



EUROPE REGIONAL MEDICAL COMMAND
INSPECTOR GENERAL

Inspection of Facilities used to House
Warriors in Transition

1 - 16 August 2013

Release of Inspector General Information

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Executive Summary

1. Background. On 18 Sep 07, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WT) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 Jan 08, Public Law 110-181, Sec 1662, was enacted requiring Regional Medical Command (RMC) Inspectors' General (IG) 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 Jul 08, 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 1 Oct 12, 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 10 Jun 13, the ERMCG signed the directive for ERMCG IG to inspect the Facilities used to House Warriors in Transition from 1 – 16 Aug 13.

2. Purpose. The purpose of the inspection is to assess the condition and adequacy of facilities used to house recovering service members assigned to Warrior Transition Units.

3. Concept. Inspect nine WTU facilities in Germany and Italy spending at least one day at each installation.

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.

Finding 1: The exhaust fan above a stove was not operational.

Root Cause(s): (Won't Comply-No Reward) The Soldier knew the fan was inoperative, but did not submit a work order to address the issue.

Recommendation: It is recommended that:

The WTU Commander ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and follow up on work orders that have been submitted.

The cadre reinforce to the WTU Soldiers the need to submit work orders for all issues in their living quarters.

Finding 2: A few Soldiers living in housing are not reimbursed for internet and telephone service.

Root Cause(s): (Can't Comply-Scarce Resources) The program had been funded by the garrison in the past, but due to budget cut backs, they no longer fund this program.

Recommendation(s): It is recommended that WTU Commanders reengage the garrison commanders to fund this program.

Finding 3: A few locations did not have fire evacuation plans posted.

Root Cause(s): (Don't Know–Forgot) Cadre were unsure of the requirement to have the evacuation plans posted in each hallway.

Recommendation(s): It is recommended that WTU Commanders ensure that fire evacuation plans are posted in the barracks hallways and/or on the door inside of each room.

Finding 4: The ventilation system is inoperable in the community showers.

Root Cause(s): (Don't Know–Never Knew) The cadre did not know that there was a ventilation system in the community showers. Currently the showers are ventilated by opening the doors to the hallway and toilet area.

Recommendation(s): It is recommended that the cadre submit a work order with DPW to repair the ventilation system.

Finding 5: The carpet in the barracks rooms was badly stained.

Root Cause(s): (Can't Comply-Scarce Resources) DPW and the WTU identified the problem, but did not have the funding to replace all of the flooring with new carpet.

Recommendation(s): It is recommended that DPW replace the stained carpet with linoleum.

Finding 6: Fire doors do not properly close and/or the self-closing devices have been dismantled.

Root Cause(s): (Don't Know–Never Knew) Cadre did not know that this was a requirement for these specific doors to automatically close and seal.

Recommendation(s): It is recommended that the WTU Commander ensure that the Cadre conduct regular scheduled checks of facilities housing WTU Soldiers and follow up on work orders that have been submitted.

Finding 7: Fire exit sign lights are not functional.

Root Cause(s): (Won't Comply-No Penalty) Cadre did not conduct a thorough inspection of the facility.

Recommendation(s): It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and ensure cadre follow-up on work orders with DPW.

Finding 8: The community kitchen's stove door handle is missing.

Root Cause(s): (Won't Comply-No Penalty) Cadre did not conduct a thorough inspection of the facility.

Recommendation(s): It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and ensure cadre follow-up on work orders with DPW.

Finding 9: Two power strips were daisy chained together.

Root Cause(s): (Won't Comply-No Penalty) The Soldier was instructed by the cadre to remove the daisy chained power strips, but the Soldier failed to complete this task.

Recommendation(s): It is recommended that the cadre re-train and reinforce the safety standards with the WTU Soldiers.

Finding 10: The handrails and a few wooden planks are loose and uneven along the WTU barracks exterior walkway.

Root Cause(s): (Don't Know-Never Knew) Cadre did not know that the railing and planks were loose.

Recommendation(s): It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and ensure cadre follow-up on work orders with DPW.

Finding 11: Flammable liquids were improperly stored inside the building.

