INFORMATION MESSAGE – INFO-17-09SEP-213

FROM: Commander, USMEPCOM (J-7/MEMD)

SUBJECT: New USAREC Waiver Policy and Supplemental Guidance for Regular Army (RA) and Army Reserve (AR) Applicants

TO: Sector Commanders
   Battalion Commanders
   MEPS Commanders
   MEPS Chief Medical Officers/Assistant Chief Medical Officers
   MEPS Medical NCOICs/Supervisory Medical Technicians
   Directors and Special Staff Officers

References: (a) USAREC Message (UM) 17-070 - Removal of Suspended Waivers for Regular Army (RA) and Army Reserve (AR) (attachment 1)

(b) Ops Flash-Supplemental Guidance for UM 17-070 (attachment 2)

(c) Adjustment of Medical Waiver Consideration Memorandum (attachment 3)

The purpose of this message is to inform MEPS Medical Departments of the recently published USAREC message which changes current waiver restrictions
and makes operational changes to USAREC Regulation (UR) 601-210, Enlistment and Accessions Processing, and the Supplemental Guidance issued by the USAREC/G3 Waivers Branch Chief.

Changes to the USAREC waiver policy are highlighted as follows:

1. **Self-mutilation, non-isolated mood disorders, and drug and alcohol abuse** have been removed from non-waiverable status. Prior policy dictated waivers would never be granted for these conditions.

2. **These conditions will still require clearance and supporting documentation for a waiver to be considered.**

3. Comment: Removal of these conditions from non-waiverable status does not change their qualification or disqualification status as per DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services. They do not impact clinical documentation or decision making as to whether or not an applicant meets accession medical standards.

The Supplemental Guidance to UM 17-070 is highlighted as follows:

1. The removal of self-mutilation, non-isolated mood disorders, and drug and alcohol abuse from “never waiver/suspended” status only means that a waiver may now be **considered.**

2. **“Appropriate documentation”** to support waiver consideration for a self-mutilation disqualification (DQ) will include:
   a. A detailed statement from the applicant
   b. Supporting medical records
   c. Evidence from an employer if the injury was job-related
   d. Photographs (submitted by the recruiter)
   e. Psychiatric evaluation and “clearance”

3. The psychiatric evaluation may be accomplished through USMEPCOM but “civilian” psychiatric evaluation may also be required.

4. **“For all waivers, the burden of proof is on the applicant to provide a clear and meritorious case for why a waiver should be considered.”**

5. Comments:
a. Neither UM 17-070 (Attachment 1) nor the Supplemental Guidance (Attachment 2) state that the MEPS are now required to order psychiatric consults on all cases disqualified for self-mutilation. However, since self-mutilation may now be considered for a waiver, the Service Medical Waiver Review Authority (SMWRA) may request a psychiatric consultation after they review the disqualified applicant’s packet. This is no different from the current process, for example, a request for an orthopedic consult for an applicant disqualified for a shoulder dislocation or a request for a methacholine challenge test for an applicant disqualified for a history of asthma.

b. Each SMWRA request for a consultation will continue to be reviewed by the CMO on a case-by-case basis. The CMO should consider a request for a psychiatric consult as they would any other request by the SMWRA and continue to follow guidance in UMR 40-1, 11-3.c., SMWRA Consultation/Ancillary Services Requests. If issues arise at any point during this process, contact J-7/MEMD or submit a MOC ticket.

c. As there is now a chance that an applicant with a history of self-mutilation, mood disorder, or substance abuse may be granted a waiver, it is not unreasonable to get a psychiatric consult to evaluate the applicant for current mood or personality disorder/instability and/or current substance use disorder.

d. The purpose of the psychiatric consult would not be to confirm or refute the self-mutilation, mood disorder, or substance abuse, nor would it be to “clear” the applicant for military service. The purpose would be to assess the applicant’s current mental status/stability and prognosis.

e. USMEPCOM-designated physicians are the DoD medical authority for determining if an applicant processing with USMEPCOM meets the requirements of Title 10 to be qualified, effective, and able-bodied prior to enlistment (UMR40-1, 1-1). Only the MEPS physician, not the consultant, can decide if the applicant is medically qualified under accession medicine standards. The MEPS physician should make their decision based on their careful physical exam, their understanding of self-mutilation, and DSM5 criteria for mood and substance-related disorders.

i. A Self-mutilation Assessment tutorial PowerPoint presentation is available on SPEAR under the J-7/Standardized medical Processing tab if needed for reference.

