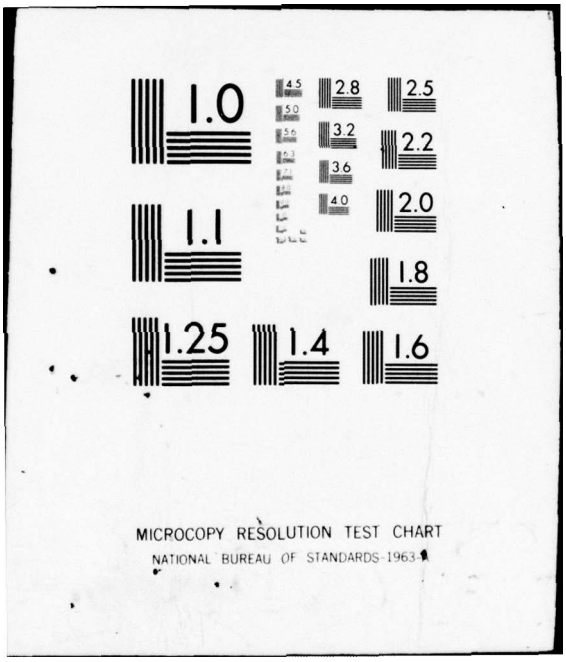
AD-A041 847 ARMY ENVIRONMENTAL HYGIENE AGENCY ABERDEEN PROVING GR--ETC F/G 6/10
ARMY OCCUPATIONAL HEALTH PROGRAM, 1976.(U)
1976 P L WHEELER

UNCLASSIFIED NL

1 OF 1
ADA041 847

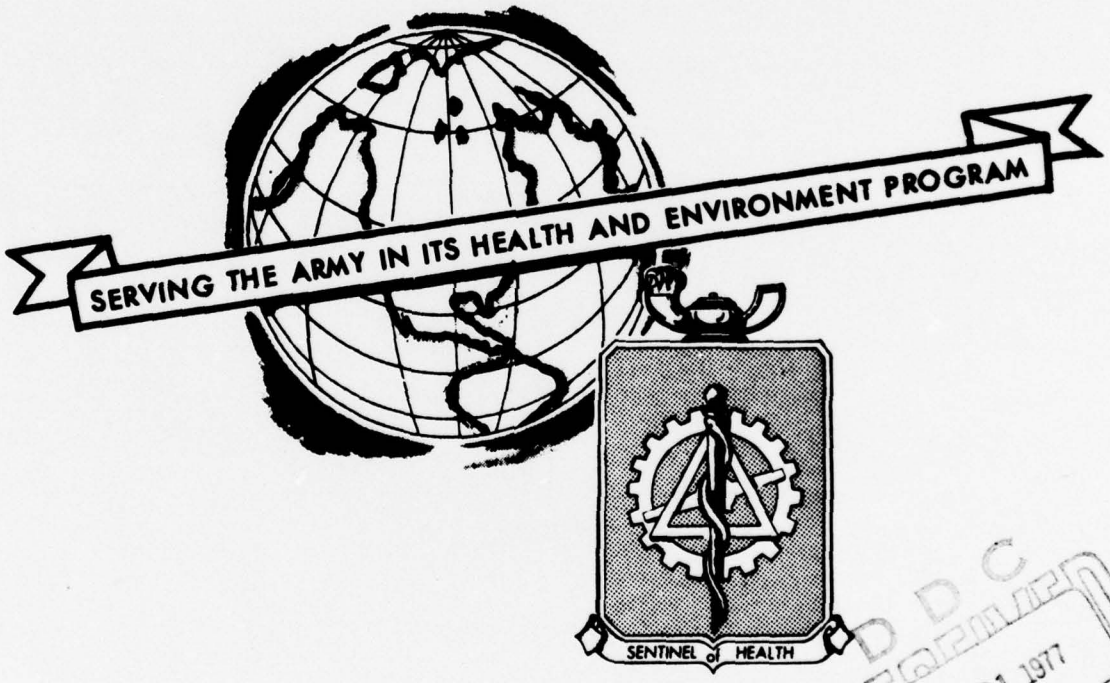
END
DATE FILMED
8-77


1.0
4.5
5.0
5.6
6.3
2.8
3.2
3.6
4.0
2.5
2.2
2.0
1.8
1.1
1.25
1.4
1.6
MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

