



NAVAL SAFETY COMMAND SAFETY AWARENESS DISPATCH



SA 25-24

Preexisting Medical Conditions



The naval service is composed of tough jobs that attract tough individuals. However, the pitfall for some of these individuals is not knowing when to stop toughing it out. There are Sailors and Marines who think admitting to an injury or medical condition makes you weak and good Sailors and Marines fight through pain. While there are certainly times to keep pushing yourself, when you have a legitimate medical condition isn't one of them. Oftentimes, when you ignore an injury, you make it worse.

- **Survival Training Troubles.** A Sailor swimming in a water survival training course was instructed to perform frog kicks across the pool. The Sailor was vigorously kicking when he felt his right knee pop and experienced significant pain. He notified the instructor who called a training time out. Afterward the Sailor stated the frog kicks aggravated a preexisting knee injury. Leaders reviewed the Sailor's pre-training questionnaire, though, and he hadn't noted any issues. — *It doesn't bode well for surviving survival training if you're causing further injury to yourself. This could be avoided if the training cadre knew about previous injuries. Be transparent on those pre-training screening forms.*
- **Recurring Knee Injury.** A civil service mariner was transiting a passageway on ship when he felt his knee suddenly buckle. The ship's medical officer was nearby and had the mariner transported to medical where he was diagnosed with a dislocated kneecap. The medical officer learned that this was a recurrent injury which had occurred multiple times since the mariner's childhood with the last recurrence 10 years prior. The officer determined the mariner's preexisting condition made him prone to kneecap dislocation. The investigation report noted that medical evaluations and prior physicals identified this condition, and the mariner should have been disqualified from this arduous job. The reports also stated the mariner never sought formal medical evaluation because previous instances were "self-resolving." — *If you don't take care of a problem it is bound to get worse. Bringing up this condition with his physician may have prevented this mariner from deploying, but he could have gotten help to potentially fix or minimize the problem.*
- **Helo-Dunker Ear.** A Marine who was scheduled to conduct helo-dunker training had ear problems during training. A month later, he received a medical up-chit to resume training and reported to the dunker the next day (*this rating was somewhat premature, as you will see*). On the first submersion, the Marine came out of the water complaining of ear pain. He was told to report to medical where he was diagnosed with a ruptured ear drum. The mishap report recommended "ensure all personnel stress the importance of ensuring students do not have an ear problem" (*Hindsight is 20/20*). — *While this Marine was technically deemed fit to train, this is arguably an instance where extra caution is warranted. Training like this is often a pre-deployment requirement, but if it keeps getting kicked down the road because of repeat injuries, deployment readiness can be delayed or even disqualified. Pressing to get it done before you're physically ready can cause you more problems than waiting a little extra time to ensure you're fully healed.*
- **OC Spray and Exertion.** A Sailor was identified as having sickle cell trait during routine screening at recruit training. He attended a 30-minute educational training on the condition and signed a form acknowledging that BUMEDINSTR 6110.14A (formerly 6150.35) states "Medical warning tags (*red dog tags*) must be used for any condition which, if the patient was unable to give history, would render normally indicated course of treatment dangerous or delay proper treatment." A year and a half later the Sailor was selected to train for the armed sentry security reaction force. During the screening processes he checked "No" on the screening form for having sickle cell trait and he did not wear the medical warning tags identifying him as positive for sickle cell trait. As a result, he was the only person aware of his condition. During the OC spray portion of training, the Sailor experienced exertional collapse associated with sickle cell trait (ECAST). When he collapsed the instructors had no way of knowing the collapse could have been caused by ECAST. The effects of OC spray and the physicality of the event result in healthy participants falling out in a very similar

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way, making ECAST difficult to diagnose. They attempted CPR and followed standard emergency action procedures, but the Sailor was declared dead upon reaching the hospital. —*Sadly, this is not an isolated incident. There have been other incidents of service members failing to disclose they were positive for sickle cell trait, who then suffered ECAST during rigorous training. Reporting preexisting medical conditions can help medical responders save your life. Be honest and open on the pre-screening forms.*



- **Arctic Crossing Gone Wrong.** A Sailor was participating in the “Blue Nose” ceremony for crossing the Arctic Circle, during which he was exposed to approximately 50-degree temperature water from the surrounding ocean. No one knew at the time, but he experienced a “cold shock” response, which caused a significant rise in heart rate, respiratory rate, blood pressure and workload on the heart, that ultimately led to a fatal arrhythmia (abnormal heart rhythm). After completing the final event, the Sailor entered the warming station. Five minutes later he collapsed against the bulkhead and went into cardiac arrest. The crew called away a medical emergency, administered CPR and applied an automated external defibrillator, but they were unable to resuscitate the Sailor.

The subsequent investigation identified preexisting conditions that increased the risk of the fatal arrhythmia this Sailor experienced. Shortly after joining the Navy, nearly 20 years earlier, the Sailor was diagnosed with severe high cholesterol. This condition was never adequately addressed during physical health assessments or by the Sailor. Additionally, he was identified to have risk factors for obstructive sleep apnea (OSA) more than 15 years before the incident and referred for a sleep study, but there was no record of the study being completed. He received another referral one year before the mishap and was prescribed use of a CPAP machine, which he reportedly used, but according to the investigation report, he likely experienced 15+ years of untreated OSA, which can cause additional strain on the heart. The investigation found no record of an overseas suitability screening for the Sailor, which may have identified these and other issues and potentially disqualified him for deployment. As a result, he deployed with significant, unaddressed preexisting conditions. —*At least two problems contributed to this incident. First, the Sailor’s failure to address his own medical conditions. You must advocate for your own wellbeing, which means taking medical advice seriously and bringing medical conditions up with your current unit’s medical team. The second issue is with the unit’s ineffective screening. Screenings are there for a reason and shouldn’t just be a check in the box. Operational environments are demanding, units must ensure personnel are mentally and physically able to meet these demands.*

Key Takeaways

Preexisting medical conditions aren’t something to be ignored. You might get by for a little while, but you’re likely to exacerbate an injury or condition—or worse. You’re not doing yourself or the naval service any favors by taking yourself out of the fight because you aggravate a preexisting condition. With that in mind, keep these thoughts in mind:

1. **Awareness of conditions starts with you.** Don’t keep your injuries or conditions to yourself. When you don’t bring up an issue, you deny your command the opportunity to provide the support you need. If you’re instructed to wear medical warning tags, do it.
2. **Take your preexisting conditions seriously.** Just because your condition hasn’t caused issues previously doesn’t mean it won’t cause problems later. When conducting PHAs or other health screenings make sure you answer honestly and accurately. This means reading the forms thoroughly and not withholding pertinent information.
3. **Leaders and Medical Teams: Be diligent with reviewing your people’s history.** Do right by your Sailors and Marines. PHAs and medical screenings shouldn’t just be a check in the box. Educate your Sailors and Marines on the importance of addressing preexisting conditions. This can help increase open communication and will save lives.

And remember, “Let’s be careful out there.”

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