

**Religious Exemption from Mandatory COVID-19 Vaccination¹
for U.S. Military Personnel
(September 13, 2021)**

Introduction:

1. According to reports, Members of the U.S. Armed Forces are routinely being coerced into accepting the COVID-19 vaccine, and falsehoods are being spread to the effect that the mandate cannot be avoided, and the dire consequences of refusal. We have heard that some are telling service members that there are no religious exemptions – only medical or administrative exemptions, but this is not true.

2. Also, like all Americans, service members are being told the vaccine is “safe and effective” even though it has been shown to be dangerous and largely ineffective². From December 2020 through September 2, 2021 there were 14,506 domestic and foreign COVID-19 vaccine deaths reported in [VAERS](#). All other vaccines given between July 1990 September 2 caused only 8,993 deaths reported in VAERS. This jaw dropping difference alone should have immediately halted the vaccine program. As to effectiveness, the COVID-19 vaccines do not even claim to give “immunity,” only “protection.”

3. The military has a tragic history of pushing poorly tested vaccines like the [1976 Swine Flu Vaccination Program](#) and [1997 Anthrax Vaccine Program](#) on service members. Likewise, the Centers for Disease Control has a terrible record with violating medical ethics, such as its [Tuskegee Syphilis Study](#) where, from 1932 to 1972, African Americans with syphilis who were deliberately allowed to go untreated even though syphilis was treatable.

4. Many service members have asked for information as to how to obtain a Religious Exemption from these dangerous vaccines, which are completely unlike all other vaccines ever given Service Members. This paper sets out the applicable law and regulations relating to service members obtaining a Religious Exemption.

Summary of Application Process for Religious Exemption:

1. Service members may be lawfully ordered, under threat of criminal prosecution, to accept vaccines that are fully licensed and approved by the FDA. 10 U.S.C. § 1107a.

¹ **This paper is educational in nature, and is in no way designed to provide legal or medical advice to any service member or other individual.**

² Information on the grave dangers and supposed benefits of the COVID-19 Vaccine are collected at www.centerformedicalfreedom.com.

2. Service members may apply for a Religious Exemption (“RE”) to avoid the COVID-19 vaccine — even if the vaccine has received final FDA approval. Application for a Religious Exemption is typically made by letter to a Commanding Officer. The letter should identify the service member by name, rank, serial number, and unit. The letter should explain why the service member has a religious conviction against the vaccine. Several sample letters may be found at www.centerformedicalfreedom.org.

3. Service members will be counseled against refusing the vaccine, including time with a Military Chaplain. The Service Member should be prepared to explain verbally the basis for his claim, which can be taken from the sample letters.

4. A RE may be granted by a unit commander if the objection is based on a sincerely held religious belief, but approval of an RE is not automatic — it is subject to the needs of the service and subjective criteria.

5. Unit commanders also may authorize REs for service members within 180 days from separation or retirement or within 30 days of departing for a permanent change of station.

6. A four-step application process is required to obtain a RE.³

7. A number of form letters that can be modified and used to seek an RE are available at www.centerformedicalfreedom.com.

Questionable Military Authorization to Require the COVID-19 Vaccine:

1. 10 U.S.C. § 1107 was enacted to ensure that Service Members could not be compelled to accept a vaccine under an Emergency Use Authorizations (“EUA”). All three vaccines in the United States were issued under EUAs. That statute states that Service Members must be “informed of an option to accept or refuse administration of a [EUA] product, may be waived only by the President.” The President has not waived that requirement.

2. On July 6, 2021, the Office of Legal Counsel of the U.S. Department of Justice issued a bizarre opinion seemingly designed to undermine the protection that 10 U.S.C. § 1107 affords. It concludes that while Service Members must be informed of their option to accept or refuse administration of an EUA vaccine, unless the requirement they be so informed is waived by the President, Service Members may not exercise that right to deny the EUA vaccine. If challenged, it is likely this absurd legal opinion would be overturned.

³ In addition, medical exemptions are permitted in the case of an underlying health condition or known adverse reaction contraindicated with a certain vaccine.

3. On August 23, 2021, the FDA approved the first COVID-19 vaccine. It is known as the Pfizer-BioNTech COVID-19 Vaccine, marketed as Comirnaty. While there are reasons to believe that the actual vaccine approved on August 23 is not identical to the Pfizer vaccine, what is clear is that the Johnson & Johnson (Janssen) and Moderna vaccines still are only under EUA

4. On August 24, 2021, Secretary of Defense Lloyd Austin issued a Memorandum on the subject of: “Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members.” The Memorandum directs the services to begin full vaccination of all members of the Armed Forces, the Ready Reserve, and the National Guard.

5. 21 U.S.C. § 360bbb-3 requires that anyone to whom any EUA product is administered must be informed:

- that the product is authorized for emergency use only;
- the significant known and potential benefits and risks of such use, and the extent to which such benefits and risks are unknown; and
- the option to accept or refuse administration of the product, the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

Anecdotal indications are that few persons being vaccinated are given this information.

