

MEDICAL GUIDELINES FOR DEPLOYMENT TO NTC

1. The purpose of the National Training Center is to provide a realistic environment for soldiers to train for desert warfare. Soldiers need to be physically prepared for the harsh conditions encountered by performing their duties. Most of the training areas are not in close proximity to Weed Army Community Hospital, which is one of the smallest MEDDACs in the Army. This is no place for soldiers who are injured or have medical conditions that require close monitoring by a physician at a fixed facility. As a general guideline, soldiers should be able to pass the APFT at the time of deployment to Fort Irwin. They must be able to wear protective gear such as Kevlar helmets, protective masks, and cold weather gear.
2. The following is a list of non-deployable conditions that will ensure that soldiers are utilized within the medical capabilities of the NTC without undue hazard to their health and well being.

PATIENTS UNDER MEDICAL CARE.

Postoperative patients should not be allowed to deploy until released by their operating surgeons. Soldiers with medical conditions that are in the process of being evaluated should also remain at their home station until the workup has been completed. In addition, soldiers scheduled for surgery should not have this delayed because they are most likely to have their condition exacerbated. Patients under medications should have a supply of that medication to last the duration of their deployment.

CASTS.

Soldiers with upper extremity casts cannot don protective masks or fire weapons, which renders them unable to protect themselves in combat. Casted extremities in hot weather cause skin breakdown may cause a compartment syndrome if swelling occurs. In cold weather patients with casts are subject to frostbite. Casts frequently wear out and require frequent changes.

CRUTCHES, SPLINTS, AND CANES.

Soldiers with these appliances are at potential risk as stated above. Soldiers should not be deployed if they require these.

SPINE.

Soldiers with chronic low back pain are likely to have an exacerbation of their symptoms in a field environment. These soldiers will take up space at the aid stations and detract from the fighting strength of a unit. AR 40-501 paragraph 3-41c provided for the referral to the PEB for soldiers that the commander feels

cannot perform their duties. Patients with radicular symptoms and degenerative joint disease of the spine will also be impaired while in the field. Riding in vehicles over rough terrain and lifting exacerbates symptoms of nerve root impingement.

UNSTABLE JOINTS.

Patients with shoulder instability have an 80-90% chance of redislocation and should not be deployed. Soldiers with unstable knees and ankles are not safely able to climb on vehicles or travel by foot through rough terrain. Soldiers with prosthetic implants require a medical board.

INFECTIONS.

These should be completely resolved prior to deployment.

UPPER EXTREMITIES.

Patients with joint contractures reflex sympathetic dystrophy, or arthritic conditions that keep them from firing weapons, climbing into vehicles, and using protective gear, etc. should not be deployed.

FRACTURES.

Patients with nonunions, malunions, or healing fractures should not be deployed until the condition is resolved.

KNEE PROBLEMS.

Soldiers with loose bodies, ligamentous instability, meniscus tears, and moderate to severe arthritis cannot ambulate safely in the field in rough terrain or at night and should not be deployed.

FOOT DISORDERS.

Soldiers that cannot march or wear combat boots are not deployable.

PREGNANCY.

FORSCOM Reg. 350-50-1 states that pregnant soldiers will not deploy to the NTC. Albeit this is not a medical condition, soldiers who have such a condition are at risk for fetal compromise because of the harsh environment and limited medical capabilities. If pregnancy is determined during the rotation they must be returned to home station. They must be provided with bottled water or other source that does not have high nitrate levels. Pregnant personnel should not

consume domestic water available from water points to rotational soldiers. High levels of nitrate have been implicated in infant disease.

NEUROLOGIC DISORDERS.

Patients with conditions such as carpal tunnel syndrome, peripheral nerve injuries, seizures, paralysis, ataxia, vertigo, and migraine headaches if frequent, should not be deployed until resolved.

ABDOMINAL, GASTROINTESTINAL DEFECTS AND DISEASES.

Conditions such as hernias require surgical repair and may cause strangulation of intestinal contents. Gastritis, colitis, rectal strictures, etc should be resolved prior to deployment.

DENTAL ABNORMALITIES.

If severe, these will cause problems in many soldiers while in the field. Dental screening with definitive care should be rendered prior to deployment.

EARS.

All soldiers will have adequate hearing protection prior to arrival. Ear infections should be resolved.

ENDOCRINE AND METABOLIC DISORDERS.

These conditions are incompatible to the harsh conditions at NTC. Diabetes, even if mild, cannot be monitored while in the field where soldiers cannot control their diet.

EYES.

Soldiers must have 2 pairs of corrective lenses, sunglasses, and protective mask inserts if needed. Patients with active eye disease should not be deployed. There is no Ophthalmologist assigned to the NTC.

GENITOURINARY SYSTEM.

Soldiers with chronic conditions that are likely to be exacerbated by dehydration should not be deployed.

HEART. Patients with known cardiovascular disease are not deployable.

VASCULAR SYSTEM.

Patients with venous insufficiency, Raynard's, and claudication should be boarded.

ALLERGIES.

Sinusitis asthma and allergic rhinitis are commonly aggravated by the dusty conditions. Soldiers with bee stings allergies should be identified and carry a bee sting kit with them at all times. Soldiers with drug allergies should wear a red wristband.

PSYCHIATRIC CONDITIONS.

Must be stable and asymptomatic prior to arrival.

SKIN DISEASES.

There is no dermatologist available at Fort Irwin. These must be resolved prior to departure.

SEXUALLY TRANSMITTED DISEASES.

Must be treatable by the individual unit.

3. The above list must be used as a guideline to assist commanders and medical personnel preparing for deployment to Fort Irwin. If it is determined by the medical staff that soldiers have been inappropriately deployed to NTC, the Post Safety Office will be notified and the unit will have the responsibility to redeploy the soldiers back to their home duty stations without delay.

4. All Preventive Medicine personal will report to the National Training Center's Preventive Medicine Service to receive current Medical Threat updates from the Environmental Science Officer (Lead 24E) upon arrival at the National Training Center, POC can be reached at 760-380-5328.