Root Cause(s): (Don't Know-Never Knew) Cadre did not know that the liquids were considered flammable.

Recommendation(s): It is recommended that WTU Commanders ensure that the Cadre conduct regular scheduled checks of facilities housing WTU Soldiers and ensure flammables are properly stored.

Finding 12: Facility fire extinguishers were overdue for annual service and/or missing from a required location.

Root Cause(s): (Don't Know – Never Knew) Cadre did not know that they were required to request servicing of the fire extinguishers and/or that the extinguisher was missing.

Recommendation: It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and exchange fire extinguishers as required.

Finding 13: Mold was identified in the shower.

Root Cause(s): (Won't Comply-No Penalty) The cadre did not conduct a thorough inspection of the facility.

Recommendation: It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and follow-up to ensure that the mold has been removed.

Observation 1: Rooms contain unauthorized appliances.

Recommendation(s): It is recommended that cadre ensure Soldiers remove unauthorized appliances from their rooms and/or store them in the community kitchen.

Observation 2: Excessive grease build-up was identified on the oven hood filters in the community kitchen.

Recommendation(s): It is recommended that the WTU Commander ensure that the cadre conduct regular checks of facilities used to house WTU Soldiers.

Observation 3: General housekeeping needed to be done in the common areas.

Recommendation(s): It is recommended that the WTU Commander ensure that the cadre conduct regular checks of facilities used to house WTU Soldiers.

Observation 4: Water damage was identified on a few ceiling tiles.

Recommendation(s): It is recommended that the cadre follow-up with DPW to ensure ceiling tiles are replaced and the overflow/drainage issue is fixed.

Observation 5: An overhead light was not functioning in a few barracks rooms.

Recommendation(s): It is recommended that:

The WTU commanders ensure that the cadre conduct regular checks of facilities used to house WTU Soldiers.

The cadre reinforce with the Soldiers to submit work orders for any issues in their living quarters.

Observation 6: WTU barracks has an outside wheelchair lift that is not covered.

Recommendation: It is recommended that the WTU Commander and safety office monitor the installation of overhead cover to the lift and front entrance.

Observation 7: A few housing units had mildew buildup on the roof directly above the main entrance.

Recommendation(s): It is recommended that the WTU cadre ensure the snow buildup on the roofs be cleared regularly.

Observation 8: Handicap parking spaces outside the barracks are not wide enough to accommodate wheelchair access.

Recommendation: It is recommended that the cadre submit a work order to alter the parking spaces.

Observation 9: Toilets, closets, and showers are not wheelchair accessible in some barracks.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 10: The height of the water fountain in the WTU Barracks is not wheelchair accessible.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 11: The main entrance access card reader to the WTU barracks is not easily accessible for WTU Soldiers confined to wheelchairs.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 12: Means of egress is not possible at both ends of the building for WTU Soldiers confined to wheelchairs.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 13: The emergency call button on the wheelchair elevator has a low audible alarm.

Recommendation(s): It is recommended that the cadre submit a work order to have call buttons labeled in English language and have the audible alarm volume increased.

Observation 14: Community barracks laundry room is not wheelchair accessible.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 15: The community kitchen in the barracks is not wheelchair accessible.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 16: The annual inspection/service was not conducted on the wheelchair lift.

Recommendation(s): It is recommended that the WTU Commander ensure cadre request an annual inspection of the wheelchair lift through DPW and that it is documented as required.

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 team consisted of ERMIC IG, Garrison IGs, representatives from DPW, Housing, and Fire and Safety from each installation visited.

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, and DoD Owned Family Housing.

b. Document Review. The inspection teams reviewed open work requests.

c. Interviews. The inspection teams conducted interviews with Warriors in Transition.