6. 21 U.S.C. §355(i)(4) sets out the framework for obtaining “informed consent” as to “investigational” new drugs. Like their civilian counterparts, service members must be given sufficient information to obtain their “informed consent.” They also must be given “clear notice” before being administered an “investigational new drug.” 10 U.S.C. § 1107. The notice must provide:

- the reasons why the investigational new drug or drug unapproved for its applied use is being administered;
- information regarding the possible side effects of the investigational new drug or drug unapproved for its applied use, including any known side effects possible as a result of the interaction of such drug with other drugs or treatments being administered to the members receiving such drug; and
- any other information that the Secretary of Health and Human Services may require to be disclosed.

Anecdotal indications are that very few persons give true “informed consent.”

EUA vs. Fully Approved Vaccines

1. The FDA is taking the position that its August 23, 2021 approval of the COMIRNATY vaccine is the same as the Pfizer vaccine that had an EUA. The FDA Factsheet states these vaccines have “the same formulation and can be used interchangeably,” but this may not be true.

2. The FDA issued Department of Health and Human Services U.S. License No. 2229 to BioNTech Manufacturing GmbH, Mainz, Germany, under the provisions of section 351(a) of the PHS Act (42 U.S.C. §262a) controlling the manufacture and sale of biological products and permitted it to be labeled **COMIRNATY**.⁴ The same [August 23, 2021 approval letter](#) stated that the “final formulated product will be manufactured, filled, labeled and packaged at Pfizer.” The re-issued EUA to Pfizer dated August 23, 2021 states that this product is **not now available for distribution** under the COMIRNATY label.

3. It is unclear when COMIRNATY will be available to military personnel and no specific military directives have been issued for the implementation of DoD’s August 24, 2021 vaccination order. Indeed, the FDA approval letter stated that, “You may not distribute any lots of product until you receive a notification of release from the Director, Center for Biologics Evaluation and Research (CBER).” According to the FDA’s August 23, 2021 press release, the products are legally distinct *with certain differences* that do not impact safety or effectiveness.”⁵ One critical legal distinction between the Pfizer EUA vaccine and COMIRNATY is that Pfizer enjoys the benefit of a liability waiver against claims of harm by those injected while the COMIRNATY recipients will be able to sue BioNTech Manufacturing GmbH for adverse reactions from a fully licensed product. Formulary differences may prove critical to religious objections.

Details of Process to Obtain Religious Exemption

1. Under the DOD Immunization Program,⁶ each service is directed to identify and define its own “mandatory immunization requirements.” The Program reiterates the exceptions to mandatory vaccinations in the case of non-FDA-approved immunizations as well as approved products that are inconsistent with a product’s labeling. It also provides for religious exemptions. When a RE is requested, the unit commander is required to seek input from medical, legal, and chaplain representatives. The commander is also required to counsel the service member on potential adverse impact to “deployability, assignment, or international travel.” Finally, a military physician must “counsel” the service member on the benefits and risks of forgoing a required vaccination.

2. Unit commanders are permitted to revoke a religious exemption “if the individual and/or unit are at imminent risk of exposure to a disease for which an immunization is available.” Commanders may also administratively separate, or initiate disciplinary

⁴ See <https://www.fda.gov/media/151710/download>.

⁵ See <https://www.fda.gov/media/144414/download>.

⁶ See [DOD Instruction 6205.02](#) (July 23, 2019).

proceedings under the Uniform Code of Military Justice against service members without an authorized exemption, if they are non-compliant with a mandatory vaccination.

3. Army Command Policy AR 600-20 (24 July 2020)⁷ provides specific procedures for implementation of mandatory vaccination policy and the processing of applications for religious exemptions.⁸ No Army or other service-level directives have been issued for the COVID-19 vaccine mandate, however, and an August 25, 2021 *Air Force Times* article reported that the Army had not yet determined the specifics for “the processing of service member exceptions, exemptions and refusals of the mandatory COVID-19 vaccination” but said these specifics would be “forthcoming.”⁹

4. Appendix P-2 to AR 600-20 provides that “Soldiers whose religious practices conflict with immunization requirements may request an exemption through command channels, from company or immediate commander through battalion, brigade, division, and GCMCA commanders to TSG [The Surgeon General]. TSG is the only approval or disapproval authority for immunization accommodation requests.” However, Appendix P-2 also permits rejection of requests for religious accommodation based on vague, subjective, and potentially arbitrary criteria: “When evaluating *sincerity*, commanders may consider the *credibility* and *demeanor* of the applicant and the circumstances of the request. Although a religious practice does not have to be compelled by, or central to, a system of religious belief, commanders may evaluate the Soldier’s *ability to articulate* the religious basis and religious importance of the request.” Additionally, “Requests for accommodations *consistent with published standards* will be approved, *unless the commander determines* the request is not based on a sincerely held religious belief or the commander identifies a specific hazard resulting from the accommodation not otherwise addressed in policy.”¹⁰ (Italics added)

5. In the Army, at least four documents are required to obtain a religious exemption application, according to Children’s Health Defense:¹¹

⁷ See https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN30132-AR_600-20-001-WEB-2.pdf. See Appendix.

