

3. (If this is the information in question, removing it from the medical records would have little long term effect, since it is based, in the first place, on the recollections of the reservists. These could be recalled at any time, allowing for some forgetting due to the passage of time. There could also be, in some circumstances, interference with a claim for benefits if documentation as to when a veteran first began to have symptoms became an issue.)

4. (From our perspective, as set out in paragraph 2, charges that we removed medical records make no sense. From an entirely different perspective, such charges could make sense. A number of reservists and former reservists seem quite convinced that they were subjected to chemical warfare attacks, that the U.S. government knows this to be so and is covering it up, and that our visits to the reserve units were part of that cover-up. It is not difficult to imagine a person with those beliefs further believing that the real purpose of our visits to the NMCB detachments was to search out and destroy all evidence of ill health due to ODS/S. It must be emphasized that this is entirely speculation on my part, and such an idea has never been expressed to any of us by a reservist.)

5. Although we have been unable to pin down precisely what medical records are missing, and from what medical charts, the most frequent and specific reference is to an "SF 600" (the standard blank page Progress Note form), on which someone, usually the reservist, has written certain information. The information appears to have included some combination of: symptoms and illnesses, now and during ODS/S; risks to health during ODS/S; locations in Saudi Arabia; immunizations and medicines received during ODS/S; and demographic information. (One reservist maintains, however, that copies of medical records from his private physician are missing from his health record.) It seems most likely that the medical chart or health record from which medical records are missing is the standard military outpatient medical record, NAVMED 6150/12(6-81). In some reports medical records are said simply to be "missing;" in others, they are said to "have been removed."

6. (An unevaluated question, at this time, is whether the missing medical records were ever in the health record to begin with. It is possible that SF 600s were filled out, turned in to a corpsman or other person, and then simply filed together somewhere without ever being inserted into the medical record. This is a speculative question, however it can be resolved by asking if reservists recall actually seeing the missing material in their health records.)

7. Several specific circumstances, some of which do not involve missing medical data, are also relevant to this paper.

8. Allegations that Navy medical personnel removed information or medical records from the health record. These center on the visit to detachment 1624, Columbus GA, in NOV 92. As discussed above, these allegations make no sense from our perspective. I specifically called key members of the NOV 92, including CAPT Cunnion, the team leader. All denied they had removed any information. The team which went to detachment 1324, Asheville NC, in NOV 92, and was led by myself, reviewed few if any records, and no information was removed. Subsequent visits to Asheville (NOV 93), Columbus (DEC 93), Atlanta (JAN 94, detachment 1124), and Knoxville (FEB 94, detachment 0624) by staff from NEPMU2 removed no records.

9. LCDR Gerald Corbitt, CO Naval Reserve Center, Columbus, has stated he checked the medical records after the NOV 92 team departed, and the missing records were still there at that time. However CAPT Cunnion, and CAPT Conwill, a team member, state there were essentially no medical records relevant to ODS/S-related illness in the health records. They had been specifically looking for such information. However they only reviewed about two thirds of the health records, and if the missing information did consist simply of hand-written notes on SF 600s, they might have missed the notes due to the need to review many records in a short period of time.

10. Packets of information were sent to LCDR Ohl, MC, at NNMC, and CAPT Oldfield, MC, at NHSD. According to LCDR Corbitt, in JUL 92 [JUN 92, HM1 Olson log] LCDR Ohl, an infectious disease fellow, contacted the corpsman at Naval Reserve Center Columbus and requested him to send copies of the health record, a statement of "current health status" (presumably written by the reservist), and pictures of any rashes. HM1 Olson's log states LCDR Ohl had a list of symptomatic reservists compiled by HM1 Pierce, Naval Construction Regiment 3 corpsman, and that LCDR Ohl was interested in reservists with lymphadenopathy or rashes. LCDR Corbitt says this was sent to LCDR Ohl and CAPT Oldfield.

11. I talked to CAPT Oldfield, Surgeon General's advisor on infectious diseases, and LCDR Ohl. CAPT Oldfield never received any information on the reservists, and only talked with LCDR Ohl sporadically about the issue, and in general terms. LCDR Ohl's recollection is that in JUL-AUG 92 he either called the corpsman, presumably HM1 Olson, Naval Reserve Center Columbus corpsman, at the request of HM1 Pierce, or that Pierce gave the corpsman Ohl's number, and the corpsman called him.

12. The corpsman (presumably HM1 Olson) asked for assistance with several reservists who had numerous medical complaints they felt were related to ODS/S. They had not been able to get satisfactory care at the VA. LCDR Ohl said there was nothing he could really do to help over the phone, and could only suggest that the reservists document their medical problems and symptoms

17. The importance of this material lies in the fact that if LCDR Ohl does have it, it offers a way possibly to reproduce the missing records. If, for some reason, he was sent the original SF 600s, (and no copies were retained at NRC Columbus), this could explain why they are missing. (Comment: LCDR Ohl claims he has retained all ODS/S clinical material and information sent to him. I will be in Bethesda later this month, and will attempt to inventory his files to determine if material from Columbus is there.)

