



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

APR 1 2015

Dear Mr. Chairman:

The enclosed report is provided in response to section 3307(a) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Public Law (P.L.) 110-28), and section 1648(f) of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181), which require the Department of Defense to annually inspect and report on Military Medical Treatment Facilities (MTFs) and Medical Hold Housing (MHH) based on established standards. Medical treatment of our Service members falls under my purview, and I have been asked to respond.

The eighth annual Military Department inspections revealed 87 percent of MTFs and 100 percent of MHH complied with established acceptable standards. The report identified a total cost of \$756,703 million for correction of minor deficiencies that do not impact patient care in MTFs. The resources to correct these deficiencies will receive the appropriate consideration in the Department's Planning and Programming process. A similar letter has been sent to the Chairpersons of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in blue ink that reads "Jessica E. Wright".

Jessica E. Wright

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

APR 1 2015

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

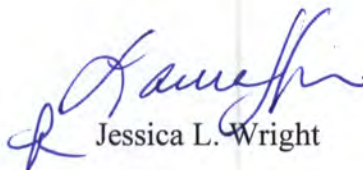
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As stated

cc:
The Honorable Adam Smith
Ranking Member



PERSONNEL AND
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UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

APR 1 2015

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cc:
The Honorable Barbara A. Mikulski
Vice Chairwoman



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

APR 1 2015

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member

Office of the Secretary of Defense

ANNUAL REPORT TO CONGRESS

2015 Annual Report on Inspection of Military Medical
Treatment Facilities and Medical Hold Housing



Office of the Under Secretary of Defense
(Personnel and Readiness)

January 2015

The estimated cost of this report or study for the Department of Defense is approximately \$755,000 in Fiscal Years 2014 - 2015. This includes \$126,000 in expenses and \$629,000 in DoD labor.

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ANNUAL REPORT TO CONGRESS

2015 Annual Report on Inspection of Military Medical Treatment Facilities and Medical Hold Housing

Executive Summary

The U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (P.L. 110-28, section 3307(a)) and the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 (P.L. 110-181, section 1648(f)) provided that adequate medical treatment and housing facilities be available to support wounded warriors and their families. Under these Acts, the military departments —Army, Navy, and Air Force— were to perform the following tasks:

- A. Develop and implement standards for medical treatment facilities (MTF) and medical hold housing (MHH).
- B. Annually assess conditions of these facilities against standards.
- C. Establish a Wounded Warrior Resource Center (WWRC), call line numbers, and websites to assist military personnel in reporting facility deficiencies, addressing medical care concerns, and receiving benefits information.
- D. Report all results in accordance with regulations stipulated in these Acts.

The Department of Defense (DoD) has historically maintained standards for the operation and maintenance of MTFs. The Deputy Secretary of Defense established and implemented similar standards for MHH under a memorandum signed on September 18, 2007.

This eighth annual facility inspection examined military MTFs, specialty medical care facilities, and military quarters or leased housing for patients. These inspections resulted in 87 percent compliance with the MTFs and 100 percent compliance with MHH standards and criteria. It is important to note that most of the discrepancies are routine maintenance and upkeep, not a condition that is solely attributable to or would impede the care of a wounded warrior (e.g., replacing a roof that was on a recapitalization list to be completed next year or replacement of a chiller that had been programed for replacement two years ago).

During the period covered by this eighth inspection (FY 2014), a total of \$756.703 million in deficiencies was identified at MTFs with corrective action planned across a 5-year period. All MHH deficiencies noted during the inspections were promptly corrected or the affected members were relocated to housing that met DoD standards. No inspection deficiencies identified impacted the quality of medical care to wounded warriors, jeopardized the accreditation of the MTFs, or posed an immediate danger to the patients or practitioners at the facility.

In addition to facility inspections, statutes required the creation of a WWRC which provides referral service for wounded warriors and their families to record, track, and monitor questions and comments about their concerns. The WWRC is now operated as part of the Military OneSource (MOS) program. The MOS addressed a large number of referral calls during this reporting period. The military Services did not receive any calls related to medical facilities or housing. Since Service members had several avenues to address any facility concern on a local level, it is clear that they used the military department call lines and web sites as a final option.

ANNUAL REPORT TO CONGRESS

2015 Annual Report on Inspections of Military Medical Treatment Facilities and Medical Hold Housing

Overview

A. Introduction

As in prior annual inspection reports, the goals and objectives of the MTF and MHH inspections were to:

1. Develop and establish a unified system of standards and criteria to assess the quality of medical treatment facilities and medical hold housing.
2. Execute annual facility inspections across the Military Health System.
3. Identify deficiencies requiring corrective action.
4. Create and execute a plan of action to correct noted deficiencies.
5. Establish hot line telephone numbers, web site access, and a WWRC to simplify the referral, notification, reporting, and query process for military personnel and their families.

This eighth annual report covers inspections conducted during FY 2014. The DoD submitted previous reports to the congressional defense committees on April 2, 2008, November 2, 2009, August 31, 2010, August 31, 2011, March 23, 2012, February 12, 2013, and April 2014.

B. Senior Oversight Committee

The Assistant Secretary of Defense for Energy, Installations and Environment has overall responsibility for wounded warrior facility issues and functional responsibility for MHH. The Assistant Secretary of Defense for Health Affairs has functional responsibility for MTFs.

C. Applicable Legislation

To assess how well DoD facilities were supporting wounded warriors and their families, Congress enacted the statutory provisions listed below:

1. Public Law (P.L.) 110-28, May 25, 2007—U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, section (sec.) 3307(a) (see Attachment III).
2. P.L. 110-181, January 28, 2008—NDAA for FY 2008, sec. 1648(f) (see Attachment III).

D. MTFs and MHH Inspection Evaluation Standards and Criteria

Under P.L. 110-181, sec. 1648(f), Congress provided that established standards were to be uniform and consistent related to appearance, maintenance, size, operations, and compliance with the Americans with Disabilities Act of 1990. To support consistency throughout

inspections of all MTFs and MHH facilities, existing design standards were reviewed, reaffirmed, and/or newly developed. The MTF design standards already existed under prior code and criteria development and compliances. However, MHH design standards had to be developed and were established via a memorandum issued in September 2007 by the Deputy Secretary of Defense. Attachment I provide details on specific evaluation standards, criteria, memorandums, and guidance utilized during the MTF and MHH facility inspections.

E. MTFs and MHH Inspection Processes and Procedures

The military departments developed inspection procedures and protocols for MTFs and MHH to account for all facilities in the inventory. The teams who conducted inspections were slightly different for each of the military departments. Facility managers, health facility personnel, medical case managers, medical hold unit personnel, housing managers, engineers of various disciplines, tradesmen of diverse backgrounds, maintenance contractors, and other base civil engineering personnel participated on the inspection teams. In some cases, inspectors created up-to-date web-based lists of detailed deficiencies, while in others, inspectors developed more localized lists applicable to the direct installation. The inspection information served to produce the basis for development of maintenance and operation project requirements targeted at reducing the backlog of deficiencies and improving the condition of facilities.

F. Cost Development and Impacts

Costs reflected in each military department's report were derived using several different means and methods. The majority of cost estimates were based on the Means Cost Estimating Criteria. Other estimates were based on unit costs identified in existing maintenance contracts, experiences of the cost estimator, and/or actual costs noted from similar projects. Additional cost factors under the MTFs accounted for the need to maintain on-going healthcare operations. Some project actions were consolidated into larger projects in order to minimize the number of potential contractors and simplify the acquisition process. Reflected costs denoted a rough order of magnitude for projects that were not well developed. Hence, noted costs could be off as much as 10 percent from their true project costs. More detailed designs would be required to identify more accurate shortfalls in the maintenance and operation budgets for projects minimally defined.

G. Organization of Annual Report

This report is divided into three parts:

- 1. Part I: Calls and Web Sites Related to Medical Facility Conditions Supporting Wounded Warriors**—Discusses results related to established call numbers, a MOS (formally known as WWRC), and web site programs;
- 2. Part II: Inspection of Medical Treatment Facilities**—Covers MTFs and their inspection results; and
- 3. Part III: Inspection of Medical Hold Housing**—Addresses MHH supporting outpatient care and their inspection results.

PART I: CALLS AND WEB SITES RELATED TO MEDICAL FACILITY CONDITIONS SUPPORTING WOUNDED WARRIORS

A. Introduction

As required by Congress under the NDAA for FY 2008 (P.L. 110-181, sec. 1648(f)), this part of the report provides consolidated information on “any deficiencies in the adequacy, quality, or state of repair of medical-related support facilities raised as a result of information received during the period covered by the report through the toll-free hot line required by section 1616.” The military departments established hot line numbers as of April 1, 2008, and web sites as of July 1, 2008. A MOS (formally known as the WWRC) also was established “to provide wounded warriors, their families, and their primary caregivers with a single point of contact for assistance with reporting deficiencies in covered military facilities, obtaining health care services, receiving benefits information, and any other difficulties encountered while supporting wounded warriors.”

B. General Information Regarding Call Lines and Web Sites Results

“TABLE 1: *Military Departments’ Call Lines and Web Sites*” summarizes access numbers that were established by each of the military departments.

For the eighth inspection period, call lines and web site inquiries were recorded from October 1, 2013, through September 30, 2014, (FY 2014) for all military departments and the MOS (formally known as WWRC) to coincide with annual, fiscal year operation and maintenance planning, programming, and execution efforts. This permitted each military department to allocate funds, on an annual basis, to expedite necessary corrective action. The next reporting period will span from October 1, 2014, to September 30, 2015 (FY 2015).

C. Specific Findings and Analysis of Call Lines and Web Sites Results

The MOS (formally known as WWRC) received 2,293 calls from individuals associated with a military department during this reporting period. These calls resulted in 3,303 referrals for support. Some callers required multiple referrals due to multiple issues. Ninety-eight percent (3,243 calls) of the caller issues were resolved on the first call by addressing and providing direct information, referral to a specific military service wounded warrior program, or transfer to other non-medical resources. The remaining two percent of callers had higher level complex issues and continue to receive follow-up from MOS until the issue is resolved. One hundred percent of the callers (2,293 calls) resulted in 3,303 referrals of which 3,218 referrals were directed to TRICARE, the Department of Veterans Affairs, or specific military department wounded warrior programs. Of these calls, none was directly related to the “adequacy, quality, or state of repair of medical-related support facilities.” In three percent of the calls (85 calls), callers were directed to other non-medical resources (for example, commerce, banking, community services, and school systems). Army represented the largest group of callers (64 percent), similar to previous reporting years. In FY 2014, there was a shift in the primary focus of calls received to the MOS and financial issues became the number one issue. Medical treatment followed as the number two issue for callers. “TABLE 2: *Calls Received by the Military OneSource (formally known as Wounded Warrior Resource Center (WWRC))*” provides a summary and breakdown of referral calls according to each military Service. The military departments did not receive any calls associated with medical facilities.

TABLE 1: MILITARY DEPARTMENTS' CALL LINES AND WEB SITES

MILITARY DEPARTMENT	CALL NUMBERS	INTERNET WEB SITE ACCESS
ARMY	1-800-984-8523	http://wtc.army.mil/aw2/
NAVY	1-855-628-9997	http://safeharbor.navylive.dodlive.mil/
MARINE CORPS	1-877-487-6299	http://www.woundedwarriorregiment.org/
AIR FORCE	1-800-581-9437	www.woundedwarrior.af.mil afwounded.warrior@randolph.af.mil
MOS	1-800-342-9647	www.militaryonesource.mil
<p>NOTES:</p> <p>MOS MILITARY ONESOURCE (FORMALLY WOUNDED WARRIOR RESOURCE CENTER)</p> <p>WTU WARRIOR IN TRANSITION UNIT</p>		

**TABLE 2: CALLS RECEIVED BY THE MILITARY ONESOURCE (MOS)
(FORMALLY KNOWN AS WOUNDED WARRIOR RESOURCE CENTER (WWRC))**

CALLS FROM THE MILITARY ONESOURCE (MOS) (FORMALLY KNOWN AS WOUNDED WARRIOR RESOURCE CENTER (WWRC))					
MILITARY DEPARTMENT	CALLS RECEIVED PER MILITARY DEPARTMENTS		CALLS REFERRED TO MOS/VA/TRICARE SERVICE		REMARKS
	NUMBER OF CALLS	PERCENT OF CALLS	NUMBER OF CALLS REFERRED	PERCENT OF CALLS REFERRED	
ARMY	1475	64%	1440	98%	
NAVY	255	11%	249	98%	
AIR FORCE	228	10%	223	98%	
MARINES	234	10%	227	97%	
NATIONAL GUARD	56	2%	12	21%	
RESERVE	45	2%	0	0%	All Reserve Referred to Parent Service
TRICARE	NA	NA	26	NA	
VA	NA	NA	1041	NA	
GRAND TOTALS	2293	100%	3218	97%	85 Referrals to Other Resources (3%)
General Note: 98% of caller issues resolved. Resolutions achieved through MOS, referrals to individual military departments and their wounded warrior programs, TRICARE, or VA, or transfer to non-medical entities. Finances were the number one issue.					

PART II: INSPECTION OF MEDICAL TREATMENT FACILITIES

A. Introduction

As required by the U.S. Troop Readiness, Veterans' Care, Katrina Recovery and Iraq Accountability Appropriations Act (P.L. 110-28, sec. 3307(a)), and the NDAA for FY 2008 (P.L. 110-181, sec. 1648(f)), this part of the report consolidates information on military department inspections of medical treatment and specialty treatment facilities caring for wounded warriors and their families. Utilizing specific criteria and checklists, an indication of the condition of each facility was identified during the annual inspections.

B. General Findings and Analysis of MTF Inspections

The Departments of the Army, Navy, and Air Force inspected all hospitals and medical/dental clinics supporting wounded warriors. These inspections recorded whether each examined facility met or did not meet established standards. In addition, all military departments participated in the accreditation process of the Joint Commission (TJC) on Accreditation of Hospitals. The accreditation process was continuous, data-driven, and focused on operational systems critical to the safety and quality of patient care. The military departments' reports, under Attachment II, provide the methodology of the inspections and changes from previous inspection reports.

All MTFs inspected followed established standards and criteria in accordance with Attachment I. Where MTFs were inspected and met standards, no actions were generated or cost estimates required. Where deficiencies were noted, a corrective plan of action was included. Many deficiencies were not easily mitigated through a single project or fiscal year. Constructability, new work limitations, and continuity of MTF operations required a series of projects over a period of time. Costs identified to correct deficiencies did not reflect a project cost but rather the cost of the specific deficiency. Total project costs would generally be higher as work and scope of services were more specifically defined.

C. Specific Findings and Analysis of MTF Inspections

The inspection teams determined that a total overall average of 87 percent of MTFs providing care to wounded warriors met standards for operations, maintenance, and the American Disabilities Act (ADA)/Architectural Barriers Act (ABA) Accessibility Guidelines compliance. Routine deficiencies that were corrected by a service call were not reported. No inspection deficiencies identified impacted quality of medical care to the wounded warrior, jeopardized the accreditation of the MTFs, or posed an immediate danger to the patients or practitioners at the facility. The detailed data tabulations in each military department's report (see Attachment II) noted categories of deficiencies and projected rough order of magnitude costs for each facility inspected.

Overall, the Army identified \$19.465 million in deficiencies for ADA/ABA and \$344.865 million in deficiencies for operations and maintenance; this equates to a total overall cost of \$364.330 million with all noted deficiencies to be programmed for correction through the next 5 years (FY 2015 to FY 2020). The Navy identified \$10.420 million in deficiencies for ADA/ABA and \$348.707 million in deficiencies for operations and maintenance; this equates to

a total overall cost of \$359.127 million with all noted deficiencies being programmed for correction through the next 5 years (FY 2015 to FY 2020). The Air Force identified no deficiencies in ADA/ABA and no deficiencies in operations and maintenance; consequently no costs were identified during the FY 2014 inspections. Hence, the total cost in deficiencies for ADA/ABA, operations, and maintenance across all the military departments equals \$723.457 million.

The military department inspection reports listed installations alphabetically. The number of facilities inspected for each of these services was as follows: Army inspected 345, Navy inspected 176, and Air Force inspected 178. Based on noted deficiencies for ADA/ABA, Operations, and Maintenance, the Army had 10 percent deficiencies, the Navy had 28 percent deficiencies and the Air Force had zero percent deficiencies under these categories. Additional evaluation standards and criteria (see Attachment I) noted facility deficiencies primarily in the building systems and envelope. This covered an array of deficiencies including elevators, cooling towers, roof systems, electrical service and equipment, generator systems, and exterior doors and windows. Life Safety and Fire Protection and Interior/Functional conditions indicated additional major deficiency categories. Concerns in these two areas covered sprinkler systems, egress conditions, fire alarm systems, emergency exit signs, interior doors, surface finishes, and space reconfigurations to improve operational efficiencies. Although Congress requires inspections to be conducted on an annual basis, ongoing facility management inspections occur daily in an effort to create and sustain world-class military medical facilities.

“TABLE 3: *Comparison of Total MTFs Inspected, Number of Compliant Versus Non-Compliant Facilities, and Costs to Correct Noted Deficiencies Per Each Military Department For FY 2014, 2013, 2012, 2011, 2010, 2009, 2008, and 2007*” notes the number of compliant facilities and associated costs to correct these deficiencies for ADA, Operations, and Maintenance for the current and all previous inspection years for comparison. In addition, this table indicates total costs per year per military department associated with deficiencies in MTFs. “TABLE 4: *Comparison of Compliant MTFs with Non-Compliant Facilities in Percentages Per Each Military Department for FY 2014, 2013, 2012, 2011, 2010, 2009, 2008, and 2007*” conveys percentages of compliant facilities for ADA, Operations, and Maintenance for the current and all previous inspection years for comparison. This table also summarizes percentages of noted deficiencies per each year inspections were performed.