ARMY OCCUPATIONAL HEALTH PROGRAM
1976

13

Approved for public release; distribution unlimited



US ARMY
ENVIRONMENTAL HYGIENE AGENCY
ABERDEEN PROVING GROUND, MD 21010

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE *(When Data Entered)*

REPORT DOCUMENTATION PAGE

READ INSTRUCTIONS BEFORE COMPLETING FORM

1. REPORT NUMBER: none

2. GOVT ACCESSION NO.

3. RECIPIENT'S CATALOG NUMBER

4. TITLE *(and Subtitle)*: (6) Army Occupational Health Program, 1976.

5. TYPE OF REPORT & PERIOD COVERED: Occ Health Data Summary CY 1976

6. PERFORMING ORG. REPORT NUMBER

7. AUTHOR(s): MAJ Peggy L. Wheeler (10)

8. CONTRACT OR GRANT NUMBER(s): (9) Summary rept.,

9. PERFORMING ORGANIZATION NAME AND ADDRESS: US Army Environmental Hygiene Agency, Aberdeen Proving Ground, MD 21010

10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS: (11) 1976

11. CONTROLLING OFFICE NAME AND ADDRESS: HQDA (DASG-HCH), WASH DC 20310

12. REPORT DATE: (12) 22 p.

13. NUMBER OF PAGES: 20

14. MONITORING AGENCY NAME & ADDRESS *(if different from Controlling Office)*

15. SECURITY CLASS. *(of this report)*: UNCLASSIFIED

15a. DECLASSIFICATION/DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT *(of this Report)*

Approved for public release; distribution unlimited.

17. DISTRIBUTION STATEMENT *(of the abstract entered in Block 20, if different from Report)*

18. SUPPLEMENTARY NOTES

19. KEY WORDS *(Continue on reverse side if necessary and identify by block number)*

OCC HLTH PROG EVAL
OCC HLTH SER PER
OCC ILL & INJ

20. ABSTRACT *(Continue on reverse side if necessary and identify by block number)*

This report satisfies, in part, Department of the Army requirements under Section 19 of the Occupational Safety and Health Act of 1970 (Public Law 91-596) and under Section 2 of Executive Order 11807 (Occupational Safety and Health Program for Federal Employees) dated 28 September 1974. Succinctly stated, these requirements are to "make an annual report...with respect to occupational accidents and injuries and the agency's program...".

This summary provides the best available assessment of the Army Occupational

DD FORM 1 JAN 73 1473 EDITION OF 1 NOV 65 IS OBSOLETE

038 150

SECURITY CLASSIFICATION OF THIS PAGE *(When Data Entered)*

20. (cont)

Health Program. It can be used by major commanders to assess the status of the Occupational Health Program within their commands and to identify areas that need improvement. Also, the entire report or its pertinent portions can be used by the major commanders as a labor management tool to inform command personnel of the occupational health services provided them during Calendar Year 1976.

DEPARTMENT OF THE ARMY
U. S. ARMY ENVIRONMENTAL HYGIENE AGENCY
ABERDEEN PROVING GROUND, MARYLAND 21010

1 JUL 1977

HSE-OO/WP

ARMY OCCUPATIONAL HEALTH PROGRAM
1976

This report satisfies, in part, Department of the Army requirements under Section 19 of the Occupational Safety and Health Act of 1970 (Public Law 91-596) and under Section 2 of Executive Order 11807 (Occupational Safety and Health Program for Federal Employees) dated 28 September 1974. Succinctly stated, these requirements are to "make an annual report ... with respect to occupational accidents and injuries and the agency's program ...".

This summary provides the best available assessment of the Army Occupational Health Program. It can be used by major commanders to assess the status of the Occupational Health Program within their commands and to identify areas that need improvement. Also, the entire report or its pertinent portions can be used by the major commanders as a labor management tool to inform command personnel of the occupational health services provided them during Calendar Year 1976.

