



REVIEW PAPER

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Military candidate health qualification and adjudication

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ABSTRACT

Introduction. This study reviews the link between personal health and military qualifications. It was found that there is evidence of a strong link between obesity levels across young individuals and military qualification adjudication.

Aim. The purpose of the study was to review the literature about significance of the rules for adjudicating on the ability to perform active military service and analysis of the literature regarding the health condition of Polish citizens subject to perform obligatory military service.

Materials and method. Analysis of foreign and Polish literature

Keywords. legal regulations, civilians subject to military qualifications, health status, army

Introduction

In most nations in the world, as in Poland, every citizen is obliged by the law to defense of their country. The Act of November 21, 1967 on the Universal Defense of the Republic of Poland defines the duties of a citizen of the Republic of Poland in relation to the Homeland.¹ According to article. 4 par. 1, all Polish citizens who are of appropriate age and are able to perform this duty depending on their state of health are subject to universal defense. As part of the universal defense obligation, Polish citizens are obliged to:

1. military service,
2. performing duties resulting from assigned crisis assignments and mobilization allocations,

3. to provide work as part of employee mobilization allocations,
4. serving in civil defense,
5. education for safety,
6. participating in self-defense of the population,
7. doing exercises in units intended for militarization and serving in militarized units,
8. performing defense services
- on terms and within the scope specified in the Act

In this article, we will consider the obligation of military service for citizens of the Republic of Poland. Article 59 of the cited Act clearly defines who is a soldier in active military service. They are people who perform the following duties:

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Participation of co-authors: A – Author of the concept and objectives of paper; B – collection of data; C – implementation of research; D – elaborate, analysis and interpretation of data; E – statistical analysis; F – preparation of a manuscript; G – working out the literature; H – obtaining funds

Received: 29.04.2018 | Accepted: 29.05.2018

Publication date: June 2018

1. essential military service;
2. military training;
3. territorial military service;
4. military exercises;
5. preparatory service;
6. periodic military service;
7. military service in the event of mobilization for war.

However, in order for a Polish citizen to be able to perform one of the above-mentioned types of military service, it is necessary - before appointment to serve - to define the category of the capacity for active military service, referred to in art. 30a para. 1 of the Act on the general obligation to defend the Republic of Poland. The decision on the inclusion of a given person in one of the categories is determined by competent medical boards, on the basis of a medical examination of the physical and psychological abilities of this person for the appropriate type of military service, including the results of specialist tests and, if necessary, hospital observation. Such decisions are issued by poviats and voivodeship medical commissions, appointed annually by voivodeships in consultation with the heads of provincial military staffs. These commissions are issued on the basis of the ordinance of the Minister of National Defense in the matter of adjudicating on the capacity of active military service and the procedure for the conduct of military medical commissions in these matters.² This regulation sets out in detail:

1. the mode of referral to military medical committees;
2. detailed conditions for adjudicating by military medical commissions on the capacity for active military service, including the ability to perform this service in particular types of troops, as well as on individual positions and military functions requiring particular health predispositions;
3. detailed conditions for adjudicating by military medical committees on the ability to perform active military service outside the state borders;
4. the manner in which military medical committees establish a relationship of illness, infirmity and death with active military service;
5. the procedure of adjudication by military medical commissions on the ability to enter active military service and to serve this service outside the state borders and to determine the relationship of illness, infirmity and death with active military service;
6. the manner of adjudication by military medical committees concerning the need to grant health leave to a soldier engaged in active military service;
7. a list of diseases and disabilities taken into account when adjudicating on the ability to perform active military service and to provide this service outside the state borders;
8. a list of diseases and disabilities taken into account when adjudicating on the ability to undergo active military service in particular types of troops and services, as well as on individual positions and military functions requiring specific health predispositions.

The ordinance in the annex contains a detailed list of diseases and disabilities of individual human and organ systems.

