



NAVY RESERVE GUIDE

FOR COMMANDING OFFICERS

AND

OFFICERS IN CHARGE

OF HIV-INFECTED RESERVE MEMBERS

(Updated August 2013)

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CHAPTER 1

Notification Procedures

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 the 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.

1. Positive Member Identification - ensure verification of member's first and last name, FMP/SSN and date of birth prior to proceeding with the notification process.

2. Timely Notification - to prevent further infection of others.

3. 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.

4. Exercise discretion:

a. When possible, notify the member early in the week during duty hours.

b. Try to avoid telling the Reserve member on a Friday when the supported Navy Operational Support Center (NOSC) Active Duty staff is not present to answer questions or to provide adequate emotional support.

c. A Physician, Nurse Practitioner/Nurse, 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.

d. Protect the member's privacy at all times.

5. Reassure the member:

a. There is no evidence of immediate danger of dying.

b. Most likely, the Reserve member will still have career opportunities in the Navy Reserve.

c. Do not treat an HIV-positive member differently than any other member of your command.

d. There is no risk to the health of the infected member, shipmates, or coworkers in performing ordinary activities such as sharing heads, berthing spaces, galleys and workspaces.

e. The virus is not spread by casual contact such as sneezing, shaking hands, sharing eating utensils, sweating, etc.

6. Post Notification Support - Initial counseling about HIV infection is often not totally comprehended. Offer to make yourself or another person (i.e., Command Chief or Medical Department Representative) in the command available for questions that may follow after initial notification.

CHAPTER 2

Reserve Component (RC) Policy

1. RC members with serologic evidence of HIV infection are not eligible for extended active duty (AD) for a period of more than 30 days except under the conditions of mobilization and on the decision of the Secretary of the Navy (SECNAV).

2. Members of the RC not on extended active duty of more than 30 days who are HIV antibody positive, and who can be assigned to mobilization billets in the United States which do not require immediate deployment and do not require availability for reassignment overseas or to deployable billets shall be retained in the Ready Reserve and must have an annual Medical Retention Review (MRR) and Physical Risk Classification (PRC) assignment completed. All HIV antibody positive reservists for whom such mobilization billets assignments cannot be made shall be transferred involuntarily to the Standby Reserve Inactive. RC members who are not on extended AD and who show serologic evidence of HIV infection shall be transferred involuntarily to the Standby Reserve only if they cannot be utilized in the Selected Reserve

CHAPTER 3

Retention and Separation

1. HIV antibody positive reservists who desire to continue affiliation with the Ready Reserve and for whom a billet is available for duty in the United States must obtain an evaluation from their civilian physician conforming to the protocol prescribed by the DOD for HIV evaluation and comply with annual MRR requirements. Reserve personnel presenting documented evidence from their civilian physician showing no evidence of unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or the presence of an AIDS-defining condition as determined by military health care providers may be retained in the Ready Reserve. If evaluation results are not provided within **2 months** of notification of being HIV antibody, the HIV antibody positive reservist shall be transferred to the Standby Reserve Inactive or processed for separation depending on the needs of the Navy.

2. HIV antibody positive status shall not be used to deny continuous reenlistment of Reservists in an active status. Continuous reenlistment may not be denied or delayed while awaiting test results.

3. RC members may apply for separation by reason of HIV antibody positive status within **90 days** of their initial formal counseling by representatives of the Navy. The 90-day period begins the day the Reservist is formally counseled per current service regulations. RC members requesting separation after the 90-day period has expired will be considered on a case-by-case basis. The Chief of Naval Operations (CNO) may approve such requests based on manpower requirement and the needs of the service. Members who elect separation WILL NOT be allowed to re-enter into the service at any future date.

4. The CNO will deny this request if the RC member has any remaining statutory service obligation. Any request for separation must document the lack of pressure or coercion to separate, implied or otherwise, by command involved.

CHAPTER 4

Medical

1. RC members who are found to be HIV antibody positive shall be counseled regarding the significance of a positive HIV antibody test by a medical officer designated for this purpose. These members shall be referred to their private physician for medical care and counseling, and the documentation of the counseling and Medical record using SF600, Medical Record - Chronological Record of Medical Care, SF601, Medical Record - Immunization Record, and SF603, Medical Record - Dental Continuation, and other pertinent civilian records.

2. RC members with serologic evidence of HIV infection are not eligible for extended AD (active duty for a period of more than 30 days) except under the conditions of mobilization and on the decision of the Secretary of the Navy (SECNAV). RC members who are not on extended AD and who show serologic evidence of HIV infection shall be transferred involuntarily to the Standby reserve only if they cannot be utilized in the Selected Reserve (SELRES).

