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S/S 22 Apr 94

**Army Regulation 600-110**

**Personnel—General**

**Identification,  
Surveillance, and  
Administration of  
Personnel Infected  
with Human  
Immunodeficiency  
Virus (HIV)**

Headquarters (ANR-PL)  
Personnel Documents Section  
Room 11360, Pentagon  
Washington, DC 20310-6050

**Headquarters  
Department of the Army  
Washington, DC  
11 March 1988**

# SUMMARY of CHANGE

AR 600-110  
Identification, Surveillance,  
and Administration of Personnel  
Infected with Human Immunodeficiency  
Virus (HIV)

This new Army regulation sets forth Army policy and procedures for the identification, surveillance, and administration of personnel infected with Human Immunodeficiency Virus (HIV).

Headquarters,  
Department of the Army  
Washington, DC  
22 May 1989

# Immediate Action INTERIM CHANGE

AR 600-110  
Interim Change  
No. 101  
Expires 22 May 1991

## Personnel--General

### Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV)

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Justification. This interim change implements the Department of Defense HIV policy memorandum dated 4 August 1988.

1. AR 600-110, 11 March 1988, is changed as follows:

Page 8. Paragraph 2-10a is superseded as follows:

a. Neither applicants for employment nor current employees may be required to be tested for the presence of the HIV antibody. However, pursuant to DODI 1438.4, HIV antibody testing may be authorized when it is required by the host country, as may denying assignment or employment to those who refuse to comply with the testing requirement or who have a positive test result. This mandatory screening does not apply to contractor personnel, family members, or foreign nationals. Activities encountering a host country requirement to provide negative HIV antibody test results prior to entering the country must obtain prior approval to require an employee to be tested. Requests for exception to the testing policy must be documented and forwarded through command channels to HQDA(DAPE-CPE), WASH DC 20310-0300. HQDA will request approval of DOD on a country basis for all exceptions to the testing policy.

Page 8. Paragraph 2-10d is superseded as follows:

d. Employment or assignment will not be denied solely on the basis of the confirmed presence of the HIV antibody, except in those instances where a host country requires HIV testing with negative results.

Page 11. Paragraph 4-2b(3) is superseded as follows:

(3) U.S. Army Recruiting Command (USAREC), Cadet Command, or U.S. Military Entrance Processing Command (USMEPCOM) if a soldier's medical condition requires frequent medical follow-up

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and the soldier's duty station is geographically isolated from an Army medical treatment facility capable of providing that follow-up. These organizations will report HIV-infected soldiers who cannot be assigned in accordance with this policy to Commander, PERSCOM, ATTN: TAPC-EPO-H (enlisted) or TAPC-OPD-M (officer), for assignment instructions. For special branch-managed officers, forward assignment requests to HQDA(DAJA-PT) for judge advocate general corps (JAG) officers, or HQDA(DACH-PEA) for chaplains. (For ARNG AGR Title 10 personnel, all requests should be sent to Commander, GuardPERCEN, ATTN: NGB-ARP-CT, 5600 Columbia Pike, Falls Church, VA 22041-5125; for USAR AGR personnel, all requests should be sent to Commander, ARPERCEN, ATTN: DARP-ARE-S, 9700 Page Blvd., St. Louis, MO 63132-5200.)

Page 16. In paragraph 5-8a, the third sentence is changed to read:

Confirmed Western Blot positive soldiers and their spouses will be individually and privately notified of results by medical corps officers within the States. Such notifications shall comply with the Privacy Act of 1974, 5 U.S.C., Section 552a, including the provisions concerning routine uses.

Page 16. Paragraph 5-8b is superseded as follows:

b. HIV antibody positive ARNG soldiers, not on AGR/EAD, and their spouses will be counseled regarding the significance of a positive HIV antibody test, current medical knowledge on HIV infections, and ways to prevent transmission of the virus. Counseling of ARNG soldiers will be conducted in accordance with paragraphs 2-16 and 2-17. The HIV-infected ARNG soldier and his or her spouse will be referred to civilian physicians for medical care and further counseling. The telephone number of local civilian health authorities will be given to soldiers if information on local physicians or facilities is requested. Spouses of HIV antibody positive ARNG soldiers will be offered voluntary, free HIV testing. Such spouses are Secretarial designees to receive HIV testing and counseling at Army medical treatment facilities. Procedures for this testing will be developed and published by NGB.

Page 16. Paragraph 5-10a is superseded as follows:

a. HIV antibody positive ARNG soldiers, not AGR or on EAD, confirmed to be HIV positive by a second or subsequent Western Blot test conducted in accordance with paragraph 2-5d, may prove fitness for service. ARNG HIV antibody positive soldiers will have 90 days from the date they are notified of the confirmed positive results to complete a medical evaluation to determine

fitness in accordance with the established DOD protocol for HIV. Soldiers found fit will be permitted to serve in the Selected Reserve in a nondeployable billet, if available. Grade, MOS, and commuting constraints are applicable in accordance with existing regulations. Soldiers meeting fitness standards and placed in nondeployable billets must undertake an ongoing evaluation of their health status at least annually using the DOD protocol. Initial and subsequent evaluations will be at each soldier's expense and will be processed in accordance with instructions published by NGB. ARNG soldiers may request transfer to the Standby Reserve, Retired Reserve (if eligible), or honorable discharge under the plenary authority of the Secretary of the Army in lieu of continued service (AR 135-175, para 6-9, or AR 135-178, para 4-4). HIV antibody positive ARNG soldiers will be involuntarily transferred to the Standby Reserve, following a case-by-case assessment, if they--

(1) Fail to complete the initial medical evaluation in the prescribed period; or

(2) Are found fit, but cannot be placed in a Selected Reserve nondeployable billet in accordance with grade/MOS/and commuting constraints; or

(3) Are in a Selected Reserve nondeployable billet and do not complete ongoing evaluations of their health status at least annually using the DOD protocol.

Page 16. Add a new subparagraph b to paragraph 5-10:

b. The mere presence of the HIV antibody, in and of itself, will not be used as a basis for--

(1) Disciplinary action against the individual under the UCMJ or state code.

(2) Adverse characterization of service. HIV positivity may be used to prove an element of a punitive article of the UCMJ or a criminal provision of a state code or the U.S. code.

Page 16. Renumber paragraphs 5-10b, c, and d as paragraphs 5-10c, d, and e, respectively.

Page 17. In paragraph 5-15a, the first sentence is changed to read:

All USAR soldiers, including IRR, who are found to be HIV antibody positive and their spouses will be notified of the results by a physician. Such notifications shall comply with the Privacy Act of 1974, 5 U.S.C., Section 552a, including the provisions concerning routine uses.

Page 17. Paragraph 5-15b is superseded as follows:

b. HIV antibody positive USAR soldiers, not on extended active duty, and their spouses will be counseled regarding the significance of a positive HIV antibody test, current medical knowledge on HIV infections, and ways to prevent transmission of the virus; they will be referred to civilian health care providers for medical care and further counseling. Spouses of HIV antibody positive USAR soldiers will be offered voluntary, free HIV antibody testing. Such spouses are Secretarial designees to receive HIV testing and counseling at Army medical treatment facilities. Procedures for this testing will be developed and published by OCAR.

Page 17. Paragraph 5-17a is superseded as follows:

a. USAR soldiers who are not AGR or EAD and are confirmed to be HIV positive by a second or subsequent Western Blot test conducted in accordance with paragraph 2-5d may prove fitness for service. USAR HIV antibody positive soldiers will have 90 days from the date they are notified of the confirmed antibody positive results to complete a medical evaluation to determine fitness in accordance with instructions published by OCAR. HIV-infected soldiers will be provided a copy of the instructions during the preventive medicine counseling required in paragraph 5-15b. Soldiers found fit will be permitted to serve in the Selected Reserve in a nondeployable billet, if available. Grade, MOS, and commuting constraints are applicable in accordance with existing regulations. HIV-infected USAR soldiers will be advised of the existence of any nondeployable billets during the commander's counseling required in paragraph 5-15e. Soldiers meeting fitness standards and placed in Selected Reserve nondeployable billets must undertake an ongoing evaluation of their health status at least annually in accordance with OCAR instructions. Initial and subsequent evaluations will be at each soldier's expense and will be processed in accordance with OCAR instructions. HIV antibody positive USAR soldiers may request transfer to the Standby Reserve, Retired Reserve (if eligible), or honorable discharge under the plenary authority of the Secretary of the Army in lieu of continued service (AR 135-175, para 6-9, or AR 135-178, para 4-4). HIV antibody positive USAR soldiers will be involuntarily transferred to the Standby Reserve, following a case-by-case assessment, if they--

(1) Fail to complete the initial medical evaluation in the prescribed period; or

(2) Cannot be placed in a Selected Reserve nondeployable billet in accordance with grade/MOS/and commuting constraints; or

22 May 1989

(3) Are placed in a Selected Reserve nondeployable billet and do not complete ongoing evaluations of their health status at least annually in accordance with OCAR instructions.

2. Post these changes per DA Pam 310-13.

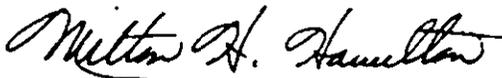
3. File this interim change in front of the publication.

(DAPE-MPH-S)

By Order of the Secretary of the Army:

CARL E. VUONO  
General, United States Army  
Chief of Staff

Official:



MILTON H. HAMILTON  
Administrative Assistant to the  
Secretary of the Army

Distribution. Distribution of this publication is made in accordance with the requirements on DA Form 12-09-E, block number 3902, intended for command level A for Active Army, ARNG, and USAR.



S/S April 22, 88

Effective 11 April 1988

Personnel—General

Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV)

This UPDATE printing publishes a new Army regulation.

By Order of the Secretary of the Army:

CARL E. VUONO  
General, United States Army  
Chief of Staff

Official:

R. L. DILWORTH  
Brigadier General, United States Army  
The Adjutant General

**Summary.** This regulation prescribes Army policy and responsibilities on Human Immunodeficiency Virus (HIV) testing and surveillance requirements; establishes procedures for identification, surveillance, and administration of personnel infected with HIV, and for testing and counseling soldiers and other military health care beneficiaries for exposure to HIV; prescribes requirements for testing military applicants, and for administration of HIV positive active duty, Army National Guard, and U.S. Army Reserve soldiers; gives guidance on the limitations on the use of testing information; and establishes a public affairs plan to support the information and education requirements of the HIV testing program.

**Applicability.** This regulation applies to all soldiers of the Active Army (including Active Guard Reserve), the Army National Guard, and the U.S. Army Reserve; candidates and applicants for accession; Department of the Army civilians; nonappropriated fund employees; and other military health care beneficiaries.

**Impact on New Manning System.** This regulation contains information that affects the New Manning System. It precludes HIV positive soldiers from being assigned to, or reenlisting for, cohesion, operational readiness, and training units scheduled for overseas rotation.

**Internal control systems.** This regulation is not subject to the requirements of AR 11-2. It does not contain internal control provisions.

**Supplementation.** Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from HQDA (DAPE-MPH-S), WASH DC 20310-0300.

**Interim changes.** Interim changes to this regulation are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

**Suggested improvements.** The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DAPE-MPH-S), WASH DC 20310-0300.

**Distribution.** Distribution of this publication is made in accordance with DA Form 12-9A-R requirements for 600-series publications. The number of copies distributed to a given subscriber is the number of copies requested in Block 382 of the subscriber's DA Form 12-9A-R. AR 600-110 distribution is A for the Active Army, the ARNG, and the USAR. Existing account quantities will be adjusted and new account quantities will be established upon receipt of a signed DA Form 12-9U-R (Subscription for Army UPDATE Publications Requirements) from the publications account holder.

Contents (Listed by paragraph number)

Chapter 1  
Introduction

Section I  
General

- Purpose • 1-1
- References • 1-2
- Explanation of abbreviations and terms • 1-3

Section II  
Responsibilities

- Deputy Chief of Staff for Personnel (DCSPER) • 1-4
- The Surgeon General (TSG) • 1-5

- Deputy Chief of Staff for Logistics (DCSLOG) • 1-6
- Chief of Public Affairs (CPA) • 1-7
- Chief, National Guard Bureau (CNGB) • 1-8
- Chief, Army Reserve (CAR) • 1-9
- Commanders of Health Services Command, 7th Medical Command, and 18th Medical Command • 1-10
- MACOM commanders • 1-11
- Installation and community commanders • 1-12
- Unit commanders • 1-13
- Section III  
Policies
- General • 1-14
- Education program • 1-15

Safety of the blood supply • 1-16

Chapter 2  
Testing and Counseling Procedures

Section I  
General Overview

- General • 2-1
- Overview of HIV testing program • 2-2

- Section II  
Medical and Laboratory Responsibilities
- Medical personnel • 2-3
- Medical support • 2-4
- Laboratory • 2-5

- Section III  
HIV Testing Procedures
- General HIV testing procedure • 2-6

\*This regulation supersedes HQDA Letter 40-88-1, 1 February 1986.

## **Contents—Continued**

Active force surveillance testing • 2-7  
Reserve Component surveillance testing • 2-8  
Testing of non-active duty health care beneficiaries • 2-9  
Testing of civilian employees • 2-10  
Clinical evaluation • 2-11

### **Section IV**

#### **Reporting and Recording of Information**

Medical records • 2-12  
Data base • 2-13  
Command notification and profiling • 2-14  
Notification procedures • 2-15

### **Section V**

#### **Counseling Procedures**

Preventive medicine counseling • 2-16  
Commander's counseling • 2-17

### **Section VI**

#### **Natural Disease Study**

General study requirements • 2-18  
U.S. Army HIV Data Base System • 2-19

## **Chapter 3**

### **Accession Testing Program**

General • 3-1  
Accessions and probationary officers • 3-2  
HIV testing policies • 3-3  
Confidentiality • 3-4

## **Chapter 4**

### **Active Duty Personnel Policies and Procedures**

#### **Section I**

##### **Assignment Policies and Procedures**

General • 4-1  
Assignment limitations • 4-2  
Accompanied tours • 4-3  
Military schooling • 4-4  
Reenlistment • 4-5  
Assignment/reassignment procedures • 4-6  
Transfer of personnel and medical records/monitorship • 4-7

#### **Section II**

##### **Responsibilities**

OCONUS • 4-8  
CONUS • 4-9

#### **Section III**

##### **Administrative Separations**

Administrative separation of officers • 4-10  
Administrative separation of enlisted personnel • 4-11  
Disability separation • 4-12

## **Chapter 5**

### **ARNG and USAR Personnel Policies and Procedures**

#### **Section I**

##### **General**

Introduction • 5-1  
Testing for active duty personnel • 5-2

#### **Section II**

##### **ARNG Policies and Procedures**

General • 5-3

Overview of the ARNG HIV testing program • 5-4

Priority for testing • 5-5

Medical support for testing • 5-6

Responsibilities • 5-7

Notification and counseling • 5-8

Reporting and recording of information • 5-9

Assignment and personnel actions • 5-10

Separation procedures • 5-11

### **Section III**

#### **USAR Policies and Procedures**

General • 5-12

Responsibilities • 5-13

Conduct of HIV testing • 5-14

Notification • 5-15

Education • 5-16

Transfer from the Ready Reserve • 5-17

## **Chapter 6**

### **Limited Use Policy**

Purpose • 6-1

Limitations on the use of laboratory test results • 6-2

Limitations on the use of certain other information • 6-3

Exclusions • 6-4

Entries in personnel records • 6-5

## **Chapter 7**

### **Public Affairs Plan**

General • 7-1

Army information objectives • 7-2

Army information effort concept • 7-3

Responsibilities • 7-4

Media queries • 7-5

## **Appendixes**

A. References

B. Supplement to Army Video "Nobody's Immune"

## **Glossary**

## Chapter 1 Introduction

### Section I General

#### 1-1. Purpose

This regulation prescribes policy, procedures, responsibilities, and standards concerning identification, surveillance, and administration of personnel infected with Human Immunodeficiency Virus (HIV) (formerly referred to as Human T-Lymphotropic Virus Type III (HTLV-III)). It reflects current knowledge regarding the natural history of the disease, the risks to the infected individual incident to military service, the risk of disease transmission to the non-infected, the effect of infected personnel on unit functions and readiness, and the safety of the blood supply.

