

Darnall ensures medical readiness of deploying Soldiers

By Patricia Deal, CRDAMC Public Affairs

FORT HOOD, Texas--“Ready or not” may be an old cliché, but it’s the staunch motto for the Operational and Deployment Medicine professionals at Carl R. Darnall Army Medical Center.

Since the “readiness of the force to fight is determined by the readiness of its Soldiers,” U.S. Central Command policy dictates that each Soldier who deploys to their area be validated as “medically ready to deploy” by one of the deployment processing centers.

“It’s our responsibility to validate a unit's preparation to deploy. Guided by strict standards set by the Army, we determine if Soldiers who deploy are medically and mentally fit to perform their mission under austere conditions,” said Lt. Col. Jeffrey M. Callin, chief, Department of Operational & Deployment Medicine. “We have to make sure that Soldiers with medical needs that exceed the capabilities of the theater of operations do not enter that theater of operations.

“Medical readiness does not happen overnight, or without effort,” Callin continued. “There are a number of resources and systems that enable commanders to effectively manage the readiness of their Soldiers. Plus, understanding how each of the different sets of standards impact the readiness of the unit is crucial for commanders to be successful in preparing to deploy.”

To ensure Soldier medical readiness, the U. S. Army Medical Command has implemented a series of health assessments and readiness tools to optimize the health/fitness of peacetime forces, maintain the health/fitness of deployed forces, and ensure the physical and mental health of redeployed Soldiers to original optimal levels. Callin stated that all the medical readiness support assets of the hospital are available in one department, providing convenient access and improved coordination and responsiveness for units.

All units leaving and returning from deployment must go through Soldier Readiness Processing, where units undergo administrative and medical screening services. The CRDAMC SRP center handles the medical readiness portion for all active-duty personnel and Reserve and National

Guard units deploying from Fort Hood. In 2010, the center processed almost 28,000 Soldiers for pre-deployment and 16,000 for post-deployment.

“We know how important it is to achieve a high deployable status. But we also know the importance of making sure that every single Soldier who leaves here is medically ready to deploy,” said Lt. Col. Mark Young, commander of the 7239th Medical Support unit that manages the SRP. “We don’t push things through just to meet deadlines or meet quotas. There are just too many negative consequences for taking shortcuts when it comes to the medical readiness of Soldiers.”

Commanders can be confident that their Soldiers will be processed quickly and thoroughly, Young said. The staff is well-versed in the medical standards and requirements set by MEDCOM to determine a Soldier’s medical readiness. Young said not only are the staff competent, they are very conscientious, too. They are willing to do whatever is necessary to process units through, whether it’s working extra hours to process units or working with individual Soldiers who have missing records or specific medical requirements.

The standards, requirements, and deadlines are different for pre-deployment and post-deployment. The medical readiness screening process for pre-deployment includes checks such as medical records review, immunizations, dental, hearing and eye exams, lab services, health questionnaires and a clinical health review with a provider.

Most Soldiers are very familiar with the SRP, as many have had multiple deployments.

An Ohio National Guardsman on his second deployment, referred to the SRP as a “necessary evil.”

“It might be confusing and painful, as it’s a long process, but trust me, it is vital. You have to be fit and ready the minute you land in theater,” Chief Warrant Officer³ Jeff Beard said. Beard’s Ohio National Guard unit, the 1484th Transportation Company recently processed through the SRP. “The people here made the process a bit easier as they were very helpful and accommodating. They worked with me to take care of some issues and still got me through quickly.”

There are things commanders can do ahead of time to make the pre-deployment process easier such as ensuring their Soldiers go through the SRP during dwell time and that they complete the annual Periodic Health Assessment, another screening tool to evaluate individual medical readiness.

Keeping track of a Soldier's and a unit's, medical readiness is simple and easy with the Medical Protection System (MEDPROS) developed by MEDCOM, according to Stacey L. Daniels, MEDPROS readiness coordinator for CRDAMC. She said it's a powerful tool that allows Soldiers, commanders and leaders to electronically track all aspects of their medical readiness and deploy-ability data.