⁸ See <https://www.armyresilience.army.mil/ard/images/pdf/Policy/600-20%20Army%20Command%20Policy.pdf>.

⁹ D. Winkie, “[Here’s the Army rule for vaccine refusals, which service leaders brushed up on this summer](#),” *Air Force Times* (Aug. 25, 2021).

¹⁰ AR 600-20 Table P-1, relating to “Process for General Court-Martial Convening Authority uniform and grooming requests and all waiver requests” – Note 2, page 189.

¹¹ Pam Long, “[Service Members Can Request Religious Exemptions for Mandated Vaccines. Here’s How](#),” Children’s Health Defense (November 30, 2020).

The **first** is a **personal memorandum** that includes identity information, establishes the religious belief that is contrary to immunization and lists the specific vaccines requested for exemption.

An additional **letter from a supportive religious leader** is **optional**, but the service member is not required to prove the tenets of his religion. The service member's memorandum should also explain how the requested religious accommodation will not interfere with military readiness, unit cohesion, good order and discipline, health and safety. According to AR600-20:

“(1) Requests for religious exemption must include name, rank, MOS/branch and a description of the religious tenet or belief contrary to immunization. Other documentation, such as letters from a religious leader, is optional but may assist commanders evaluating the request.”

The **second required** document is a DA4856 counseling form **summarizing an interview** between the chaplain, unit commander and service member on the request for religious accommodation. This counseling form documents the reasons for the religious exemption, discusses the issue of burden on military readiness, and acknowledgment of the terms of revocation under imminent risk conditions. According to AR600-20:

(2) The commander will arrange an in-person or telephonic interview between the requestor and the assigned unit chaplain or other chaplain determined by the senior chaplain present. The chaplain must provide a memorandum that summarizes this interview and addresses the religious basis and sincerity of the soldier's request. The chaplain is not required to recommend approval or disapproval, but may do so. Memorandums from other chaplains or religious leaders may accompany the request as optional attachments, but do not meet the requirement for interview by the assigned unit chaplain or one determined by the senior chaplain present.

The **third required** document is a **counseling form** documenting a discussion with a healthcare provider and the service member on the risks of disease, and benefits and risks of vaccines. According to AR600-20:

“(3) A licensed healthcare provider must counsel the applicant. The healthcare provider should ensure that the applicant is making an informed decision and should address, at a minimum, the following: (a) specific information about the diseases concerned; (b) specific vaccine information including benefits and risks; and (c) potential risks of infection incurred by unimmunized individuals.”

The **fourth required** document is a DA4856 counseling form on which the commander and service member explain the career impact of a religious exemption to vaccines, with a recommendation in favor or denial of the request. According to AR600-20:

“(4) The applicant’s immediate commander must counsel the applicant and recommend approval or denial of the exemption request. The commander must counsel that noncompliance with immunization requirements may adversely impact deployability, assignment or international travel, and that the exemption may be revoked under imminent risk conditions. The commander’s recommendation will address the factors of military necessity described in paragraph 5-6a.”

Final Thoughts:

1. Military service members should be aware that no matter how much pressure is put upon them, they have rights.
2. Military service members have the right to seek a Religious Exemption (RE). A form letter is available at www.centerformedicalfreedom.com. A Christian statement on “The Theology of the COVID-19 Vaccine” is available at www.centerformedicalfreedom.com. A Roman Catholic template for exemptions generally is available at <https://cocatholicconference.org/template-for-religious-exemption-from-covid-19-vaccines/>.
3. Those seeking a Religious Exemption should be able to explain verbally the basis for their belief that the COVID-19 vaccine violates their religious beliefs.
4. The most persuasive reasons for asserting a RE appear to be: (1) that these vaccines, unlike all prior vaccines, are experimental and utilize novel gene therapy technologies. The two mRNA vaccines direct and in essence alter your genetic code (DNA) tampering with God’s creation; and (2) all of the COVID-19 vaccines were developed, tested, or manufactured using aborted fetal cells. Information about the tie between abortion and the vaccine is available at www.cogforlife.org and <https://lozierinstitute.org/>.
5. Military service members asserting a RE who are being frustrated in their efforts have the right to have a consultation with a JAG officer.
6. A military service member with a religious objection to the COVID-19 vaccine, who sincerely believes that God would not want him to take this shot, should be prepared to defend his religious convictions with same degree of fortitude that he would defend his country, no matter what penalty is imposed. *See* Acts 5:29 (“We ought to obey God rather than men.”). However, each person must “count the cost” of every available path. Luke 14:28-30.

