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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

JAN 04 1996

MEMORANDUM FOR:

CHAIRMAN, JOINT CHIEFS OF STAFF
ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)

ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)
THE JOINT STAFF, DIRECTOR FOR LOGISTICS (J-4)

SUBJECT: Medical Surveillance for U.S. Forces Deploying in Support of NATO Peace Implementation in Bosnia

I have approved the attached [plan for medical surveillance in Bosnia](#). The plan is based on an in-depth analysis by a Tri-Service work group and was coordinated through the Joint Staff with the Services. It reflects the lessons learned from the Persian Gulf War, with attention to potential health risks in the Bosnian theater.

Please ensure that this plan is implemented. Please forward as soon as possible copies of your implementing instructions or messages.

Stephen C. Joseph, M.D., M.P.H.

Attachments:

As stated

Medical Surveillance Plan for U.S. Ground Forces Deploying to Bosnia

Comprehensive medical surveillance involves identification of populations at risk, recognition and assessment of hazardous exposures, determination of protective measures, and monitoring of health outcomes. Although these activities are wide ranging and continuous in scope, for the purposes of this deployment they can be organized according to pre-, during, and post-deployment phases of the operation.

Pre-deployment:

1. Identification of Service members who deploy to Bosnia, and maintenance of a current data base of deployed personnel are necessary to conduct an effective medical surveillance program. Services shall comply with USD (P&R) directives specifying requirements for personnel reporting/tracking information in response to the Joint Staff Deployment Order. The central personnel data base is maintained by the Defense Manpower Data Center (DMDC), Monterey, CA.
2. Service members shall not be deployed unless they have met DNA collection requirements in accordance with Department policy.
3. Health screening will be conducted in accordance with existing Service and USCINCEUR ECMD guidelines. The objective of health screening is to ensure compliance with Service health medical standards and to identify individuals with acute or chronic conditions disqualifying for deployment. It is essential that documentation of this examination be maintained for retrieval if necessary.
4. Deploying units shall follow preventive medicine guidance specified in USCINCEUR ECMD messages 061215Z Nov 95 and 081700Z Nov 95. Tick-borne Encephalitis (TBE) vaccine immunizations will not be undertaken pending further guidance from OASD(HA).
5. All deploying Service members shall receive region-specific pre-deployment medical briefings. Pre-deployment briefings will focus on anticipated infectious disease threats, prevention of occupational and

environmental illnesses/injuries, adherence to proper field sanitation practices, and recognition of psychological and social stressors associated with deployment.

6. Health care teams providing medical support to deployed personnel shall have available information resources which characterize disease threats, vector ecology, and recommended preventive medicine measures for locations where U.S. forces will be operating. The *Disease and Environmental Alert Reports* (Bosnia, Croatia, Macedonia, Serbia, Slovenia) are available from the Armed Forces Medical Intelligence Center (AFMIC) Operations Division, Fort Detrick, Frederick MD 21702, (301) 619-7574, DSN 343-7574. This material is also available electronically through the AFMIC Bulletin Board. *Staying Healthy in the Former Republics of Yugoslavia: A Guide for Leaders and Medical Planners* is a resource available from the U.S. Army Center for Health Promotion & Preventive Medicine (USACHPPM), Directorate of Field Preventive Medicine, Readiness Planning Division, Attn.: MCHB-DF, Aberdeen Proving Ground, MD, 21010, DSN 564-8828.

7. In addition to the briefings, two health education pamphlets, *A Soldier's Guide to Staying Healthy in Bosnia* and a *Leader's Guide to Staying Healthy in Bosnia*, have been prepared by the U.S. Army Center for Health Promotion & Preventive Medicine and should be used. The pamphlets, which contain concise health information on avoiding disease and injury, have been positioned in Europe for distribution to the deploying forces.

8. Any Service member who reports or demonstrates stress-related complaints and/or symptoms during the course of deployment processing shall be referred as appropriate for consultation with mental health professionals, primary care providers, or chaplains. The availability of family advocacy services and other related support functions shall be made known to all members.

Deployment:

1. Disease and non-battle injury (DNBI) will pose a health threat to deployed personnel during operations in Bosnia. Deploying medical units shall be prepared to implement a medical surveillance program in accordance with the appropriate Component and USEUCOM Surgeon guidance. Medical surveillance data should provide a current overview of disease patterns in the theater of operations, localize health problems in specific units, facilitate epidemiologic outbreak investigations, and target military public health problems requiring rapid intervention with preventive medicine countermeasures. Medical units, as designated by the Command Surgeon, will submit weekly reports of incidence rates of major categories of illnesses and injuries of military significance to the USCINCEUR Surgeon's office. Additionally, medical staff shall maintain awareness of mishap/accident rates and other safety indicators. Unit commanders shall ensure that medical surveillance is accomplished in compliance with CJCS Memo J-4A 00106-93, Medical Surveillance Support, and USCINCEUR supplemental directives. USCINCEUR shall transmit consolidated theater medical surveillance summaries to ASD(HA) for review.

