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From: Chief, Bureau of Medicine and Surgery  
To: Commander, Navy Medicine East  
Commander, Navy Medicine West  
Commander, Navy Medical Education Training and Logistics Command

Subj: HEALTH HAZARDS FROM ENVIRONMENTAL EXPOSURES IN MILITARY HOUSING

Ref: (a) CNO WASHINGTON DC 232203Z Feb 19 (NAVADMIN 043/19)  
(b) CNIC ltr 11103 Ser N00/19U085 of 25 Feb 19  
(c) Communication Directorate, HQMC, Press Release of 22 Feb 19  
(d) CNIC Standard Operating Procedures for Navy Oversight of Health & Safety Issues in Privatized Housing, Version 1.1, June 2012, Family Housing Operations  
(e) BUMEDINST 6200.14D  
(f) CNO ltr 5090 N45 Ser/16U132466 of 14 Oct 16  
(g) BUMED memo 6010 Ser M3B25/14UM30126 of 22 Aug 14  
(h) BUMED memo 6280 Ser M3B7/15UM30462 of 24 Dec 15  
(i) EPA-402-K-02-003, "A Brief Guide to Mold, Moisture, and Your Home," September 2012

1. This memorandum provides guidance for Navy Medicine personnel in working with installation counterparts and responding to complaints potentially related to environmental exposures in military housing.

## 2. Background

a. Media reports, social media content, the February 2019 Military Family Advisory Network housing survey report, past and current Department of Defense Office of the Inspector General investigations and Government Accountability Office Audits, as well as recent Congressional hearings and inquiries, have increasingly focused on the potential health hazards from environmental exposures in military housing, the quality of military housing, and how the Services respond to these issues. In reference (a), the Chief of Naval Operations states, "We are facing an urgent issue affecting not only the trust and confidence of our Sailors and their families, but also their health, safety, and well-being." Specific to Navy Medicine, handling of these environmental exposure issues at the medical treatment facility (MTF) level when reported to our health care providers, and public health personnel is also under scrutiny.

b. Per references (a) through (c), the Navy and Marine Corps have embarked on a campaign to contact every Sailor and Marine at the command level and ask about their housing. They will be provided an opportunity to meet with leadership in their homes to discuss concerns, share any

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problem areas, and allow the command to assist the Sailors or Marines and their families in getting a resolution. Each command will document and track these issues to resolution and report progress to installation, region, and echelon II headquarter levels.

c. The Department of the Navy has defined the scope of housing to include the following categories, both inside and outside the continental United States.

(1) Family Housing (FH): Public Private Venture (PPV); other Service PPV (Army, Air Force, or Marine Corps); government; and private lease.

(2) Unaccompanied Housing (UH): Barracks; PPV (San Diego and Norfolk only); and government.

d. The scope of health hazards includes indoor air quality (e.g., mold, asbestos, lead-based paint, radon) and habitability (e.g., sanitation, drinking water quality, pests). The Marine Corps Installation Command (MCICOM) has standardized its visiting teams' outreach questionnaire which asks specific questions regarding environmental or health related concerns. Commander, Navy Installations Command (CNIC) guidance for team visits does not include a standard questionnaire, but rather recommends a conversation focused on general housing experience, maintenance actions, and safety concerns.

### 3. Action

a. Navy Medicine regions must ensure that MTFs have internal processes that facilitate communication and coordination between providers and public health personnel. As the housing visits progress, Navy Medicine may experience a surge of requests for more public health services support related to UH and FH, as well as more clinical involvement (i.e., allergy, immunology, pulmonology, pediatrics) from individuals who attribute health issues to environmental exposures. MTF leaders must recognize this potential surge and support their MTF providers and public health personnel, who, in turn, must be ready to respond to these issues with greater awareness, public interface, and increased specialty appointments as necessary.

b. A clear and united message must be communicated within Navy Medicine and to housing residents regarding how the Navy and Marine Corps stand ready to address their housing-related concerns. This will require close coordination with our CNIC and MCICOM counterparts (who are the responsible oversight authority for FH and UH) and situational awareness on the part of our MTF personnel. Our message must be positive and proactive, anticipate likely questions, provide accurate and comprehensive information, and keep residents informed on new developments. Per references (a) through (c), we can expect more resident engagement and town halls to be held by installation commanding officers and housing representatives. If the installation commanding officer is present at these town halls, the MTF commanding officer and appropriate staff as deemed necessary (e.g., directors of public health following and of medical services) are expected to be present as well. Our objective is to work within CNIC's established housing dispute resolution process as detailed in reference (d). The link contains phone numbers

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for every Installation Housing Office, Regional Housing Directors, and CNIC headquarters:  
<https://www.cnic.navy.mil/ffr/housing/contact-housing.html>.

**c. Clinical Evaluation**

(1) Evaluation of potential health effects from environmental exposures can be very challenging. Validated clinical tests exist for very few environmental exposures, and Navy Medicine has established processes for reporting and response. These include lead, drinking water quality, lead in drinking water in priority areas (i.e., schools, day care centers), and perfluorochemicals, per references (e) through (h). Many more environmental exposures, such as mold and radon, have no validated clinical tests or findings to support a direct linkage between environmental exposures and clinical symptoms or physiologic changes in patients who are exposed.