References

NOTE LITIGATION:

A challenge to a vaccine mandate in the military was filed in the U.S. District Court for the District of Colorado on August 30, 2021. *Daniel Robert, et al. v. Lloyd Austin, et al.*, Civil Action No. 1:21-cv-002228. [Plaintiff's Verified Motion For An Emergency Temporary Restraining Order](#). On September 1, 2021, the District Court denied plaintiff's motion for a TRO.

[10 U.S.C. §1107](#) – Notice of use of an investigational new drug or a drug unapproved for its applied use

[10 U.S.C. §1107a](#) – Emergency use products

[21 U.S.C. §355](#) – New drugs

[42 U.S.C. §2000bb](#) – Religious Freedom Restoration Act

Secretary of Defense Memorandum: [Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members](#) (August 24, 2021).

[DOD Instruction 6200.02](#) (February 27, 2008) – Application of Food and Drug Administration Rules to Department of Defense Force Health Protection Programs

[DOD Directive 6200.04](#) – Force Health Protection (FHP)

[DOD Instruction 6205.02](#) (July 23, 2019) – [DoD Immunization Program Joint Service Regulation on Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases](#)

[AR 600-20](#) – Army Command Policy (*See Appendix*)

[Defense Health Primer: Military Vaccinations](#), *Congressional Research Service* (August 6, 2021)

Pam Long, “[Service Members Can Request Religious Exemptions for Mandated Vaccines. Here's How](#),” *Children's Health Defense* (November 30, 2020).

Appendix
Summary of Relevant Provisions of AR 600-20

AR 600–20

Personnel-General

**Army
Command
Policy**

**Headquarters
Department of the Army
Washington, DC
24 July 2020**

SUMMARY of CHANGE

AR 600–20
Army Command Policy

This administrative revision, dated 30 July 2020—

o Updates information (fig 2–5).

This major revision, dated 24 July 2020—

* * *

o Adds policy for command aspects of medical readiness and medical care (para 5–4)

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Chapter 4 Military Discipline and Conduct

4–1. Military discipline

a. Military discipline is founded upon self-discipline, respect for properly constituted authority, and the embracing of the professional Army Ethic with its supporting individual values [those things, people, and ideas that are important to an individual]. Military discipline is instilled through positive leadership, reinforcing the regulatory standards for personnel, and the training readiness standards for individual and collective tasks, together, resulting in a mental attitude about proper conduct and obedience to lawful military authority.

b. While military discipline is the result of effective training, it is affected by every feature of military life. It is manifested in individuals and units by cohesion, bonding, and a spirit of teamwork; by smartness of appearance and action; by cleanliness and maintenance of dress, equipment, and quarters; by deference to seniors and mutual respect between senior and subordinate personnel; by the prompt and willing execution of both the letter and the spirit of the legal orders of their lawful commanders; and by fairness, justice, and equity for all Soldiers, regardless of race, color, sex (including gender identity), national origin, religion, and sexual orientation.

c. Commanders and other leaders will maintain discipline according to the policies of this chapter, applicable laws and regulations, and the orders of seniors.

4–2. Obedience to orders

All personnel in the Army are required to strictly obey and promptly execute the legal orders of their lawful seniors.

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Chapter 5 Other Responsibilities of Command

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5–4. Command aspects of medical readiness and medical care

The proponent for prevention against disease and injury is the OTSG [Army Office of the Surgeon General]. However, commanders at all levels are responsible and accountable for the health of their command in accordance with AR 40–5 and DA Pam 40–11. Roles of the commander with respect to medical readiness and medical care include the following—

* * *

a. Preventive medicine. Ensure that the health of all personnel in their command is sustained and protected in all military activities through aggressive implementation of preventive medicine activities. Command Preventive Medicine Program responsibilities include—

(4) Immunization and chemoprophylaxis.

g. Command authority - medical care with or without the Soldier's permission.

(1) *Emergency medical care.* Emergency medical care, defined as immediate intervention to prevent the loss of life, limb, sight, or body tissue, or to prevent undue suffering may be performed. This is determined by the attending physician.

(2) *Immunizations.* Commanders will ensure that Soldiers are continually educated concerning the intent and rationale behind both routine and theater-specific or threat-specific military immunization requirements. Immunizations required by AR 40-562 or other legal directive may be given involuntarily (except as prescribed in para 5-6 or para P-3b regarding religious accommodation). The intent of this authorization is to protect the health and overall effectiveness of the command, as well as the health and medical readiness of the individual Soldier. In cases where involuntary immunization is being considered, the following procedures and limitations apply:

(a) Under normal circumstances, actions will not be taken to involuntarily immunize Soldiers. If a Soldier declines to be immunized the commander will—

1. Ensure that the Soldier understands the purpose of the vaccine.
2. Ensure that the Soldier has been advised of the possibility that the disease may be naturally present in a possible area of operation or may be used as a biological weapon against the United States and its allies.
3. Ensure that the Soldier is educated about the vaccine and has been able to discuss any objections with medical authorities.
4. Counsel the Soldier, in writing, that he or she is legally required to be immunized; that if the Soldier continues to refuse to be immunized that he or she will be legally ordered to do so, and that failure to obey the order may result in UCMJ [Uniform Code of Military Justice] and/or administrative action for failure to obey a lawful order (UCMJ, Art. 92) as deemed appropriate by the commander.
5. Order the Soldier to receive the immunization.