2. The USCINCEUR Surgeon shall work with Health Affairs to an appropriate surveillance sample and approach, based on the assessment of actual and/or potential medical threats in the deployed forces locations. This may involve use of serum samples collected during HIV testing and/or special samples drawn before deployment or not later than 45 days after arrival. These specimens shall serve as baseline samples for potentially high-risk members and shall be used for diagnosis, medical surveillance, and other epidemiologic purposes if needed in the future. They will not be used for any genetics related testing. If additional samples are drawn, they will be frozen (stored in dry ice) and shipped in accordance with International Air Transport Association

guidelines to the DoD Serum Repository at the Army/Navy Serum Repository at the following address: Ogden Bioservices (Attn: Dr. Damato), 685 Lofstrand Lane, Rockville, MD 20830, (301) 309-3667, FAX (301) 340-9245.

3. Specialized units, such as the Forward Deployable Laboratory or Theater Army Medical Laboratory, with specially trained personnel and advanced technologic capabilities are available and strongly recommended to augment medical surveillance activities, conduct health hazard assessments, and perform diagnostic tests in-theater.
4. In-theater identification of Service members with stress-related health or job performance problems is a command responsibility. Controlling combat stress to prevent psychiatric casualties and preserve strong unit cohesion is a significant factor in sustaining a healthy deployed fighting force. Unit commanders, medical staff, chaplains, and other personnel in leadership positions shall promote combat stress management. Combat Stress units should be available to assist unit commanders.
5. Medical units, with support from other appropriate units, shall conduct on-site health assessments of hazardous exposures to infectious, chemical, or physical agents that threaten the health and safety of military personnel. Appropriate laboratory and analytic techniques shall be used to conduct these assessments. Medical personnel shall document hazardous exposures to the fullest extent possible, given the constraints imposed by operating within a contingency environment.
6. End of deployment medical briefings shall be conducted in-theater and shall, as a minimum, direct Service members experiencing significant, acute health problems to seek care from in-theater medical assets, reinforce continuance of preventive medicine countermeasures (i.e., medications), identify new or merging health concerns based on theater-specific disease medical surveillance information; and, provide guidance on follow-up screening to be done on return to home station.

Post-deployment:

1. At the time of departure from Bosnia, or within 30 days of return to home station, personnel shall receive a redeployment medical briefing and medical evaluation. DD Form 2697, Report of Medical Assessment, was originally intended for screening of Service members separating from active duty service, but can be used as a template for the information necessary for deployment medical screening purposes until a new form is developed and promulgated. Note that Item 18 does not pertain. This information shall be documented on SF 600, Chronological Record of Medical Care. Completed assessments shall be placed in the member's medical record, and a copy forwarded to: Bosnia Deployment Surveillance c/o Program Management Team, 5205 Leesburg Pike, Suite 1135, Falls Church, VA 22041, (703) 681-7833 or DSN 761-7833; FAX 703-681-3317.
2. As part of the medical evaluation, medical staff will collect serum (one 10 cc red top tube spun down) from all personnel within 30 days of return from deployment. The date, time, and place the specimens were taken must be clearly marked. These specimens shall serve as post-deployment samples for this and other deployments, and shall be used for diagnosis, medical surveillance, and other purposes if needed in the future. They shall not be used for any genetics related testing. Frozen specimens (stored in dry ice) and shipped in accordance with International Air Transport Association guidelines to the DoD Serum Repository at the Army/Navy Serum Repository at the following address: Ogden Bioservices (Attn: Dr. Damato), 685 Lofstrand Lane, Rockville, MD

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3. As part of the redeployment medical assessment, all Service members shall complete a diagnostic battery to identify individuals at risk for development of mental health diagnoses known to be related to deployments. Results shall be reviewed and individuals referred for mental health consultation as appropriate.
4. The Services shall ensure that members receive a medical debriefing within thirty days after arrival at their home station, or as soon as possible in the case of Guard/Reserve personnel. These briefings shall reinforce medical guidance previously provided in-theater, and provide additional information based on results of exposure assessments and/or medical surveillance findings obtained following termination of the deployment. Additionally, stress management and family advocacy resources shall be made known and readily available to Service members and their families.
5. A representative sample of units and personnel may be identified to receive diagnostic evaluations comparable to those currently available through the Comprehensive Clinical Evaluation Program in order to more definitively assess overall health status and evaluate possible medical sequelae of deployment.
6. The Services' epidemiologic/surveillance centers shall maintain rosters of deployed personnel for the purposes of conducting active post-deployment medical surveillance of reportable diseases in the deployed cohort.
7. Deployed medical staff shall document lessons learned during the deployment in compliance with JCS, USCINCEUR, and Service lessons-learned directives.

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Last update: 12/21/1998