



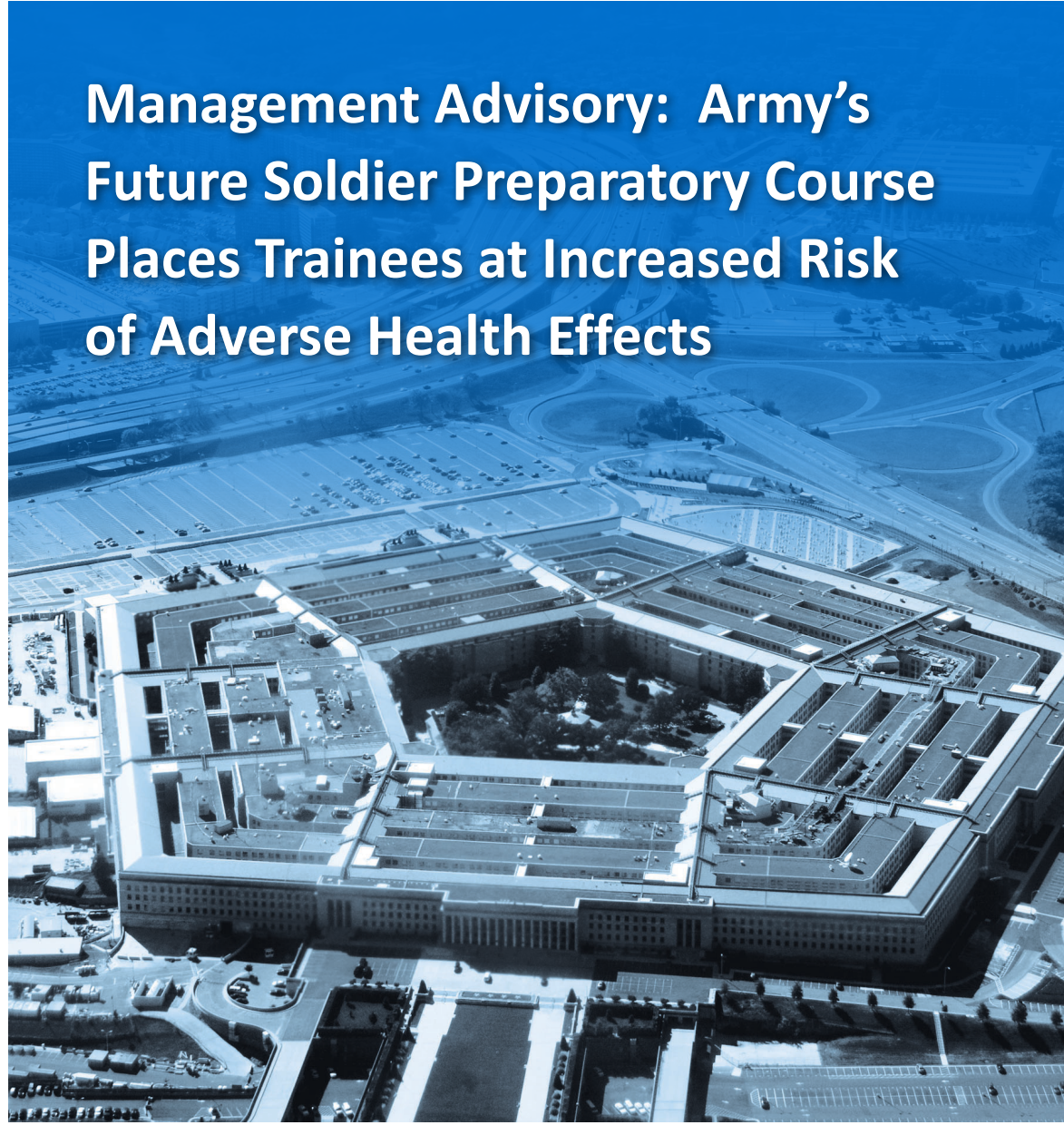
INSPECTOR GENERAL

U.S. Department of Defense

FEBRUARY 18, 2025



Management Advisory: Army's Future Soldier Preparatory Course Places Trainees at Increased Risk of Adverse Health Effects