18. LCDR Corbitt says reservists filled out SF 600s on two occasions. On 8 FEB 92 several reservists exhibited symptoms they attributed to ODS/S. The symptoms were documented on SF 600s, which were then placed in their health records, apparently at the direction of HMI Olson or LCDR Corbitt. [Olson log states the individuals complained of rashes.] Later in FEB, HMI Pierce requested information on any veterans with symptoms they attributed to ODS/S. He ultimately compiled a list of 72 NMCB 24 personnel. [LCDR Corbitt message/memo says in MAR the reservists were again complaining of symptoms, and these were documented on SF 600s. Olson log simply says these reservists were to "report to medical for name and home phone numbers" to be passed to the battalion corpsman.] On 12 MAY 92 [9 MAY, Olson log], additional reservists felt ill; they too documented their symptoms on SF 600s, which were placed in their health records.

19. In JUL 92, LCDR Corbitt compiled a file of ODS/S related problems, including copies of the SF 600s, to cover himself in case information was later found to be missing. In NOV 92, after the "BUMED team" departed, LCDR Corbitt visually verified that the SF 600s were still in the health records.

20. In MAR 93, the detachment went to Camp Lejeune for training. The health records were returned all together in a group, which was unusual. In MAY 93 4-5 reservists went to the Tuskegee VAMC; two said a typed form they had been required to sign was missing from their health records. A review of all the health records revealed none of the SF 600s were present. In SEP 93, LCDR Corbitt discovered SF 600s on 18 reservists, which had been filled out in FEB and MAY 92, in his files. (Not clear if these are the original SF 600s, or the copies he said he made in JUL 92. In one version, these are said to have been discovered in a "pass down" file on ODS/S from his predecessor. LCDR Corbitt took over as CO JUN 92.)

21. Notes were written in the Columbus health records by Navy medical personnel. The daughter of a Columbus reservist recently called CDR Hayashi to relate this. The time period of concern seemed to be the DEC 93 trip. The underlying concern appeared to be that this was an attempt to manipulate the record, in some way, to undercut reports of ill health attributed to ODS/S.

22. None of the DEC 93 team wrote any notes in reservists' health records. CAPT Cunnion confirmed that in NOV 92 some members of his team had written notes on perhaps a half dozen reservists. They had done so reluctantly, and only at the insistence of the reservists who wanted their symptoms documented in the health record over a physician's signature. In a least some cases, the reservist indicated this information was "missing," although it is not clear whether the reservist meant the record was simply incomplete, or that the information had been there at one time and was now gone. Statements by the team members were careful to indicate they were only transcribing the reservists' medical complaints and other recalled information, and were not making a statement as to whether the illness was associated with ODS/S.

23. One team physician saw four additional reservists he thought had medical complaints which needed further evaluation - possible fungal dermatitis, two with possible intestinal parasites, and one with depression. He wrote notes in standard SOAP format, and in all cases recommended further evaluation to make a definitive diagnosis.

24. NEPMU2 questionnaires. At all six visits to the reserve detachments (two each, 1992 and 1993, to Columbus and Asheville), reservists were asked to fill out questionnaires designed by Navy Environmental and Preventive Medicine Unit No. 2. These were never intended to be placed in the health records, and are currently stored at NEPMU2. There seems to be no indication that the reservists regard the questionnaires as part of their health records, missing or otherwise. During the 1993-1994 visits, team members, with the written permission of the veterans, contacted the veterans' doctors and/or reviewed their health records at the local hospitals or clinics (usually, this meant the VA hospital). Records were neither removed nor copied as part of this activity.

25. HMCS Meade questionnaires. Senior Chief Meade was the senior NMCB 24 corpsman during ODS/S. In FEB 93, in response to the BUMED message of DEC 92 asking that ODS/S veterans with unexplained illnesses be reported to NEHC, Senior Chief Meade devised a two page questionnaire and sent it to 88 symptomatic SeaBees, apparently using a list developed by EM1 Pierce. There were 33 replies. Senior Chief Meade subsequently became aware of "BUMED involvement" in NMCB 24, and decided there was no need to do anything further with his questionnaires. These passed into the possession of LT W. B. Ford, USNR, for reasons unknown to us. As of this week, we have copies of the 33 questionnaires from LT Ford. They ask for demographic and occupational information, exposures during ODS/S, travel history, and health and lab data since ODS/S. We are currently reviewing the questionnaires, but they do not appear to add much if anything to data we have already collected. These were never intended to be placed in the health record, (although it is not clear what use HMCS Meade

planned to make of them), and the questionnaire does not appear to be regarded as "missing records."

