



Manhattan recruiters talk with a potential recruit on the streets of New York City. Leaders tackle recruiting challenges with innovative strategies, while more than two-thirds of Americans are prevented from enlisting because of stringent medical fitness standards. (U.S. Army photo by Lara Poirrier)

Aligning Recruiting Standards with Evolving Health Trends

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Class 74, Sergeants Major Course

In 2023, Secretary of the Army Christine Wormuth said, “The number one priority, in my mind, for [2023] ... is fixing our recruiting problem” (Ware, 2023, p. 1). In a 2022 statement to the 117th U.S. Congress, Army strategic leadership stressed a need to adapt to recruiting efforts to

posture for emerging societal shifts (McConville, 2022).

Two examples of American societal shifts are the expansion of attention-deficit/hyperactivity disorder (ADHD) cases and marijuana legalization at the state level (Asch et al., 2021).

“Army standards continue to stipulate that applicants who test positive for marijuana require a waiver to be eligible for enlistment, and applicants with a history of ADHD ... will not meet enlistment standards and might not even qualify for a waiver, depending on their specific case” (Asch et al., 2021, p. 219).

The Army requires applicants to meet medical fitness standards and complete a physical exam before enlisting. It must preserve force quality and exacting standards amid increased strategic recruiting emphasis. In the 2022 Call to Service to Overcome Recruiting Challenges, Army senior leadership said, “We will not lower our standards” (McConville & Wormuth, 2022, p. 2).

The Department of Defense (DOD) requires Secretary of the Army to ensure successful recruiting without lowering enlistment standards or recruit quality. The Army can improve recruiting performance without lowering standards by aligning medical fitness standards with societal health trends, specifically regarding ADHD and marijuana use. This practical solution provides a broader pool of qualified applicants without compromising force quality.

Background

“The All-Volunteer Force is in a competition for talent” (McConville, 2022, p. 11).

The Army is losing the talent competition. It missed the 2022 fiscal year (FY) assigned mission by 20,844 enlistments (Department of Defense, 2022a). It is expected to miss the FY 23 assigned mission by approximately 25,000 enlistments (Department of Defense, 2023).

A multitude of factors impact the Army recruiting mission. Recruiting faces labor market, lack of awareness, and societal disconnect challenges (U.S. Army Recruiting Command [USAREC], 2023). Senior leadership is attacking recruiting challenges with innovative marketing strategies, recruiter incentives, and virtual recruiting efforts (McConville & Wormuth, 2022), but medical fitness policies remain unchanged.

The DOD provides service components with medical standards for military service in DOD Instruction 6130.03 (Department of Defense, 2022b). The volume assigns responsibility to service components to determine juvenile mental health and marijuana use



Dr. Liza Pilch, a medical provider at Chicago MEPS, conducts a medical evaluation. Efficient medical background screening is crucial for ensuring the quality of U.S. Army recruits, with the prevalence of ADHD and marijuana use in recruits' medical histories significantly impacting the enlistment process. (U.S. Army photo by Israel Molina)

(Department of Defense, 2022b).

Army Regulation 40-501 is the primary U.S. Army medical fitness policy and covers medical background screening and Military Entrance Processing Station (MEPS) physical examinations (Department of the Army, 2019). The Secretary of the Army has approval authority for all updates to medical fitness standards when problems arise (Department of the Army, 2019).

Problem

The 2020 Army Vision guidance calls for the Regular Army to grow by 500,000 Soldiers by 2028 (Department of the Army, 2020a). However, it is on pace to fail the 2023 recruiting mission by 25,000 Soldiers and finish with an end strength of 473,000.

This downward recruiting trend requires a comprehensive review of recruiting operations and policies. A 2020 Pentagon Qualified Military Available Study reported 77% of Americans do not qualify for service (Novelly, 2022). The U.S. Office of People Analytics (OPA) further reports 60% of 17- to 24-year-old males do not meet medical fitness standards (Joint Advertising Market Research & Studies [JAMRS], 2023).

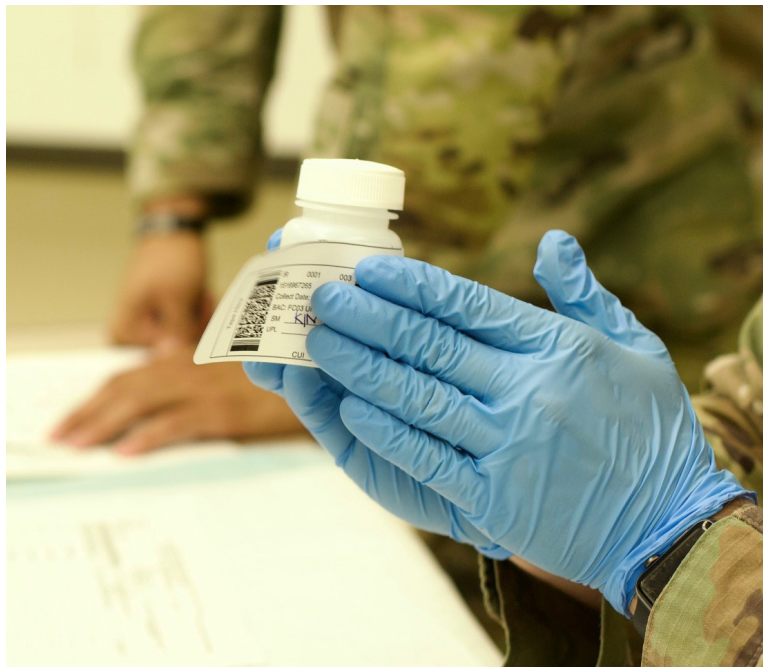
The U.S. Army's medical fitness standards for enlistment effectively prevent more than two-thirds of Americans from enlisting. The critical areas of consideration for the medical fitness standards enlistment problem are efficient background screening, juvenile mental health history, and marijuana legalization.

