



**UNITED STATES SENATE COMMITTEE ON ARMED SERVICES
JOINT SUBCOMMITTEE ON PERSONNEL, READINESS, AND MANAGEMENT
SUPPORT**

**PRELIMINARY RESEARCH REPORT:
LIVING CONDITIONS OF FAMILIES IN PRIVATIZED MILITARY HOUSING**

FEBRUARY 13, 2019

PRIVATIZED MILITARY HOUSING SURVEY EXECUTIVE SUMMARY

The mission of the Military Family Advisory Network (MFAN) is to connect military families with leaders and decision makers. We share the stories of those who serve and respond to their needs through collaboration and, when needed, program development. After hearing from military families about issues with privatized military housing last October, MFAN began researching the extent of the problem and launched a questionnaire three months later to gain a better understanding of the issue. This executive summary provides a high-level overview of our initial findings from the questionnaire. A full report that outlines methodology, more detailed preliminary findings, family profiles, photos, and documentation is attached.

The online questionnaire was fielded on January 30, 2019 and remained open until February 6, 2019. During that time, 16,779 individuals responded. Participants were first asked a series of questions to determine eligibility to fit the targeted demographic. They were required to either be living in privatized military housing currently, or within the past three years. The remaining questions were also neutral in nature, inquiring whether the military family's experience with privatized housing was favorable or not favorable.

MFAN also conducted 40 interviews with survey participants who shared their contact information. Over the next several months, MFAN will apply qualitative coding methods to gain a complete understanding of families' perceptions of privatized military housing. In the interim, initial findings show the following:

- More than half (55.53%) of respondents had a negative or very negative experience with privatized military housing.
- Issues are not unique to specific companies, 35 companies were referenced by respondents from every state in the country with privatized military housing.
- Military families are living in dangerous situations with reports of the existence of black mold, lead paint, faulty wiring, poor water quality, pesticides, and a wide variety of vermin, insects, and other animals (e.g., bats, skunks, and squirrels) in their homes.
- Families report illnesses with life-long implications caused by poor housing conditions.
- Respondents file reports and request remediation, which is often denied or ignored.
- Families report attempts by housing company representatives and sometimes, military command to silence their complaints and several report receiving threats. Many fear retribution or negative impacts on their service members' military career.
- Families have little or no recourse. Rent cannot be withheld for poor condition, mismanagement, or noncompliance with lease terms.

The sheer number of questionnaire respondents is astounding. While 44.7% of respondents responded neutrally or favorably, 55.53% dissatisfaction rate is alarming. As we continue our qualitative analysis, we will learn much more about their experiences and identify geographic "hot spots" for issue areas.

Through our preliminary research it has become apparent that there is a disconnect between our findings related to resident satisfaction and what has been reported by privatized housing companies.

MFAN recommends that the Department of Defense (DoD) collaborate with nonprofit NFEs (“non-federal entities”) who support military families, such as the Military Family Advisory Network, in support of metrics-based, performance-tied initiatives to gain a more authentic understanding of the military family experience for better-informed and utilized services and programs.

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INTRODUCTION

The mission of the Military Family Advisory Network (MFAN) is to connect military families with leaders and decision makers. We share the stories of those who serve and respond to their needs through collaboration and, when needed, program development.

Participants in our 2017 Military Family Support Survey expressed dissatisfaction with living in military housing generally.¹ After hearing from our advisory board in October about a pervasive health and safety concern caused by the condition of privatized military housing, we decided to take a closer look at the issue. Our results show a systemic problem that does not discriminate among location, rank, or branch of service

This report provides a set of preliminary findings. Over the next months, MFAN will apply qualitative coding to the responses, ultimately producing a report and database that will yield findings specific to rank of service member, housing company, geographic location, and issue area (e.g., mold, lead, asbestos).

METHODOLOGY

The online questionnaire opened on January 30, 2019 and remained open for one week, until February 6, 2019. During that time, 16,779 respondents took part. The response was swift and unprecedented – hundreds of completed questionnaires poured in per hour.

The response rate was especially remarkable, considering the relatively narrow demographic requirements: military families who have lived in privatized housing within the past three years. (It is worth noting that the Department of Defense reports that 70% of military families live in civilian communities outside installations.) Participants were first asked a series of screening questions to determine eligibility to fit the targeted demographic. They were required to either be living in privatized family housing (PPV) currently, or within the past three years. Results showed 13,313 live in housing currently, and an additional 2,588 lived in housing in the past three years. Of those, 14,558 live in housing managed by a private company. Those who did not fit those requirements were released from the questionnaire.

Participants were then asked to identify their geographic location, the rank of the military service family member, and the company managing their housing. (Complete question list is in Appendix A.)

All the previously described questions were required in order to progress further in the survey. Those who did not answer were released. The final two fields of the survey were optional: one allowed uploads of documentation, and the second allowed respondents to provide contact information if they were willing to speak publicly about their experiences.

Triangulating data collection increases researchers' understanding of the issue under study. As the survey was being conducted, individuals who also fit the demographic requirements and gave their contact information, were being interviewed about their experiences. In all, 40 interviews

were completed during the same week. Profiles of six of these families are included in this report. The interviews were also used to determine preliminary coding for the larger data set.

QUESTIONNAIRE RESULTS

Demographics

Participants in this study were located in 46 states in the country. The states without representation in this survey: Michigan, Minnesota, Oregon, and Vermont, do not have privatized military housing.² The responses are proportional to the number of military families in a state. The heavier concentration of respondents came from areas with a larger of military presence: California, North Carolina, Texas, Virginia, and Hawaii.

As housing is assigned by rank, respondents were asked the rank of their active duty service member. Most respondents were in the E4 to E6 range. Enlisted ranks made up 75 percent of the respondents. A small percentage, 1 percent, were civilians living in military housing.