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OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500

February 18, 2025

MEMORANDUM FOR AUDITOR GENERAL, DEPARTMENT OF THE ARMY

SUBJECT: Management Advisory: Army's Future Soldier Preparatory Course Places Trainees at Increased Risk of Adverse Health Effects (Report No. DODIG-2025-069)

This final management advisory identifies concerns found during the DoD Office of Inspector General's (DoD OIG) review of the Army's Future Soldier Preparatory Course (FSPC).

We previously provided copies of the draft management advisory and requested written comments on the recommendations. We considered management's comments on the draft management advisory when preparing the final advisory. These comments are included in the advisory.

This advisory contains one recommendation that is considered resolved and three recommendations that are considered unresolved because the Army Training and Doctrine Command (TRADOC) and the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA[M&RA]) did not agree or did not fully address the recommendations. Therefore, these recommendations remain open. We will track these recommendations until management agrees to take actions that we determine to be sufficient to meet the intent of the recommendations and management submits adequate documentation showing that all agreed-on actions are completed. DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, please provide us within 30 days your response concerning specific actions in process or alternative corrective actions proposed on the recommendations. Send your response to [REDACTED]

Administered by TRADOC, the Army's FSPC aims to increase enlistment opportunities for individuals who otherwise would face barriers to service. The objective of our review was to assess the effectiveness of the program and its impact on increasing enlistments. We are issuing this management advisory, about which we notified TRADOC, because we identified potential health and safety concerns to trainees participating in the fitness component of the FSPC.

The Army calls the FSPC fitness component the Assessment of Recruit Motivation and Strength (ARMS) 2.0 Pilot Program. Applicants entering the FSPC through the ARMS 2.0 pilot program may exceed the initial entry standards for body fat composition by up to 8 percent. The intent is to progress trainees through the fitness program and prepare them for Basic Combat Training, commonly known as basic training.

We determined that trainees at the Army Training Center and Fort Jackson (ATC&FJ) did not consistently receive required medical services, such as metabolic and cardiovascular screenings, weekly assessments by a registered dietitian, or medical clearance before moving to basic training. Fort Jackson Regulation 40-2, "Medical Services Assessment of Recruit Motivation and Strength (ARMS) Course," requires ATC&FJ medical professionals to provide these medical services to the trainees.¹ Additionally, trainees attending the FSPC academic component before joining the ARMS 2.0 pilot program were not tracked or monitored for the provided medical services during the academic component. This occurred, in part, because ATC&FJ leadership did not assign medical resources, such as registered dietitians, to the program until May 2024, 22 months after the program started, because of medical personnel shortages across the entire Army. Additionally, as of August 2024, ATC&FJ leadership did not have sufficient medical resources to meet the program's trainee-to-medical staff ratios recommended by Fort Jackson Regulation 40-2. For example, Fort Jackson Regulation 40-2 recommends that 1 dietitian be designated per 100 trainees, but only requires 1 dietitian per 700 trainees. We found through review of medical staffing and an interview with the assigned dietitian that, from May 2024 forward, the ARMS 2.0 pilot program had only 1 dietitian supporting approximately 400 to 500 trainees at any given time. However, the 1 dietitian supporting the program did not provide all of the required assessments outlined in Fort Jackson Regulation 40-2.

Aggravating the issue with the lack of medical resources, ATC&FJ leadership allowed trainees into the program who did not meet the body fat percentage standards established by the ASA(M&RA). Of the 1,181 trainees who attended the ARMS 2.0 pilot program from February 12, 2024, through May 22, 2024, 14 percent (163 trainees) exceeded the allowable 8 percent above the body fat composition limit for initial entry, with the highest being 19 percent.² The ASA(M&RA) did not allow for waivers from its authorized limit of 8 percent above the body fat composition limit. Based on interviews with ATC&FJ officials and the Division Medical Director and a review of ATC&FJ medical policy, we determined that ATC&FJ leadership prioritized the program's already limited medical resources on the 14 percent of trainees above the authorized body fat composition limit.³ With the limited medical support and percent of trainees above the body fat composition limit, ARMS 2.0 pilot program trainees are at increased risk of suffering adverse medical consequences while trying to lose weight in a short time. In internal communication addressing the ARMS 2.0 pilot program allowable body fat percentages, the TRADOC Command Surgeon and ATC&FJ Division Medical Director identified and acknowledged increased risks to trainees' health, including the risk of death, while trying to lose weight quickly to meet the body fat percentage standards.

