



**PACIFIC REGIONAL MEDICAL COMMAND
INSPECTOR GENERAL**

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

25 July – 2 August 2011



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[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 Warriors in Transition (WT) 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 WT 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 Internet website. The Commanding General (CG), USA MEDCOM 11 January 2011 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.” However, on 18 October 2010, the PRMC CG issued an inspection directive which included the annual inspection of WT housing facilities at the RMC, Hawaii, as one of the PRMC IG Fiscal Year 2011 Inspections. On 25 July – 2 August 2011, the PRMC IG inspection team completed the second annual inspection of WT barracks, lodging facilities, 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 WT in accordance with (IAW) National Defense Authorization Act (NDAA) 2008, PL 110-181, Section 1662.
3. Concept. The concept of this inspection was to determine the effectiveness of the Armed Forces Housing Facilities for WT using the baseline standards as outlined in DEPSECDEF 18 Sep 07 memorandum in the proper housing of WT personnel and report on the adequacy of those facilities in the PRMC and tenant units.
4. Objective. To determine if facilities used to house WTs are in compliance with the DEPSECDEF memorandum, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
5. Special Interest Item. None.
6. Summary of Findings, Observations, and Recommendations. The inspection team inspected three different types of facilities (barracks, government-owned housing/contracted or leased housing, and privatized family housing or lodging) with two findings and numerous observations. There were no WT personnel residing in government-owned lodging facilities.



a. Findings: There were two findings. One of the findings is related to three fire barrier doors with mechanical problems that were not properly closing (self-closing). Another finding was related to inoperable smoke alarm detectors in one of the rooms in the barracks and in one housing unit. Most of the discrepancies noted have existing or open work orders prior to this inspection. Both housing and barracks residents were familiar with the work order process to include follow-up of work orders through the housing representative. All of WTs inspected barracks and housing units met the DoD housing standards and only few of the barracks rooms or housing units require some type of minor repairs. The overall estimated repair costs for the barracks and housing units were \$1,930.00 and \$430.00, respectively.

b. Observations: Most of the minor discrepancies and observations were corrected/fixed or had an open work order prior to this inspection. Two WTs in the barracks were not utilizing the issued lock box in storing their medications. Most WT personnel 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: We recommend that the WTB leadership continue to sustain its coordination and collaborative relationships with Safety, Garrison, IMCOM, Department of Public Works (DPW), Housing Office, and other agencies. Furthermore, the WTB command should sustain and continue to reinforce the responsibilities to WT personnel by incorporating checklists in their periodic weekly inspections and in their barracks in-processing and out-processing. The WTB command is directed to reply to the Inspector General findings and observations within 30 days from date of out-brief (NLT 6 September 2011).



[REDACTED]

Chapter 1 - Objective and Methodology

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

2. Inspection Team. The inspection team consisted of the PRMC Command IG, 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., Garrison, IMCOM, MSE IG). There were 113 WT personnel residing in quarters from three different types of facilities (barracks, government housing, and private lodging): eighty three (83) reside in WT barracks, one WT resides in lodging, and 29 WTs reside in government-owned or leased housing units.

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

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

d. Surveys. WT personnel residing in lodging and in government-owned or leased housing units were surveyed for overall satisfaction, such as the general condition and work order response for their quarters. All WT personnel interviewed were familiar with the work order process and most have no housing issues. WT personnel residing in family housing and in lodging have an overall satisfaction with a *Mode* of 8 and a *Mean* of 8.5 (in a scale of 1 to 10 with 10 as the highest satisfaction of their home).