James A Hathaway

JAMES A. HATHAWAY, M.D.
LTC, MC
Director, Occupational and
Environmental Health

Army Occupational Health Program, 1976

1. INTRODUCTION. In December 1970, the 91st Congress passed Public Law 91-596 known as the Occupational Safety and Health Act whose objective is "to assure so far as possible every working man and woman in the Nation safe and healthful working conditions." Section 19 of the Act states "it shall be the responsibility of the head of each Federal agency to establish and maintain an effective and comprehensive occupational safety and health program." On 28 September 1974, President Ford issued Executive Order 11807 titled "Occupational Safety and Health Programs for Federal Employees." One of the many specific requirements of Executive Order 11807 is an annual evaluation of the Occupational Safety and Health Program of every Federal department and agency. Army Regulation 40-5, Health and Environment, 25 September 1974, requires submission of an annual occupational health report [Reports Control Symbol Med-20(R2) (DA Form 3076)]. This report provides a good tool for internal evaluation of the program. In 1973, this Agency was tasked to review the data reported in these annual occupational health reports. To satisfy legal requirements and to have maximum benefits and utilization of the data reported in Med-20, a cumulative summary report was prepared. This edition, the fourth annual one, provides not only the best available assessment of the Army Occupational Health Program but also a general evaluation of trends of all program aspects. In addition, problem program areas are identified and a labor-management tool is provided.

2. SOURCE OF INFORMATION.

a. The installation Army Occupational Health Reports for calendar year 1976 were used to compile this report. These summaries were prepared from 92 of 95 expected reporting units (installations) for a reporting rate of 96.8 (Table 1). The remaining reports were received by US Army Health Services Command (HSC) too late for inclusion. However, these represent a fairly small population served, so that their exclusion does not markedly affect the final report. Reports include continental United States, Alaska, Hawaii, the Canal Zone, and US Army Japan.

b. Some installations with large military populations reported little information on occupational health services for military personnel. Five USA Training and Doctrine Command (TRADOC) and USA Forces Command (FORSCOM) installations with a combined population of 94,383 military personnel reported very little information. In most cases, many services were indeed provided, but no mechanism to gather information apparently existed.

c. Some installations reported estimates since true figures were apparently not available.

d. Not all installations provided figures for all categories of the health report.

TABLE 1. OCCUPATIONAL HEALTH REPORTING, UNITED STATES ARMY, 1976

Command	Expected Reports	Reports Received	Percent Reporting
USA Development and Readiness Command (DARCOM)*	37	35	94.6
FORSCOM	24	24	100
TRADOC	20	20	100
HSC	4	4	100
Other†	10	9	90
Totals	95	92	96.8

* Does not include Government-owned, contractor-operated activities.
† Includes: Military Traffic Management and Terminal Service, USA Military District of Washington, Deputy Chief of Staff for Personnel, USA Communications Command, USA Security Agency, and US Army, Japan.

e. The population of reporting installations is shown in Table 2.

3. PROGRAM STAFFING.

a. Program staffing is depicted in Table 3.

b. Despite a loss of 10 civilian physicians, there was a decrease of nearly 5,000 in the population/physician ratio. A concomitant decrease of 600 population/nurse ratio was noted. There was little change in other staffing provided for occupational health.

c. The quantity of personnel employed to perform occupational health services is considerably less than that recommended in DA Pamphlet 550-557, Staffing Guide for US Army Medical Department Activities, 26 June 1974 (Table 557-183, Occupational Health). Limited manpower resources throughout the Army have undoubtedly contributed to the inadequate staffing for the occupational health program.

4. PROGRAM ELEMENTS.

a. Examinations. Physical examinations are shown in Table 4. Increases were noted in all categories of physical examinations. The greatest increase is in periodic military physical examinations and probably represents improved reporting.

