

# Predeployment Check Ensures Combat Readiness

BY ROBERT FINN  
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SAN FRANCISCO — Every member of the U.S. armed services undergoes a thorough medical screening before being deployed to a combat zone, Maj. Robert B. Wenzel, M.C., USA, said at the annual meeting of the American Academy of Family Physicians.

Sometimes an active-duty or reserve service member will visit his or her personal physician soon after they receive word that they're about to be deployed, requesting a letter that will excuse them from service.

"Don't waste your time writing that letter," Dr. Wenzel said. "I'm the Department of Defense [DOD] physician that's going to make a recommendation, and your letter saying that Sgt. Smith shouldn't report means nothing to me."

Although predeployment screenings are always conducted by DOD medical personnel, there are several ways civilian physicians can become involved, said Dr. Wenzel, commander of the U.S. Army Butzbach (Germany) Health Clinic:

► **Objective health summary.** Civilian physicians can help by providing an objective narrative summary of the patient's condition. Often DOD medical personnel have trouble locating the patient's medical

records, and when that happens, the evaluation can be a slow and painful process. An objective medical summary can save the patient—and the military—a great deal of trouble.

When a service member receives a notice of deployment, he or she first reports to a mobilization center for additional training, including a briefing on the medical threats they may encounter.

They spend a full day filling out forms, getting vaccinated, and having various medical evaluations.

"All those movies that you've seen about military-medicine cattle cars, people going from one station to another and getting shots and filling out forms—it's all true," Dr. Wenzel said. "They walk in with their records, and they go from one station to the next to the next to the next. It is designed to be a very thorough screening before we put them on a plane to Iraq or Afghanistan or one of the other sites."

► **Immunizations.** Service members must be up to date on the standard vaccines—MMR, polio, meningococcal; those being sent to a theater of operations will receive

vaccines against smallpox, hepatitis A, tetanus-diphtheria, typhoid, and influenza (if in season). Until recently an anthrax vaccine was required as well, but in 2004 a federal judge first suspended anthrax vaccinations altogether, and then allowed them with certain restrictions, including one allowing any service member to refuse the anthrax vaccine with no penalty.

Civilian physicians can help by providing patient immunization records. A patient who recently has had a tetanus shot, for example, won't need to have it repeated.

► **Vision screening.** Each service member who needs corrective lenses must have two pairs of glasses and a set of lens inserts for a chemical protective mask. If they don't already have these, they'll receive them at the mobilization site before they're sent overseas.

► **Hearing screening.** "You would be amazed at the number of people who we decide need hearing aids when they show up for their mobilization," Dr. Wenzel said. "They've been going through life perfectly content not listening to their spouse."

► **Dental screening.** This is the most common reason for a delay in deployment. Often a service member will be held at the mobilization site for extensive dental work before they can be deployed.

► **HIV.** Everyone receives an HIV test. Those who test positive cannot be sent overseas.

► **Tuberculin skin test.** When they test positive and have no prior history of TB, they're started on medication. Negative tests are used as a baseline. They'll receive another test following the deployment to determine whether they seroconverted while they were gone.

► **G6PD.** Everyone receives a glucose-6-phosphate dehydrogenase test, because some personnel serving in Afghanistan have contracted malaria. Standard malaria medications, such as primaquine, can cause hemolytic anemia in people who have G6PD deficiency.

► **DNA sampling.** A blood sample is collected from every service member and stored in case its DNA is needed to identify remains.

► **Medications.** Before being sent to a theater of operations, every service member must have a 180-day supply of any medications they're taking. In some cases, substitutions may be made, depending on the current DOD formulary. ■

**Civilian physicians can help by providing immunization records. A patient who recently had a tetanus shot, for example, won't need another one.**

## Screening on Return From Duty Catches Potential Problems

BY ROBERT FINN  
San Francisco Bureau

SAN FRANCISCO — Although the Department of Defense conducts a thorough medical screening of each service member returning from a theater of operations, civilian physicians must still be on the lookout for combat-related illnesses, Maj. Robert B. Wenzel, MC, USA, said at the annual meeting of the American Academy of Family Physicians.

Returning service members are so eager to finish the medical screening and be reunited with their families that they often do not focus on the examining physician's questions and concerns, said Dr. Wenzel, commander of the U.S. Army's Butzbach (Germany) Health Clinic.

The initial postdeployment screening is built around a standard DOD form, completed in part by the service member and in part by a DOD physician.

The form collects information on where the individual served and what medical symptoms he or she is experiencing now or experienced during deployment.

Several questions are intended to catch potential cases of post-traumatic stress disorder. For example, service members are asked whether they saw combat, saw people killed, or believed they

were in danger of being killed.

After completing their section of the form, service members are seen by a military physician who, by regulation, must spend at least 20 minutes discussing any physical and psychological symptoms. The physician then decides whether to refer a service member to any medical specialists or for any diagnostic procedures.

Service members returning from Afghanistan will receive malaria terminal chemoprophylaxis, typically Plaquenil.

They'll also receive a tuberculin skin test, and anyone who has been deployed for at least 30 days will give a serum sample, which will be stored indefinitely.

"This lesson came out of the Persian Gulf War the first time around, with Gulf War syndrome," Dr. Wenzel said. "We keep that on file so years from now, when there's a GWOT [Global War on Terror] syndrome, the [DOD] is going to be able to go back, do some research on all these serum samples, and see if we can figure out what's going on."

Returning service members will also be given a medical briefing which, among other things, will provide them with information about what symptoms of infectious diseases may appear in the coming weeks and months. They are instructed, for example,

Infectious Diseases: What Returning Service Members Are Bringing Home		
<b>Commonly Seen in Returning Personnel</b>	<b>Afghanistan</b> Hepatitis A Typhoid, paratyphoid fever Gonorrhea, chlamydiosis Leishmaniasis, cutaneous Malaria Protozoal diarrhea ( <i>Cryptosporidium</i> , <i>Entamoeba histolytica</i> , <i>Giardia</i> )	<b>Iraq</b> Hepatitis A Typhoid, paratyphoid fever
<b>Less Commonly Seen in Returning Personnel</b>	Anthrax, cutaneous Brucellosis Crimean-Congo hemorrhagic fever Hepatitis B Hepatitis E HIV Leishmaniasis, visceral Leptospirosis Q fever Rabies Tuberculosis West Nile fever Typhus, scrub	Anthrax, cutaneous Brucellosis Crimean-Congo hemorrhagic fever Hepatitis B Hepatitis E HIV Leishmaniasis, visceral Leptospirosis Q fever Rabies Tuberculosis West Nile fever Gonorrhea, chlamydiosis Leishmaniasis, cutaneous Malaria Plague Protozoal diarrhea Rickettsiosis Schistosomiasis

Source: Dr. Wenzel

that if they experience a fever, they shouldn't ignore it; rather, they should see a physician immediately. "There are diseases and bugs and critters in [Iraq and Afghanistan] that modern medicine has forgotten," he said.

Civilian physicians should ask their patients whether they've recently returned from a combat zone; if so, physicians should consider some uncommon causes of illness (see box), even when the patient presents with seem-

ingly typical flulike symptoms.

Within 90-180 days after returning from deployment, the service member must complete another DOD form that asks about late-appearing symptoms, both physical and psychological. ■