¹ Fort Jackson Regulation 40-2, "Medical Services Assessment of Recruit Motivation and Strength (ARMS) Course," June 19, 2023.

² ASA(M&RA) Memorandum, "Army People Strategy 22—Assessment of Recruit Motivation and Strength (ARMS) 2.0 Pilot Program (Update 4)," July 25, 2022.

ASA(M&RA) Memorandum, "Assessment of Recruit Motivation and Strength (ARMS) 2.0 Pilot Program (Update 6)," Feb 12, 2024.

³ Memorandum on FSPC, "Medical Recommendation Regarding ARMS 2.0 Candidates," May 9, 2024.

Management Comments on the Advisory and Our Response

Army Training and Doctrine Command and Assistant Secretary of the Army (Manpower and Reserve Affairs) Comments

The TRADOC Commanding General, endorsed by the ASA(M&RA), disagreed with the DoD OIG's findings that medical services were not tracked or monitored for trainees attending the academic component before joining the ARMS 2.0 pilot program. In addition, the Commanding General disagreed that trainees did not consistently receive metabolic and cardiovascular screenings, weekly assessments by a registered dietitian, or medical clearance before moving to basic training. Specifically, the Commanding General stated that ATC&FJ personnel verify that dual-track trainees meet the body fat accession standards and follow the implemented criteria, identified in their response to Recommendation 1.b. below. Additionally, the Commanding General stated that once trainees enter the ARMS 2.0 pilot program, medical mitigation includes cardiovascular and metabolic screening, blood pressure, and height, weight, body mass index, and body fat percentage.

Further, the Commanding General disagreed that internal TRADOC communications acknowledged trainees' risk of death while trying to lose weight quickly to meet body fat percentage standards. Specifically, he stated that internal communications described comorbidities and did not describe risk of mortality.

Our Response

We acknowledge the comments provided by the TRADOC Commanding General; however, we are not making any changes to the advisory because the Commanding General did not provide any additional support for his statements. During our review, the ATC&FJ Division Medical Director and academic component leadership stated that dual-track trainees were not tracked for body fat percentage standards. During the review we also requested documentation from ARMS 2.0 pilot program commanders to demonstrate the implementation of requirements for Fort Jackson Regulation 40-2 but none was provided.

Further, we were provided evidence during our review that internal communications acknowledged trainees' risk of death. Specifically, an ATC&FJ Division Medical Director memorandum dated May 9, 2024, states that trainees with body fat greater than the allowable 8 percent body fat are at "slightly higher risk than others within the ARMS 2.0 cohort based upon progressive increase in all-cause mortality with increasing body fat percentage."

Recommendations, Management Comments, and Our Response

Recommendation 1

We recommend that the Assistant Secretary of the Army (Manpower and Reserve Affairs), in coordination with the Commanding General of the Army Training and Doctrine Command:

- a. **Conduct a review to determine how trainees entered the Assessment of Recruit Motivation and Strength 2.0 pilot program above the allowable initial entry body fat composition standards.**

Army Training and Doctrine Command and Assistant Secretary of the Army (Manpower and Reserve Affairs) Comments

The TRADOC Commanding General, endorsed by the ASA(M&RA), agreed with the recommendation and stated that TRADOC requested that the U.S. Army Audit Agency perform an audit to determine root causes, review corrective actions, and assist the Army in addressing the DoD OIG's findings.

