GUIDE

FOR COMMANDING OFFICERS

AND

OFFICERS IN CHARGE

OF HIV-INFECTED MEMBERS

(Updated April 2017)
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1.0 Notification Procedures

1.1 Notifying the Member -
One of the most difficult things a Commanding Officer may ever have to do is notify a service member that he or she is infected with Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS). It is not feasible to design an all-purpose counseling statement for such an occasion. However, the following facts and ideas may be helpful when informing one of your service members he or she is HIV infected.

- **Positive Member Identification** – ensure verification of member’s first and last name, FMP/SSN and date of birth prior to proceeding with notification process.
- **Timely Notification** – to prevent further infection of others.
- **HIV positive test does not mean AIDS** – The initial positive confirmed and verified test means the member has been infected with HIV. It does not mean the member has AIDS.
- **Exercise discretion** -
  - When possible, notify the member early in the week during duty hours.
  - Try to avoid telling the member on a Friday or the day before the member’s leave or liberty period when the member may have inadequate emotional support. There continues to be events of self-injurious behavior by members following an HIV diagnosis.
  - If it is imperative that the member must informed on a Friday (or prior to leave/liberty period), ensure that a proactive plan is in place to mitigate risk of self-harm. This includes availability of, and follow-up, by chaplain, clinician, chain of command or hospital.
  - A Physician or Independent Duty Corpsman (IDC) and Chaplain should be immediately available to the member after notification, but avoid having them in your office at the time of notification; their presence may only increase alarm.
  - Protect member’s privacy at all times.
- **Reassure the member** –
  - There is no evidence of immediate danger of dying
  - There is most likely still a career for them in the Navy/Marine Corps.
  - Do not treat an HIV-positive member differently than any other member of your command.
  - There is no risk to the health of the infected member, shipmates, fellow Marines, or co-workers in performing ordinary activities such as sharing heads, berthing spaces, galleys and workspaces.
  - The virus is not spread by casual contact such as sneezing, shaking hands, sharing eating utensils, sweating, etc.
- **Post Notification Support** - Initial counseling about HIV infection is often not totally comprehended. Offer to make yourself or another person (i.e., XO, CMC, MO) in the command available for questions that may follow after initial notification.

1.2 USN Commanding Officers Requirements –
- Send a facsimile, or email indicating that the individual has been notified to Navy
Bloodborne Infection Management Center (NBIMC) within 10 working days.
- Your NBIMC POC is Mrs. Scotia McLean Tel #: 301-295-1644, (DSN 295). Fax #: 301-295-5609. Email: scotia.l.mclean.civ@mail.mil
[See Appendix (A) for fax notification format].

1.3 USMC Commanding Officers Requirements –
- Guided by SECNAVINST 5300.30 series for counseling and disposition of Marines that are HIV positive upon receipt of the BUMED notification letter.
- The commanding officer will also supervise the execution of the Command Orders Transmittal (Active Duty) found in Appendix (F) of the NAVMC 2904.
- Your POC for HIV questions are: Medical Evaluation/Testing (M3/5CCPH) at DSN 319-2985 or 301-319-2985; Marine Corps Manpower at DSN 278-9387 or 703-784-9387; or Marine Corps Monitor – Liaison at DSN 278-9220 or 703-784-9220.

2.0 Frequently Asked Questions
The following are frequently asked questions during the notification process.

2.1 What will happen to my career?
- HIV-positive members who are considered to have controlled HIV disease may be considered for OCONUS or large ship platform tours. Newly diagnosed members are initially transferred to shore duty to ensure that the service member is able to obtain medical care. Once certain medical criteria are met, service members may apply for OCONUS and operational duty as per MPM 1300-1300 for Navy members and MCO 1300.8S for Marine members. HIV-positive members will not be considered for overseas individual augmentee (IA) tours given the austere environments where they potentially could be placed.
- Alternatively, junior enlisted members in sea intensive ratings (i.e., OS, BT, QM, etc.) may consider a change in their rate to a more shore favorable rate (i.e. HM, YN, PS).
- Some personnel in special communities such as aviation duty, diving duty, special warfare, or submarine duty may request a BUMED waiver of medical standards to continue in these programs.