#### 1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

#### 1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

### Section II Responsibilities

#### 1-4. Deputy Chief of Staff for Personnel (DCSPER)

The DCSPER will—

- a. Act as executive agent for all HIV policy.
- b. Provide Army Staff supervision for the HIV program.
- c. Ensure that HIV policies and programs are effectively implemented consistent with Department of Defense (DOD) guidance and current medical knowledge.

#### 1-5. The Surgeon General (TSG)

TSG will—

- a. Program and manage funds and resources to support blood drawing, laboratory support, contractor support, and other medical/clinical support of the HIV program.
- b. Ensure responsive laboratory support.
- c. Manage the professional medical and epidemiological aspects of the HIV program.
- d. Advise the DCSPER and the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA(M&RA)) of Department of the Army (DA) and DOD epidemiological information and trends.
- e. Develop programs for preventive medicine education and counseling of HIV positive health care beneficiaries (HCBs).
- f. Develop procedures for notification of HIV positive HCBs.
- g. Provide input concerning the medical administration of the HIV testing program for publication in this regulation.

h. Provide technical oversight in support of the Army's HIV testing program.

i. Prescribe the methodology to be used by the laboratories supporting HIV testing.

j. Provide technical guidance for the collection and shipment of specimens.

k. Collect and evaluate statistical data related to testing and provide this data periodically to HQDA (DAPE-MPH-S), WASH DC 20310-0300.

#### 1-6. Deputy Chief of Staff for Logistics (DCSLOG)

The DCSLOG will provide support to the Office of The Surgeon General (OTSG) as required.

#### 1-7. Chief of Public Affairs (CPA)

The CPA will—

- a. Develop an information program to inform audiences of the Army's testing, research, and education efforts related to HIV/Acquired Immune Deficiency Syndrome (AIDS).
- b. Provide input for public affairs support of the HIV testing program.

#### 1-8. Chief, National Guard Bureau (CNGB)

The CNGB will—

- a. Budget money and resources to provide administrative support for oversight of the HIV testing program in the Army National Guard (ARNG).
- b. Encourage States to expeditiously implement the Army's HIV policy.
- c. Coordinate implementation among the Army Staff and various States.
- d. Advise the Office of the Deputy Chief of Staff for Personnel (ODCSPER) regarding the impact of HIV programs on ARNG personnel and units.
- e. Provide input concerning administration of the HIV testing program in the ARNG for publication in this regulation.

#### 1-9. Chief, Army Reserve (CAR)

The CAR will—

- a. Budget money and resources to provide administrative support for oversight of the HIV testing program in the U.S. Army Reserve (USAR).
- b. Develop and coordinate USAR HIV policy for specified, unified, and major Army commands (MACOMs) and the U.S. Army Reserve Personnel Center (ARPERCEN).
- c. Advise ODCSPER regarding the impact of HIV programs on USAR personnel and units.
- d. Provide input concerning administration of the HIV testing program in the USAR for publication in this regulation.

#### 1-10. Commanders of Health Services Command, 7th Medical Command, and 18th Medical Command

These commanders will—

- a. Designate points at appropriate locations to collect and ship specimens to the servicing laboratories.

b. Allocate available testing quotas within their command.

c. Monitor utilization of assigned testing quotas.

d. Ensure that information regarding HIV test results is appropriately safeguarded in accordance with the policies in this regulation.

#### 1-11. MACOM commanders

MACOM commanders will—

- a. Budget money and resources to provide administrative support for oversight of the HIV testing program in their command.
- b. Designate a centralized point of contact (POC) in their headquarters to coordinate all administrative and medical aspects of the HIV testing program.
- c. Coordinate and monitor HIV testing within their command.
- d. Monitor the implementation of HIV testing at their various installations and activities.
- e. Ensure that information regarding HIV testing results is appropriately safeguarded in accordance with the policies in this regulation.
- f. Conduct an aggressive command information program in accordance with paragraph 1-15 and chapter 7.

#### 1-12. Installation and community commanders

These commanders will—

- a. Coordinate with the servicing medical activity (MEDDAC) or medical center (MEDCEN) to accomplish scheduling, education, and testing of personnel assigned to their installation/community.
- b. Establish a support network of designated personnel (chaplain, psychologist, suicide prevention, preventive medicine, family support group, and so forth) trained to provide assistance to HCBs found to be HIV positive.
- c. Use local assets to support command and public information efforts.
- d. Consult with the servicing staff judge advocate (SJA) on the limited use provisions of this policy and other restrictions on the use of HIV information.
- e. Ensure that information regarding HIV testing results is appropriately safeguarded in accordance with the policies in this regulation.

#### 1-13. Unit commanders

Unit commanders will—

- a. Be knowledgeable of the rationale behind the HIV testing program and established policies.
- b. Ensure compliance with the education and testing requirements for their soldiers.
- c. Accompany soldiers identified as HIV positive during initial notification. (Unit commanders who are general officers may designate a subordinate officer to perform this function.)
- d. Provide support and facilitate the support network for the HIV positive soldier during the initial notification and subsequent evaluation.

e. Protect soldiers confirmed as HIV positive from unwarranted invasions of their privacy.

f. Maintain unit status of the HIV testing requirement.

g. Consult with the servicing SJA on the limited use provisions of this policy and other restrictions on the use of HIV information.

h. After the initial medical notification, counsel HIV positive soldiers in accordance with the policies in this regulation.

i. Ensure that information regarding HIV testing results is appropriately safeguarded in accordance with the policies in this regulation.

### Section III Policies

#### 1-14. General

HQDA medical, manpower, and personnel policies on HIV reflect current knowledge of the natural progression of HIV infection, the risks to the infected individual incident to military service, the risk of transmission of the disease to noninfected personnel, the effect of infected personnel on Army units, and the safety of military blood supplies. The following are established policies on HIV:

a. Persons who are HIV positive are not eligible for appointment or enlistment into the Army, the ARNG, or the USAR.

b. All active duty personnel and Reserve Component (RC) personnel designated in chapters 2 and 5 will periodically be tested and retested for the HIV antibody.

c. Medical followup and evaluation will be conducted for all HCBs who are HIV positive.

d. Except for those identified during the accession testing program, soldiers who are HIV positive and demonstrate no evidence of progressive clinical illness or immunological deficiency will not be involuntarily separated solely on the basis of having been confirmed HIV positive.

e. HIV positive active duty soldiers, including Active Guard Reserve (AGR), will be limited to duty within the continental United States (CONUS). HIV positive soldiers currently assigned outside the continental United States (OCONUS) will be processed and reassigned to CONUS in accordance with AR 614-30 and this regulation. Direct coordination with the Commander, Total Army Personnel Agency (TAPA) or the Commander, ARPERCEN (for AGR personnel) will be made to ensure expeditious reassignment of HIV positive soldiers.

(1) The CONUS duty limitation does not apply to RC personnel who reside OCONUS, or to active duty soldiers who are permanent residents of, and are currently stationed in, Alaska, Hawaii, Guam, the Virgin Islands, American Samoa, or Puerto Rico. It does, however, apply to all active duty soldiers not currently assigned to these locations, regardless of permanent residence.

(2) Soldiers outside these areas who desire compassionate reassignment to these areas may apply in accordance with existing policy for compassionate reassignments. Requests will be considered on a case by case basis.

f. Conditions of national emergency and/or mobilization and deployment OCONUS may require reordering of priorities for screening, but will not affect OCONUS assignment limitations.

g. Soldiers infected with HIV who demonstrate progressive clinical illness or immunological deficiency may not meet medical retention standards under AR 40-501, and will be processed for physical disability under AR 635-40.

h. To facilitate development of scientifically based information on the natural history and transmission pattern of HIV, it is essential that infected soldiers assist the military health care system by providing accurate information. Accordingly, the mere presence of the HIV antibody will not be used as the basis for adverse action against a soldier.

i. Mandatory testing of civilians (to include family members) will not be authorized, with the exception of those cases that may be defined and approved by DOD. Voluntary testing will be made available to all HCBs in accordance with paragraph 2-2g.

j. All information regarding HIV testing results will be handled in a manner to protect the individual's confidentiality while providing information consistent with medical and administrative requirements on a "need to know" basis.

k. Policies contained in this regulation will be reviewed as developments occur in scientific and/or medical knowledge, or issuance of revised DOD policies dictate.

l. Soldiers found to be HIV positive will be designated as blood donor ineligible in their medical and dental records. They will be counselled and ordered not to donate blood.

#### 1-15. Education program

In accordance with chapter 7, the Office of the Chief, Public Affairs (OCPA) will conduct a continuous education and information program regarding HIV infection to ensure Army personnel and their families and DOD and nonappropriated fund (NAF) civilians and their families are well informed, thereby reducing uninformed speculation about the incidence and risks of infection. In conjunction with this overall program, OTSG will provide public health education materials to HCB served by DA medical and dental facilities. Information will be disseminated through preventive medicine and command information programs. The chain-of-command will be a vital link in the success of this program.

#### 1-16. Safety of the blood supply

The policies of the DOD Military Blood Program and guidelines of the Food and

Drug Administration (FDA) will be followed in the DA Blood Program and by civilian blood agencies collecting blood on Army installations.

## Chapter 2 Testing and Counseling Procedures

### Section I General Overview

#### 2-1. General

a. A testing, counseling, and surveillance program to test for the HIV antibody and treat HIV infection is necessary to—

(1) Ensure the continued readiness and deployability of the total force.

(2) Preserve the health of DA personnel and their families by identifying HIV-infected HCBs in order to provide appropriate counseling and medical treatment.

(3) Determine fitness for military duty.

(4) Permit commanders to assess the readiness, security, military fitness, good order, and discipline of their commands and to take appropriate action based upon such assessment.

(5) Protect potential accessions who must be immunized.

(6) Provide data to conduct a longitudinal study of HIV as it affects DA personnel and their families.

(7) Develop scientifically based information on the natural history and transmission pattern of HIV.

b. The presence of HIV antibodies in the blood is an indicator of past exposure to HIV, the causative agent of AIDS. For medical classification purposes, HIV infections have been divided into six stages based upon varying degrees of immuno-incompetence.

(1) Stage 1, the earliest stage, indicates the presence of the HIV antibody; however, there are generally no symptoms or clinical evidence of immuno-incompetence.

(2) Stage 6 is the most serious stage, characterized by opportunistic infections usually resulting in death. However, neurological complications and other signs and symptoms may occur at any stage of the disease.

c. Individuals who are confirmed positive for exposure to HIV and who are HCBs will be medically evaluated to determine the medical status of their infection, their immunologic competence, and the potential for adverse consequences of serving in high risk areas or any other particular geographic region. The standardized DOD clinical protocol will be used.

2-2. Overview of HIV testing program  
The HIV testing program (other than screening of new accessions) includes—

a. Blood donor testing. Military blood donor screening for the HIV antibody commenced on 1 July 1985. Confirmed HIV positive HCBs will be referred to a military

medical treatment facility (MTF) for evaluation in accordance with the DOD-approved clinical protocol. HCBs identified during civilian blood drives on military installations will be reported to military medical authorities for followup evaluation.

*b. Suspicious illness and high risk groups.* All HCBs with signs and/or symptoms compatible with or suggesting HIV infection, such as unexplained lymphadenopathy (enlarged lymph nodes), unexplained lymphopenia or leukopenia (depressed white cell count), neurological disease, adult oral candidiasis (thrush), or evidence of opportunistic infections (includes pneumocystis pneumonia, candida esophagitis, and so forth), will be tested in the outpatient and inpatient setting as part of the proper, thorough medical evaluation dictated by such indications.

*c. Patients with sexually transmitted diseases (STD).* These patients are seen mainly in STD, OB-GYN, urology, and dermatology clinics. Each new STD infection, such as gonorrhea, syphilis, chlamydia, and hepatitis B, needs a separate HIV antibody test with a 3-, 6-, and 12-month followup to detect latent infection and to determine if HIV seroconversion has taken place. Patients found to be HIV positive will be evaluated.

*d. Blood transfusion/blood product recipients.* Whenever possible, persons who received blood transfusions or blood products after 1 January 1978 and prior to 1 July 1985 will be identified, contacted, and encouraged to be tested for the presence of the HIV antibody.

(1) Blood donors whose blood tests positive for the HIV antibody will be notified and counseled, and, if HCB, evaluated as required by this regulation.

(2) Recipients of blood products obtained from donors who later test positive for HIV infection will be located and notified of the potential risk, and encouraged to be tested and evaluated.

(3) Existing laboratory capability to perform enzyme-linked immunosorbent assay (ELISA) testing will be maintained to support the Army Blood Program and to continue to provide backup coverage of testing initiatives.

*e. Sexual partners.*

(1) HCBs who are or have been sexual partners of HIV positive individuals, or who are children born after 1 July 1978 to HIV positive individuals, will be advised to be tested. Other household contacts, such as parents of children with hemophilia, are encouraged to be tested.

(2) When information is obtained through epidemiological assessment interviews indicating that individuals who are not military personnel or military HCBs are or have been sexual partners or household contacts of HIV positive individuals, military preventive medicine authorities will report that information to civilian public health authorities. Reporting will be in accordance with local jurisdiction reporting requirements.

(3) RC medical authorities will report the information through designated channels to the major U.S. Army Reserve Center (MUSARC) or State adjutant general HIV POC who will pass the information to the supporting MEDDAC/MEDCEN HIV preventive medicine physician (PMP).

*f. Intravenous (IV) drug use.* Persons known to have unlawfully used drugs intravenously will be routinely screened for the HIV antibody.

*g. Voluntary family member, retiree, and civilian employee screening.* Any military HCB may voluntarily request screening and will be accommodated as soon as possible, confidentially, and on a space-available basis at fixed Army active duty MTF. This service should be widely publicized and made easily accessible to encourage its use. Such testing will always be accompanied by thorough counseling. Every possible effort will be made to persuade members of high risk groups, such as sexual partners of known HIV-infected persons, to cooperate in testing and counseling.

*h. Active duty surveillance testing.* All active duty soldiers will be routinely tested at least biennially. In the event that prioritization of testing is required due to resource constraints, screening will be accomplished in the following order:

(1) Soldiers and military units assigned, or pending assignment, to areas of the world where a moderate to high risk exists of contracting serious tropical infections, such as yellow fever, malaria, and dengue. Such areas include Central America, South America, the Caribbean, the Philippines, Southeast Asia, Thailand, Malaysia, Central Africa, East Africa, and Southwest Asia.

(2) Soldiers or units pending assignment or deployment to areas of the world where medical support will be limited. Included are assignments to remote areas where periodic evaluation of persons and monitoring of health will be difficult such as Korea and the Far East.

(3) Units with contingency plans to deploy on short notice to areas of the world described in (1) and (2) above. Included are alert forces who must be deployed in 30 days or less and all personnel scheduled to participate in OCONUS exercises who have not been screened within 24 months of the projected deployment date.

(4) Other military units that could be deployed OCONUS and OCONUS Army forces in Europe, Korea, and Japan.

(5) All other units.

(6) All soldiers in conjunction with periodic physicals or any other scheduled medical examinations.

*i. ARNG and USAR surveillance testing.*

(1) ARNG and USAR Selected Reserve screening will normally be conducted biennially by civilian contract. Blood will be drawn by contract personnel, and the contract will guarantee that specimens are correctly drawn and safeguarded.

(2) ARNG and USAR soldiers may also receive HIV antibody screening as part of

their periodic physical examination whenever such testing is available through the examining facility. Patient privacy will be maintained as with active component personnel procedures. Specific plans for ARNG and USAR implementation are in chapter 5.

(3) If prioritization of testing is necessary, screening will be accomplished in the same order as in *h* above. RC soldiers ordered to active duty for 30 days or more will be considered priority 4 if they do not meet the criteria or priorities 1-3.

*j. Routine adjunct testing.* Routine adjunct screening augmenting other health care affords an opportunity to reach large numbers of military HCBs with education programs on the potential threat and prevention of transmission of HIV infection. The categories of patients described below will be routinely screened as a part of other care rendered unless there is a record of an HIV antibody test within the previous 12 months, or the non-military patient specifically declines in writing to participate in this testing initiative. All persons will be advised in writing that an HIV antibody test is being performed.