TABLE 2. POPULATION OF INSTALLATIONS SUBMITTING OCCUPATIONAL HEALTH REPORTS, UNITED STATES ARMY, 1976

Command	Civ Males	Civ Females	Total Civ	Mil Males	Mil Females	Total Mil	Total Females	Total Males	Total Persons
DARCOM	79,095	26,898	105,993	16,501	881	17,382	27,779	95,596	123,375
FORSCOM	38,625	19,816	58,441	263,466	14,653	278,119	34,469	302,091	336,560
TRADOC	36,066	23,702	59,768	181,320	11,472	192,792	35,174	217,386	252,560
HSC	5,573	4,708	10,281	4,819	763	5,582	5,471	10,392	15,863
Other	63,828	4,672	68,500	27,080	598	27,678	5,270	90,908	96,178
Totals	223,187*	79,796	302,983	493,186*	28,367	521,553	108,163	716,373*	824,536

* Not all installations reported civilian employees and military personnel by sex. Those not reported by sex were counted as males.

TABLE 3. STAFFING OF OCCUPATIONAL HEALTH PROGRAMS, UNITED STATES ARMY, 1976

Command	Full-time Civ	Full-time Mil	Part-time Civ	Part-time Mil	Total Professional Man-years	Total Population Staff Ratio
			Physician			
DARCOM	23	22	5	5	47.5	2,597
FORSCOM	2	3	1	20	10.25	32,835
TRADOC	4	5	1	10	11.75	21,494
HSC	0	0	3	3	1.5	10,575
Other	3	3	14	2	10	9,617
Totals	32	33	24	40	81	10,178*
			Nurses			
DARCOM	82	4	7	4	88.75	1,390
FORSCOM	18	0	4	9	21.25	15,838
TRADOC	13	0	0	6	14.5	17,418
HSC	4	0	1	2	4.75	3,340
Other	38	1	4	2	40.5	2,375
Totals	155	5	16	23	169.75	4,857*
			Tech/Clerks			
DARCOM	124	28	17	22	140.75	877
FORSCOM	16	16	13	38	32.75	10,277
TRADOC	13	16	5	14	21.75	11,612
HSC	1	0	7	7	4.5	3,525
Other	10	16	5	22	20.75	4,635
Totals	164	76	47	103	220.5	3,739*

* Overall Army total population/staff ratio calculated using population data from Table 2.

b. Occupational Vision. A summary of the occupational vision program is shown in Table 5.

(1) Considerable increases were noted in the numbers of military personnel employed in eye-hazardous areas and receiving vision screening in 1976 as compared to 1975. This is probably primarily attributable to improved reporting.

(2) The effective rate of the vision screening program still remains at approximately 0.5. However, great variations were noted in different Commands, ranging from a low of 0.13 for FORSCOM to a high of 1.54 for TRADOC for military personnel.

(3) The number of nonprescription safety glasses issued appears low. In most situations, these glasses are issued by nonmedical personnel and true figures are difficult to obtain.

c. Hearing Conservation. The hearing conservation program is depicted in Table 6.

(1) An increased number of preemployment audiograms were reported in 1976. The number of military preemployment audiograms remains low. However, the majority of these are performed at Armed Forces Examining and Entrance Stations and data are not available.

(2) Significant increases were noted in the numbers of periodic audiograms and in the numbers of hearing protective devices dispensed.

(3) The number of progressive hearing loss cases increased from 7,547 in 1975 to 13,431 in 1976. Continued emphasis on the hearing conservation program with the increased numbers of periodic audiograms has apparently resulted in more case-finding and more reporting. As the program becomes better established over the next few years, this total should begin to decrease.

d. Radiation Protection. The radiation protection program is reflected in Table 7.

(1) There were more bioassays reported in 1975 than in 1976.

(2) There was a significant increase in overexposures in 1976 as compared to 1975. Reasons for this are not known.

TABLE 4. PHYSICAL EXAMINATIONS REPORTED, UNITED STATES ARMY, 1976

Command	CIVILIAN Placement No. Reported	CIVILIAN Periodic No. Reported	CIVILIAN Periodic Percent* Examined	CIVILIAN Voluntary No. Reported	CIVILIAN Voluntary Percent* Examined	MILITARY Periodic No. Reported	MILITARY Periodic Percent* Examined
DARCOM	13,693	30,990	29.2	15,051	14.2	5,673	32.6
FORSCOM	6,198	23,179	39.7	3,994	6.8	66,706	24.0
TRADOC	5,760	25,055	41.9	4,494	7.5	54,086	28.1
HSC	730	880	8.6	752	7.3	421	7.5
Other	2,722	3,911	5.7	655	0.9	3,110	11.2
Totals	29,013	84,015	27.7†	24,946	8.2	129,996	24.9†

* Percent calculated using population data from Table 2.
† Overall Army percentages.