TABLE 3: COMPARISON OF TOTAL MTFs INSPECTED, NUMBER OF COMPLIANT VERSUS NON-COMPLIANT FACILITIES, AND COSTS TO CORRECT NOTED DEFICIENCIES PER EACH MILITARY DEPARTMENT FOR FYs 2014, 2013, 2012, 2011, 2010, 2009, 2008, AND 2007

FISCAL YEARS 2014, 2013, 2012, 2011, 2010, 2009, 2008 AND 2007 PER EACH MILITARY DEPARTMENT FOR MTFs									
MILITARY DEPARTMENT	FISCAL YEAR	ADA/ABA			OPERATIONS AND MAINTENANCE			NUMBER OF FACILITIES INSPECTED PER FISCAL YEAR	COST (ADA+OM) IDENTIFIED PER FISCAL YEAR (\$K)
		COMPLY	NON-COMPLY	COST TO CORRECT (\$K)	COMPLY	NON-COMPLY	COST TO CORRECT (\$K)		
ARMY	2014	340	5	\$19,465	287	58	\$344,865	345	\$364,330
	2013	151	25	\$16,766	134	42	\$415,856	176	\$432,622
	2012	309	133	\$156,000	154	288	\$797,500	442	\$953,500
	2011	331	47	\$31,699	186	192	\$803,697	378	\$835,396
	2010	128	0	\$0	126	2	\$1,570	128	\$1,570
	2009	129	1	\$52	111	19	\$8,203	130	\$8,255
	2008	152	2	\$330	144	10	\$26,109	154	\$26,439
	2007	152	9	\$1,103	134	37	\$38,136	161	\$39,239
NAVY	2014	146	30	\$10,420	108	68	\$348,707	176	\$359,127
	2013	134	51	\$25,435	97	88	\$290,459	185	\$315,894
	2012	192	7	\$24,605	197	2	\$468,910	199	\$493,515
	2011	189	13	\$22,160	200	2	\$422,613	202	\$444,773
	2010	186	7	\$18,501	188	5	\$215,817	193	\$234,318
	2009	189	9	\$12,204	197	1	\$257,857	198	\$270,061
	2008	183	13	\$9,787	189	7	\$341,691	196	\$351,478
	2007	164	22	\$4,800	173	13	\$87,193	186	\$91,993
AIR FORCE	2014	181	0	\$0	181	0	\$0	181	\$0
	2013	178	0	\$0	177	1	\$0	178	\$1,800
	2012	215	0	\$0	215	0	\$0	215	\$0
	2011	216	0	\$0	216	0	\$0	216	\$0
	2010	209	0	\$0	209	0	\$0	209	\$0
	2009	179	3	\$445	182	0	\$0	182	\$445
	2008	121	9	\$3,065	118	12	\$55,223	130	\$58,288
	2007	114	14	\$314,700	111	17	\$13,710	128	\$328,410
MILITARY DEPARTMENT						ARMY	NAVY	AIR FORCE	TOTAL COSTS IDENTIFIED PER FISCAL YEAR (\$K)
	2014					\$364,330	\$359,127	\$0	\$723,457
	2013					\$432,622	\$315,894	\$1,800	\$750,316
	2012					\$953,500	\$493,515	\$0	\$1,447,015
	2011					\$835,396	\$444,773	\$0	\$1,280,169
	2010					\$1,570	\$234,318	\$0	\$235,888
	2009					\$8,255	\$270,061	\$445	\$278,761
	2008					\$26,439	\$351,478	\$58,288	\$436,205
	2007					\$39,239	\$91,993	\$328,410	\$459,642
NOTE:	1. UNDER "TOTAL COST IDENTIFIED PER FISCAL YEAR", COST NOTED ARE FUNDED ACROSS A FIVE YEAR PERIOD AND DO NOT REFLECT CUMMULATIVE COSTS FROM ONE YEAR TO ANOTHER. THUS, SOME COSTS NOTED ARE CARRIED ACROSS SEVERAL FISCAL YEARS.								
	2. COST TO CORRECT DEFICIENCIES ARE CALCULATED ACROSS A FISCAL YEAR TO CORRESPOND WITH ANNUAL FUNDING REQUEST.								

TABLE 4: COMPARISON OF COMPLIANT MTFs WITH NON-COMPLIANT FACILITIES IN PERCENTAGES PER EACH MILITARY DEPARTMENT FOR FYs 2014, 2013, 2012, 2011, 2010, 2009, 2008, AND 2007

FISCAL YEARS 2014, 2013, 2012, 2011, 2010, 2009, 2008 AND 2007 PER EACH MILITARY DEPARTMENT FOR MTFs							
MILITARY DEPARTMENT	FISCAL YEAR	ADA/ABA		OPERATIONS AND MAINTENANCE		TOTAL AVERAGE PERCENTAGE OF DEFICIENCIES NOTED	
		COMPLAINT	NOT COMPLAINT	COMPLAINT	NOT COMPLAINT	COMPLAINT	NOT COMPLAINT
ARMY	2014	95%	5%	85%	15%	90%	10%
	2013	86%	14%	76%	24%	81%	19%
	2012	70%	30%	35%	65%	52%	48%
	2011	88%	12%	49%	51%	68%	32%
	2010	100%	0%	98%	2%	99%	1%
	2009	99%	1%	85%	15%	92%	8%
	2008	99%	1%	94%	6%	96%	4%
	2007	94%	6%	83%	17%	89%	11%
NAVY	2014	83%	17%	61%	39%	72%	28%
	2013	72%	28%	52%	48%	62%	38%
	2012	96%	4%	99%	1%	98%	2%
	2011	94%	6%	99%	1%	96%	4%
	2010	96%	4%	97%	3%	97%	3%
	2009	95%	5%	99%	1%	97%	3%
	2008	93%	7%	96%	4%	95%	5%
	2007	88%	12%	93%	7%	91%	9%
AIR FORCE	2014	100%	0%	100%	0%	100%	0%
	2013	100%	0%	99%	1%	100%	0%
	2012	100%	0%	100%	0%	100%	0%
	2011	100%	0%	100%	0%	100%	0%
	2010	100%	0%	100%	0%	100%	0%
	2009	98%	2%	100%	0%	99%	1%
	2008	93%	7%	91%	9%	92%	8%
	2007	89%	11%	87%	13%	88%	12%
	2014					87%	13%
	2013					81%	19%
	2012					83%	17%
	2011					88%	12%
	2010					99%	1%
	2009					96%	4%
	2008					94%	6%
	2007					89%	11%

PART III: INSPECTION OF MEDICAL HOLD HOUSING

A. Introduction

Pursuant to the U.S. Troop Readiness, Veterans' Care, Katrina Recovery and Iraq Accountability Appropriations Act (P.L. 110-28, sec. 3307(a)), and the NDAA for FY 2008 (P.L. 110-181, sec. 1648(f)), this portion of the report consolidates information related to military department inspections of MHH for recovering service members and their families.

B. General Findings and Analysis of MHH Inspections

Following specific criteria and checklists, a determination was made for each wounded warrior on medical hold in government owned, privatized, or leased housing whether he/she was being housed adequately in terms of: a) Assignment (appropriate unit for pay grade, length of stay, and medical attendants, if authorized); b) Baseline (generally the condition of the facility and adequacy of supporting services); and, c) Special Medical (unique features for the occupant's specific medical needs such as an accessible unit). Based on these and other established inspection standards (see Attachment I), military departments met personnel housing needs using a variety of means, including the referral of individuals into housing on and off base that met or could easily be adapted to meet the individual medical requirements of the wounded warrior. Focused actions to comply with the criteria and standards included renovating and modernizing existing barracks, lodging, and family housing; and contracting or leasing private sector housing or lodging in the surrounding communities. When deficiencies were observed, efforts were focused and directed to execute the corrections promptly or, immediately relocate the wounded warriors to proper accommodations. The inspections did not focus on private housing in the community owned or being rented by the wounded warrior.

C. Specific Findings and Analysis of MHH Inspections

The inspection teams found 100 percent of medical hold personnel were housed in facilities compliant with established standards related to "assignment," "baseline," and "special medical" categories (see Attachment I). Routine deficiencies that were corrected by a service call were not listed or included as a facility deficiency. Deficiencies noted reflected safety and physical security concerns such as adequate lighting on the exterior and proper entrance door locks. All noted MHH deficiencies were immediately corrected. No inspection deficiencies identified impacted quality of medical care to the wounded warrior.

At the time of the MHH inspections, the Army had 2,690 wounded warriors; the Navy had 320 wounded warriors; the Air Force had 1,093 wounded warriors; the Marine Corps had 359 wounded warriors; and the JTF had 10 wounded warriors. The following percentages represent the number of wounded warriors accommodated in compliant housing types at the time of the inspections per each military department:

	ARMY	NAVY	AIR FORCE	MARINE CORPS_	JTF
a. Unaccompanied Personnel Housing	67%	54%	02%	21%	100%
b. Family Housing	10%	02%	06%	13%	00%
c. Lodging (including Fisher Houses)	01%	13%	01%	01%	00%
d. Privately Owned or Rented Housing	<u>22%</u>	<u>31%</u>	<u>91%</u>	<u>65%</u>	<u>00%</u>
Total Percentages	100%	100%	100%	100%	100%

Overall, the inspections have shown that the military departments provided adequate support to wounded warriors and their families by aggressively addressing and correcting noted facility issues. In each of their reports (see Attachment II), the military departments discussed, in more detail, the methodology and results of the inspections performed during this sixth reporting period. Their reports reflected how the wounded warriors are accommodated at a point in time.

“TABLE 5: *Total Personnel in Various MHH Compliant Housing Types, Percentages Per Type, and an Annual Summary for FY 2014, 2013, 2012, 2011, 2010, 2009, 2008, and 2007 per Each Military Department*” compared various housing types and their percentages to the total number of personnel occupying compliant MHH units across several inspection years per each military department. In addition, an annual summary of these totals are noted.

TABLE 5: TOTAL PERSONNEL IN VARIOUS MHH COMPLIANT HOUSING TYPES, PERCENTAGES PER TYPE, AND AN ANNUAL SUMMARY FOR FYs 2014, 2013, 2012, 2011, 2010, 2009, 2008, AND 2007 PER EACH MILITARY DEPARTMENT

FISCAL YEARS 2014, 2013, 2012, 2011, 2010, 2009, 2008, AND 2007 PER EACH MILITARY DEPARTMENT FOR EACH MHH													
MILITARY DEPARTMENT	FISCAL YEAR	DOD OWNED FAMILY HOUSING		DOD OWNED UNACCOMPANIED HOUSING		LEASED, CONTRACTED, OR PRIVATIZED FAMILY HOUSING OR LODGING		DOD OWNED LODGING (INCLUDES FISHER HOUSES)		PRIVATELY OWNED OR RENTED HOUSING		TOTAL NUMBER OF PERSONEL IN NON-COMPLIANT FACILITIES	TOTAL NUMBER OF PERSONEL HOUSED
		COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL		
ARMY	2014	238	9%	1815	67%	18	1%	17	1%	602	22%	0	2690
	2013	0	0%	2,405	48%	520	10%	48	1%	1,724	35%	263	4,960
	2012	0	0%	3,131	50%	746	12%	79	1%	2,317	37%	45	6,318
	2011	0	0%	2,293	42%	637	12%	393	6%	2,194	40%	118	5,517
	2010	0	0%	2,852	38%	873	12%	761	10%	2,912	40%	47	7,445
	2009	0	0%	2,456	36%	958	14%	678	10%	2,697	40%	0	6,989
	2008	0	0%	3,054	33%	1,441	16%	884	10%	3,800	41%	3	9,189
	2007	345	7%	2,351	45%	140	30%	625	12%	1,754	33%	13	5,228
NAVY	2014	3	1%	175	54%	1	1%	42	13%	99	31%	0	320
	2013	0	0%	240	64%	78	21%	36	10%	20	5%	0	374
	2012	16	4%	350	86%	12	3%	30	7%	0	0%	0	408
	2011	0	0%	614	89%	25	4%	20	3%	31	4%	0	690
	2010	0	0%	540	85%	53	8%	0	0%	42	7%	0	635
	2009	0	0%	526	80%	42	6%	42	6%	48	8%	0	658
	2008	1	0%	620	79%	58	7%	60	8%	49	6%	0	788
	2007	0	0%	155	99%	0	0%	0	0%	2	10%	0	157
AIR FORCE	2014	15	1%	17	2%	52	5%	9	1%	1000	91%	0	1093
	2013	9	29%	5	16%	0	0%	0	0%	17	55%	0	31
	2012	5	42%	3	25%	4	33%	0	0%	0	100%	0	12
	2011	0	0%	0	0%	0	0%	0	0%	6	100%	0	6
	2010	0	0%	0	0%	0	0%	0	0%	0	0%	0	0
	2009	0	0%	0	0%	0	0%	0	0%	0	0%	0	0
	2008	1	50%	0	0%	0	0%	0	0%	1	50%	0	2
	2007	1	25%	0	0%	0	0%	0	0%	3	75%	0	4
Marine Corps	2014	0	0%	76	21%	49	13%	1	1%	233	65%	0	359
JTF	2014	0	0%	10	100%	0	0%	0	0%	0	0%	0	10
ALL MILITARY DEPARTMENTS	2014	256	5%	2,093	47%	120	3%	69	2%	1,934	43%	0	4,472
	2013	9	0%	2,650	49%	598	11%	84	2%	1,761	33%	263	5,365
	2012	21	1%	3,484	52%	762	11%	109	2%	2,317	34%	45	6,738
	2011	0	0%	2,907	47%	662	10%	413	7%	2,231	36%	118	6,213
	2010	0	0%	3,392	42%	926	11%	806	10%	2,954	37%	47	8,080
	2009	0	0%	2,982	40%	1,000	13%	720	10%	2,745	37%	0	7,447
	2008	2	0%	3,674	37%	1,499	15%	944	10%	3,850	38%	3	10,016
	2007	346	6%	2,506	47%	140	2%	625	12%	1,759	33%	13	5,376

NOTES: 1. ESTABLISHED STANDARDS DO NOT APPLY TO PRIVATE HOMES OCCUPIED BY THE MILITARY
 2. TOTAL NUMBER OF ARMY PERSONNEL IN 2009 DID NOT INCLUDE MTFs INPATIENT PERSONNEL OF 276. ADDING THIS POPULATION FIGURE TO 6,789 RESULTS IN A TOTAL NUMBER OF PERSONNEL HOUSED EQUAL TO 7,065

CONCLUSION AND WAY FORWARD

The military departments demonstrated a commitment to provide high quality MTFs and MHH in support of wounded warriors and their families. These facility improvements could not have happened without a considerable investment in military department funds, including additional funding provided by the 2009 American Recovery and Reinvestment Act. This effort, along with congressional support, has significantly contributed toward DoD's goal to provide world-class MTFs and MHH facilities for wounded warriors and their families. The Army, Navy, and Marine Corps are nearing completion of over \$1 billion in new wounded warrior complexes adjacent to MTFs. These complexes provide a complete healing environment by including: 1) housing that meets the fullest extent of ADA standards; 2) administrative space for the command and control elements of the wounded warrior units, including case managers and their care givers who perform daily outpatient services; and, 3) support facilities such as the Army Soldier and Family Assistance Centers and the Marine Recovery and Resource Centers.

DoD will continue to oversee an aggressive inspection program of MTFs and MHH to identify and correct deficiencies. This effort, together with a continued commitment to provide adequate military construction and sustainment, restoration, and maintenance funding, will ensure that wounded warriors are treated and housed in facilities that aid in their transition to the next stage in their recovery.

ATTACHMENTS

**ATTACHMENT I—DOD EVALUATION STANDARDS AND CRITERIA FOR
INSPECTION OF MTFs AND MHH**

A. Evaluation Standards and Criteria for Inspection of MTFs

- 1. General Comments**
- 2. Basic Standards and Criteria**
- 3. Supplemental Standards and Criteria**

B. Evaluation Standards and Criteria for Inspection of MHH

- 1. General Comments**
- 2. Basic Standards and Criteria**
- 3. Supplemental Standards and Criteria**
- 4. Deputy Secretary of Defense Memorandum Dated 18 September 2007: “DoD Housing Inspection Standards for Medical Hold Housing Personnel”**

A. Evaluation Standards and Criteria for Inspection of MTFs

1. **General Comments:** MTFs were described as facilities established for the purpose of furnishing medical and/or dental care to eligible individuals on an inpatient or out-patient basis. This did not include battalion aid stations, post/base in or out processing facilities, or soldier readiness processing facilities unless they were an integral part of a MTFs. This also does not include research facilities and/or laboratories, medical veterinary facilities, and medical warehouses. P.L. 110-181, sec. 1648 requested inspection standards to be established and assure they were uniform and consistent related to appearance, maintenance, size, operations, and compliance with the ADA Act of 1990 and the ABA Accessibility Guidelines.
2. **Basic Standards and Criteria:** DoD design standards for MTFs exist under the Unified Facilities Criteria Document 4-510-01, “Design: Medical Facilities Criteria.” These standards are available for public use through the National Institute of Building Science’s Whole Building Design Guideline publications and the World Class Facilities website. When supplemented with the standards established by TJC for Accreditation of Hospital Organizations, full, reliable and standardized inspection criteria for the operation and maintenance of MTFs were available and uniformly implemented. This Joint Commission certifies healthcare facilities for both the public and private sector.
3. **Supplemental Standards and Criteria:** Additional evaluation standards and criteria were created in 2007 under the Senior Oversight Committee (SOC), Line of Action (LoA) #5 Working Group to support these annual inspections and their reporting requirements. Descriptions of these additional standards and criteria were as follows:
 - a. **Americans with Disabilities Act and Accessibility Guidelines of 1990 and ABA Accessibility Guidelines**—covered the following:
 - 1) **ADA of 1990 and ABA Accessibility Guidelines:** include all related conditions not addressed in other areas that assured compliance with ADA and ABA. Not included are grandfathered ADA deficiencies. A sampling of deficiency conditions occurring herein include: specific interior and exterior ADA/ABA conditions including sidewalks, way finding, signage, restroom facilities, stairwells, and exterior building access, and countertop heights. When there were conflicts between ADA and ABA, the most stringent conditions took precedence.
 - 2) In accordance with the provisions of the ADA of 1990 and ABA Accessibility Guidelines, existing deficiencies outside the scope of a renovation project were exempt from compliance. However, construction projects executed during the fiscal year were required to comply with the current ADA/ABA standards within the limits and bounds of the applicable construction project. Deficiencies noted in the military departments’ reports under the ADA/ABA category were totally related to ADA/ABA only and not accounted for under other categories (i.e., Building Systems and Envelope, Life/Safety and Fire Protection, Site/Medical Campus, and Interior/Functional Conditions).
 - b. **Operation and Maintenance**—covered the following:

- 1) Building Systems and Envelope: include utility infrastructure; all engineering systems and requirements (i.e., mechanical, plumbing, electrical, telephone and communications); elevators, escalators, and other horizontal/vertical electronic transportation walkways; building exterior and façade (i.e., roof, walls, windows, porticos, coverings, and exterior doors); and, other special systems. A sampling of deficiency conditions under this sub-category includes: condensate lines, communication systems, medical gas systems, cooling towers, air handling units, absorption chillers, HVAC, roofs, and windows.
- 2) Life Safety and Fire Protection: include all fire protection equipment and systems, means of egress, emergency lighting and generators, exit signs, and automatic transfer switches. A sampling of deficiency conditions under this sub-category includes: emergency generators, enunciator panels, public address systems, and various fire alarm system parts.
- 3) Interior/Functional Conditions: include all types of functional areas and overall departments; interior finishes, equipment, and fixtures; whole building additions and renovations; modifications and expansions to existing spaces; interior signage and way finding; and, doors, walls, floors, and ceilings. A sampling of deficiency conditions under this sub-category includes: painting, floor finishes, interior doors, pharmacy, operating rooms, mental health clinics, warehouses, appointment centers, and other medical and dental clinic departments.
- 4) Site/Medical Campus: includes exterior site amenities, sidewalks, roads, drainage, erosion control, storm water management, curbs and gutters, parking lots and garages, stairs and ramps, and other site conditions. This category also includes all issues related to exterior settings necessary to comply with antiterrorism force protection standards. A sampling of deficiency conditions under this sub-category included: sidewalks, antiterrorism force protection measures, way finding, signage, and site lighting.

Each MTFs deficiency listed by the military departments was classified according to one of the evaluation criteria noted above.