(1) All persons admitted to Army hospitals, except those who have been tested during the preceding 12 months or who are excluded by the attending physician because the patient has negligible risk (for example, most pediatric patients less than 15 years of age). Newborn infant hospital admissions may be excluded if there is documentation that the mother had a negative HIV antibody test during pregnancy.

(2) All patients who present at STD clinics.

(3) All pregnant women at the time of their initial prenatal evaluation and at the time of delivery, if the mother has been identified as being at high risk. Testing in the first trimester of pregnancy is ideal because of the greater than 50 percent probability that children of HIV positive mothers will also be infected.

(4) All persons enrolled in drug and alcohol rehabilitation programs (Tracks II (individual counseling) or III (short term residential rehabilitation)).

(5) Complete (as opposed to regional or walk-in symptom focused) physical examinations in adults 15 years of age and older should routinely include an HIV antibody screening test unless the test has been done during the preceding 12 months. This category includes premarital examinations performed under the provisions of AR 608-61.

(6) MTF commanders may institute screening of patients scheduled for outpatient invasive procedures if resources are determined to be available. Dental treatment facility (DTF) commanders may institute screening of dental outpatients scheduled for oral surgery when resources are available.

(7) All patients presenting in emergency rooms with evidence of trauma, such as shootings, stabbings, IV drug use, and rape.

(8) All persons with acute or chronic hepatitis B infection.

(9) All persons who are dead on arrival or who die in emergency rooms.

k. **Overseas assignments.** Active component (AC)/RC personnel pending permanent change of station (PCS) OCONUS must be screened if they have not been tested within the previous 6 months. Individuals alerted for overseas assignments will be instructed, as part of their preparation of overseas replacements (POR) processing, to report to the appropriate physical examination clinic or laboratory for drawing of blood. The following policy applies:

(1) AC personnel scheduled for TDY or deployments on exercises OCONUS that will not exceed 179 days must have been tested within the 24 months prior to departure date.

(2) AC personnel scheduled for OCONUS deployments or TDY that will exceed 179 days must be tested within the 6 months prior to departure date.

(3) RC personnel scheduled for OCONUS duty (to include Alaska and Hawaii) of less than 30 days must have a negative HIV test within the 24 months prior to departure date. All RC personnel performing active duty of 30 days or more require a negative HIV test within the 6 months prior to reporting date.

(4) RC personnel located outside CONUS scheduled for training either in CONUS or OCONUS who do not meet the testing windows stated above will be tested immediately upon arrival at the training duty station when testing prior to departure is impractical.

## Section II Medical and Laboratory Responsibilities

### 2-3. Medical personnel

Responsibilities delineated below may be reallocated with concurrence of medical command commanders specified in paragraph 1-10.

#### a. Commander, Army MTF will—

(1) Appoint a physician as the clinical manager. This physician may be an infectious disease specialist, an internist, or any other physician including a PMP who possesses the necessary clinical skills.

(2) Appoint either the PMP or the clinical manager as the installation/area HIV Program Director (POC, HIV Program). This director has overall responsibility in the allocation of all available HIV/AIDS resources, supervision of the local HIV team, interaction with all appropriate military and civilian agencies, and other related duties as assigned by the MTF commander.

(3) Monitor and ensure implementation of the program as outlined in this regulation.

#### b. Clinical manager or attending physician will—

(1) Notify all non-active duty HCBs of initial or confirmed positive HIV test results, unless notification has been accomplished by the physician ordering the test.

(2) Provide initial counseling at the time of notification to all newly identified HIV-infected HCBs.

(3) Counsel, test, and evaluate as necessary family members of newly identified HIV-infected HCBs.

(4) Schedule or perform initial staging physical examinations for all newly identified HIV-infected HCBs.

(5) Complete designated parts of HIV data collection forms and submit to the PMP for consolidation and submission to the U.S. Army HIV Data Base System (USAHDS).

(6) Refer all newly identified HIV-infected HCBs to the PMP or community health nurse (CHN) for administrative and public health followup.

(7) Provide followup evaluations and restaging for HIV-infected HCBs residing in the facility's health service region (HSR), submitting restaging reports through the PMP to the USAHDS.

(8) Provide primary care for all HIV-infected HCBs and coordinate any specialty care required.

(9) Report to the PMP all instances where HIV-infected soldiers or family members are suspected to have engaged in unprotected sexual relations or other high-risk behaviors that could have transmitted the infection to others. For example, if a soldier who has been identified as HIV positive and who has previously received preventive medicine counseling seeks care for an STD, that fact should be reported to the PMP immediately.

#### c. Preventive medicine physician will—

(1) In conjunction with the appropriate commander, notify all active duty personnel of initial or confirmed positive HIV test results.

(2) Receive results from the clinical lab manager identifying all potential new cases of HIV infection.

(3) Coordinate notification of newly identified HIV-infected HCBs by clinical managing physician.

(4) Establish a registry of all known HIV-infected HCBs residing within the facility HSR.

(5) Establish a suspense mechanism to ensure initial and subsequent evaluations and other administrative actions are completed as required.

(6) Perform contact interviews.

(7) Locate, notify, and counsel all military HCBs who are named contacts of HIV-infected persons, arranging for testing as necessary. If there are named contacts who should be notified but who do not reside in the facility HSR, provide necessary information to the appropriate PMP for followup.

(8) Provide local, State, or host nation public health authorities with contact information in accordance with applicable statutes and this regulation.

(9) Complete designated parts of HIV data collection forms, consolidate with parts

completed by the clinical manager, and submit within 90 days of the date of beginning initial staging.

(10) Provide data to the public affairs office concerning results of the force testing program as required by this regulation.

(11) Prepare and submit reports as required by local authorities and higher headquarters, ensuring that disclosure of any HCB's HIV status is based on medical or administrative "need-to-know" only.

(12) Serve as POC for receipt and transfer of health records pertaining to HIV-infected HCBs.

(13) In conjunction with the MTF patient administration officer, ensure that all medical and dental records are properly marked and annotated in accordance with this regulation and other applicable references. Ensure medical/dental records of HIV-infected patients are available for use in emergency treatment facilities.

(14) Serve as the medical clearance authority for personnel processing for OCONUS reassignment.

(15) Coordinate the force surveillance program.

(16) Provide letter notification to appropriate command authorities when soldiers are suspected to have engaged in unprotected sexual relations or other high-risk behaviors that could have transmitted the infection to others. For example, if a soldier who has been identified as HIV positive and who has previously received preventive medicine counseling seeks care for an STD, that fact should be reported to the soldier's commander immediately.

(17) Notify the commanders of MTFs and DTFs of all HIV-infected HCBs.

#### d. Community health nurse will—

(1) Coordinate/provide HIV education programs for unit-level training within the HSR.

(2) Coordinate HIV education for HCBs tested under the routine adjunct patient screening program.

(3) Coordinate HIV education programs for military community groups as requested.

(4) Provide counseling for all HCBs as appropriate.

(5) Assist the PMP in performance of contact interviews, family counseling, force testing responsibilities, and administrative functions.

#### e. Clinical laboratory manager/blood bank officer will—

(1) Coordinate obtaining unit-level and individual blood specimens for testing required by this regulation and other references.

(2) Maintain data concerning force testing and clinical screening, including the number of specimens drawn, the number submitted, results of initial testing, and results of confirmatory testing.

(3) Ensure compliance with guidelines for obtaining, processing, labeling, packaging, shipping, and storing specimens.

(4) Serve as local point of contact for matters pertaining to contracted laboratory support.

## 2-4. Medical support

a. Blood drawing and initial processing of sera from those to be tested in conjunction with surveillance testing of active duty soldiers, RC personnel upon prior arrangement, or patients participating in routine adjunct testing will be accomplished by existing medical resources, under the direction of the clinical lab manager.

(1) Health Services Command (HSC) will provide and/or coordinate necessary resources for testing support in CONUS, Panama, Alaska, and Hawaii.

(2) In Europe, the 10th Medical Laboratory, under guidance of 7th MEDCOM and OTSG, will support all Army personnel through collecting and processing specimens, performing ELISA testing, and shipping ELISA positives to CONUS for confirmation testing.

(3) Army personnel stationed in Korea, Japan, and the Pacific area (excluding Hawaii) will be supported as in (2) above by Tripler Army Medical Center (TAMC), under guidance of HSC and OTSG.

(4) Army personnel in Central and South America (excluding Panama) will be supported by Gorgas Army Hospital, under guidance of HSC and OTSG.

b. Civilian contract support will be used as discussed below.

(1) Contracting will be necessary to—

(a) Screen the force for HIV exposure using the tests described in paragraph 2-6.

(b) Perform blood drawing, labeling, transportation, and testing of blood from the ARNG and the USAR.

(c) Screen new accessions at the Military Entrance Processing Stations (MEPS).

(2) Blood drawing for the RC troop program unit (TPU) will be accomplished as a part of civilian contractor support for the entire testing program.

(3) Force and routine adjunct testing will normally be supported by civilian contract. Not only is this a more economical alternative, but it also enhances quality control of results, improves confidentiality, and avoids interference with other patient care activities.

(4) Central contracting for these services is the responsibility of OTSG, with support from HSC and U.S. Army Medical Research and Development Command (USAMRDC).

(5) Supplies to draw blood specimens and tubes to hold sera will be procured by the Army through contract.

(6) ELISA equipment has been provided to all Army MTF. This added equipment will enable hospitals to meet the in-house requirement for HIV antibody testing (clinical patients, to include STD patients and other high risk categories).

## 2-5. Laboratory

a. An initial blood sample will be drawn from each individual. Each specimen will have affixed an identification label with an alphanumeric identifier and a laboratory specimen number. The specimen will be centrifuged, refrigerated (not frozen), and

packed for pick-up. The contractor will be required to pick up specimens per contract schedule at all Army installations.

b. Code sheets matching names with alphanumeric identifiers and laboratory specimen numbers will be maintained by each shipping laboratory. These code sheets will be handled confidentially.

c. The contract laboratory will be required to perform ELISA testing on all specimens. All initially positive specimens will be retested, and all doubly reactive ELISA specimens will be processed for appropriate confirmation testing. An aliquot of all doubly reactive ELISA and confirmed specimens will be sent to the Department of Virus Diseases, Walter Reed Army Institute of Research, Washington, D.C. 20307, for quality control testing and storage. Confirmed results will normally be returned within 10 working days. Expedited processing will be available for retests and accession specimens. Notification will go directly to the shipping laboratory.

d. HCBs and RC soldiers whose initial test is HIV positive will be contacted by a designated medical corps officer and notified of the results. A new blood sample will be drawn and sent again for testing. If the results of the second test are negative, a third test will be performed on a fresh specimen. If results of the second or third test are again positive, the HCB will routinely be hospitalized at the servicing Army MEDCEN and medically evaluated for immune deficiency. If the results are negative, no further action will be taken. Actions to be taken on confirmed positive RC soldiers are described in chapter 5.

## Section III

### HIV Testing Procedures

#### 2-6. General HIV testing procedures

HIV antibody testing will include a screening test of all personnel designated in this regulation and confirmatory tests of those who test positive.

a. The screening test for the HIV antibody will be the Food and Drug Administration-approved ELISA test. The confirmatory test will be the immunoelectrophoresis (Western Blot) test, or a comparable test approved by OTSG after coordination with the Office of The Judge Advocate General (OTJAG) and the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)). Initial Western Blot positive personnel will be retested using a new blood specimen.

b. Test procedures will minimize delays in obtaining the results of Western Blot confirmation tests and informing the individual of those results. Medical authorities will promptly report to the soldier's command authorities the fact that a soldier has been confirmed positive.

c. Medical and command personnel will take necessary steps to ensure that this information is not disclosed except as required for medical or administrative purposes on a "need to know" basis.

#### 2-7. Active force surveillance testing

a. Effective 1 January 1988, all soldiers will be required to be tested for the presence of HIV antibodies at least biennially.

b. The basic method of monitoring compliance with this periodic testing requirement will be a birth month screening for each soldier, supported through the addition of a Standard Installation/Division Personnel System (SIDPERS) data field to the Officer Master File (OMF) and the Enlisted Master File (EMF) showing the date of the last HIV test.

c. Birth month screening for HIV testing will be added to the list of required personnel action notifications sent to unit commanders by the servicing Personnel Service Center/Company (PSC). Notification to the unit commander will be sent by the PSC via an automated suspense roster in the same manner as requirements for annual records audits, periodic physicals, and official photographs. Since soldiers may be tested for reasons other than for periodic force testing, such as when donating blood or during a physical examination, the date of the last HIV test may not coincide with previous force surveillance testing.

d. Each soldier's last recorded HIV test date will be compared with the soldier's birth month during the preparation of birth month personnel action requirements. If the soldier was last tested more than 12 months previously, a test is required to maintain currency in the force surveillance testing program, and this requirement will be indicated on the automated suspense roster sent to the soldier's unit commander.

e. HIV testing that is accomplished and properly recorded in accordance with other provisions of this regulation fulfills the biennial force surveillance testing requirement. Force surveillance testing results may only be substituted for other testing requirements if all criteria for the other requirements are met. For example, a force surveillance test will fulfill the requirement to screen prior to departure for an OCONUS assignment only if it was completed within the 6 months prior to departure.

f. The birth month method of biennial testing is Headquarters, Department of the Army (HQDA) policy. However, in recognition of unique mission requirements, commanders may desire to use an alternate method. Requests for exceptions to the birth month requirement will be submitted through command channels to HQDA (DAPE-MPH-S). Requests will provide details of the proposed alternate method and rationale for proposing the alternate method. Any higher command in the chain of command may disapprove a request for exception to the birth month HIV test requirement.

#### 2-8. Reserve Component surveillance testing

a. ARNG and USAR TPU surveillance testing will normally be accomplished by unit. Specific procedures will be published by separate directive after examination of

the results and lessons learned from initial testing of the RC. These procedures will ultimately be incorporated in subsequent editions of this regulation.

b. Soldiers assigned to the Individual Ready Reserve (IRR) and Individual Mobilization Augmentation (IMA) programs will be tested during annual training (AT) or active duty for training (ADT), if not tested within the previous 24 months, and during routine physical examinations, to include quadrennial physicals and flight physicals (where facilities are available).

#### 2-9. Testing of non-active duty health care beneficiaries

a. Non-active duty HCBs may request to be tested. Requests will be honored as resources permit at HSC facilities. Notification will be accomplished by the MEDDAC/MEDCEN. Testing of family members will be in accordance with paragraph 2-2g.

b. Family members who are concerned about whether they have been exposed to HIV should consult with local military medical personnel. As is the customary procedure for personal medical concerns such as other sexually transmitted diseases, the family member may obtain an appointment and discuss his or her concerns directly with the health care practitioner. Appropriate supporting tests, including laboratory evaluation, will be determined by the physician.

#### 2-10. Testing of civilian employees

a. Neither applicants for employment nor current employees are required to be tested for the presence of the HIV antibody. Exceptions to this policy may be granted by HQDA (DAPE-CPE), WASH DC 20310-0300, after approval by DOD in appropriate cases.

b. DA will provide civilian employees who are overseas and authorized medical care at U.S. Army medical facilities the opportunity to be tested for the presence of the HIV antibody on an elective, space-available basis. Positive results on the test will be confidential information and will not be the basis of any adverse actions concerning the individual's employment. (See e below.) Employees and their family members will be encouraged to obtain further diagnosis or treatment. Charges for this testing may be waived in accordance with AR 40-3, paragraph 3-2b(12).

c. Overseas commands will establish policies pertaining to foreign national employees that, to the degree permitted by local law and custom, are consistent with these policies.

d. Employment or assignment will not be denied solely on the basis of the confirmed presence of the HIV antibody.

e. The presence of AIDS or the HIV antibody will not, by itself, be the basis of any adverse personnel action against an employee. Existing civilian employment policy provides guidance relating to appropriate

action when employees are not physically able to carry out the duties of their job.

#### 2-11. Clinical evaluation

All active duty personnel who are HCBs and are confirmed HIV positive will be evaluated at the MEDCEN servicing the HSR. Other HCBs will be offered the opportunity to undergo such evaluation if desired. The evaluation will be conducted in accordance with the standard DOD clinical protocol and will be reported as required in this regulation.

