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September 26, 2025

Dane Hughes
Assistant Secretary of Defense for Legislative Affairs
U.S. Department of Defense
1300 Defense Pentagon
Washington, DC 20301

Re: AADA Comments on Revised Military Shaving Waiver Policies

Dear Mr. Hughes,

On behalf of the American Academy of Dermatology Association (AADA), we commend the United States Department of Defense (DoD) for its commitment to maintaining a strong and capable military force. We recognize the importance of upholding the necessary standards to maintain a disciplined and effective military; however, **we are concerned that recent revisions to shaving waiver policies implemented across military branches may adversely affect service members with pseudofolliculitis barbae (PFB), further exacerbating skin conditions and negatively impacting military personnel's performance and career progression.^{1, 2, 3} We respectfully request a meeting with the DoD to discuss evidence-based solutions that support optimal care for service members with PFB.**

As the leading society in dermatological care, representing nearly 17,500 dermatologists nationwide, the AADA is committed to advancing excellence in the medical and surgical treatment of skin disease; advocating for high standards in clinical practice, education, and research in dermatology; and driving continuous improvement in patient care and outcomes while reducing the burden of skin disease.

¹ Department of the Airforce, "Medical Guidance for Shaving Profiles" (January 24, 2025).

[https://www.airforcemedicine.af.mil/Portals/1/Documents/Shaving%20Guidance%20Memorandum%20\(Effective%20Date_01%20MAR%202025\).pdf](https://www.airforcemedicine.af.mil/Portals/1/Documents/Shaving%20Guidance%20Memorandum%20(Effective%20Date_01%20MAR%202025).pdf)

² MARADMINS Number: 124/25, "Uniform and Grooming Standards for Medical Conditions" (March 13, 2025).

<https://www.marines.mil/News/Messages/Messages-Display/Article/4119098/uniform-and-grooming-standards-for-medical-conditions/>

³ Secretary of the Army, Army Directive 2025-13 (Facial Hair Grooming Standards) (July 7, 2025)

https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN44307-ARMY_DI_bR_2025-13-000-WEB-1.pdf

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I. PFB Management is Critical to Comprehensive Dermatological Care

PFB is often triggered by grooming practices such as shaving,⁴ And if left untreated, can cause severe papules and scarring.⁵ The condition remains prevalent in the U.S. Military, with individuals who have curly hair being 45-83% more likely to develop PFB.⁶ For these individuals, shaving-related irritation can thicken the skin and further lead to pustules and dark spots, with severe complications including hyperpigmentation, keloids, warts, and extensive scarring, as well as a general impact on self-esteem, which in extreme cases, can lead to psychosocial distress.^{7,8,9}

Given that PFB cases are common among active-duty service members,¹⁰ it is essential that DoD provide further research or reports that examines the underlying causes of increases in PFB diagnosis, while expanding access to board-certified dermatologic care across military branches, including the use of clear and consistent grooming standards, increased availability of topical therapies, and appropriate access to long-term or permanent shaving waivers to mitigate the effects of the disease.¹¹

II. Shaving Waiver Policy Revisions Do Not Adequately Address the Appropriate Dermatological Management of PFB

Since there is no cure for PFB, the focus of treatment should be centered around dermatologic management strategies that lessen the condition's impact on daily life and overall quality of care. Managing PFB successfully requires a tailored approach that tackles pathogenesis.¹² Although highly effective, laser hair removal is not always easily accessible to military personnel.¹³ Barriers to access for laser treatments combined with narrow shaving waiver policies may hinder military personnel from timely and effective dermatological care for a preventable skin condition.

⁴ Goldstein BG, O. GA. Pseudofolliculitis barbae. UpToDate. https://www.uptodate.com/contents/pseudofolliculitis-barbae?search=pseudofolliculitis%20barbae%20&source=search_result&selectedTitle=1%7E13&usage_type=default&display_rank=1. Updated 01/22/2025. Accessed 4/14/2025.