TABLE 5. OCCUPATIONAL VISION PROGRAM, UNITED STATES ARMY, 1976

Command	No. in EHA* Civ	No. in EHA* Mil	No. Screened Civ	No. Screened Mil	% Screened† Civ	% Screened† Mil	Effective Rate‡ Civ	Effective Rate‡ Mil	Prescription Safety Glasses Dispensed Civ	Prescription Safety Glasses Dispensed Mil	Nonprescription Safety Glasses Dispensed Civ	Nonprescription Safety Glasses Dispensed Mil
DARCOM	33,927	889	37,595	7,269	35.5	41.8	0.54	0.80	11,320	270	7,897	332
FORSCOM	10,834	61,687	20,136	22,488	34.5	8	0.85	0.13	2,615	4,044	1,270	64
TRADOC	7,085	5,390	17,585	152,819	29.4	79.2	0.53	1.54	2,634	297	536	56
HSC	1,481	622	3,489	793	33.9	14.2	0.59	0.26	605	175	207	88
Other	1,656	528	7,356	2,573	10.7	9.2	0.21	0.18	599	56	220	3
Totals	54,983	69,116	86,161	185,942	28.4	35.6	0.48	0.62	17,773	4,842	10,020	543

* EHA - Eye-hazardous areas.
† Percent of employees provided vision screening examinations as compared to population served using data from Table 2.
‡ Equals proportion of examinations that were accomplished to those that should have been accomplished under USAEHA guidelines.

TABLE 6. HEARING CONSERVATION PROGRAM, UNITED STATES ARMY, 1976

Command	Preemployment Audiograms		No. in NHA*		Periodic Audiograms		Hearing Protective Devices Dispensed		Progressive Hearing Loss Cases	
	Civ	Mil	Civ	Mil	Civ	Mil	Civ	Mil	Civ	Mil
DARCOM	7,882	118	20,186	366	29,672	3,292	14,730	2,078	348	22
FORSCOM	5,098	4,796	10,631	114,557	12,269	72,101	22,271	83,731	1,027	2,862
TRADOC	21,121	10,196	8,231	36,324	11,567	39,113	14,915	259,640	488	1,324
HSC	166	0	1,214	411	741	522	991	2	37	0
Other	1,584	334	2,029	594	5,561	2,570	1,641	777	2,797	4,526
Totals	35,851	15,444	42,291	152,252	59,810	117,598	54,548	346,228	4,697	8,734

* NHA - Noise-hazardous areas.

TABLE 7. RADIATION PROTECTION PROGRAM, UNITED STATES ARMY, 1976

Command	Film Badge Program		Bioassays		Overexposures	
	Civ	Mil	Civ	Mil	Civ	Mil
DARCOM	3,584	660	426	5	5	3
FORSCOM	1,504	3,909	0	4	1	7
TRADOC	871	2,333	37	12	1	2
HSC	840	1,079	98	44	0	5
Other	271	152	1	0	0	0
Totals	7,070	8,133	562	65	7	17

e. Immunization Program. The numbers of immunizations given are shown in Table 8.

TABLE 8. IMMUNIZATIONS GIVEN IN OCCUPATIONAL HEALTH PROGRAMS, REPORTED BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	Tetanus	Smallpox	Typhoid	Other	Total
DARCOM	6,346	2,490	3,668	45,380	57,884
FORSCOM	9,810	5,149	7,804	38,879	61,642
TRADOC	113,223	103,499	113,126	47,469	377,317
HSC	436	301	116	3,888	4,741
Other	2,797	4,526	4,898	67,452	79,673
Totals	132,612	115,965	129,612	203,068	581,257

Numbers of all immunizations increased in 1976 as compared to 1975.

f. Pregnancy Surveillance. The number of new pregnancies reported are shown in Table 9.