#### Section IV Reporting and Recording of Information

##### 2-12. Medical records

Information on and results of HIV testing will be entered in individual medical records as follows:

a. For force surveillance testing, an entry will be made on SF 600 (Chronological Record of Medical Case), which will include the date and location of testing. Results of the testing are not required to be entered in the medical record unless the soldier is being processed for OCONUS assignment.

b. Results of routine adjunct testing will be entered in the medical record in accordance with AR 40-66 using SF 557 (Miscellaneous Lab Slip).

c. The medical and dental record jacket for all HIV-infected HCBs will be marked by affixing a DA Label 162 (Emergency Medical Identification Symbol) in accordance with AR 40-15. The master problem list will be annotated "Blood Donor Ineligible-V7262."

d. Records pertaining to staging and evaluation of HIV positive HCBs will be filed in accordance with AR 40-66.

##### 2-13. Data base

A confidential DA HIV data base (USAHDS) has been established by USAMRDC at Walter Reed Army Institute of Research (para 2-19). All epidemiological data (including names) is collected, as well as results of medical evaluation and staging. The data base is established to evaluate and help ensure appropriate medical care and followup of HIV-infected personnel and to support HIV control efforts, HQDA policies and revision, and Army Medical Department (AMEDD) HIV research efforts.

##### 2-14. Command notification and profiling

a. Information on HIV positive soldiers and other HCBs will be handled in a sensitive manner. Directors of Health Services, MEDDAC/MEDCEN commanders, command surgeons, unit surgeons, and clinic commanders will coordinate efforts in notifying individuals, commanders, and PSCs.

b. Commanders will be notified of any duty limitations of personnel by DA Form

3349 (Physical Profile) issued by the MEDDAC/MEDCEN commander or other profiling authority. Copies of the DA Form 3349 will be sent to the unit commander and the servicing PSC. Documents will be sealed in an envelope marked "To Be Opened By Addressee Only" and addressed, by name, to the appropriate unit commander and adjutant general or personnel officer. Procedures will be established by the appropriate medical authority to confirm that unit commanders and adjutants general/personnel officers have received proper notification of HIV positive soldiers. The following minimum entries will be made on the DA Form 3349:

(1) Item 1 of the DA Form 3349 will designate the medical condition as "retrovirus infection."

(2) Item 2 will contain a permanent 3 under the "P" factor in the physical profile.

(3) Codes F and U will be entered.

(4) Item 3 will indicate "assignment restricted to the contiguous 48 States and the District of Columbia."

(5) Item 9 should contain the remark "No vaccination with live virus vaccines."

##### 2-15. Notification procedures

HIV positive HCBs will be individually and privately notified of results by local medical authorities. The notification will be performed by a physician.

a. In HSC, the contractor will notify the laboratory officer designated at each MTF of the identity (by assigned laboratory specimen number) of specimens that test positive or negative by Western Blot. This notification will be accomplished by electronic facsimile transmittal. In the 18th MEDCOM, the laboratory officer will be notified by message. The referring laboratory will be sent an information copy. The 7th MEDCOM will be notified telephonically, followed by hard copy.

b. The designated physician will notify the initially HIV positive HCBs. The individual will be instructed that they have a positive Western Blot, that the meaning of the test is unknown at the present time, but that it may mean he or she is infected by HIV and is being referred to a medical center for further medical evaluation. Individuals will be advised not to donate blood and refrain from sexual relations until the medical evaluation has been completed.

c. Commanders will formally counsel soldiers immediately after, but not before, the post-diagnosis preventive medicine counseling performed by medical department personnel as prescribed in paragraph 2-16.

d. All HCBs confirmed HIV positive will be referred to an Army medical center for medical evaluation and staging. Non-active duty HCBs will be provided the opportunity to undergo medical evaluation similar to active duty personnel.

e. Within 30 days, soldiers whose tests are negative will be notified of the results by

direct mail on DA Form 5668 (HIV Screening Test Results) and will be required to retain a copy of the form. DA Form 5668 is available through normal publications channels. A sample of a completed DA Form 5668 is at figure 2-1.

f. Notification of contacts of HIV positive personnel will be as follows:

(1) Military personnel or military HCBs who are sexual partners or household contacts of known AIDS patients, individuals who are HIV positive, or individuals who were transfusion or blood product recipients from HIV-infected donors will be advised by medical authorities to seek medical evaluation as soon as possible.

(2) Information should be reported to civilian public health authorities, per local jurisdiction reporting requirements, when information is obtained through epidemiological assessment interview indicating that individuals—

(a) Who are not military personnel or military HCBs are sexual partners or household contacts of known AIDS patients,

(b) Are HIV positive, or

(c) Were transfusion or blood product recipients from HIV-infected donors.

## Section V Counseling Procedures

### 2-16. Preventive medicine counseling

a. HIV positive individuals (and family members, if HCBs) will be provided preventive medicine counseling on the relationship between HIV, the blood tests, and AIDS; the risks of disease transmission to close personal contacts and family members; methods of prevention; and the fact that HIV positive individuals are not eligible to donate blood. The counseling will be recorded in the medical record of the HIV positive individual, with that individual's acknowledging signature. In addition, DA Form 5669-R (Preventive Medicine Counseling Record) will be used. A copy of this form is located at the back of this regulation. This form will be reproduced on 8½-by 11-inch paper.

b. Each soldier or military HCB who is identified as HIV-infected will be provided with accurate information concerning the infection and disease process and counseled regarding transmission. The following are specific elements to be included in the counseling:

(1) The positive antibody test with Western Blot confirmation means that the patient has been exposed to HIV. Current medical knowledge indicates that once a person has been infected, it is assumed that he or she continues to harbor the virus. This means the patient is infectious, or capable of transmitting the virus through any behaviors involving, or potentially involving, exchange of body fluids.

(2) Casual contact poses negligible risk of transmission. HIV infection has been shown to be primarily transmitted through three routes: intimate sexual exposure; perinatal

exposure (from infected mothers to their infants); and parenteral exposure (transfusion of contaminated blood or sharing of needles by intravenous drug abusers). Since the virus has been isolated from various body fluids (to include blood, semen, saliva, tears, and breastmilk), personal items such as toothbrushes, razors, and other personal implements that could become contaminated with blood or other fluids should not be shared with others, even though the risk appears low.

(3) There is no evidence that the infection can be transmitted through insect vectors such as ticks, lice, or mosquitoes.

(4) The percentage of those infected with HIV who will progress to clinical illness or suffer impaired immunity is unknown. However, estimates range from 30 to 100 percent over a long period of time. For this reason, HIV-infected persons must have medical evaluations semiannually. If a previously asymptomatic person should develop unexplained fever, weight loss, or infections, immediate medical attention should be sought.

(5) While homosexual and bisexual males and intravenous drug users are the majority of HIV-infected persons identified thus far, the infection can also be transmitted heterosexually. There is clear evidence for transmission from male-to-female and female-to-male. Persons who are highly promiscuous stand a much greater chance of being exposed to HIV. Prostitutes, male or female, represent a high-risk group since they have many sexual contacts and frequently are also intravenous drug abusers. HIV-infected individuals (as well as uninfected persons) should refrain from sexual relations with members of these groups to avoid the possibility of transmission.

(6) Although no symptoms may be present now, an HIV-infected person can transmit the infection to others through sexual intercourse, sharing of needles, donated blood or blood products, and possibly through exposure of others to saliva through oral-genital contact or intimate kissing.

(7) Transmission of HIV infection through sexual intercourse can be avoided only through abstinence. If abstinence is not acceptable as a means of prevention of transmission, then the HIV-infected person must engage only in protected sexual relations (i.e., using a condom). Males must always use a condom, and females must insist that their partners use condoms. While the efficacy of condoms in preventing transmission of infection is unproven, they may reduce transmission.

(8) HIV-infected persons must verbally inform their sexual partners of their infection prior to engaging in intimate sexual behavior. Even when condoms are always used, the number of sexual partners should also be limited to reduce potential transmission. Sexual relations with a spouse is a decision that can only be made by the spouse after full counseling regarding the risks involved.

(9) Regardless of whether or not HIV-infected soldiers or HCBs cooperate in the epidemiological assessment interview by naming sexual or other contacts at potential risk, the HIV-infected soldier or HCB will be advised to inform all contacts of the likelihood of exposure to HIV.

(10) Previous sexual partners of HIV-infected persons are to be advised to seek testing and counseling. If the partner is an HCB, the PMP will inform them of their potential exposure and encourage them to undergo testing and counseling. Persons who have shared needles with HIV-infected persons should also be tested and counseled.

(11) HIV-infected women will be advised to avoid pregnancy. New mothers who are HIV positive will be advised to avoid or discontinue breastfeeding to prevent potential transmission if her infant is uninfected.

(12) HIV-infected soldiers and HCBs will be advised not to donate blood, sperm, tissues, or organs.

(13) When HIV-infected personnel seek medical or dental care, they should always inform the health care provider of their HIV infection so that appropriate evaluation and precautions are taken to protect others and to ensure they receive appropriate care.

(14) HIV-infected persons must wear gloves if they are required to come into contact with mucous membranes or non-intact skin of others. HIV-infected health care workers with an exudative lesion or weeping dermatitis are to be removed from direct patient contact until the condition clears; they are to fully comply with the Centers for Disease Control guidance on prevention of transmission of HIV infection in a health care setting.

### 2-17. Commander's counseling

a. Commanders will formally counsel soldiers who test positive for the HIV antibody. For active duty personnel, command counseling will be performed immediately after, but not before, the post-diagnosis preventive medicine counseling performed by medical department personnel. For RC personnel, command counseling will be performed immediately following notification by a medical officer.

b. Commanders will use the sample DA Form 4856 (General Counseling Form) at figure 2-2 and ensure that all topics are addressed. Commanders will also ensure that completed counseling forms are maintained in a manner that protects the confidentiality of the information.

c. Counseling will include a direct order to verbally inform their sexual partners of their infection prior to engaging in intimate sexual behavior. Sexual relations with a spouse is a decision that can only be made by the spouse after full counseling regarding the risks involved. Counseling will also include a direct order not to engage in unprotected sexual relations with persons other than their spouse, or donate blood, sperm, tissues, or other organs. Soldiers who willfully disobey this order may be considered

for administrative or disciplinary action, as appropriate. Commanders should consult with their servicing SJA in appropriate cases.

d. The commander's copy of DA Form 5669-R and the commander's counseling record (DA Form 4856) will be maintained in unit files so long as the soldier is assigned to that unit. Upon reassignment, the commander will forward the commander's copy of these records in a sealed envelope to the gaining commander. The envelope will be marked, "TO BE OPENED BY ADDRESSSEE ONLY." Upon the soldier's separation, the commander's copy of these records will be destroyed.

e. Soldiers who have tested positive for HIV will be afforded the opportunity to receive personal counseling from a chaplain or a mental health counselor skilled at counseling persons dealing with trauma, depression, and rejection. Counselors should be specifically trained in identification and dealing with potential suicides and personal grief. Chaplains will be responsible for conducting this training assisted by appropriate medical personnel.

## Section VI Natural Disease Study

### 2-18. General study requirements

a. OTSG will conduct a longitudinal epidemiological evaluation of HIV positive soldiers in the active duty force. Active duty family members, RC soldiers, and other HCBs will also be studied if possible. OTSG will establish procedures to collect and evaluate data, identify trends, and provide quarterly summaries to HQDA (DAPE-MPH-S) and ASA (M&RA) to facilitate review and reassessment of manpower, personnel, and medical guidelines.

b. OTSG will evaluate current policies based on epidemiologic evaluations and recommend changes as warranted.

c. The initial and ongoing medical evaluation of each HCB found to be HIV positive will include an epidemiological assessment of the potential for transmission of HIV to close personal contacts and family members. This information is vital to appropriate preventive medicine counseling and to continued development of scientifically based information regarding the natural history and transmission pattern of HIV. The limitations in chapter 4 regarding assignment, retention, separation, and disciplinary actions are intended to increase the validity of these assessments.

d. An ongoing clinical evaluation of the health status of each HIV positive HCB will be conducted at least semiannually using the DOD protocol. Such evaluations will be conducted at designated Army medical centers.

e. Physicians, dentists, hospitals, medical, and dental clinical laboratories, and other health care facilities will promptly notify the appropriate supporting military health care facility whenever laboratory examination of any specimen derived from the

human-body yields microscopic, cultural, immunologic, serologic, or other evidence suggestive of HIV exposure. This information will be handled in accordance with existing regulatory procedures governing patient privacy.

### 2-19. U.S. Army HIV Data Base System

OTSG has established and maintains a data base of individuals who are HIV positive to support ongoing clinical evaluation and longitudinal epidemiologic evaluation. OTSG will disclose information from USAHDS only as follows:

a. To medical and command personnel to the extent necessary to perform their required duties.

b. To civilian public health authorities in accordance with local, State, or host nation statutes requiring such reporting and consistent with DOD policy.

c. To authorized personnel for the purpose of conducting scientific research, epidemiological assessments, management audits, financial audits, or program evaluation. Such personnel will not identify, directly or indirectly, any individual in any report of such research, assessment, audit, or evaluation, or otherwise disclose individuals' identities in any manner.

d. In response to an order of the judge of a court of competent jurisdiction, after coordination with HQDA (DAJA-LT), WASH DC 20310-2200, at AV 225-1721.

## Chapter 3 Accession Testing Program

### 3-1. General

This chapter prescribes the HQDA policy for accession testing and nonaccession of individuals testing positive for the HIV antibody.

### 3-2. Accessions and probationary officers

a. For purposes of this chapter, accessions are—

(1) First enlistment in the Regular Army (RA) or RC.

(2) Subsequent enlistment in the RA or RC other than immediate reenlistment in the same component.

(3) Original appointment as a commissioned or warrant officer in the RA (except for officer appointments in the RA under the provisions of AR 601-100, chap 2, secs V and IX through XII; and chap 6).

(4) Appointment as a cadet at the U.S. Military Academy.

(5) First original appointment as a commissioned or warrant officer in a RC (to include both qualification for Federal recognition and for original appointment as a Reserve of the Army in the ARNG following Federal recognition).

(6) The original appointment as a warrant officer in the Army of the United States (AUS).

(7) The peacetime order of a member of a RC to active duty (AD), ADT, or full-time National Guard duty (FTNGD) for the purpose of attending initial entry training, regardless of whether the RC member is programmed at the conclusion of training for release from active duty (REFRAD), or is programmed to continue on extended AD or FTNGD. This specifically includes the order to extended AD of Reserve commissioned officers commissioned through the ROTC program where the officer's initial duty assignment is to an officer basic course.

(8) Enrollment as an ROTC scholarship cadet or as a non-scholarship cadet in MS III.

(9) Enrollment as an officer candidate (Active Army, ARNG, or USAR) in Officer Candidate School (OCS).

b. Probationary officers are—

(1) RA commissioned officers on the AD list with less than 5 years active commissioned service, except for RA commissioned officers on AD on 14 September 1981 who had completed 3 years of continuous service as regular commissioned officers.

(2) Commissioned officers of a RC who have less than 3 years commissioned service. Both AD and non-active duty commissioned service counts.

(3) Warrant officers who have less than 3 years service (AD or non-active duty) since original appointment in their present component.

(4) Officers who have less than 3 years service in the AUS without component.

