

# Mountain Post Medical Update



## MEDPROS

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### Upcoming Wellness Center Events:

- Tobacco Cessation Session: 12 November 02 from 1200-1300
- OR 14 Nov 02 from 1530-1630
- (Each Session is comprised of 4 classes)
- Stress Management Classes every Wednesday at 1300 hrs
- Anger Management Classes every Monday at 1300 hrs
- NCO Taping Certification every 1st Tuesday of the month
- Healthy Cooking Classes every other Friday
- Walk in Blood Pressures and Cholesterol checks every day

Wellness Center is located in Building 1526, 526-3887

In November of 2001, Fort Carson began the process of ensuring that all medical readiness tracking occurred utilizing a program known as MEDPROS. To date, several units are still in need of making this transition. What exactly is MEDPROS and how is it useful to the commander and the individual soldier?

MEDPROS (Medical Protection System) is a medical readiness module in a very large centralized database known as MODS (Medical Occupational Data System). This secure Internet database will provide medical readiness information. Unit commanders can obtain access to this information by simply request-

ing a password thru the automated system. Individuals who will have access at the unit level for data input will have to complete a separate security form (SAM-OPD-D Form 9R). Each battalion size unit with medics must designate at least one individual who will input all medical readiness data into MEDPROS.

Figure 1 shows the type of information that can be obtained from MEDPROS. The unique and key characteristic of MEDPROS is the fact that soldiers will now have instant access to their medical readiness. Historically, soldiers may have lost medical records or immunizations that are not documented when they go thru an SRP. With MEDPROS, the

information is secure and valid for the conduct of an SRP and is accessible via the Internet.

Recent guidance for Operation Enduring Freedom and Noble Eagle has confirmed the important role of MEDPROS as the validation source for medical readiness. Units habitually utilize "home grown" medical tracking spreadsheets and programs. This data, however, does not "go with the soldier" when they PCS and it cannot be used as a validation source for the conduct of an SRP. MEDPROS gives the unit medical tracking software that is "exportable" and is a validation source for the SRP.

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## Anthrax

Anthrax is a spore forming bacterial disease. It is more commonly associated with cutaneous manifestations that produces an eventual skin lesion known as a black eschar. Left untreated the cutaneous form of anthrax may involve the blood stream with possible septicemia. A second presentation of anthrax is the intestinal variety which occurs when

the organism is ingested. This form is very rare and more difficult to diagnose. The signs and symptoms are similar to other food borne illnesses but with eventual septicemia and death. A third presentation is from inhalation of the anthrax organism. This third presentation is the greatest biological warfare threat.

The present M17/M40

protective mask is effective in protecting from the inhalation of the organism. The anthrax spore measures from 1 um by 3 to 8 um in size. The protective mask can filter and exclude particle sizes below 1 um in size. There is some research and interest in providing a lightweight biological respira-

*(Continued on page 2)*

## *Anthrax Continued*

The Department of Defense has an excellent website on anthrax:  
<http://www.anthrax.mil>

tor, utilizing standard hepafilters, which could be worn 24 hours a day. The Modular Collective Protection Equipment (MCPE) is presently fielded to some units and can protect individuals within shelter, room, or vehicle if fitted properly.

Vaccination is the mainstay of protection against anthrax disease. The anthrax vaccine is derived from an inactive protective antigen. Primary immunization requires six 1-ml doses given at 0, 2, and 4 weeks and at 6, 12, and 18 months followed by an annual booster. This vaccine was given to some soldiers during the Gulf War with subsequent evaluation

revealing antibody development in 85 to 95% after the first three doses. It is therefore felt that protection may occur by week 4 but the series should be completed.

It has been directed that the Department of Defense resume the Anthrax Vaccine Immunization Program (AVIP). In a memorandum signed on 24 Sept 02 by the Vice Chief of Staff of the Department of the Army, General Keane, the Army is directed to begin vaccinating military, Emergency-Essential DA civilian and contractor personnel assigned or deployed for more than 15 days in higher threat areas.

At Fort Carson all anthrax vaccinations will be centrally conducted at the SRP site. The MEDDAC will be responsible for providing the required briefing and the tri-fold information brochure to the soldier prior to vaccination. It will be recorded into MEDPROS at the SRP site and annotated in their medical records by qualified MEDDAC personnel.