4. Locations Visited:

a. Bamberg

b. Baumholder

c. Kaiserslautern

d. Katterbach/Ansbach

e. Schweinfurt

f. Stuttgart

g. Vicenza

h. Vilseck/Grafenwoehr

i. Wiesbaden

5. IG Format and terms.

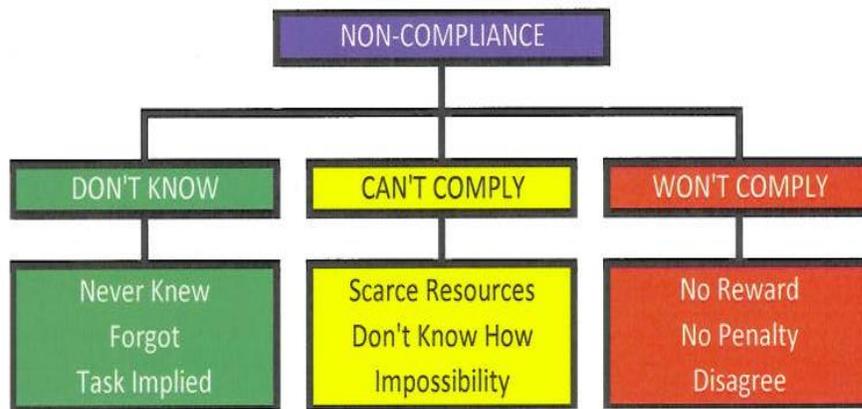
a. Finding: A violation of a published standard, policy, law or regulation that exists in a preponderance of units.

b. Trend: A systemic problem or issue found in a preponderance of units.

c. Observation: A problem or issue that does not violate a published standard, policy, law, or regulation, but that hinders operations or has a potential to become a trend or finding. Also a specific action or activity related to the subject inspected.

d. Inspection results: Background or information that is provided for clarity on an item or topic.

e. Root cause: The root cause is the underlying reason why something happens or does not happen. An inspector can apply the Root Cause Analysis Model to any inspection category or type in an effort to determine why someone is complying or failing to comply with a particular standard. Inspectors should use the model not just to seek reasons for non-compliance but also to determine why something is going well.



f. Recommendations: Specific suggested actions to take to resolve issues/problems/deficiencies with the goal of contributing to mission accomplishment.

g. Best practices: Units/Organizations, policies, or procedures that were identified during the course of the inspection that were identified for their excellence.

h. 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
Discussion
Recommendation

i. Quantitative Terms: In the report, terms such as “few, some, majority, and most” are used to describe percentile ranges of personnel interviewed and observed. The terms also represent a percentile of units/organizations inspected, linked to specific findings or observations. The team used the following thresholds throughout the report:

None	0%
Few	1% - 25%
Some	26% - 49%
Half	50%
Majority	51% - 75%
Most	76% - 99%
All	100%

Chapter 2 Good News

1. All WTU Soldiers were assigned housing appropriate to their grade and dependency status.
2. Most Soldiers stated that DPW quickly responds (24hrs) to work order requests in housing and in the barracks rooms. All Soldiers state that DPW ensures their work order requests are completed in a timely manner.

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: The exhaust fan above a stove was not operational.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: "There shall be no mold, exposed lead based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety or health hazard."

Inspection Results: The inspector noted at one location that the exhaust fan was inoperative and interviewed the Soldier residing in the quarters. The Soldier stated that they knew it was inoperative, but did not submit a work order to repair the fan. The DPW representative set up an appointment with the Soldier for a service call to repair the defective stove exhaust fan.

Root Cause(s): (Won't Comply-No Reward) The Soldier knew the fan was inoperative, but did not submit a work order to address the issue.

Recommendation: It is recommended that:

The WTU Commander ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and follow up on work orders that have been submitted.

The cadre reinforce to the WTU Soldiers the need to submit work orders for all issues in their living quarters.

Finding 2: A few Soldiers living in housing are not reimbursed for internet and telephone service.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: "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."

Inspection Results: During the interview with a few of the Soldiers living in housing it was found that they were not being reimbursed for their internet and telephone service. Soldiers living in the barracks were provided with internet, local telephone service, and/or a long distance calling card. A few of the Soldiers that lived in housing purchased internet and telephone service, but they were not being reimbursed. At one location the inspector contacted the garrison representative and was informed they

would still fund the program, but had not received any requests. The cadre at this location was informed of the process by the inspector and who they needed to contact for the reimbursement procedures. At another location, the leadership stated that garrison no longer had the funds to assist the WTU Soldiers with this program.