26. LCDR Corbitt questionnaire. LCDR Corbitt distributed his own questionnaire to ODS/S veterans, a fact we only recently became aware of. It appears to have been filled out by about 39 individuals. A question within the questionnaire suggests it was distributed some time after the NOV 92 "BUMED team" visit. LCDR Corbitt's memo/message notes that on 5 JAN 93 he was called by CDR Blake, PERS 92, on behalf of ADM Gallo, and requested to "survey" the "current climate/perceptions held by NMCB-24 det 1624" personnel. We do not have copies of the individual questionnaires, but on 8 APR 94 a copy of the questionnaire, with summary answers, was faxed to us by LCDR Corbitt.

27. CONCLUSIONS

a. On several occasions, reservists or corpsmen filled out SF 600s in an attempt to document for the record symptoms and ill health which the reservists attributed to ODS/S. This occurred primarily in detachment 1624. These documents may be the "missing medical records."

b. There appears to be a consensus among the reservists that these SF 600s are now missing from their health records. LCDR Corbitt also states this information is missing, and the NOV 92 Navy medical team ("BUMED team") did not think it found any such information in the records.

c. No medical records were removed by any of the Navy medical teams who interviewed the reservists.

d. Assuming the SF 600s were removed, it cannot be determined from the information available who removed them, or when or why. Several speculative possibilities exist or have been suggested:

- 1) SF 600s were removed at Camp Lejeune. (This is based on the fact that the records were first noted to be missing after the detachment returned from Camp Lejeune, and that the records were returned together, an "unusual" event.)
- 2) SF 600s may never have been filed in the health records in the first place. They may have been collected and filed together in a separate location, yet to be discovered, or lost prior to filing.
- 3) LCDR Corbitt may have retained the files or been given the files. (LCDR Corbitt says in SEP 93 he discovered SF 600s on 18 reservists. In one version, these were discovered in a "pass down" file from his predecessor; alternatively, these may be the files he says he copied in JUL 92.)

- 4) Original SF 600s may have been sent to LCDR Ohl, presumably inadvertently and without making copies for retention in Columbus.

There is no strong evidence for any of these, and all may be wrong.

e. NEPMU2 has questionnaire data on four detachments from six visits. Two other questionnaires have also been administered to some members of the battalion (HMCS Meade) or of detachment 1624 (LCDR Corbitt). These were never intended to be placed in the health records, and the reservists do not appear to regard them as medical records, missing or otherwise.

f. LCDR Ohl says he does not have a cache of data on detachment 1624. Because of statements from NRC Columbus, LCDR Ohl's files should be examined to ensure he is not mistaken. However even if records are found, these may simply be copies, and not the missing records.

(These notes were compiled from notes provided by: CAPT Berg, who interviewed members of the "BUMED team," LCDR Ohl, and CAPT Oldfield; CDR Hayashi, who interviewed LCDR Corbitt, HM1 Olson, HM1 Pierce, and LT Ford; LCDR Hooker (phone discussion), CAPT Bishop; and LT McDonald. LCDR Corbitt provided copies of his memo/message, HM1 Olson's log, and his questionnaire.)

**SUMMARY OF PERSIAN GULF ILLNESS STUDY
OF NAVAL MOBILE COMBAT BATTALION 24
by Navy Environmental and Preventive Medicine Unit Number 2**

1. **BACKGROUND:** The Navy Environmental and Preventive Medicine Unit Number Two (NEPMU2), Norfolk, Virginia, under the direction of Captain S. W. Berg, studied Naval Mobile Construction Battalion 24 (NMCB 24), a reserve Seabee battalion in the Southeast United States, from November, 1993, to October, 1994. This battalion has a significant number of members and former members with symptoms they believe are due to their service in Operations Desert Shield and Storm. Out of 13 detachments in NMCB 24, 6 were a part of the study. These include detachments in Asheville, Charlotte, and Greensboro, NC; Columbus and Atlanta, GA; and Knoxville, TN. The study attempted to identify prevalent symptoms and diagnoses experienced by the members.

2. **METHODS:** Each detachment was visited over a drill weekend. After a short introduction, questionnaires were completed by veterans of Operations Desert Shield and Storm who were in attendance. Interviews were done with those who felt they were having medical problems as a result of service in the Persian Gulf. Release of information forms were obtained from members and an attempt was made through review of medical records or conversations with medical providers to document all diagnoses since Operations Desert Shield and Storm. An attempt was made to contact by phone or mail Persian Gulf veterans who were not in attendance to have them complete questionnaires and release of information forms. The information from questionnaires was entered into a computer, frequency counts were done, and tables were generated.