There is an excellent resource for information on the internet at <http://www.anthrax.mil>. To schedule anthrax vaccinations call the SRP Medical NCOIC at 526-3904.

## *Understanding the Medical Board Process*

The disposition of a soldier with a permanent profile can be confusing. IAW AR 600-60, any soldier who is issued a permanent profile with a 3 or 4 in any of the PULHES blocks must have either a MOS/Medical Retention Board (MMRB) or a Medical Evaluation Board (MEB). Soldiers whose conditions are not clearly unfitting and want to stay in the army should go before the MMRB. Soldiers are referred directly to a MEB if they have a condition that does not meet the retention standards outlined in Chapter 3, AR 40-501, Standards of Medical Fitness.

Once a soldier receives a P-3 or P-4 from a physician it must be cosigned by a second provider and then approved by the Deputy Commander for Clinical Services (DCCS) at the USAMEDDAC, Fort Carson in order to be official. The DCCS will need to have a letter from the Commander of the soldier before he will sign off on any P-3 or P-4 profile. Once the DCCS has approved of the P-3 or P-4 the soldier will either be referred to a MMRB or MEB based on the medical condition.

The MMRB is a local administrative review board that meets monthly at Fort Carson and is arranged for by the G-1. Voting members include an 0-6 president of the board, a 0-5 medical officer, two 0-5 officers (combat arms, combat support or combat service support), and a CSM. If an officer appears before the MMRB an additional 0-5 will be added to the voting board membership in preferably the same branch. If a warrant officer appears before the board then a warrant officer will be a member of the MMRB.

The MMRB will make one of 4 recommendations: retain in current PMOS, reclassify or change specialties if qualified, refer to the Army's physical disability system (MEB/PEB), or be placed on a probationary status.

If a soldier is referred to a MEB (either directly or thru the MMRB) the soldier will need to have a detailed list of actions completed BEFORE the packet is ready to be sent before the MEB which occurs at Fort Lewis, WA for soldiers at Fort Carson. The packet in-

cludes a complete current physical, a medical dictation, a commander's letter, a written statement from the soldier, recent APFT scores, LOD for RC soldiers, and several other items.

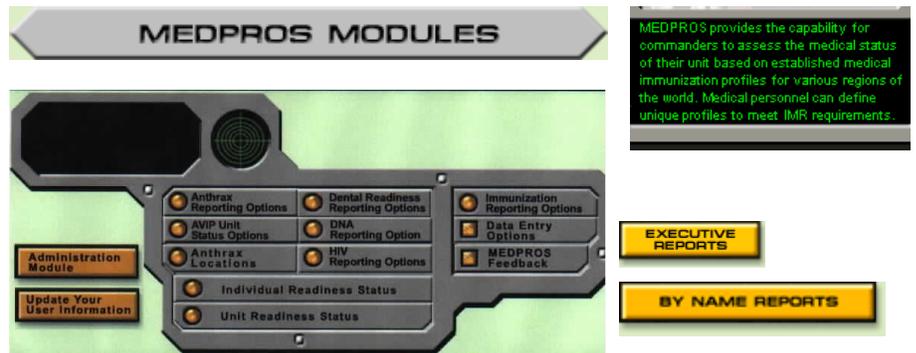
To start the MEB process the soldier must first see the PEBLO, at USAMEDDAC, 526-7600. The soldier will receive a list of items that need to be accomplished. The unit command will also be notified by email that the soldier has shown up at the PEBLO and has received the listing of items needed to complete the MEB packet.

The MEDDAC at Fort Carson has one of the most efficient MEB/PEB offices in the US Army. Processing time for a MEB at Fort Carson is faster than the vast majority of installations. Still, the process can be lengthy with the average completion time from P-3 profile to final disposition of the soldier taking 140 days.

Figure 3 on the back page illustrates the typical MEB process.