According to art. 32 para. 1 of the Act, men who, in the given calendar year end are nineteen years of age are required to appear at a specified date and place for military qualification. Volunteers, including women, may also volunteer by the end of the calendar year at twenty-four years of age, regardless of their qualifications and education, and if they are at least eighteen years of age. Volunteers who have entered military qualifications, on the day of their appearance, are subject to the obligation of active military service. Women with qualifications useful for active military service and women who receive education in order to obtain those qualifications that graduate or are university students or graduates in a given academic or academic year may be subject to the obligation to appear for determination of military qualifications, starting from January of the calendar year in which they finish nineteen years. For the above qualifications, they are recognized as education or professional qualifications required to perform medical, veterinary, marine and air occupations, as well as professions such as: psychologists, physiotherapists, radiologists, laboratory diagnostics, IT specialists, teleinformatics, navigators and translators. Military qualifications are called for by permanent residence or temporary stays lasting over three months.

Becoming qualified for military service involves appearing in front of the commune head or mayor (president of the city), the poviats medical commission and the military commander of the supplements. As part of the military qualification, related activities are to:

1. checking the identity of persons subject to military qualifications;
2. determining the capability for active military service of persons subject to military qualifications;
3. the initial destination of persons subject to military qualifications to particular forms of the general duty of defense of the Republic of Poland and acceptance of applications for substitute service;
4. assumption or updating of military records and processing of data collected in this record;
5. issuing military personal documents;
6. transfer of persons subject to military qualification to the reserve and issue, at their request, certificates of regulated relation to military service;
7. preparation of military recruitment for voluntary forms of military service.

Activities to determine the abilities for active military service belong to the poviats medical commission. The remaining activities belong to the commune head or mayor (city president) or an authorized employee of the commune (city) office, as well as to the military commander of the supplements or his authorized representative.

The military qualification is carried out by the voivodeship with the participation of heads of voivodeship military staffs, military commandants of supplements and starostas, as well as mayors or mayors (city presidents). The staroste (city president) is responsible for the military qualification in the poviat (city with poviat rights). In order to carry out military qualifications, the voivodeship appoints poviat medical committees annually, which specify the date of action and the territorial scope of the activity. The poviat medical commission consists of one physician with the right to practice as a doctor and having at least 1st degree of specialization in the field of general surgery or 1st degree of specialization in internal medicine, at the same time, a chairman of this commission, secretary and one employee of middle medical staff are appointed to this commission.

A person becoming qualified for military service presents medical documentation to the poviat medical commission, including the results of specialist tests carried out in the period of twelve months before the date of entering military service. The Medical Committee documents the examination of the health of people in the medical certificate book, which records the results of the examination, the results of specialist tests, including psychological or hospital observation, and medical information that arise from the medical records submitted by the medical commission. The chairman of the poviat medical commission directs the person for specialist examinations, including psychological or for hospital observation, in the case when, after conducting the tests and assessing the health condition of that person, fitness for active military service cannot be determined. The Medical Committee, specifying the person's ability to perform active military service, includes:

1. results of the examination of the health status of a person carried out in the course of military qualification;
2. results of specialist tests, including psychological tests, if the person was referred to such tests;
3. results of hospital observation, if the person was referred to such an observation;
4. medical information contained in the medical documentation if such documentation has been presented to the commission.

The head of the poviat medical commission decides on a one-man basis. In the judgment, the poviat medical commission defines a person becoming qualified for military service one of the following categories:

1. category A – capable of active military service, which means the ability to perform a specific type of active military service, as well as the ability to serve in civil defense and substitute service;
2. category B – temporarily incapable of active service military, meaning a transient impairment of general health or acute or chronic illnesses which, up to twenty-four months after the date of the survey, indicate a recovery of military capability;
3. category D – incapable of active military service during peacetime, with the exception of certain service posts intended for territorial military service;
4. category E – permanently and completely incapable of active military service, during peace and in the event of mobilization and during the war.

The decision is served on the person becoming qualified, who is entitled to appeal against the decision within 14 days from the date of delivery. The ruling is also received by the military commandant of the supplements, is recognized in the military register referred to in art. 49 of the Act of November 21, 1967 on the general obligation to defend the Republic of Poland.