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

Housing Location

- (1) Aliamanu Military Reservation
- (2) Helemano Military Reservation
- (3) Joint Base Hickam-Pearl Harbor Housing
- (4) Schofield Barracks
- (5) Tripler Army Medical Center - Fisher Houses
- (6) Wheeler Army Air Field



5. Finding/Observation Format.

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

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

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

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

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

Few	1-25%
Some	26-50%
Majority	51-75%
Most	76-99%
All	100%





Chapter 2 - Good News

1. The work order was completed to refit new refrigerators in all rooms at the barracks thereby enhancing the overall function of the kitchen and increasing kitchen work space.
2. The bushes around the barracks were well-trimmed to include clearance for fire hydrant standpipes.
3. All window screens were repaired/reinstalled back in all windows in both barracks.
4. Fencing was installed in one of the barracks ditch/drainage area thereby protecting personnel from falling.
5. Tables, chairs, couch, computer, and Wi-Fi access provided in one of the barracks lounge areas (was previously an empty lounge area).
6. A new gazebo was built within the Fisher House area from a group of volunteers.
7. An automatic door opener was installed in one of the rooms in the barracks for a handicapped WT Soldier.
8. Mold abatement, gutter repair, and painting of the exterior of barracks.
9. Divided a main barracks laundry facility into two sections, with one of the sections dedicated for WT personnel.



Chapter 3 - Findings and Observations

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

Finding 1.1: Two fire barrier doors and one fire exit door in one of the barracks were not properly closing/self-closing.

Standard: National Fire Protection Association (NFPA) 101, 2009 Edition, paragraph 8.3.3.3. “Unless otherwise specified, fire doors shall be self-closing or automatic-closing in accordance with 7.2.1.8.”

Root Cause: Don’t Know.

Discussion: The Garrison with the help of DPW repaired the two fire barrier doors and one fire exit door; now fully operational.

Recommendation: Garrison, DPW, IMCOM, and WTB personnel should sustain their collaborative efforts in identifying and fixing safety-related/other problems within the barracks.

Finding 1.2: The smoke alarm detectors in one of the barracks rooms and in one housing unit were not operational.

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: Won’t Comply.

Discussion: A Soldier from IMCOM noticed and removed the tape which covered the smoke alarm detector sensors in one of the rooms in the barracks, while the smoke alarm in the housing unit had no batteries.

Recommendation: Counsel Soldier to comply with applicable fire safety standard.

Observation 1.1: There were few minor repairs or discrepancies in the barracks.

Discussion: The water leak from the ceiling has been repaired and work order has been established in removing debris (leaves) around the air-conditioning units in one of the barracks.

Recommendation: Sustain in educating and encouraging WT residents in submitting work orders or by reporting deficiencies to the WTB leadership.



Observation 1.2: Two WT personnel residing in the barracks were not consistently using the issued lock box in securing their medications.

Discussion: Existing lock boxes in each room were operational/ready for use.

Recommendation: WTB leadership continues to remind WT personnel in ensuring that they secure their prescribed medications using their issued lock box.

Observation 1.3: Few homes were noted with existing or open work orders for repair within their government housing units.

Discussion: Most WT residents are residing in new government housing units resulting in few minor or minimal repairs. Some of the minor discrepancies with the housing units include: broken shower knob, toilet seat loose/needs repair, lights flickering/need ballast change, tall grass in the backyard, grass growing in roof gutter, and damaged door/window screens.

Recommendation: Remind residents to conduct follow-up with their existing and open minor work orders particularly for those safety related repairs (e.g., broken light switch cover, inoperable receptacle/outlet, missing light cover).

Special Interest Item. None.



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Appendix A – Directive



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

MCPR-CG

18 October 2010

MEMORANDUM FOR Inspector General, Headquarters, Pacific Regional Medical Command (PRMC)

SUBJECT: Inspection Directive – FY11 PRMC Inspector General (IG) Inspections

1. In accordance with Army Regulation (AR) 20-1, *Inspector General Activities and Procedures*; AR 1-201, *Army Inspection Policy*; MEDCOM Regulation 1-2, *U.S. Army Medical Command Organizational Inspection Program Policy*; and Tripler Army Medical Center (TAMC) 1-2, *Organizational Inspection Policy*, you are directed to conduct Inspector General inspections as part of the FY11 US Army Pacific Regional Medical Command (PRMC) Organizational Inspection Program (OIP).