ii. Most MEPS have a hard copy of the DSM5 available for reference. Online access to the DSM5 is available through the AMEDD Virtual Library (AVL) license. Please contact J-7 if you need assistance obtaining online access.
f. UMR 40-1, 3-13 is still in effect re: photographing medical conditions. No photographing of medical conditions by MEPS personnel is permitted. Any photographs submitted in accordance with (IAW) UM 17-070 must be submitted by the Services following the instructions that have been provided to them in the Supplemental Guidance to UM 17-070.

g. “Psychiatric” consult may be interpreted as either psychiatric or psychological consult, depending on the resources available to the individual MEPS. If the SMWRA requests the applicant obtain a “civilian” consult, this must be done at the applicant’s own expense on the applicant’s own time. The MEPS are not to arrange these for the applicant nor are they to pay for them.

h. As the Supplemental Guidance to UM 17-070 makes clear, “For all waivers, the burden of proof is on the applicant to provide a clear and meritorious case for why a waiver should be considered.”

POCs are:

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CLASSIFICATION: UNCLASSIFIED
SUBJECT: Removal of Suspended Waivers for Regular Army (RA) and Army Reserve (AR).

NOTE: Current open and closed categories are available at: https://span.usarec.army.mil/sites/HQ/G3/EEDP/SitePages/Policy.aspx and are also published daily on the Mission Accomplishment Report.

1. Suspension of enlistment waivers has been updated.

2. Operational change to AR 601-210:
   a. Chapter 4-13c: Added a waiting period of 90 days and changed waiver authority level to from CG USAREC to Recruiting Bn Commander. Change 4-13c to read, "If applicant was separated from any component of the U.S. Armed Forces for any reason listed in this paragraph, a waiver may not be submitted until a 90-day waiting period has elapsed after the date of separation. The waiver authority is the Recruiting Battalion Commander for RA and USAR."
   
   b. Chapter 4-18b.(1)(a):
      1) Positive marijuana and alcohol waiting period has changed from "6 months" to "45 days".
      2) Follow chapter 4-18 for waiting periods for other positive drug results.

3. Current waiver restrictions has changed.
   a. Nonwaiverable conditions/separations: see AR 601-210, chapter 4-7d, 4-22, and 4-23.
   b. All conduct waivers will be considered under the whole-person concept and based on the overall merit of the application.

4. Operational change to UR 601-210, M5b.(1):
   a. Remove (a) Self-mutilation, (b) Non-isolated mood disorders, and (e) Drug and alcohol abuse.
   
   b. Although these medical conditions were removed from the nonwaiverable status, these conditions will still require appropriate clearance and supporting documents.

5. POC through the chain of command is EEPD Waivers Branch, at (800) 688-9203, Option 5

6. References:
   a. AR 601-210, Regular Army and Reserve Components Enlistment Program, dated 31 August 2016.
   b. Memorandum For Record from Director, Military Personnel Management (DMPM) Subject: Adjustment of Enlistment Waiver Authority, 16 AUG 2017.

James H. Jensen, COL, AR, Assistant Chief of Staff, G-3
Page 1
Subject: ***OPS FLASH – SUPPLEMENTAL GUIDANCE FOR UM 17-070***

Sent: Thursday August 17, 2017, 2017 12:34 PM

BDE Ops,

Please disseminate to the lowest level.

1) The purpose of this message is to clarify certain aspects of UM 17-070. In paragraph 2, the only change was to chapter 4-13c (not the entire 4-13). 4-13a and 4-13b remain HQ-level waivers.

2) Paragraph 3a lists areas of the regulation where you can find waivers that remain suspended. In other words, follow the regulation to determine if a waiver can be processed or is nonwaiverable. 3b is simply a reminder that just because a category is open, there still must be a meritorious case, and the waiver must make sense for the Army.

3) Paragraph 4a and 4b. It is true these conditions were removed from a "never waiver/suspended" status. All this means, is they can now be considered. "Appropriate documentation" to overcome a self-mutilation DQ will include a detailed statement from the applicant, supporting medical records and/or evidence from employer that it was job-related (if applicable), photographs, and psychiatric evaluation and clearance.

When uploading photos, they must be clearly labeled with the area of body (e.g. outside area of right forearm or inside portion of left wrist), applicant’s name and PRID, and the date/time the photo was taken. Do not take/provide any photographs of intimate areas. In many cases, a psychiatric consult will be accomplished through USMEPCOM, but civilian clearance may also be required.

For all waivers, the burden of proof is on the applicant to provide a clear and meritorious case for why a waiver should be considered.

USAREC Message 17-021 has been rescinded. The UM 17-070 has been updated to reflect this.

Point of contact for this is the undersigned, through your chain of command.

r/,
Troy

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