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HIV/AIDS in the Military

Chapters 31 and 33 of Title 10, U.S. Code, provide broad authority to the Department of Defense (DOD) to establish certain accession and retention standards for servicemembers. These standards set minimum thresholds in areas such as educational aptitude, physical fitness, and medical fitness that must be met for an individual to enter military service.

DOD policies establish the medical fitness standards required to enter, or be retained, in the Armed Forces. In certain instances, applicants or current servicemembers may develop, present with, or have a history of a medical condition or physical defect that would be disqualifying for entry into or continued military service.

There are approximately 434 disqualifying medical conditions, including a human immunodeficiency virus (HIV) infection. While DOD policy prohibits the accession of any applicant who tests positive for HIV, current servicemembers who become infected may continue to serve.

HIV/AIDS in the Military

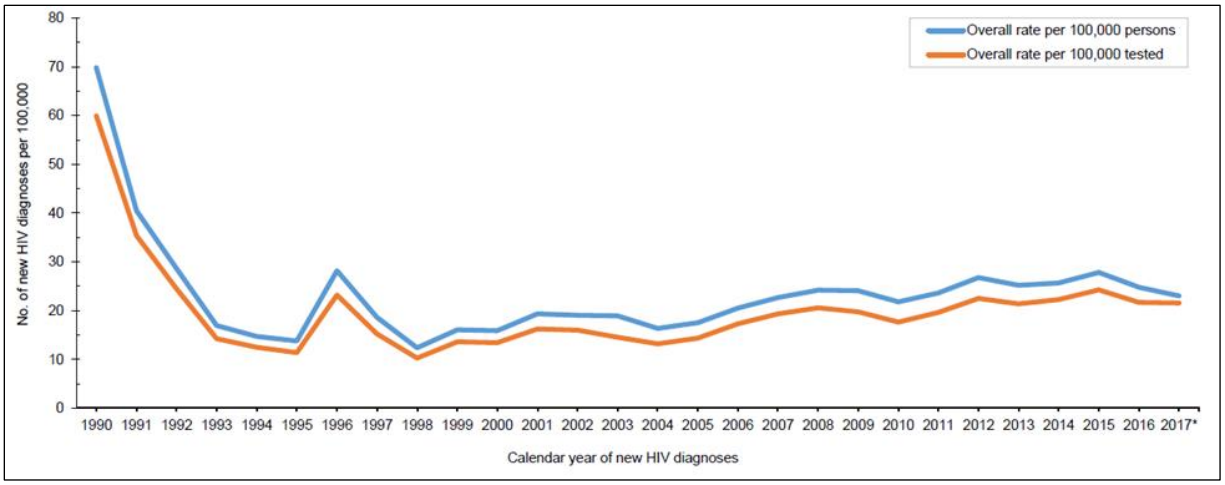
The U.S. Centers for Disease Control and Prevention (CDC) describes HIV as a chronic viral infection that attacks an individual's immune system. HIV can be transmitted when certain of one's bodily fluids (e.g., semen, blood, breast milk) are injected into the blood stream or come into contact with mucus membrane or damaged tissue of another. Untreated HIV infections can lead to Acquired Immunodeficiency Disease Syndrome (AIDS). DOD's Armed Forces Health Surveillance Center estimates that there are approximately 350 servicemembers diagnosed with HIV annually. The rate of newly diagnosed HIV infections among servicemembers tested (also called the *seroprevalence rate*) in 2017 was 23 per 100,000. This rate is lower when compared to the general U.S. population, ages 20-34. **Figure 1** illustrates trends in HIV incidence rates in the military since 1990.

Across the active components, the seroprevalence rate (per 100,000 servicemembers) in 2017 was highest in the Navy (30), followed by the Army and Air Force (17), and the Marine Corps (15). Among the reserve components, the seroprevalence rate was highest in the Army Reserve (38), followed by the Army National Guard and Marine Corps Reserve (32), Navy Reserve (23), Air Force Reserve (17), and Air National Guard (10).

Entry into Military Service

In general, DOD policies prohibit applicants with *laboratory evidence of HIV infection* (i.e., HIV+) from entering military service. All applicants typically undergo a comprehensive medical examination, including HIV screening, at a military entrance processing station or military treatment facility (MTF). For applicants to the U.S. Service Academies, the Uniformed Services University of the Health Sciences, or other officer candidate programs, HIV screenings are conducted within 72 hours of arrival at the training site. Reserve Officer Training Corps (ROTC) cadets and midshipmen must be tested prior to the program's commencement.