It would appear that there is underreporting and that little attention is being paid to the pregnancy surveillance program. With the increased numbers of pregnant women (especially military) in the Army work force and the increased varieties of occupational hazards to which women may now be exposed, this program deserves more attention than it currently receives.

TABLE 9. PREGNANCY SURVEILLANCE PROGRAM, REPORTED BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	New Pregnancies
DARCOM	394
FORSCOM	230
TRADOC	636
HSC	25
Other	606
Totals	1,891

g. Occupational Illness. Occupational illnesses reported are depicted in Table 10.

TABLE 10. OCCUPATIONAL ILLNESS CASES REPORTED BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	Cases of Illness
DARCOM	1,556
FORSCOM	1,741
TRADOC	257
HSC	62
Other	235
Totals	3,851

(1) The total number of occupational illnesses reported increased 85 percent from 1975. This increase is probably due to improved reporting.

(2) The numbers of occupational illnesses reported may be lower than the true incidence since many installations have not yet developed mechanisms to report job-related military illnesses.

h. Occupational Injury. Occupational injuries are reported in Table 11.

TABLE 11. OCCUPATIONAL INJURIES REPORTED BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	Injuries
DARCOM	17,840
FORSCOM	9,032
TRADOC	12,717
HSC	1,288
Other	5,805
Totals	46,682

The numbers of occupational injuries reported are probably less than the number actually incurred since many installations have not yet developed mechanisms to report military occupational injuries.

i. Illnesses and Injuries Reported In Narrative Form.

(1) Seventeen installations reported, in narrative form, a breakdown of the types of occupational illnesses and injuries. Of the total numbers of illness and injury, 6.6 percent of the illnesses and 10.6 percent of the injuries were broken down in the narratives.

(2) AR 385-40 requires coding and reporting of occupational illnesses and injuries according to OSHA definitions. An attempt was made to code the injuries and illnesses reported in these narratives by these definitions.

(3) Reporting of occupational illnesses and injuries to Safety Personnel requires that data be provided in such fashion that it can be easily coded. Occupational Safety and Health Administration definitions are different from those commonly used by medical personnel. Unless medical personnel are familiar with the requirements of AR 385-40, Accident Reporting and Records, 15 August 1973, inaccuracies in coding will occur.

(4) The following table (Table 12) was compiled from the narrative reports. It is apparent that coding may be inaccurate. As an example, "back" and "limb" injuries have been reported as Code 10: All Occupational Injuries. Some of these may very well actually be Code 26: Disorders Due to Repeated Trauma. In addition, injuries requiring first aid only do not have to be reported. It is unknown whether some of these were first aid only cases.

TABLE 12. OCCUPATIONAL ILLNESSES AND INJURIES REPORTED BY OSHA CODES FROM NARRATIVE REPORTS SUBMITTED BY 17 US ARMY INSTALLATIONS, 1976

Code 10: All Occupational Injuries - Total	**4926**
Abrasions/lacerations/contusions/avulsions/bruises	2308
Sprains/strains	728
Back	453
Limb	428
Eye	321
Puncture Wounds	184
Burns	164
Fractures	102
Insect Bites/Stings	98
Foreign Bodies	44
Head Injuries	33
Trunk Injuries	15
Hernia	13
Electrical Injuries	9
Animal Bites	6
Dislocations	6
Joint Injuries	6
Amputations	4
Tooth Injuries	2
Traumatic Pleurisy	2
Occupational Illnesses	253
Code 21: Occupational Skin Diseases or Disorders - Total	**176**
Includes: Dermatitis	117
Conjunctivitis	34
Chemical Irritations	12
Chemical Burns	8
Allergies	4
Chemical Burns-Eye	1
Code 22: Dust Diseases of the Lungs (Pneumoconioses) - Total	**0**
Code 23: Respiratory Conditions Due to Toxic Agents - Total	**20**
Includes: Inhalation Fumes/Dust	12
Smoke Inhalation	8

TABLE 12. OCCUPATIONAL ILLNESSES AND INJURIES REPORTED BY OSHA CODES FROM NARRATIVE REPORTS SUBMITTED BY 17 US ARMY INSTALLATIONS, 1976 (Continued)