Rank	Percentage
E1 to E3	7%
E4 to E6	52%
E7 to E9	16%
W1 to W5	2%
O1 to O3	10%
O4 to O6	12%
O7 to O10	<1%
Civilian	1%

Property management companies

Respondents listed 35 property management companies. The most commonly cited were:

Property Management Company	Response rate
Lincoln Military Housing	23%
Balfour Beatty Communities	22%
Hunt Military Communities	18%
Corvias Military Living	11%
Winn Companies	8%
Michael's Military Housing / Michael's Management	4%

Satisfaction rates

Participants were asked to rate their satisfaction with property management on a 5-point Likert scale ranging from 1 (very negative) to 5 (very positive). The mean response was 2.44, and the mode was 2 (Negative). A combined total of 15.9% of respondents described their satisfaction of positive or very positive. Preliminary review of the open-ended responses of participants who categorized their experiences as “neutral” showed that they are families who may have lived in

more than one privatized housing area and one experience was positive while the other was negative, or they have a negative experience that they consider manageable. Spot checks of responses at intervals of 1,000 responses showed that the mean responses remained in the range of 2.41 to 2.44.

Very Negative	Negative	Neutral	Positive	Very Positive
19.93%	35.36%	28.81%	12.66%	3.24%

Experiences

One open-ended question was asked: “Describe your experiences living in privatized housing:”

Each of the open-ended responses (10,860) was initially coded for experiences frequently described by interviewees. The frequency these sentiments appeared in the open-ended data is a minimum, as more in-depth coding will yield a complete accounting as well as the capability to compare among all sentiments communicated.

Potentially Harmful Materials: In our preliminary coding, the existence of mold within housing was a consistently common experience. Respondents described extensive mold in their homes that has not been properly remediated. These are experiences with black mold, mold on walls, furniture, clothing, toys, on ceilings, under carpets, in vents, or within the structural parts of the homes.

“I am currently pregnant and living in a temporary home with my toddler and two young children while my husband is TAD* as our home is being remediated for mold. [Management Company] denied for weeks that mold existed after a floor of unknown origin saturated our walls and carpet, until an outside contractor came in and told me (with a look of shock on his face) that there was a big problem. An environmental company estimated the work would take 2 to 3 weeks. [Management Company] called me yesterday, and informed me that they were “hurrying because we have more homes to so” and it would only take “a few days.” During the same call, I was informed that our locks would be changed and I would not be allowed to check on my home or any of my belongings during the work. I don’t know how that’s legal. We feel used, taken advantage of, and we’re fearful that no work will actually be done. I have lupus, and already suffered a miscarriage, fungal sinus infection, and now nerve pain due to inflammation that is being investigated as a reaction to mold since living in this 1980’s-era home. My daughter suffers from severe asthma that’s triggered by mold. We’re terrified [Management Company] will endanger us once again. And we feel trapped with no recourse. My husband has served in the USMC for 20 years; he doesn’t deserve the stress of worrying about our health and safety in a home provided to us, and we shouldn’t be sickened.” *A resident in California.*

* TAD is an acronym for Temporary Additional Duty

Respondents reported positive tests for lead in their water and in paint in their homes.

“We lived in historic housing. I noticed chipping paint on our outside entry doors and on all of our windows, and became concerned it was lead paint. When mentioned to maintenance, they shrugged it off. I was told I did not have lead paint by one person over the phone. After being denied several times for my concerns, I ordered my own lead check test kit. When I tested the door and window, it came back positive ... Later I decided to have my 6-month-old daughter’s blood tested due to fears of lead exposure. She did indeed have lead exposure, although not full lead poisoning.” *A resident in South Carolina.*

They also said they have asbestos in their homes. For example, a resident in Georgia said, “The house has asbestos, so we’re not able to drill into the walls to put any curtains up, especially when the blinds have broke.”

Respondents described water quality that is so poor they can’t drink it, and they are afraid to bathe in it. They are worried about the positive tests for radon in their homes, gas leaks, carbon monoxide, exposure to pesticides and toxic soil, and the effects of raw sewage spills inside their houses and in their yards.

They also reported poor health of their families that they attribute directly to living in their homes. Some of the health issues respondents described were chronic illnesses, breathing and respiratory ailments, headaches and migraines, rashes, pneumonia, and miscarriages.

Pest infestation: This category was characterized by repeated incidences or large quantities of pests inside dwellings. This category does not include pests outside homes or in common areas where children play. For example, one respondent said they found “400 bats” in her attic, and several described so many rats in their walls, they could hear them moving around. A resident in Hawaii said, “For months I couldn’t sleep upstairs because the rats were playing in the attic all night. It was so loud because of the aluminum vent system in the attic that they’d jump on, that you could still hear them downstairs from the sofa that I slept on, or I’d hear traps going off, and dealt with flies from decaying rats in the attic when the exterminators were booked and couldn’t come back to clean the traps.”

The list of pests discovered so far in preliminary coding:

- Insects: Roaches, ants, fleas, wasps, bees, spiders (black widow, brown recluse, wolf), bedbugs, mosquitos, ticks, crickets, cave crickets, worms, termites, beetles, maggots, silverfish, earwigs.
- Rodents: Rats, mice, squirrels, shrews, moles, skunks.
- Others: Bats, snakes, birds

If they described dead animals in the walls, it would have to be more than one dead animal, or more than one instance to reach the standards of the category. One resident in Hawaii said, “Rats would die in our attic, and they’d only come remove them once maggots were falling from the ceiling.”

Faulty Wiring: This category included wiring that sparked, arced, continual flickering, melted outlets, outlets that fell out of walls, or set fires.