B. Evaluation Standards and Criteria for Inspection of MHH

1. General Comments: MHH were for wounded, ill, or injured service members in a medical hold status receiving out-patient medical treatment. Medical hold referred to the assignment of personnel housed to a medical hold unit under the cognizance of MTFs whose members had conditions that precluded them from returning to full duty. MHH included the following types of housing:
 - a. DoD Owned Family Housing—Housing owned by the military department for occupancy by eligible members with dependents.
 - b. DoD Owned Unaccompanied Personnel Housing—Housing owned by the military department for occupancy by eligible military personnel without dependents.
 - c. Leased, Contracted, or Privatized Family Housing or Lodging in the Community—Private sector housing privatized or leased by the military department for occupancy by families, unaccompanied personnel, or transient personnel.

- d. DoD/Military Department Owned Lodging (Includes Fisher Houses)—Lodging (transient housing) owned by the military department for occupancy by military personnel, families, unaccompanied personnel, or transient personnel.

MHH does not include inspection of private sector housing in the community (not privatized), rented, or owned by an individual service member.

2. **Basic Standards and Criteria:** Inspections of MHH used standards issued on September 18, 2007, under a DoD Memorandum signed by the Deputy Secretary of Defense, titled “DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.” This standard stated that wounded warriors and their families would be assigned or referred to housing that must exceed or meet applicable standards and must be appropriate for the medical condition, expected duration of treatment, dependency status, and pay grade of the service member. These standards also stated that medical hold housing and associated amenities and specialty services shall be considered as an integral part of each wounded warrior’s medical treatment plan. In addition, the chain of command was responsible, in consultation with the patient, the patient’s medical support team, and case managers, to validate that each housing unit assigned or referred to a recovering service member was adequate in the following three additional evaluation criteria for the particular member occupying the unit:
 - a. Whether the *ASSIGNMENT* to a specific unit was adequate for the MHH in terms of configuration, size, and features.
 - b. Whether the building met *BASELINE* standards related to its physical condition and any support services that were needed.
 - c. Whether the housing unit met any *SPECIAL MEDICAL* requirements as determined by the primary care physician, patient, and chain of command.
3. **Supplemental Standards and Criteria:** For the MHH, each of the military departments developed its own checklist based on the September 18, 2007, DoD Memorandum to assist in their determination of whether wounded warriors were being housed properly. Uniform data tabulations related to inspection results were developed that identified the specific facility being inspected; compliance or non-compliance to identified standards; number of impacted personnel; housing types; and, rough order of magnitude costs to correct indicated deficiencies. Individual tables were provided for each facility inspected. In addition, housing inspections included interviews of personnel (e.g., wounded warriors and their families), physical inspections of the facility and its supporting infrastructure, and review of available documents. The documents reviewed included work orders executed within the past six months; asbestos, lead paint, pest control, and mold documentation; recurring service calls; regularly scheduled maintenance records; and, common complaints about living quarters. The inspection teams were composed of medical case managers, housing and facility managers, engineers of various disciplines, engineering technicians, and tradesman of various backgrounds.
4. **Deputy Secretary of Defense Memorandum Dated September 18, 2007:** “DoD Housing Inspection Standards for Medical Hold and Holdover Personnel”. The following pages provide a copy of this memorandum.



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 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.

**ATTACHMENT II—MILITARY DEPARTMENTS’ MTFs AND MHH INSPECTION
REPORTS**

A. Detailed Military Departments’ MTFs Inspection Reports

- 1. TAB ARMY**
- 2. TAB NAVY**
- 3. TAB AIR FORCE**

B. Detailed Military Departments’ MHH Inspection Reports

- 1. TAB ARMY**
- 2. TAB NAVY**
- 3. TAB MARINE CORPS**
- 4. TAB AIR FORCE**
- 5. TAB JTF**

A. Detailed Military Departments' MTFs Inspection Reports 1. TAB ARMY

MTFs Inspection Results

Executive Summary

U.S. Army Report on Inspection of Military MTFs, Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel

MTFs Serving Wounded, Ill, or Injured (WII) Soldiers

Number of MTFs Inspected: 345			
ADA/ABA Only		Operations & Maintenance <small>(some ADA/ABA deficiencies included)</small>	
Met	Not Met	Met	Not Met
340	5	287	58

Cost to Bring to Standard: \$364,330,000	
ADA/ABA Only	Operations and Maintenance
\$19,465,000	\$344,865,000

All Army MTFs are fully accredited and meet all required codes and standards.

Per the Deputy Secretary of Defense memo dated September 18, 2007, the US Army Medical Command completed the 2014 annual inspection of all MTFs that serve WII Soldiers. A total of 345 facilities were inspected at 58 locations. In a change from the 2013 report, *all* MTFs and Dental Treatment Facilities (DTFs) were inspected, whereas last year only those facilities directly serving WII Soldiers were included in this report. All Army MTFs, to include those serving WII Soldiers, are periodically inspected by other means to include triennial accreditation surveys by TJC, biennial Facility Condition Assessments, annual fire department inspections, and quarterly and monthly safety and security inspections. Preventive maintenance inspections and tasks that address the general environment of care are also completed on an established schedule.

Two hundred eighty-two of our facilities meet WII inspection standards in all categories. Sixty-three of our facilities do not meet WII inspection standards, of which, five do not comply with current ADA or ABA standards and fifty-eight are due to operations and maintenance deficiencies.

The 5 WII MTFs/DTFs that do not comply with current ADA/ABA standards are mostly due to restroom compliance such as turning ratios and size of stalls and not due to access. All of these

facilities are “grandfathered” and though by current criteria they may not meet all ADA/ABA standards, they are not required to do so by code. Overall these facilities provide appropriate access. We identified costs required to comply with all ADA/ABA deficiencies, but because current conditions provide adequate access, we are not planning on executing all ADA/ABA projects at this time. As we complete renewal projects on these facilities we will ensure full compliance with the latest ADA/ABA criteria.

Fifty-eight of our facilities do not meet standards due to facility operations and maintenance deficiencies. In all these instances, U.S. Army Medical Command (MEDCOM) has, or is in the process of developing mitigation projects and will execute them subject to availability of funds. None of these requirements threaten accreditation or create an unacceptable environment of care. Some of our facilities do not meet standards, but are scheduled for demolition, replacement, renewal, or renovation within the next year.

MEDCOM will continue to monitor and evaluate all of our facilities and ensure they comply with standards, are accredited, and provide the appropriate healthcare physical environment of care.

A. Detailed Military Departments' MTFs Inspection Reports 1. TAB NAVY

2014 Executive Summary

U.S. Navy Report on Inspections of Military MTFs

Military MTFs

Number of MTFs inspected: 176

Number of MTFs meeting all standards: 105 or 60%

Component	ADA		Facility Operations & Maintenance*	
	Met Standard	Not Met Standard	Met Standard	Not Met Standard
Navy	146	30	108	68

*** Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions**

Cost to bring inspected facilities to standard (\$ Thousands): \$359,127

Component	ADA (\$K)	Facility Operations & Maintenance (\$K)
Navy	\$10,420	\$348,707

Per the NDAA for FY 2008 (Section 1648), Bureau of Medicine and Surgery (BUMED) activities and Commander Navy Installations Command were tasked to inspect military MTFs, specialty medical care facilities, and military quarters or leased housing for patients. This report will address only the MTF inspections as the MHH portion will be addressed separately by the BUMED Medical Inspector General.

The MTFs and specialty medical care facilities inspections were conducted by BUMED using standards and checklists developed by the SOC, LoA #5 Working Group in 2007 and updates from the 2014 Tri-service MTF Inspection Workgroup. All MTF and specialty medical care facilities deficiencies noted during the inspections were new or existing requirements identified by facilities management personnel and do not affect the medical activities' ability to adequately provide patient care. Relative to last year, the number of BUMED facilities meeting all standards increased from 52 percent to 60 percent. BUMED identified over \$359M in building deficiencies that have been programmed for correction through FY 2023. Each deficiency noted in the checklist identified a Defense Medical Logistics Standard Support (DMLSS) Requirement Number, Work Order # or Special Project number, estimated cost to correct deficiency, and an expected completion date. BUMED had no deficiencies reported for FY 2014 through the established Wounded Warrior "Hot Lines". See Appendix 1 for the BUMED MTF Inspection summary.

Inspection Report

Report Organization:

Military MTFs

- Summary of Past Inspections
- Current Inspection Protocol/Process
- Regional Findings

Appendix 1: BUMED MTF Inspection Summary

Appendix 2: MTF Inspection Checklist

Military MTFs

Summary of Past Inspections:

Prior to FY 2012, the material condition of BUMED's facilities was monitored and reported using a centrally managed continuous inspection process as described in NAVFAC MO-322, Inspection of Shore Facilities. Sustainment Restoration and Modernization requirements identified during the inspection process were documented in a single web accessible database using the "commercial off the shelf" product from Vanderweil Facility Advisors (VFA), called VFA.facility. Centrally funded inspections by professional engineering teams have been historically completed for all Class II Type 2 real property assets once every three years using a single inspection service provider and a common set of evaluation criteria that are consistent with all applicable codes and standards.

In FY 2012, BUMED utilized two software packages to complete the inspection process. VFA.auditor was used to facilitate the automated function of completing the inspection surveys and Defense Medical Logistics Support System Facility Management (DMLSS-FM) was used to capture requirements and associated estimated costs and facility Q ratings. Both programs facilitated the orderly sorting, collating and reporting of data by activity and by region of survey results.

In addition, all of BUMED's hospitals participate in the accreditation process for TJC. The accreditation process is continuous, data-driven and focuses on operational systems critical to the safety and quality of patient care. Hospitals must maintain a Statement of Condition addressing life safety code deficiencies. The Statement of Condition requires development of a plan of action and milestones to correct the noted deficiencies.

At the activity level, facility management personnel conduct zone inspections as required with non-facilities management personnel assigned to the activity (typically E-7 and above corpsman), participate in fire inspections, and review deficiencies identified by maintenance personnel (government or contractor) while performing preventative maintenance inspections.

Centrally funded inspections, TJC, and activity level inspections are meant to continuously identify requirements.

Prior to FY 2014, Activities had the authority at the local level to execute projects below a \$200K threshold, and submit projects to BUMED for funding for any Special Project over this

amount. Beginning FY 2014, the threshold is revised to \$500K. In FY 2014, BUMED funded \$227M in Special Projects correcting identified deficiencies. BUMED has budgeted \$41M in Special Projects for the correction of noted deficiencies in FY 2015.

Current Inspection Protocol/Process:

The MTF checklist for this inspection was developed in 2007 by an LoA #5 sub working group staffed with representatives from Tricare Management Activity, Air Force, Army, and Navy and updates from the 2014 Tri-service MTF Inspection Workgroup. The workgroup revised the checklist to include clarifications on the definition of “Met” and “Not Met” conditions and provided instructions and guidelines for consistent reporting. The checklist contains questions separated into five categories that include: ADA requirements, Building Systems/Envelope, Life/Fire Safety, Interior Conditions, and Site/Medical Campus. The MTF Checklist is included in Appendix 2.

The level of effort expended on executing the FY 2014 MTF inspections, entering data, report development, and finalization is estimated to be approximately 1,295 hours. The breakdown by classification is provided below:

Civilian Support – Number of Hours							
GS 3/4/5	GS 7	GS 9	GS 11	GS12	GS13/14	GS 15	Total
6	6	128.25	220.5	227	138.25	19.25	745.25

Military Support - Number of Hours							
O-1	O-2	O-3	O-4	O-5	O-6	O-7	Total
0	41	129.5	5	0	0	0	175.5

Military Support (Enlisted) - Number of Hours							
E-1	E-2	E-3	E-4	E-5	E-6	E-7	Total
0	0	0	10	0	0	0	10

Contractor Support	Total
# Hours	364
Cost	\$36,400

Each activity was requested to establish teams from their respective facility management departments. Teams typically included facility managers, engineers of various disciplines, engineering technicians and tradesmen of various backgrounds. The teams were advised to perform a visual inspection of each MTF after reviewing requirements generated as a result of: recent Joint Commission inspections, DMLSS-FM input, recurring service calls identified in various computer aided facilities management tools, and regularly scheduled preventative maintenance inspections. From 2009 to 2012, BUMED utilized a computer software program called VFA.auditor (a module to VFA.facility) to capture inspection data and related costs. VFA.auditor is no longer used for capturing inspection data. This year as well as last year, BUMED utilized inspection checklists (spreadsheets) and DMLSS-FM to complete the inspection process. The checklists were used to record the facility condition and DMLSS-FM

was used to capture requirements, associated estimated costs, and expected timeframe to remediate noted deficiencies.

Activity responses were varied. Most activities indicated that their MTF met the standard and as a result no actions or estimates were required. In all cases when an MTF did not meet the standard, the activity provided a Requirement Number from DMLSS-FM, a cost estimate to correct the deficiency, and a timeline to remediate the deficiency for each applicable checklist item. Deficiencies that were in the process of being rectified during the inspection were not counted as a “Not Met” condition. An MTF is considered “Not Met” if any one condition on the checklist is marked “Not Met”. The inspection results are reported in two categories, ADA and Facility Operations and Maintenance. The results of these inspections are as follows:

Regional Findings (See Appendix 1 for detailed findings):

BUMED Detachment Jacksonville

Number of MTFs inspected: 2
Number of MTFs meeting all standards: 2 or 100%

Component	ADA		Facility Operations & Maintenance*	
	Met Standard	Not Met Standard	Met Standard	Not Met Standard
BUMED Detachment Jacksonville	2	0	2	0

*** Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions**

Cost to bring inspected facilities to standard (\$ Thousands): \$0

Component	ADA (\$K)	Facility Operations & Maintenance (\$K)
BUMED Detachment Jacksonville	\$0	\$0

Navy Medicine East (NME)

Number of MTFs inspected: 87
Number of MTFs meeting all standards: 48 or 55%

Component	ADA		Facility Operations & Maintenance*	
	Met Standard	Not Met Standard	Met Standard	Not Met Standard
NME	73	14	49	38

*** Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions**

Cost to bring inspected facilities to standard (\$ Thousands): \$123,848

Component	ADA (\$K)	Facility Operations & Maintenance (\$K)
NME	\$3,332	\$120,516

Navy Medicine West (NMW)

Number of MTFs inspected: 87

Number of MTFs meeting all standards: 55 or 63%

Component	ADA		Facility Operations & Maintenance*	
	Met Standard	Not Met Standard	Met Standard	Not Met Standard
NMW	71	16	57	30

*** Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions**

Cost to bring inspected facilities to standard (\$ Thousands): \$235,279

Component	ADA (\$K)	Facility Operations & Maintenance (\$K)
NMW	\$7,088	\$228,191

Plan of Action to Correct Deficiencies

For each deficiency noted on the checklist (i.e. Not Met condition), a Requirement Number or Work Order Number, associated cost estimate, and a projected date to remediate the deficiency was provided. Requirements and Work Order Numbers have been entered into DMLSS. DMLSS will be used to monitor and track progress to correct the noted deficiencies and a report will be generated from DMLSS on a quarterly basis for monitoring purposes and status updates.

Beginning FY 2014, Activities have the authority at the local level to execute projects below a \$500K threshold. For projects exceeding the \$500K threshold, Activities are required to submit projects to BUMED for Special Project funding.

A. Detailed Military Departments' MTFs Inspection Reports 1. TAB AIR FORCE

2014 Executive Summary

Air Force Wounded Warrior MTF Inspection Report

All Air Force (AF) MTFs have been inspected in accordance with the approved MTF checklist. The attached table reflects that the AF Medical Service is fully accredited and in compliance with the ADA and the ABA, and all Operations and Maintenance (O&M) inspection items are also in compliance.

Number of Facilities: 181

Component	ADA/ABA Compliance		Facility O&M	
	Standard Met	Standard Not Met	Standard Met	Standard Not Met
Air Force	181	0	181	0

Cost to bring inspected facilities to standard: \$0K

Component	ADA/ABA	Facility O&M
Air Force	\$0K	\$0K

Summary of Past Inspections – The AF Health Facilities Division staff regularly visit MTFs worldwide to review adequacy for accreditation and compliance with the ADA/ABA requirements, in addition to reviewing adequacy of space and reliability of infrastructure delivery systems. Deficiencies identified through site visits or those identified locally are continually prioritized and resolved as funds become available. No AF MTFs had accreditation or ADA/ABA unfunded deficiencies as of December 19, 2014.

Current Inspection Protocol/Process – Medical Facility Managers at each installation conducted the inspection using the approved checklist. Facility Managers consulted with the maintenance source (i.e., Base Civil Engineering or Maintenance Contractor) for each building system inspected. Installation reports were reviewed by the AF Health Facilities Division to ensure consistent application of the “Met/Not Met” classification.

Future Plans – The AF Health Facilities Division will continue to regularly visit MTFs worldwide to review adequacy of AF medical facilities. Deficiencies identified through these visits or those identified locally will be continuously prioritized and remediated as funds become available.

B. Detailed Military Departments' MHH Inspection Reports--1. TAB ARMY

2014 ANNUAL INSPECTION OF ARMY WARRIOR IN TRANSITION HOUSING

The HQ IMCOM is providing exceptional facilities support to all service members and their families. The 2014 WTU annual inspection conducted determined that 2,070 of 2,070 (100 %) WTs lived in adequate on-post Government-owned or privatized housing with no deficiencies based on assignment (grade), baseline standards, or special medical needs. Off-post contract lodging (18 WTs) and privately owned or privately rented housing units (602 WTs) were not physically inspected. These units were presumed to be adequate based on WTU cadre knowledge and no reported issues by WTs. The only deficiencies identified during the inspection were minor in nature, and all were promptly corrected.

The Army moved aggressively to ensure that WTs are in the best available interim facilities to meet their medical needs. The WT's primary care provider, case manager, and WTU chain of command ensure that WTs are properly assigned to adequate housing based on their unique medical condition and changing status. The standing policy is if a facility deficiency cannot be promptly corrected, the WT is relocated (and provided any necessary transportation services). As WTs relocate to new housing facilities, PCS, or separate from the Service, and as new WTs with special needs arrive, the Garrison Commanders, Department of Public Works (DPW), and WTU Commanders jointly manage the process, and conduct follow-up facility inspections on a regular basis and as needed.

Introduction

Pursuant to the Deputy Secretary of Defense Memorandum "DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel," dated 18 September, 2007, IMCOM and the U.S. Army Medical Command (MEDCOM) inspected housing facilities for medical hold and holdover personnel on Army installations. IMCOM and MEDCOM used the standards in the DoD memorandum which were developed by the Wounded, Ill, and Injured Senior Oversight Committee, LOA 5 Working Group. The results of the inspections are captured in this report. Activities determined and reported whether a facility met or did not meet established standards in a given category.

Terms of Reference/Facilities Used to House Personnel

DoD-owned Military Family Housing - Housing owned by the U.S. Army for occupancy by eligible members with dependents and funded with Family housing dollars.

DoD-owned Unaccompanied Personnel Housing - Housing owned by the U.S. Army for occupancy by permanent party single military personnel and funded with Operation & Maintenance (O&M) funding.