Root Cause(s): (Can't Comply-Scarce Resources) The program had been funded by the garrison in the past, but due to budget cut backs, they no longer fund this program.

Recommendation(s): It is recommended that WTU Commanders reengage with the garrison commanders to fund this program.

Finding 3: A few locations did not have fire evacuation plans posted.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: "There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard."

Inspection Results: The fire safety Inspector determined that the fire evacuation plans were not posted within the barracks hallway or in the individual rooms. At one location the cadre maintained evacuation plans in a safety book located in the cadre office, but did not post them in the hallways or rooms. At another location, the fire evacuation plan did not show proper routes to exit the building. Cadre at each location corrected the deficiency and posted fire evacuation plans.

Root Cause(s): (Don't Know–Forgot) Cadre were unsure of the requirement to have the evacuation plans posted in each hallway.

Recommendation(s): It is recommended that WTU Commanders ensure that fire evacuation plans are posted in the barracks hallways and/or on the door inside of each room.

Finding 4: The ventilation system is inoperable in the community showers.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: "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-ventilation-and air-conditioning (HVAC)."

Inspection Results: The inspectors noted that the ventilation system in the community showers was not functioning. The DPW representative stated that the ventilation system should automatically turn on few seconds after turning the light on. The showers do not have windows for ventilation and the closest window is through the adjoining toilet area. Currently, Soldiers vent the shower area by opening doors to the

hallway and the toilet area to prevent mold. The cadre stated that the ventilation system has never worked and did not know that it was a requirement.

Root Cause(s): (Don't Know–Never Knew) The cadre did not know that there was a ventilation system in the community showers. Currently the showers are ventilated by opening the doors to the hallway and toilet area.

Recommendation(s): It is recommended that the cadre submit a work order with DPW to repair the ventilation system.

Finding 5: The carpet in the barracks rooms was badly stained.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: "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-ventilation-and air-conditioning (HVAC)."

Inspection Results: The carpets at one location were badly stained in the barracks rooms. The inspector inquired into why the carpets has not been replaced. DPW stated that the WTU cadre had requested they be replaced, but they did not have the funds to replace all the carpets. They could replace the carpets with linoleum, but were unsure if that would meet the WTU standards. The ERMIC IG verified they could be replaced with linoleum as long as the new flooring did not include any complex patterns.

Root Cause(s): (Can't Comply-Scarce Resources) DPW and the cadre had identified the problem, but did not have the funding to replace all of the flooring with new carpet.

Recommendation(s): It is recommended that DPW replace the stained carpet with linoleum.

Finding 6: Fire doors do not properly close and/or the self-closing devices have been dismantled.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: "There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard."

Inspection Results: The fire inspector at one location tested the fire doors in the corridor and found that three of the doors did not properly close and seal automatically. Upon closer inspection it was found that one door's self closing mechanism had been dismantled. The other fire door would start to close but would not completely seal. The

automatic side entrance door would not automatically open or close and seal. The cadre already had an open work order for the side door entrance. At another location two fire doors would not automatically close, but a work order is open and awaiting parts.

Root Cause(s): (Don't Know–Never Knew) The cadre did not know that this was a requirement for these specific doors to automatically close and seal.

Recommendation(s): It is recommended that the WTU Commander ensure that the Cadre conduct regular scheduled checks of facilities housing WTU Soldiers and follow up on work orders that have been submitted.

Finding 7: Fire exit sign lights are not functional.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: “There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard.”

Inspection Results: During the walkthroughs the inspectors noted that a total of six exit sign lights were inoperable. The inspector asked the cadre on the status of any work orders for the lights. The cadre stated that they had put in a work order and were awaiting DPW to change out the bulbs or they did not notice the lights were out during their inspections.

Root Cause(s): (Won't Comply-No Penalty) The cadre did not conduct a thorough inspection of the facility.

Recommendation(s): It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and ensure cadre follow-up on work orders with DPW.

Finding 8: The community kitchen's stove door handle is missing.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: “There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard.”