“My house had strong electrical currents that would severely shock you, when we complained they said it was “dry air.” Then an outlet blew, frying my computer (that was plugged into a surge protector) and almost setting my house on fire. Had to do a sit-down strike at management to get them to bring an electrician in. Turns out my house wasn’t properly grounded (which the outside electrician was common for these military houses.) The housing company denied the report and didn’t want to pay for the damage. Only after threatening a lawsuit and going public did they end up covering my deductible from renter’s insurance.” A resident in New York

Maintenance: Respondents said that requests for repairs and maintenance took a long time to fill, and when they were done, the work was shoddy. They described excessive fees when they moved out of housing, and some said they feared retribution for reporting their concerns.

Optional Questions

Documentation: Respondents were given the opportunity to provide documents or photos to illustrate their experiences, and 866 respondents uploaded files. Those uploads have not been reviewed thoroughly, but an initial look shows that many of them are photographs of mold, substandard living conditions, structural damage and photos of sick or ailing children.

Contact information: Respondents were invited to voluntarily provide their contact information if they were willing to speak publicly about living in privatized military housing, and 1,963 provided their names and email addresses.

INTERVIEW FINDINGS

- I. Military families are living with mold, toxic exposure, fiberglass, pests, lead, carbon monoxide, and in structurally unsound homes.** One interviewee reported that they had an infestation of hundreds of bats living in their attic. We learned of lead in water and in paint, as well as mold, fiberglass, roaches, rats, and carbon monoxide. Despite language in lease agreements that homes would be maintained, many are unsafe.
- II. The concerns of families are ignored, and families are expected to tolerate the conditions.** We heard from multiple families that their concerns were downplayed. Many were told that mold was dirt or that nothing could be done about visibly growing mold on windowsills, walls, and ceilings. Several families reported the issues to base commanders, elected officials, and the Environmental Protection Agency, with little or no change or accountability, due to the structure of leasing agreements.
- III. Military families don't always have options outside privatized base housing due to limited Basic Allowance for Housing (BAH) and/or a tight rental market.** Families are faced with a decision to stay where they are and risk long-term health impacts or pay out-of-pocket to move their family elsewhere, if there is available housing outside the installation. One family was forced to move out of their home after their pediatrician told them their child could not be in the home for more than one hour at a time due to black mold. The family was charged \$356 for wear and tear on their home and three weeks later, their house was condemned. We spoke with families at Fort Leavenworth in Kansas, all of whom said there really weren't any options outside of base housing. The lack of off-base housing was compounded by the fact that most people were stationed at Fort Leavenworth for just one year. In most such cases, the issues were passed from tenant to tenant.
- IV. In some cases, it has taken the threat of legal action, medical impact, or outside assessment and remediation for companies to act.** We heard from multiple families who requested air quality checks, mold remediation, and other remediation. There are instances of families being ignored until a family member was hospitalized. One military spouse who was pregnant was denied testing even after the doctor presented a note recommending environmental testing. From the spouse:

"I found out I was pregnant with our second child on Jan 14th 2016. My due date was set for Sept 20th. By May, my OB was concerned I would lose my baby. I was asked where I worked and if it was in chemicals. When I told my OB about our house, I was sent to a specialist and had chest X-rays done. My OB and the specialist believed it was our HVAC unit and possible mold and fiberglass exposure causing an allergic response in my body. My white blood count was double what it should have been and I was tested for cancer. I was put on bed rest lifting restrictions and complete pelvic rest. I was told at 22 weeks pregnant 'The age of viability for a baby is 22 1/2 weeks' and what my son's quality of life would be if he even survived. I was admitted overnight for observation. My OB requested mold testing and duct cleaning for the sake of the pregnancy via a

doctor's note. After submitting the note to an assistant Patrician Management manager named Shannon, our ducts were scheduled to be cleaned on June 9th 2016. Patrician Management manager BD canceled the work on June 8th and emailed me that my 'request for duct cleaning was denied and Patrician Management is not responsible for resident health and (we) were free to move since we were now month to month.'"

- V. Along with a lack of consideration for families' health, safety and welfare, there is consistent limited transparency about the history of the homes, despite the promise of documentation and record keeping.** We spoke with three Exceptional Family Member Program (EFMP) families who asked pointed questions about the safety of homes prior to moving in. One family with a special needs daughter required a single-story home. They were promised a single-story home at Ft. Meade, signed a lease, and then, one week prior to moving in, they were told that home was no longer available. That family then had to move their daughter into a multi-level home. They quickly learned that their home had a mold issue in both the bathrooms. After a first work request went unanswered, they submitted a second. They were told that they needed to "Let the mold grow and fall out."
- VI. Families are afraid to come forward and they have no recourse.** MFAN spoke with several families who were unwilling to come forward publicly because they were afraid of retaliation or negative impact on their service member's career. One military spouse shared that their privatized housing company's community manager threatened to call the service member's commander if they continued to "complain." A service member shared that a Garrison Commander threatened him with a General Officer Memorandum of Reprimand (GOMOR) because he demanded that his family be moved out of their home when ticks began falling from the ceiling due to the bat colony living in their attic. It's worth noting that military families, unlike most renters outside military installations, do not have the option of withholding rent payment when their landlord does not uphold their lease responsibilities.

RECOMMENDATION

MFAN is not an advocacy organization, however, through our preliminary research it has become apparent that there is a disconnect between our findings related to resident satisfaction and what has been reported by privatized housing companies. As such, MFAN recommends that the Department of Defense (DoD) collaborate with nonprofit NFEs ("non-federal entities") who support military families, such as the Military Family Advisory Network, in support of metrics-based, performance-tied initiatives to gain a more authentic understanding of the military family experience for better-informed and utilized services and programs.