In conclusion, the details on the health status of persons subject to military service, determined on the basis of medical commission decisions, are conducted in military commands of supplements, voivodeship military headquarters and at the level of the Ministry of National Defense. The collected data give the possibility of making various kinds of analyses of the health condition of people covered by military records.

Youth health and the ability to active military service

The current specifics of the operation of the army forces candidates to a high level of physical fitness and good health. Thus, emphasis is also put on the work of medical committees deciding on the state of health in terms of the ability to perform active military service.

Research on a group of recruited civilians are few, and are often referred to as a physical body.^{3,4,5} It is worth noting that in the majority of countries around the world the prevalence of overweight and obesity among children, adolescents and adults indicates a growing trend.^{3,6,7,8,9,10} According to data from the World Health Organization (WHO) in 2016, over 1.9 billion adults in the world were overweight, while 650 million were obese. The global obesity rate in the years 1975 - 2016 has tripled.¹¹

Recent research on military services indicates that this population is also experiencing a rising BMI weighting trend, reflecting the situation in the open population. In recent decades, there has been an increase in the prevalence of overweight and obesity among civilians recruited to the army^{3,12-18} and because they are derived from the open population, neg-

ative trends regarding BMI body mass index observed in many countries may have an impact on the capabilities of military organizations to recruit healthy and efficient military personnel. The physically demanding nature of military service imposes on the recruits a requirement of good health and physical fitness, which is why BMI, as one of the components of physical fitness, is an important factor predicting the effectiveness of military service as well as military operations. Recent studies indicate that 80% of physical readiness tests are failed due to overweight or obesity.¹⁹ On the other hand, there are recent reports indicating an increased risk of musculoskeletal injuries in young military adepts with the lowest BMI values.⁵ Thus, changes in the BMI index may not only influence the prevalence of overweight and obesity in the open population, but also reflect the effectiveness of military services. An important health problem for people applying for military service is arterial hypertension.^{3,20–24}

A study consisted of screening tools including self-administrated questionnaire, general physical examination, anthropometric measurements, and assessment of blood pressure of 1238 Saudi military active duty service personnel was conducted in the military units of Taif region, western Saudi Arabia. Multivariate logistic regression in this study performed during four months showed that obesity as measured by body mass index [odds ratio (OR)=2.71, confidence interval (CI): 1.39-5.28], positive family history (OR=1.46, CI: 1.03-2.06), ever smoking (OR=1.45, CI: 1.05-2.02), and increased waist circumference (OR=1.04, CI: 1.02-1.06) were the significant predictors of hypertension among military active duty personnel.²⁵ Implications for recruitment and retention of defense force personnel were reviewed by McLaughlin and Wittert.²⁶ These studies were used electronic database and identified 17 research paper about why individuals are suitable or not for employment in the military. A review of cardiovascular risk factors in younger age groups US military personnel was provided by McGraw and coworkers.²⁷ The increase in BMI is a serious factor in non-infectious diseases such as ischemic heart disease, diabetes, musculoskeletal disorders or some cancers.^{28–30} Diseases are a cause of over 56 million deaths.³¹ In Poland, the mortality rate resulting from non-communicable diseases amounted to 470/100000.³²

A report, which was published in 2016, showed that at least 12% of European children under 5 years old were overweight, and the trend was continuing to rise.³³ An earlier survey, performed in 2010 in 13 European countries, showed that the prevalence of overweight including obesity ranged from 10.8% in six-year-old Belgian boys to 45.1% in nine-year-old Greek boys using the IOTF definition.³⁴ In the same report, the prevalence of obesity ranged from 2.8% in six-year-old Bel-

gian boys to 14.7% in nine-year-old Greek boys also using IOTF definitions.³⁴ Both percentages from prevalence of overweight including obesity and prevalence of obesity show a contrast between northern and southern countries in Europe.^{34,35} The same trend was shown by the Identification and Prevention of Dietary and Lifestyle Induced Health Effects in Children and Infants study³⁶ which estimated that the combined prevalence of overweight and obesity ranged from more than 40% in southern Europe to less than 10% in northern Europe and the overall prevalence of overweight and obesity was higher in girls (21.1%) than in boys (18.6%).³⁶

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