Leased or Contracted Housing or Lodging on the Economy - Leased housing is private sector housing leased by the Army for occupancy by Families, unaccompanied personnel, or transient personnel.

DoD/Army-owned Lodging (including Fisher Houses) - DoD/Army-owned Lodging is transient housing that is managed by non-appropriated fund personnel and provides housing support for transient personnel on temporary duty or travel orders, as well as to personnel and dependents on permanent change of station orders.

Housing Assignment - WTs are given the highest priority and are then assigned on a first come, first serve basis appropriate for their medical condition and status.

Support for Personnel in Non-Governmental Housing – The Patient Administrative Department at each activity is used as the medium to obtain medical support for a Soldier residing at home by communicating or linking the Soldier to Case Management or other appropriate offices within the hospital and by answering general questions.

Current Inspection Protocol/Process

The MEDCOM Warrior Transition Command and IMCOM coordinated the inspection as required by section 3307 of PL 110-28, and section 1648 of PL 110-181. Each IMCOM installation with a WTU instructed their respective DPW to work closely with their respective WTU Chain of Command and Triad of Leadership (MTF/Garrison/Senior Commander) to assess the adequacy, suitability, and quality of housing for WTs. The DPW was also responsible for identifying technical deficiencies, corrective actions, and associated costs. Instructions included explanations of Assignment Standards, Baseline Standards, and Special Medical Standards which reflected the DoD standards contained in the 18 September 2007 memo. The DPW and WTUs were provided spreadsheets with two parts; the first to count WT personnel adequately or inadequately housed, and the second part to explain any deficiencies, corrective action, and costs to correct deficiencies. The installation DPWs with the WTUs determined how to conduct the inspections and reported the number of WTs (assigned or attached), their type of assigned housing, and whether their quarters were adequate. Medical Facility Inpatient, privately-owned, and Community Based Warrior Transition Units (CBWTU) WT housing were not inspected because these privately owned or rented quarters are assumed to be adequate, and the military cannot modify privately own/acquired housing.

Description of Hotline Contacts Pertaining to Housing Facilities

In February 2007, the Acting Secretary of the Army and the Chief of Staff of the Army directed the creation of The Wounded Soldier and Family Hotline (1-800-984-8523) to operate 24 hours, 7 days a week. The purpose was to offer Wounded, Ill, and Injured Soldiers and Family members a way to seek help to resolve medical and other issues, and to provide a channel for information about Soldiers' medical issues directly to senior Army Leadership to improve how the Army serves the medical needs of our Soldiers and their Families. The hotline is now run by MEDCOM Medical Assistance Group which includes both the Wounded Soldier and Family Hotline and the Ombudsman Program. In 2007, there were 17 Hotline contacts from Soldiers and Family members pertaining to facility issues. In 2008, there were 11 facility related calls, and in 2009

there were a total of 3 facility issues which were all resolved. Beginning in calendar year 2011 to the present, there were no reported Hotline calls pertaining to facilities.

There are a few possible reasons that the WTU Hotline had few calls. These reasons include the establishment of written processes that ensure WT Soldiers receive first priority in correcting housing deficiencies. WT Soldiers receive an orientation handbook that describes actions needed in reporting housing deficiencies directly through their chain of command to the local DPW, where WT housing work orders get top priority. If the DPW is unable to correct the deficiency in a timely manner, the WT is immediately reassigned to adequate housing. WT Soldiers actively assist in identifying any housing deficiencies; local commanders query WTs about any housing deficiencies; thus establishing a system of checks and balances that ensures, maintains, sustains and supports a process of improvement from the user level to the management level. Furthermore, the Army has invested over \$1B replacing inadequate WT housing.

The Wounded Soldier & Family Hotline remains available and posted on each WTU website. Lastly, in addition to their chain of command, Warriors in Transition have Ombudsman support assisting them with all issues, thereby making Hotline calls unnecessary.

Inspection Results:

Section 1: Number of Personnel Adequately Housed.							Fort Belvoir
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	226	221	5	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	226	221	5	0	0	0	0

Section 1: Number of Personnel Adequately Housed.							Fort Benning
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	158	149	5	0	0	4	0
Inadequately Housed	0	0	0	0			
Total Number Housed	158	149	5	0	0	4	0

Section 1: Number of Personnel Adequately Housed.							Fort Bliss
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	190	104	2	0	0	84	0
Inadequately Housed	0	0	0	0			
Total Number Housed	190	104	2	0	0	84	0

Section 1: Number of Personnel Adequately Housed.							Fort Bragg
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	133	122	10	1	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	133	122	10	1	0	0	0

Section 1: Number of Personnel Adequately Housed.							Fort Campbell
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	102	89	13	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	102	89	13	0	0	0	0

Section 1: Number of Personnel Adequately Housed.							Fort Carson
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	40	32	8	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	40	32	8	0	0	0	0

Section 1: Number of Personnel Adequately Housed.							Fort Drum
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	87	87	0	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	87	87	0	0	0	0	0

Section 1: Number of Personnel Adequately Housed.							Fort Gordon
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	342	248	22	16	0	56	0
Inadequately Housed	0	0	0	0			
Total Number Housed	342	248	22	16	0	56	0

Section 1: Number of Personnel Adequately Housed.							USAG Hawaii
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	95	78	17	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	95	78	17	0	0	0	0

Section 1: Number of Personnel Adequately Housed.							Fort Hood
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	302	75	25	0	0	202	0
Inadequately Housed	0	0	0	0			
Total Number Housed	302	75	25	0	0	202	0

Section 1: Number of Personnel Adequately Housed.							Fort Knox
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	189	122	17	0	0	50	0
Inadequately Housed	0	0	0	0			
Total Number Housed	189	122	17	0	0	50	0

Section 1: Number of Personnel Adequately Housed.							Fort Leonard Wood
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	38	36	2	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	38	36	2	0	0	0	0

Section 1: Number of Personnel Adequately Housed.							Joint Base Lewis McCord
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In- Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	206	117	15	0	0	74	0
Inadequately Housed	0	0	0	0			
Total Number Housed	206	117	15	0	0	74	0

Section 1: Number of Personnel Adequately Housed.							Fort Meade
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In- Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	18	3	2	0	0	13	0
Inadequately Housed	0	0	0	0			
Total Number Housed	18	3	2	0	0	13	0

Section 1: Number of Personnel Adequately Housed.							Fort Polk
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	120	112	8	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	120	112	8	0	0	0	0

Section 1: Number of Personnel Adequately Housed.							Fort Riley
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	77	61	16	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	77	61	16	0	0	0	0

Section 1: Number of Personnel Adequately Housed.							Fort Sill
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	77	35	6	0	0	36	0
Inadequately Housed	0	0	0	0			
Total Number Housed	77	35	6	0	0	36	0

Section 1: Number of Personnel Adequately Housed.							Fort Stewart, HAA
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs) Fort Stewart, HAA						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	107	61	8	0	0	38	0
Inadequately Housed	0	0	0	0			
Total Number Housed	107	61	8	0	0	38	0

Section 1: Number of Personnel Adequately Housed.							Fort Wainwright
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs) Fort Wainwright						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	12	1	5	0	0	6	0
Inadequately Housed	0	0	0	0			
Total Number Housed	12	1	5	0	0	6	0

Section 1: Number of Personnel Adequately Housed.							USAG Ansbach
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	26	9	8	0	4	5	0
Inadequately Housed	0	0	0	0			
Total Number Housed	26	9	8	0	4	5	0

Section 1: Number of Personnel Adequately Housed.							USAG Bavaria
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	48	20	12	0	9	7	0
Inadequately Housed	0	0	0	0			
Total Number Housed	48	20	12	0	9	7	0

Section 1: Number of Personnel Adequately Housed.							USAG Baumholder
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	22	10	9	0	0	3	0
Inadequately Housed	0	0	0	0			
Total Number Housed	22	10	9	0	0	3	0

Section 1: Number of Personnel Adequately Housed.							USAG Rheinland-Pfalz
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	33	12	8	0	0	13	0
Inadequately Housed	0	0	0	0			
Total Number Housed	33	12	8	0	0	13	0

Section 1: Number of Personnel Adequately Housed.							USAG Stuttgart
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	10	2	3	0	0	5	0
Inadequately Housed	0	0	0	0			
Total Number Housed	10	2	3	0	0	5	0

Section 1: Number of Personnel Adequately Housed.		USAG Vicenza					
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	13	4	3	0	0	6	0
Inadequately Housed	0	0	0	0			
Total Number Housed	13	4	3	0	0	6	0

Section 1: Number of Personnel Adequately Housed.		USAG Wiesbaden					
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or AFH)	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	19	5	9	0	5	0	0
Inadequately Housed	0	0	0	0			
Total Number Housed	19	5	9	0	5	0	0

Summary of Past Inspections

On 18 September 2007, the Office of the Secretary of Defense published the DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel, as required by section 3307 of the U.S. Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (PL 110-28). The Army used this guidance to assign WTs to housing and to inspect their WTU personnel housing. Army leadership directed the senior commanders on Army installations to make WT facilities and furnishings top priorities for repairs and improvements. While this assignment policy resulted in WTs assigned to the best available interim facilities that met the standards for their condition and status, these interim facilities were not always in keeping with the ideal healing environment where all the WTs' housing, care, administrative management, command and control, as well as easily accessible WT and Family Support Services are collocated on a campus-like environment close to the MTF.

While the interim phase required the renovation of existing housing facilities to meet DoD and minimum accessibility standards, some of these same facilities were inconveniently dispersed, which required additional time for WTs to be transported to locations where healing and Family Support Services were provided. This was inefficient and not conducive to the healing mission of the WT. The most modern housing facility may not always be the best facility for the WT's medical condition due to its structural floor plan, location relevant to the Medical Treatment Facility (MTF), WTU, soldier and family support services as well as other installation facilities and services like the Post Exchange, library, and commissary. Contracts valued at \$162M in FY07 and \$100M in FY08 were used for renovations to mitigate the dispersion of WT housing to the extent existing facilities were available to provide some "campus" collocation convenience.

The first WT housing facility inspection report forwarded to Congress in April 2008 showed no WTs in inadequate housing; and that HQ IMCOM was meeting the facility requirements and satisfying WT housing needs during their treatment and recovery. This was due to the Army's aggressive vigilance of WT housing by the WTU Chain of Command and installation DPW, and proper assignment of housing based on the recommendations of the primary care provider and case manager. Similar findings were also reflected in associated Regional Medical Command Inspector General reports: Special Inspection of Facilities Used to Housing Recovering Service Members (Warrior in Transition). These reports noted that WTs reported that if their assigned quarters were not in compliance, they were immediately reassigned to adequate quarters. The IG report also reported "most WT housing was in compliance with baseline standards at the time of inspection. The few that weren't had minor deficiencies that were discovered and repaired immediately due to on the spot work orders submitted by representatives of the inspection team from DPW." The MEDCOM Regional Medical Command IG reports (five total) further verified that the total Army effort to improve and sustain quality housing for all WTs was meeting the stringent standards set forth in 2007 by the Secretary of Defense Senior Oversight Committee.

On 14 October 2009, IMCOM provided further guidance for WT housing in a memo: Unaccompanied Personnel Housing (UPH) for WT Policy. This policy provided guidance in addition to Army Regulation 420-1 (Army Facilities Management) for the specific purpose of managing and providing quality housing for unaccompanied WTs and outlined IMCOM and WTU responsibilities.

The table below summarizes the results of the previous WT Housing inspections. All the WTs in barracks, family housing, and lodging were adequately housed at the time of inspection except as noted otherwise.

Number of Warriors in Transition in Different Housing Types					
Report to Congress	Unaccompanied Personnel Housing (Barracks)	On-Post Family Housing	On and Off Post Lodging	Privately Owned or Privately Rented Housing	Inadequately Housed at Time of Inspection
Apr 2008	2,360	488	626	1,754	0
Nov 2009	3,054	1,441	884	3,800	0
Aug 2010	2,456	793	843	2,697	0
Mar 2011	2,852	771	863	2,912	0
Mar 2012	2,293	566	464	2,194	118
Feb 2013	3,176	652	173	2,317	45
Apr 2014	2,668	473	95	1,724	263

NOTES: The March 2012 report listed 118 WTs in an old barracks with slightly undersized rooms, but the building has been replaced. The February 2013 report identified 45 WTs who did not have private bathrooms, but were subsequently relocated to compliant units. And the Apr 2014 report mentioned 263 WTs who had issues with heating, ventilating, and air-conditioning that have since been corrected.

New WTU Complexes

The Army has fulfilled its vision to provide campuses that support the full range of facilities and services required for WTU Soldiers to heal. Guided by the IMCOM Facility Master Plan in support of the Warrior Care and Transition Program, the Army funded over \$1B from FY 2008 to 2011 to construct 21 new WTU Complexes composed of three functional elements: WTU barracks, administrative facilities for the WTU, and Soldier & Family Assistance Centers (SFACs) in campus-like arrangements close to the MTF where an optimal healing environment and services can be provided to WTU Soldiers and their Families.

Army New WTU Complexes

Alaska, Fort Richardson
Alaska, Fort Wainwright
Colorado, Fort Carson
Georgia, Fort Benning
Georgia, Fort Stewart
Hawaii, Schofield Barracks
Hawaii, Tripler Army Medical Center
Kansas, Fort Riley
Kentucky, Fort Campbell
Kentucky, Fort Knox
Louisiana, Fort Polk
Missouri, Fort Leonard Wood
New York, Fort Drum
North Carolina, Fort Bragg
Oklahoma, Fort Sill
Texas, Fort Bliss
Texas, Fort Hood
Texas, Joint Base Sam Houston
Virginia, Fort Belvoir
Virginia, Joint Base Langley-Eustis
Washington, Joint Base Lewis-McCord

Ten percent of the new WTU barracks units are fully compliant with the "Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines, 23 July 2004" to accommodate a wide range of medical conditions and disabilities; and the remaining units are adaptable to these guidelines. The administrative facilities provide space for the command and control element of the WTU personnel in charge of WTU Soldier management (including the WTU nurse case managers). And the SFACs provide "one stop shop" garrison Family Support Services for WTU Soldiers and their family members/non-medical assistants.

Conclusion

The Army has moved aggressively to ensure that WTs are in the best facilities available to meet their medical needs. Where facility deficiencies have been identified, the Army has taken corrective actions by either relocating the Soldier (providing necessary transportation services) or making an immediate facility correction. As WTs relocate to new housing facilities, and as new WTs with special needs arrive, the Garrison Commanders, DPWs, and WTU Commanders jointly manage the housing assignment process, and conduct follow-up facility inspections as needed.

The Army has successfully met its goal to provide a comprehensive living and healing environment for its Wounded, Ill, and Injured. This has been made possible with the

over \$1B investment in new: (1) standardized housing facilities with an appropriate number of rooms capable of accommodating all types of disability limitations and conditions, as well as family members and non-medical attendants; (2), administrative facilities to adequately accommodate WTU leaders and caretakers; and (3) facilities where Soldiers and Family members can receive consolidated services. The Army has located these modern facilities located close to the MTF in a manner that makes it convenient for WTs or their Family members and nonmedical attendants to receive the care and support they need. These new facilities together with vigilant oversight shows the Army remains committed to providing the best facilities possible for its WTs today.

B. Detailed Military Departments' MHH Inspection Reports--2. TAB NAVY

Executive Summary

Medical Inspector General Report on Inspections of Military Quarters Housing Medical Hold and Medical Holdover Personnel (Inspections performed August 2014)

Military Quarters Housing Medical Hold and Holdover Personnel

Number of Facilities Inspected: 72

Component	Assignment		Baseline		Special Medical	
	Met Standard*	Not Met Standard*	Met Standard*	Not Met Standard*	Met Standard*	Not Met Standard*
Navy	266	0	266	0	266	0

* Represents the number of medical hold or holdover personnel whose quarters have or have not met the housing standard.

Cost to bring inspected facilities to standard (\$ Thousands): \$0

Component	Assignment	Baseline	Special Medical
Navy	\$ 0	\$ 0	\$ 0

Per the Bureau of Medicine and Surgery (BUMED) memo dated 17 July 2014 and the National Defense Authorization Act (NDAA) of January 16, 2008, BUMED medical activities were tasked, in coordination with Commander Navy Installation Command (CNIC) and Commander Headquarters Marine Corps Installations and Logistics (HQMC I&L), to inspect quarters housing medical hold and holdover personnel, using standards and checklists developed by the Senior Oversight Committee's Line of Action (LOA) 5 Working Group. All inspected quarters housing medical hold or holdover personnel met the applicable quality standards of assignment and were appropriate for the service member's medical condition.

Inspection Reports

Report Organization:

1. Service Definitions/Terms of Reference
2. Assignment of Personnel to Quarters for Medical Hold and Holdover Status
3. Facilities Used to House Personnel
4. Military Quarters Housing Medical Hold and Holdover Personnel

1. Service Definitions/Terms of Reference:

Inpatient - An individual, other than a transient patient, who is admitted (placed under treatment or observation) to a bed in a medical treatment facility (MTF) that has authorized or designated beds for inpatient medical or dental care. A person is considered in an inpatient status if he/she is formally admitted as an inpatient with the expectation that he or she will remain at least overnight and occupy a bed even though it later develops that the patient can be discharged or transferred to another hospital or does not actually use a hospital bed overnight. This does not include a patient administratively admitted to the hospital for the purposes of a same day surgery procedure.

Outpatient - An individual receiving healthcare services for an actual or potential disease, injury, or life style-related problem that does not require admission to a medical treatment facility for inpatient care.

Medical Transition – Medical Transition (MEDTRANS) refers to a Service member who is receiving care and whose capacity for full duty status has been impacted by their medical condition, or called into question. Tracking of MEDTRANS members is required by the Navy MTF with clinical and non-clinical management to ensure administrative and medical support is provided to the member.

Medical Transition Companies - Personnel housed in a Medical Transition Companies (MTC) under the cognizance of the MTF whose current condition precludes them from returning to full duty. MTCs were formerly referred to as Medical Holding Companies.

Medical Hold – A term solely used for Reserve Component who have been extended on active duty to undergo treatment or await the outcome of a disability determination through the Disability Evaluation System (DES).

Medical Holdover –Medical Holdover was a term used for the retention of Reserve Component on active duty to receive medical treatment for service-connected injuries, illnesses and/or disease until determined Fit for Duty by the Benefit Issuing Authority, Senior Medical Officer and/or Medical Status Review Officer (MSRO), or until final disposition is determined by the DES. Medical Hold is the current definition used by Bureau of Naval Personnel and BUMED to identify Reserve Component personnel who have been extended on active duty.

Assignment – Department of Defense (DoD) Housing Inspection Standards for Medical Hold and Holdover Personnel included in Secretary of Defense (SECDEF) Memo dated September 18, 2007 state that Medical Hold and Holdover personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards. Additionally, this housing should be appropriate to their expected duration of treatment; supports a non-medical attendant, if authorized; supports accompaniment by their dependents, and appropriate for their pay-grade.