(b) If, after any of the steps listed in paragraph 5-4g(2)(a), a Soldier elects to be immunized, adverse action will not normally be taken based solely on the initial declination.

(c) When a GCMCA [general court-martial convening authority] or the delegated representative determines that conditions of imminent threat exist (where the threat of naturally occurring disease or use of biological weapons is reasonably possible), Soldiers may be involuntarily immunized. Involuntary immunization(s) will not be ordered by a commander below the GCMCA unless authority to do so has been properly delegated by the GCMCA. Prior to ordering involuntary immunizations, all of the steps outlined in paragraph 5-4g(2)(a) should be followed and documented, situation permitting. In performing this duty, unit personnel will only use the amount of force necessary to assist medical personnel in administering the immunization.

(3) **Isolation and quarantine**. Isolation and quarantine for cases of suspected or proven communicable disease may be appropriate.

(4) **Detention**. Detention on closed wards may be required when needed to ensure proper medical supervision or to protect the Soldier or others from harmful acts.

* * *

5-6. Accommodating religious practices

a. Policy.

(1) The Army places a high value on the rights of its Soldiers to observe tenets of their respective religions or to observe no religion at all; while protecting the civil liberties of its personnel to the greatest extent possible, consistent with its military requirements.

(2) Pursuant to Section 2000bb of Title 42, United States Code and DoDI 1300.17, **requests for religious accommodations** from a military policy, practice, or duty that substantially burdens a Soldier's (to include military prisoner's) exercise of religion may be denied only when the military policy, practice, or duty furthers a **compelling government interest and is the least restrictive means of furthering that compelling government interest**. It is the Soldier's **responsibility to demonstrate he or she has a sincerely held religious belief and that the government policy, practice, or duty substantially burdens their religious exercise**. If the **Soldier demonstrates a sincerely held religious belief and a substantial burden to their religious exercise, the commander must then demonstrate how/why the government action furthers a compelling government interest and is the least restrictive means of furthering that interest**.

(3) Requests for religious accommodations from a military policy, practice, or duty that are not sincerely based on a religious belief or that do not substantially burden a Soldier's exercise of religion should not be evaluated using the compelling government interest standard prescribed in a(2). Under these circumstances, commanders are only required to balance the needs of the Soldier against the needs of mission accomplishment.

(4) **A religious exercise includes any exercise of religion, whether or not compelled by, or central to, a system of religious belief**. Compelling government interests could potentially include: safety, health, good order, discipline, uniformity, National Security, and mission accomplishment. All requests for accommodation of religious practices will be assessed on a **case-by-case basis**. Each request must be considered based on its unique facts; the nature of the requested religious accommodation; the effect of approval or denial on the Soldier's exercise of religion; and the effect of approval or denial on military necessity. Accommodation of a Soldier's religious practices must be examined against military necessity and cannot be guaranteed at all times. Some religious practices, such as dietary and worship practices, do not need a request for a waiver of policy and can be accommodated by immediate commanders.

b. Responsibilities.

(1) The ASA (M&RA) [Assistant Secretary of the Army (Manpower and Reserve Affairs)] will oversee the implementation and execution of this paragraph to ensure compliance with DoD and Army policy.

(2) The DCS [Deputy Chief of Staff], G-1 will develop policy on the accommodation of religious practices within the Army.

(3) The following will ensure that every prospective enlisted Soldier (to include reenlistment), cadet, and commissioned officer is informed of the Army's religious accommodation policy as set forth in this regulation and, furthermore, that recruits and candidates for officer producing programs acknowledge in writing that they have been so informed:

(a) The CG [commanding general], U.S. Army Recruiting Command (for enlisted Soldier and AMEDD officer accessions).

(b) The CG, TRADOC [training and doctrine command] (for ROTC cadets, WOCs, and OCs).

(c) The Judge Advocate General (for judge advocate officer accessions).

(d) The Chief of Chaplains (for chaplain officer accessions).

(e) Superintendent, USMA (for USMA cadets).

(4) The Chief of Chaplains will serve as advisor to the DCS, G-1 on matters pertaining to religious accommodation. The Office of the Chief of Chaplains will develop and publish training on the process for requesting and receiving religious accommodations. The training will be reviewed by the Office of The Judge Advocate General prior to publication.

(5) The CG, TRADOC will ensure that training on the provisions of this chapter is incorporated in pre-command training provided to brigade commanders.

c. Pre-Accession requests. Individuals intending to enter service may submit a pre-accession request for religious accommodation related to uniform and grooming and initial immunizations required at MEPS, using the procedures in appendix P.