Inspection Results: The fire inspector noted that the handle used to open the stove door was missing. The inspector stated that use of the stove could be a burn hazard since the only way to open the stove would be to touch the door itself. The cadre stated that they had not noticed the broken/missing handle in their walkthrough. The cadre were informed they should submit a work order through DPW. The DPW representative noted the finding and stated that he would follow-up with the cadre. The inspector informed the cadre to post a sign and inform the Soldiers that the oven could not be used until repaired.

Root Cause(s): (Won't Comply-No Penalty) The cadre did not conduct a thorough inspection of the facility.

Recommendation(s): It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and ensure cadre follow-up on work orders with DPW.

Finding 9: Two power strips were daisy chained together.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: "There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard."

Inspection Results: The fire inspector noticed that in one room the Soldier daisy chained two power strips to gain extra plugs. The cadre stated that they had spoken with the Soldier and informed him to unplug the second power strip. The finding was corrected on the spot.

Root Cause(s): (Won't Comply-No Penalty) The Soldier was instructed by the cadre to remove the daisy chained power strips, but the Soldier failed to complete this task.

Recommendation(s): It is recommended that the cadre re-train and reinforce the safety standards with the WTU Soldiers.

Finding 10: The handrails and a few wooden planks are loose and uneven along the WTU barracks exterior walkway.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: "There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard."

Inspection Results: The inspector noted that the walkway on one side of the barracks had a few loose handrails and several loose wooden planks.

Root Cause(s): (Don't Know-Never Knew) Cadre did not know that the railing and planks were loose.

Recommendation(s): It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and ensure cadre follow-up on work orders with DPW.

Finding 11: Flammable liquids were improperly stored inside the building.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: “There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard.”

Inspection Results: Bottles of flammable cleaning supplies were improperly stored in inside the building. The barracks did not have a flammable storage locker to store flammable supplies. The cadre removed the flammable supplies to be turned in for disposal.

Root Cause(s): (Don’t Know-Never Knew) Cadre did not know that the liquids were considered flammable.

Recommendation(s): It is recommended that WTU Commanders ensure that the Cadre conduct regular scheduled checks of facilities housing WTU Soldiers and ensure flammables are properly stored.

Finding 12: Facility fire extinguishers were overdue for annual service and/or missing from a required location.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: “There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard.”

Inspection Results: At one location the fire inspector noted that the facility Fire extinguishers were due for annual service. The extinguishers were being inspected monthly, but they needed to be switched out for maintenance annually. The inspector informed the cadre of the exchange point where the extinguishers could be exchanged. At another location the fire inspector noticed that an extinguisher was missing from one of the common areas. The cadre were informed of the missing extinguisher and the location to retrieve a replacement.

Root Cause(s): (Don’t Know – Never Knew) Cadre did not know that they were required to request servicing of the fire extinguishers and/or that the extinguisher was missing.

Recommendation: It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and exchange fire extinguishers as required.

Finding 13: Mold was identified in the shower.

Standard: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel states the following: “There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental, safety, or health hazard.”

Inspection results: The inspector identified a small amount of mold in the shower of a seldom used room. The Soldier that is assigned the room was recently married and is living off post with his spouse. The room is still maintained by the Soldier since the Soldier's command sponsorship request has not been approved yet. The Soldier was instructed to clean it with bleach and air out the room each time after showering; if the mold remained, a work order should be submitted.

Root Cause(s): (Won't Comply-No Penalty) The cadre did not conduct a thorough inspection of the facility.

Recommendation: It is recommended that WTU Commanders ensure that the cadre conduct regular scheduled checks of facilities housing WTU Soldiers and follow-up to ensure that the mold has been removed.

Observation 1: Rooms contain unauthorized appliances.

Discussion: The fire inspector noted that one room had two unattended wax warmers turned on. Another room had a pizza warmer inside the room. The fire inspector noted that both have heating elements and could be a fire hazard. The cadre did not know the wax warmers were considered a hazard.

Recommendation(s): It is recommended that cadre ensure Soldiers remove unauthorized appliances from their rooms and/or store them in the community kitchen.

Observation 2: Excessive grease build-up was indentified on the oven hood filters in the community kitchen.

Discussion: The fire inspector noted that the oven hood filters had grease build up in two community kitchens. The cadre was informed that the screens needed to be cleaned quarterly to prevent grease build up. The cadre removed the screens to be cleaned.