Our Response

Comments from the TRADOC Commanding General addressed the specifics of the recommendation; therefore, the recommendation is resolved and open. We will close the recommendation once we verify that the U.S. Army Audit Agency has performed the audit and that the ASA(M&RA) has confirmed all recommended corrective actions have been implemented.

- b. **Develop and implement procedures to ensure the applicants entering the Assessment of Recruit Motivation and Strength 2.0 pilot program meet the authorized body fat percentages.**

Army Training and Doctrine Command and Assistant Secretary of the Army (Manpower and Reserve Affairs) Comments

The TRADOC Commanding General, endorsed by the ASA(M&RA), disagreed with the recommendation and stated that the ATC&FJ made changes to processes involving ARMS 2.0 pilot program trainees, including initiation of entry-level separation proceedings for trainees who arrived with body fat accessions that exceeded standards by 10 percent or greater. In addition, the ATC&FJ implemented enhanced medical screening for all trainees who arrived and taped in at 8 to 9.9 percent over accessions standards, with separation initiated for trainees who tested positive for additional risk factors.

Our Response

Comments from the TRADOC Commanding General did not address the specifics of the recommendation; therefore, the recommendation is unresolved. As stated in the advisory, ASA(M&RA) policy establishes the allowable body fat composition limit for the ARMS 2.0 pilot program, and the ASA(M&RA) did not allow for waivers from its authorized limit of 8 percent above the body fat composition limit. Furthermore, the TRADOC Commanding General and the ATC&FJ Commanding General do not have the authority to establish the 10 percent over accession standards documented in their comments as the allowable body fat composition limit for the ARMS 2.0 pilot program. TRADOC's expansion to the identified 10 percent over accession standards was made unilaterally, without authority and without notifying the office of the ASA(M&RA). Further, the TRADOC Command Surgeon addressed the decision, documented in the ASA(M&RA) memorandum dated February 12, 2024, which increased the allowable body fat percentage over accession standards from 6 percent to 8 percent. In the internal communication the Command Surgeon stated, "[o]f note among the stakeholders, almost all advise against going any higher than the proposed +8 BF [body fat] % due to the lack of data, known risk to force (co-morbidities and risk to mission [such as] preserving endstrength)." Additionally, the comments from the Commanding General support that ATC&FJ leadership prioritized the program's already limited medical resources on the 14 percent of trainees with body fat percentages above the authorized body fat composition limit through dedicating medical resources to complete the enhanced medical screening protocols. Therefore, we request that the ASA(M&RA) provide comments on the final advisory within 30 days describing the specific actions it will take to develop and implement procedures to ensure the applicants entering the ARMS 2.0 pilot program meet the authorized body fat percentages.

Recommendation 2

We recommend that the Commanding General of the Army Training and Doctrine Command, in coordination with the Commanding General of the Army Training Center and Fort Jackson, review resourcing deficiencies within the medical resources dedicated to the Assessment of Recruit Motivation and Strength 2.0 pilot program to develop and implement a plan to:

- a. Meet the medical service requirements for the program.**
- b. Manage the number of Assessment of Recruit Motivation and Strength 2.0 pilot program trainees based on the availability of medical resources.**

Army Training and Doctrine Command and Assistant Secretary of the Army (Manpower and Reserve Affairs) Comments

The TRADOC Commanding General, endorsed by the ASA(M&RA), disagreed with the recommendation and stated that the DoD OIG incorrectly quoted staff ratios from the regulation. Additionally, the Commanding General acknowledged that having a dietitian assigned to the course is challenging, so the ATC&FJ entered into a partnership with the local Military Treatment Facility to use one of their dietitians to cover the requirement since July 2024.

Our Response

Comments from the TRADOC Commanding General did not address the specifics of the recommendation; therefore, the recommendation is unresolved. We agree that Fort Jackson Regulation 40-2 only requires 1 dietitian be designated per 700 trainees; however, as stated in the advisory, the regulation recommends that 1 dietitian be designated per 100 trainees. As stated in the advisory, from May 2024 forward, the ARMS 2.0 pilot program had only 1 dietitian supporting the program, which met the required staffing, not the recommended staffing. This resulted in the program being unable to provide the required assessments by a registered dietitian outlined in Fort Jackson Regulation 40-2, as noted in the advisory.