3. HIV antibody positive RC members not on extended active duty are ineligible for medical evaluation in military treatment facilities (MTFs). Individuals found to be HIV positive will be designated ineligible to donate blood or to be used as a source of emergency transfusions. Military personnel found to be HIV antibody shall be designated as blood-donor-ineligible in their medical and dental records.

4. RC members who are found to be HIV positive will submit copies of their civilian medical records to the Medical Department Representative (MDR) at their assigned Navy Operational Support Center (NOSC). Essential documents that must be submitted to the MDR include a letter from the treating provider which summarizes the RC member's current medical status regarding their HIV infection. Medical documentation must include current lab results to include RNA viral load, two sets of CD4 lymphocyte counts, screening for other sexually transmitted diseases and hepatitis B and C. All labs to be considered current must be submitted within 3 months of the initial HIV positive antibody test.

5. For all HIV positive RC members a medical retention review packet (MRR) should be submitted. HIV is considered a chronic disease and not only affects the member's ability to be deployed but has an effect on the jobs they can safely perform in the Navy. In order to monitor the medical status of the RC member throughout their career a

MRR must be submitted annually to the Bureau of Navy Medicine and Surgery (BUMED) for review.

CHAPTER 5

Confidentiality and Disclosure

1. HIV antibody test results must be treated with the highest degree of confidentiality and released to **NO ONE** without a demonstrated need to know. Strict compliance with the provisions of the Privacy Act is required.

2. Under the confidentiality and disclosure guidance and information linking the individual to HIV antibody positive status is not to be released to civilian agencies or to military activities without a demonstrated need to know.

3. All commands and medical personnel with access to such information must ensure careful, limited distribution within the specific guidelines to affirmatively combat unfounded innuendo and speculation about the meaning of the information. Compliance with DOD health information privacy regulations is required. The member should be made aware of personnel knowing the members condition during the time of initial notification. The member should also be informed that personnel could be informed on a need to know basis only.

CHAPTER 6

Bonus Programs

1. The following are conditions affecting participation under which entitlement will be terminated, but for which the member **will not** be subject to recoupment:

a. Member suffers death, injury, illness or other impairment that is not the result of his or her own willful misconduct.

2. The following are conditions affecting participation for which entitlement will be terminated, and the member **will be** subject to recoupment of a pro-rata amount of the bonus received by the government:

a. Member suffers injury, illness, or other impairment which is the result of his or her own misconduct.

CHAPTER 7

Frequently Asked Questions

The following are frequently asked questions during the notification process.

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.

Who in the command knows I'm HIV positive?

Right now, just myself, Chief _____, Chaplain _____, the MDR, and (a Physician or Nurse Practitioner or Nurse).

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.

What will happen to my career?

1. HIV-positive members who are considered to have controlled HIV disease may be considered for OCONUS or large ship platform tours. HIV-positive members will not be considered for overseas individual augmentee (IA) tours given the austere environments where they potentially could be placed.

2. Junior enlisted members in sea intensive ratings (i.e., OS, BT, QM, etc.) may have to consider a change their rating to have a viable career. Previous policy of denying worldwide deployments has made this subset of personnel less competitive in achieving career milestones or warrior qualifications.

3. 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.

Can I advance?

1. 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.

2. Outstanding performance is the key, since HIV-positive members are subject to high-year-tenure, ENCORE, Continuation Boards and Selected Early Retirement Boards (SERB).

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 web site:

<http://www.projectinform.org/pdf/dayone/pdf>.

CHAPTER 8

References

1. MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION, HEPATITIS B VIRUS AND HEPATITIS C VIRUS IN THE NAVY AND MARINE CORPS (SECNAVINST 5300.30E)

2. ENLISTED SELECTED RESERVE DRILLING INCENTIVE BONUS PROGRAMS (COMNAVRESFORINST 1100.4B)

3. GUIDE FOR COMMANDING OFFICERS AND OFFICERS IN CHARGE OF HIV-INFECTED MEMBERS, published and distributed by NBIMC.

CHAPTER 9

Resources

1. Navy Bloodborne Infection Management Center:
<http://www.med.navy.mil/sites/nmcphc/nbimc/Pages/default.aspx>
2. American Red Cross:
<http://www.redcross.org/services/hss/hivaids/>
3. CDC National Prevention Information Network (NPIN):
<http://www.cdcpin.org/scripts/hiv/index.asp>
4. Project Inform HIV Treatment Information: Read "Day One: After You've Tested Positive" found at:
<http://www.projectinform.org/pdf/dayone/pdf> .

Also, there are many other resources for HIV treatment information accessible from this website's home page, www.projectinform.org <<file://www.projectinform.org>> .