From: Commanding Officer, U.S. Naval Hospital, Yokosuka, Japan
To: Whom It May Concern

Subj: DISQUALIFYING CONDITIONS FOR EMPLOYMENT ON DIEGO GARCIA

Encl: (1) Disqualifying Conditions Roster dated 28 OCT 2015

1. Diego Garcia is home to the Navy’s most geographically remote medical treatment facility (MTF), which serves as the primary medical and dental provider for the active-duty population and several contractor groups, and is the backup for the civilian clinic on the island that is the primary site for all others. Our MTF is manned by two doctors, one Family Physician and one Flight Surgeon, and has basic laboratory, pharmacy, and radiology services. There is limited ability to respond to emergencies and urgencies; there is no capacity for prolonged inpatient care or intensive care services; and there is no surgical capability. For medical, surgical, or dental conditions that require care above and beyond what our MTF can provide, the nearest location is Singapore, which is a 5-6 hour flight away; when factoring in the time to arrange for the transfer, it is often more like 24-36 hours before an urgent or emergent patient can reach the facility for definitive care.

2. Enclosure (1) is an accurate and updated roster of medical, surgical, and dental conditions that make it medically advisable to employ an individual for work on Diego Garcia (DGAR). This roster was generated largely as a reflection of the extremely limited capabilities of the facilities on DGAR, coupled with the prolonged time necessary to urgently or emergently evacuate someone from here to a higher level of care.

3. The goal is to screen out those who pose a significant risk because of the inability of the MTF to provide care. It is my sincere belief that life on Diego Garcia can be physically, mentally, and emotionally taxing to the point of affecting anyone with underlying health conditions, and we should strive to minimize the risk of a bad outcome.

4. If you have question/s or concern/s, please call me at 315-370-4216 or email: mark.j.flynn.mil@mail.mil.

M. J. FLYNN
By direction
This listing includes medical conditions that have been most strongly suggested by the Senior Medical Officer (SMO) in DGAR as **medically disqualifying**. If personnel have a medical condition and would like further review of their medical condition by the SMO in DGAR, they will have an opportunity to provide supportive documentation for review. A final determination of suitability or unsuitability to participate will be provided by the SMO. In general, anyone with orders to Diego Garcia should be aware that immediately available medical services are very limited, and there is NO access to specialty care. It is logistically challenging and impractical to arrange for routine visits to specialists off the island as well.

- **General:**
  - Any medical condition for which specialist involvement may be required in the next 12 month period
  - Medical conditions requiring follow-up imaging studies
  - Any person on chronic opioid therapy

- **Cardiac:**
  - Symptomatic coronary artery disease, or with myocardial infarction (heart attack) within one year prior to deployment, be within six months of coronary artery bypass graft, coronary artery angioplasty, or stenting.
  - Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator
  - Uncontrolled hypertension, specifically not <140/90 for at least three months prior to arrival
  - Acute or chronic heart failure

- **Ear/Nose/Throat:**
  - Sleep apnea that is not controlled with use of a device such as a continuous positive airway pressure (CPAP) mask

- **Endocrine:**
  - Diabetes mellitus that requires insulin, either Type I or II
  - Type II Diabetes that is not under control, specifically with a measured hemoglobin A1c that is not <8.0 for at least three months prior to planned arrival, or requiring more than two oral medications for control

- **Gastrointestinal:**
  - Morbid Obesity (BMI >40 kg/m2 or 35 kg/m2 in the presence of co-morbidities)
- Prior gastric bypass for morbid obesity or any related subsequent complications due to the surgery or the related morbid obesity within the past three years.
- Prior gastric band surgery with retained gastric band
- Acute or chronic hepatitis of any etiology
- History of inflammatory bowel disease (ulcerative colitis or Crohn’s disease)
- Chronic liver disease with any complication (e.g., synthetic impairment, presence of varices, history of hepatic encephalopathy, spontaneous bacterial peritonitis, etc.)
- History of alcoholic, autoimmune, or idiopathic pancreatitis, OR history of gallstone pancreatitis without cholecystectomy
- History of gastrointestinal bleeding requiring hospital admission or blood transfusion
- Current use of or need for biologic response modifiers (immune suppressors) such as Abatacept, Humira, Enbrel, Remicade, chronic steroids, etc.

