installation, the inspection team observed fire doors that did not properly latch.

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

Root Cause(s): Not applicable

Discussion: Fire doors should close and latch automatically. The fire doors observed would not close without assistance. A member of the installation's fire department served as a SME during the inspection and made immediate notification of the deficiency. Corrective measures were accomplished and the doors were fixed prior to the end of the inspection.

Recommendation: The inspection team recommended that the chain of command include checking the fire doors during routine room inspections and that the installation leadership ensures the fire department conducts inspections on fire doors on a regular basis.

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Appendix 1 Directive

DEPARTMENT OF THE ARMY
NORTH ATLANTIC REGIONAL MEDICAL COMMAND
6900 GEORGIA AVENUE, NORTHWEST
WASHINGTON, DC 20307-5001

MCAT-CG

APR 7 2009

MEMORANDUM FOR North Atlantic Regional Medical Command Inspector General

SUBJECT: Directive for Inspection (Special Inspection of Armed Forces Housing Facilities of Recovering Service Members)

1. You are directed to oversee the semiannual conduct of a special inspection of the facilities used to house recovering service members, and the adequacy of those facilities.

2. The inspection will focus on the following objective: 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 staff members, Inspectors General assigned to Senior Mission Commanders and IMCOM, and are to have unlimited access to Army Activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement.

4. You will provide me with a mid-course progress review on or about 15 June 2009, followed by a written report not later than 11 September 2009.

5. Point of contact is COL Ricardo A. Glenn, NARMC Command Inspector General, at Ricardo.glenn@amedd.army.mil or Mr. Gregory C. Hill at Gregory.hill@amedd.army.mil, commercial (202) 782-3529 or DSN 662.

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EXEMPT FROM MANDATORY DISCLOSURE under the FOIA. Exemptions 1, 2, 5, and 7 apply.

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Appendix 2 Detailed Standards List

DEPUTY SECRETARY OF DEFENSE
101 0 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
DoDIDVA 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. Leased/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" or that are the "direct result of armed conflict have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

5. RESPONSIBILITIES

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the

reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

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

2 - For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDl 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.Pfi.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 I", 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 re-inspect such facility not less often than once every 180 days until the deficiency is corrected.

10. FEEDBACK AND UPDATES
The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feedback should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

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

Appendix 3 Acronym List

ALARACT	All Army Activities
DEPSECDEF	Deputy Secretary of Defense
DoD	Department of Defense
DPW	Directorate of Public Works
GFCI	Ground Fault Circuit Interrupter
HVAC	Heating, Ventilation, and Air Conditioning
IG	Inspector General
IMCOM	Installation Management Command
MEDCOM	USA Medical Command
MH	Medical Hold
NARMC	North Atlantic Regional Medical Command
PII	Personal Identifying Information
PTSD	Post Traumatic Stress Disorder
RCI	Residential Communities Initiative
RMC	Regional Medical Command
SMC	Senior Mission Commander
SME	Subject Matter Expert
SOP	Standard Operating Procedures
TBI	Traumatic Brain Injury
UPH	Unaccompanied Personnel Housing
WT	Warrior in Transition
WTB	Warrior Transition Brigade
WTU	Warriors in Transition Unit

Appendix 4 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

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