[Categorical Listing] [Numerical Listing]



UNDER SECRETARY OF DEFENSE 4000 DEFENSE PENTAGON WASHINGTON, D.C. 20301-4000



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MEMORANDUM FOR:

SECRETARIES OF MILITARY DEPARTMENTS

ASSISTANT SECRETARY OF DEFENSE (FORCEMANAGEMENT

POLICY)

ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
ASSISTANT SECRETARY OF DEFENSE (RESERVE AFFAIRS)
DEPUTY UNDER SECRETARY OF DEFENSE (READINESS)
DEPUTY UNDER SECRETARY OF DEFENSE (REQUIREMENTS

AND RESOURCES)

SUBJECT: Sickle Cell Policy

I recently reviewed the Department's policies and procedures concerning Service members with Sickle Cell Trait (SCT). After considering recommendations from the Armed Forces Epidemiological Board and Service data regarding sickle cell related mortality, I have decided that Hemoglobin S testing for SCT should not be mandated for military accessions. Medical history screening guidelines at accession appear to be able to successfully exclude entry into the military of most individuals with sickle cell disease, and this screening shall be continued. Available data on individuals with SCT indicate that most related sudden deaths can be prevented by adequate preventive measures against heat related illness. The cost of screening for a risk factor which rarely, if ever, will result in death under normal circumstances appears to outweigh the benefit of conducting the screening program.

Research on this issue will continue; the Accession Medical Standards Steering Committee will track hospitalizations, separations, and deaths for sickle cell and other hemoglobinopathies. Preventive measures against health related illness, such as adequate hydration, heat illness awareness programs and careful monitoring of basic trainees must be continued and improved.

Department of Defense Instruction 6465.1, "Hemoglobin S and Erythrocyte Glucose-6-Dehydrogenase Deficiency Testing Program," shall be modified to reflect that Hemoglobin S testing for SCT shall not be conducted at accession in accordance with the above guidance. Hemoglobin S testing, however, may still be conducted for individuals being considered for specific high risk occupations but must be conducted after entry into the military. My points of contact for this matter are Lieutenant Colonel Patricia Shackleton, (FMP)(MPP)/AP at 703-695-5529 and Colonel Doris Browne, (HA/Clinical Services) at 703-

695-6800.

Edwin Dorn

HA POLICY 97-018

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