(1) A pre-accession request is defined as a request before any of the following occur: contracting for enlistment, contracting in a Senior ROTC program, accepting appointment to the United States Military Academy (USMA), or accepting appointment through direct commission.

(2) The chain of command routing for pre-accessions requests will be established by each accessions agency and command up through the GCMCA level. See appendix P.

(3) For pre-accession requests requiring HQDA action, the procedures for requesting a waiver related to uniform and grooming policy or medical policy, as outlined in appendix P, apply.

d. Types of Requests. Requests for religious accommodation generally fall into five major areas: worship practices, dietary practices, **medical care (including immunizations)**, wear and appearance of the uniform, and personal appearance and grooming practices. Procedures and approval authorities vary depending on the type of accommodation. See appendix P for additional processing information for each category of request.

(1) *Worship practices.* Some religious groups have worship practices that conflict with the Soldier's normal availability for duty; for example worship on days other than Saturday or Sunday, a 25-hour Sabbath, or special holy days or periods. While many worship practices can be accommodated informally, others may require a formal accommodation request. Worship practices involving the use of prohibited substances require a waiver of Army policy and can only be approved by the SECARMY [Secretary of the Army] or designee.

(2) *Dietary practices.* Some religious groups have beliefs that prohibit the eating of specific foods, or prescribe a certain manner in which food must be prepared. Many dietary requirements can be accommodated using existing authorized resources. A Soldier with a

conflict between the diet provided by the Army and that required by religious practice may also request an exception to policy to ration separately.

(3) *Medical care.* Some religious practices conflict with normal Army medical procedures. These practices include beliefs in self-care, and prohibitions against immunizations, blood transfusions, or surgery. Accommodations concerning medical care always require coordination between unit commander and appropriate healthcare provider.

(4) *Wear and appearance of the uniform.*

(a) *Religious items.* Many Soldiers wear or carry jewelry, apparel, or articles with religious significance (hereafter referred to as religious items). Some discreet religious items, such as a yarmulke, necklace, or metal bracelet, are authorized for wear in uniform, or in civilian clothes on duty, without submitting a religious accommodation request. Other religious items, such as a hijab or turban, require a religious accommodation request using procedures in appendix P.

(b) *Modesty.* Some Soldiers have religious or cultural practices which encourage greater body coverage than is provided by certain uniform variations (for example, summer Army Physical Fitness Uniform (APFU)). Commanders may informally authorize wear of additional or alternative uniform items. Requests to wear apparel that is not authorized by AR 670-1 or DA Pam 670-1 require a religious accommodation request using the waiver request procedures in appendix P. (For example, commanders may authorize a Soldier to wear the pants or long sleeve shirt of the Army Physical Fitness Uniform (APFU), but a request to wear unauthorized apparel to cover arms and legs would require action by the SECARMY or designee).

(c) *Appearance and Grooming.* The Army's appearance and grooming standards are contained in AR 670-1. Soldiers must request a religious accommodation to engage in religious appearance and grooming practices, regardless of whether the practice is addressed in AR 670-1.

e. Request procedures and approval authorities.

(1) Requests for religious accommodation are processed under distinct approval channels depending on the type of accommodation requested.

(a) *Worship, modesty, and dietary practices.* Unit commanders are the designated decision authority for most worship and dietary practices as outlined below, including procedures for appeal.

(b) *Medical practices.* Unit commanders, in consultation with MTF [Military Treatment Facility] commanders and/or their assigned medical advisor (that is, brigade surgeon), are the designated decision authority for medical practices which do not involve exemption from immunization. TSG [The Surgeon General] is the decision authority for immunization exemptions and appeals concerning disapproved religious accommodations for other medical practices.

(c) *Uniform and grooming practices.* Some uniform and grooming requests may be approved or disapproved by the GCMCA. Any request which requires a waiver of Army policy may only be approved or disapproved by the SECARMY or designee.

(2) Unless otherwise stated, commanders should consider the following factors when considering a request for the purposes of a decision or recommendation:

(a) The importance of military requirements in terms of mission accomplishment, including military readiness, unit cohesion, good order, discipline, health, and safety.

(b) The religious importance of the accommodation to the requestor.

(c) The cumulative impact of repeated accommodations of a similar nature.

(d) The measurable effect, if any, of granting the single accommodation requested, to include whether it results in the sanctioned discrimination of other Soldiers.

(e) Alternative means available to meet the requested accommodation.

(f) Previous treatment of the same or similar requests, including treatment of similar requests if made for other than religious reasons.

f. Continuation of accommodation.

(1) Approved accommodations pertaining to worship practices, dietary practices, medical care, and modesty concerns are temporary and subject to modification or revocation by immediate commanders in accordance with the provisions of para 5-6a(4).

(2) Approved accommodations pertaining to the following faith practices continue throughout a Soldier's career: wear of a hijab, wear of a beard, and the wear of a turban or under-turban/patka with uncut beard and uncut hair. Although subject to the suspension procedures below, these accommodations may not be permanently revoked or modified unless authorized by the SECARMY or designee.

