



STATEMENT FOR THE RECORD

THE TRICARE FOR KIDS COALITION

before the

**House Appropriations Committee
Subcommittee on Military Construction, Veteran Affairs, and other
Related Agencies**

On

Military Installations/Family Housing Shortfalls

February 12, 2019

CHAIRMAN WASSERMAN-SCHULTZ AND RANKING MEMBER CARTER. Tricare for Kids Coalition is a stakeholder group of children's health care advocacy and professional organizations, disability advocacy groups, military and veterans' service organizations and military families committed to ensuring that the children of military families receive the unique care, supports and services they need.

Thank you for the opportunity to submit this statement for the record.

We write to express concern with health and safety hazards in military base housing. Recent news reports, government reports, and stories shared with us from military families detail a picture of negligence in proper oversight and abatement of health and safety hazards such as mold, lead, and vermin in military housing. Reports indicate these hazards have negatively impacted the health and wellbeing of servicemembers and their family members.

Clearly this is a deep and wide problem impacting Department of Defense across the board, and appearing to require a cross jurisdictional team with the highest authority, responsibility, and accountability to resolve. We are concerned that this does not yet seem to exist. While we await resolution of the issues beyond the scope of our coalition, we appreciate the opportunity to address the concerns squarely within our wheelhouse of child health and wellbeing. It is unclear to our coalition and military families the role DHA plays in mitigating these hazards through oversight, medical treatment, and communications with families, housing officials and public private partners. Equally unknown is the degree of effort to document and track those individuals who have already presented with conditions or symptoms indicative of exposure, and to meaningfully address the needs of families who are seeking care and a process for determining and treating impact.

Military families depend on base housing for many reasons, including when housing on local economy is not affordable or in less appropriate neighborhoods. Furthermore, families who have children with special needs have even more limited housing options when moving to a new duty station. Sometimes, the only affordable housing that is ADA compliant is on-post housing. We are concerned health of those with special needs may be further compromised in housing with these hazards.

The conditions of critical concern around base housing range from mold to vermin to lead and toxic waste. There is no easy answer to this and the problem needs leadership and ownership. A major concern is the apparent lack of ownership of the known health problems arising from these conditions, which prevents them from being addressed promptly and appropriately while the big picture of liability or responsibility is being sorted out.

Meanwhile, however, DHA, the MHS, and TRICARE own the prevention, treatment and promotion of health and wellbeing of its beneficiaries many of whom are especially vulnerable children who live on base and have been and are exposed to these safety and health risks regularly, often with dire consequences. Tricare must step up and figure out how to address screening, testing and treatment needs, as well as families' concerns, at the very least.

Toward finding solutions, we respectfully request that this Committee request DHA (as it is in the process of taking over management and responsibility for all MTFs, and that DHA work with the services regarding MTFs still under their respective umbrellas) to address the attached list of questions and concerns, and to engage in a candid and meaningful dialogue with stakeholders and military families to better understand the issues, and identify ways we can work collectively to improve military housing and barracks.

It is becoming obvious that we have a public health crisis emanating from our United States Military bases and DHA/Tricare needs to lead the public health response. The bottom line is the health and wellbeing of our servicemembers and their families, including our most vulnerable children; thus, we are committed to ensuring that both operational and functional leaders take ownership of these conditions and promptly effect the necessary solutions.

Questions for DHA

Health and Safety Hazards in Military Housing

- What has DHA done in light of news reports of health and safety hazards in military housing?
- Have practitioners at MTFs been made aware of the mounting health and safety hazards on base or on post? What steps have MTFs taken to provide their staff with proper training to identify, address, and document environmental related health issues?
- Do practitioners ask patients about their living condition at appointments (i.e., “Do you live in a pre-1978 home, or are there signs of mold in your home?”)
- Do MTFs communicate health concerns to housing officials? And vice versa? What is the standard operating procedure if a practitioner is concerned about health hazards in a military home (compared to abuse or neglect of children or spouse?)
- Can MTFs order mold/air/water/lead testing for a home if they are concerned for a patient’s wellbeing? Can families get these tests paid for by the military or Tricare if it is for potential medical diagnoses?
- Do the MTFs have an obligation to ask for lead testing in children living in historic homes on base and monitor them while they live in the home?
- Narratives from families suggest a negative experience with MTFs in terms of diagnosing/identifying illnesses from environmental hazards and often go out of network for a second opinion. What can DHA do to improve this experience?
- How can MTFs/DHA comprehensively and respectfully address families’ concerns regarding exposure, impacts, immediate and potential long-term health consequences?
- Have MTFs/DHA collected data on reports of environmental illness on military installations? Does DHA have data on medical conditions related to lead/mold exposure?
- If a servicemember falls ill from environmental hazards in military barracks, can they be moved or removed from barracks?
- Do DHA environmental health officials do walk-throughs or assessments of military housing/barracks? What oversight or role do they play?
- Has DHA provided best practices in abating health and safety hazards to DoD housing leadership? Does DHA provide recommendations on remediation of health hazards in housing? Are there lessons learned and expertise from other federal agencies that could be leveraged in addressing these hazards?