# MEDPROS Continued

The MEDPROS web page is located at <http://www.mods.army.mil>. A copy of the MOI on the Utilization of the Military Occupational Data System can be found in MS Outlook under the 7<sup>th</sup> ID Surgeon folder in the public folders.



| Name      | Last 4 | Rank | Sex | MOS | Readiness | Deployable | Pregnant? | Med Profile | DNA on file | HIV Test | Immunizations | 2 Pr | Glasses | Inserts |
|-----------|--------|------|-----|-----|-----------|------------|-----------|-------------|-------------|----------|---------------|------|---------|---------|
| AKINS     | 5064   | PFC  | M   | 71L | G         | G          | G         | G           | G           | G        | G             | G    | G       | G       |
| ALFORD    | 6597   | SSG  | M   | 11B | R         | R          | G         | R           | G           | A        | G             | A    | A       | A       |
| APLIN     | 3402   | SPC  | M   | 92A | R         | R          | G         | R           | G           | G        | G             | A    | A       | A       |
| AUMILLER  | 4792   | SPC  | M   | 92Y | R         | R          | G         | R           | G           | G        | G             | A    | A       | A       |
| BALDWIN   | 8856   | SGT  | M   | 63B | G         | G          | G         | G           | G           | G        | G             | G    | G       | G       |
| BALDWIN   | 3380   | SSG  | M   | 63B | R         | R          | G         | R           | G           | G        | G             | A    | A       | A       |
| BARNES    | 6396   | SFC  | M   | 63B | R         | R          | G         | R           | G           | G        | G             | A    | A       | A       |
| BATES     | 7719   | SPC  | M   | 63B | R         | R          | G         | R           | G           | G        | G             | A    | A       | A       |
| BAYLES    | 3557   | SGT  | M   | 11B | R         | R          | G         | R           | A           | A        | G             | A    | A       | A       |
| BLANCHARD | 7127   | SPC  | M   | 11B | R         | R          | G         | R           | G           | A        | G             | A    | A       | A       |
| BOOZE     | 1455   | MAJ  | M   | 11A | R         | R          | G         | R           | G           | G        | G             | A    | A       | A       |
| BOYLES    | 6333   | CPT  | M   | 00E | R         | R          | G         | R           | G           | A        | A             | A    | A       | A       |
| BRAMBLET  | 8754   | SFC  | M   | 75H | R         | R          | G         | R           | G           | G        | G             | A    | A       | A       |
| BREWSTER  | 4947   | PFC  | M   | 63W | R         | R          | G         | R           | A           | A        | G             | A    | A       | A       |
| BROWN     | 2178   | SPC  | M   | 31U | R         | R          | G         | R           | G           | G        | G             | A    | A       | A       |

Figure 1: Sample Output from MEDPROS. Note, Many other fields can be obtained. Summary data is available for each unit as well as individual readiness in several key areas to include: immunizations, DNA, HIV, 2 pair of glasses, protective mask inserts, Panogaphs, Dental Class, Medical Profile, current physical exam, medical warning tags, and 90 day supply of medication on hand.

|                 | 91W      | TR       | %    | Y2      | % Y2    | EMT     | EMT EXP  | NEED | NEED       |
|-----------------|----------|----------|------|---------|---------|---------|----------|------|------------|
|                 | ASSIGNED | COMPLETE | TR'D | REMOVED | REMOVED | EXPIRED | March-03 | BTLS | BNCOC/AIMS |
| <b>MEDDAC</b>   | 102      | 52       | 51%  | 40      | 39%     | 34      | 28       | 38   | 32         |
| <b>3BCT</b>     | 173      | 61       | 35%  | 45      | 26%     | 55      | 43       | 102  | 105        |
| <b>3ACR</b>     | 185      | 78       | 42%  | 61      | 33%     | 54      | 50       | 91   | 94         |
| <b>43rd ASG</b> | 187      | 69       | 37%  | 48      | 26%     | 68      | 77       | 107  | 109        |
| <b>Other</b>    | 5        | 2        | 22%  | 1       | 11%     | 4       | 3        | 8    | 8          |
| <b>Total</b>    | 656      | 262      | 40%  | 195     | 30%     | 215     | 201      | 346  | 348        |

Figure 2: Status of 91W Transition Training on Fort Carson as of 29 October 02

# 7th Infantry Division and the Mountain Post

7th Infantry Division Surgeon  
 HHC, 7th ID  
 Fort Carson, CO 80913  
 526-3904