2.2 Can I advance?
- Yes. By law, personnel records cannot contain a member’s HIV status, nor can a member be denied reenlistment or promotion solely because of HIV infection.
- Outstanding performance is the key, since HIV-positive members are subject to high-year-tenure, ENCORE, Continuation Boards and Selected Early Retirement Boards (SERB).

2.3 Will I have to inform my spouse/significant other that I am HIV positive?
- It is your moral responsibility to personally notify people you may have infected.
- When you get to the military hospital, you will be asked to list all of the people you may have infected.
- Without providing your name, the military will officially inform all active duty members and state health departments in which they reside will officially inform civilians.
Commanding Officers -
Due to various state laws, neither you nor other members of your command are legally authorized to notify assumed prior/potential sexual partners of their contact with an HIV-positive member.

2.4 Who in the command knows I’m HIV positive?
- Right now, just myself, Chaplain (if desired) and Dr. (or an Independent duty Corpsman when no physician is available). I will also inform _______ so that they may help you prepare for MEDEVAC/transfer from the command to the Military Treatment Facility, and be available to answer any questions you may have after our meeting today.

One of the most important issues to an HIV-positive service member is knowing that only a very select few are aware of their HIV status. It goes without saying that the CO must be extremely vigilant to ensure the member’s confidentiality is not compromised. If you inform someone else in your command, you should advise the infected service member of your decision.

2.5 Where can I get some more information about being HIV-positive now?
- This is a useful website for someone who has just learned of being HIV-positive. “Day One: After You've Tested Positive” is found at this link on the Project Inform website: http://www.projectinform.org/pdf/dayone.pdf.

3.0 Medical Evaluations
The Department of Defense Instruction 6485.01 and SECNAVINST 5300.30 series govern the policy regarding HIV diagnosed members.

3.1 Initial medical evaluation -
The initial medical evaluation includes the following:
- HIV positive validation, complete physical, psychological counseling, drug/alcohol training, legal counseling and treatment options.
- Determination of fitness for duty. Most members are found fit for full duty. Members may not be assigned or reassigned without NAVPERSCOM (PERS-454) approval and receiving command’s final acceptance at OCONUS duty stations. Members not fit for full duty shall be processed IAW SECNAVINST 1850.4E, Disability Evaluation System.

3.1.1 Reporting for evaluation -
- Evaluations are conducted at one of the three HIV Evaluation and Treatment Units (HETU):
  - Walter Reed National Military Medical Center (WRNMMC), Bethesda
  - Naval Medical Center, Portsmouth
  - Naval Medical Center, San Diego.
- Initial medical evaluation and administrative processing may take up to two weeks.
- Do not rush the member to the HETU immediately after notification.
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- Rapid removal from the command can be very stressful for the member and adds more disruption, confusion and sense of loss on top of the initial news.
- However, if confidentiality has not been maintained, remaining at the command can also be stressful.

- Ensure the individual reports through normal regulating channels.
- Direct the individual to bring medical and dental records as well as appropriate uniform and civilian attire.
- Members who need to return to CONUS from overseas may need a longer period to begin to arrange and supervise movement of household goods and family members.
- Ten to fourteen days is usually sufficient time to arrange personal matters.
- The active duty member must designate an agent in writing to care for and store household goods until shipment to next duty station can be arranged.

3.1.2 Travel to HETU -

- All members with newly diagnosed HIV must be assigned to shore duty (type 1) for medical care.
- Members currently on shore duty and returning to parent shore duty command after initial evaluation shall be sent to the HETU on Temporary Duty (TDY) orders for treatment.
- Members currently stationed aboard ship, operational command, or from any OCONUS duty station shall be transferred via PCS orders to shore duty (type 1). NAVPERSCOM 454 Medical Officer shall assist with transfer orders to the new shore duty command (type 1) (mill_DAOPERS-454@navy.mil or 901-874-3201). Prior to detaching the current command, the member shall receive PCS orders with an intermediate stop at the HETU with follow on orders to report to new shore duty (type 1) command. Alternatively, if NAVPERSCOM is unable to execute PCS orders in a timely manner (10-14 days after initial notification), Temporary Duty (TDY) orders for further assignment may be written to the HETU. While at the HETU, the member will await PCS orders to shore duty assignment. This information (TDY versus PCS) should be communicated to NAVPERSCOM and BUMED accordingly.
- For confidentiality purposes, indicate only the NAME of the military treatment facility on the orders (WRNMMC Bethesda, NMC Portsmouth, or NMC San Diego).
- DO NOT indicate on any Orders that the member is going to the “Navy HIV Evaluation and Treatment Unit.”
- BUMED provides TDY funding for transfer of Navy/Marine Corps members worldwide (and one non-medical attendant (e.g. spouse) from OCONUS commands) to the initial evaluation visit using the line of accounting data below:

Line of accounting (LOA) TDY orders:

Please note important changes to LOA requirements

**LOA Requirements:**
- The LOA is used for BUMED responsible travelers only
- BUMED will provide funding for the duration of the medical
appointment not to exceed 2 weeks. If the member is waiting for orders at HETU sites enroute to the next duty station, the parent command will be responsible for funding.

- MTF’s physician recommendation is required for non-medical attendant (CONUS/OCONUS)
- An HETU Patient Memo (Appendix B) must be completed and sent to BUMED in order for the LOA to be processed.
- Navy Medicine Travel Mission Critically Attestation (Appendix C) must be completed and sent to BUMED in order for the LOA to be processed.
- Requesting sites must –
  - Use the Defense Travel System (DTS)
  - Ensure Government issued credit card is activated
  - Provide a memo documenting non-availability of government quarters if BEQ/BOQ/Navy Lodge/Gateway Inn and Suites/are not used.
- Requesting sites must contact Ms. Wanda Ford at BUMED to obtain a Managed Care Line of Accounting for a member to go to the specified HIV Evaluation and Treatment Unit (HETU)
  - Alternate, Ms. Freda King
  - Alternate, Mr. Melvin Becker
- Ms. Wanda Ford - COMM 703-681-9445, DSN 761-9445, or email at wanda.f.ford.civ@mail.mil
  - Ms. Freda King – COMM 703-681-9471, DSN 761-9471, or email at freda.c.king.civ@mail.mil
  - Mr. Melvin Becker - COMM 703-681-9433, DSN 7619433, or email at melvin.j.becker.civ@mail.mil

- Travel funds for additional (above ONE allowable) OCONUS non-medical attendants and for any CONUS non-medical attendants are the parent command’s responsibility.

3.2 Re-Evaluation

- Complete medical re-evaluation and follow-up HIV/AIDS counseling and education are required at 6-month intervals at one of the HETUs. On a case-by-case basis, follow up HIV evaluations may be performed at smaller naval MTFs with the results of those appointments being reported to the cognizant HETU and NBIMC for tracking purposes.
- The duration will be one to three days based on the member’s medical condition and needs.
- The member’s command is responsible for providing TDY funding for their follow-up medical evaluations (See Joint Federal Travel Regulations).
- Though the command has no funding obligation, the spouse of an HIV-positive member should be strongly encouraged to attend the evaluations.
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- Direct the individual to bring medical and dental records as well as appropriate uniform and civilian attire.

4.0 HIV/AIDS Education and Training Information

SECNAVINST 5300.30 requires that all commands conduct HIV preventive training in command health promotion programs. Emphasize modes of transmission and methods of prevention.

- DON civilian employees and their supervisors (military and civilian) should receive information relevant to HIV/AIDS and workplace policies, procedures, and resources.
- Resources to assist you with training materials are available from local MTFs, Navy chaplains and the following:
  4.2 Navy Marine Corps Public Health Center: Message to Commanding Officers and Health Promotion Toolbox
    www.nmcpchc.med.navy.mil
    Phone: DSN 377-0974 or COMM 757-953-0974. Email: michael.r.macdonald2.civ@mail.mil
  4.3 Headquarters Marine Corps (MCCS-Fitness and Health Promotion): Lesson Training Guides, Presentation Slides, and speaker notes for STD and HIV can be found at:
    http://www.usmc-mccs.org/healthpromotions/sexual_health.cfm?sid=rf
  4.4 American Red Cross: http://www.redcross.org/services/hss/hivaids/
  4.6 Commander, Navy Reserve Force (CNRF-009): DSN 678-1087 or COMM 504-678-1087
  4.7 Project Inform HIV Treatment Information: at: www.projectinform.org
APPENDIX A.