(a) Once approved, religious accommodations are subject to GCMCA review at any time for health and safety considerations.

(b) The GCMCA of the gaining command will review an approved religious accommodation upon the Soldier's permanent change of station.

(c) The GCMCA will review an approved religious accommodation when a Soldier reclassifies into a new or secondary MOS.

(3) Suspension of non-temporary accommodations.

(a) When an accommodated Soldier's GCMCA identifies a specific and concrete threat to health and safety based on the accommodation (such as threat of exposure to toxic chemical, biological, radiological, nuclear (CBRN) agents that may merit a heightened protective posture), the GCMCA, after consultation with the Staff Judge Advocate, will notify the Soldier of the need to suspend the religious accommodation, the basis for the suspension, the date the suspension will likely go into effect, and the Soldier's right to appeal. If the Soldier requests an appeal, the Soldier will have 10 days to submit matters to the Office of the DCS, G-1 Command Policy Division at usarmy.pentagon.hqda-dcs-g-1.mbx.command-policy@mail.mil. The accommodation will not be suspended before the SECARMY or designee takes action on the appeal.

(b) In exigent circumstances involving an imminent threat to health and safety, the GCMCA may shorten the time for appeal and, in urgent circumstances, may require immediate suspension of the accommodation. The GCMCA will notify the Office of the DCS, G-1 Command Policy Division of the decision and its basis as soon as possible at usarmy.pentagon.hqda-dcs-g-1.mbx.command-policy@mail.mil.

(c) The GCMCA will reinstate the suspended accommodation when the specific and concrete threat to health and safety as a result of the accommodation no longer exists. See appendix P for suspension procedures.

Note: An accommodation for a beard may be temporarily suspended when a specific and concrete threat of exposure to toxic CBRN agents exists that requires all Soldiers to be clean-shaven, including those with medical profiles. Following the suspension procedures of this paragraph, commanders may require a Soldier to shave if the unit is in, or about to enter, a real tactical situation where use of protective mask is actually required and where the inability to safely use the mask could endanger the Soldier and the unit. A Soldier may wear a beard while participating in training or tactical simulations designed to ensure that the Soldier is fully familiar with use of the protective mask.

g. Separation Procedures. An enlisted Soldier whose religious practices cannot be accommodated consistent with military necessity may request separation from the Army under the provisions of AR 635–200. Commissioned or WOs who request separation for reasons of religious accommodation will follow the application for release from active duty as prescribed in AR 600–8–24 (for other than RA), or apply for an unqualified resignation as outlined in AR 600–8–24 (for RA). All personnel separated or discharged from the U.S. Army because of conflict between their religious practices and military requirements will be subject to recoupment of Federal funds as outlined in referenced regulations.

Note: Nothing in this regulation will be construed to limit the authority of commanders to enforce standards by means of all applicable provisions of the UCMJ while requests and appeals are being processed. Soldiers are obligated to adhere to orders and standards set by their immediate commanders.

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P–2. Processing requests related to medical care

a. Self-care or refusal of treatment. A Soldier may request to have medical treatment withheld for non-emergency or non life-threatening illnesses and injuries. Accommodations for medical care are fact specific. Blanket requests covering unspecified future medical care will not be approved. Unit commanders may consult with MTF personnel about medical treatment options, including temporarily deferring medical treatment to accommodate a Soldier’s religious practices while a request is pending. Commanders will follow DHA [Defense Health Agency] or DoD policies and procedures. If DHA or DoD procedures are not prescribed, an MTF commander will engage in the following procedures (see Memorandum of Agreement between Defense Health Agency and the Army Office of the Surgeon General and the U.S. Army Medical Command for the Direct Support to the Defense Health Agency for Medical Treatment Facility Administration and Management, 19 September 2019):

(1) The MTF commander will convene an ad hoc committee to assess any request to withhold recommended medical treatment because of religious objections. The committee will be chaired by a Medical Corps officer and must include a chaplain. All committee members must be officers or full-time employees of the Federal Government.

(2) The committee will prepare a report which includes the following information:

- (a) Proposed treatment to relieve incapacity and aid the Soldier's return to duty status.
- (b) The need for the treatment.
- (c) An assessment of the likely medical outcome and potential risks to the Soldier's health of withholding treatment based on the Soldier's age and general physical condition.
- (d) An assessment of the possible effects on the health of others and the military medical system.

(e) Evidence that the Soldier was given the opportunity to appear before the board in person; submit a written statement; or submit written statements from a member of their faith group. If circumstances do not permit the Soldier to appear in person or submit a written statement (or both), or the Soldier declines to appear in person or submit a written statement; then the board will include this information in the report.

(3) Soldiers may have a representative. A representative will be appointed for Soldiers believed to be incompetent. The representative need not be legally qualified. The report will include the rationale for any determination of incompetency.