PROFILES OF FAMILIES LIVING IN PRIVATIZED HOUSING

THE BECKSTROM FAMILY

Fort Bragg, North Carolina

Shortly after arriving to Fort. Bragg, the Beckstrom's Corvias-managed home in the Biazza Ridge neighborhood began flooding with untreated sewer water from the first-floor bathroom. Each time, housing was quick to respond and have a disaster crew come and clean up the water. The extent of the flooding caused molding along the floor boards and destroyed furniture. The flooding was severe enough that a visible line appeared on the stucco from the outside of the home. Each time the water dried, the toxic substances that lay hidden behind the walls was released. The flooding led to black mold and peeling lead paint.

The Beckstrom's requested to be moved numerous times. Each time they were denied. Corvias stated that nothing was wrong with our home and this was the normal wear-and-tear of an older home. Mrs. Beckstrom was pregnant when two of her older children began complaining of severe headaches. At her 20-week ultrasound, they learned that their unborn child had numerous birth defects. His stomach was not developed, he had a large hole in his heart, and had a complete cleft lip and palate. PFC and Mrs. Beckstrom went through genetic testing, and it was found that his abnormalities were not genetic, but fully related to environmental issues. The Beckstrom's brought this to the attention of housing management and Corvais still refused to move them a different home. Meanwhile, their home continued to flood, their second child was still getting sick, and their daughter's headaches persisted.

After numerous phone calls, emails, and in-person meetings, Corvias agreed to move the Beckstrom family but were very clear that the move was "not due to health risks but because the structure had plumbing issues that needed to be addressed without tenants." The Beckstrom's were moved into a new home and finished their assignment in this home. The newborn baby began the first of what have become numerous surgeries and many hours of therapy. Their second son continued to get sick and after an Emergency Room visit, was diagnosed with Acute Lymphoblastic Leukemia. As their son fought for his life, their daughter was diagnosed with Frontal Lobe Epilepsy. Her developing brain was exposed to toxins that permanently altered its functioning mechanism. Each of the children have three distinct medical conditions, none of which are hereditary, and may be caused by environmental hazards.

The Biazza Ridge neighborhood was later torn down. Records show that in the demolition, there were several buildings that the health department quarantined due to evidence of black mold. The Beckstrom's former home was one of them.

CHRISTIAN FAMILY

Fort Polk, Louisiana

Rachel Christian was pregnant when she and her family moved to housing managed by Corvias at Fort Polk. "I felt ill every time I was in the house," she said. "The heat wasn't working correctly, the HVAC wasn't working, we had a leaking roof that Corvias would patch over part of in the kitchen, but we never found where the leak was coming from." When they found mold,

the Christians were told by Corvias to “spray some bleach and we will come paint.” Their son was vomiting continuously, and tests revealed levels of lead in his blood. The water came back positive for lead. Corvias told them to contact the water department. “Our son was diagnosed with autism,” Rachel shared. “There is a link between heavy metals and autism. He has severe GI issues and severe developmental delays. As soon as we moved, the levels of lead in his blood dropped to 0. Our son, who was once diagnosed failure to thrive, began to gain weight as soon as we left Fort Polk. I hate myself for drinking the water. I constantly blame myself.”

GORDON FAMILY

Hickham Air Force Base, Hawaii

When Tech Sargent Adam Gordon and his family moved to Hickam AFB Hawaii in May 2010, his family was in good health. But almost immediately, their family started having health problems. The Gordons firmly believe that the toxic gasses that permeated throughout their house directly caused their myriad health issues.

After finding out about the potential of high levels of exposure to toxins in their home, the Gordons had an air sample testing done, which showed that it was positive for both Heptachlor and Trans-Chlordane. Although the levels were low according to the scales, they had been chronically exposed for almost 5 years, and according to various research, chronic exposure to even low levels can be harmful, and that the pesticides should not have been in the home in the first place. Samples taken showed multiple toxic gases in the air of their home as well as toxins in the soil around their home; some were at carcinogenic levels.

Shortly after moving into the home managed by Hickam Communities LendLease,/Winn Communities. their older daughter Devanne started having respiratory issues and was later diagnosed with asthma. His wife started developing involuntary muscle movements in her fingers within six months of moving into a Hickam Communities Lend Lease property, that is to this day still unexplained. She has CFS, Fibromyalgia, neuropathy and vertigo and GERD, all diagnosed after moving into the home. Additionally, all of the Gordon children experienced unexplained rashes, consistent with dermal contact with the pesticides.

In 2011, their son, Sammy, experienced a dramatic reduction in growth in both height and weight indicating endocrine disruption. He gained only 10.72 lbs and 4 inches in height between Feb 2011 and Aug of 2013, when his progress came to a complete stop. He is experiencing chronic headaches/migraines, chronic nosebleeds that take 30-45 min to stop with lots of clotting, respiratory issues, constant on and off runny nose, behavioral issues, aggression, depression, mood swings, insomnia and has been diagnosed with ADHD, Adjustment disorder, OCD, Anxiety Disorder and Autism Spectrum Disorder. Additionally, in 2014, an MRI was performed and a 1mm pineal cyst was found. He developed primary Raynaud’s, as did his father.

Their daughter Tabby (Sammy’s twin sister) has been suffering from debilitating migraines since she was about 6 years old (2012-2013).

In 2011, Tech Sargent Gordon was diagnosed with Primary Raynaud’s syndrome, of which there are only three ways of contracting: repetitive impact such as with working on a jackhammer or

chainsaw (which he had not worked with), chronic exposure to extreme cold (not the moderate cold temperatures found on Hawaii), or with chemical exposure, and he began experiencing extreme lightheadedness. In October of 2013, he was diagnosed with GERD accompanied with Barrett's Esophagus and dysphagia (difficulty swallowing). In November of 2013 the onset of involuntary movements (now diagnosed as Myoclonus), followed by July 2014 with severe depression and suicidal ideation due to worsening medical conditions. Tech Sargent Gordon decided to focus on the myoclonus due to its severe physical and social impact, and he began long trials of different seizure medicines. He went from Lexipro to Keppra, and finally settled on Depakote extended release. The Depakote began working mid-day of day two, and eventually relieved most of his myoclonic symptoms. Unfortunately, it made him non-world-wide deployable, threatening his active service and prevented him from achieving his career goal of becoming a Physical Therapist through the Air Force Physical Therapist program (which requires world-wide deployability).