We disagree that TRADOC has met the medical services requirement of the program. We determined through review of medical staffing and interviews with ARMS 2.0 pilot program commanders that the program did not have the required number of combat medic specialists for every physician assistant, and had neither the required nor the recommended number of strength and conditioning coaches, nutrition care specialists, or physician assistants required by Fort Jackson Regulation 40-2.

In addition to not receiving required weekly assessments by a registered dietitian, we determined that trainees did not consistently receive metabolic and cardiovascular screenings or medical clearance before moving to basic training. According to Fort Jackson Regulation 40-2, trainees will move to basic training once they meet the body fat accession standard of 2 percent above the authorized accession standard. Specific for trainees that lost 2 percent or greater of body fat during the program, movement to basic training will be delayed by 2 weeks and will require medical clearance. The regulation specifies that trainees not cleared by medical personnel will continue for 1 additional week in the ARMS 2.0 pilot program to ensure “safe weight loss and reassessed for medical clearance.” Therefore, we request that the TRADOC Commanding General or designee provide comments on the final advisory within 30 days describing the specific actions the TRADOC Commanding General will take to develop and implement a plan to meet the medical service requirements for the ARMS 2.0 pilot program and to manage the number of ARMS 2.0 pilot program trainees based on the availability of medical resources.

If you have any questions or would like to meet to discuss the review, please contact
[REDACTED] We appreciate the cooperation and
assistance received during the review.

A handwritten signature in black ink that reads "Bryan Clark". The signature is written in a cursive, flowing style.

Bryan Clark
Assistant Inspector General for Evaluations
Programs, Combatant Commands, and Operations

Management Comments

Commanding General of the Army Training and Doctrine Command and Assistant Secretary of the Army (Manpower and Reserve Affairs)



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY TRAINING AND DOCTRINE COMMAND
950 JEFFERSON AVENUE
FORT EUSTIS, VIRGINIA 23604-5700

ATIR (11-7a)

18 DEC 2024

MEMORANDUM THRU Assistant Secretary of the Army (Manpower and Reserve Affairs) (SAMR-ZA), 111 Army Pentagon Washington, DC 20310-0111

FOR Department of Defense, Office of the Inspector General (DoDIG), 4800 Mark Center Drive, Alexandria, Virginia 22350-1500

SUBJECT: U.S. Army Training and Doctrine Command Reply to Department of Defense, Office of the Inspector General, Management Advisory: Army's Future Soldier Preparatory Course Places Trainees at Increased Risk of Adverse Health Effects,

1. This memorandum provides U.S. Army Training and Doctrine Command's (TRADOC) comments to subject management advisory, including Recommendation 2, as addressed to the Commanding General (CG), TRADOC.

2. **Recommendation 1:** DoDIG recommends the Assistant Secretary of the Army (Manpower and Reserve Affairs), in coordination with CG, TRADOC:

a. Conduct a review to determine how trainees entered the Assessment of Recruit Motivation and Strength (ARMS) 2.0 Pilot Program above the allowable initial entry body fat composition standards.

b. Implement procedures to ensure applicants entering the ARMS 2.0 Pilot Program meet the authorized body fat percentages.

TRADOC Comments to Recommendation 1: TRADOC requested U.S. Army Audit Agency perform an audit starting in 2nd quarter fiscal year 2025 (FY25) to determine root causes, review corrective actions, and assist the Army in addressing DoDIG's findings. Starting in June 2024, changes were made to processes involving ARMS trainees at U.S. Army Training Center and Fort Jackson (USATC&FJ). Most significant of these changes are:

(1) Initiation of entry-level separation proceedings (AR 635-200, Chapter 11) for all ARMS trainees arriving at USATC&FJ exceeding the body fat accessions standard by 10% or greater; and

(2) Enhanced medical screening for all ARMS arrivals tapering in at 8-9.9% over accessions standards, with separation initiated for those who test positive for additional risk factors.