3. **CONCLUSIONS:**

a. A significant number of members and former members of NMCB 24 who served in Operations Desert Shield and Storm have experienced an array of nonspecific symptoms since returning from the Persian Gulf.

b. No common syndrome or diagnosis has been identified in these veterans.

c. Although the group exhibits a number of medical diagnoses, the overall types and numbers of diagnoses appear to be what would be expected in a group this age who had not served in Operations Desert Shield and Storm.

d. More research on veterans of Operations Desert Shield and Storm is necessary to further understand the problems that veterans are having and to respond to these problems in a constructive and compassionate way.

**NMCB 24 DETACH. UNITS SURVEYED
POST-PERSIAN GULF ILLNESS**

	DATE OF SURVEY	NUMBER OF VETERANS	NUMBER SURVEYED	PERCENT
DETACHMENT 1324 ASHEVILLE, NC	06 NOV 93	64	62	96.9%
DETACHMENT 1624 COLUMBUS, GA	11 DEC 93	58	40	69.0%
DETACHMENT 1124 ATLANTA, GA	22 JAN 94	54	23	42.6%
DETACHMENT 0624 KNOXVILLE, TN	12 FEB 94	56	29	51.8%
DETACHMENT 0224 CHARLOTTE, NC	15 OCT 94	51	12	23.5%
DETACHMENT 0824 GREENSBORO, NC	15 OCT 94	38	11	28.9%
TOTAL		321	177	55.1%

NMCB 24 DEL. DEMOGRAPHICS - 1

ASHEVILLE (N=62) NO (%)	COLUMBUS (N=40) NO (%)	ATLANTA (N=23) NO (%)	KNOXVILLE (N=29) NO (%)	CHARLOTTE (N=12) NO (%)	GREENSBORO (N=11) NO (%)	COMBINED (N=177) NO (%)
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AGE (MEAN) 41.7 40.7 37.5 38.4 33.7 40.2 39.8

RACE

WHITE	61	(98.0%)	37	(93.0%)	18	(78.0%)	29	(100%)	8	(66.7%)	10	(90.9%)	163	(92.0%)
BLACK	1	(2.0%)	3	(7.0%)	4	(18.0%)	0	(0%)	4	(33.3%)	1	(9.1%)	13	(7.0%)
OTHER	0	(0.0%)	0	(0.0%)	1	(4.0%)	0	(0%)	0	(0.0%)	0	(0.0%)	1	(<1.0%)

MARITAL STATUS

MARRIED	49	(79.0%)	34	(85.0%)	19	(83.0%)	21	(72.0%)	9	(75.0%)	6	(54.5%)	138	(78.0%)
DIVORCED	8	(13.0%)	4	(10.0%)	1	(4.0%)	3	(10.0%)	1	(8.3%)	1	(9.1%)	18	(10.0%)
SINGLE	5	(8.0%)	2	(5.0%)	3	(13.0%)	5	(17.0%)	2	(16.7%)	4	(36.4%)	21	(12.0%)

NMCB 24 DEMOGRAPHICS - 2

ASHEVILLE (N=62) NO (%)	COLUMBUS (N=40) NO (%)	ATLANTA (N=23) NO (%)	KNOXVILLE (N=29) NO (%)	CHARLOTTE (N=12) NO (%)	GREENSBORO (N=11) NO (%)	COMBINED (N=177) NO (%)
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PAY GRADE

E1 - E3	4	(6.0%)	3	(8.0%)	4	(17.0%)	2	(3.0%)	2	(16.7%)	0	(0.0%)	15	(8.0%)
E4 - E6	56	(90.0%)	33	(83.0%)	11	(48.0%)	23	(86.0%)	9	(75.0%)	10	(91.0%)	142	(80.0%)
E7 - E9	1	(2.0%)	3	(8.0%)	3	(13.0%)	3	(7.0%)	1	(8.3%)	1	(9.0%)	12	(7.0%)
OFFICERS	1	(2.0%)	1	(3.0%)	5	(22.0%)	1	(3.0%)	0	(0.0%)	0	(0.0%)	8	(4.0%)

ALL ARE MALE

TEN MOST COMMON SYMPTOMS NMCB 24 DETACHMENTS

SYMPTOM	NO	%	CHANGE IN PAST YEAR (%)			GONE
			WORSE	SAME	BETTER	
FATIGUE	129	72.9	32.6	49.6	14.0	3.9
JOINT/MUSCLE PAINS	116	65.5	37.9	42.2	12.9	6.9
IRRITABILITY	103	58.2	34.7	51.5	10.9	3.0
CONFUSION	101	57.1	23.3	50.5	17.5	8.7
HEADACHE*	98	55.4	30.6	51.0	13.3	4.1
RASH	94	53.1	18.1	45.7	20.2	16.0
WEAKNESS	90	51.1	26.2	45.2	16.7	11.9
INSOMNIA	84	47.5	33.3	48.9	11.1	6.7
DIARRHEA	81	45.8	7.4	44.4	28.4	19.8
LOSS OF INTEREST	73	41.2	35.6	49.3	9.6	4.1