2. Objectives: As applicable to each unit under PRMC (including units at MEDDAC-K, MEDDAC-J) and all tenant units. The IG inspection will focus on, but not limited to, the following objectives:

a. Determine and assess the adequacy and compliance of DoD standards for Warrior Transition Battalion housing facilities in Oahu, Hawaii IAW Deputy Secretary of Defense Memorandum dated 18 September 2007.

b. Determine the compliance of Emerging Respiratory Pathogen Emergency Response Plan IAW PRMC/TAMC Emergency Operations Plan and other applicable directives.

c. Determine the compliance of MEDCOM AHLTA Provider Satisfaction (MAPS) IAW applicable directives.

d. Determine the compliance of Government Purchase Card (GPC) IAW TAMC SOP and other applicable directives.

e. Conduct inspection of the Troop Command Barracks IAW AR 420-1, *Army Facilities Management* and other applicable directives.

f. Conduct Staff Assistance Visits (SAVs) in MEDDAC-Korea and MEDDAC-Japan in conjunction with PRMC OIP validation.

3. The PRMC/TAMC IG will assess the above objectives as applicable in each PRMC command.

[REDACTED]

MCPR-CG

SUBJECT: Inspection Directive – FY11 PRMC Inspector General (IG) Inspections

4. You are authorized to task other PRMC/TAMC staff agencies and subordinate headquarters for support and resources to ensure accomplishment of these inspections/SAVs.
5. You are authorized unlimited access to PRMC/TAMC activities, organizations, personnel, and information sources necessary to prepare and conduct the inspection.
6. You will brief me on your findings on each completed inspection or NLT October 2011. You will prepare a final report NLT 31 December 2011.
7. PRMC IG point of contact is Mr. Paul John Tanaleon, Chief, Inspections Branch; email: paul.tanaleon@us.army.mil.

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Appendix B - Detailed Standards List

SA



DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS ✓
UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS
UNDER SECRETARY OF DEFENSE FOR
ACQUISITION, TECHNOLOGY AND LOGISTICS
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH
AFFAIRS

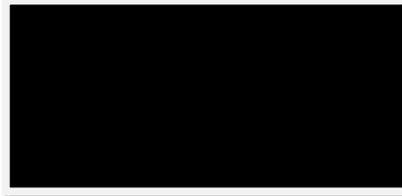
SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover
Personnel

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

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

The Secretaries of the Military Departments are directed to use these standards for
conducting the inspections required by section 3307 of the U.S. Troop Readiness,
Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007
(Public Law 110-28), and to report inspection findings to the Under Secretary of Defense
for Personnel and Readiness not later than October 31, 2007.

Timely implementation of these standards is a top Department priority.



Attachment:
As stated



[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"¹ or that are the "direct result of armed conflict"² have *priority* for housing and certain services. While the minimum housing *standards* are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

5. RESPONSIBILITIES

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

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

² For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)





6. ASSIGNMENT

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing.

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority 1", as defined by DoDD 4165.63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement

If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home, MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade - unless dictated otherwise by special medical requirements.

7. BASELINE STANDARDS

Condition

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

Kitchens

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).





Laundry Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

Furnishings

Provide loaned furnishings as appropriate.

Electronic Equipment

Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WIFI and a laptop computer.

Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

8. SPECIAL MEDICAL REQUIREMENTS

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.





Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night).

For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.





Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

Parking

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

9. INSPECTIONS

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall reinspect such facility not less often than once every 180 days until the deficiency is corrected.





10. FEEDBACK AND UPDATES

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

11. IMPLEMENTATION

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



[REDACTED]

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
TAMC	-	Tripler Army Medical Center
WT	-	Warriors in Transition
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 Chief of Staff, G-1, HQDA, 18 June 2007, Subject: *Housing Prioritization for Warriors in Transition.*

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.