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Implementation of Permanent Shaving Waivers By

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INTRODUCTION

The Air Force historically changed its current shaving waiver policy that required annual medical evaluations to a 5 year recurring item. Even if a member PCS's or deploys that waiver will remain permanently on file and does not have to be renewed due to these specific occurrences. This initiative is definitely a step in the right direction however, I seek to explore a further step to make shaving waivers a permanent solution for those affected with this disease. The 5-year shaving waiver is not enough because pseudo folliculitis barbae (PFB) the official name for shaving bumps is a permanent condition. It can be reduced however there has not been a cure. Additionally, the stigma surrounding shaving waivers is not addressed in the extension of the shaving waiver from a 1 year to 5-year timespan. As our Force continues to address racial disparities, I will add that this facial condition predominantly affects minorities however, between 45 and 85 percent of African-American males experience (PFB).¹

PSEUDO FOLLICULITIS BARBAE

Recent research has confirmed a genetic predisposition to pseudo folliculitis in the African population which correlates to our African Americans in uniform. There is no known cure, only treatment options that vary with current military standards. Although the 5-year waiver is a step in the right direction. To better understand this dermatologic condition, it is caused when hair that would usually extend past the skin never actually departs the skin which causes inflammation, irritation and facial complications. Papules are formed as a result of an inflammatory foreign body-like reaction to the ingrowing hair for if the reaction is severe enough, papules may become pustules and the latter may become abscesses which after months or years of suffering, can lead to the permanent scarring or disfiguring of the face.² This background enables leaders to understand that PFB is a disorder that affects our minority

personnel with undue stress by personnel that do not understand the disease and mental impacts from this disorder.

MISCONCEPTIONS AND TREATMENT

PFB is a chronic disorder that ultimately affects a patient's self-esteem and quality of life.³ Those with shaving waivers stick out. In the enlisted ranks it can mildly be frowned upon however, in the officer ranks it is almost non-existent. When talking with a fellow African-American officer about shaving if they had a shaving waiver they responded yes, but it doesn't apply to officers. My interpretation was that you needed to be clean shaven in order to fit in as a good officer from a perception point of view. Historically, it is noted that patients may come under various unnecessary stresses at the hands of nonmedical personnel for some of these stresses will be minor, others will be devastating.⁴ In part this is an educational opportunities that colleagues in the RJI/Think Tank cohort can better address but an example of unjust treatment from those with a facial skin disorder. Leaning forward as proposed over two decades ago a functional and comprehensive program designed to educate non-medical personnel (emphasis on commanders and senior non-commissioned officers) with regard to the particulars of pseudo folliculitis barbae must be instituted at the Department of Defense level, and expeditiously implemented at all subordinate levels.⁵

The medical prognosis of our Airmen with shaving bumps is not a temporary treatment. There is no known cure at this; however, there are treatments that help in minimizing to a degree the inflammation in managing this medical condition. It is a skin disorder affecting many of our minority Airmen. It takes decisive leadership, and even a wing commander suggested instead of the new 5-year shaving waiver, why not a permanent waiver for these Airmen. The Air Force is a system where change can be laborious due to all the layers in our system. This paper seeks to

provide understanding and knowledge for tangible change to benefit our minorities in uniform. The ultimate goal is to increase mission effective and readiness by showing our minorities in uniform that their voice is heard and taken seriously.

Recommendations include using a new or electric razor, leaving hair at least 2 mm in length, and shaving in the direction of hair growth.⁶ These recommendations are for mild to moderate cases, but for cases that are more severe it takes considerably more treatment including those mentioned. With moderate to severe inflammation, the use of topical medications such as corticosteroids, antibiotics, retinoic acid and benzyl peroxide has been found useful as monotherapy or in combination.⁷ There are layers to this condition and is not always a simple solution. These topical treatments as stated can be utilized as a single treatment but often utilized in combination with allowing the hair to grow to a 2 mm length. The only treatments that approach definitive cure are laser hair removal and electrolysis for which patient skin type plays an important role in laser selection.⁸

Without proper education there can be unconscious biases based upon culture, and military standards. Previously, there has been guidance in our Armed Forces that with treatment and proper care to a given shaving procedure, shaving bumps will not recur; and it goes so far as to state, "If the disease recurs after resumption of shaving, the patient is doing something wrong."⁹ Many doctors in the military do not have a dermatology background and only are able to deal from a surface level with medical conditions. If the doctor is not well versed or an expert with this condition, then it makes it difficult for the patient, and leadership who is relying on the medical expertise to make a sound decision. The military is about culture and ensuring everyone is treated with dignity and respect at all levels, even in spite of medical conditions, as long as it does not interfere with the mission and having a negative impact on the unit. Culturally we must

ensure that our personnel are not bigoted, harassed or ostracized because this dermatologic condition is best and often treated by not shaving.¹⁰

The permanent shaving waiver solves these problems by ensuring we give time back to our most precious resource, our Airmen in uniform. A permanent shaving waiver will eliminate the need for personnel and medical staff to continue the laborious treatment of PFB. Although there is no permanent cure, patients have to go get medical appointments, get medical records updated along with new shaving waiver while getting a medical review from a health practitioner. This all takes time and money that could be better utilized for the mission. A solution with the permanent shaving waiver is that if affected PSB patients are experiencing medical trouble then seek medical treatment accordingly. By making shaving waivers permanent it would reduce the stigma and allow for the education that would accompany this announcement and that is one of support for those affected by PFB.

CONCLUSION

With the Air Forces emphasis on the increased use of process improvement. Changing the shaving waiver system by making shaving waivers permanent. This will save both the medical staff and unit member's hours of time. Additionally, this addresses an unconscious bias within our Force by understanding the diversity of our Force. The Navy previously had a permanent shaving waiver however this ended in October 2019 due to respirators not having a tight-fitting seal due to facial hair. I would inquire if on this committees, were there African Americans or others who have been affected by pseudo folliculitis barbae. The task at hand is not to marginalize the marginalized but continue the upward trend of deconstructing societal barriers. Lastly, if a change in condition arises for the member they can contact their PCM and an update/change can inquired during their annual PHA assessment.

REFERENCES

¹ www.healthline.com/health/razor-bumps

² Alexander AM, Delph WI. Pseudofolliculitis barbae in the military. a medical, administrative and social problem. J Natl Med Assoc. 1974;66(6):459–795.

³ Ogunbiyi A. (2019). Pseudofolliculitis barbae; current treatment options. Clinical, cosmetic and investigational dermatology, 12, 241–247. <https://doi.org/10.2147/CCID.S149250>

⁴ Ibid, 464

⁵ Ibid

⁶ Weiss AN, Arballo OM, Miletta NR, Wohltmann WE. *Military grooming standards and their impact on skin diseases of the head and neck*. Cutis. 2018 Nov;102(5) 330.

⁷ Ibid

⁸ Ibid, 332

⁹ Alexander AM, Delph WI. 462

¹⁰ Ibid, 464

