



GUIDE

FOR COMMANDING OFFICERS

AND

OFFICERS IN CHARGE

OF HIV-INFECTED MEMBERS

(Updated May 2021)

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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.
 - If the HIV specimen was drawn at an MTF that transitioned to MHS Genesis; notification must be done within 36 hrs. of receiving the notification documents from NBIMC personnel. Patients at MHS Genesis MTFs will have access to their HIV result through the Patient Portal 36 hrs after the result is released in the system.
 - 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 be 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.
Note:
Having a physician in the room for the notification is highly encouraged, but not required if it would mean a delay in notification.
 - 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.
- **OCONUS and Shipboard Sailors and Marines**- Have a physician at the member's local command place the member on LIMDU expeditiously to facilitate service member movement CONUS.

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. Mildred Figueroa Tel #: 301-319-2985, (DSN 319).
- Fax #: 301- 295- 5609. Email: mildred.v.figueroa.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.

1.4 OPNAVINST 1300.20 Information

- Per OPNAVINST 1300.20; member's physician will put him/her on limited duty (LIMDU). The LIMDU office will be in contact with the member to provide LIMDU orders to a location near their medical unit for the duration of LIMDU. All members' questions/concerns should be addressed with the respective HETU coordinator.

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 web site: <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.
 - 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](mailto: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.
- Physician recommendation is required for non-medical attendant (CONUS/OCONUS)
- A HETU Patient Memo (Appendix B) 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 Mr. Carl Caudle 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. Wanda Ford
- Alternate, Mr. Melvin Becker

- Mr. Carl Caudle- COMM 703-681-5451, DSN 761-5451, or Email at carl.l.caudle.civ@mail.mil
- Ms. Wanda Ford - COMM 703-681-9445, DSN 761-9445, or email at wanda.f.ford.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.

- 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:

4.1 Navy Bloodborne Infection Management Center:

<http://www.med.navy.mil/sites/nmcphc/nbimc/Pages/default.aspx>

4.2 Navy Marine Corps Public Health Center: Message to Commanding Officers and Health Promotion Toolbox

www.nmcphc.med.navy.mil

Phone: DSN 312-377-0756 or COMM 757-953-0756. Email:

francis.a.obuseh.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 <http://www.usmc-mccs.org/healthpromotions/sexual_health.cfm?sid=rf>

4.4 American Red Cross: <http://www.redcross.org/services/hss/hiv aids/>

4.5 CDC National Prevention Information Network (NPIN):

<http://www.cdcnpin.org/scripts/hiv/index.asp>

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 FAXCONFIRMATION 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 BUMEDLTR)

_____ (DATE OF ACTUAL COMMAND NOTIFICATION)

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APPENDIX B



BUMED 2021 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 _____ to _____ for METU care on the first available MILITARY / COMMERCIAL (select one) flight.

Patient Name/SSN:

Email Address(es):

Phone Number(s):

Grade:

GOVCC Expiration Date:

GOVCC ACTIVATED:

Non-Medical Attendant Name (Spouse or Significant other)/SSN:

Physician's Recommendation Statement Required.

Email Address(es):

Phone Number(s):

Grade:

GOVCC Expiration Date:
(If Applicable)

GOVCC ACTIVATED:

LODGING REQUIREMENTS FOR METU PATIENT:

Mandatory DTS/CTO Lodging Reservations must be utilized.

NMC Portsmouth, VA: The Navy Gateway Inn and Suites, Navy Lodge or the BEQ/BOQ will be utilized.

Walter Reed National Military Medical Center, Bethesda, MD: The BEQ/BOQ, Navy Lodge, Gateway Inn and Suites will be utilized.

NMC San Diego, CA: The BEQ/BOQ, Navy Lodge, Gateway Inn and Suites will be utilized.

*NOTE: For E-6 and above, Navy Lodge, Gateway Inn and Suites (Government Quarters) will be utilized.

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.

An economy or compact rental car is authorized (Bethesda 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 to DTS authorization). An E-Z pass may be required for bridges and tolls (authorized one round trip toll).

Failure to provide a liquidation claim within the allotted time will warrant contact with the traveler's Executive Officer.

BUMED must approve the authorization and voucher.

Service members and DoD civilian employees who are eligible to a Government Travel Charge Card (GTCC) must use their Individual Billed Account (IBA) when submitting a travel authorization and voucher. Member is authorized to travel to NMC Portsmouth, NMC San Diego Balboa or Walter Reed NMMC, MD only.

I (Patient) _____ certify that I understand and will comply with the above information.

Signature: _____

Date: _____

Approximate Dates (from/to):

Estimated Cost:

CO or XO's 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.

5. 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. PII must be blackened out prior to uploading documents into DTS.

Requesting official signature, printed name and title

Date: _____