Tech Sargent Gordon shares, "At the time of this writing I am 39 years old. Two surgeries to fix my Barrett's Esophagus have increased the dysphasia to the point where I'm no longer able to eat meat, my Raynaud's has increased to the point of rupturing blood vessels on my toes (a painful condition called Chilblains), myoclonus (though reduced) prevents me from enjoying activities that would decrease POTS, and POTS has given me the need to use a cane to prevent me from falling due to the severity of my lightheadedness. While medication has improved my fatigue and memory loss to some degree, I have to rely on naps and supplements to remain functional. I am less than half of the average life expectancy of a male.

THE KONZENS

Laughlin Air Force Base, Texas

Megan Konzen is currently living in the on base housing at Laughlin AFB. "We moved in August 2018. I started getting sick in mid-September. By October, I had visited the ER several times and I was eventually hospitalized in November."

When her husband came home from his TDY, he removed the vents and found mold. "We called the management company, Hunt, as soon as we found the mold. They sent a technician within an hour, but after the technician removed the vent he said he couldn't tell what it was because he was not a specialist," Megan said. The lease specified routine preventative maintenance on the HVAC unit, but according to Hunt her particular unit had never been cleaned, serviced, or even opened since it was installed 20+ years ago. "There was mold everywhere — all over the unit" she said.

After Megan was admitted to the hospital for four days to receive treatments and undergo testing, she called the housing office again. This time, she was told by the community director that no one would speak to her; she either needed to talk to their environmentalist or their attorney. Hunt Housing refused to test the mold in the home. So, Megan found four other families in the neighborhood who were also sick and together they privately hired a state licensed mold inspector to assess the homes. Upon finding mold in all four homes, the inspector provided a list of remediation steps that Hunt should have taken to remediate the mold. Hunt did not complete

those steps. “They hired a carpet cleaning company to clean the mold from our HVAC. It was never cleaned properly.”

When Megan requested a refund for their inspection costs from Hunt, the director of operations requested to meet with her and her husband. “We were told that if we continued to speak out,” Megan admitted, “it could have repercussions on my husband’s career.” Megan is still sick and Hunt refuses to hire a state licensed company to remediate the mold properly. Her last trip to the ER was February 1st, when she was diagnosed with yet another respiratory issue “We can’t afford to move off base and Command told us they don’t have any control over Hunt. We are stuck.”

NICHOLS FAMILY

West Point, New York

In late July of 2013, Erica Stankiewicz-Nichols and her family moved into privatized military housing managed by Balfour Beatty at West Point.

Shortly after moving into the residence they noticed the porch of the unit directly connected to theirs was wet. At first, they assumed it was a sprinkler system, but within just a week the amount of water grew. When the Nichols opened the glass door to the unit, water poured out of the connected home. They immediately called management, who came out and turned off the water. The upstairs toilet had broken and been leaking for some time, long enough to have eroded the staircase and ceiling. They turned off the water and sealed up the home. When the Nichols asked Balfour Beatty if they should be concerned with the water, they were assured it was fine.

In early August, their youngest daughter’s airway collapsed. While she had preexisting health conditions, no one could determine what caused the collapse. She was hospitalized for several days.

More things started to happen to the home. The walls began to buckle and crack. Management assured the Nichols it was just the house “settling,” and they refused to inspect for water. By the end of September, the house was getting worse and this time it was the Nichols 11-year-old daughter that was most severely impacted. She had a mental breakdown, attempted to hang herself and was placed in a mental health facility. She spent over two weeks there and no one could pinpoint the cause. Due to her medication regimen and missing school, she spent that semester at home with a home teacher. Her medication caused severe fatigue and horrible weight gain. The Nichols went from having a child who was running 5ks and half-marathons earlier that summer, to sleeping, experiencing excessive weight gain, chronic pain, shortness of breath, and not understanding what had happen to her or why.

During her hospital stay one evening, Mrs. Nichols developed extreme chest pain, and went to the ER to be transferred by ambulance to the hospital with six pulmonary embolisms. While Mrs. Nichols has a rare blood disease, the bigger issue arose when she came home and was allergic to the blood thinner. She had several internal bleeds which resulted in hospital trips, and struggling

with fatigue, shortness of breath, migraines and rashes, all of which were of grave concern for her internal medicine doctor.

Shortly after Mrs. Nichols' release from the hospital, they again contacted Balfour Beatty with more concerns. Bubbles began appearing in all of their ceilings and walls, and the smell grew much stronger. They again said it was nothing, likely humidity.

Their then 8 old began experiencing rashes all over her body. Her chest burned, her asthma that had been so well controlled for years began rearing its ugly head. Their daughter was constantly tired, had bags under eyes and was getting too thin. All four of their girls began experiencing rashes. By Christmas, both the 8- and 10-yea-old girls went from perfect vision to needing glasses.

Their 13-year-old was in chronic pain, crying frequently. The Nichols took her in to see her pediatrician who ran some blood work. On December 6th they got a call from their pediatrician telling them her erythrocyte sedimentation rate (ESR) was three times the normal limits and to take her straight to the hospital where staff would be waiting for her. She was admitted with an ESR level of over 120. The doctors were rightfully concerned and also confused by her case. After days of testing they thought it might be leukemia. A bone marrow biopsy came back negative, but they found she had a demineralization of her spine, something that she was far too young for. After a week in the hospital with no real answers, she was discharged with a list of specialists to see.

