



Take Two

Medical Clearances, the Sequel III // *By Dr. Tom Yun*

In the June Medical Report, we explained the different classes of medical clearance and reviewed when people need to renew their clearance. This month, we counter some myths about medical clearances and explain a policy change that allows more to serve with greater assignment opportunities.

The Department is committed to a medical program that assigns employees abroad when it is medically safe to do so. Our medical clearance policy in particular has continued to evolve to serve Department employees' needs, meet the challenges of service abroad and reflect advances in medical science. We have broadened the Class 1 medical clearance to include those with stable medical conditions that require only periodic monitoring. As part of this change, employees are responsible for getting their needed follow-up care and paying for any required transportation if the medical care is not available at post. This change, which enlarges the number of individuals eligible for Class 1 clearances, demonstrates that the Department's medical clearance policy has not been static.

The primary purpose of the medical clearance program is to ensure that the assignment will not cause harm to the individual because of his or her medical condition. In general, the risk of harm to an individual with a history of asthma exacerbation or heart attacks is likely to be much greater at some posts than at others. Similarly, someone recently diagnosed with cancer should not be assigned to posts where needed treatment isn't available.

Employees differ about where to set the threshold for medical clearance for any given post. Employees with medical complications can optimistically believe that their medical condition will never deteriorate. When not allowed to travel, they complain the Office of Medical Services is too strict.

On the other hand, those at post who have to either provide medical care or perform double duty to support medical curtailments complain about the opposite situation. For example, those serving in several highly stressful and austere posts have asked MED to impose stricter limits on who can serve at these posts. They have seen firsthand that the stressful and harsh environment can exacerbate health conditions in their co-workers, making them unable to perform their duties. We get similar complaints from medical providers when they have had to stabilize and medevac a seriously ill patient who required care beyond what could be provided at post.

However, if we raise the threshold high enough to avoid any exacerbations we would be excluding many employees with medical conditions who could have successfully completed their tours without medical incidents. Instead, the Department has worked to set a threshold that would allow the largest number of employees to serve with the fewest number of exacerbations. In other words, we have chosen to accept a few non-life-threatening exacerbations in order to allow many more to serve.

To try to achieve the best balance, MED monitors medevacs and medical curtailments from posts and adjusts its medical clearance thresholds as needed. Recently, five people were medically curtailed from one small post in 18 months, and the post understandably complained that MED's clearance threshold for that post is too low. When we examined each curtailment, however, we found all but one were caused by new acute medical problems that arose after the medical clearance, not by exacerbation of a pre-existing condition. The post was simply unlucky to have experienced a chance cluster of medical curtailments. Therefore, MED did not raise the medical clearance threshold for this post.

Likewise, MED has adjusted its medical clearance criteria in response to advances in medicine. For example, at one time HIV-positive individuals could not be assigned to many posts

because they were immunocompromised despite the best treatment. In recent years, however, treatment advances have allowed some HIV-positive individuals to maintain a healthy immune system, and they no longer need the same level of monitoring. Consequently, such persons are now given a Class 1 clearance and are available for assignment worldwide. MED also once denied clearances to patients in their first year after receiving a coronary artery stent because the re-occlusion rate was too high. With improvements in stents, however, MED now returns these patients to post as soon as they recover from the procedure.

Similar adjustments to our clearance criteria have been made as we gain more experience with a particular disease. For example, we used to prevent anyone going through the alcohol rehab program from being assigned overseas during the first three years after undergoing rehab. As MED gained experience with Alcoholics Anonymous programs overseas, however, it began clearing lower-risk rehab patients to return overseas more quickly.

When adjudicating a medical clearance, MED until recently considered a patient's follow-up needs, even if the medical condition was stable. Individuals with stable conditions who were not likely to be harmed by the assignment but did require medical follow-ups that were not available at all posts were not being cleared for those posts. For example, someone with pre-glaucoma who needed his or her eye pressure measured every six months or a newly diagnosed non-insulin-dependent diabetic who needed to see his or her endocrinologist every six months would not have been cleared for posts that could not provide that care.

However, many employees with stable medical conditions have told MED they would take responsibility for obtaining the follow-up care if MED would clear them. Recently, MED broadened the Class 1 medical clearance criteria to include individuals with stable medical conditions who need routine follow-up, allowing them to be responsible for obtaining that care.

The medical clearance decision is based on the individual's medical condition, not a diagnosis, and is dynamic rather than permanent. For example, individuals newly diagnosed with cancer or depression or who had a recent heart attack would be assigned a Class 2 clearance since they cannot be assigned to posts where treatment is unavailable. However, when they become stable with a favorable prognosis and require only periodic follow-up care, they may be able to receive a Class 1 clearance again.

The same holds true for post-traumatic stress disorder. A diagnosis of PTSD doesn't automatically affect one's medical clearance. While some may be issued a Class 2 clearance until treatment is complete and some time has passed to determine the stability of their condition, others have been issued a Class 1 clearance after undergoing treatment at MED's Deployment Stress Management Program.

The medical clearance policy has evolved to allow greater assignment opportunities. Although advances in medicine have allowed more people to serve in hardship posts, there are many posts where local medical care is inadequate and the risks of tropical and infectious disease remain high. The medical clearance program seeks to prevent harm coming to the individual because of his/her medical condition, but also aims to allow as many employees as possible to serve in these hardship posts. ■

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