



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable William M. "Mac" Thornberry
Ranking Member
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

MAK 13 2020

Dear Representative Thornberry:

The enclosed report is in response to House Report 116-120, pages 164-165, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year 2020, which requests the Secretary of Defense submit a report on the implementation of the "DoD Retention Policy for Non-Deployable Service Members." Across the Military Services, one Service member was discharged because of non-deployability associated with HIV and one associated with Hepatitis B. Additionally, the report notes that the Military Departments have not made any updates to personnel policies for individuals living with HIV or Hepatitis B, or other disease who are, as a result of their disease impacted by non-deployability policy.

Thank you for your continued support of the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in cursive script, reading "William G. Bushman", is positioned above the typed name.

William G. Bushman
Performing the Duties of the Deputy Under
Secretary of Defense for Personnel and
Readiness

Enclosure:
As stated



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PERSONNEL AND
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The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

MAR 13 2020

Dear Mr. Chairman:

The enclosed report is in response to House Report 116-120, pages 164-165, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year 2020, which requests the Secretary of Defense submit a report on the implementation of the "DoD Retention Policy for Non-Deployable Service Members." Across the Military Services, one Service member was discharged because of non-deployability associated with HIV and one associated with Hepatitis B. Additionally, the report notes that the Military Departments have not made any updates to personnel policies for individuals living with HIV or Hepatitis B, or other disease who are, as a result of their disease impacted by non-deployability policy.

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William G. Bushman
Performing the Duties of the Deputy Under
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REPORT TO THE COMMITTEE ON ARMED SERVICES OF THE HOUSE OF REPRESENTATIVES



Service Member Discharges Related to Human Immunodeficiency Virus or Hepatitis B

March 2020

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$8,500 in Fiscal Years 2019 - 2020. This includes \$0 in expenses and \$8,500 in DoD labor.

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EXECUTIVE SUMMARY

INTRODUCTION: House Report 116-120, pages 164-165, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year 2020, includes a request for the Secretary of Defense to submit a report to the Committee on Armed Services of the House of Representatives on the implementation of the “DoD Retention Policy for Non-Deployable Service Members.” Specifically, the Committee requested the following:

- (1) The number of Service members discharged over the previous year as part of the “DoD Retention Policy for Non-Deployable Service Members;”
- (2) The number of Service members discharge because of non-deployability associated with Human Immunodeficiency Virus (HIV);
- (3) The number of Service members discharged because of non-deployability associated with Hepatitis B; and
- (4) An explanation of any updates to personnel policies made by DoD for individuals living with HIV or Hepatitis B, or other diseases who are, as a result of their disease, impacted by this policy.

DATA COLLECTION: This report includes Military Service-level information obtained from each of the Military Departments at the request of the Office of the Assistant Secretary of Defense for Health Affairs.

BACKGROUND: On July 30, 2018, the Department of Defense (DoD) issued Department of Defense Instruction (DoDI) 1332.45, “Retention Determination for Non-Deployable Service Members.” Effective as of October 1, 2018, this issuance establishes that in order to maximize the lethality and readiness of the Joint Force, all Service members are expected to be deployable. Service members who are considered non-deployable for more than 12 consecutive months will be evaluated for: (1) a retention determination by their respective Military Departments; or (2) referral into the Disability Evaluation System (DES) or initiation of processing for administrative separation.

SERVICE MEMBER DISCHARGES RELATED TO THE DOD RETENTION POLICY FOR NON-DEPLOYABLE SERVICE MEMBERS: Table 1 summarizes the data on Service members discharges related to the “DoD Retention Determination for Non-Deployable Service Members” policy. As illustrated, 5,993 Service members were discharged related to the policy. Two of those Service members were discharged due to non-deployability associated with HIV or Hepatitis B after their clinical illnesses progressed and they no longer met medical retention standards.

Table 1. Service Member Discharges Related to Non-Deployability

	Air Force¹	Army²	Marine Corps³	Navy	Total
Number of Service members discharged over the previous year as part of the DoD Retention Policy for Non-Deployable Service members	0	24	2,701	3,268	5,993
Number of Service members discharged because of non-deployability associated with HIV	0	1	0	0	1
Number of Service members discharged because of non-deployability associated with Hepatitis B	0	1	0	0	1

1. The Air Force reported that its DES and pre-DES cases involving potentially unfit Service members diagnosed with HIV remain on hold pending resolution of the *Roe v. Shanahan* court case, in accordance with the injunction.

2. The Army reported discharges from November 8, 2018 (the effective date of Army Directive 2018-22, “Retention Policy for Non-Deployable Soldiers”, which implements DoDI 1332.45) to September 5, 2019. The Army noted that it does not discharge service members solely because they are non-deployable because of their HIV positive status or diagnosis of Hepatitis B.

3. The Navy reported discharges for the Navy and Marine Corps from October 2018 (the effective date of DoDI 1332.45) to December 2018 for the Active and Reserve Components. These separations were conducted in accordance with the Secretary of the Navy’s policy memorandum “Management and Reporting of Non-Deployable Service Members in the Department of the Navy”, dated September 24, 2018.

DOD POLICY UPDATES: The Military Departments have not updated personnel policies for individuals living with HIV or Hepatitis B, or other disease who are, as a result of their disease, are impacted by DoDI 1332.45.

CONCLUSION: DoD policies emphasize retention of Service members if their medical condition is stable with appropriate treatment and the Service member is found fit for duty. Ultimately, the DoD’s “Retention Determination for Non-Deployable Service Members” policy, similar to all other DoD retention policies, intends to maximize the lethality, readiness, and operational effectiveness of the Armed Forces.

REFERENCED POLICIES

Department of Defense

DoDI 1332.45, “Retention Determinations for Non-Deployable Service Members,” July 30, 2018

DoDI 1332.14, “Enlisted Administrative Separations,” January 27, 2014

DoDI 1332.30, “Separation of Regular and Reserve Commissioned Officers,”
November 25, 2013 (Note: DoDI 1332.30 was re-issued effective May 11, 2018 and the current
version is entitled “Commissioned Officer Administrative Separations.)

DoDI 1332.18, “Disability Evaluation System (DES),” August 5, 2014

Department of the Army

Army Directive 2018-22, “Retention Policy for Non-Deployable Soldiers,” November 8, 2018

Department of the Air Force

Air Force Instruction 36-3212, “Physical Evaluation for Retention, Retirement, and Separation,”
July 15, 2019

Department of Navy

“Management and Reporting of Non-Deployable Service Members in the Department of the
Navy,” September 24, 2018