*CHANGE IN PAST YEAR - 1 UNKNOWN

SECOND TEN MOST COMMON SYMPTOMS NMCB 24 DETACHMENTS

SYMPTOM	NO	%	CHANGE IN PAST YEAR (%)			
			WORSE	SAME	BETTER	GONE
DEPRESSION	69	39.0	24.6	39.1	23.2	13.0
ANXIETY	60	33.9	20.0	53.3	18.3	8.3
SORE THROAT	58	32.7	12.1	48.3	19.0	20.7
MARITAL STRESS	57	32.4	12.3	47.4	22.8	17.5
SHORTNESS OF BREATH*	43	24.3	30.2	60.5	7.0	2.3
LOSS OF APPETITE	28	15.8	14.3	46.4	17.9	21.4
CHEST PAIN*	24	13.5	21.0	62.5	8.3	4.2
HAIR LOSS	24	13.5	37.5	58.3	0.0	4.2
SWOLLEN GLANDS	22	12.4	27.3	59.1	9.1	4.5
NIGHT SWEATS	22	12.4	22.7	45.4	27.3	0.0

*CHANGE IN PAST YEAR - 1 UNKNOWN

NUMBER OF SYMPTOMS NMCB 24 DETACHMENTS

	NONE NO (%)	1 - 5 NO (%)	6 - 10 NO (%)	>10 NO (%)
ASHEVILLE	1 (1.6%)	17 (24.1%)	18 (29.0%)	26 (41.9%)
COLUMBUS	2 (5.0%)	9 (22.5%)	8 (20.0%)	21 (52.5%)
ATLANTA	1 (4.3%)	9 (39.1%)	6 (26.1%)	7 (30.4%)
KNOXVILLE	7 (24.1%)	9 (31.0%)	5 (17.2%)	8 (27.6%)
CHARLOTTE	1 (8.3%)	1 (8.3%)	4 (33.3%)	6 (50.0%)
GREENSBORO	2 (18.2%)	4 (36.4%)	3 (27.3%)	2 (18.2%)
TOTAL	17 (9.6%)	52 (29.4%)	45 (25.4%)	63 (35.6%)

NUMBER OF SYMPTOMS-1 NMCB 24

	RANGE	MEAN	MEDIAN
ASHEVILLE	1 - 17	9.1	9.0
COLUMBUS	1 - 20	9.9	11.5
ATLANTA	1 - 17	8.3	7.0
KNOXVILLE	1 - 15	5.9	7.0
CHARLOTTE	1 - 16	9.9	10.5
GREENSBORO	1 - 11	5.4	7.0
TOTAL	1 - 20	7.8	8.0

CATEGORIES (.) DIAGNOSES NMCB 24 DETACHMENTS

DIAGNOSES	NUMBER OF DIAGNOSES	NUMBER OF RESERVISTS WITH DIAGNOSES	% OF RESERVISTS WITH DIAGNOSES
CANCER	2	2	1.3
CARDIOVASCULAR	7	6	3.4
DERMATOLOGICAL	6	5	2.8
EENT	11	11	6.2
ENDOCRINE	3	3	1.7
GASTROINTESTINAL	20	15	8.5
GENITOURINARY	8	8	4.5
MUSCULOSKELETAL	18	17	9.6
PSHYCHIATRIC	14	12	6.8
PULMONARY	6	6	3.4
OTHER	4	4	2.3

VERIFIED DIAGNOSES NMCB 24 DETACHMENTS

	NUMBER OF DIAGNOSES PER VETERAN							
	NONE		ONE		TWO		>=THREE	
	NO	%	NO	%	NO	%	NO	%
ASHEVILLE	44	(66.1%)	13	(21.0%)	5	(8.1%)	26	(41.9%)
COLUMBUS	25	(62.5%)	10	(25.0%)	4	(10.0%)	21	(52.5%)
ATLANTA	13	(56.5%)	7	(30.4%)	2	(8.7%)	7	(30.4%)
KNOXVILLE	16	(55.2%)	6	(20.7%)	6	(20.7%)	8	(27.6%)
CHARLOTTE	7	(58.3%)	4	(33.3%)	1	(8.34%)	0	(0.0%)
GREENSBORO	10	(90.9%)	1	(9.1%)	0	(0.0%)	0	(0.0%)
TOTAL	112	(63.3%)	41	(23.2%)	18	(10.2%)	6	(3.4%)

DAYS OF LOST WORK IN LAST 12 MONTHS - 1 NMCB 24

	TOTAL	RANGE	MEAN	MEDIAN
ASHEVILLE	1891	1-365	30.5	6
COLUMBUS	722	2-270	18.1	6
ATLANTA	83	1-30	3.6	5
KNOXVILLE	161	2-90	5.6	6
CHARLOTTE	38	2-14	3.1	11
GREENSBORO	2	2	0.1	2
TOTAL	2897	1-365	16.4	6