Baseline - DoD Housing Inspection Standards for Medical Hold and Holdover Personnel included in SECDEF Memo dated September 18, 2007 state that housing must be in good overall condition with no major problems with any of the building systems. Additionally, it is important for personnel to be able to adequately control the temperature of their housing units and there shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, and any other environmentally/safety/health hazard.

Special Medical Requirements - DoD Housing Inspection Standards for Medical Hold and Holdover Personnel included in SECDEF Memo dated September 18, 2007 state that Medical Hold and Holdover personnel may 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.

Medical Evaluation Board (MEB) - A body of physicians attached to one of MTFs whose commander or commanding officer has been expressly designated to hold “convening authority” for MEBs to identify members whose physical and/or mental qualification to continue on full duty is in doubt or whose physical and/or mental limitations preclude their return to full duty within a reasonable period of time. They are convened to evaluate and report through on the diagnosis;

prognosis for return to full duty; plan for further treatment, rehabilitation, or convalescence; estimate of the length of further disability, and medical recommendation for disposition of such members.

Department of the Navy Disability Evaluation System (DES) – A case usually enters the Department of the Navy DES when a MEB is dictated for the purpose of evaluating the diagnosis and treatment of a member who is unable to return to military duty because the member’s condition most likely is permanent, and/or any further period of temporary limited duty or Limited Duty (LIMDU) is unlikely to return the member to full duty. A condition is considered permanent when the nature and degree of the condition render the member unable to continue naval service within a reasonable period of time (normally 8-12 months or less). Note: The term “permanent” does not necessarily mean the condition is unfitting.

Physical Evaluation Board (PEB) – The PEB provides three stages of review (a documentary review, a due process hearing upon demand, and appeal by petition) for a Service member whose physical conditions have been referred to it by a MTF medical evaluation board (MEB) of an MTF that believes that the member’s physical condition raises questions about the service member’s ability to perform the duties of his or her office, grade, rank or rating.

- Referral of a MEB report to the PEB can come from two sources; i.e. Limited Duty board reports referred for PEB evaluation by service headquarters, and Medical Board reports submitted directly to the PEB by a MTF.

Distinguishing “Fit for Duty” from “Fitness for Continued Naval Service”

- “Fit for Duty” refers to a pronouncement by a physician or MEB that a patient previously on light or LIMDU has healed from the injury or illness that necessitated the member’s serving in a medically restricted duty status.
- “Fitness for Continued Naval Service” is a finding made exclusively by the Department of the Navy PEB in determining an active duty service member’s ability to continue serving in the Navy or Marine Corps.

2. Assignment of Medical Hold and Holdover Housing: The below category of medical transition personnel were assigned to a Medical Hold and Holdover status as of 21 July 2014 and quarters met or did not meet standards.

**Quarters Housing Personnel
(Meets Standards/Not Meet Standards)**

Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented **	In-Patient
320	175/320	0/320	3/320	45/320	42/320	1/320	266/320	54/ 320	N/A

X = MH and Holdover Rooms/Housing Units
Y = Total number of MH and Holdover
**** = Standards do not apply to private homes**

3. Facilities Used to House Personnel:

Military Medical Treatment Facility (MTF) - A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. This does not include battalion aid stations, post/base in or out processing facilities, or soldier readiness processing facilities unless they are an integral part of the MTF.

Unaccompanied Housing (UH) - Government owned or leased unaccompanied housing that DoD owns, leases, obtains by permit, or otherwise acquires. This is also referred to as "Government-controlled" UH." It does not include privatized UH. Also, leased UH is leased by the Government, vice the individual member. When members are assigned to Government-owned or leased UH, they forfeit Basic Allowance for Housing.

Unaccompanied Housing (UH) Privatized - Military UH acquired or constructed by an eligible entity pursuant to the Military Housing Privatization Initiative legislation at sections 2871-2884 of Title 10 United States Code (USC). This housing may be located on Government property leased to the entity, typically for 50 years. This housing is NOT DoD-owned, but is one of the housing choices available to Service members. The Navy projects are at San Diego, California and Hampton Roads, Virginia.

Family Housing (FH) - Government-Owned or Leased - Military Family Housing (FH) that DoD owns, leases, obtains by permit, or otherwise acquires. This is also referred to as "Government-controlled" FH. It does not include privatized FH. Also, leased FH is leased by the Government, vice the individual member. When members are assigned to Government-owned or leased FH, they forfeit BAH.

Family Housing (Privatized) - FH acquired or constructed by an eligible entity pursuant to the MHPI legislation at sections 2871-2884 of Title 10 USC. This housing may be located on Government property leased to the entity, typically for 50 years. This housing is NOT DoD-owned, but is one of the housing choices available to Service members. Privatized housing can be located on or near military installations within the U.S. Almost all of the military family housing in the U.S. has been privatized.

Leased or contracted Housing or Lodging on the community - Leased housing is private sector housing leased by the Navy for occupancy by families, unaccompanied personnel, or transient personnel.

Lodging - Government-Owned (includes Fisher Houses) or Leased -

- a) Temporary Duty (TDY) Lodging: The primary source of quality lodging facilities and services for TDY personnel and is used if the lodging meets minimum DoD lodging standards.
- b) Permanent Change of Station (PCS) Lodging: Lodging facilities and services to meet the needs of active duty members and their families who are in a PCS status.

- c) MTF Lodging: Lodging facilities and services used only by patients and their families while undergoing critical medical procedures or other serious long-term medical treatment at a major MTF. MTF lodging facilities are mostly donated facilities known as Fisher or Nightingale Houses.
- d) Recreational Lodging: Lodging facilities and services, to include camping, hotel-like lodging, cabins, cottages, trailers, trailer and/or recreational vehicle parks, collocated with military recreational areas to support recreation and where the vast majority of occupancy is by unofficial travelers.

Housing Assignment - Personnel are assigned on a first come first served basis upon receipt of an application or official request of housing using waiting list procedures that ensure equitable access to housing for all families, bachelors, and transients. Personnel with medical conditions will be assigned to housing that is appropriate for their unique conditions.

Support for Personnel in Non-Governmental Housing – The Patient Administrative Department at each activity is used as the medium to obtain medical support for a member residing at home by communicating or linking to Case Management or other appropriate offices within the hospital and also for answering general questions. Administratively, if the member is undergoing an MEB or PEB, the Patient Administrative Department communicates with the member as often as necessary to ensure proper and efficient submission of any MEB or PEB.

4. Military Quarters Housing Medical Hold and Holdover Personnel:

Summary of Past Inspections: BUMED regional inspector general staff, in coordination with the HQMC I&L and CNIC personnel, have inspected Medical Hold and Holdover personnel housing since 2008 as required by the 2008 NDAA. There have been no significant findings in past inspections.

A detailed check-list was created using the Deputy Secretary of Defense (DEPSECDEF) Housing Standards and is used by the inspection team to perform the annual regional medical inspector general inspections and the annual Wounded Warrior/Medical Hold/Holdover housing facilities inspection conducted by the Navy and the Marine Corps.

At the activity level, housing and facility management personnel conduct inspections as required (daily, weekly, monthly, quarterly, etc.). Navy housing staffs perform regular and recurring inspections to ensure that standards are maintained for a quality living environment in permanent party and transient housing facilities. Inspectors ensure that resident living areas are kept clean and that all amenities such as furnishings, linen and appliances are adequate and in good condition. Housing inspectors report maintenance, repair, and safety items to facility maintenance personnel for correction and schedule work to minimize disruption to residents. Facility Managers participate in facility inspections, fire and safety inspections and review deficiencies identified by maintenance personnel (government or contractor) while performing preventative maintenance inspections.

BUMED, HQMC I&L and CNIC have the authority at the local level to correct known requirements or deficiencies up to a certain threshold. BUMED, HQMC I&L and CNIC have documented process for submission of special projects over this threshold.

Current Inspection Protocol/Process:

The housing standards for this inspection were developed by a LOA 5 sub working group staffed with representatives from Office of the Secretary of Defense Housing and Competitive Sourcing, Air Force, Army, Navy, and Marine Corps. The inspection check-list contains questions separated into three categories outlined in the housing standards: Assignment, Baseline and Special Medical.

Due to the inspection being based on the medical condition of the military service member, BUMED took the lead on the military quarters housing medical hold and holdover personnel inspections, and were requested to coordinate with BUMED facility managers, when BUMED was the facility owner or to coordinate with CNIC and HQMC I&L when they were the facility owners, respectively. All final inspections were submitted through BUMED. Teams typically included medical case managers, housing managers, facility managers, engineers of various disciplines, engineering technicians and tradesmen of various backgrounds.

Recent inspections showed that housing for recovering service personnel met the standard, and as a result, no actions or estimates were required. The results are reported in the three categories of "Assignment", "Baseline" and "Special Medical" and are included below:

Findings:

Installation: Naval Hospital Camp Lejeune/Marine Corps Base (MCB) Camp Lejeune, North Carolina (NC)

Facility	Assignment		Baseline		Special Medical	
	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard
PP2 Wounded Warrior Battalion	49/0	\$0	49/0	\$0	49/0	\$0
BOQ 2603	1/0	\$0	1/0	\$0	1/0	\$0
7611 Cates Way	1/0	\$0	1/0	\$0	1/0	\$0
7720 Shoup Lane	1/0	\$0	1/0	\$0	1/0	\$0
7736 Shoup Lane	1/0	\$0	1/0	\$0	1/0	\$0
7828 Shoup Lane	1/0	\$0	1/0	\$0	1/0	\$0
7502 Shepperd Lane	1/0	\$0	1/0	\$0	1/0	\$0
7145 Chapman Drive	1/0	\$0	1/0	\$0	1/0	\$0
3165 Hill Street	1/0	\$0	1/0	\$0	1/0	\$0
6785 New Mexico Street	1/0	\$0	1/0	\$0	1/0	\$0
6875 New Mexico Street	1/0	\$0	1/0	\$0	1/0	\$0
6442 Montana Street	1/0	\$0	1/0	\$0	1/0	\$0
6411 Montana Street	1/0	\$0	1/0	\$0	1/0	\$0
6615 California Street	1/0	\$0	1/0	\$0	1/0	\$0
5618 Tarawa Blvd	1/0	\$0	1/0	\$0	1/0	\$0
6616 California Ave	1/0	\$0	1/0	\$0	1/0	\$0

6221 Virginia Street	1/0	\$0	1/0	\$0	1/0	\$0
5757 Utah Street	1/0	\$0	1/0	\$0	1/0	\$0
5569 Indiana Street	1/0	\$0	1/0	\$0	1/0	\$0
5032 Alabama Street	1/0	\$0	1/0	\$0	1/0	\$0
1090 Jones Street	1/0	\$0	1/0	\$0	1/0	\$0
6732 Kalinowski Street	1/0	\$0	1/0	\$0	1/0	\$0
5358 Bougainville Drive	1/0	\$0	1/0	\$0	1/0	\$0
6168 Chosin Circle	1/0	\$0	1/0	\$0	1/0	\$0
6015 Haguru Drive	1/0	\$0	1/0	\$0	1/0	\$0
6066 Beranek Street	1/0	\$0	1/0	\$0	1/0	\$0
6232 Saipan Drive	1/0	\$0	1/0	\$0	1/0	\$0
6375 Bray Street	1/0	\$0	1/0	\$0	1/0	\$0
5428 Bougainville Drive	1/0	\$0	1/0	\$0	1/0	\$0
5316 Anderson Court	1/0	\$0	1/0	\$0	1/0	\$0

M – Number of Personnel Housed that Met Standard

NM – Number of Personnel Housed that did Not Meet Standard

Installation: Naval Hospital Camp Lejeune/ MCB Camp Lejeune, NC
Military Quarters Medical Hold and Holdover Personnel
 (Meets Standards/Not Meet Standards)

Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented	In-Patient
78	49/78	0/0	0/0	28/78	1/78	0/0	78/78	0/78	N/A

*X = Adequately housed Medical Hold and Holdover Personnel

*Y = Total number of Medical Hold and Holdover Personnel

*N/A = Standards do not apply to private homes

Comments: All quarters meet the requirements of DEPSECDEF Memo of 18 September 2007.

Installation: Naval Hospital Jacksonville/Naval Air Station Jacksonville, Florida (FL)

Facility	Assignment		Baseline		Special Medical	
	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard
BEQ 822	3/0	\$0	3/0	\$0	3/0	\$0
BEQ 2234	1/0	\$0	1/0	\$0	1/0	\$0
759B Everglade Ct	1/0	\$0	1/0	\$0	1/0	\$0

M – Number of Personnel Housed that Met Standard
 NM – Number of Personnel Housed that did Not Meet Standard

Installation: Naval Hospital Jacksonville/Naval Air Station Jacksonville, FL
 Military Quarters Medical Hold and Holdover Personnel
 (Meets Standards/Not Meet Standards)

Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented	In-Patient
5	4/5	0/5	0/5	0/5	0/5	1/5	5/5	0/5	N/A

*X = Adequately housed Medical Hold and Holdover Personnel
 *Y= Total number of Medical Hold and Holdover Personnel
 *N/A= Standards do not apply to private homes

Comments: All quarters meet the requirements of DEPSECDEF Memo of 18 September 2007.

Installation: Naval Medical Center, Portsmouth, Virginia (VA)

Facility	Assignment		Baseline		Special Medical	
	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard
282	20/0	\$0	20/0	\$0	20/0	\$0
3/124	4/0	\$0	4/0	\$0	4/0	\$0

M – Number of Personnel Housed that Met Standard
 NM – Number of Personnel Housed that did Not Meet Standard

Installation: Naval Medical Center, Portsmouth, VA
 Military Quarters Medical Hold and Holdover Personnel
 (Meets Standards/Not Meet Standards)

Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented	In-Patient
24	20/24	0/24	0/24	0/24	4/24	0/24	24/24	0/24	N/A

*X = Adequately housed Medical Hold and Holdover Personnel
 *Y= Total number of Medical Hold and Holdover Personnel
 *N/A= Standards do not apply to private homes

Comments: All quarters met the requirements of DEPSECDEF Memo of 18 September 2007.

Installation: Naval Station Norfolk, Norfolk, VA

Facility	Assignment		Baseline		Special Medical	
	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard
A-125	4/0	\$0	4/0	\$0	4/0	\$0
A-51	14/0	\$0	14/0	\$0	14/0	\$0
A-52	13/0	\$0	13/0	\$0	13/0	\$0
S-30	2/0	\$0	2/0	\$0	2/0	\$0
SP-17	1/0	\$0	1/0	\$0	1/0	\$0

M – Number of Personnel Housed that Met Standard

NM – Number of Personnel Housed that did Not Meet Standard

Installation: Naval Station Norfolk, Norfolk, VA

Military Quarters Medical Hold and Holdover Personnel
(Meets Standards/Not Meet Standards)

Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented	In- Patient
34	0/34	0/34	0/34	0/34	34/34	0/34	34/34	0/34	N/A

*X = Adequately housed Medical Hold and Holdover Personnel

*Y= Total number of Medical Hold and Holdover Personnel

*N/A= Standards do not apply to private homes

Comments: All quarters met the requirements of DEPSECDEF Memo of 18 September 2007.

**Installation: Naval Health Clinic Hawaii/ MCB Hawaii/ Joint Base Hickman-Pearl, Hawaii
(HI)**

Facility	Assignment		Baseline		Special Medical	
	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard
Building 7046	5/0	\$0	5/0	\$0	5/0	\$0
Building 1752	1/0	\$0	1/0	\$0	1/0	\$0
7222 Birch Cicle	1/0	\$0	1/0	\$0	1/0	\$0
4001 Connor Street	1/0	\$0	1/0	\$0	1/0	\$0
3140 Natarte Lane	1/0	\$0	1/0	\$0	1/0	\$0

M – Number of Personnel Housed that Met Standard

NM – Number of Personnel Housed that did Not Meet Standard

Installation: Naval Health Clinic Hawaii/ MCB Hawaii/ Joint Base Hickman-Pearl, HI
Military Quarters Medical Hold and Holdover Personnel
 (Meets Standards/Not Meet Standards)

Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented	In-Patient
9	6/9	0/9	3/9	0/9	0/9	0/0	0/9	0/9	0/9

*X = Adequately housed Medical Hold and Holdover Personnel

*Y= Total number of Medical Hold and Holdover Personnel

*N/A= Standards do not apply to private homes

Findings: All quarters met the requirements of DEPSECDEF Memo of 18 September 2007.

Installation: Naval Medical Center San Diego/Naval Base San Diego, California (CA)

Facility	Assignment		Baseline		Special Medical	
	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard
Building 26	65/0	\$0	65/0	\$0	65//0	\$0
Vesta 3150	4/0	\$0	4/0	\$0	4/0	\$0
Ford 3205	3/0	\$0	3/0	\$0	3/0	\$0
Copp 3362	1/0	\$0	1/0	\$0	1/0	\$0
Navy Lodge 3526	1/0	\$0	1/0	\$0	1/0	\$0
Navy Lodge 1521	1/0	\$0	1/0	\$0	1/0	\$0
Navy Lodge 1401	1/0	\$0	1/0	\$0	1/0	\$0
CBQ 505	1/0	\$0	1/0	\$0	1/0	\$0

M – Number of Personnel Housed that Met Standard

NM – Number of Personnel Housed that did Not Meet Standard

Installation: Naval Medical Center San Diego/Naval Base San Diego, CA
Military Quarters Medical Hold and Holdover Personnel
 (Meets Standards/Not Meet Standards)

Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented	In-Patient
105	74/105	0/105	0/105	0/105	3/105	0/105	77/105	28/105	0/105

*X = Adequately housed Medical Hold and Holdover Personnel

*Y= Total number of Medical Hold and Holdover Personnel

*N/A= Standards do not apply to private homes

Findings: All quarters met the requirements of DEPSECDEF Memo of 18 September 2007.

Installation: Naval Hospital Camp Pendleton/ MCB Camp Pendleton, CA

Facility	Assignment		Baseline		Special Medical	
	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard
Building 28750	22/0	\$0	22/0	\$0	22//0	\$0
653 Pusan	1/0		1/0		1/0	
401 Hagaru Court	1/0	\$0	4/0	\$0	4/0	\$0
102 Daffodil Street	1/0	\$0	3/0	\$0	3/0	\$0
154 Los Padres	1/0	\$0	1/0	\$0	1/0	\$0
547 Calico Road	1/0	\$0	1/0	\$0	1/0	\$0
400 Calico Road	1/0	\$0	1/0	\$0	1/0	\$0
722 Cottonwood Street	1/0	\$0	1/0	\$0	1/0	\$0
1004 Fandango Street	1/0	\$0	1/0	\$0	1/0	\$0
905 Paloma Court	1/0	\$0	1/0	\$0	1/0	\$0
120 Cardinal Way	1/0	\$0	1/0	\$0	1/0	\$0
250 Fryman Court	1/0	\$0	1/0	\$0	1/0	\$0
329 Eliason Court	1/0	\$0	1/0	\$0	1/0	\$0
106 Bloom Street	1/0	\$0	1/0	\$0	1/0	\$0
555 Calico Road	1/0	\$0	1/0	\$0	1/0	\$0
536 Calico Road	1/0	\$0	1/0	\$0	1/0	\$0
105 Cuyamaca Street	1/0	\$0	1/0	\$0	1/0	\$0
370 Kralink Street	1/0	\$0	1/0	\$0	1/0	\$0

M – Number of Personnel Housed that Met Standard

NM – Number of Personnel Housed that did Not Meet Standard

Installation: Naval Hospital Camp Pendleton/ MCB Camp Pendleton, CA
Military Quarters Medical Hold and Holdover Personnel
 (Meets Standards/Not Meet Standards)

Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented	In-Patient
65	22/65	0/65	0/65	17/65	0/65	0/65	39/65	26	0/65

*X = Adequately housed Medical Hold and Holdover Personnel

*Y= Total number of Medical Hold and Holdover Personnel

*N/A= Standards do not apply to private homes

Findings: All quarters met the requirements of DEPSECDEF Memo of 18 September 2007.