(4) Unit and MTF commanders will review the committee report and any matters submitted by the Soldier and consider the effects of accommodation on military necessity in accordance with paragraph 5-6a.

(5) If, after consulting with the MTF commander and conducting the requisite analysis in accordance with paragraph 5-6a, the unit commander determines that military necessity requires that medical care be provided to a Soldier, the unit commander will inform the Soldier by written memorandum. If the Soldier requests an appeal or refuses care, the MTF commander will forward the committee report and the unit commander's decision memorandum through command channels to TSG for final action.

(6) TSG will provide a copy of the final determination to the Office of the Deputy Chief of Staff, G-1 (DAPE-MPC), Washington, DC 20310-0300.

(7) If TSG disapproves the request for accommodation, the Soldier will be given the opportunity to accept the treatment. If the Soldier refuses, the MTF commander will refer the matter to the Soldier's SPCMCA for appropriate action.

(8) In emergency situations, the MTF commander may order, or the attending healthcare provider may take, immediate steps in accordance with local MTF policy to save a Soldier's life regardless of religious practices or objections.

b. Immunizations. Immunization requirements for Soldiers are described in AR 40-562. Soldiers whose religious practices conflict with immunization requirements may request an exemption through command channels, from company or immediate commander through battalion, brigade, division, and GCMCA commanders to TSG. TSG [The Surgeon General] is the only approval or disapproval authority for immunization accommodation requests.

Note. Accession agencies and commands are authorized to establish routing chains for pre-accession requests which may not include all levels of intermediate command, but must be routed through a GCMCA.

(1) Requests for religious exemption must include name, rank, MOS/branch, and a description of the religious tenet or belief contrary to immunization. Other documentation, such as letters from a religious leader, is optional but may assist commanders evaluating the request.

(2) The commander will arrange an in-person or telephonic interview between the requestor and the assigned unit chaplain or other chaplain determined by the senior chaplain present. The chaplain must provide a memorandum that summarizes this interview and addresses the religious basis and sincerity of the Soldier's request. The chaplain is not required to recommend approval or disapproval, but may do so. Memorandums from other chaplains or religious leaders may accompany the request as optional attachments, but do not meet the requirement for interview by the assigned unit chaplain or one determined by the senior chaplain present.

(3) A licensed healthcare provider must counsel the applicant. The healthcare provider should ensure that the applicant is making an informed decision and should address, at a minimum, the following:

- (a) Specific information about the diseases concerned;
- (b) Specific vaccine information including benefits and risks; and
- (c) Potential risks of infection incurred by unimmunized individuals.

(4) The applicant's immediate commander must counsel the applicant and recommend approval or denial of the exemption request. The commander must counsel that noncompliance with immunization requirements may adversely impact deployability, assignment, or international travel, and that the exemption may be revoked under imminent risk conditions. The commander's recommendation will address the factors of military necessity described in paragraph 5-6a.

(5) Commanders will forward exemption requests through command channels to TSG. TSG will approve or disapprove the requested exemption, and return the decision to the Soldier's commander through command channels.

(6) TSG may authorize exemptions for the career of a Soldier (subject to revocation), or issue a single, specific exemption, or may disapprove the request. If TSG disapproves a requested exemption and the Soldier still refuses the immunization, paragraph 5-4g(2) applies.

(7) TSG will provide a copy of the determination to the Office of the Deputy Chief of Staff, G-1 (DAPE-MPC), Washington, DC 20310-0300.

(8) Religious exemptions may be revoked in the case of an imminent risk of exposure to a disease for which an immunization is available

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Glossary

Section I

Abbreviations [selected]

AMEDD

Army Medical Department

AR

Army Regulation

ASA (M&RA)

Assistant Secretary of the Army (Manpower and Reserve Affairs)

CG

Commanding General

DHA

Defense Health Agency

DoDD

Department of Defense directive

GCMCA

General Court-Martial Convening Authority

HQDA

Headquarters, Department of the Army

MTF

Military Treatment Facility

SECARMY

Secretary of the Army

SPCMCA

Special Court-Martial Convening Authority

TRADOC

U.S. Army Training and Doctrine Command

UCMJ

Uniform Code of Military Justice

USMA

United States Military Academy

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Section II

Terms [selected]

* * *

Beliefs

Judgments or expectancies which one may hold.

* * *

Religion

A personal set or institutionalized system of attitudes, moral or ethical beliefs and practices held with the strength of traditional views, characterized by ardor and faith, and generally evidenced through specific observances.

* * *

Discrimination types

The following definition of discrimination types apply to the Military Equal Opportunity program:

* * *

d. *Religious discrimination.* Occurs when an individual is treated more or less favorably because of their religious beliefs or practices--except to the extent a religious accommodation is warranted. For example, imposing stricter promotion requirements for a person of a certain religious or imposing more or different work requirements on an individual because of their religious beliefs or practices, or forcing an individual to participate--or not participate--in a religious activity.

Values

Those things, people, and ideas that are important to an individual.