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

PERSONNEL AND
READINESS

MAR 23 2011

The Honorable C. W. Bill Young
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 3307(a) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (P.L. 110-28), and sec. 1648(f) of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181), which requires the Department of Defense (DoD) to annually inspect and report on Military Treatment Facilities (MTFs) and medical hold housing based on established standards.

The fourth annual Military Department inspections revealed 99 percent of both the medical treatment and housing facilities for the Wounded Warriors complied with established standards. A total cost of $236 million was identified for correction of minor deficiencies in MTFs that does not impact patient care. These funds are being programmed in the DoD budget.

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

Sincerely,

Clifford L. Stanley

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
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PERSONNEL AND
READINESS

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

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PERSONNEL AND
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The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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The Honorable Thad Cochran
Vice Chairman

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Vice Chairman

UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Joe Wilson
Chairman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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cc:
The Honorable Susan A. Davis
Ranking Member

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

PERSONNEL AND
READINESS

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

23 Jan

The Honorable Jim Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

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The Honorable Lindsey O. Graham
Ranking Member

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PERSONNEL AND
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The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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cc:
The Honorable John McCain
Ranking Member

Office of the Secretary of Defense

ANNUAL REPORT TO CONGRESS

2011 Annual Report on Inspection of Military Medical Treatment Facilities and Medical Hold Housing

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

February 2011

Note: The cost to develop this report was $941,000; a cost worksheet is attached at TAB D

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Important Note to this Document: *The Marine Corps inspection report for MHH was attached to the end of the Navy's MHH report. This is included in this manner because the Navy has assisted the Marine Corp with respect to Congressional reporting and inspection requirements in the past. Throughout this report, the Marine Corp will* be *discussed under and as part of the Navy.*

ANNUAL REPORT TO CONGRESS

2011 Annual Report on Inspection of Military Medical Treatment Facilities and Medical Hold Housing

Executive Summary

In accordance with the United States Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (Public Law (P.L.) 110-28-May 25, 2007, section 3307(a)) and the National Defense Authorization Act of Fiscal Year 2008 (P.L. 110-181-January 28, 2008, section 1648(f)), Congress noted the need to provide adequate medical treatment and housing facilities supporting 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 (MTFs) and medical hold housing (MHH).
B. Annually assess conditions of these facilities against standards.
C. Establish a wounded warrior resource center (WWRC), hot-line call numbers, and websites to assist military personnel in reporting facility deficiencies, addressing medical care concerns, and receiving benefits information. And,
D. Report all results in accordance with regulations stipulated in these Acts.

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

This fourth annual facility inspection examined military MTFs, specialty medical care facilities, and military quarters or leased housing for patients. These inspections resulted in 99 percent compliance with the MTFs and MHH standards and criteria.

During the period covered by this fourth inspection (Calendar Year 2010), a total of $236 million in deficiencies was identified for MTFs and planned for correction across a five year period. Except for four installations, all MHH deficiencies noted during the inspections were promptly corrected or the affected members were relocated to housing that met DoD standards. All remaining MHH deficiencies are being corrected through on-going projects and construction activities. No MTFs or MHH inspection deficiencies identified impacted the quality of medical care to the wounded warrior.

In addition to facility inspections, statues dictated 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 addressed a large number of referral calls during this reporting period. The military services did not receive any calls related to facilities medical or housing). Since service members had several avenues to address any facility concerns on a local level, it is clear that the military department hot lines and web sites were utilized as a final option.

ANNUAL REPORT TO CONGRESS

2011 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 medical treatment facilities (MTFs) and medical hold housing (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 heath care system,
3. Identify deficiencies requiring corrective action,
4. Create and execute a plan of action to correct noted deficiencies, and
5. Establish hot line telephone numbers, web site access, and a wounded warrior resource center (WWRC) to simplify the referral, notification, reporting, and query process for military personnel and their families.

This fourth annual report covers inspections conducted during Calendar Year (CY) 2010. Previous reports were submitted by DoD to the Congressional Defense Committees on 2 April 2008, 2 November 2009, and 31 August 2010.

B. Senior Oversight Committee

In May 2007, a Senior Oversight Committee (SOC) for Wounded, Ill, and Injured (WII) was established to oversee improvements to the treatment, care, and transition of these service members. The SOC is co-chaired by the Deputy Secretary of Defense and the Deputy Secretary of the Veterans Administration. Within the SOC, the Deputy Under Secretary of Defense for Installations and Environment has overall responsibility for wounded warrior facility issues under Line of Action (LOA) #5 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 initiated the statutory provisions listed below:

1. Public Law (P.L.) 110-28, May 25, 2007—U.S. Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriations Act, section (sec.) 3307(a) (TAB C-1).
2. P.L. 110-181, January 28, 2008--National Defense Authorization Act (NDAA) for Fiscal Year 2008, sec. 1648(f) (TAB C-2).

D. MTFs and MHH Inspection Evaluation Standards and Criteria

Under **P.L. 110-181, January 28, 2008, sec. 1648(f)**, Congress stated 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. MTFs 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 MTFs 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, inspections created up-to-date web-based lists of detailed deficiencies while in others more localized lists applicable to the direct installation were developed. 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% 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 was divided into three parts:

1. **Part I: Hot Lines and Web Sites Related to Medical Facility Conditions Supporting Wounded Warriors**--Discusses results related to established hot line call numbers, a 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.