Recommendation(s): It is recommended that the WTU commander ensure that the cadre conduct regular checks of facilities used to house WTU Soldiers.

Observation 3: General housekeeping needed to be done in the common areas.

Discussion: The inspector noted that the stoves and microwaves need to be cleaned at one location. The cadre was informed of the issue to ensure the kitchens were cleaned to prevent mold and/or possible pest problems. At another location, the laundry room needed to be cleaned and lint traps had excess buildup.

Recommendation(s): It is recommended that the WTU Commander ensure that the cadre conduct regular checks of facilities used to house WTU Soldiers.

Observation 4: Water damage was identified on a few ceiling tiles.

Discussion: The inspector noted that three ceiling tiles had extensive water damage. The cadre informed the inspector that an issue with the washers and urinals on the floor above caused water to overflow and cause the damage. There is currently a work order open to fix both the tiles and the drainage issue.

Recommendation(s): It is recommended that the cadre follow-up with DPW to ensure ceiling tiles are replaced and the overflow/drainage issue is fixed.

Observation 5: An overhead light was not functioning in a few barracks rooms.

Discussion: Each room had multiple overhead fluorescent lights to light the room. Three rooms had one group of lights that were not functioning. The cadre noted the rooms and submitted a work order on the spot to correct this observation.

Recommendation(s): It is recommended that:

The WTU commander ensure that the cadre conduct regular checks of facilities used to house WTU Soldiers.

The cadre reinforce with the Soldiers to submit work orders for any issues in their living quarters.

Observation 6: WTU barracks has an outside wheelchair lift that is not covered.

Discussion: During the previous WTU Facility Inspection, the safety inspector noted that the outdoor wheelchair lift did not have a cover over the lift and the front entrance to protect WTU Soldiers from the elements. WTU Soldiers would have difficulty operating the lift elevator during inclement weather. The safety inspector addressed this problem to the Garrison Commander, who approved and set aside funding for an overhead cover. The cadre provided an open work order number for the installation of overhead cover to the lift and front entrance of the WTU facility. The DPW representative acknowledged the work order and noted work was estimated to start within four weeks.

Recommendation: It is recommended that the WTU Commander and safety office monitor the installation of overhead cover to the lift and front entrance.

IG Note: Currently, there are no WTU Soldiers requiring the use of a wheelchair.

Observation 7: A few housing units had mildew buildup on the roof directly above the main entrance.

Discussion: During the inspection it was discovered that two housing units occupied by WTU Soldiers had mildew buildup above the main entrance. The DPW

representative stated that the roofs were not built steep enough to allow the snow that accumulated to fall off the roof. This allowed the roof to remain damp and eventually cause mildew to build up. The DPW representative stated that the buildup has not caused damage to the roof and mildew was not found inside the house.

Recommendation(s): It is recommended that the WTU cadre ensure the snow buildup on the roofs be cleared regularly.

Observation 8: Handicap parking spaces outside the barracks are not wide enough to accommodate wheelchair access.

Discussion: At a few locations it was noted that some or all of the handicap parking spaces were not wide enough for wheelchair access. At one location two of the four handicap parking spaces did not comply with the parking guidance (3.5 meters in width) in regards to vehicle spaces and aisles space needed to support wheelchair movement. At another location, none of the parking spaces complied.

Recommendation: It is recommended that the cadre submit a work order to alter the parking spaces.

IG Note: The remaining observations deal with wheelchair accessibility and Americans with Disabilities Act (ADA) standards. Currently there are no WTU Soldiers that require the use of a wheelchair. It is not cost effective to renovate the WTU barracks since the WTB-E will transfer those Soldiers that require long term wheelchair use to a stateside WTU.

Observation 9: Toilets, closets, and showers are not wheelchair accessible in some barracks.

Discussion: At some locations the safety inspectors noted that the toilets, closets and/or showers were not Americans with Disabilities Act (ADA) compliant and could not be accessed by Soldiers in a wheelchair. The width of the doors into the toilets, closets, and into the showers are not wide enough to accommodate a wheelchair (32 inches). Currently there are no Soldiers in the WTU that require wheelchair accessibility.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 10: The height of the water fountain in the WTU Barracks is not wheelchair accessible.