**B. Detailed Military Departments' MHH Inspection Reports--3. TAB MARINE
CORPS**

Executive Summary

USMC Report on Inspections of Military Quarters Housing Medical Hold/Holdover Personnel

medical requirements criteria outlined in the DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

- The Wounded Warrior Barracks at Camp Pendleton was completed in April 2010. This was the fifth inspection of this facility.
- The Wounded Warrior Barracks at Camp Lejeune was completed and occupied in July 2011. This was the fourth inspection of this facility.
- The Wounded Warrior Barracks at Hawaii was occupied in 2007. This was the seventh inspection of this facility.
- The Camp Pendleton Hope and Care Center opened in October 2011.
- The Camp Lejeune Hope and Care Center opened in January 2013.

Section A: Overall Inspection Summary

Introduction

For the purpose of this report and because of the various terms used in cited laws and guidance, the terms "Wounded Warrior," "Wounded, Ill, and Injured (WII)" and "Medical Hold/Holdover (MH)" are used interchangeably with the population defined as anyone assigned to the Wounded Warrior Regiment and/or classified by the Naval Bureau of Medicine and Surgery (BUMED) as being in a MH status. The inspection of Military Quarters Housing Medical Hold Personnel and Medical Holdover Personnel has been referred to as the Medical Hold/Holdover Housing (MHH) Facilities Inspection. BUMED IG requested to rename the annual inspection to the Medical Transition Personnel Housing (MTPH) Facilities Inspection. The Navy has modified the title of their report to more accurately reflect the statuses used in their organization. Headquarters, Marine Corps (M&RA) does not utilize this terminology and the Marine Corps will continue to refer to it as the MHH Facilities Inspection, as is consistent with Public Law 110-28 (U.S. Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007), until directed otherwise.

After this year's inspections were complete, a meeting was held between the USMC (representatives from Installations and Logistics Department and the Wounded Warrior Regiment), BUMED IG, and SECNAV (M&RA) to improve and streamline the inspection protocol. After discussing the scope and population of this inspection it was determined that the Wounded Warrior Regiment would identify the population (those Marines and Sailors assigned to a Recovery Care Coordinator) and set the inspection schedule in lieu of it being done by the Navy or BUMED IG. All stakeholders concurred with this way forward for future inspections with the understanding that the inspection completion dates would be established well in advance in order to maximize availability of patients during future inspections.

In August 2014, the Marine Corps conducted inspections at Camp Lejeune, Camp Pendleton, and Hawaii to: 1) ensure existing facilities were in compliance with the DoD MHH Inspection Standards and 2) verify that WII Service Members were adequately housed in the best available facilities commensurate with their Special Medical Requirements and duration of treatment.

The Marine Corps does not maintain organic inpatient care facilities and relies on Navy assets (Medical Treatment Facilities) to provide support for Marines who require this type of care. While there are Military MTFs located aboard Marine Corps bases, these facilities are owned, operated, and maintained by the Navy and will be included in the Navy's MTF/MTPH Inspection Report. This reporting requirement is similar for Marines residing in other Services' treatment facilities or barracks.

Due to the unique intra-service relationship the Marine Corps maintains with the Navy, careful coordination has been made between both Services to ensure all MH Marines were accounted for in the final DoD MHH Inspection Report. An agreement has been made that all MH personnel, to include Sailors and other Service members, living in Marine Corps owned facilities are included in this report. All Marines assigned to inpatient MTFs or outpatient Navy owned MHH barracks or family/Public Private Venture (PPV) housing is included in the Navy's MTF/MTPH Inspection Report.

BUMED selected 21 July 2014 as the "snapshot in time" date for the basis of the inspections. All Marine Corps facilities housing personnel listed on the BUMED report or living in the WII barracks are included in this inspection report.

Coordination was made with Base Housing Staff and PPV managers to ensure the inspections were in compliance with the current PPV Business Agreements on all three installations.

Section A: Overall Inspection Summary

This year, the DOD has required a report of total MH/WII receiving care, as well as the total number living in community housing-privately owned or rented. This new requirement led to differences in reporting between USMC and BUMED IG. These discrepancies have been discussed; this report is the most accurate based on the understanding of personnel statuses reported by the Wounded Warrior Battalions/Detachment. This will be corrected and implemented uniformly by the process identified previously where the Wounded Warrior Regiment identifies the USMC personnel who fall within the scope of this inspection. There were no Service Members eligible for the inspections that were overlooked.

Current Inspection Protocol/Process:

For the purpose of this inspection, the Marine Corps defined MH/WII as anyone identified by BUMED as being in a MH status, assigned to the Wounded Warrior Regiment (WII Marines and Sailors), or any Service Member living in a designated WII barracks. Since the current MH population is continually changing, BUMED selected 21 July 2014 as the "snapshot in time" date for establishing the basis of which facilities would be inspected.

To adequately evaluate both the facility's condition and ability to support the WII Special Medical Requirements, a comprehensive checklist was used. The checklist was completed for each facility being inspected as well as one for each WII Service Member assigned to a WII Barracks Room.

Close coordination was made between the Marine Corps Family Housing Staff and PPV partners to ensure that family housing inspections were supported by the current associated PPV Business Agreements.

The inspection teams consisted of a representative from HQMC I&L Facilities Branch or Marine Corps Base Hawaii Facilities Department, the Regional Medical Inspectors' General representative, Naval Hospital Facilities staff, Medical Case Managers, Wounded Warrior Battalion Staff, Base Unaccompanied Personnel Housing Staff, Base Facilities Staff, Base Housing Staff, and Privatized Family Housing Staff.

Description of Facilities Used to House Personnel:

Camp Lejeune: Wounded Warrior Barracks (Building PP2), Marine Corps Owned Military Lodging (Building 2603), and PPV Family Housing
Camp Pendleton: Wounded Warrior Barracks (Building 27850) and PPV Family Housing
Hawaii: Wounded Warrior Barracks (Building 7046) and PPV Family Housing.

Building PP2 is the Wounded Warrior Barracks at Camp Lejeune, containing 100 ADA accessible rooms on three floors. The building was built and occupied in July 2011. This was the fourth MHH Facility Inspection of this barracks.

Buildings 2602 housed one service member who did not require assignment to the WII barracks. The facility met the needs of the service member assigned to it as a residence. This is the first time this building has been inspected for this requirement.

Section A: Overall Inspection Summary

Building 27850 is the Wounded Warrior Barracks at Camp Pendleton, containing 100 Americans with Disabilities Act (ADA) accessible rooms on two floors. The building was built and occupied in March 2010. This was the fifth MHH Facility Inspection of this barracks.

Building 7046 is a partial Wounded Warrior Barracks at Hawaii, containing twenty rooms on the ground floor being assigned to the Wounded Warrior Battalion West Detachment, five of which are ADA accessible rooms. The building was originally built July of 2002. Three rooms were remodeled for ADA compliance in 2007 and the additional two were completed in June 2010. It was occupied as a partial Wounded Warrior Barracks prior to the first inspection in 2007. This was the seventh MHH Facility Inspection of this barracks.

PPV partners have been very supportive of the WII Service Members' special medical requirements and have installed accessibility features to assist WII in their recovery process. For WII with mobility impairments, single story ADA compliant housing units are available.

Summary of Inspections August 2014:

Facility	Assignment ¹		Baseline ²		Special Medical ³	
	M/NM	Action/Cost to meet Standard	M/NM	Action/ Cost to meet Standard	M/NM	Action/ Cost to meet Standard
Camp Lejeune BQs	49/0	\$0	49/0	\$0	49/0	\$0
Camp Lejeune Lodging	1/0	\$0	1/0	\$0	1/0	\$0
Camp Lejeune PPV	28/0	\$0	28/0	\$0	28/0	\$0
Camp Pendleton BQs	22/0	\$0	22/0	\$0	22/0	\$0
Camp Pendleton PPV	17/0	\$0	17/0	\$0	17/0	\$0
Hawaii BQs	5/0	\$0	5/0	\$0	5/0	\$0
Hawaii PPV	4/0	\$0	4/0	\$0	4/0	\$0
Total	126/0	\$0	126/0	\$0	126/0	\$0

M – Met Standard

NM – Not Met Standard

Notes:

1. Housing unit configuration, features and size are appropriate for WII Service Member assigned (including authorized non-medical attendant), duration of treatment, and pay grade.
2. Minimum standards for building condition, kitchens, laundry facilities, furnishings, electronic equipment, housekeeping, pest management, grounds maintenance, parking, physical security, and maintenance and housekeeping requests were met.
3. Special Medical Requirements such as accessibility, add-on bidet, water temperature limiting services, etc. were met. If a service member does not need any special medical requirements, the housing unit is counted as having met the standard.

Section A: Overall Inspection Summary

Wounded, Ill, and Injured Outpatient								
Total Number of Personnel	DOD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DOD Owned or Leased Military Family Housing	Privatized Military Family Housing	DOD Owned or Leased Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing – Privately Owned or Rented	In-Patient (always zero for USMC)
359	76/359	0/359	0/359	49/359	1/359	126/359	199 (NA)/ 359	0 (NA)/ 359

In total, 126 of 359 service members lived in facilities that were inspected by the Marine Corps. Marine Corps facilities occupied by Service Members in a MH status were inspected to include three designated Unaccompanied Housing Facilities for Wounded, Ill and Injured Service Members, one Marine Corps Owned Military Lodging Facility, and 49 Privatized Family Housing homes on Marine Corps installations. 199 WII Service Members reside in Community Housing who were not inspected as well as 34 WII Service Members who were on TAD, in transition to retirement and unavailable, on leave, or one of the two Service Members who declined inspection of their PPV home. In total, 233 of 359 WII Service Members were not inspected.

Findings:

All facilities inspected were found to be in compliance with the DoD MHH Inspection Standards and supported the individual WII Service Member's Special Medical Requirements and duration of treatment.

Although the facilities were deemed adequate according to DOD standards, the inspections identified some additional areas in which the buildings could be improved to enhance the quality of life of the occupants. These items have already been completed or have work requests or local moves in place for correction. All work requests and local moves are presently being coordinated for completion at the local level and tracked by HQMC. The chronic mildew in Barracks 28750 identified in last year's inspection was remediated and was not evident during this year's inspection.

Future Plans:

No future plans are in place for specific housing or medical facility requirements at this time. There are future projects in the early planning stages to provide storage spaces for equipment used by Service Members during their recovery.

Section B: Camp Lejeune Inspection Results

Summary of Past Inspections:

The purpose of the previous inspections at Camp Lejeune was to evaluate and ensure compliance with the housing standards outlined in the Deputy Secretary of Defense Memos dated 18 Sep 2007 and 31 Aug 2010 and the Unified Facilities Criteria (UFC) of the Navy and Marine Corps Bachelor Housing guidance for Medical Hold and Holdover Personnel and Wounded Warriors. Also, the inspections ensured that the facility met the special medical requirements of the individual. The previous inspection of MHH was conducted in August 2013. All repairs from that inspection had been previously completed.

Current Inspection Protocol/Process:

For the purpose of this inspection, the Marine Corps defined MH/WII as anyone identified by BUMED as being in a MH status, assigned to the Wounded Warrior Regiment (WII Service Members), or living in a designated WII barracks. Since the current MH population is continually changing, BUMED selected 21 July 2014 as the "snapshot in time" date for establishing the basis of which facilities would be inspected.

To adequately evaluate both the facility's condition and ability to support the WII Special Medical Requirements, a comprehensive checklist was used. The checklist was completed for each facility being inspected and one for each WII Service Member assigned to a Barracks Room.

Close coordination was made between the Marine Corps Family Housing Staff and PPV partners to ensure that family housing inspections were supported by the current associated PPV Business Agreements.

There were two inspection teams consisting of representatives from HQMC I&L Facilities Branch, BUMED IG, Wounded Warrior Battalion East, Base Facilities, Base Unaccompanied Personnel Housing, Base Housing, PPV Housing, Medical Case Managers, and Naval Hospital Facilities.

Description of Facilities Used to House Personnel:

Building PP2 is the Wounded Warrior Barracks containing 100 ADA accessible rooms on three floors and provides members assigned to the Wounded Warrior Battalion permanent lodging or temporary use during their recovery period. The building was occupied in July 2011. This was the fourth MHH Facility Inspection of this barracks.

PPV partners have been amenable to the WII Service Member special medical requirements and have installed accessibility features to assist WII Service Members in their recovery process. For WII Service Members with mobility impairments, single story ADA compliant housing units are available.

Section B: Camp Lejeune Inspection Results

NH Camp Lejeune/Marine Corps Base (MCB) Camp Lejeune

Facility	Assignment ¹		Baseline ²		Special Medical ³	
	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard
PP2 (WW BN)	49/0	\$0	49/0	\$0	49/0	\$0
BOQ 2603 (LODGING)	1/0	\$0	1/0	\$0	1/0	\$0
7611 CATES WAY	1/0	\$0	1/0	\$0	1/0	\$0
7720 SHOUP LANE	1/0	\$0	1/0	\$0	1/0	\$0
7736 SHOUP LANE	1/0	\$0	1/0	\$0	1/0	\$0
7828 SHOUP LANE	1/0	\$0	1/0	\$0	1/0	\$0
7502 SHEPERD CT	1/0	\$0	1/0	\$0	1/0	\$0
7145 CHAPMAN DR	1/0	\$0	1/0	\$0	1/0	\$0
3165 HILL ST	1/0	\$0	1/0	\$0	1/0	\$0
6785 NEW MEXICO ST	1/0	\$0	1/0	\$0	1/0	\$0
6875 NEW MEXICO ST	1/0	\$0	1/0	\$0	1/0	\$0
6442 MONTANA ST	1/0	\$0	1/0	\$0	1/0	\$0
6411 MONTANA ST	1/0	\$0	1/0	\$0	1/0	\$0
6615 CALIFORNIA ST	1/0	\$0	1/0	\$0	1/0	\$0
5618 TARAWA BLVD	1/0	\$0	1/0	\$0	1/0	\$0
6616 CALIFORNIA AVE	1/0	\$0	1/0	\$0	1/0	\$0
6221 VIRGINIA ST	1/0	\$0	1/0	\$0	1/0	\$0
5757 UTAH ST	1/0	\$0	1/0	\$0	1/0	\$0
5569 INDIANA ST	1/0	\$0	1/0	\$0	1/0	\$0
5032 ALABAMA AVE	1/0	\$0	1/0	\$0	1/0	\$0
1090 JONES ST	1/0	\$0	1/0	\$0	1/0	\$0
6732 KALINOWSKI	1/0	\$0	1/0	\$0	1/0	\$0
5358 BOUGAINVILLE DR	1/0	\$0	1/0	\$0	1/0	\$0
6168 CHOSIN CIRCLE	1/0	\$0	1/0	\$0	1/0	\$0
6015 HAGARU DR	1/0	\$0	1/0	\$0	1/0	\$0
6066 BERANEK ST	1/0	\$0	1/0	\$0	1/0	\$0
6232 SAIPAN DR	1/0	\$0	1/0	\$0	1/0	\$0
6375 BRAY ST	1/0	\$0	1/0	\$0	1/0	\$0
5428 BOUGAINVILLE	1/0	\$0	1/0	\$0	1/0	\$0
5316 ANDERSEN CN CT	1/0	\$0	1/0	\$0	1/0	\$0

M – Met Standard
 NM – Not Met Standard

Notes:

1. Housing unit configuration, features and size are appropriate for WII assigned (including authorized non-medical attendant), duration of treatment, and pay grade.
2. Minimum standards for building condition, kitchens, laundry facilities, furnishings, electronic equipment, housekeeping, pest management, grounds maintenance, parking, physical security, and maintenance and housekeeping requests were met.
3. Special Medical Requirements such as accessibility, add-on bidet, water temperature limiting services, etc. were met. If a service member does not need any special medical requirements, the housing unit is counted as having met the standard.

Section B: Camp Lejeune Inspection Results

Wounded, Ill, and Injured Outpatient								
Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing – Privately Owned or Rented	In-Patient (always zero for USMC)
219	49/219	0/219	0/219	28/219	1/219	78/219	136 (NA)/ 219	0 (NA)/ 219

X = Adequately housed Medical Hold/Holdover

Y = Total number of Medical Hold/Holdover

N/A= Standards do not apply to private homes or in-patient

In total, 78 Service Members lived in facilities that were inspected by the Marine Corps. Marine Corps facilities occupied by service members in a MH status were inspected, as well one Wounded Warrior Battalion barracks, one DoD Owned or Leased Military Lodging Facility (transient quarters), and 28 privatized family housing units. 136 Service Members reside in Community Housing and were not inspected. Also not inspected were 5 Service Members on TAD or leave.

Findings:

All facilities inspected were found to be in compliance with the DoD MHH Inspection Standards and supported the individual WII Service Member’s Special Medical Requirements, minimum building standards, and duration of treatment.

Although the facilities were deemed adequate according to DoD standards, the inspections identified additional areas in which the buildings could be improved to enhance the quality of life of the occupants. These items have already been completed or have work requests in place for correction.

Future and Ongoing Plans:

No future plans are in place for specific housing or medical facility requirements at this time. There is a future storage facility that has been approved for future construction to provide storage spaces for equipment used by Service Members during their recovery.

Section C: Camp Pendleton Inspection Results

Summary of Past Inspections:

The purpose of the previous inspections at Camp Pendleton was to evaluate and ensure compliance with the housing standards outlined in the Deputy Secretary of Defense Memos dated 18 Sep 2007 and 31 Aug 2010 and the Unified Facilities Criteria (UFC) of the Navy and Marine Corps Bachelor Housing guidance for Medical Hold and Holdover Personnel and Wounded Warriors. Additionally, the inspections ensured that the facility met the special medical requirements of the individual. The previous inspection of MHH was conducted in July-August 2013. All repairs from that inspection had been previously completed.

Current Inspection Protocol/Process:

For the purpose of this inspection, the Marine Corps defined MH/WII as anyone identified by BUMED as being in a MH status, assigned to the Wounded Warrior Regiment (WII Service Members), or living in a designated WII barracks. Since the current MH population is continually changing, BUMED selected 21 July 2014 as the "snapshot in time" date for establishing the basis of which facilities would be inspected.

To adequately evaluate both the facility's condition and ability to support the WII Special Medical Requirements, a comprehensive checklist was used. The checklist was completed for each facility being inspected and one for each WII Service Member assigned to a Barracks Room.

