



PERSONNEL AND  
READINESS

## UNDER SECRETARY OF DEFENSE

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WASHINGTON, D.C. 20301-4000

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Office of National AIDS Policy  
Office of the Director  
The White House  
Washington, DC 20502

In a memo dated July 13, 2010, the President directed measures to implement a “National HIV/AIDS Strategy for the United States.” The President further directed the Department of Defense (DoD) to describe how it is implementing the National Strategy and working with other Federal agencies.

DoD Instruction 6485.1, “Human Immunodeficiency Virus,” describes policy for the identification, surveillance, and management of military personnel infected with the human immunodeficiency virus (HIV). It also establishes the following prevention activities to control the transmission of HIV:

- a. As with all progressive illnesses and diseases, testing positive for HIV disqualifies an applicant from entry into the military.
- b. All military personnel are routinely screened for HIV every 2 years.
- c. Military personnel who test positive for HIV are evaluated to determine if they are “fit for duty.” If found to be fit for duty, they may continue to serve in any capacity deemed safe for access to appropriate medical care and mission accomplishment. Military personnel who are HIV positive are clinically cared for using the best treatment modalities available.
- d. Military personnel who test positive for HIV and are determined not to be fit for duty, go through routine channels for separation or retirement.
- e. Military personnel who are HIV positive are expected to conduct themselves in such a way as to not infect other individuals.

DoD Directive 1010.10 requires that the DoD meet Department of Health and Human Services (HHS) Healthy People Goals and Objectives, which include many of the targets in the National Strategy that address HIV prevention and treatment, including the removal of any health care disparities.

DoD is engaged in addressing the main goals and objectives of the strategy: Reducing New HIV Infections; Increasing Access to Care and Improving Health Outcomes for People Living with HIV; Reducing HIV-Related Disparities and Health Inequities; and Achieving a More Coordinated National Response to the HIV Epidemic:

- a. Reducing New HIV Infections—DoD, through military personnel and clinical health care methodologies, encourages a DoD culture that supports healthy living, including the prevention of all sexually transmitted infections. Education and training in these areas occur frequently

through multiple channels targeted at military-specific and other beneficiary populations.

b. Increasing Access to Care and Improving Health Outcomes for People Living with HIV and Reducing HIV-Related Disparities and Health Inequities—By virtue of the structure of the Military Health System, all eligible DoD beneficiaries have equal access to testing, education and training, quality care and treatment, and support to attain the best possible outcome in living with their disease. We have many new and innovative care initiatives, such as case management and home-centered care, which should improve an HIV-positive beneficiary's health and well-being.

c. Achieving a More Coordinated National Response to the HIV Epidemic—DoD constantly seeks to improve all aspects of HIV prevention and care and would appreciate further coordination with other Federal, state, and local agencies to provide the best and most coordinated care and support for those beneficiaries who are HIV positive.

The DoD Sexually Transmitted Disease/Infection Prevention Committee is comprised of health professionals from all of the Military Departments and the Uniformed Services University of the Health Sciences, and I have shared the National Strategy with them and asked for their increased interactivity with other Federal, state, and local governments to further support the prevention and treatment of HIV/acquired immune deficiency syndrome (AIDS).

Walter Reed Army Institute of Research (WRAIR) scientists, in collaboration with other military scientists, are leaders in HIV and AIDS research. They are describing the epidemiology of HIV and AIDS in the military and in applicants for military service, tracking genetic subtypes around the world, fielding diagnostic tests, developing candidate vaccines to prevent infection and progression of the disease, and designing educational interventions. Much of the information and many of the technologies developed at WRAIR are being used in combating the worldwide HIV and AIDS pandemic. They work closely with other Federal and national agencies in their research.

Since the establishment of the Department of Defense HIV/AIDS Prevention Program in 2001 and the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, the DoD has had a critical role in the single largest international health initiative dedicated to a single disease in U.S. Government history. DoD now supports military HIV prevention, care, and treatment activities in 82 countries through DHAPP programs. These international activities have a great impact on 4.8 million military members from around the world and at least that many dependent family members. Through these increased international efforts and with the added resources from PEPFAR, DoD has continued to develop the internal capability to provide prevention, care, and treatment services to our own personnel and their families. Further, through DoD's participation as an implementing agency partner for PEPFAR, the Department's international HIV/AIDS efforts have been aligned with other agencies, such as the Department of State, HHS, Department of Labor, Department of Justice, and the Department of Veterans Affairs.

These interagency alignments have resulted in expanded opportunities to meet the goals of the National HIV/AIDS Strategy, as well as improve prevention, care, and treatment services for DoD personnel and their families.

The Department looks forward to increased activities with your office to better utilize and improve the breadth of our involvement with other Federal, state, and local governments to prevent the further infection from HIV and to improve HIV-positive beneficiaries' sense of well-being and health outcomes.

Sincerely,

A handwritten signature in black ink, appearing to read "Clifford L. Stanley". The signature is written in a cursive style with a large initial "C".

Clifford L. Stanley

cc:  
Office of Management and Budget