



An Empirical Assessment of the U.S. Army's Enlistment Waiver Policies

An Examination in Light of Emerging Societal Trends in Behavioral Health and the Legalization of Marijuana

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This report documents an analysis of the performance of U.S. Army recruits who receive waivers, as well as those with a documented history of marijuana, attention-deficit/hyperactivity disorder (ADHD), depression, or anxiety. The authors also examine the extent to which increasing the share of recruits who receive waivers or have a documented history affects the overall performance of that accession cohort.



RESEARCH QUESTIONS

- Does the Army need to improve the screening of waived recruits and of those with a documented history of marijuana, ADHD, depression, or anxiety, and, if so, how?
- How should Army waiver and screening policy respond, if at all, to the increasing legalization of marijuana?
- Does Army waiver policy need to better distinguish between applicants with a history of different types of behavioral health issues, such as ADHD versus mental health conditions?
- Does substantially increasing the share of recruits receiving waivers in a given year significantly hurt the overall effectiveness of that accession cohort?



KEY FINDINGS

Waivered recruits do not always perform worse and sometimes perform better than similar nonwaivered recruits

- Contrary to expectations, waived recruits and recruits with a documented history of marijuana or behavioral health conditions are not uniformly riskier across all dimensions. In some cases, they are historically more likely to perform better. The results that most closely conform to expectations are in

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cases of recidivism, in which accessions with a specific characteristic are more likely to have negative outcomes associated with that characteristic. For example, if a recruit fails to complete the first term, recruits with a documented history of marijuana and recruits with a drug and alcohol waiver are more likely than other recruits to separate because of drug abuse.

- The performance of an accession cohort would change relatively little if waivers were increased. The same is true with an increase in the share of accessions with a documented history of marijuana or behavioral health conditions.
- The legalization of marijuana has not resulted in worse recruit outcomes, and there is no strong evidence that changes in marijuana legislation have substantially changed recruit outcomes.
- The Army likely could do more to offset cases of adverse outcomes among waived recruits and recruits with a documented history of marijuana or behavioral health conditions. In general, having higher aptitude test scores, having Tier 1 education status (i.e., a high school diploma), or being older (age 22 or older) often fully or partially mitigated the higher likelihood of adverse effects related to performance and misconduct.



RECOMMENDATIONS

- Recast the message about what a waiver means. The term waiver is not well understood by policymakers and the press, and the term is often mistakenly interpreted as meaning that the Army is lowering standards and enlisting unqualified soldiers. The Army should create, disseminate, and use a clear definition that highlights that all waived recruits are qualified and eligible to enlist, even if they do not meet every enlistment standard, and that the enlistment standards allow for waivers.
- To mitigate the higher likelihood of adverse performance-related outcomes, require that waived recruits and those with a documented history of marijuana or behavioral health issues have Tier 1 education status, have Armed Forces Qualification Test (AFQT) scores in categories I–IIIA, or be age 22 or older.
- To mitigate the share of adverse health-related outcomes that comes with an increase in the share of accessions in a cohort who have a weight or medical waiver or a documented history of behavioral health issues increases, require that cohort to also have a higher share of Tier 1, AFQT category I–IIIA, or older (age 22 or older) recruits.
- Distinguish between recruits with only a documented history of marijuana and those who also have misconduct offenses. The adverse effects of having a documented history of marijuana can be less acute if recruits do not also have misconduct offenses (such as the sale of marijuana). The implication is that the Army should continue to carefully screen recruits with a documented history of marijuana but should be less concerned with these recruits if they have no misconduct offenses.