Commanding General of the Army Training and Doctrine Command and Assistant Secretary of the Army (Manpower and Reserve Affairs) (cont'd)

ATIR (11-7a)

SUBJECT: U.S. Army Training and Doctrine Command Reply to Department of Defense, Office of the Inspector General, Management Advisory: Army's Future Soldier Preparatory Course Places Trainees at Increased Risk of Adverse Health Effects,

During the first two months of FY25, 159 (13.4%) of ARMS trainees arrived at USATC&FJ above the 8% standard: 62 arrived above 10% and have been separated (or are in the process of being separated), and 97 arrived between 8-9.9% and proceeded into the course after passing the enhanced medical screening protocols.

3. **Recommendation 2:** We recommend CG, TRADOC, in coordination with CG, USATC&FJ, review resourcing deficiencies within the medical resources dedicated to the ARMS 2.0 Pilot Program to develop and implement a plan to:

- a. Meet the medical services requirements for the program.
- b. Manage the number of ARMS Pilot Program trainees based on the availability of medical resources.

TRADOC Comments to Recommendation 2: DoDIG indicated USATC&FJ was not in compliance with trainee-to-medical staff ratios in USATC&FJ Regulation 40-2 (Medical Services Assessment of Recruit Motivation and Strength Course). However, DoDIG incorrectly quotes staff ratios from the regulation. The USATC&FJ regulatory staff ratio for dietitians is 1:700. We acknowledge there have been challenges in having a dietitian assigned to the course, and USATC&FJ entered into a partnership with the local Military Treatment Facility to use one of their dietitians to cover this requirement since July 2024.

4. **Additional Comments:**

a. **Finding:** DoDIG stated medical services were not being tracked or monitored for trainees attending the academic component before joining the ARMS 2.0 Pilot Program. Trainees were not consistently receiving metabolic and cardiovascular screenings, weekly assessments by a registered dietitian, or medical clearance before moving to basic training.

TRADOC Response to Finding: Dual track trainees, identical to ARMS recruits, are taped upon arrival at USATC&FJ, to verify whether they meet the body fat accession standards. Initiation of entry-level separation occurs for trainees exceeding the body fat accessions standard by 10% or greater and enhanced medical screening occurs for trainees taping in at 8-9.9% over accessions standards.

Commanding General of the Army Training and Doctrine Command and Assistant Secretary of the Army (Manpower and Reserve Affairs) (cont'd)

ATIR (11-7a)

SUBJECT: U.S. Army Training and Doctrine Command Reply to Department of Defense, Office of the Inspector General, Management Advisory: Army's Future Soldier Preparatory Course Places Trainees at Increased Risk of Adverse Health Effects,

Once trainees matriculate into ARMS, medical mitigation includes cardiovascular and metabolic screening comprised of standardized screening questions, blood pressure, height/weight/body mass index, and body fat percentage. For trainees at increased risk, additional metabolic screening (hemoglobin A1C and fructosamine) before, and routine medical consultation during ARMS enables early identification and medical mitigation. ARMS trainees have access to a dietitian, but mandatory 1-on-1 consultation is only required of those ARMS trainees exceeding 2% body fat loss in a week.

We are currently assessing the course to provide additional sleep, nutrition, and physical fitness education to dual-track applicants while completing the Academic Skills Development Program (prior to formally beginning the ARMS course).

b. **Finding:** Internal TRADOC communications acknowledged trainees' risk of death while trying to lose weight quickly to meet body fat percentage standards.

TRADOC Response to Finding: Internal communications described comorbidities and did not describe risk of mortality. Although obesity confers risk of medical comorbidities that could impact recruit success in basic training and at first unit of assignment, medical mitigation, with additional metabolic screening before ARMS and routine medical consultation during ARMS, implemented at USATC&FJ reduces risk.

5. Point of contact is [REDACTED]



GARY M. BRITO
General, U.S. Army
Commanding

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