Discussion: The water fountain in the hallway is mounted at a height of 39 inches and cannot be accessed by a person in a wheelchair. The garrison safety officer identified the failure of the water fountain to meet the ADA required height for wheelchair access.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 11: The main entrance access card reader to the WTU barracks is not easily accessible for WTU Soldiers confined to wheelchairs.

Discussion: The access card reader is located in a position that makes it difficult for a person confined to a wheelchair to operate. A Soldier in a wheelchair would have to be positioned in the automatic door trajectory to utilize the reader. A work request has been established to relocate the access card reader. The new position needs to be outside the door swing trajectory and at the appropriate height for use by people requiring a wheelchair.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 12: Means of egress is not possible at both ends of the building for WTU Soldiers confined to wheelchairs.

Discussion: The fire and safety inspectors noted that the WTU barracks at some locations have wheelchair accessibility at one entrance, but not for the secondary/emergency exit in the event the main entrance is blocked. This issue was addressed with the ERMC safety officer who stated that the buildings have been evaluated and given risk assessments. Since there are not Soldiers living in these locations that require wheelchair accessibility, there was no requirement to add an extra ramp for evacuation purposes. Additionally, there is only one wheelchair elevator for each barracks which is located near the wheelchair accessibility ramp.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 13: The emergency call button on the wheelchair elevator has a low audible alarm.

Discussion: Emergency call buttons are inconspicuous, not connected to a constant attended area, and are labeled in German language only. When activated, the audible alarm could not be heard inside the building. The system does not have a call system to contact an attended area and is a local audible alarm only.

Recommendation(s): It is recommended that the cadre submit a work order to have call buttons labeled in English language and have the audible alarms volume increased.

Observation 14: The barracks laundry room is not wheelchair accessible.

Discussion: Wheelchair access to the laundry room is not feasible. Laundry room is in the basement of barracks. There is no elevator or adequate wheelchair access into the basement of the barracks.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 15: The community kitchen in the barracks is not wheelchair accessible.

Discussion: The safety inspector noted that the barracks kitchen is inadequate for wheelchair accessibility. The stove controls are located on the back of the stove requiring a Soldier in a wheelchair to reach across the burners to operate the unit. Stoves should have controls located on the front of the unit to ensure wheelchair accessibility.

Recommendation(s): It is recommended that the WTU Commander establish an alternate lodging location for Soldiers that will require wheelchair accessibility.

Observation 16: The annual inspection/service was not conducted on the wheelchair lift.

Discussion: The inspection/service sticker for the wheelchair lift was not posted. The safety officer stated that there should be an inspection/service sticker on the apparatus. Cadre was unaware of this requirement. The housing representative stated that he would inquire into which company has the contract for servicing this item and would inform WTU cadre and/or leadership of the process to request the inspection annually.

Recommendation(s): It is recommended that the WTU Commander ensure cadre request an annual inspection of the wheelchair lift through DPW and that it is documented as required.

Appendix 1 Directive



DEPARTMENT OF THE ARMY
UNITED STATES ARMY EUROPE REGIONAL MEDICAL COMMAND
UNIT 29421
APO AE 09136-9421

MCEU

30 JUN 08 2008

MEMORANDUM FOR ERMIC Inspector General, U.S. Army, Europe Regional Medical Command, APO AE 09136

SUBJECT: Directive for the Inspection of Facilities used to House Warriors in Transition

1. In accordance with Public Law 110-181 (enclosure 1), I direct the Europe Regional Medical Command Inspector General to conduct the special inspection of facilities used to House Warriors in Transition within Europe. This inspection will be concluded no later than 1 Sep 13. You will provide me with a written report at the conclusion of the inspection.
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 Medical Holdover Personnel.
3. ALARACT 162/2008 (enclosure 2) authorizes Regional Medical Command IG teams to coordinate with Installation Management Command IGs to task staff members and Inspectors General assigned to Senior Commanders and IMCOM. The inspection teams are authorized unlimited access to Army activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement.
4. All personnel presented with this directive will afford the inspectors with the maximum assistance necessary to allow them to complete their task. Pursuant to AR 20-1, IG personnel are authorized access to all documents and other evidentiary materials needed to discharge their duties.
5. Point of contact is [REDACTED].