Efficient Background Screening

Efficient medical background screening is essential to ensure recruit quality. The Military Health System Genesis (MHSG) became mandatory for MEPS background screening in February 2022 (MEPCOM, 2023). MHSG now provides potential recruits' entire medical history, allowing for health-based enlistment decision-making.

The prevalence of ADHD diagnoses and marijuana use in recruit medical histories dramatically impacts medical processing. The Pentagon reported 17% of 2022 enlistments required waivers, an increase of six percent and 8,000 waivers overall from 2021 (Cohen, 2023).

The MHSG was an outstanding update to medical background screening. It effectively screens life-threatening health conditions such as heart disease and Human Immunodeficiency Virus (HIV). MHSG electronic health records also reflect juvenile mental health and marijuana legalization societal shifts.



A potential applicant gets drug tested through a urinalysis test. During initial screening by recruiters, marijuana use in the last 30 days temporarily disqualifies applicants. (U.S. Army photo by Sharilyn Wells)

Juvenile Mental Health

The recruitment target population ranges are from 17 to 24 (JAMRS, 2023).

Today, more than one out of every 10 American youths in that age range are diagnosed with ADHD (Bitsko et al., 2022). The U.S. Centers for Disease Control (CDC) report that 6.6 million American youths have ADHD (CDC, 2023).

Army Regulation 40-501 states, "Current or history of attention deficit hyperactivity disorder is disqualifying" (Department of the Army, 2019, p. 50). However, many serving Soldiers seek treatment for ADHD and do not get medically separated. The most recent estimate of ADHD prevalence in the active component is 1.7 to 3.7 percent, a high end of 17,501 service members (Sayers et al., 2021).

The estimate was compiled before MHSG implementation and may logically increase parallels to medical waiver increases. The medical fitness standard for ADHD disqualifies an American population that shifted toward juvenile mental health treatment. The societal shift toward marijuana legalization is equally detrimental to the Army recruiting mission.

Marijuana Legalization

Marijuana is the most used federally illegal drug in the U.S. (CDC, 2023).

In a 2021 Monitoring the Future Survey, more than 30% of American high school students reported using marijuana in the past 12 months (Miech et al., 2023). Army Regulation 600-85 prohibits service member marijuana use (Department of the Army, 2020b).

Medical fitness standards apply to applicants before they enlist, and legal marijuana use routinely disqualifies law-abiding citizens. During initial screening by recruiters, marijuana use in the last 30 days temporarily disqualifies applicants.

Applicants must later undergo drug testing for marijuana metabolites per the DOD Drug Testing System. In California, for instance, potential recruits face disqualification when the MEPS-administered drug and alcohol test detects previous legal marijuana use. 74 percent of Americans live in an area with state-legalized marijuana (Schaeffer, 2023). The societal shift toward marijuana use creates a disconnect with Army medical fitness standards for enlistment.

Solution

U.S. Army strategic change leverages Doctrine, Organizations, Training, Materiel, Leader Development and Education, Personnel, Facilities, and Policy (DOTMLPF-P) integration (Department of the Army, 2021).

A review of medical fitness standards displays an opportunity to implement changes in the doctrine, training, and policy elements. The U.S. Army can feasibly align medical fitness policy with juvenile mental health and marijuana legalization without lowering standards using DOTMLPF-P.

Attention-Deficit/ Hyperactivity Disorder

The Secretary of the Army can change Army Regulation 40-501 to allow applicants with a history of ADHD to complete successful academic or employment experience 12 months before enlisting.

The MHS background screening process would find ADHD diagnoses and juvenile mental health issues. Each potential recruit would need to provide examples of successful experience, such as high school transcripts and work references. Recruiters could then make

qualification determinations without disqualifying potential recruits during the initial screening process.

Removing ADHD disqualifications would immediately broaden the qualified pool of recruits, increase processing efficiency by removing waivers, and provide positive gains toward removing the stigma of mental health treatment in the Army. The Army can achieve these benefits without lowering standards or force quality.

Recent studies show people with ADHD typically thrive in the heavily structured and directive military environment (Bahn et al., 2018). Force resilience may improve as people with ADHD tend to show increased mindfulness and self-regulation compared to control populations (Asherson et al., 2018).

A medical fitness policy change as it pertains to legalized marijuana provides added opportunity for Army accessions.

Marijuana Legalization

Applicants who used marijuana 30 days before beginning the enlistment process are disqualified from enlistment (USAREC, 2022). The USAREC commander approves changes to USAREC doctrine and could remove this disqualification criteria for instances of legal marijuana use.

The DOD drug testing program would test for



A Soldier shows off her sleeve tattoo. The Army revised its regulations regarding tattoos below elbows and knees some 10 years ago. Should policies update now to reflect societal health trends? (U.S. Army photo by Lara Poirrier)

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