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HIV/AIDS in the Military

In various chapters of Title 10, *U.S. Code*, Congress has codified a number of broad authorities for the Department of Defense (DOD) to establish certain accession and retention standards for servicemembers. These authorities allow DOD to create standards and set minimum thresholds in areas such as educational aptitude, physical fitness, and medical fitness that must be met for an individual to enter or remain in 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 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 an infected person'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). Between January 2017 and June 2022, DOD's Armed Forces Health Surveillance Division estimated that 1,581 servicemembers were newly diagnosed with HIV. Of those servicemembers, 981 (62%) were still serving in the military in 2022.

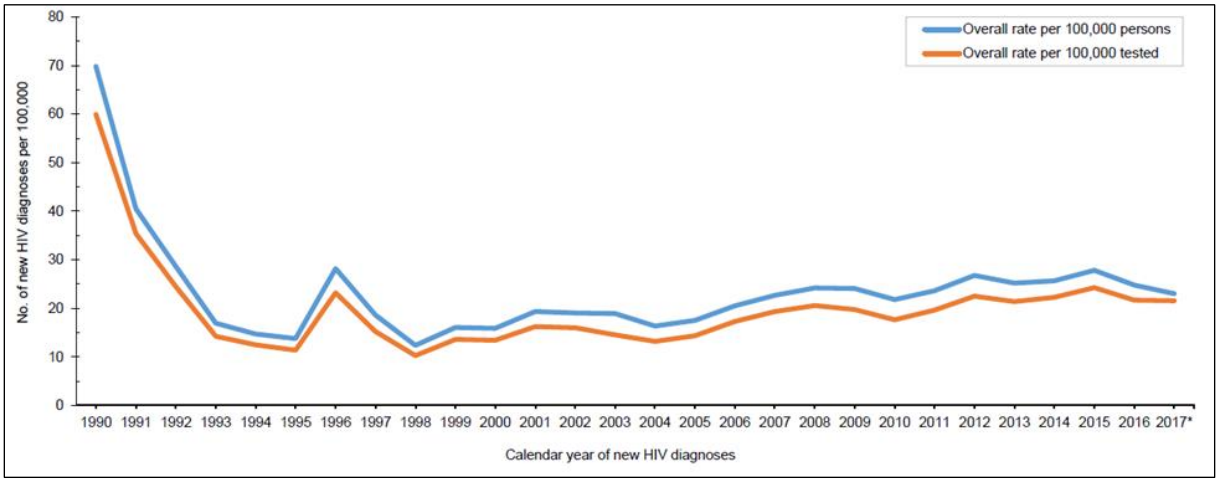
The rate of newly diagnosed HIV infections (also called the *seroprevalence rate*) among servicemembers tested in 2021 was 23 per 100,000. This rate is lower than that of the general U.S. population, ages 25-34. **Figure 1** illustrates trends in HIV incidence rates in the military since 1990.

Across the active components, the seroprevalence rate (per 100,000 servicemembers) in 2021 was highest in the Army (28), followed by the Navy (25), Air Force (15), and the Marine Corps (12). Among the reserve components, the seroprevalence rate was highest in the Air Force Reserve (40), followed by the Navy Reserve (36), Army Reserve (28), Army National Guard (27) Marine Corps Reserve (26), and Air National Guard (13).

Entry into Military Service

In general, DOD policies prohibit applicants with "laboratory evidence of HIV infection" 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 direct commissioning programs, HIV screenings occur prior to the program's commencement. DOD policies provide an exception for HIV+ individuals who are currently serving in the military and applying for an officer commission or participation in an officer accession program. These policies also allow applicants on HIV pre-exposure prophylaxis (PrEP) to enter military service if those medications are administered in compliance with CDC guidelines.

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



Source: Defense 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. 24, No. 9, September 2017, 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 their service's physical evaluation board for further review and determination on continued military service.

DOD policy generally 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 may be assigned to duty stations or deployed to locations that "ensures access to appropriate medical care."

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 the TRICARE program. TRICARE covers only medically necessary and evidence-based treatments (e.g., U.S. Food and Drug Administration-approved antiretroviral therapies, or ART). Certain contraceptives, 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 do not incur out-of-pocket costs for DOD health care services, including HIV treatment. Other beneficiaries may be subject to cost shares based on their TRICARE health plan, beneficiary category, and the 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, they may be required to pay for these services.

Considerations for Congress

Differences in Accession vs. Retention Standards. In June 2022, DOD affirmed its policies that (1) prohibit HIV+ individuals from entering military service, (2) retain HIV+ servicemembers if they are *fit for duty*, and (3) consider currently serving HIV+ individuals for officer accession or commissioning programs on a "case-by-case basis." DOD asserts 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 stress that HIV+ individuals who adhere to prescribed treatment (i.e., ART) can perform the duties involved with military service without becoming sick or posing a danger to themselves or others. Adherence to ART can also suppress viral loads to levels that can significantly reduce the risk of HIV transmission and could become undetectable when tested.

Cost/Benefit to Recruit or Retain HIV+ Servicemembers. Balancing the cost/benefit of recruiting, retaining, replacing, or separating HIV+ servicemembers may require DOD to consider the tangible and intangible costs. These include direct or indirect costs for health care, loss of military occupational skills and experience, attrition and personnel replacement, or impacts to military capabilities.

Enhanced HIV Prevention Efforts. According to the 2018 DOD Health Related Behaviors Survey, an estimated 22% of active component servicemembers and 18% of reserve component servicemembers were at "high risk for HIV" based on their sexual health behavior. The National HIV/AIDS Strategy for 2022-2025 introduced goals to reduce new HIV transmissions in the United States by 75% in 2025 and by 90% in 2030. The Strategy's implementation plan assigns DOD certain actions to make progress toward this goal, including ongoing education, screening and prevention efforts. The plan also calls for continued implementation of an "optimal HIV PrEP program." Enhancing HIV prevention efforts and reducing barriers to accessing PrEP could be effective means of achieving national goals and protecting the health and wellbeing of the force.

Relevant Policies

DOD Instruction 6130.03, "Medical Standards for Appointment, Enlistment, or Induction into the Military Services," updated November 16, 2022

DOD Instruction 6485.01, "Human Immunodeficiency Virus (HIV) in Military Service Members," updated June 6, 2022

Secretary of Defense Memorandum, "Policy regarding Human Immunodeficiency Virus-Positive Personnel Within the Armed Forces, June 6, 2022

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

DHA, *Medical Surveillance Monthly Report*, "Update: Routine screening for antibodies to human immunodeficiency virus, U.S. Armed Forces, active and reserve components, January 2017-June 2022," Vol. 29, No. 9.

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