Director of Health Services  
 USAMEDDAC  
 Fort Carson, CO 80913  
 524-4016

## U. S. Army Medical Command Physical Evaluation Processing Timeline Goals

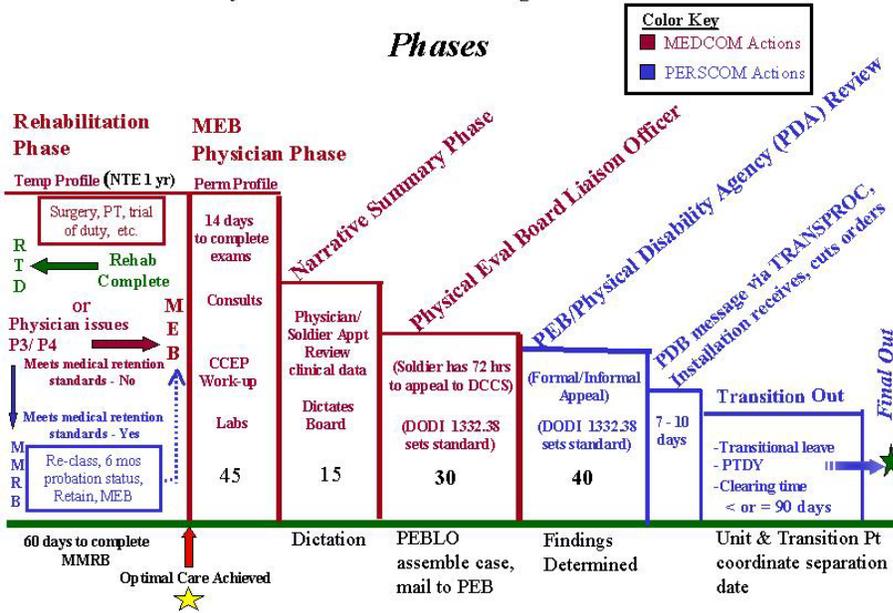


Figure 3: Typical Processing Issues with anticipated times for a MEB/PEB

## Weekly DNBI Trends

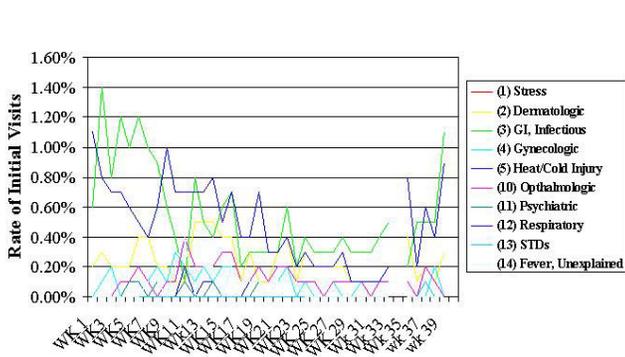


Figure 3: DNBI Rates: Number of initial sick call visits to TMC and aid stations by disease category/Total number of soldiers on Fort Carson. Some units are not reflected in this total

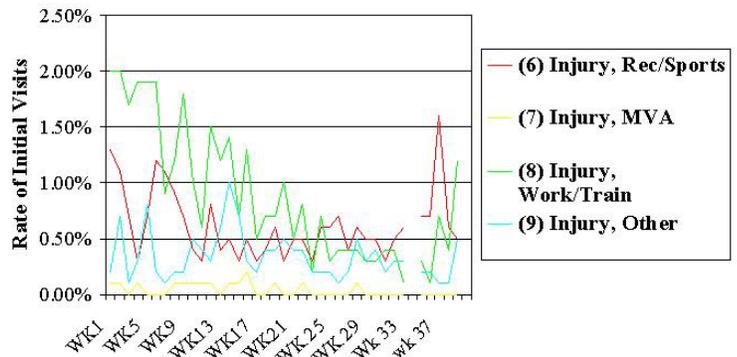


Figure 5: Injury Rates: Number of initial sick call visits to TMC and aid stations by mechanism of injury/Total number of soldiers on Fort Carson. Some units are not reflected in