On January 28th, their cat became ill. Of all things, he was packed with feces and presumed to have Feline Leukemia. Mrs. Nichols drove home wondering how a whole family, an animal included, could all be suffering. Much later, it was later determined that he had licked bacteria from mold off his fur and was also eating the airborne toxins in his food.

Determined to get to the bottom of it, Mrs. Nichols went home and opened their hot water heater closet, and to her surprise, found extensive black mold everywhere. She called her husband, and together they stood in disbelief. They began pulling every vent in their home to only find mold growing on the vents, the drywall, the insulation – everything was saturated with black mold. On January 29th, 2014 they called Balfour Beatty and showed them the mold. At first they tried telling the Nichols that it was nothing, and they would do nothing. So they did what any family would do; they contacted the then garrison command, who agreed it was mold and requested Balfour Beatty put the family in a hotel. However Balfour Beatty demanded a letter from their physician stating it was in fact a health concern in order for them to remove the Nichols from their residence. Their doctor happily complied and within 10 minutes they had a letter in the hands of Balfour Beatty. Later that evening they checked into a hotel.

The Nichols were in the hotel from January 29, 2014 to March 12, 2014. During this time, they had several meetings with Balfour Beatty and many others. One of the first meeting was to request mold testing in their home. They sent a gentleman by the name of Stuart Levitch out February 4, 2014 to run mold testing. However, this gentleman is not an environmental hygienist, nor is he certified to test for mold. Rather, he was employed by Balfour Beatty as a Marketing Project Site Manager. He also did not do any mold sampling. He did however do an

air quality test that is inconclusive at determining mold as cited by the CDC. He was not certified by OSHA or the EPA to do such testing. While that alone raised significant concerns for the Nichols, they gave Balfour Beatty the opportunity to fulfill the request. On February 19th they received the letter from Balfour Beatty stating that the results were within normal limits. The Balfour Beatty report does show the existence of mold, but not in high amounts in the air quality inside the home. This finding was acceptable to Balfour Beatty but not to the Nichols.

On February 26th, 2014 a gentleman named Ed Olmsted came out and did a thorough examination and mold testing on the residence. His results were given in two separate documents, one for the immediate findings on that day, and one for the specimens that had to be sent for additional testing. The Nichols received the first report on March 4, 2014 and the second report on March 8th. The reports (included) confirmed not just mold, but toxic mold growth. They were surrounded by it. The mold was in their walls, floors, ceilings, and ventilation.

After receiving the reports from Mr. Olmstead, the Nichols family contacted Orange County Health department. They met with an inspector by the name of Debbie [Last Name?], who reviewed their pictures, samples and more. She informed the Nichols they should dispose of all of their belongings, as it was too high of a risk with all the health problems. She also referred the family to the NY State Department of Health for further guidance. She said that if Balfour Beatty was on county property instead of federal, they could do something. The Nichols proceeded to contact the NY State Health Department who gave them detailed instructions on what property could be kept and what could not. Mrs. Nichols was told how to wash clothing and fabric items and that if rashes still existed, the items were too contaminated to be kept. She also stated that due to the complex health issues the family was experiencing, that they needed to have everything that was non-porous professionally cleaned. The Nichols were told that all items with porous surfaces were not to be kept due to the levels of exposure to the mold.

On March 8, 2014 the Nichols had their final report from Ed Olmstead and housing agreed to have a meeting on the March 14, 2014 to discuss the findings.

On March 12, 2014 the Nichols moved into a new residence where they now currently reside. Upon moving into this residence they had nothing. They had no clothes, no furniture, no groceries. They went from no debt to over \$20,000 in debt in reacquiring household goods such as, furniture basics, sheets, pillows, blankets, clothes, dishes, towels, pot holders. Later in March, Balfour Beatty agreed to bring in SERVPRO and have them clean the family's non-porous items and complete an inventory on all items they were unable to keep.

The family waited nearly two months until Balfour Beatty began the inventory. The Nichols family met with specialists in immunology, which cost the family over \$2000 in out of pocket expenses. The results showed serious changes in bloodwork in the health of their three daughters and Mrs. Nichols.

On June 18-19, 2014, Balfour Beatty conducted their inventory. The Nichols were present with masks. Balfour Beatty informed the family that once they had completed the inventory, they would proceed with processing the Nichols' claim.

On June 30, 2014 the family's non-porous items were returned and they began working on the inventory. This was a long and tedious process, and one that they took quite seriously. On July 21st, her husband received an email from Balfour Beatty saying they would be disposing of their items and the Nichols replied stating that they understood. On August 1, 2014 they gave Balfour Beatty the inventory, both a handwritten and digital copy. On September 3rd, they received a letter stating again disposal of items. The Nichols responded with a certified letter. They heard nothing from Balfour Beatty until they responded on October 21st to an email the Nichols sent on October 20th. Balfour Beatty said they were working the issue. The Nichols followed up on November 11th and again were told Balfour Beatty was still working the issue. After the same email and response in December of "still working it," the Nichols received a letter on February 6th, 2015 that Balfour Beatty would not pay for their losses; they "did not present sufficient evidence" in their claim. They then used the basic disclaimer from Ed Olmsted on basic mold removal. Mrs. Nichols says,

"What they did not include was that we already have an immune compromised child who since this mold has no IGA, the human antibody to protect against even the common cold. They did not take into account all the recommendations we provided from the state, the CDC, the EPA, the many doctors, etc. They also only refer to furniture. We lost 98% of our belongings not just furniture; we lost food, clothes, heirlooms, schoolbooks, etc. We endured almost eight weeks in a hotel room, off post. We had to drive our kids to school at two separate times, pick up at separate times, eat out, all which tallies up. However, the biggest issue: we nearly lost our children. Since living in the residence, my children have been ill far more than average. They went from annual checkups to needing glasses and specialists from allergist, rheumatologist, Neurologist, cardiologist. The doctors believe the older two are developing Rheumatoid Arthritis. The list goes on. The psychiatrist also believes the mold is what caused my daughter's breakdown, as mold effects the neurons in the brain. The youngest now has developed Addison's disease and nearly died this past August, she is losing muscle function. She is also scheduled now for exploratory surgery to find some cause for new symptoms and worsening of old symptoms."