Close coordination was made between the Marine Corps Family Housing Staff and PPV partners to ensure that family housing inspections were supported by the current associated PPV Business Agreements.

The inspection team included representatives from HQMC I&L Facilities Branch, BUMED IG, Wounded Warrior Battalion West, Base Facilities, Base Unaccompanied Personnel Housing, Base Housing, PPV Housing, a Medical Case Manager, and Naval Hospital Facilities.

Description of Facilities Used to House Personnel:

Building 27850 is the Wounded Warrior Barracks containing 100 ADA accessible rooms on two floors and provides members assigned to the Wounded Warrior Battalion, permanent lodging or temporary use during their recovery period. It was occupied in March 2010. This was the fifth MHH Facility Inspection of this barracks.

PPV partners have been amenable to the WII Service Member special medical requirements and have installed accessibility features to assist WII Service Members in their recovery process. For WII Service Members with mobility impairments, single story ADA compliant housing units are available.

Section C: Camp Pendleton Inspection Results

NH Camp Pendleton/Marine Corps Base (MCB) Camp Pendleton

Facility	Assignment ¹		Baseline ²		Special Medical ³	
	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard
BLDG 27850	22/0	\$0	22/0	\$0	22/0	\$0
653 PUSAN	1/0	\$0	1/0	\$0	1/0	\$0
401 HAGARU	1/0	\$0	1/0	\$0	1/0	\$0
102 DAFFODIL	1/0	\$0	1/0	\$0	1/0	\$0
154 LOS PADRES	1/0	\$0	1/0	\$0	1/0	\$0
400 CALICO ROAD	1/0	\$0	1/0	\$0	1/0	\$0
547 CALICO ROAD	1/0	\$0	1/0	\$0	1/0	\$0
555 CALICO ROAD	1/0	\$0	1/0	\$0	1/0	\$0
536 CALICO ROAD	1/0	\$0	1/0	\$0	1/0	\$0
722 COTTONWOOD	1/0	\$0	1/0	\$0	1/0	\$0
1004 FANDANGO	1/0	\$0	1/0	\$0	1/0	\$0
905 PALOMA	1/0	\$0	1/0	\$0	1/0	\$0
120 CARDINAL	1/0	\$0	1/0	\$0	1/0	\$0
250 FRYMAN	1/0	\$0	1/0	\$0	1/0	\$0
329 ELIASON	1/0	\$0	1/0	\$0	1/0	\$0
106 BLOOM	1/0	\$0	1/0	\$0	1/0	\$0
105 CUYAMACA	1/0	\$0	1/0	\$0	1/0	\$0
370 KRALIK	1/0	\$0	1/0	\$0	1/0	\$0

M – Met Standard

NM – Not Met Standard

Notes:

1. Housing unit configuration, features and size are appropriate for WII assigned (including authorized non-medical attendant), duration of treatment, and pay grade.
2. Minimum standards for building condition, kitchens, laundry facilities, furnishings, electronic equipment, housekeeping, pest management, grounds maintenance, parking, physical security, and maintenance and housekeeping requests were met.
3. Special Medical Requirements such as accessibility, add-on bidet, water temperature limiting services, etc. were met. If a service member does not need any special medical requirements, the housing unit is counted as having met the standard.

Section C: Camp Pendleton Inspection Results

Wounded, Ill, and Injured Outpatient								
Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing – Privately Owned or Rented	In-Patient (always zero for USMC)
124	22/124	0/124	0/124	17/17	0/124	39/124	60 (NA)/124	0 (NA)/124

X = Adequately housed Medical Hold/Holdover

Y = Total number of Medical Hold/Holdover

N/A= Standards do not apply to private homes or in-patient

In total, 39 service members lived in facilities that were inspected by the Marine Corps. Marine Corps facilities occupied by service members in a MH status were inspected, including one Wounded Warrior Battalion barracks and 17 privatized family housing units. 60 Service Members reside in Community Housing and were not inspected. Also not inspected were 24 Service Members on TAD or leave and one Service Member who declined inspection of his PPV home.

Findings:

All facilities inspected were found to be in compliance with the DoD MHH Inspection Standards and supported the individual WII Service Member's Special Medical Requirements, minimum building standards, and duration of treatment.

Although the facilities were deemed adequate according to DoD standards, the inspections identified additional areas in which the buildings could be improved to enhance the quality of life of the occupants. These items have already been completed or have work requests in place for correction. Some items were basic maintenance such as light bulb replacement, door adjustments, etc. and some were to add stability bars to a toilet or shower. All requests were completed upon identification. The chronic mildew in Barracks 28750 identified in last year's inspection was remediated.

During PPV inspections seven WII Service Members were identified by interviews with a case manager who recommended they relocate to a home that may better suit their recovery. One Service Member moved into the barracks for the limited duration of treatment remaining. One moved from a two-story home to a one-story home. One is in the process of moving from a one-story home to a modified one-story home that is having a bathroom modified to install a roll-in shower and carpet replacement with linoleum to facilitate mobility requirements. Four Service Members were offered other homes that were recommended to meet their medical requirements but have declined to move. They informed their command with written notification that their desire is to remain in their current home.

Future Plans:

There are no future plans in place for specific housing or medical facilities. There is a future project in the early planning stages to provide storage space for equipment used by Service Members during their recovery.

Section D: Hawaii Inspection Results

Summary of Past Inspections:

The purpose of the previous inspections at Hawaii was to evaluate and ensure compliance with the housing standards outlined in the Deputy Secretary of Defense Memos dated 18 Sep 2007 and 31 Aug 2010 and the Unified Facilities Criteria (UFC) of the Navy and Marine Corps Bachelor Housing guidance for Medical Hold and Holdover Personnel and Wounded Warriors. Additionally, the inspections ensured that the facility met the special medical requirements of the individual. The previous inspection of MHH was conducted in August 2013. All repairs from that inspection had been previously completed.

Current Inspection Protocol/Process:

For the purpose of this inspection, the Marine Corps defined MH/WII as anyone identified by BUMED as being in a MH status, assigned to the Wounded Warrior Regiment (WII Service Members), or living in a designated WII barracks. Since the current MH population is continually changing, BUMED selected 21 July 2014 as the "snapshot in time" date for establishing the basis of which facilities would be inspected.

To adequately evaluate both the facility's condition and ability to support the WII Special Medical Requirements, a comprehensive checklist was used. The checklist was completed for each facility being inspected and one for each WII Service Member assigned to a Barracks Room.

Close coordination was made between the Marine Corps Family Housing Staff and PPV partners to ensure that family housing inspections were supported by the current associated PPV Business Agreements.

There was an inspection team consisting of representatives from Marine Corps Base Hawaii Facilities Department, BUMED IG, a NHCH Facilities Engineering Technician, two Medical Case Managers, a Wounded Warrior Battalion West Detachment Commanding Officer and staff, Base Unaccompanied Personnel Housing Staff, Base Family Housing representatives, and PPV partner representatives.

Description of Facilities Used to House Personnel:

Building 7046 is a partial Wounded Warrior Barracks at Hawaii, containing twenty rooms on the ground floor being assigned to the Wounded Warrior Battalion West Detachment, five of which are ADA accessible rooms. The facility was built in July of 2002. It was occupied as a partial Wounded Warrior Barracks 2007. Three rooms were remodeled for ADA compliance in 2007 and the additional two were completed in June 2010. This was the seventh MHH Facility Inspection of this barracks.

PPV partners have been amenable to the WII Service Member special medical requirements and have installed accessibility features to assist WII Service Members in their recovery process. For WII Service Members with mobility impairments, single story ADA compliant housing units are available.

Section D: Hawaii Inspection Results

NH Clinic Hawaii/Marine Corps Base (MCB) Hawaii

Facility	Assignment ¹		Baseline ²		Special Medical ³	
	M/ NM	Action/Cost to meet Standard	M/ NM	Action/Cost to meet Standard	M/N M	Action/Cost to meet Standard
7046	5/0	\$0	5/0	\$0	5/0	\$0
722 Birch Circle	1/0	\$0	1/0	\$0	1/0	\$0
4001 Connor Street	1/0	\$0	1/0	\$0	1/0	\$0
3140 Natarte Lane	1/0	\$0	1/0	\$0	1/0	\$0
4150 Hanson Street	1/0	\$0	1/0	\$0	1/0	\$0

M – Met Standard

NM – Not Met Standard

Notes:

1. Housing unit configuration, features and size are appropriate for WII assigned (including authorized non-medical attendant), duration of treatment, and pay grade.
2. Minimum standards for building condition, kitchens, laundry facilities, furnishings, electronic equipment, housekeeping, pest management, grounds maintenance, parking, physical security, and maintenance and housekeeping requests were met.
3. Special Medical Requirements such as accessibility, add-on bidet, water temperature limiting services, etc. were met. If a service member does not need any special medical requirements, the housing unit is counted as having met the standard.

Wounded, Ill, and Injured Outpatient								
Total Number of Personnel	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing – Privately Owned or Rented	In-Patient (always zero for USMC)
16	5/16	0/16	0/16	4/16	0/16	9/16	3 (NA)/16	0 (NA)/16

X = Adequately housed Medical Hold/Holdover

Y = Total number of Medical Hold/Holdover

N/A= Standards do not apply to private homes or in-patient

In total, 9 service members lived in facilities that were inspected by the Marine Corps. Marine Corps facilities occupied by service members in a MH status were inspected in one Wounded Warrior Battalion barracks and four privatized family housing units. 3 Service Members reside in Community Housing and were not inspected. Also not inspected was one Service Members on terminal leave, two Service Members who were not home when the inspection team arrived, and one Service Member who declined inspection of his PPV home.

Section D: Hawaii Inspection Results

Findings:

All facilities inspected were found to be in compliance with the DoD MHH Inspection Standards and supported the individual WII Service Member's Special Medical Requirements and duration of treatment.

Although the facilities were deemed adequate according to DoD standards, the inspections identified additional areas in which the buildings could be improved to enhance the quality of life of the occupants. These items have already been completed or have work requests in place for correction.

Future and Ongoing Plans:

There are no future plans in place for specific housing or medical facility requirements at this time.

B. Detailed Military Departments' MHH Inspection Reports--4. TAB AIR FORCE

**Air Force Wounded, Ill and Injured (WII)
Medical Hold Housing (MHH) Inspection Report-2014**

1. Executive Summary

Congress, as part of the FY08 National Defense Authorization Act, requires The Inspector General to inspect the facilities that house Medical Holdover (MH) personnel. Section 1662, *Access of Recovering Service Members to Adequate Outpatient Residential Facilities*, outlines the requirement for inspecting and reporting. In September 2007, DoD issued standards for inspection of facilities for outpatient service members.

Air Force inspections are conducted in accordance with annual WII Facility Inspection requirements mandated in AFI 90-201, *The Air Force Inspection System (AFIS)*. The purpose of these inspections is to assess the wing's effectiveness and efficiency in meeting AFI 90-201 requirements to satisfy the needs of members and needs of families who reside in government quarters during their treatment and recovery period. Inspections included a direct assessment of the facility and supporting infrastructure and an interview with the member.

The Air Force experienced a dramatic increase in inspections over the past 4 years as outlined in Table 1. With only five inspections conducted in FY11, the number has increased to 93 WII MHH inspections in FY14. To meet increase demands, Major Command (MAJCOM) Inspectors General (IGs) have been authorized to delegate inspection responsibility to certified Wing IG in accordance with AFI 90-201, Attachment 8. Wing IGs must complete all inspector training requirements outlined in AFI 90-201 prior to conducting an inspection.

Table 1.

AF WII Inspection Totals	
FY11	5
FY12	12
FY13	31
FY14	93

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The Air Force breakdown of the type of facilities inspected by the MAJCOM IGs is outlined in Table 2, below.

Table 2.

DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters	Community Housing - Privately Owned or Rented	In-Patient
17	0	15	52	5	4	93	1,093*	41**

* Denotes total number of active duty members in the program tracked by AFPC/DPFW as of 1 Oct 14.

** Denotes total number of inpatient active duty members in the program tracked by AFPC/DPFW as of 1 Oct 14.

2. Inspection Process

On 3 August 2013, the Air Force rolled out its inspection system with the release of AFI 90-201. Attachment 8 in this instruction provides detailed inspection notification procedures, inspection criteria, and the report routing process for MAJCOM IGs.

Air Force Personnel Center's (AFPC) Warrior and Survivor Care Division provides a monthly listing to the Air Force Inspection Agency (AFIA) of all WII members residing in government quarters. AFIA serves as the lead agent for AF WII inspections and forwards inspection requirements to the respective commands within 5 duty days. MAJCOM IGs coordinate with Recovery Care Coordinators (RCC) to validate the each member's status and residency in government quarters.

MAJCOM IGs use a standardized checklist in AFI 90-201, Attachment 8, to conduct facility inspections. The Air Force checklist is derived from the DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel published by the Office of the Secretary of Defense on 18 September 2007. Initial inspections are conducted by trained and certified inspectors with annual inspections recurring from the initial inspection date thereafter. Inspections include an assessment of the government quarters and a one-on-one interview conducted by the inspection Team Chief. At the request of the WII member, family members are authorized and encouraged to participate in the interview

The MAJCOM IGs forward copies of the final WII reports to the installation commander, the commander of the affiliated Medical Treatment Facility, and AFIA within 10 duty days from finalization of the report. AFIA consolidates all MAJCOM WII reports into a single Service report NLT 30 days prior to the OSD established closeout date.

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3. Inspection Results - 2014

MAJCOM IGs conducted a total of 93 WII MHH inspections. The inspections were conducted on 38 installations by 11 MAJCOM IGs during FY14. Table 3 provides a breakdown each type of facility inspected by each MAJCOM:

Table 3.

Military Quarters Wounded, Ill and Injured (WII) Inspections FY14 (Meets Std/ Not Meets Std)							
	DoD Owned or Leased Military Unaccompanied Housing	Privatized Military Unaccompanied Housing	DoD Owned or Leased Military Family Housing	Privatized Military Family Housing	DoD Owned or Leased Military Lodging	Privatized Military Lodging	Total Number of Personnel in Inspected Quarters
ACC	2/0	0/0	0/0	6/0	0/0	0/0	8/0
AETC	4/0	0/0	0/0	11/0	1/0	0/0	16/0
AFGSC	0/0	0/0	0/0	1/0	0/0	0/0	1/0
AFMC	0/0	0/0	0/0	12/0	0/0	0/0	12/0
AFOSI	0/0	0/0	0/0	0/0	0/0	0/0	0/0
AFRC	0/0	0/0	0/0	3/0	0/0	0/0	3/0
AFSOC	0/0	0/0	0/0	0/0	0/0	3/0	3/0
AFSPC	0/0	0/0	8/0	0/0	0/0	0/0	8/0
AMC	4/0	0/0	7/0	16/0	1/0	0/0	28/0
PACAF	1/0	0/0	0/0	0/0	3/0	1/0	5/0
USAFE	3/0	0/0	0/0	0/0	0/0	0/0	3/0
25 AF	0/0	0/0	0/0	0/0	0/0	0/0	0/0
AFIA	3/0	0/0	0/0	3/0	0/0	0/0	6/0
AF Totals	17/0	0/0	15/0	52/0	5/0	4/0	93/0

Of the 93 inspections conducted by the Air Force in FY14, all facilities were rated to be in compliance with DoD standards. Table 4 provides a breakdown of the total number of inspections conducted at each Air Force installation. Additionally, costs to bring facilities into compliance at each installation are provided.

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Table 4.

FY14 Cost to Bring Facilities to Standard			
Installation	Total Inspections In Compliance	Total Inspections Not in Compliance	Cost to bring facilities to standard
Altus AFB, OK	2	0	\$0.00
Beale AFB, CA	1	0	\$0.00
Buckley AFB, CO	2	0	\$0.00
Cannon AFB, NM	1	0	\$0.00
Charleston AFB, SC	1	0	\$0.00
Dover AFB, DE	1	0	\$0.00
Eglin AFB, FL	4	0	\$298.00
Eielson AFB, AK	1	0	\$0.00
Fairchild AFB, WA	5	0	\$0.00
Fort Carson, CO	1	0	\$0.00
Francis E. Warren AFB, WY	1	0	\$0.00
Grand Forks AFB, ND	2	0	\$0.00
Hanscom AFB, MA	2	0	\$0.00
Hill AFB, UT	2	0	\$0.00
Holloman AFB, NM	2	0	\$0.00
Hurlburt Field, FL	1	0	\$0.00
JB Anacostia-Bolling, DC	1	0	\$0.00
JB Andrews, MD	6	0	\$0.00
JB Elmendorf-Richardson, AK	1	0	\$0.00
JB McGuire-Dix-Lakehurst, NJ	3	0	\$0.00
JB San Antonio, TX	13	0	\$0.00
Kadena AB, JA	3	0	\$0.00
Kirtland AFB, NM	3	0	\$0.00
Little Rock AFB, AR	3	0	\$0.00
Los Angeles AFB, CA	1	0	\$0.00
MacDill AFB, FL	2	0	\$0.00
Moody AFB, GA	1	0	\$0.00
Mountain Home AFB, ID	2	0	\$0.00
Patrick AFB, FL	1	0	\$0.00
Peterson AFB, CO	1	0	\$0.00
Pope Field, NC	1	0	\$0.00
Ramstein AB, DE	4	0	\$0.00
Schriever AFB, CO	2	0	\$0.00
Scott AFB, IL	2	0	\$0.00
Travis AFB, CA	6	0	\$0.00
Tyndall AFB, FL	1	0	\$0.00
Vandenberg AFB, CA	3	0	\$0.00
Wright-Patterson AFB, OH	4	0	\$0.00
TOTAL	93	0	\$298.00

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4. Conclusion

In FY14, the Air Force inspected 93 government-provided residences with a 100 percent compliance rate. A total cost of \$298 was spent to ensure facilities were in compliance with DoD standards.

The Air Force is committed to providing the best care and support for our Airmen and their families. Along with changes to the AFIS, WII MHH inspection requirements have been tightened from the previous 1-year suspense to 90-days from the date of notification/validation. Additionally, MAJCOM IGs have been granted authority to delegate inspection requirements to Wing IGs to reduce cost requirements placed upon the Air Force. These changes will better serve Air Force WII personnel with timely identification of all deficiencies and meet the projected increase in WII MHH inspections.

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B. Detailed Military Departments' MHH Inspection Reports--5. TAB JTF

INSTALLATION ROLL-UP OF INSPECTIONS OF MILITARY QUARTERS HOUSING MEDICAL HOLD AND HOLDOVER PERSONNEL

Activity/Installation: Walter Reed National Military Medical Center

Date of Submission: 15 September 2014

Primary Point of Contact Name and Phone #: Ms. Diane Balko, Hospital IG, (301) 319-4568

Summary of Past Inspections – Since 2007, Mercy Hall (Bldg 50) has been continually inspected to ensure compliance with the “DoD Housing Standards for Medical Hold and Holdover Personnel”. Past inspections have resulted in the noting of minor repairs (i.e. lights / broken fixtures) and identified issues repaired/replaced.