Code 24: Poisoning (Systemic Effects of Toxic Materials) - Total		10
Includes:	Chemical Inhalation	5
	Headache	3
	Toxic Effects Petroleum/Gasoline	1
	CO Inhalation	1
Code 25: Disorders Due to Physical Agents - Total		16
Includes:	Flashburn (eyes)	11
	Wind Exposure	2
	Cold Injury	1
	Motion Sickness	1
	Flashburn (skin)	1
Code 26: Disorders Due to Repeated Trauma* - Total		15
Includes:	Mechanical Irritation	6
	Bursitis	5
	Synovitis	2
	Tendonitis	1
	Lumbago	1
Code 29: All Other Occupational Illnesses - Total		16
Includes:	Anxiety	5
	Stress	5
	Hepatitis	3
	Fungus	1
	Phlebitis	1
	Histoplasmosis	1

* Although no hearing losses were reported in the narratives, the 13,431 hearing losses reported in the statistical summaries should be reported under Code 26.

j. Treatment of Nonoccupational Conditions. Treatment of nonoccupational conditions is shown in Table 13.

TABLE 13. TREATMENT OF NONOCCUPATIONAL CONDITIONS BY MAJOR COMMANDS, DEPARTMENT OF THE ARMY CIVILIAN EMPLOYEES, 1976

Command	Numbers of Treatment
DARCOM	130,973
FORSCOM	40,499
TRADOC	8,809
HSC	4,902
Other	99,138
Totals	284,321

There was a decrease of over 100,000 visits since 1975. This change cannot be attributed to minor changes in staffing, but more probably reflects an increase of time spent in areas such as job-related medical surveillance, an activity of higher priority.

k. Screening Programs. Statistical analyses of disease screening programs are shown in Tables 14, 15, 16, 17, and 18.

TABLE 14. DIABETES SCREENING BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	Number Screened	Percent of Total Population Screened*	Referrals	Percent Referred
DARCOM	15,535	12.6	303	1.9
FORSCOM	19,594	5.8	88	0.4
TRADOC	24,873	9.8	70	0.3
HSC	1,080	6.8	0	0
Other	315	0.3	3	1.0
Totals	61,397	7.4	464	0.8

* Population data from Table 2.

TABLE 15. HEART DISEASE SCREENING REPORTED BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	Number Screened	Percent of Total Population Screened*	Referrals	Percent Referred
DARCOM	25,192	20.4	1,392	5.5
FORSCOM	12,931	3.8	965	7.5
TRADOC	50,459	20.0	654	1.3
HSC	5,228	33.0	174	3.3
Other	23,935	24.9	921	3.8
Totals	117,745	14.2	4,106	3.5

* Population data from Table 2.

TABLE 16. TUBERCULOSIS SCREENING REPORTED BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	Number Screened	Percent of Total Population Screened*	Referrals	Percent Referred
DARCOM	18,480	15.0	287	1.6
FORSCOM	43,893	13.0	654	1.5
TRADOC	48,286	19.0	985	2.0
HSC	5,908	37.2	225	3.8
Other	13,097	13.6	217	1.7
Totals	129,664	15.7	2,368	1.8

* Population data from Table 2.

TABLE 17. CANCER SCREENING REPORTED BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	Number Screened	Percent of Total Population Screened*	Referrals	Percent Referred
DARCOM	1,982	1.6	47	2.4
FORSCOM	12,622	3.8	651	5.2
TRADOC	3,920	1.6	57	1.5
HSC	64	0.4	0	0
Other	569	0.6	11	1.9
Totals	19,157	2.3	766	4.0

* Population data from Table 2.

TABLE 18. GLAUCOMA SCREENING REPORTED BY MAJOR COMMANDS, UNITED STATES ARMY, 1976

Command	Number Screened	Percent of Total Population Screened*	Referrals	Percent Referred
DARCOM	3,389	2.7	54	1.6
FORSCOM	3,687	1	9	0.2
TRADOC	4,249	1.7	10	0.2
HSC	112	0.7	0	0
Other	3,421	3.6	86	2.5
Totals	14,858	1.8	159	1.1

* Population data from Table 2.