USN FAX CONFIRMATION OF NOTIFICATION FORMAT

FROM: ________________________________ (NOTIFYING COMMAND)

________________________________________

TO: NBIMC//BUMED M3/5CCPH/
PHONE: COMM 301-295-6590 DSN 295-6590
FAX: COMM 301-295-5906 DSN 295-5906

SUBJ: CONFIRMATION OF NOTIFICATION

REF: (a) M3/5CCPH/______________ (EXACT SER NO OF BUMED LTR)

________________________________________(DATE OF ACTUAL COMMAND NOTIFICATION)

This document may contain information covered under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and sensitive and must be treated accordingly. If this correspondence contains healthcare information it is being provided to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality subjects you to application of appropriate sanction. If you have received this correspondence in error, please notify the sender at once and destroy any copies you have made.
APPENDIX B.

BUMED 2015 DATA SHEET FOR CROSS-ORGANIZATIONAL LOA IN SUPPORT OF METU TRAVEL

1. The patient is an ACTIVE DUTY SERVICE MEMBER.

2. The patient is traveling from ______________ COMMAND ______________ to NMC PORTSMOUTH / NMC SAN DIEGO / WALTER REED NATIONAL MILITARY MEDICAL CENTER (select one) for METU care on the first available MILITARY / COMMERCIAL (select one) flight.

   Patient Name/SSN:
   Email Address(es):
   Phone Number(s):
   Grade:

   (If Authorized) Non-Medical Attendant Name/SSN:
   Physician’s Recommendation Statement Required.
   Email Address(es):
   Phone Number(s):
   Grade:

   Approximate Dates (from/to):
   Estimated Cost:

   Director for Administration Name:
   Email Addresses:
   Phone Number(s):

3. TAD point of contact is ________________, Navy Liaison, at (phone number) and (email address).

4. Travel claims must be submitted within 5 days upon return and liquidated. All vouchers must be liquidated prior to transfer or detaching.

   Requesting official signature, printed name and title

   ____________________________
   Date

PLEASE NOTE: BUMED funds command to MTF travel only. This request must be completed prior to LOA being issued for travel. The military member must provide a SSN to utilize DTS. Requesting official’s signature is required. Non-availability statements from each lodging facility below are required if the member obtains other lodging. Lodging reimbursement will not exceed the maximum daily authorized rate in DTS.

LODGING REQUIREMENTS FOR METU PATIENT:

NMC Portsmouth, VA: The Navy Lodge, Navy Gateway Inn and Suites or the BEQ/BOQ will be utilized.
Walter Reed National Military Medical Center, Bethesda, MD: The BEQ/BOQ, Navy Lodge, Comfort Inn, Double Tree by Hilton or the Hampton Inn in Silver Spring will be utilized.

NMC San Diego, CA: The BEQ/BOQ will be utilized.

An economy or compact rental car is authorized (San Diego excluded). Additional cost for an upgrade will not be reimbursed. POV must not exceed the cost of a plane ticket (plane comparison must be attached in DTS).
APPENDIX C.

NAVY MEDICINE
TRAVEL MISSION CRITICALITY ATTESTATION

Section 1: To be completed by traveler:

1. Traveler name(s):

2. TAD Location:

3. Travel Dates:

4. Purpose of trip:

5. Explanation of why purpose cannot be achieved through alternative means such as teleconferencing, videoconferencing, or other real-time communications.

N/A

Section 2: For attendance at non-DoD sponsored conferences:
This conference has been approved by SECNAV/OSD and attendance by this traveler is within the scope of the approved conference attendance request.

N/A

Signed ________________ Title ________________ Date ________________

Section 3: Mission criticality attestation:
I attest that this travel request is mission critical as defined by ASN(FM&C) Budget Guidance Memorandum BG 13-1D of June 2013. Delaying or not performing this travel would result in the potential failure of the command to accomplish its assigned missions, functions, and tasks. I attest that the purpose cannot be achieved through alternative means such as teleconferencing, videoconferencing, or other real-time communications.

Signed ________________ Title ________________ Date ________________