



## DEPARTMENTS OF THE ARMY AND THE AIR FORCE

NATIONAL GUARD BUREAU  
WASHINGTON, D.C. 20310-2500



NGB-ARP-H

25 AUG 1992

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES, PUERTO RICO,  
THE VIRGIN ISLANDS, GUAM, AND THE DISTRICT OF  
COLUMBIA

SUBJECT: (All States Log Number #P92-0079 ) Memorandum of  
Instruction for Management of Operation Desert Shield/Storm  
Mystery Disorders.

1. Some soldiers are continuing to present with physical complaints that have not been diagnosed satisfactorily, and which may be related to exposure to unusual or unknown diseases or toxic conditions associated with a tour of duty in Southwest Asia (SWA). In an attempt to resolve and further define these conditions the Army Surgeon General and the Veterans Administration have agreed to accept these soldiers for further diagnostic evaluation without a Line of Duty Investigation. Results from the completed diagnostic evaluation can then be used in a Formal Line of Duty determination, if the disorder is determined to be related to SWA duty, and ongoing care or other benefits will be required.

2. Steps to be taken:

a. The MILPO and Health System Specialist Office will be the central POC for each state for arranging appointments and follow on care. Unit commanders will submit names of soldiers thought to be in this group, and any supporting medical documents that may have been accumulated to this point. Accurate record keeping and epidemiological information to be gathered requires this single POC for each state.

b. A memorandum will be prepared for each soldier in the format at Attachment 1. Forward the memorandum by mail to the Patient Administration Office of your servicing Army Medical Activity, including copies of any medical documents that are available for the soldier. Also, forward the memorandum only, by telefax, to NGB-ARP-H at (703) 756-4731/1225 (DSN prefix 289), Attn: COL Savage.

c. At the soldier's election, he may choose to go to the nearest Veterans Administration Hospital if more convenient in location. In this case the memorandum and medical records should be forwarded to that hospital. Send an information copy of the memorandum to the servicing MEDDAC and NGB-ARP-H.

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d. Since a LOD has not been completed or established at the time of the initial evaluations, travel pay, per diem, and incapacitation pay are not authorized, but if LOD is confirmed on submission of all documents IAW standard procedures, reimbursement can be authorized at a later date.

e. Reimbursement for civilian costs up to now are possible only with an approved formal LOD. Further civilian evaluations will not be authorized after the date of this memorandum.

f. The soldier must personally execute the release of information statement on the memorandum.

3. Only soldiers who performed duty in SWA are eligible for this program. It is important that the section on location of duty in SWA be as complete and accurate as possible in the memorandum authorizing examination.

4. POC: COL W. Savage, MC. Chief, Health Care/Physical Standards Branch. DSN 289-2799, Comm. 703 756-2799

FOR THE CHIEF, NATIONAL GUARD BUREAU:

*John R. D. ...*  
RAYMOND F. REES  
Major General, GS  
Director, Army National Guard

Encl

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ATTACHMENT 1

(STATE LETTERHEAD)

MEMORANDUM FOR (MEDDAC Patient Administrator, or Director VAH)

SUBJECT: Request for diagnostic evaluation for Southwest Asia duty soldier with ongoing complaints possibly related to duty in SWA, IAW current directives by OTSG and Veterans Affairs, Washington, DC. Line of Duty determination not required.

1. Name \_\_\_\_\_ Rank \_\_\_\_\_ SSN \_\_\_\_\_

2. HOR \_\_\_\_\_ Phone \_\_\_\_\_

3. Current Unit of Assignment \_\_\_\_\_

4. Unit of Assignment (SWA) \_\_\_\_\_

5. Date	Location	Type Duty Activity (Note extent of contact with nationals, also)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Release of Information. I hereby request and authorize the medical facility named above to release all medical records, test results, and X-ray interpretations that may result from the examinations authorized by this memorandum to the State Health Services Specialist listed in paragraph 7.

\_\_\_\_\_  
Soldier Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Name

Date \_\_\_\_\_

Date \_\_\_\_\_

7. POC for all questions and submission of medical information is: (Insert HSS name and numbers)

(MILPO Signature Block)

SUBMISSION OF THIS MEMORANDUM IS FOR INFORMATION ONLY. SOLDIER IS BEING REFERRED TO VA HOSPITAL.

(3) (4)