PLETTNER FAMILY

Federal City, New Orleans

Bonnie Plettner and her family have been dealing with a privatized housing failure since 2015, when they leased a 4-bedroom unit located in Federal City and managed by Patrician Management LLC. The family has been plagued by medical issues caused by mold and have been told by the housing management repeatedly that it's "not my problem, not my jurisdiction." When a black substance that they believed was mold began falling from their vents, Bonnie begged management to address it, but was told that the substance was only fiberglass insulation. The vents continued to emit a strong odor, and management continued to claim that it wasn't mold.

Bonnie found out she was pregnant with their second child on January 14, 2016. By May, her obstetrician was concerned she would lose the baby. She was asked where she worked, and if it was with chemicals. She was sent to a specialist and had chest x-rays done. Her OB and the

specialist believed it was their HVAC unit and possible mold and fiberglass exposure that was causing an allergic response in her body. Her white blood cell count was double what it should have been and she was tested for cancer. Bonnie was put on bed rest, lifting restrictions and complete pelvic rest. She was admitted overnight for observation, and her obstetrician requested mold testing and duct cleaning for the sake of the pregnancy via a doctor's note. After submitting the note to an assistant manager at Patrician, their ducts were scheduled to be cleaned on June 9, 2016. The property manager canceled the work on June 8, 2016 and emailed Bonnie saying, the "request for duct cleaning was denied and [Patrician Management] is not responsible for resident health." They were told they were free to move since they were now month to month. Patrician Management also called her obstetrician's office and questioned if the note she sent in "was real". Patrician Management called the legal department at the obstetrician's hospital and complained about the note the obstetrician had sent requesting the mold tests and duct cleaning.

Bonnie and her husband conducted home mold tests after Patrician Management canceled the duct cleaning. They did three tests, two swab samples from the HVAC unit, and one air sample from their bedroom vent. They then put filters over the vents in the house as advised by a pediatrician. The test results came back and identified 6 types of mold.

Bonnie did carry her baby, Titan to term, and he seemed healthy at birth. After bringing him home, Titan was treated 4 times for thrush of the mouth. Their son Colton was having severe behavioral problems that seemed to start after moving into this unit. Colton was having regular night terrors, had a speech delay, would become uncontrollable and even violent at times. He was diagnosed with PICA and often had GI problems. They also learned that Colton had a severe iron deficiency. Bonnie says that it was a nightmare watching their son unable to function. Colton was diagnosed with "moderate to severe autism" on October 31, 2016. Bonnie continued to find mold behind walls, under paint, and in the vents, Each time they contacted Patrician Management, the tensions escalated, but ultimately nothing was done to remediate the problems.

Bonnie and her family continued to notify Navy housing of ongoing issues with PM. Soon after Navy housing closed their file, the Executive Officer of the base called Bonnie and said "since the Navy didn't own the property, they couldn't help us and to contact the city." She had already tried multiple contacts for the city but everyone told her that, "This was a problem for the base." They never got the testing the base Commanding Officer promised, "[i]t seemed as if no one cared and it was no one's problem," Bonnie said.

THE TUTTLE FAMILY

Fort Polk

Leigh Tuttle's family was stationed at Ft. Polk, Louisiana from December 2015 to February 2017, where they lived in privatized housing managed by Corvias. "It smelled like a wet dog," she said. Within a few weeks of moving in, her son and husband developed respiratory issues. Leigh was pregnant at the time. "We looked in the air vents, where there were visible mold spores," she shared. They immediately contacted Corvias, who came to clean. Within only a few weeks, the spores returned. "Our son was put on a nebulizer to help with his breathing. We had meetings with an allergist, skin prick tests, and bloodwork," Leigh said. "My husband was in and out of med-call with a horrible cough." They called Corvias, who took an air sample that

revealed the highest score possible for mold (Image II). Their son was diagnosed with a severe allergy to the mold. “Corvias came back out, and I showed them the carpet with visible mold spores. The housing office sent someone to replace the first-floor carpet, but they initially said they would not replace the mold-filled padding. Ultimately Leigh was able to convince Corvias to replace the padding, but they did not replace the mold-filled second floor carpet.

Leigh’s newborn was put on steroids at seven months, and both children require a nebulizer. “My son had his tonsils and adenoids removed at three years old and has since diagnosed with asthma and a chronic cough, believed to be attributed to mold, and my husband, was put on an inhaler. Whenever he would go TDY and was away from the house, his cough would go away.”

THE WANNER FAMILY

Fort Meade

The Wanners, an EFMP family, are stationed at Fort Meade, Maryland. Before they moved to Fort Meade, they contacted the Corvias housing staff to inform them of their daughter’s special needs. Due to her medical condition, they required a single-story home and they requested a copy of the home’s history. They needed to avoid a home with any potential risk that could further perpetuate their daughter’s medical situation. Corvias committed to providing a single-story home and the Wanners signed a lease for the unit. Five days prior to their move, they were told that the home was no longer available. The Wanner family decided it was best to live in a multi-story townhome rather than risk not having a housing option due to the high number of families seeking housing during PCS season.