(2) Clinicians must address a patient's concern about potential housing-related exposures with empathy and sensitivity while using evidence-based medicine. If a patient expresses concerns about potential housing-related health issues, the MTF provider should instruct the patient to immediately contact their housing point of contact about the concern regardless of the provider's level of concern regarding the potential exposure. The housing point of contact is the appropriate authority to log, investigate, coordinate, track, and mitigate any housing-related safety and health issues. Providers should not write letters on behalf of patients to the installation housing service centers or installation commanding officers. Rather, the provider should notify the MTF Public Health Directorate or Department. If the MTF provider has a clinical concern about the exposure and desires assistance in evaluation of the patient, they should consult occupational and environmental medicine or preventive medicine, and other clinical specialties as appropriate (e.g. pulmonology, allergy, immunology, etc.).

(3) Navy Medicine regions must ensure that clinicians are educated on this topic, and that MTFs have an internal process that facilitates communication and coordination between providers and public health personnel. The consult function should be enabled in Armed Forces Health Longitudinal Technology or Military Health System Genesis to enable clinicians to readily refer questions to occupational and environmental medicine and preventive medicine. We encourage providers to offer general educational information, including educational fact sheets and frequently asked questions, to help patients better understand and manage their medical conditions. Likewise, we encourage MTFs to leverage commonly used educational channels (e.g., grand rounds) to raise provider and public health staff awareness.

**d. Environmental Evaluation**

(1) Current evidence-based medicine does not support routine environmental testing for contaminants like mold, which has no federal health standards per reference (i), and for which by sampling test results cannot be compared to a health standard. Mold is ubiquitous and present indoors, outdoors, and on all people. The toxicity, allergenicity, and pathogenicity varies by mold genus and species, and human physiologic response varies greatly from one individual to the next. The mere presence of mold does not necessarily indicate that residents will have adverse health effects as most are harmless. Mold requires moisture and a suitable substrate to

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grow. If mold is visible or a mold problem is suspected, spending time and resources to solve the moisture problem and remediating mold-contaminated materials is more important than mold sampling.

(2) Navy Medicine's policy reflects Environmental Protection Agency and Center for Disease Control recommendations to NOT routinely sample for indoor mold. Industrial hygienists use the results from mold testing only as an indicator to determine if an abnormal condition exists within the indoor environment and, if so, to help pinpoint the area of potential contamination. The focus then is on immediately engaging the installation's public works or PPV maintenance personnel to identify and stop the source of the moisture or water intrusion and remediate contaminated materials as soon as possible.

(a) This policy often differs from resident expectations and risk perceptions, which may be influenced by inaccurate information from internet searches and social media content. Chronic respiratory complaints, such as allergies and asthma, are often multi-factorial, and the contribution of any particular irritant or allergen cannot be quantified. However, exposure to indoor mold may exacerbate preexisting allergies or asthma, or trigger these conditions in genetically predisposed individuals, leading to adverse respiratory health effects. Additionally, other common indoor allergens and pollutants, including dust mites, cockroaches, mice droppings, pet animal proteins (in dander, hair, and excrement), pollen, chemicals, scented candles, air fresheners, and cigarette smoke have similar effects, which prevents attributing respiratory issues specifically to household mold exposure alone.

(b) The Environmental Protection Agency's publication, "Guidance for Clinicians on the Recognition and Management of Health Effects related to Mold Exposure and Moisture Indoors," may be a useful guide for providers. It is available at <https://www.epa.gov/mold/guidance-clinicians-recognition-and-management-health-effects-related-mold-exposure-and>.

4. The Navy and Marine Corps Public Health Center (NMCPHC) has significant experience working with these issues. Specialty areas include risk communication, industrial hygiene, vector (pest) control, preventive medicine, radiation health, and occupational and environmental medicine. Experts are available to provide public health consultation at (757) 953-0700 or DSN (312) 377- 0700. NMCPHC has posted important information and resources regarding these program areas on their website:

a. Indoor Environmental Quality: <https://www.med.navy.mil/sites/nmcphc/industrial-hygiene/Pages/Industrial-Hygiene-Topics.aspx>.

b. Mold: <https://www.med.navy.mil/sites/nmcphc/industrial-hygiene/Pages/Mold-Information-Resources.aspx>.

c. Risk Communication: <https://www.med.navy.mil/sites/nmcphc/environmental-programs/Pages/risk-communication.aspx>.

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d. Sanitation: <https://www.med.navy.mil/sites/nmcphc/program-and-policy-support/Pages/Living-Spaces-and-Related-Service-Facilities.aspx>.

5. My points of contact for this matter are CAPT Han Q. Bui, (703) 681-9126 or [han.q.bui.mil@mail.mil](mailto:han.q.bui.mil@mail.mil) and CAPT Michael E. Stevens, Jr., (703) 681-9318 or [michael.e.stevens12.mil@mail.mil](mailto:michael.e.stevens12.mil@mail.mil).

  
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