In all disease screening programs, except cancer, the referral rate has decreased and is lower than anticipated. In some installations, no referrals were reported in spite of large numbers of individuals screened. It is probable that referrals were made, but data had not been kept. Such data are essential for evaluation of screening programs and for followup of indiyiduals referred. Either installations are not using such data in evaluation

of their own programs, or programs are poorly designed using either an inappropriate population (i.e., diabetic screening of large numbers of people under age 40) or inappropriate screening tools.

5. CONCLUSIONS.

a. While the Occupational Health Report has improved in some areas, obvious deficiencies still exist. Probably the most serious and obvious is the tendency not to include services provided to military personnel. It appears that on many installations which have civilian employees health clinics, the report is given to that clinic for completion and therefore military figures are not included. Local mechanisms must be developed to obtain required information.

b. While some trends may be noted from the Occupational Health Report, caution must be exercised in interpreting the data. The data, as stated previously, are in many cases incomplete, underreported and often estimated. It is apparent from surveys made by this Agency that many services are provided which are not reported.

c. Some installations should be commended on the quality of their reports. Not only were the requested data given, but additional narrative reports were submitted which provided information valuable in assessing the Army occupational health program (see the Appendix). These installations include Lexington-Blue Grass Army Depot, Ft Riley, White Sands Missile Range, Rock Island Arsenal, Tobyhanna Army Depot, Military Ocean Terminal - Sunny Point, and Ft Sheridan. Excellent narratives were also received from Letterman Army Medical Center, Aberdeen Proving Ground, and Alaska.

d. The new report form has not yet been finalized. Until it has been published, installations should continue to use the current DA Form 3076.

APPENDIX

SUMMARIES OF DETAILED NARRATIVES

1. Lexington-Blue Grass Army Depot provided detailed information on each case of occupational illness, including the circumstances causing the problem and the outcome. Health screening programs were also described in additional detail. For example, heart disease screening was provided to 420 employees and included electrocardiograms, cholesterol, triglyceride, and lipo-protein electrophoresis as well as blood pressure determination. As a result, 93 individuals were referred for additional workup.

2. Fort Riley provided detailed information on most program elements. An example was a vision screening program initiated in 1976. A total of 22,016 military personnel or civilian employees were screened and 3,825 were referred to their eye practitioner for possible improvement in their prescription eyewear.

3. Tobyhanna Army Depot provided an excellent breakdown on occupational illness experience. They reported 149 occupational illness cases including 80 cases of progressive hearing loss, 28 cases of dermatitis, 8 cases of inhalation of fumes or dust, and a variety of other problems. Eighteen cases of insect bites were also recorded. OSHA recently made an administrative decision to report insect bites as injuries rather than illnesses and this should be reflected on future reports.

4. Sunny Point Military Ocean Terminal provided a detailed breakdown of occupational injuries and illnesses which was used to compile data reported in Table 12. Similar reporting is encouraged by other installations to improve the overall value of this report. First-aid training was described in narrative and included multimedia first-aid course and separate cardio-pulmonary resuscitation classes. Descriptions of classes offered at other installations are solicited. Fort Riley and Fort Sheridan also provided more detailed information on first-aid training and health education regarding both job hazards and personal health maintenance.

5. Letterman Army Medical Center (LAMC) compared occupational illness reporting between health clinic reports (2 cases), claims filed with civilian personnel (8 cases), and reports from the LAMC safety officer (39 cases). The wide discrepancy points out the need to review all possible sources of information. Considerable confusion still exists on how OSHA categorizes illness. OSHA definitions should be reviewed by everyone filing DA 3076 reports.

6. Aberdeen Proving Ground provided supplemental information on their medical surveillance program including the number of examinations performed

on various types of workers. They performed 3054 examinations or evaluations for 46 different types of jobs or exposures.

7. White Sands Missile Range provided a report on occupational illnesses and injuries by international classification of diseases. In addition, information on industrial hygiene surveys was available.

8. Rock Island Arsenal submitted detailed epidemiological reports on each hearing loss and each occupational illness case.

9. Alaska provided data on epidemiologic investigations performed within the occupational health program. Such information is valuable in determining types of occupational health problems encountered at installation level.

10. Narrative descriptions of programs such as these provide an indication of the scope and quality of programs and are encouraged.