- **Infectious Disease:**
  - HIV antibody positivity, confirmed with the presence of progressive clinical illness or immunological deficiency

- **Neurologic:**
  - Cerebrovascular accident or transient ischemic attack within 12 months prior to planned arrival
  - Epilepsy or seizure disorders
  - History of heat stroke
  - Meniere’s disease or other vertiginous/motion sickness disorder
  - Recurrent syncope (passing out)
  - Ataxias (difficulty in balance, muscle control/weakness)
  - Trigeminal autonomic cephalgia (e.g., cluster headaches)
  - Trigeminal neuralgia
  - Complicated migraine (e.g., retinal migraine, migraine with infarction, etc)

- **Obstetrics/Gynecology:**
  - Pregnancy
  - Chronic pelvic pain requiring hormonal therapy or psychiatric care

- **Oncology:**
  - Malignancy (newly diagnosed or under current treatment)
• **Pulmonary:**
  - Active tuberculosis
  - Interstitial lung disease
  - Asthma that has required hospitalization at least two times in the past 12 months, requires daily systemic (not inhalational) steroids, or has a FEV1 ≤ 50%.
  - Chronic obstructive pulmonary disease (COPD)
  - Current use of or need for biologic response modifiers (immune suppressors) such as Abatacept, Humira, Enbrel, Remicade, chronic steroids, etc.

• **Renal/Nephrology:**
  - Nephrolithiasis (kidney stones) current or recurrent
  - Chronic renal disease of the following severity: stage G3a or greater, OR stage A2 or greater

• **Rheumatologic:**
  - Current use of or need for biologic response modifiers (immune suppressors) such as Abatacept, Humira, Enbrel, Remicade, chronic steroids, etc.

• **Surgery/Orthopedics:**
  - Unrepaired hernia
  - Tracheostomy or aphonia (loss of voice from surgery/trauma)
  - Unclosed surgical defect, such as external fixator placement
  - Undergone a surgical procedure within 90 days prior to travel or have one scheduled within 90 days prior to the planned travel date

• **Vascular:**
  - Abdominal aortic aneurysm (AAA)
  - Vascular claudication
  - History of deep vein thrombosis (DVT) or pulmonary embolism (PE)
  - Current use of anticoagulant medications including unfractionated heparin, low-molecular weight heparin (LMHW) or novel oral anticoagulants (OACs)

• **Dental:**
  - For active duty members, any class III or worse
  - Dental and oral conditions requiring or likely to require urgent dental care within 12 months’ time
  - Individuals without a dental exam within the last 12 months

**Oral Diagnosis:**
o Any undiagnosed radiographic lesion.

o Acute tissue lesion or condition requiring further evaluation or urgent treatment such as major aphthous stomatitis, erythema multiforme, glossodynia, primary herpetic gingivostomatitis, erythroplakia, mixed red and white or white lesions without obvious etiology.

o Chronic oral infection or other pathological lesion:
  ▪ Pulpal or periapical pathology requiring treatment.
  ▪ Lesions requiring biopsy or awaiting a biopsy report.
  ▪ Requiring an endodontic consult or treatment.

o Patients who are status post-surgery and in the post-surgery recovery phase requiring follow-up.

o Oral condition that requires urgent treatment. Any symptomatic lesion (acute pain, swelling, or bleeding). Includes emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely follow-up care (dren or suture removal) until resolved.

o Orofacial Pain (Temporomandibular disorders, headache, neuropathy, facial – cervical/myofascial conditions, etc.) that interferes with duties and requires active treatment.

Operative:

o All symptomatic caries lesions and symptomatic defective restorations.

o Symptomatic cracked tooth syndrome.

o Cavitated or non-cavitated caries lesions extending one-third of the way or greater into dentin radiographically.

o All cavitated carious lesions.

o Non-cavitated carious lesions that extend 0.5 mm or more (radiographically) beyond the DEJ. For non-cavitated lesions, consider remineralization as an option.

o Faulty restorations and recurrent caries likely to cause symptoms or tissue damage within 12 months (i.e., open margins, cracked restorations, overhangs compromising periodontal health through asymptomatic bone resorption).

o Interim restorations or prostheses that are defective or not maintainable by the patient. This includes endodontically or non-endodontically treated teeth that have been restored with permanent restorative materials but for which cuspal coverage is indicated.

o Anterior teeth with completed endodontic treatment but not permanently restored and require full coverage. Access preparations sealed with only a glass ionomer or resin modified glass ionomer (GI or RMGT) or composite resin alone are considered "temporary." A "sandwich-type" permanent restoration with GI or RMGI and composite resin is recommended in the endo access to satisfy both microleakage and esthetic concerns. If significant tooth structure is missing (i.e. - significant marginal ridge involvement), a post core and crown are recommended.

o Tooth fractures or defective restoration not maintainable by the patient or with
o unacceptable esthetics.