DAYS OF LOST WORK IN LAST 12 MONTHS - 2 NMCB 24

	NONE		1-10		11-30		>30	
	NO	%	NO	%	NO	%	NO	%
ASHEVILLE	35	(56.5%)	15	(24.2%)	6	(9.7%)	6	(9.7%)
COLUMBUS	15	(56.5%)	19	(47.5%)	4	(10.0%)	2	(5.0%)
ATLANTA	11	(47.8%)	10	(43.5%)	2	(8.7%)	0	(0.0%)
KNOXVILLE	17	(58.6%)	10	(34.5%)	1	(3.4%)	1	(3.4%)
CHARLOTTE	8	(66.7%)	2	(16.6%)	0	(16.6%)	0	(0.0%)
GREENSBORO	10	(90.9%)	1	(9.1%)	0	(0.0%)	0	(0.0%)
TOTAL	91	(52.9%)	57	(33.2%)	13	(8.4%)	9	(5.3%)

**INDIVIDUAL DIAGNOSES
NMCB 24 DETACHMENTS - 1**

- CANCER

1 LYMPHOMA (NON-HODGKINS)

1 PROSTATE

- CARDIOVASCULAR

1 CORONARY ARTERY DISEASE WITH ANGIOPLASTY

1 VALVULAR HEART DISEASE WITH HEART VALVE REPLACEMENT

3 HYPERTENSION

1 MITRAL VALVE PROLAPSE

1 MYOCARDIAL INFARCTION

- DERMATOLOGICAL

1 CHRONIC DERMATITIS

1 HERPES SIMPLEX

1 ONYCHOMYCOSIS

1 PSORIASIS

1 ACTINIC KERATOSES

1 FOLLICULOMA

**INDIVIDUAL DIAGNOSES
NMCB 24 DETACHMENTS - 2**

- EENT

1 CHRONIC HOARSENESS

1 HEARING LOSS

1 PERFORATION OF EARDRUM

1 RHINITIS

6 SINUS INFECTION (1 WITH SINUS SURGERY)

1 THRUSH

- ENDOCRINE

1 DIABETES (NON-INSULIN DEPENDENT)

2 HYPERTHYROIDISM

INDIVIDUAL DIAGNOSES NMCB 24 DETACHMENTS - 3

-GASTROINTESTINAL

- 1 APPENDICITIS**
 - 1 CHOLELITHIASIS**
 - 3 COLONIC POLYP**
 - 1 CHRONIC DIARRHEA**
 - 1 DIVERTICULITIS**
 - 1 DIVERTICULOSIS**
 - 1 DUODENITIS**
 - 1 DYSPEPSIA**
 - 1 ESOPHAGEAL CANDIDIASIS**
 - 1 PEPTIC ULCER DISEASE**
 - 1 GASTRIC ULCERS**
 - 1 GASTROENTERITIS**
 - 3 GASTROESOPHAGEAL REFLUX (1 WITH NISSAN FUNDOPLASTY)**
 - 1 HEMORRHOIDS**
 - 1 HEPATITIS A**
 - 1 IRRITABLE BOWEL SYNDROME**
-

**INDIVIDUAL DIAGNOSES
NMCB 24 DETACHMENTS - 4**

- GENITOURINARY

- 1 FOCAL GLOMERULOSCLEROSIS
- 2 KIDNEY STONE
- 1 MICROHEMATURIA
- 3 PROSTATE INFECTION
- 1 EPIDIDYMITIS

- MUSCULOSKELETAL

- 1 TRAUMATIC AMPUTATION OF TWO FINGERS
 - 1 ANKLE SYNOVITIS
 - 2 ARTHRITIS (1 WITH LEFT ANKLE SURGERY)
 - 5 BACK PAIN/INJURY
 - 1 COCCYDYNIA
 - 3 KNEE INJURY
 - 1 MUSCLE STRAIN OF THIGH
 - 1 POLYMYOSITIS (BIOPSY DIAGNOSIS)
 - 1 SHOULDER INJURY
 - 2 TENDONITIS
-

INDIVIDUAL DIAGNOSES NMCB 24 DETACHMENTS - 5

- PSYCHIATRIC

- 2 ACUTE ADJUSTMENT REACTIONS**
- 3 ADJUSTMENT DISORDERS**
- 4 DEPRESSIVE DISORDERS**
- 1 DYSTHYMIA**
- 3 POST-TRAUMATIC STRESS DISORDER**
- 1 SLEEP DISTURBANCE**