### 3-3. HIV testing policies

a. All applicants for accession (officer, warrant officer, and enlisted for the Regular and RC) will be screened for HIV antibodies using FDA-approved tests.

b. HIV testing of applicants for enlistment will be accomplished during the initial physical examination at the Military Entrance Processing Station. Blood samples will be drawn by medical personnel at the MEPS. All laboratory testing will be conducted by civilian contract. (See AR 601-210, chap 5, sec XXII.)

c. Applicants for accession who have no military status of any kind at the time of testing and are confirmed positive will not be enlisted or appointed in any component of the Army.

d. Individuals who test positive will be referred by the MEPS examining physician to their private physician for further evaluation.

e. Accession testing will be conducted within the first 29 days of AD at training centers, schools, or units (whichever provides the earliest opportunity) for all personnel who have not been previously screened at a MEPS or other authorized location, or for whom 6 months have elapsed from the initial pre-accession screening (such as personnel entering from the delayed entry program or a pre-commissioning program). Those confirmed to be

HIV positive will be processed for separation for failure to meet procurement medical fitness standards.

f. Accessions processed by other than MEPS or an initial training center will follow a similar process as outlined above at the military point of entry. Vaccination with live virus vaccines will not be administered until HIV testing is complete and the individual has been confirmed negative.

g. Prior service personnel must be tested and found to be HIV negative no more than 6 months before transfer to, or enlistment in, the RCs. Voluntary transfer to the IRR or Inactive National Guard (ING) may be accomplished with an HIV negative test within the previous 24 months.

h. Candidates for Regular or Reserve officer service will be tested during pre-contracting, pre-scholarship, or pre-appointment physical examinations and immediately prior to commencing AD if more than 6 months have elapsed since such tests. This applies to any individual pending appointment as an officer in any officer procurement program, to include service academies, ROTC, direct commissioning, or OCS (National Guard, Reserve, or Regular Army) programs.

(1) U.S. Military Academy (USMA) cadets who are confirmed HIV positive will be separated from the Academy and discharged under USMA regulations. The Superintendent, USMA, may delay separation until the end of the current academic year. If the cadet is in his or her final academic year and is otherwise qualified, the cadet may be graduated without commission and discharged. An honorable discharge will be issued if HIV positivity is the sole basis for discharge.

(2) ROTC cadets who are confirmed HIV positive will be disenrolled from the program at the end of the current academic term (semester, quarter, and so forth). Cadets who are disenrolled for HIV positivity will be permitted to retain any financial support received through the end of the current academic term and such support is not subject to recoupment.

(3) Enlisted soldiers who are officer candidates through OCS will be immediately disenrolled from the program. If OCS is the soldier's initial entry training, the soldier will be discharged under the provisions of AR 351-5, paragraph 5-11; AR 140-50, paragraph 4-3b(10); or NGR 351-5, paragraph 2-29i, as appropriate. If OCS is not the soldier's initial entry training, the soldier will be reassigned in his or her original military occupational specialty (MOS) in accordance with assignment policies of chapter 4. Reassignment will be without regard to PCS restrictions.

### 3-4. Confidentiality

The provisions of chapters 2 and 6 with regard to confidentiality and use of information apply to this chapter, except that HIV positivity may be used as the basis for separation under the accession testing program. Care will be taken that no one without a

"need to know" is given any information about an applicant's HIV status.

## Chapter 4 Active Duty Personnel Policies and Procedures

### Section I Assignment Policies and Procedures

#### 4-1. General

a. The policies and procedures in this chapter apply to all AD soldiers including AGR personnel.

b. Individuals who are confirmed to be HIV positive will be treated with dignity and understanding. Commanders will avoid actions that may be perceived as improperly discriminatory against individuals who have been confirmed as HIV positive. Guidance for dealing with the social and psychological aspects of the disease may be obtained from command medical authorities and chaplains.

c. Every effort will be made to ensure appropriate confidentiality of treatment and disposition of personnel confirmed as HIV positive.

#### 4-2. Assignment limitations

a. HIV positive soldiers will not be deployed OCONUS. Soldiers confirmed to be HIV positive while stationed OCONUS will be reassigned to CONUS in accordance with paragraph 4-6b. The following will apply to soldiers who are nondeployable:

(1) A profile limiting duty assignment only to CONUS will be issued by medical authorities. MOS/Medical Retention Board procedures (AR 600-60) do not apply to HIV positive soldiers.

(2) Information pertaining to assignment limitations will be retained in individual medical records and provided by medical authorities to command authorities for appropriate assignment processing.

(3) The servicing PSC will initially submit appropriate SIDPERS transactions to annotate the EMF with Assignment Eligibility and Availability AEA code V to stabilize the enlisted soldier for 12 months at his or her CONUS installation. After 12 months, the servicing PSC will submit appropriate SIDPERS transactions to annotate the EMF with AEA code B to indicate nondeployability. The Officer Career Management Information File (CMIF) will have an assignment limitation flag placed in the permanent section indicating that the officer is nondeployable due to medical reasons.

b. HIV positive soldiers will not be assigned to—

(1) Ranger, special operation command, or cohesion, operational readiness, and training units scheduled for overseas rotation.

(2) Military-sponsored educational programs, regardless of length, but which would result in an additional service obligation. These programs include, but are not

limited to, advanced civilian schooling, professional residency, fellowships, training with industry, and equivalent educational programs, regardless of whether the training is conducted in civilian or military organizations. Not included in this restriction are military schools required for career progression in a soldier's MOS, branch, or functional area (that is, noncommissioned officer education system (NCOES) and officer advanced course).

(3) U.S. Army Recruiting Command (USAREC), Cadet Command, or U.S. Military Entrance Processing Command (USMEPCOM). *See Internally*

c. HIV positive soldiers assigned to the above organizations will be disenrolled and may be reassigned without regard to PCS restrictions. Any financial support received by the soldier may be retained through the end of the current term of enrollment and will not be subject to any recoupment. In addition, any additional service obligation incurred as a result of attendance at military-sponsored educational programs will be waived. Assignment preclusion from other units will be approved on a case by case basis by DCSPER.

d. In assessing whether other measures to protect the health and welfare of the soldier and the unit are necessary regarding HIV positive soldiers, commanders must apply common sense and good judgment in light of current medical knowledge about HIV infection and after consideration of each soldier's specific medical condition and duties. Commanders should seek the advice of medical personnel prior to directing any duty changes based on HIV positive status, and must coordinate any changes in duty assignment with the strength management branch of the installation adjutant general's office.

e. HIV positive soldiers may transfer to the Active Army from another Armed Force (inter-service transfer) if they meet medical retention standards (AR 40-501, chap 3). Soldiers who are HIV positive may not be transferred to the Army from another Armed Force if they are required to meet accession medical standards (AR 40-501, chap 2), except as specifically permitted in chapter 3 of this regulation.

f. HIV positive soldiers who demonstrate progressive clinical illness or immunological deficiency will be processed in accordance with section IV of this chapter.

#### 4-3. Accompanied tours

a. Family members who are HIV positive may accompany their sponsor OCONUS. If initial diagnosis of a family member occurs while at an OCONUS location, the family member will be encouraged to undergo immediate detailed medical examination and workup. Test results of family members will not be reported to the sponsor's command authorities. The family member concerned and the sponsor will be advised of the results and counseled in accordance with paragraph 2-2g by medical personnel. If

clinical illness is present or evaluation is desired, the family member will be processed for medical evacuation (MEDEVAC) to the Army medical center designated and will ordinarily be returned to OCONUS on completion of testing.

b. When a family member is HIV positive, the sponsor may opt to request deletion from an OCONUS assignment alert based on compassionate reasons, or request an "all others" tour. If assigned OCONUS at the time the family member is diagnosed as HIV positive, the sponsor may apply for a curtailment of tour for compassionate reasons in accordance with AR 614-30. A mandatory PCS of the sponsor will not occur based solely on a family member's HIV positive test.

#### 4-4. Military schooling

a. Personnel who are HIV positive and are determined to be fit for duty will continue to be eligible for military professional development schooling (that is, NCOES, officer advanced course, and combined arms services and staff school) and may be assigned to positions consistent with career progression requirements. However, HIV positive soldiers will not be programmed to attend nor assigned to formal schooling that will result in the award of MOS, skill qualification identifier (SQI), additional skill identifier (ASI), area of concentration, functional area, or would cause the soldier to be assigned exclusively to an organization cited in paragraph 4-2b without approval from DCSPER.

b. Soldiers discovered to be HIV positive while enrolled in training that will result in the award of MOS, SQI, ASI, area of concentration, or functional area will be disenrolled and will be reassigned in their original MOS/specialty. Reassignment will be without regard to PCS restrictions.

c. As an exception, those soldiers discovered to be HIV positive while in their initial MOS/specialty training (that is, they have no MOS/specialty) will be permitted to complete that training and will subsequently be assigned in that MOS/specialty consistent with the policies in this regulation.

#### 4-5. Reenlistment

a. Enlisted soldiers who meet medical retention standards of AR 40-501, chapter 3, remain eligible to reenlist, if otherwise eligible.

b. Soldiers will not be permitted to reenlist for an OCONUS duty assignment or an organization cited in paragraph 4-2b unless they have been confirmed negative for the HIV antibody within the 6 month period preceding the desired date of reenlistment. If confirmed HIV positive, they may reenlist only for Option F-1 or F-2, AR 601-280.

c. Enlisted soldiers who enlisted or reenlisted for an organization cited in paragraph 4-2b and who subsequently are confirmed as HIV positive will be processed as follows:

(1) If otherwise eligible, soldiers will be advised of the procedures of AR 635-200, paragraph 7-16b, concerning requests for

separation due to unfulfilled enlistment commitments.

(2) Soldiers who are not eligible for separation under AR 635-200, paragraph 7-16, and who are not under a suspension of favorable personnel actions, may request separation for the convenience of the government under AR 635-200, paragraph 5-3. These procedures are outlined in paragraph 4-11.

(3) Enlistment contracts may be renegotiated where appropriate and soldiers, if otherwise eligible, may be given other options commensurate with the established assignment limitations of HIV positive soldiers.

#### 4-6. Assignment/reassignment procedures

##### a. OCONUS

(1) Soldiers serving OCONUS (including Alaska/Hawaii) who are confirmed as HIV positive will be expeditiously reassigned to CONUS and, if eligible, processed for physical disability determination. This paragraph does not apply to soldiers who are permanent residents of and are currently stationed in Alaska, Hawaii, Guam, the Virgin Islands, American Samoa, or Puerto Rico. It does, however, apply to all soldiers not currently assigned to these locations. HIV positive soldiers outside these areas who desire compassionate reassignment to these areas may apply in accordance with existing policies for compassionate reassignments. Requests will be considered on a case-by-case basis.

(2) Soldiers who are returned to CONUS will have their tours curtailed in accordance with AR 614-30, chapter 8, and will be given credit for a completed tour as prescribed in AR 614-30, table 7-1.

(3) Restrictions against a second PCS in the same fiscal year for HIV positive soldiers returning to CONUS under this program do not apply and are hereby waived.

##### b. OCONUS procedures

(1) OCONUS adjutants general/personnel officers will, upon receipt of formal notification of results of staging of soldiers who have tested positive, request immediate tour curtailment in accordance with AR 614-30, chapter 8. Requests for curtailment will be sent by priority message (FOR OFFICIAL USE ONLY) to Commander, TAPA, ATTN: DAPC-EPA-H (enlisted) or DAPC-OPD-M (officer). For special branch-managed officers, forward requests to HQDA (DAJA-PT) for judge advocate general (JAG) officers, or HQDA (DACH-PEA) for chaplains. (For AGR personnel, all requests should be sent to Commander, ARPERCEN, ATTN: DARP-ARE-S, 9700 Page Blvd., St. Louis, MO 63132-5200.) Requests will include the following:

(a) Name, grade, social security number (SSN), primary military occupational specialty (PMOS), and unit of assignment.

(b) Include the statement: "This is a Code X curtailment request."

(c) Desired report date.

(d) Three CONUS assignment preferences.

(e) Known assignment limitations or special considerations that should be considered by TAPA in making the assignment.

(f) Tour type: accompanied, unaccompanied (family members in CONUS), unaccompanied (family members in-country at sponsor's personal expense).

(2) Commander, TAPA (or Commander, ARPERCEN for AGR personnel) will approve requests for curtailment and issue assignment instructions expeditiously.

(3) Soldiers OCONUS identified for referral into the physical disability system will be expeditiously processed in accordance with AR 635-40.

(4) Nothing in the policies discussed above should be interpreted as prohibiting a soldier from taking leave OCONUS solely because of HIV positivity. Current policy does not restrict a soldier from any travel in a leave status based on the results of an HIV test.

##### c. CONUS

(1) Soldiers confirmed as HIV positive will be stabilized at their current duty location for 12 months from the date of confirmation of HIV positivity. Exceptions may be granted by TAPA on a case by case basis (for example, individuals in school). Those assigned to organizations cited in paragraph 4-2b will be transferred within their current installation. If local reassignment is not possible, HIV positive soldiers will be reported to Commander, TAPA. After expiration of the 12 month stabilization, soldiers are eligible for other CONUS assignments in accordance with the needs of the Army and existing PCS policies.

(2) Soldiers who receive OCONUS assignment instructions will require an HIV test as part of their POR processing if they have not been tested in the 6 months prior to their port of call. Those who test positive will be deleted from assignment instructions and will be stabilized for 12 months from the date of confirmation. Soldiers having a family member who is HIV positive may request deletion from orders; however, the soldier will remain eligible to serve dependent-restricted OCONUS tours as the needs of the Army dictate.

##### d. CONUS procedures

(1) CONUS adjutants general/personnel officers will either stabilize or request deletion and stabilization of soldiers who are HIV positive as follows:

(a) Upon receipt of formal notification from the commander of the local MTF—

1. For enlisted personnel, submit into SIDPERS AEA Code V with an expiration date of 12 months from the date of confirmation of positivity.

2. For officer personnel, make an entry in the Remarks section on the officer's Officer Record Brief (ORB) indicating the officer is stabilized for 12 months from the date of confirmation of positivity.

(b) Notify Commander, TAPA, ATTN: DAPC-EPA-H (enlisted), or DAPC-OPD-M (Officer Personnel Management

Directorate (OPMD) managed officers), by FOR OFFICIAL USE ONLY message identifying the soldier, the date the soldier was stabilized, and the fact that "this is a Code X stabilization." For special branch-managed officers, notify HQDA (DAJA-PT) for JAG officers or HQDA (DACH-PEA) for chaplains. For AGR personnel, notify Commander, ARPERCEN, ATTN: DARP-ARE-S, 9700 Page Blvd., St. Louis, MO 63132-5200.

(c) Soldiers on OCONUS assignment instructions who are HIV positive will be deleted and stabilized for 12 months. For enlisted personnel, requests for deletions will be submitted to Commander, TAPA, ATTN: DAPC-EPA-H. Approval will be automatic and confirmed in centralized assignment procedure (CAP) III by TAPA. For officer personnel, requests for deletions will be forwarded to Commander, TAPA, ATTN: DAPC-OPD-M (for OPMD managed officers); HQDA (DAJA-PT) for JAG officers; or HQDA (DACH-PEA) for chaplains. For all AGR personnel, all requests for deletion will be forwarded to Commander, ARPERCEN, ATTN: DARP-ARE-S.

(d) Other than accession testing in accordance with chapter 3 of this regulation, soldiers undergoing initial entry training and prior service soldiers on assignment instructions OCONUS who are confirmed as HIV positive will be reported to Commander, TAPA, ATTN: DAPC-EPT-I for deletion and issuance of new assignment instructions. Deletions will be reported through automated control of trainees (ACT) system by Training Control Card, citing Control Reason 80 (medical deletion requiring 12 months CONUS stabilization). Approval will be automatic and confirmed through ACT and CAP III by TAPA.

#### 4-7. Transfer of personnel and medical records/monitorship

The procedures below apply to the transfer of monitorship of personnel and medical records of all soldiers identified as positive for the HIV antibody. These procedures apply to moves from CONUS to CONUS as well as from OCONUS to CONUS, excluding those conducted through the medical evacuation channels.

a. Installation commanders must ensure that the gaining installation/unit's medical and personnel points of contact are aware of an incoming/arriving HIV positive soldier.

(1) Upon initiation of a PCS move, TAPA will annotate the special instructions of the Request for Orders (RFO) with the following: "This is a CODE X assignment; notify medical POC of expected arrival and ultimate assignment."

(2) When such an RFO is received, the PSC HIV POC will contact the gaining local medical HIV POC. The personnel POC will also notify the gaining commander and the gaining servicing PSC HIV POC as soon as the ultimate assignment is finalized.

(3) It is essential that any subsequent information concerning changes to assignments and/or arrivals is shared among these individuals.

b. Upon notification that an HIV positive soldier will depart an organization, the losing personnel POC will notify the losing medical POC of the expected date of departure and the new assignment location/unit.

c. The losing medical POC will ensure that copies of medical records pertaining to the patient's diagnosis and evaluation of the HIV infection are forwarded to the gaining medical POC in advance of the patient's arrival.