Figure 1. Rates of New HIV Diagnoses Among Servicemembers, 1990-2017



Source: Department Health Agency, *Medical Surveillance Monthly Report*, "Review of the U.S. Military's Human Immunodeficiency Virus Program: a Legacy of Progress and Future of Promise," Vol. 25, No. 9, September 2018, https://go.usa.gov/xmQ6z.
Notes: * Data is through June 30, 2017. Includes active and reserve component members.

Retention in Military Service

DOD policy requires all servicemembers to be tested for HIV "every 2 years unless more frequent screenings are clinically indicated." Routine HIV screenings are typically conducted during the periodic health assessment, an annual evaluation of a servicemember's medical readiness status. Servicemembers testing positive for HIV are referred to appropriate treatment and are required to undergo a medical evaluation of fitness conducted by a *medical evaluation board* (MEB). A MEB reviews the servicemember's medical condition and ability to perform his/her job, then issues findings and a recommendation on continued military service, such as

- *Fit for Duty*—member returns to work with no limitations.
- *Limited Duty* (LIMDU)—member is placed on a temporary or permanent LIMDU status requiring modifications or restrictions on the scope of work he/she is able to perform.
- *Not Fit for Duty*—member is referred to the physical evaluation board for further review and determination on continued military service.

Generally, DOD prohibits involuntary separations solely for being HIV+ and may retain servicemembers if they are able to fully perform the duties of their specific occupational specialty. Retained servicemembers are placed in a permanent LIMDU status and may be restricted to certain duty locations (including overseas) that can medically support their condition.

HIV+ servicemembers remain eligible for certain non-combat or non-contingency deployments and must meet the DOD's retention policy for non-deployable service members. Implemented in October 2018, the policy requires servicemembers who are in a non-deployable status for more than 12 consecutive months to be evaluated for retention or be administratively separated from the military.

HIV/AIDS Prevention and Health Care Services

DOD offers clinically appropriate counseling and treatment for HIV/AIDS at certain MTFs or through civilian health care providers participating in TRICARE. TRICARE covers only medically necessary and evidence-based treatments (e.g., antiretroviral therapies approved by the U.S. Food and Drug Administration). Certain contraceptives, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) aimed at reducing the risk of contracting HIV, are also available to servicemembers and other eligible beneficiaries (i.e., family members, retirees).

Active duty servicemembers incur no out-of-pocket costs for DOD health care services, including HIV treatment. Other beneficiaries may be subject to cost-sharing based on their TRICARE health plan, beneficiary category, and type of medical service received. If a beneficiary receives HIV treatment that is not directly provided, referred by a DOD or TRICARE provider, or otherwise covered by DOD, then he/she may be required to pay for those services.

Considerations for Congress

Differences in Accession vs. Retention Standards. DOD has recently affirmed its policies that (1) prohibit HIV+ individuals from entering military service, (2) retain HIV+ servicemembers if they are *fit for duty*, and (3) apply the accession, rather than retention, standards to previously separated and returning (prior service) applicants. DOD argues that servicemembers should be free of medical conditions that may require excessive time lost from duty and of contagious diseases that may endanger the health of other personnel. Others argue that HIV+ individuals who adhere to prescribed treatment can (already) perform the duties involved with military service without becoming sick or posing a danger to themselves or others.

Retention Policy for Non-Deployable Service Members. Under DOD's policy, each military department makes its own determination on servicemember deployability. This creates potential retention disparities among the military departments. For instance, certain HIV+ servicemembers have been considered *deployable with limitations*, while others have been categorized as non-deployable and subsequently separated from military service.

Cost/Benefit to Retain HIV+ Servicemembers. There are certain tangible and intangible costs to recruit, retain, separate, and replace servicemembers. Balancing the cost/benefit of retaining or separating HIV+ servicemembers may require DOD to consider additional costs for health care, loss of military occupational skills and experience, personnel replacement, or impacts to military capabilities.

Relevant Policies

DOD Instruction 6130.03, "Medical Standards for Appointment, Enlistment, or Induction into the Military Services," May 6, 2018

DOD Instruction 6485.01, "Human Immunodeficiency Virus (HIV) in Military Service Members," June 7, 2013

DOD Instruction 1332.45, "Retention Determinations for Non-Deployable Service Members," July 30, 2018

CRS Products

CRS Report R45399, *Military Medical Care: Frequently Asked Questions*, by Bryce H. P. Mendez

Other Resources

DOD, "Department of Defense Personnel Policies Regarding Members of the Armed Forces Infected with Human Immunodeficiency Virus: Report to the Committees on the Armed Services of the Senate and House of Representatives," August 2018, https://go.usa.gov/xmQMX

Defense Health Agency, *Medical Surveillance Monthly Report*, "Review of the U.S. military's human immunodeficiency virus program: a legacy of progress and a future of promise," Vol. 24, No. 9, pp. 2-14, https://go.usa.gov/xmQ6z

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