**Endodontics:**
- Traumatic dental injuries that require treatment, including splints and endodontic therapy.
- Teeth with irreversible pulpitis (symptomatic and asymptomatic).
- Teeth with a painful response to biting, percussion, or palpation with or without apical radiolucencies (symptomatic apical periodontitis).
- Asymptomatic teeth with apical radiolucencies of pulpal origin (asymptomatic apical periodontitis).
- Pulp caps and pulpal regeneration techniques that require endodontic therapy.
- Pulp necrosis
- Asymptomatic or symptomatic teeth with a chronic apical abscess (presence of a sinus tract).
- Acute apical abscess (infection of pulpal origin characterized by rapid onset, spontaneous pain, tenderness of the tooth, pus formation, and swelling of associated tissues).
- Previously initiated endodontic therapy.
- Symptomatic endodontically treated teeth.
- Endodontically treated teeth with evidence that an apical radiolucency has remained unchanged or increased in size within the previous year.
- Teeth with completed endodontic treatment but not permanently restored.
- Condensing osteitis (diffuse radiopaque lesion representing a localized bony reaction usually seen at the tooth apex; corresponding abnormal response to pulp tests).

**Oral Surgery:**
- Teeth associated with pathosis. Examples include: follicular cystic changes associated with impacted teeth, distal caries in the lower second molar resulting from position of third molar, periodontal disease contributed by the third molar affecting the second molar, external or internal resorption, and currently symptomatic or recurrent episodes of pericoronitis.
- Erupted, partially erupted, unerupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis including partially impacted teeth that will never erupt into occlusion and have oral communication. Note: Clinical judgment may supersede these criteria in individual cases.
- Unerupted teeth with oral communication or partially erupted teeth that will not erupt into a functioning occlusion and are recommended for removal.
- Surgical incision or excision of pathologic lesions for histologic examination.
- Conditions requiring surgical repair procedures.
- All non-restorable teeth, remaining roots, or parts of teeth that could cause infection.
Conditions requiring follow-up care, such as suture removal, drain removal, post-op awaiting biopsy report.

- Temporomandibular disorders or myofascial pain dysfunction that interferes with duties and requires active treatment.
- The post-surgical healing, intermaxillary fixation and follow-up of orthognathic surgery, surgical and adjunctive treatment of disease, injuries and defects of the oral and maxillofacial regions.
- Surgical treatment of temporomandibular joint dysfunction following unsuccessful non-surgical management.

**Periodontics:**

- Class 3 Acute.
  - Periodontal diseases or periodontium exhibiting:
    - Acute pericoronitis, acute gingivitis, or acute periodontal disease.
    - Periodontal abscess.
    - Progressive mucogingival conditions.
    - Acute periodontal manifestations of systemic disease or hormonal disturbances.
    - Generalized moderate (greater than 30 percent) to heavy subgingival calculus.
    - Moderate to severe periodontitis.

- Class 3 Chronic
  - Chronic diseases of the periodontium that are likely to become acute within 12 months.
  - Periodontal diseases as defined by 5 mm or greater probing attachment loss, with bleeding or purulence on probing, and excessive mobility or pain upon mastication, or any previous history of periodontal abscess formation.

**Hygiene:**

- Chronic diseases of the periodontium that are likely to become acute within 12 months.
- Periodontal diseases as defined by 0.5 mm or greater probing attachment loss, with bleeding or purulence on probing, and excessive mobility or pain upon mastication, or any previous history of periodontal abscess formation.
- Acute gingivitis, independent of periodontal screening and recording (PSR) scores.

**Prosthodontic:**

- Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication, communication, esthetics, or military function.
• Ill-fitting or unserviceable prostheses, castings or computer aided design and computer aided manufacturing (CAD/CAM) restorations associated with recurrent caries.
• Any fixed partial denture with loose abutments; any loose implant retained restoration (fixed), or any loose implant abutments (removable).
• Any implant fixture that becomes loose or painful.

• Psychiatric Conditions:
  o Any substance use disorder 10 years prior to arrival overseas
  o Required inpatient hospitalizations in past 10 years; this includes admission to or recommendation for “day hospital” or “partial hospital” stays
  o Conditions where there is a history of admission to or recommendation for “residential treatment” in past 10 years
  o Mental health conditions which require on-going individual/family therapy
  o Aggressive, destructive and/or illegal behaviors
  o Active or substantiated family advocacy case within the past two years
  o Current use of antipsychotic medications, or use of such medications in the past 12 months
  o Substance abuse/dependence in the last 10 years
  o Schizophrenia
  o Bipolar disorder
  o Dementia
  o Suicide attempt/gesture or suicidal ideation within the last five years
  o Dissociative disorders
  o Sexual Addiction
  o Eating disorders
  o Any Cluster B personality disorder, which may include:
    ▪ Antisocial personality disorder
    ▪ Histrionic personality disorder
    ▪ Narcissistic personality disorder
    ▪ Borderline personality disorder