(1) Care will be taken to protect the confidentiality of the records by sealing them in an envelope marked "Sensitive Medical Records—To Be Opened By Addressee Only", then inserting the envelope into a carrier addressed directly to the attention of the receiving medical HIV POC by name when known.

(2) Records will be mailed using a return receipt type delivery method.

(3) Upon clearing the local MTF, the soldier will be allowed to hand carry the original outpatient treatment records and copies of any pertinent inpatient treatment records sealed in an envelope with the name, location, and telephone number of the gaining medical HIV POC. Do not use terms such as HIV, HTLV-III, AIDS, or any other language that might identify the soldier's condition on this envelope.

(4) There is no requirement to forward copies of medical records not related to the HIV infection.

(5) The soldier will be instructed to establish contact with the gaining medical POC immediately upon arrival at the new location. The same procedures will be followed for HIV patients who are family members.

d. Soldiers who are returning to CONUS from OCONUS for staging will be ordered as part of TAPA assignment instructions to report TDY en route to the designated Army medical center for the new assignment location for a period not to exceed 15 days. Soldiers referred to medical/physical evaluation boards immediately following staging will be handled in accordance with normal medical holding unit procedures and will be deleted from their original orders. The MEDCEN POC will telephonically notify the gaining installation POC when this occurs.

e. Upon completion of staging, the HIV POC at the MEDCEN will notify the receiving unit/installation medical POC of staging.

f. The gaining medical POC will ensure that any immediately necessary medical care, to include staging or restaging, is fully coordinated. The medical POC should coordinate with the gaining commander as soon after the patient's arrival as possible.

g. HIV positive soldiers transferred into a unit will be provided preventive medicine counseling and commanders counseling in

the same manner as that prescribed for newly identified HIV positive soldiers. (See paras 2-16 and 2-17.)

h. Long-term monitoring of the patient's health will be performed at least semiannually; complete restaging will be accomplished annually as a minimum. Commanders should be advised if AD patients fail to comply with treatment instructions; other categories of patients should be encouraged to comply through direct contact by the medical POC. Disease progression must be monitored closely and updates provided promptly to USAHDS for data base inclusion.

i. Attending physicians/medical POCs must inform the patient's commander when a significant change in immunological status or clinical disease status is identified. Likewise, commanders must consult the attending physician/medical POC if the soldier's fitness for duty becomes suspect. Soldiers thought to be unfit for duty will be processed through normal medical/physical evaluation boards for determinations.

## Section II Responsibilities

### 4-8. OCONUS

a. The medical activity commander/division surgeon will—

(1) Provide formal notification to the unit commander and the adjutant general/personnel officer having custody of an HIV positive soldier's Military Personnel Records Jacket (MPRJ).

(2) Schedule soldiers who are confirmed positive for further medical staging and evaluation at the designated regional medical center.

b. The adjutant general/personnel officer having custody of the MPRJ of HIV positive soldiers will—

(1) Request tour curtailment in accordance with AR 614-30, chapter 8, for soldiers who require reassignment to CONUS.

(2) Expeditiously process assignment instructions issued by TAPA (or ARPERCEN for AGR personnel) and issue necessary orders.

(3) Follow procedures prescribed in paragraph 4-6b.

c. The Commanding General, TAPA will—

(1) Approve curtailment requests and issue reassignment instructions for soldiers identified for return to CONUS.

(2) Direct award of tour credit in the special instructions of the assignment orders.

d. For AGR personnel, the Commander, ARPERCEN will have the responsibilities described for the CG, TAPA in c above.

### 4-9. CONUS

a. The HIV program director will—

(1) Provide formal notification to the unit commander and the adjutant general/personnel officer having custody of the MPRJ of HIV positive soldiers.

(2) Issue a profile prepared in accordance with paragraph 2-14 and list appropriate assignment limitations.

(3) Process soldiers into the physical disability system, as appropriate.

b. Adjutants general/personnel officers having custody of the MPRJ of HIV positive soldiers will—

(1) Stabilize the soldier for a period of 12 months from the date positivity is confirmed.

(2) Request deletion of those soldiers who are on OCONUS assignment instructions and subsequently test positive. Following deletion, stabilize the soldier for a period of 12 months from date positivity is confirmed.

(3) Reassign locally those soldiers who test positive and are assigned to organizations cited in paragraph 4-2b. Request reassignment instructions in those cases where on-post transfer cannot be accomplished to satisfy assignment policy limitations.

(4) Follow the procedures described in paragraph 4-6d.

c. The CG, TAPA will—

(1) Approve deletion requests for soldiers who test positive and are on assignment instructions to OCONUS.

(2) Upon request, issue assignment instructions for those soldiers in organizations cited in paragraph 4-2b who cannot be reassigned locally.

d. For AGR personnel, the following individuals will have those responsibilities described for CG, TAPA in c above.

(1) The Commander, GuardPERCEN, for ARNG personnel on NGB-controlled Title 10 tours.

(2) The State adjutants general, for ARNG personnel on Title 32 tours.

(3) The Commander, ARPERCEN, for all USAR personnel.

### Section III

#### Administrative Separations

##### 4-10. Administrative separation of officers

a. Officers who are HIV positive and no longer desire to remain on AD may submit an unqualified resignation under the provisions of AR 635-120, chapter 3 (RA and other than regular Army (OTRA) officers), or request voluntary release from AD (REFRAD) under the provisions of AR 635-100, chapter 3, section XX (OTRA officers only). Probationary officers (as defined in AR 635-100, para 5-28) who have tested positive for exposure to HIV and who were infected prior to acceptance of appointment may request resignation under the provisions of AR 635-120, chapter 16.

b. Officers submitting voluntary applications for resignation or release from AD should use the formats indicated in AR 635-120 or AR 635-100, as appropriate. The request will cite paragraph 4-10a as the basis. The officer will execute the following statement and include it in his or her application: "I have been counseled by a member

of The Judge Advocate General's Corps regarding the consequences of my request and I certify that this request is voluntary. I understand that if my request is accepted, I will be granted an honorable discharge (if requesting resignation) or honorable characterization of service (if requesting REFRAD)."

c. Requests for resignation or release from active duty will be submitted through command channels to the appropriate career manager indicated below.

(1) Combat arms: Commander, TAPA, ATTN: DAPC-OPE-P, ALEX VA 22332-0400.

(2) Combat support arms: Commander, TAPA, ATTN: DAPC-OFF-P, ALEX VA 22332-0400.

(3) Combat service support: Commander, TAPA, ATTN: DAPC-OPG-P, ALEX VA 22332-0400.

(4) Functional area: Commander, TAPA, ATTN: DAPC-OPB-A, ALEX VA 22332-0400.

(5) Health services: Commander, TAPA, ATTN: DAPC-OPH-P, ALEX VA 22332-0400.

(6) Colonels: Commander, TAPA, ATTN: DAPC-OPC-A, ALEX VA 22332-0400.

(7) Warrant officers: Commander, TAPA, ATTN: DAPC-OPW-P, ALEX VA 22332-0400.

(8) Chaplains: HQDA (DACH-PER), WASH DC 20310-2700.

(9) JAG officers: HQDA (DAJA-PT), WASH DC 20310-2200.

(10) AGR Officers: Commander, ARPERCEN, 9700 Page Blvd, St. Louis, MO 63132-5200.

d. RA commissioned and warrant probationary officers entering AD who are confirmed HIV positive within 180 days of their original appointment, or USAR and ARNG commissioned and warrant probationary officers who report for initial entry training in an AD (other than ADT) status and are confirmed HIV positive within 180 days of reporting to AD, will be processed for discharge under the provisions of AR 635-100, chapter 5, section IX.

e. Officers who are HIV positive and have been found not to have complied with preventive medicine counseling prescribed in paragraph 2-16 may be involuntarily discharged. Commanders may recommend that such officers be eliminated under the provisions of AR 635-100, chapter 5. Recommendations for separation must be based upon information obtained independently from interviews or surveys conducted in conjunction with the epidemiologic assessment process. Other than the fact that an officer has tested positive for HIV and has been counseled regarding preventive medicine procedures, no other information related to the assessment process will be used to support involuntary separation. Evidence of unprotected intimate sexual behavior, drug abuse, or other violations of the preventive medicine procedures must be derived from

sources not related to the assessment process.

f. Examples of independently derived evidence include, but are not limited to, urinalysis tests conducted under the Army's Drug and Alcohol Abuse Prevention and Control Program, or routine diagnosis of sexually transmitted diseases other than HIV.

g. HIV positive officers remain subject to involuntary separation under any provision of AR 635-100 or AR 635-120, as appropriate. The policies described in chapter 6 of this regulation apply. Officers who no longer meet medical retention standards will be processed in accordance with AR 635-40.

##### 4-11. Administrative separation of enlisted personnel

a. Enlisted soldiers who are HIV positive may submit a voluntary request for discharge under the provisions of AR 635-200, paragraph 5-3. Voluntary requests for separation will be submitted through command channels to Commander, TAPA, ATTN: DAPC-PDT-S. (For enlisted AGR personnel, requests will be sent to Commander, ARPERCEN, ATTN: DARP-ARE-S, 9700 Page Blvd., St. Louis, MO 63132-5200.) Requests for voluntary separation will not be accepted from soldiers who no longer meet medical retention standards of AR 40-501. Such soldiers will be processed for medical separation under the provisions of AR 635-40.

(1) Soldiers who are HIV positive, still meet medical retention standards, and desire to be discharged must be counseled by a member of the Judge Advocate General's Corps who will explain the impact of the soldier's request. As a minimum, specific information regarding the soldier's post-discharge eligibility for medical care will be provided. A copy of the counseling statement will accompany the request for separation.

(2) Soldiers desiring discharge will complete a DA Form 4187 (Personnel Action) and execute the following statement: "I request discharge from the Army under the provisions of AR 635-200, paragraph 5-3, for my own convenience. I have been counseled by a member of The Judge Advocate General's Corps regarding the consequences of my request, and I certify that this request is voluntary. I understand that, if my request is accepted, I will be granted an honorable discharge."

(3) Requests for separation must include certification that the soldier has tested positive for exposure to HIV but meets medical retention standards. Commanders endorsing requests for separation under the provisions of a above will verify the soldier's medical condition and that the soldier still meets medical retention standards.

b. Soldiers who are confirmed to be HIV positive within 180 days of initial entry on AD will be separated under the provisions of AR 635-200, paragraph 5-11.

c. Enlisted soldiers who are HIV positive and have been found not to have complied

with preventive medicine counseling prescribed in paragraph 2-16 may be involuntarily separated. Commanders may recommend that such enlisted soldiers be separated under the provisions of AR 635-200, paragraph 5-3, or chapter 14, section III, as the unit commander deems appropriate. The following procedures apply:

(1) If the soldier is processed for separation under the provisions of AR 635-200, paragraph 5-3, the notification procedure (AR 635-200, chap 2, sec II) will be used to notify the soldier that his or her discharge is being recommended. Soldiers processed for separation under the provisions of AR 635-200, chapter 14, will be notified of the recommendation for discharge under administrative board procedures (AR 635-200, chap 2, sec III).

(2) Recommendations for involuntary separation must be based upon information obtained independently from interviews or surveys conducted in conjunction with the epidemiologic assessment process. Other than the fact that a soldier has tested positive for HIV and has been counseled regarding preventive medicine procedures, no other information related to the assessment process will be used to support involuntary separation. Evidence of unprotected intimate sexual behavior, drug abuse, or other violations of the preventive medicine procedures must be derived from sources not related to the assessment process.

(3) Examples of independently derived evidence include, but are not limited to, urinalysis tests conducted under the Army's Drug and Alcohol Abuse Prevention and Control Program, or the routine diagnosis of sexually transmitted diseases other than HIV.

(4) Recommendations for involuntary separation under the provisions of AR 635-200, paragraph 5-3, and recommendations for involuntary separation of soldiers with 18 or more years of service will be forwarded to Commander, TAPA, ATTN: DAPC-PDT-S, for processing. (For enlisted AGR personnel, requests will be sent to Commander, ARPERCEN, ATTN: DARP-ARE-S, 9700 Page Blvd., St. Louis, MO 63132-5200.) As a minimum, recommendations for separation must include documentation of the notification process (to include the soldier's acknowledgement of notification), statements submitted by the soldier and/or his or her counsel, certification that the soldier has been counseled regarding preventive medicine measures, and details/evidence of the soldier's failure to comply with those measures.

d. HIV positive soldiers remain subject to involuntary administrative separation under any provision of AR 635-200; however, soldiers who no longer meet medical retention standards will not be involuntarily separated except under AR 635-200, chapter 3, section IV; chapter 10; chapter 14 (see AR 635-200, para 1-35b for limitations); chapter 7, section V (see AR 635-200, para 1-35b for limitations); and paragraph 5-3.

## 4-12. Disability separation

a. Military personnel who are HIV positive and demonstrate progressive clinical illness or immunological deficiency, as determined by medical authorities, do not meet medical retention standards of AR 40-501 and may be processed for separation in accordance with AR 40-501 and AR 635-40. However, such information will not be used in making any line of duty or misconduct determination in physical disability evaluation proceedings.

b. While clinical staging will not serve as the criterion for determining medical fitness or a disability rating, the clinical manifestations that determine a stage of the disease may, in fact, contribute to determining a soldier's fitness for duty. All soldiers infected with HIV who show signs of immunological deficiency must be referred to medical evaluation boards regardless of the clinical stage of the disease. This should result in a more expeditious status determination that will benefit both the patient and the government.

## Chapter 5 ARNG and USAR Personnel Policies and Procedures

### Section I General

#### 5-1. Introduction

This chapter prescribes policies and procedures pertaining to the ARNG and the USAR. These policies and procedures are intended primarily to apply to TPU; however, where so indicated, the policies and procedures also pertain to the IRR.

#### 5-2. Testing for active duty personnel

a. Personnel on AD for a period of 30 days or more including travel time (ADT, AGR, initial active duty for training (IADT), temporary tours of active duty (TTAD), active duty for special work (AD-SW), and full time training duty (FTTD)) must have been tested for HIV with negative results within the 6 months prior to the report date and prior to issuance of orders. In rare situations when it is impracticable to meet this requirement, orders will include the following statement: "You will obtain an HIV test from a designated military facility en route to or immediately upon arrival at your duty station. If you are HIV positive, or HIV negative results are not communicated through established medical channels to the orders issuing authority within the first 29 days including travel time, these orders will terminate."

b. In order to voluntarily transfer from one RC to another, Reserve soldiers must have been tested for HIV with negative results no longer than 24 months prior to the date of transfer.

## Section II ARNG Policies and Procedures

### 5-3. General

HIV testing and retention policies will be consistent with all DOD and DA policies and regulations. Individual soldier and medical unit mission training requirements preclude the use of ARNG medical units to perform any portion of the screening.

### 5-4. Overview of the ARNG HIV testing program

The ARNG HIV testing program is accomplished primarily by unit and will be conducted biennially. The HIV testing program includes—

a. Testing of all nonprior and prior service accessions in accordance with chapter 3.

b. Testing of AGR soldiers and ARNG soldiers on extended active duty. This will be accomplished in accordance with the Active Army policy prescribed in chapter 4.

c. Testing of active drilling soldiers of ARNG units.

d. Testing of all personnel who transfer from another Service or Army control group into the ARNG. This includes members of the ING who will be tested as soon as possible if they miss their unit screening window.

e. Testing of personnel during a periodic physical when the examination is conducted at an active military facility where HIV testing capabilities are available.

f. Testing of individuals, including family members, who seek screening on their own accord. This testing will be provided only for authorized HCB and at active military medical facilities.

### 5-5. Priority for testing

a. Soldiers who are scheduled for OCONUS PCS will be tested prior to PCS.

b. Testing will be based on the priorities listed in paragraph 2-2h and i.