- PULMONARY

- 1 ASTHMA**
- 4 BRONCHITIS**
- 1 PNEUMONIA**

- OTHER

- 1 ANEMIA**
 - 1 CHRONIC FATIGUE SYNDROME**
 - 1 HYPERLIPIDEMIA**
 - 1 RECEDING GUMS**
-

**INDIVIDUAL DIAGNOSES
NMCB 24 DETACHMENTS - 6**

- PERSIAN GULF SYNDROME

3 DIAGNOSES MADE ON THE BASIS OF UNKNOWN CRITERIA

- DEATHS*

1 MOTOR VEHICLE ACCIDENT (VEHICLE BROADSIDED AT INTERSECTION)

1 SUDDEN DEATH IN RETIREE

*** NOT INCLUDED IN SURVEY**

**TEN MOST COMMON SYMPTOMS
NMCB 24 DETACHMENT 1324
(N=62 RESERVISTS)**

SYMPTOM	NO.	%	CHANGE IN PAST YEAR (%)			
			WORSE	SAME	BETTER	GONE
1. FATIGUE	47	75.8	42.6	42.6	6.4	8.5
2. JOINT/MUSCLE PAINS	46	74.2	43.5	39.1	6.5	10.9
3. IRRITABILITY	43	69.4	23.3	46.5	14.0	16.3
4. HEADACHE	41	66.1	31.7	4.9	56.1	7.3
5. RASH	40	65.6	22.5	37.5	40.0	10.0
6. CONFUSION	38	61.3	42.1	52.6	0.0	5.3
7. INSOMNIA	38	61.3	21.1	42.1	23.7	13.2
8. DEPRESSION	37	59.7	18.9	40.5	24.3	16.2
9. DIARRHEA	35	56.5	11.4	31.4	34.3	22.9
10. LOSS OF INTEREST	34	54.8	32.4	52.9	5.9	8.8

**SECOND TEN MOST COMMON SYMPTOMS
NMCB 24 DETACHMENT 1324
(N=62 RESERVISTS)**

SYMPTOM	NO.	%	CHANGE IN PAST YEAR (%)			
			WORSE	SAME	BETTER	GONE
11. WEAKNESS	33	54.1	33.3	48.5	6.1	12.1
12. ANXIETY	29	46.8	13.8	62.1	13.8	10.3
13. MARITAL STRESS	29	46.8	6.9	51.7	20.7	20.7
14. SORE THROAT	24	39.3	8.7	39.1	26.1	26.1
15. LOSS OF APPETITE	14	22.6	7.1	50.0	28.6	14.3
16. SUICIDAL THOUGHTS	6	9.8	0.0	16.7	33.3	50.0
17. SHORTNESS OF BREATH*	4	6.5	-	-	-	-
18. BLEEDING GUMS*	2	3.2	-	-	-	-
19. HEARTBURN*	2	3.2	-	-	-	-
20. CHEST PAIN*	2	3.2	-	-	-	-

*CHANGE IN PAST YEAR NOT KNOWN

**TEN MOST COMMON SYMPTOMS
NMCB 24 DETACHMENT 1624
(N=40 RESERVISTS)**

SYMPTOM	NO.	%	CHANGE IN PAST YEAR (%)			
			WORSE	SAME	BETTER	GONE
1. FATIGUE	33	82.5	33.3	54.5	12.1	0.0
2. JOINT/MUSCLE PAINS	29	72.5	34.5	48.3	10.3	6.9
3. CONFUSION	28	70.0	28.6	57.1	14.3	0.0
4. HEADACHE	28	70.0	32.1	50.0	17.9	0.0
5. INSOMNIA	23	57.5	30.4	43.5	8.7	17.4
6. WEAKNESS	23	57.5	39.1	47.8	8.7	4.3
7. IRRITABILITY	22	55.0	18.2	54.5	18.2	9.1
8. DIARRHEA	21	52.5	0.0	61.9	14.3	23.8
9. LOSS OF INTEREST	17	42.5	41.2	52.9	5.9	0.0
10. RASH	17	42.5	0.0	58.8	11.8	29.4

**SECOND TEN MOST COMMON SYMPTOMS
NMCB 24 DETACHMENT 1624
(N=40 RESERVISTS)**

SYMPTOM	NO.	%	CHANGE IN PAST YEAR (%)			
			WORSE	SAME	BETTER	GONE
11. SORE THROAT	16	40.0	25.0	56.3	12.5	6.3
12. DEPRESSION	15	37.5	13.3	40.0	26.7	20.0
13. SHORTNESS OF BREATH	15	37.5	53.3	40.0	6.7	0.0
14. SWOLLEN GLANDS	15	37.5	33.3	53.3	0.0	13.3
15. ANXIETY	13	32.5	23.1	30.8	30.8	15.4
16. MARITAL STRESS	13	32.5	30.8	30.8	15.4	23.3
17. NIGHT SWEATS	10	25.0	30.0	50.0	20.0	0.0
18. CHEST PAIN	9	22.5	11.1	77.8	11.1	0.0
19. LOSS OF APPETITE	9	22.5	11.1	44.4	11.1	33.3
20. HAIR LOSS	8	20.0	37.5	62.5	0.0	0.0