Current Inspection Protocol/Process – The inspection was conducted on 19 and 20 August 2014. The annual inspection was conducted per 2014 Guidance for Medical Hold and Holdover Housing Inspections. The inspection team included Naval Support Activity Facility Manager, Facility Assistant Manager, USN Wounded Warrior Liaison, USA Wounded Warrior Liaison, USMC Wounded Warrior Liaison, Chief, Inspections Branch, Northern Regional Medical Command IG, and four members from the WRNMMC IG office.

Findings: (Inspection of military quarters used to house personnel in an out-patient status.)

WRNMMC – Mercy Hall (Building 50)

	Assignment		Baseline		Special Medical	
	M/N M	Action/Cost to meet Standard	M/N M	Action/Cost to meet Standard	M/N M	Action/Cost to meet Standard
Mercy Hall	10/0		10/0		10/0	

M – Number of Personnel Housed that Met Standard

NM – Number of Personnel Housed that did Not Meet Standard

	Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover Personnel						Number of Personnel Housed
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	
# of personnel	0/0	10/10	0/0	0/0	0/0	N/A	10

*X = Adequately housed MH and Holdover

*Y= Total number of MH and Holdover

*N/A= Standards do not apply to private homes

Future Plans: There are currently no additional modernization plans at this time. The use of Mercy Hall to house wounded, ill and injured service members is winding down and members are being transferred to quarters in the newly opened Transient Wounded Warrior Lodge (Bldg 64/Sanctuary Hall). Sanctuary Hall is a 135,000 square foot, multi-story building that consist of 200 rooms and common areas. There are administrative offices, an entertainment area, a cafe and lounge, housekeeping areas, and public restrooms. The facility is fully accessible for the physically disabled.

INSTALLATION ROLL-UP OF INSPECTIONS OF MILITARY QUARTERS HOUSING MEDICAL HOLD AND HOLDOVER PERSONNEL

Activity/Installation: Walter Reed National Military Medical Center

Date of Submission: 15 September 2014

Primary Point of Contact Name and Phone #: Ms. Diane Balko, Hospital IG, (301) 319-4568

Summary of Past Inspections –Tranquillity Hall (Bldg 62) has been continually inspected to ensure compliance with “DoD Housing Standards for Medical Hold and Holdover Personnel”. The two barracks towers contain 153 suites, which will house up to 306 residents. Past inspections have resulted in the noting of minor repairs (i.e. lights / broken fixtures) and identified issues repaired/replaced.

Current Inspection Protocol/Process – The inspection was conducted on 19 and 20 August 2014. The annual inspection was conducted per 2014 Guidance for Medical Hold and Holdover Housing Inspections. The inspection team included Naval Support Activity Facility Manager, Facility Assistant Manager, USN Wounded Warrior Liaison, USA Wounded Warrior Liaison, USMC Wounded Warrior Liaison, Chief, Inspections Branch, Northern Regional Medical Command IG, and four members from the WRNMMC IG office.

Findings: (Inspection of military quarters used to house personnel in an out-patient status.)

WRNMMC – Tranquillity Hall (Building 62)

	Assignment		Baseline		Special Medical	
	M/N M	Action/Cost to meet Standard	M/N M	Action/Cost to meet Standard	M/N M	Action/Cost to meet Standard
Tranquillity Hall	170/0		170/0		170/0	

M – Number of Personnel Housed that Met Standard

NM – Number of Personnel Housed that did Not Meet Standard

	Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover Personnel						
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
# of personnel	0/0	170/170	0/0	0/0	0/0	N/A	170

*X = Adequately housed MH and Holdover

*Y= Total number of MH and Holdover

*N/A= Standards do not apply to private homes

Future Plans: Continuous plans to improve the delivery of services to meet the needs of the members.

**INSTALLATION ROLL-UP OF INSPECTIONS OF MILITARY QUARTERS HOUSING MEDICAL
HOLD AND HOLDOVER PERSONNEL**

Activity/Installation: Walter Reed National Military Medical Center

Date of Submission: 15 September 2014

Primary Point of Contact Name and Phone #: Ms. Diane Balko, Hospital IG, (301) 319-4568

Summary of Past Inspections – Sanctuary Hall (Bldg 64) had been housing Wound, Ill, and Injured service members for approximately one month and held a grand opening ribbon cutting ceremony on the 18 August 2014, one day before this inspection. As a new facility there is no prior inspection history. The state of the art facility, also referred to as The Transient Wounded Warrior Lodge is a 135,000 square foot, multi-story building that consists of 200 rooms and common areas.

Current Inspection Protocol/Process – The inspection was conducted on 19 and 20 August 2014. The annual inspection was conducted per 2014 Guidance for Medical Hold and Holdover Housing Inspections. The inspection team included Naval Support Activity Facility Manager, Facility Assistant Manager, USN Wounded Warrior Liaison, USA Wounded Warrior Liaison, USMC Wounded Warrior Liaison, Chief, Inspections Branch, Northern Regional Medical Command IG, and four members from the WRNMMC IG office.

Findings: (Inspection of military quarters used to house personnel in an out-patient status.)

WRNMMC – Sanctuary Hall (Building 64)

	Assignment		Baseline		Special Medical	
	M/N M	Action/Cost to meet Standard	M/N M	Action/Cost to meet Standard	M/N M	Action/Cost to meet Standard
Sanctuary Hall	67/0		67/0		67/0	

M – Number of Personnel Housed that Met Standard

NM – Number of Personnel Housed that did Not Meet Standard

	Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover Personnel						
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
# of personnel	0/0	67/67	0/0	0/0	0/0	N/A	67

*X = Adequately housed MH and Holdover

*Y= Total number of MH and Holdover

*N/A= Standards do not apply to private homes

Future Plans: Continuous plans to improve the delivery of services to meet the needs of the members.

Section 1: Number of Personnel Adequately Housed.							Fort Belvoir
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or Army) RCI/AFH	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	226	221	5	0	0	0	0
Inadequately Housed	0	0	0	0			
Total Nmbr Housed	226	221	5	0	0	0	0

ATTACHMENT III—APPLICABLE LEGISLATION

- A. Public Law 110-28, May 25, 2007—U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, section 3307(a)**
- B. Public Law 110-181, January 28, 2008—NDAA for FY 2008, section 1648(f)**
- C. Public Law 110-181, January 28, 2008—NDAA for FY 2008, section 1662(b)**

One Hundred Tenth Congress
of the
United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Thursday,
the fourth day of January, two thousand and seven*

An Act

Making emergency supplemental appropriations and additional supplemental appropriations for agricultural and other emergency assistance for the fiscal year ending September 30, 2007, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

TITLE I—SUPPLEMENTAL APPROPRIATIONS FOR DEFENSE, INTERNATIONAL AFFAIRS, AND OTHER SECURITY-RELATED NEEDS
TITLE II—HURRICANE KATRINA RECOVERY
TITLE III—ADDITIONAL DEFENSE, INTERNATIONAL AFFAIRS, AND HOMELAND SECURITY PROVISIONS
TITLE IV—ADDITIONAL HURRICANE DISASTER RELIEF AND RECOVERY
TITLE V—OTHER EMERGENCY APPROPRIATIONS
TITLE VI—OTHER MATTERS
TITLE VII—ELIMINATION OF SCHIP SHORTFALL AND OTHER HEALTH MATTERS
TITLE VIII—FAIR MINIMUM WAGE AND TAX RELIEF
TITLE IX—AGRICULTURAL ASSISTANCE
TITLE X—GENERAL PROVISIONS

SEC. 3. STATEMENT OF APPROPRIATIONS.

The following sums in this Act are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2007.

of a death gratuity under subsection (a) or (d) dies before the person"; and

(3) by inserting after subsection (c) the following new subsection (d):

"(d) During the period beginning on the date of the enactment of this subsection and ending on September 30, 2007, a person covered by section 1475 or 1476 of this title may designate another person to receive not more than 50 percent of the amount payable under section 1478 of this title. The designation shall indicate the percentage of the amount, to be specified only in 10 percent increments up to the maximum of 50 percent, that the designated person may receive. The balance of the amount of the death gratuity shall be paid to or for the living survivors of the person concerned in accordance with paragraphs (1) through (5) of subsection (a)."

SEC. 3307. (a) INSPECTION OF MILITARY MEDICAL TREATMENT FACILITIES, MILITARY QUARTERS HOUSING MEDICAL HOLD PERSONNEL, AND MILITARY QUARTERS HOUSING MEDICAL HOLDOVER PERSONNEL.—

(1) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, and annually thereafter, the Secretary of Defense shall inspect each facility of the Department of Defense as follows:

(A) Each military medical treatment facility.

(B) Each military quarters housing medical hold personnel.

(C) Each military quarters housing medical holdover personnel.

(2) **PURPOSE.**—The purpose of an inspection under this subsection is to ensure that the facility or quarters concerned meets acceptable standards for the maintenance and operation of medical facilities, quarters housing medical hold personnel, or quarters housing medical holdover personnel, as applicable.

(b) **ACCEPTABLE STANDARDS.**—For purposes of this section, acceptable standards for the operation and maintenance of military medical treatment facilities, military quarters housing medical hold personnel, or military quarters housing medical holdover personnel are each of the following:

(1) Generally accepted standards for the accreditation of medical facilities, or for facilities used to quarter individuals with medical conditions that may require medical supervision, as applicable, in the United States.

(2) Where appropriate, standards under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

(c) **ADDITIONAL INSPECTIONS ON IDENTIFIED DEFICIENCIES.**—(1) **IN GENERAL.**—In the event a deficiency is identified pursuant to subsection (a) at a facility or quarters described in paragraph (1) of that subsection—

(A) the commander of such facility or quarters, as applicable, shall submit to the Secretary a detailed plan to correct the deficiency; and

(B) the Secretary shall reinspect such facility or quarters, as applicable, not less often than once every 180 days until the deficiency is corrected.

(2) **CONSTRUCTION WITH OTHER INSPECTIONS.**—An inspection of a facility or quarters under this subsection is in addition to any inspection of such facility or quarters under subsection (a).

(2) Specialty medical care facilities.

(3) Military quarters or leased housing for patients.

(c) SCOPE OF STANDARDS.—The standards required by subsection (a) shall include the following:

(1) Generally accepted standards for the accreditation of medical facilities, or for facilities used to quarter individuals that may require medical supervision, as applicable, in the United States.

(2) To the extent not inconsistent with the standards described in paragraph (1), minimally acceptable conditions for the following:

(A) Appearance and maintenance of facilities generally, including the structure and roofs of facilities.

(B) Size, appearance, and maintenance of rooms housing or utilized by patients, including furniture and amenities in such rooms.

(C) Operation and maintenance of primary and back-up facility utility systems and other systems required for patient care, including electrical systems, plumbing systems, heating, ventilation, and air conditioning systems, communications systems, fire protection systems, energy management systems, and other systems required for patient care.

(D) Compliance of facilities, rooms, and grounds, to the maximum extent practicable, with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

(E) Such other matters relating to the appearance, size, operation, and maintenance of facilities and rooms as the Secretary considers appropriate.

(d) COMPLIANCE WITH STANDARDS.—

(1) DEADLINE.—In establishing standards under subsection (a), the Secretary shall specify a deadline for compliance with such standards by each facility referred to in subsection (b). The deadline shall be at the earliest date practicable after the date of the enactment of this Act, and shall, to the maximum extent practicable, be uniform across the facilities referred to in subsection (b).

(2) INVESTMENT.—In carrying out this section, the Secretary shall also establish guidelines for investment to be utilized by the Department of Defense and the military departments in determining the allocation of financial resources to facilities referred to in subsection (b) in order to meet the deadline specified under paragraph (1).

(e) REPORT ON DEVELOPMENT AND IMPLEMENTATION OF STANDARDS.—

(1) IN GENERAL.—Not later than March 1, 2008, the Secretary shall submit to the congressional defense committees a report on the actions taken to carry out subsection (a).

(2) ELEMENTS.—The report under paragraph (1) shall include the following:

(A) The standards established under subsection (a).

(B) An assessment of the appearance, condition, and maintenance of each facility referred to in subsection (b), including—

110TH CONGRESS }
1st Session }

HOUSE OF REPRESENTATIVES

{ REPORT
110-477

**NATIONAL DEFENSE AUTHORIZATION ACT
FOR FISCAL YEAR 2008**

CONFERENCE REPORT

TO ACCOMPANY

H.R. 1585



DECEMBER 6, 2007.—Ordered to be printed

"(3) No deduction may be made under paragraph (1) from any death compensation to which a member's dependents become entitled after the member's death."

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on the date of the enactment of this Act, and shall apply with respect to members of the Armed Forces separated from the Armed Forces under chapter 61 of title 10, United States Code, on or after that date.

SEC. 1647. ASSESSMENTS OF CONTINUING UTILITY AND FUTURE ROLE OF TEMPORARY DISABILITY RETIRED LIST.

(a) **REPORT REQUIRED.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the congressional defense committees a report containing—

(1) a statistical history since January 1, 2000, of the numbers of members of the Armed Forces who are returned to duty or separated following a tenure on the temporary disability retired list and, in the case of members who were separated, how many of the members were granted disability separation or retirement and what were their disability ratings;

(2) the results of the assessments required by subsection (b); and

(3) such recommendations for the modification or improvement of the temporary disability retired list as the Secretary considers appropriate in response to the assessments.

(b) **REQUIRED ASSESSMENTS.**—The assessments required to be conducted as part of the report under subsection (a) are the following:

(1) An assessment of the continuing utility of the temporary disability retired list in satisfying the purposes for which the temporary disability retired list was established.

(2) An assessment of the need to require that the condition of a member be permanent and stable before the member is separated with less than a 30 percent disability rating prior to exceeding the maximum tenure allowed on the temporary disability retired list.

(3) An assessment of the future role of the temporary disability retired list in the Disability Evaluation System of the Department of Defense and the changes in policy and law required to fulfill the future role of the temporary disability retired list.

SEC. 1648. STANDARDS FOR MILITARY MEDICAL TREATMENT FACILITIES, SPECIALTY MEDICAL CARE FACILITIES, AND MILITARY QUARTERS HOUSING PATIENTS AND ANNUAL REPORT ON SUCH FACILITIES.

(a) **ESTABLISHMENT OF STANDARDS.**—The Secretary of Defense shall establish for the military facilities of the Department of Defense and the military departments referred to in subsection (b) standards with respect to the matters set forth in subsection (c). To the maximum extent practicable, the standards shall—

(1) be uniform and consistent for all such facilities; and

(2) be uniform and consistent throughout the Department of Defense and the military departments.

(b) **COVERED MILITARY FACILITIES.**—The military facilities covered by this section are the following:

(1) Military medical treatment facilities.

(i) an assessment of the compliance of the facility with the standards established under subsection (a); and

(ii) a description of any deficiency or noncompliance in each facility with the standards.

(C) A description of the investment to be allocated to address each deficiency or noncompliance identified under subparagraph (B)(ii).

(f) ANNUAL REPORT.—Not later than the date on which the President submits the budget for a fiscal year to Congress pursuant to section 1105 of title 31, United States Code, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the adequacy, suitability, and quality of each facility referred to in subsection (b). The Secretary shall include in each report information regarding—

(1) any deficiencies in the adequacy, quality, or state of repair of medical-related support facilities raised as a result of information received during the period covered by the report through the toll-free hot line required by section 1616; and

(2) the investigations conducted and plans of action prepared under such section to respond to such deficiencies.

SEC. 1649. REPORTS ON ARMY MEDICAL ACTION PLAN IN RESPONSE TO DEFICIENCIES IDENTIFIED AT WALTER REED ARMY MEDICAL CENTER, DISTRICT OF COLUMBIA.

Not later than 30 days after the date of the enactment of this Act, and every 180 days thereafter until March 1, 2009, the Secretary of Defense shall submit to the congressional defense committees a report on the implementation of the Army Medical Action Plan to correct deficiencies identified in the condition of facilities and patient administration.

SEC. 1650. REQUIRED CERTIFICATIONS IN CONNECTION WITH CLOSURE OF WALTER REED ARMY MEDICAL CENTER, DISTRICT OF COLUMBIA.

(a) CERTIFICATIONS.—In implementing the decision to close Walter Reed Army Medical Center, District of Columbia, required as a result of the 2005 round of defense base closure and realignment under the Defense Base Closure and Realignment Act of 1990 (part A of title XXIX of Public Law 101-510; U.S.C. 2687 note), the Secretary of Defense shall submit to the congressional defense committees a certification of each of the following:

(1) That a transition plan has been developed, and resources have been committed, to ensure that patient care services, medical operations, and facilities are sustained at the highest possible level at Walter Reed Army Medical Center until facilities to replace Walter Reed Army Medical Center are staffed and ready to assume at least the same level of care previously provided at Walter Reed Army Medical Center.

(2) That the closure of Walter Reed Army Medical Center will not result in a net loss of capacity in the major medical centers in the National Capitol Region in terms of total bed capacity or staffed bed capacity.

(3) That the capacity of medical hold and outpatient lodging facilities operating at Walter Reed Army Medical Center as of the date of the certification will be available in sufficient quantities at the facilities designated to replace Walter Reed

(g) **DOD AND VA RESPONSE TO NAS REPORTS.**—Not later than 90 days after the receipt of a report under subsection (f) on each phase of the study required under subsection (a), the Secretary of Defense and the Secretary of Veterans Affairs shall develop a final joint Department of Defense-Department of Veterans Affairs response to the findings and recommendations of the National Academy of Sciences contained in such report.

SEC. 1662. ACCESS OF RECOVERING SERVICE MEMBERS TO ADEQUATE OUTPATIENT RESIDENTIAL FACILITIES.

(a) **REQUIRED INSPECTIONS OF FACILITIES.**—All quarters of the United States and housing facilities under the jurisdiction of the Armed Forces that are occupied by recovering service members shall be inspected on a semiannual basis for the first two years after the enactment of this Act and annually thereafter by the inspectors general of the regional medical commands.

(b) **INSPECTOR GENERAL REPORTS.**—The inspector general for each regional medical command shall—

(1) submit a report on each inspection of a facility conducted under subsection (a) to the post commander at such facility, the commanding officer of the hospital affiliated with such facility, the surgeon general of the military department that operates such hospital, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees; and

(2) post each such report on the Internet website of such regional medical command.

SEC. 1663. STUDY AND REPORT ON SUPPORT SERVICES FOR FAMILIES OF RECOVERING SERVICE MEMBERS.

(a) **STUDY REQUIRED.**—The Secretary of Defense shall conduct a study of the provision of support services for families of recovering service members.

(b) **MATTERS COVERED.**—The study under subsection (a) shall include the following:

(1) A determination of the types of support services, including job placement services, that are currently provided by the Department of Defense to eligible family members, and the cost of providing such services.

(2) A determination of additional types of support services that would be feasible for the Department to provide to such family members, and the costs of providing such services, including the following types of services:

(A) The provision of medical care at military medical treatment facilities.

(B) The provision of additional employment services, and the need for employment protection, of such family members who are placed on leave from employment or otherwise displaced from employment while caring for a recovering service member for more than 45 days during a one-year period.

(C) The provision of meals without charge at military medical treatment facilities.

(3) A survey of military medical treatment facilities to estimate the number of family members to whom the support services would be provided.