"MEDPROS is an excellent tracking tool. All data is current, accurate and immediately available. Since it's stored electronically, it follows Soldiers wherever they are. The information is never deleted, so it will always be accessible for retirees and veterans," Daniels added.

MEDPROS was originally started in 1998 as an electronic means to track anthrax shots for Soldiers. Daniels, one of the first MEDPROS administrators to input that data, said the system has since evolved over the years to include even more information and to be more efficient and timely.

MEDPROS data includes immunizations, permanent physical profiles/duty limitations, eyeglasses/inserts, blood type, medical warning tags, personal deployment medicines, pregnancy screening, DNA, HIV and dental status, among other data elements. Actual medical information and test results are kept private. Beyond the provider level, the only data shown are dates and status with go or no-go ratings.

"The good thing about MEDPROS is that you know the data is current and accurate. Each clinic has at least one MEDPROS coordinator to enter the Soldier's data at point of service," Daniels said. "Unit administrators don't have to rely on a Soldier to bring in some paper copy of test results or profile for them to enter in the Soldier's MEDPROS."

In addition to the point-of-service feature, another great feature of MEDPROS is that it allows designated MEDPROS administrators at units to pull data on their Soldiers for reporting purposes to determine the units' readiness percentage, Daniels stated. She holds twice-monthly

training sessions for assigned MEDPROS administrators at the units. The two-day course shows unit administrators how to manage data for their Soldiers and how to create reports that give commanders a snapshot of the unit's readiness status.

“Unit readiness is reported all way up the chain to the installation commander. The percentages by themselves don't necessarily indicate the overall readiness, as percentages can vary, depending on deployment cycles and a unit's profile status,” Daniels explained. “Obviously the goal is 100 percent, but a good range for a combat unit is 90 percent and 80 percent for combat support units. Typically, when a unit is closer to its deployment, it can reach 100 percent.”

The latest change to MEDPROS is the addition of eProfile, which files electronic copies of a Soldier's temporary or permanent profiles. Electronic documentation ensures commanders are aware of profiles and how it affects their units' readiness. It also helps in the medical board evaluation process to identify soldiers who may be medically not ready.

In addition to the pre- and post-deployment processes, Soldiers are required to undergo a Post-Deployment Health Reassessment, a health screening designed to protect and evaluate the health of those returning from combat. Targeted at three to six months after return from deployment, it provides education, screening, assessment, and access to care for a wide variety of questions and concerns that Soldiers/veterans may have about their health.

Service members will be asked to answer a few screening questions, and then discuss their health concerns with a healthcare provider to determine if further evaluation, additional treatment, or health-related information is needed.

“The PDHRA is an important step in ensuring the medical readiness of Soldiers. The post deployment process happens right after the Soldier gets back, and some conditions or issues may not have presented by then,” Daniels said. “This way, we're ensuring that we're doing everything possible for the Soldier.”

Daniels said the Operational & Deployment Medicine department completed more than 12,616 PDHRAs in 2010

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Soldiers from various units line up at different stations as they process through the CRDAMC Soldier Readiness Processing center. The CRDAMC SRP center handles the medical readiness portion for all active-duty personnel and Reserve and National Guard units deploying from Fort Hood. In 2010, the center processed almost 28,000 Soldiers for pre-deployment and 16,000 for post-deployment. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)

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Specialist Nicholas Saylor, from the 129th Aviation Regiment in Colorado, has his blood pressure checked before receiving his anthrax and typhoid vaccines at the CRDAMC Soldier Readiness Processing center. Saylor and his unit recently processed through the SRP prior to their deployment to Afghanistan. The CRDAMC SRP center handles the medical readiness portion for all active-duty personnel and Reserve and National Guard units deploying from Fort Hood. In 2010, the center processed almost 28,000 Soldiers for pre-deployment and 16,000 for post-deployment. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)