**TEN MOST COMMON SYMPTOMS
NMCB 24 DETACHMENT 1124
(N=23 RESERVISTS)**

SYMPTOM	NO.	%	CHANGE IN PAST YEAR (%)			
			WORSE	SAME	BETTER	GONE
1. FATIGUE	18	78.3	16.7	61.1	22.2	0.0
2. JOINT/MUSCLE PAINS	17	73.9	29.4	41.2	29.9	0.0
3. CONFUSION	15	65.2	26.7	46.7	26.7	0.0
4. IRRITABILITY	13	56.5	23.1	46.2	30.8	0.0
5. RASH	13	56.5	15.4	53.8	15.4	15.4
6. WEAKNESS	12	52.2	25.0	66.7	8.3	0.0
7. HEADACHE*	11	47.8	10.0	70.0	10.0	10.0
8. DIARRHEA	10	43.5	0.0	70.0	20.0	10.0
9. INSOMNIA	8	34.8	25.0	62.5	12.5	0.0
10. LOSS OF INTEREST	8	34.8	25.0	50.0	25.0	0.0

*CHANGE IN PAST YEAR - 1 UNKNOWN

**SECOND TEN MOST COMMON SYMPTOMS
NMCB 24 DETACHMENT 1124
(N=23 RESERVISTS)**

SYMPTOM	NO. %		CHANGE IN PAST YEAR (%)			
			WORSE	SAME	BETTER	GONE
11. SHORTNESS OF BREATH	8	34.8	25.0	62.5	12.5	0.0
12. COUGH	7	30.4	0.0	85.7	0.0	14.3
13. ANXIETY	6	26.1	33.3	50.0	16.7	0.0
14. HAIR LOSS	6	26.1	50.0	50.0	0.0	0.0
15. SORE THROAT	6	26.1	0.0	66.7	0.0	33.3
16. DEPRESSION	5	21.7	40.0	20.0	40.0	0.0
17. MARITAL STRESS	5	21.7	20.0	20.0	60.0	0.0
18. NIGHTMARES	4	17.4	25.0	75.0	0.0	0.0
19. NIGHT SWEATS	3	13.0	0.0	100.0	0.0	0.0
20. WEIGHT GAIN	3	13.0	0.0	100.0	0.0	0.0

**TEN MOST COMMON SYMPTOMS
NMCB 24 DETACHMENT 0624
(N=29 RESERVISTS)**

SYMPTOM	NO.	%	CHANGE IN PAST YEAR (%)				
			WORSE	SAME	BETTER	GONE	
1. JOINT/MUSCLE PAINS	16	55.2	37.5		43.8	12.5	6.3
2. FATIGUE	14	48.3	28.6	35.7	35.7	0.0	
3. IRRITABILITY	12	41.4	33.3	41.7	25.0	0.0	
4. RASH	12	41.4	33.3	33.3	8.3	25.0	
5. HEADACHE	10	34.5	40.0	10.0	50.0	0.0	
6. SHORTNESS OF BREATH*	10	34.5	0.0	88.9	0.0	11.1	
7. WEAKNESS	10	34.5	40.0	40.0	20.0	0.0	
8. CONFUSION	9	31.0	22.2	44.4	22.2	11.1	
9. INSOMNIA	9	31.0	44.4	44.4	0.0	11.1	
10. SORE THROAT	9	31.0	11.1	44.4	22.2	22.0	

*CHANGE IN PAST YEAR - 1 UNKNOWN

**SECOND TEN MOST COMMON SYMPTOMS
NMCB 24 DETACHMENT 0624
(N=29 RESERVISTS)**

SYMPTOM	NO. %		CHANGE IN PAST YEAR (%)			
			WORSE	SAME	BETTER	GONE
11. CHEST PAIN	7	24.1	14.3	57.1	14.3	14.3
12. ANXIETY	6	20.7	33.3	50.0	16.7	0.0
13. COUGH	6	20.7	33.3	50.0	16.7	0.0
14. DEPRESSION	6	20.7	66.7	33.3	0.0	0.0
15. DIARRHEA	6	20.7	16.7	16.7	33.3	33.3
16. LOSS OF INTEREST	5	17.2	40.0	40.0	20.0	0.0
17. HAIR LOSS	4	13.8	25.0	50.0	25.0	0.0
18. MARITAL STRESS	3	10.3	0.0	33.3	33.3	33.3
19. WEIGHT GAIN	3	10.3	66.7	33.3	0.0	0.0
20. LOSS OF APPETITE	2	6.9	50.0	50.0	0.0	0.0