Shortly after moving in, the family started to notice issues: the toilet on the first floor was loose, areas of the floor started to rise and black “stuff” was visible and growing from underneath. After the first work order, Corvias did not send any workers or inspectors. Following a second work order, housing representatives arrived after an unexplained two-week delay. The housing team took the toilet out and put it in the laundry room, where it sat for two days. They also pulled up the bathroom floor and exposed the entire area covered with mold. The workers closed the door and did not return for 24 hours. After the first floor was addressed, the Wanners began noticing issues with the second-floor bathroom. Mold was growing out of the wall of the shower. They called the Corvias housing department, who told them “to let the mold just fall out.”

Since moving in, their daughter’s medical condition has worsened, and she now has daily nosebleeds. The Wanner family requested an air quality check. Corvias would not commit to checking their air quality, and it has now been more than a week since they have heard from the housing office.

PHOTOS SUBMITTED

Submitted by Beckstrom Family



Submitted by Konzen Family



Submitted by the Tuttle Family



“The mold was the worst in his room. He wouldn’t have these problems if they’d done things right.”

Leigh Tuttle, who says her son Weston developed breathing difficulties due to mold at their home at Fort Polk



Client: Picrme - Fort Polk
 C/O: Dainian Nembhard
 Re: 111 Armistead; IAQ

Date of Receipt: 09-07-2016
 Date of Report: 09-09-2016

MoldSCORE™: Spore Trap Report

Location: 1 111 Armistead Inside

Fungi Identified	Indoor sample spores/m3				Raw count	Spores/m3	MoldSCORE†			
	<100	1K	10K	>100K			100	200	300	Score
Generally able to grow indoors*										
Alternaria -					2	13				102
Bipolaris/Drechslera group -					4	27				110
Chaetomium					ND	< 7				100
Cladosporium -					4	110				100
Curvularia -					35	230				177
Fusarium -					2	13				102
Nigrospora					2	13				104
Other brown					1	7				103
Penicillium/Aspergillus types† -					59	4,100				300
Pithomyces					2	13				104
Stachybotrys					ND	< 7				100
Torula					1	7				102
Seldom found growing indoors**										
Ascospores					4	110				100
Basidiospores					18	480				100
Rusts					ND	< 7				100
Smuts, Periconia, Myxomycetes					12	80				109
Spegazzinia					1	7				102
Tetraploa					1	7				103
Total						5,213				Final MoldSCORE 300

* The spores in this category are generally capable of growing on wet building materials in addition to growing outdoors. Building related growth is dependent upon the fungal type, moisture level, type of material, and other factors. *Cladosporium* is one of the predominant spore types worldwide and is frequently present in high numbers. *Penicillium/Aspergillus* species colonize both outdoor and indoor wet surfaces rapidly and are very easily dispersed. Other genera are usually present in lesser numbers.

** These fungi are generally not found growing on wet building materials. For example, the rusts and smuts are obligate plant pathogens. However, in each group there are notable exceptions. For example, agents of wood decay are members of the basidiomycetes and high counts of a single morphological type of basidiospore on an inside sample should be considered significant.

†The spores of *Aspergillus* and *Penicillium* (and others such as *Acremonium*, *Paecilomyces*) are small and round with very few distinguishing characteristics. They cannot be differentiated by non-viable sampling methods.

‡Rated on a scale from 100 to 300. A rating less than 150 is low and indicates a low probability of spores originating inside. A rating greater than 250 is high and indicates a high probability that the spores originated from inside, presumably from indoor mold growth. A rating between 150 and 250 indicates a moderate likelihood of indoor fungal growth. MoldSCORE is NOT intended for wall cavity samples. It is intended for ambient air samples in residences. Using the analysis on other samples (like wall cavity samples) will lead to misleading results.



APPENDIX A

Privatized Military Housing Questionnaire

Note: Questions 1-8 required.

1. Do you currently live in military housing? (Y/N) (*Yes: progressed to Q3. No progressed to Q2.*)

2. Have you lived in military housing in the past 3 years? (Y/N) (*Yes: progressed to Q3, No: released from questionnaire.*)

3. Was this housing managed privately? (Y/N) (*No: released from questionnaire.*)

4. Which company managed your housing:

- Atlantic Marine Corps Communities
- Aurora
- Balfour Beatty Communities, LLC
- Boyer Hill Military Housing
- Corvias Military Living
- Hunt Companies
- Lincoln Property Company
- Michaels Military Housing & Michaels Management Services
- Rising View
- United Communities
- WinnCompanies
- Unsure
- Other (open-ended, coded and added to full list)

5. Where are you / were you stationed? (Open ended, coded by state)

6. What was the active duty service member's rank?

- E1 to E3
- E4 to E6
- E7 to E9
- W1 to W5
- O1 to O3
- O4 to O6
- O7 to O10
- Other (open-ended, coded and added to full list)

7. How would you rate your satisfaction with management: (Weighted Likert scale)

Very Negative – Negative – Neutral – Positive --- Very Positive

8. Describe your experiences living in privatized housing: (Open-ended Essay)

9. If you have photos or documentation of your experiences that you would like to share, you are welcome to attach them here. If you would prefer to email them, send them to info@militaryfamilyadvisorynetwork.org with a description that will help us match it to your story. (Upload link provided inside survey instrument.)

10. If you would be willing to share your experiences publicly, please provide your contact information below. (Dialogue box asking only for name and email address.)

¹ Military Family Advisory Network, *Military Family Support Survey 2017 Results*, (March 2018), 41-44, <https://militaryfamilyadvisorynetwork.org/wp-content/dl/MFAN-2017-Survey-Report.pdf>.

² Office of the Assistant Secretary of Defense for Sustainment, *Facilities Management: Military Housing Privatization Initiative*, <https://www.acq.osd.mil/eie/fim/Housing/interactiveMap.html>