### 5-6. Medical support for testing

a. All medical support for HIV testing will be in accordance with chapter 2.

b. To ensure maximum participation with minimal interruption of mission training, States will identify testing locations by month, date, and quantities of blood samples to be submitted in accordance with the testing contract. The minimum number of testing sites necessary to accomplish the mission will be utilized in order to reduce the overall cost of the contract.

c. An initial blood sample will be drawn from each soldier and labeled with an identification label containing the unit identification code (UIC) of the unit the soldier is assigned to, the soldier's SSN, and the laboratory number. *No names will be affixed to the label.* Blood will be drawn in CORVAC tubes, centrifuged, refrigerated (not frozen), and packed for transportation and testing by the contractor.

d. Code sheets matching names, SSNs, and units with laboratory numbers will be

maintained by each unit commander. Code sheets will be confidentially handled as FOUO documents.

e. Soldiers who are initial Western Blot positive will be contacted and notified of the results of the initial test. A second blood sample will be drawn and sent for retesting. If results are negative, the soldier will be notified and no further action will be taken. If results are confirmed positive, the soldier will be notified and counseled in accordance with paragraph 5-7.

#### 5-7. Responsibilities

a. The CNGB will develop a training program to qualify one medical corps officer for each State as a counselor for antibody positive personnel.

b. Adjutants general will—

(1) Develop State testing plans. Plans will include units to be tested by priority, notification and counseling of HIV positive soldiers, reporting and recording of testing data, and procedures for periodic followup of ARNG soldiers who are AGR or on extended active duty (EAD) who test HIV positive. States will appoint a State POC for coordination of the HIV testing program.

(2) Ensure medical patient confidentiality is maintained in accordance with laws and regulations and specifically ensure that there are no unwarranted disclosures of information concerning an individual's medical condition.

c. State POCs will be responsible for coordination with the contractor, unit commanders, and the State surgeon.

d. The contractor will ensure that blood specimens are obtained from the correct soldier, properly labeled, and secured.

e. Unit commanders will ensure that all personnel in their units are tested.

#### 5-8. Notification and counseling

a. The results from testing will be returned by the contractor to the State POC. The State surgeon will be notified of any soldier confirmed HIV positive so that followup can be conducted. Confirmed Western Blot positive soldiers will be individually and privately notified of results by medical corps officers within the States.

b. HIV positive RC soldiers, not on EAD, will be counseled regarding the significance of a positive HIV antibody test, current medical knowledge on HIV infections, and ways to prevent transmission of the virus; they will be referred to civilian physicians for medical care and further counseling. The telephone number of local civilian health authorities will be given to soldiers if information on local physicians or facilities is requested.

c. Individuals tested at MEPS for accession purposes or component transfers will be notified of positive test results by the examining physician or other appointed, qualified counselor. Soldiers tested at MEPs as part of a periodic physical (space available basis) will be notified of positive test results through the soldier's unit physician or chain of command.

#### 5-9. Reporting and recording of information

a. Recording of the results of HIV testing will be in accordance with chapter 2, section IV.

b. Collection procedures and reporting of information for inclusion in the DOD data base will be in accordance with chapter 2, section IV.

c. Notification to commanders of results of Western Blot testing will be in accordance with paragraph 2-14.

#### 5-10. Assignment and personnel actions

Soldiers confirmed to be HIV positive, but who manifest no evidence of progressive clinical illness or immunological deficiency, will not be separated solely on the basis of having been confirmed positive for the HIV antibody. The following policies apply:

a. HIV positive soldiers, not AGR or on EAD, will be transferred to the Standby Reserve or Retired Reserve (if eligible), or be honorably discharged under the plenary authority of the Secretary of the Army (AR 135-178, para 4-4) (if requested by the individual). The mere presence of the HIV antibody, in and of itself, will not be used as the basis for—

(1) Disciplinary action against the individual under the UCMJ or State Code.

(2) Adverse characterization of service.

b. Unit commanders will initiate action to transfer HIV positive soldiers to the USAR Control Group (Standby) under the provisions of NGR 600-200 or NGR 635-100, as appropriate.

c. Assignment and retention policies for ARNG soldiers who are AGR or on EAD and are HIV positive will be carried out in accordance with chapter 4.

d. HIV positive RC soldiers will not be ordered to a tour of duty for 30 days or more, nor extended on a tour duty if the extension will cause the total length to exceed 30 days.

#### 5-11. Separation procedures

HIV positive ARNG soldiers who demonstrate progressive clinical illness or immunological deficiency, as determined by medical authorities, do not meet medical retention standards under AR 40-501 and will be processed in accordance with AR 635-40 and NGR 600-200 or NGR 635-101, as appropriate.

### Section III USAR Policies and Procedures

#### 5-12. General

All members of the Selected Reserve will be tested for the HIV antibody biennially. Members of the IRR will be tested when they participate in ADT, prior to OCONUS training, or during periodic physicals when the examination is conducted at an active duty MTF where HIV testing capabilities are available. IRR personnel in IMA positions and Reserve Training Units (RTUs) will be tested along with their unit when

possible. The USAR schedule of periodic testing for HIV antibodies will be published separately.

#### 5-13. Responsibilities

a. The commanders of Forces Command, Western Command, U.S. Army, Europe, and Seventh Army are responsible for the implementation of periodic HIV testing of USAR TPU members and will assist ARPERCEN in the HIV testing of its soldiers, especially with the positive notification phase.

b. Commander, ARPERCEN is responsible for implementation of periodic HIV testing of USAR IRR members. Also, Commander, ARPERCEN will coordinate with MACOMs and chiefs of agencies for the testing of IMAs. Commander, ARPERCEN, will ensure compliance with the provisions of paragraphs 2-2k(3) and (4). Soldiers on ADT orders for less than 30 days will report to the active duty MTF located at or close to their ADT duty station for an HIV test if they have not been tested in the previous 24 months.

c. Testing of AGR/extended AD soldiers will be accomplished in accordance with the policies for AD soldiers in chapter 4 of this regulation.

#### 5-14. Conduct of HIV testing

a. Army commands (ARCOMs) are responsible for establishing local testing plans that incorporate the following policies for TPU soldiers:

(1) Schedule contract personnel to visit units periodically until all soldiers are tested (inactive duty training (IDT) or AT).

(2) Unit testing will be coordinated to ensure that—

(a) High priority units and units conducting OCONUS training, to include Alaska and Hawaii, receive early testing.

(b) Personnel scheduled for AD for a period of 30 days or more are tested in accordance with paragraph 2-2i.

b. IRR personnel who require testing, participate in overseas deployment for training (ODT), or receive periodic medical examinations will be tested by HSC and by Reserve medical units that perform physicals and have the capability to perform testing.

c. Commanders should maximize the opportunities to simultaneously schedule testing and accomplish other required predeployment medical processing or POR qualifications. Some requirements that may be accomplished with HIV antibody testing include—

(1) Medical records review (AR 40-66).

(2) Medical warning tag and emergency medical identification (AR 40-15).

(3) Army Reserve medical examination (AR 40-501).

(4) Panographic radiographs (AR 40-501).

(5) Immunization requirements and procedures (AR 40-562).

(6) Issue of spectacle inserts for protective masks (AR 40-63).

- (7) Medical and dental care (AR 40-3).
- (8) Individual military personnel records (AR 640-10).
- (9) Preparation of replacements for overseas movement (AR 612-2).

### 5-15. Notification

a. All USAR soldiers, including IRR, who are found HIV positive will be notified by a physician. The ARPERCEN surgeon's office will coordinate with the nearest continental United States Army/MUSARC for a physician to notify IRR/IMA HIV positive soldiers. Training and information packets will be provided by the CONUSA/MUSARC POC.

b. HIV positive RC soldiers not on extended active duty will be counseled regarding the significance of a positive HIV antibody test, current medical knowledge on HIV infections, and ways to prevent transmission of the virus; they will be referred to civilian health care providers for medical care and further counseling.

c. The telephone number of the local civilian health authorities will be given to HIV positive soldiers if information on local physicians or facilities is requested. All of the information contained in paragraph 2-16 and on DA Form 5669-R will be covered and copies of the record will be provided to the individual and commander at the time of notification. The counselor's copy will be forwarded through HIV POC (command) channels to the CONUSA POC to facilitate notification of public health officials. All records will be forwarded in a sealed envelope marked "To Be Opened By Addressee Only," via command channels addressed specifically to the CONUSA/MUSARC HIV POC by name.

d. Notifiers and soldiers notified of a positive HIV antibody test will be in official status (IDT, Reserve special training, ADT, AT, ADSW) at the time of notification. ARPERCEN will use a "points only" format for its soldiers.

e. The unit commander of the HIV positive USAR TPU soldier will be immediately available at the time the soldier is notified by the physician. Immediately following the counseling by the physician, the commander will counsel the soldier in accordance with paragraph 2-17 and complete DA Form 4856 as shown in figure 2-2. The counseling statement will be destroyed if the soldier is determined to be negative after repeat Western Blot tests are completed.

### 5-16. Education

a. USAR initial force testing started 1 May 87 and is scheduled to be completed 30 Sep 88. During this testing period, and prior to the blood draw, each soldier will view the video tape "NOBODY'S IMMUNE," SAVPIN 702115 DA TVT 8-118. This video tape is cleared for presentation to only military personnel and their family members. Under no circumstances is this video to be shown, released, or disseminated to the general public without written DA approval.

b. The video tape will be shown only under the supervision of an AMEDD officer.

c. The presenter will have in his or her possession the supplement at appendix B that discusses various issues concerning HIV/AIDS. Each point in the supplement must be discussed at each viewing with emphasis clearly on prevention of the transmission of infection.

### 5-17. Transfer from the Ready Reserve

a. RC soldiers who are not AGR or EAD and are confirmed to be HIV positive by a second or subsequent Western Blot test conducted in accordance with paragraph 2-5d will be involuntarily transferred to the Standby Reserve (active or inactive) if they do not request discharge under the plenary authority of the Secretary of the Army, or do not request transfer to the Retired Reserve, if eligible.

b. Unit commanders will initiate action to transfer HIV positive soldiers to the USAR Control Group (Standby) under the provisions of AR 140-10.

c. All HIV testing results and subsequent medical and personnel records related to notification, counseling, and transfer of HIV positive soldiers are to be handled in a confidential manner in accordance with chapter 2, section IV.

d. The number of Army Reserve soldiers processed for involuntary transfer to the Standby Reserve due to HIV antibody positivity under the provisions of a above will be reported monthly to HQDA (DARP-NC-PSM). Data base files will reflect the fact that involuntary transfer or separation actions were the result of HIV screening. The limited use policies of chapter 6 apply.

## Chapter 6 Limited Use Policy

### 6-1. Purpose

The purpose of this chapter is to specify limitations on the use of information regarding HIV testing and medical evaluation.

### 6-2. Limitations on the use of laboratory test results

a. Test results confirming that a soldier is positive for the HIV antibody may not be used against the soldier—

(1) As the basis for any disciplinary or adverse administrative action, except for the following:

(a) Separation for physical disability. However, soldiers who are HIV positive but are determined by medical authorities to show no sign of progressive clinical illness or immunological deficiency will not be separated for physical disability solely because of HIV infection.

(b) Separation under the accession testing program of soldiers meeting the definition of accession (chap 3).

(c) Separation as specifically authorized by paragraphs 4-10 through 4-12.

(2) As a basis for an unfavorable entry in a personnel record (see para 6-5 below).

(3) To characterize service.

b. This policy does not impose any other restrictions on the use of test results within DOD. Nothing in the restrictions in b above precludes the use of such laboratory test results in any other manner consistent with law or regulation including:

(1) To establish the HIV positive status of a soldier who disobeys the preventive medicine counseling, the commander's counseling, or both, in an administrative or disciplinary action based on such disobedience.

(2) To establish the HIV positive status of a soldier as an element of any other permissible administrative or disciplinary action (for example, as an element of proof of an offense charged under the UCMJ).

(3) To establish the HIV positive status of a soldier as a proper ancillary matter in an administrative or disciplinary action (for example, as a matter in aggravation in a court-martial in which the HIV positive soldier is convicted of an act of rape committed after he is informed that he is positive). Laboratory test results This medical information will receive the same protection as any other medical information in accordance with AR 40-66. Medical authorities are required to report test results confirming that a soldier is positive for the HIV antibody to the soldier's chain of command. Although the use of this information by commanders is not limited except as described above, commanders will treat the information with due regard for the privacy of the soldier concerned.

### 6-3. Limitations on the use of certain other information

a. As part of the effort to control the spread of HIV infection and to develop medical and scientific information concerning the infection, active duty soldiers (including AGR and other Reservists who, because of their status, are entitled to military medical care) who are confirmed to be HIV positive will be questioned by medical authorities concerning possible sources of their exposure to the virus. This medical evaluation process is called an epidemiological assessment. Information that a soldier may provide to medical authorities during this assessment may not be used against the soldier except as authorized by this paragraph. Such unprotected information includes, for example:

(1) Information concerning a soldier's personal use of drugs.

(2) Information concerning consensual homosexual or heterosexual activity, even if that sexual activity is prohibited by law or regulation.

b. Information obtained during, or as a result of, an HIV epidemiological assessment may not be used against the soldier—

- (1) In a court martial.
- (2) In a nonjudicial punishment action (Article 15, UCMJ).
- (3) In a line-of-duty determinations.
- (4) As a basis, alone or in conjunction with other information, for the involuntary separation of a soldier, except a separation for physical disability. If the information is used in a physical disability separation procedure, the information may not be used on the issue of whether the disability was due to the soldier's own misconduct.
- (5) In an administrative or punitive reduction in grade.
- (6) For denial of a promotion.
- (7) In a bar to reenlistment.
- (8) As the basis for an unfavorable entry in a personnel record.
- (9) As a basis, in whole or in part, to characterize service or to assign a separation program designator.
- (10) In any other action considered to be an adverse personnel action (for example, comment in an Officer Evaluation Report or an Enlisted Evaluation Report).

#### 6-4. Exclusions

The limitations in paragraph 6-3 on the use of information do not apply to the following:

- a. The introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse or relevant sexual activity (or lack thereof) has been first introduced by the soldier.
- b. Disciplinary or other action based on independently derived evidence.
- c. Nonadverse personnel actions such as—

- (1) Reassignment.
- (2) Disqualification (temporary or permanent) from a personnel reliability program.
- (3) Denial, suspension, or revocation of a security clearance.
- (4) Suspension or termination of access to classified information.
- (5) Removal (permanent or temporary) from flight status or other duties requiring a high degree of alertness or stability (for example, explosive ordnance disposal).
- d. Any evidence or information derived from sources independent of an epidemiological assessment. For example, admissions of drug abuse or homosexual conduct by an HIV positive soldier, not made in the context of an epidemiological assessment, may be used as evidence in an administrative or disciplinary action against the soldier.

#### 6-5. Entries in personnel records

In the event that personnel actions are taken as a result of, or are supported by, serologic evidence of HIV infection, or information described in paragraph 6-3, care will be taken to ensure that no unfavorable entry is placed in a personnel record in connection with the action. Recording a personnel action in a personnel record is not

itself an unfavorable entry in such a record. Also, information that reflects an individual has serologic or other evidence of HIV infection is not an unfavorable entry in a personnel record.

## Chapter 7 Public Affairs Plan

### 7-1. General

a. This chapter outlines Army information efforts to inform internal and external audiences of the Army's testing, research, and education efforts related to HIV/AIDS. It includes specific tasks in command information (CI), public information (PI), and community relations (CR) areas. It also outlines communications requirements in command and medical channels. HQDA agencies are encouraged to develop additional methods to educate internal and external audiences.

b. To ensure continued readiness and protect the fitness of Army personnel and their families, significant actions are being taken by the Army to test, treat, and educate personnel on HIV/AIDS. These actions are based on the following assumptions:

- (1) The public's reaction to HIV/AIDS will be affected by education.
- (2) The Army can increase public awareness and understanding of the Army's HIV/AIDS policy by conducting an active public affairs program.
- (3) The Army has the resources to conduct an effective public affairs program.
- (4) The Army's research effort on HIV/AIDS is significant.

### 7-2. Army information objectives

The objectives of the Army information effort are to—

- a. Outline the Army's HIV/AIDS policy for all Army soldiers, civilians, and family members.
- b. Inform internal and external publics about the Army's research and clinical investigation efforts on HIV/AIDS prevention and treatment.
- c. Provide internal publics accurate information on HIV/AIDS to include prevention, treatment, and transmission. This effort will be geared to dispel inaccurate information and rumors.
- d. Outline Army implementation of DOD directives on HIV/AIDS programs.

