



Review, Analysis, and Interactions of Military Medical Standards from Accession Through Separation

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BACKGROUND

- Evidence-based accession medical standards have been developed by the analysis of medical conditions affecting rates of 1st term attrition, morbidity, waiver, and existed prior to service (EPTS).
- This has led to some dramatic changes in accession standards.
 - discontinuation of syphilis screening, dental panographs, EKGs, serum hemoglobin and hematocrit.
 - change in standards for asthma and attention deficit disorder with hyperactivity disorder.



CURRENT SITUATION

- Each Service independently determines retention standards based on DoDI 1332.38.
 - The Air Force and Army have regulations defining medical fitness for duty and retention.
 - The Navy determines on a case-by-case whether a service member is fit for duty.



ISSUE

- The development of medical standards spanning accession through separation are done independently and without full consideration of the impact on each other or across the period of service.
 - What impact does a decision to change or waive an accession medical standard have on the potential to continue service over an extended period?
 - Will these changes ultimately increase the prevalence of Service members exiting via the Medical Evaluation Board/Physical Evaluation Board process?
 - At what point should a decision to change a medical retention standard affect the accession medical standard?



QUESTION to the DHB

- Examine issues associated with the establishment and modification of DoD medical standards that span the career lifecycle of Service members from accession through separation.
- What tools or methods should DoD use to establish and modify accession and retention standards that will ensure a medically ready force to meet our nation's mission requirements while minimizing the potential to cause or aggravate medical conditions that could preclude continued military service?