⁵ Department of the Army, Technical Bulletin, Medical 287, "Pseudofolliculitis of the Beard and Acne Keloidalis Nuchae" (July 15, 2025). https://bg-crawford.tricare.mil/Portals/142/documents/ARN44381-TB_MED_287-000.pdf?ver=Bb92in9nfZUiKH8cV0e6FQ%3D%3D

⁶ Alchorne MMA, Conceicao KDC, Barraza LL, Milanez Morgado de Abreu MA. Dermatology in black skin. An Bras Dermatol. 2024;99(3):327-341.

⁷ Kligman AM, Mills OH. Pseudofolliculitis of the Beard and Topically Applied Tretinoin. Arch Dermatol. 1973;107(4):551-552. doi:10.1001/archderm.1973.01620190027006

⁸ Dalia Y, Khatib J, Odens H, Patel T. Review of treatments for pseudofolliculitis barbae. Clin Exp Dermatol. 2023;48(6):591-598

⁹ Jung I, Lannan FM, Weiss A, Cho S. Treatment and Current Policies on Pseudofolliculitis Barbae in the US Military. Cutis. 2023;112(6):299-302.

¹⁰ Wilkerson, T, Military Health System, "Surveillance Snapshot: Pseudofolliculitis barbae Cases in Active Component Service Members, 2000-2022" (August 1, 2023). <https://health.mil/News/Articles/2023/08/01/Pseudofolliculitis-barbae>

¹¹ Tshudy MT, Cho S, Pseudofolliculitis Barbae in the U.S. Military, a Review, Military Medicine, Volume 186, Issue 1-2, January-February 2021, Pages e52-e57, <https://doi.org/10.1093/milmed/usaa243>

¹² Yoseph Dalia, Jude Khatib, Herman Odens, Tejesh Patel, Review of treatments for pseudofolliculitis barbae, Clinical and Experimental Dermatology, Volume 48, Issue 6, June 2023, Pages 591-598, <https://doi.org/10.1093/ced/llad075>

¹³ Tshudy MT, Cho S, Pseudofolliculitis Barbae in the U.S. Military, a Review, Military Medicine, Volume 186, Issue 1-2, January-February 2021, Pages e52-e57, <https://doi.org/10.1093/milmed/usaa243>

For some individuals, individualized laser hair removal treatments may be the safest or most effective care option, as patients may require alternative treatment plans to prevent blistering, scar formations, or infections.¹⁴ Furthermore, discontinuing shaving may also be beneficial for treatment outcomes, yet current temporary shaving waiver policies restrict this option to only severe PFB cases. In addition, shaving waivers across most military branches require frequent periodic renewal, which can increase the risk of complications, as the continuation of shaving may lead to painful lesions, pustules, and keloids.

In addition, service members' access to dermatologists is limited and may require locating care outside of the Military Health System or military-operated facilities. Consistent access to dermatologists is critical to support safe and effective treatment of PFB; since dermatologists are uniquely trained in the diagnosis and treatment of skin diseases including PFB, it is imperative that service members receive enhanced access to dermatologists and dermatological care through the Military Health System, Veteran Affairs Hospitals, and outside external healthcare networks, to ensure service members receive the most effective PFB treatments. The continued process of renewing short-term shaving waivers imposes undue burdens, including frequent medical appointments, increased administrative complexity, and unnecessary re-evaluation of a chronic skin condition, resulting in significant career and performance consequences.

Tightening and revising military grooming standards without adequate consideration for dermatological care management and evidence-based research will likely increase skin complications among affected military personnel. We would appreciate the opportunity to meet with you to discuss evidence-based grooming standards that maintain the military's professionalism while safeguarding service members' health and readiness. Please contact Karry La Violette, Senior Vice President of Advocacy & Policy, at klaviolette@aad.org for additional information.

Sincerely,

A handwritten signature in cursive script that reads "Susan C. Taylor MD, FAAD". The signature is written in dark ink and is positioned above the printed name and title.

Susan C. Taylor
President, American Academy of Dermatology Association

¹⁴ Id.