



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCPO-SA

29 APR 2004

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE
COMMANDS

SUBJECT: Medical Management of Army Personnel Exposed to Depleted Uranium
(DU)

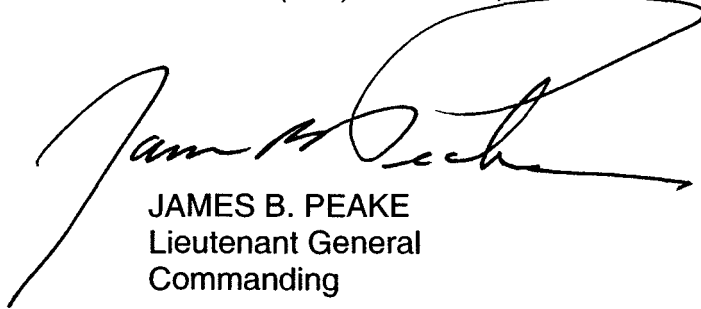
1. Reference memorandum, OTSG/MEDCOM Policy Memo 03-007, 13 January 2004, subject as above.
2. You are aware of the publicity surrounding the concerns of the Soldiers of the 442nd Military Police Company at Fort Dix, NJ. I want to take this opportunity to reiterate certain aspects of the current DU policy and direct you to convey this information to your personnel. Some key issues from the referenced policy memorandum are:
 - a. All personnel with actual or potential exposures to DU will be identified, assessed, treated (if needed), and assigned a potential exposure level (I, II, or III). The identified personnel will then be monitored and tracked according to the responsibilities, procedures, and guidance as indicated in the specific paragraphs of the enclosure to reference 1, above:
 - (1) Paragraph 4a - DU bioassays will be administered to all personnel with imbedded metal fragments that might include DU or who were in, on, or near (less than 50 meters) an armored vehicle at the time (or shortly after) it was struck with a DU munition (Level 1 exposure category).
 - (2) Paragraph 4b - DU bioassays will be administered to all personnel who routinely enter damaged vehicles as part of their military occupation or who fight fires involving DU munitions (Level II exposure category).
 - (3) Paragraph 4c - DU bioassays are not required for personnel with incidental exposure to DU, although a physician may choose to perform one based on medical indications or on the request of the potentially exposed individual (Level III exposure category).
 - b. I am not advocating urinalysis for DU for every deployed Soldier. This decision must be based on good Health Care Provider and patient interactions. If a urine bioassay is needed or the patient expresses a valid concern about potential exposure to

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DU and requests a urine bioassay, then one should be ordered. Our continued use of open communications and adherence to standards of care as expressed in clinical practice guidelines are key in supporting our Soldiers.

3. My point of contact is COL Robert R. Eng, Proponency Office for Preventive Medicine, San Antonio, DSN 471-6612, commercial (210) 221-6612, or email: Robert.Eng@amedd.army.mil.



JAMES B. PEAKE
Lieutenant General
Commanding

CF:

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