3 Encls

1. Public Law 110-181, 28 Jan 08
2. ALARACT 162/2008
3. ALARACT 295/2008

Appendix 2 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

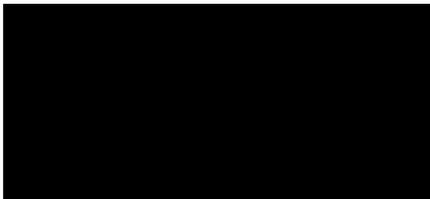
SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover
Personnel

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.

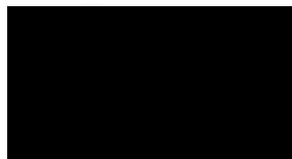
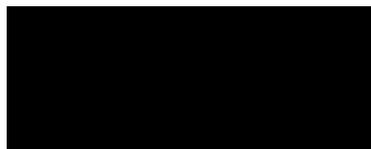
Effective immediately, the Military Services will provide housing for medical hold and holdover personnel in accordance with the attached standards. These standards address baseline accommodations and special features and services that may be required depending on a member's medical condition and treatment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



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 instrumentally (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 extended permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extended 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” 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, furnishing 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 should 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 reason 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 precluded 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, stairs 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 DoD 1332.38, Physical Disability Evaluation, paragraph E3.P5.2.2.1 and E3.P5.1.2)

6. ASSIGNMENT

As a general rule, unless dictated otherwise by special 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 dependent, 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 on a privatized-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-ventilation-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 definite 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.

Electric Equipment

Generally, a television with cable/satellite service, internet service, and a television 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 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 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 preventive 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 issues 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, linen, 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 auditory 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

Standards 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 wheelchairs 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 attendance 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 linen, 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.

Furnishing

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 if 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 to 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 facilities 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 on 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 Reports

Inspection reports were provided to the incumbent of the offices listed below or his/her designated representative on the date indicated:

Office	Date of Report
Commander, Warrior in Transition Battalion-Europe	18 Sep 13
Commander, A Company Warrior in Transition Unit	18 Sep 13
Commander, USAG Baumholder	18 Sep 13
Commander, USAG Kaiserslautern	18 Sep 13
Commander, USAG Stuttgart	18 Sep 13
Commander, USAG Wiesbaden	18 Sep 13
Commander, C Company Warrior in Transition Unit Schweinfurt	18 Sep 13
Commander, USAG Ansbach	18 Sep 13
Commander, USAG Bamberg	18 Sep 13
Commander, USAG Schweinfurt	18 Sep 13
Commander, D Company Warrior in Transition Unit Vilseck	18 Sep 13
Commander, USAG Grafenwoehr	18 Sep 13
Commander, USAG Vicenza	18 Sep 13
Regional Director, IMCOM Europe	N/A
IMCOM Europe Inspector General	N/A
IMCOM Europe Public Works	N/A



Appendix 4 Acronym List

ALARACT	All Army Activities
BLDG	Building
DEPSECDEF	Deputy Secretary of Defense
DoD	Department of Defense
DPW	Department of Public Works
ERMC	Europe Regional Medical Command
FH	Family Housing
FOIA	Freedom of Information Act
HQ	Headquarters
IG	Inspector General
IMCOM	Installation Management Command
MEDCOM	Medical Command
MH	Medical Hold
MTF	Military Treatment Facility
NAF	Non-Appropriated Funds
NAFI	Non-Appropriated Funds Instrumental
OSD	Office of Secretary of Defense
PCS	Permanent Change Station
POV	Privately Owned Vehicle
PTSD	Post Traumatic Stress Disorder
RMC	Regional Medical Command
TBI	Traumatic Brain Injury
TDY	Temporary Duty
UPH	Unaccompanied Personnel Housing
USAMEDCOM	United States Army Medical Command
WT	Warrior in Transition
WTU	Warrior in Transition Unit

Appendix 5 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