### 7-3. Army information effort concept

a. The basic concept of this plan is to address three major aspects as follows:

- (1) Policy.
  - (a) DOD (all Services).
  - (b) Army implementation of DOD directives.
- (2) Education. Education of internal audiences (soldiers, DA civilians, family members, health care personnel, commanders, and so forth)

(3) Research. Research efforts underway by Army researchers to treat, cure, and prevent AIDS.

b. The following are key points to be stressed in the Army information effort:

- (1) The Army's two primary concerns—readiness and the welfare of our soldiers. Efforts are designed to identify HIV/AIDS victims and no other category of personnel.
- (2) Accurate information on transmission of the disease.
- (3) The potentially devastating impact of the disease on Army readiness (deployability) if not effectively identified and controlled.
- (4) Requirements for immunization and ensuring a reliable blood supply among military personnel.
- (5) Efforts by Army medical researchers in assisting the national effort to find a cure for HIV/AIDS.

(6) Procedures developed to ensure a reliable blood supply.

(7) Specific policies pertaining to HIV/AIDS as they apply to the Total Army.

c. Target audiences include—

- (1) Regular Army and RC soldiers.
- (2) Commanders.
- (3) DA civilians.
- (4) Family members.
- (5) Health care practitioners (internal and external to the Army).
- (6) Congress.
- (7) Professional medical organizations.
- (8) Veterans and civic organizations.
- (9) Educators.
- (10) Potential accessions and their families.
- (11) Special interest groups.
- (12) Members of the media.

d. Various resources, as shown below, may be tapped in publicizing the Army effort to identify, combat, control, and find a cure for HIV/AIDS.

- (1) General officers.
- (2) Senior DA civilians.
- (3) Medical personnel with expertise on communicable diseases.
- (4) Senior noncommissioned officers.
- (5) Retired officers and retired senior noncommissioned officers.
- (6) Active Army officers whose duties put them in daily contact with civilian communities.
- (7) Individual Mobilization Augmentees and RC personnel who are practicing journalists or managers in the communications industry, or who are influential in their local communities.
- (8) Civilian Aides to the Secretary of the Army.
- (9) Officials of Service-related organizations, such as the Association of the United States Army (AUSA), Veterans of Foreign Wars (VFW), Reserve Officers' Association (ROA), National Guard Association of the United States (NGAUS), and Noncommissioned Officers' Association (NCOA).

#### 7-4. Responsibilities

This plan requires an active public affairs effort by commanders, technical experts, and public affairs personnel. This means getting the word out through command, staff, and public affairs channels. The Army has an important story to tell about its efforts to understand and deal with the problems that HIV/AIDS poses to public health and military readiness. Initiatives to tell this story will be focused on professional medical journals, military oriented media, military media, and other mass media outlets. Specific responsibilities are assigned as follows:

a. The Chief of Public Affairs will—

(1) Coordinate the HIV/AIDS public affairs efforts.

(2) Obtain widest media dissemination for OASD(PA), OTSG, ODCSPER, and the HIV working group efforts on HIV/AIDS.

(3) Provide command information, community relations, and public information guidance and materials to support this effort.

(4) Develop a comprehensive command information program to provide soldiers and families accurate information on this unique disease.

(5) As appropriate, and in coordination with OASD(PA), seek opportunities for Army medical researchers to participate on national media talk shows to outline Army research and clinical investigative efforts to treat and possibly cure HIV/AIDS.

(6) Coordinate with OTSG to provide subject matter experts on HIV/AIDS for groups requesting Army speakers on the subject.

(7) Attempt to place Army medical HIV/AIDS experts on the agendas of medical conventions and conferences.

(8) Coordinate briefings by OTSG representatives during annual Pentagon updates of veterans' organizations.

b. The DCSPER will provide policy guidance on the subject of HIV/AIDS.

c. TSG will—

(1) Develop and distribute educational films on HIV/AIDS to—

(a) Direct health care practitioners.

(b) Indirect health care practitioners.

(c) Military communities.

(2) Develop an exportable education package on HIV/AIDS for distribution to all medical facilities for use by medical experts when addressing local organizations.

(3) Provide information to OCPA on which to base media releases.

(4) Provide speakers, as appropriate.

(5) Be prepared to provide HIV/AIDS experts for internal and external media interviews.

(6) Encourage HIV/AIDS researchers to publish in medical journals.

d. The Chief of Legislative Liaison (CLL) will, in conjunction with TSG, ensure that congressional audiences are properly informed about Army efforts on HIV/AIDS.

e. The CNGB will—

(1) Ensure that governors and appropriate State officials are properly informed on Army efforts on HIV/AIDS.

(2) In coordination with HQDA (OCPA), supervise the ARNG command and public information efforts, which will address the Army HIV/AIDS program in general terms and its specific impact on National Guard programs. Target audiences will be both the internal and external publics of the ARNG.

(3) Produce a public affairs plan to support this plan.

f. The CAR will develop a public affairs plan to support this plan.

g. Unit commanders will include HIV/AIDS as subject matter in their command information programs. In addition, unit commanders will ensure their soldiers are familiar with Army policies regarding initial and follow-on testing for exposure to HIV. Unit-level instruction on the Army's HIV/AIDS testing and education program should consist of at least 4 hours of instruction annually (including question and answer sessions.) Commanders are encouraged to utilize installation and community resources and subject matter experts in conducting this training.

#### 7-5. Media queries

All responses to media queries involving Army HIV/AIDS policy must be cleared through OCPA. POCs are—

a. The OCPA Policy and Plans Division, which is responsible for overall coordination of media queries. Action officers may be reached at AV 225-4462.

b. Media Relations, AV 227-7589.

c. Community Relations, AV 224-0740.

d. Command Information, AV 227-4640.

e. ODCSPER is responsible for Army HIV policy. Action officers may be reached at AV 225-4707.

f. OTSG is responsible for providing technical guidance concerning the medical aspects of HQDA HIV policy. Action officers can be reached at AV 289-0645.

## Appendix A References

### Section I Required Publications

#### AR 40-3

Medical, Dental, and Veterinary Care. (Cited in para 2-10.)

#### AR 40-15

Medical Warning Tag and Emergency Identification Symbol. (Cited in paras 2-12 and 5-13.)

#### AR 40-63

Ophthalmic Services. (Cited in para 5-13.)

#### AR 40-66

Medical Record and Quality Assurance Administration. (Cited in paras 2-12, 5-13, and 6-2.)

#### AR 40-501

Standards of Medical Fitness. (Cited in paras 1-9, 4-2, 4-5, 4-11, 4-12, 5-10, and 5-13.)

#### AR 40-562

Immunization Requirements and Procedures. (Cited in para 5-13.)

#### AR 135-175

Separation of Officers. (Cited in para 3-4.)

#### AR 135-178

Separation of Enlisted Personnel. (Cited in paras 3-4 and 5-9.)

#### AR 140-10

Army Reserve: Assignments, Attachments, Details, and Transfers. (Cited in para 5-16.)

#### AR 140-50

Officer Candidate Schools. (Cited in para 3-4.)

#### AR 351-5

United States Army Officer Candidate School. (Cited in para 3-4.)

#### AR 600-60

Physical Performance Evaluation System. (Cited in para 4-2.)

#### AR 601-100

Appointment of Commissioned and Warrant Officers in the Regular Army. (Cited in para 3-2.)

#### AR 601-210

Regular Army and Army Reserve Enlistment Program. (Cited in para 3-3.)

#### AR 601-280

Army Reenlistment Program. (Cited in para 4-5.)

#### AR 608-61

Application for Authorization to Marry Outside of the United States. (Cited in para 2-2.)

#### AR 612-2

Preparation of Replacements for Overseas Movement. (Cited in para 5-13.)

#### AR 614-30

Oversea Service. (Cited in paras 1-9, 4-3, 4-6, and 4-8.)

#### AR 635-40

Physical Evaluation for Retention, Retirement, or Separation. (Cited in paras 1-9, 4-6, 4-10, 4-11, 4-12, and 5-10.)

#### AR 635-100

Officer Separations. (Cited in paras 3-4, 4-10, and 6-2.)

#### AR 635-120

Officer Resignations and Discharges. (Cited in para 4-10.)

#### AR 635-200

Enlisted Separations. (Cited in paras 3-4, 4-5, 4-11, and 6-2.)

#### AR 640-10

Individual Military Personnel Records. (Cited in para 5-13.)

#### NGR 351-5

State Military Academies. (Cited in para 3-4.)

#### NGR 600-200

Enlisted Personnel Management. (Cited in paras 3-4, 5-9, and 5-10.)

#### NGR 635-100

Termination of Appointment and Withdrawal of Federal Recognition. (Cited in para 5-9.)

#### NGR 635-101

Efficiency and Physical Fitness Boards. (Cited in para 5-10.)

### Section II

#### Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

#### AR 5-9

Intracervice Support Installation Area Coordination.

#### AR 40-5

Preventive Medicine

#### AR 40-400

Patient Administration

#### AR 135-18

The Active Guard/Reserve Program

#### AR 135-133

Ready Reserve Screening, Qualification Records System, and Change of Address Reports

#### AR 135-200

Active Duty for Training, Annual Training and Full-Time Training Duty of Individual Members

#### AR 140-1

Army Reserve Mission, Organization, and Training

#### DOD Dir 6130-3

Physical Standards for Enlistment, Appointment, and Induction

#### NGR 40-3

Medical Care for Army National Guard Members

#### NGR 40-501

Medical Examination for Members of the Army National Guard

#### NGR 635-100

Termination of Appointment and Withdrawal of Federal Recognition

### Section III

#### Prescribed Forms

#### DA Form 5668

HIV Screening Test Results. (Cited in para 2-15.)

#### DA Form 5669-R

Preventive Medicine Counseling Record. (Cited in para 2-16.)

### Section IV

#### Referenced Forms and Labels

#### DA Form 3349

Physical Profile Board Proceedings

#### DA Form 4187

Personnel Action

#### DA Form 4856

General Counseling Form

#### DA Label 162

Emergency Medical Identification Symbol

#### PHS Form 731

International Certificates of Vaccination

#### SF 557

Miscellaneous Lab Slip

#### SF 600

Chronological Record of Medical Cases

## Appendix B Supplement to Army Video "Nobody's Immune"

**B-1.** The video tape will be shown only under the supervision of a preventive medicine officer.

**B-2.** The video tape is cleared for presentation to only military personnel—Active and Reserve Components—and their family members, and DA civilians and their family members. Under no circumstances is the video to be shown, released, or disseminated to the general public without prior written approval of HQDA (DAPE-MPH-S).

**B-3.** The presenter will discuss the following points at each screening:

a. AIDS stands for "Acquired Immune Deficiency Syndrome," an illness in which the body's ability to defend itself against certain diseases or medical conditions is impaired. AIDS was first recognized in the United States in 1981. It probably originated in Africa, but has now spread throughout the world.

b. AIDS is caused by a specific type of virus known as Human Immunodeficiency Virus (HIV). This name was given to the virus because it infects humans and grows in white blood cells called T-lymphocytes which fight infections. AIDS represents the most serious presentation of HIV; HIV infection and AIDS are not synonymous.

c. As of November 2, 1987, over 44,000 cases of AIDS have been reported in the United States, and over one-half of the victims have died. It has been estimated that over one and one-half million people are infected with HIV and do not know it. It is uncertain how many persons who are infected with the virus will eventually develop AIDS; some studies have indicated that at least 20 to 30 percent of infected persons eventually have progression of illness and develop AIDS.

d. AIDS or the virus causing AIDS may be spread through only certain specific means.

(1) HIV has been found in the blood, semen, tears, and saliva of individuals who have developed AIDS. The virus has also been recovered from other body fluids, such as breast milk of mothers infected with HIV. The virus is transmitted through intimate sexual contact, through the sharing of contaminated needles, by transfusion of blood and/or blood products or, from infected mothers to their unborn infants. By far, the most common and well-documented routes of transmission are through sexual contact and blood.

(2) Blood donations are now routinely tested for evidence of HIV contamination. Assuming that you are not an IV drug user, the main risk to you will be through sexual contact. Transmission of HIV through saliva (for example, intimate kissing) has not

been documented, but it is a wise precaution to avoid exchange of saliva or other body fluids with persons who may be harboring the virus.

(3) Casual non-sexual contact has not been shown to be a route of transmission of HIV infection. You cannot get infected with the virus through airborne spread (for example through coughing or sneezing), being in the same school, unit, or living quarters with an infected person, swimming in the same pool, or even eating foods prepared by AIDS sufferers. Having a roommate who carries the virus poses no threat to you as long as you are not intimate with your roommate and do not share personal items such as toothbrushes or razors.

e. It is important for you to realize that persons infected with HIV may not appear to be sick. In fact, the majority of persons infected with HIV are totally unaware that they are infected. Many people become infected through intimate contact with a person who does not know that he or she is carrying the virus. It is very important that you understand that having intimate sexual contact with someone who is sexually promiscuous or who has had intimate contact with infected persons puts you at increased risk of contracting the infection.

f. The infection does occur frequently among male homosexuals and bisexuals, but the disease has become increasingly more common among heterosexuals. AIDS cases include those who contracted their infection as a result of contaminated blood or blood products (as seen in blood transfusion recipients and hemophiliacs), those who engaged in intravenous drug abuse, and those who obtained their infection as a result of sexual exposure. It is important that you realize that having sexual contact with prostitutes or other highly promiscuous persons puts you at great risk of contracting the infection.

g. The blood test that is being used to screen all donated blood in the U.S. is an ELISA (enzyme-linked immunosorbent assay) test. This test detects the presence of antibodies to HIV. Antibodies are substances produced by the body in response to an infectious agent such as a virus. The ELISA test is a sensitive test that will detect most infected individuals, but another test known as the Western Blot is also used to confirm the presence of HIV antibodies. This second test is used because a certain percentage of the initially positive ELISA tests will be false positives. The Western Blot is very expensive and difficult to perform and is not used for initial screening. Antibodies ordinarily fight infection, but in the case of HIV infection, the presence of antibodies is often accompanied by the continued presence of the virus in the body fluids. Therefore, people with HIV antibodies are presumed to have infectious virus also.

h. Persons who have HIV infection may be immune deficient. That is, they may be at increased risk of handling infections and

may not be able to receive certain vaccinations. Because they might be at increased risk of contracting infections and may have progression of infection, they cannot be deployed to overseas areas and remote assignments. They also cannot donate blood during time of crisis. The Army has decided for now to keep persons who are infected in the Army until such time as their illness progresses and they become immune deficient.

i. All members of the active force and a certain percentage of the Reserve force has been tested for HIV. Reserve Component initial testing will be completed in the summer of 1988. Beginning in January 1988, the Army will begin routinely testing all soldiers for HIV at least every 2 years.

j. At this time, there is no cure for AIDS. Medical research is directed at finding drugs to combat this disease. Some initial studies are promising, but it will probably be awhile before anything is widely available. It is unlikely that a vaccine against AIDS will be developed in the near future.

k. The incubation period (time from exposure to development of symptoms) for AIDS usually ranges from 6 months to 5 years. In a few isolated instances, the time interval has been shown to be longer. It is important that you realize that if you are infected today, your infection may not be evident for some time.

l. Prevention is based on an understanding that this is predominately a sexually transmitted disease that may also be transmitted by infected blood. The only absolute preventive measure is to avoid all sexual contact with any infected individual, such as abstinence. If one chooses not to abstain, the next most effective measure is maintenance of a strict heterosexual, monogamous relationship with an uninfected partner. Frequent sexual contact with multiple partners or contact with any who themselves have multiple partners greatly increases one's chance of acquiring the infection, and while the use of condoms appears to offer some protection, it is a poor substitute for avoidance of exposure to infected individuals.

m. Individuals at greatest risk of contracting HIV infection are those who have had intimate contact with an infected person, regardless of whether symptoms were present or not, or those who have received blood or blood products within the past 5 years. Anyone who thinks they have been exposed should see a doctor for further evaluation. If you have any questions, contact your doctor or your preventive medicine service on your installation.

<b>HIV SCREENING TEST RESULTS</b>		
<small>For use of this form, see AR 600-110; the proponent agency is OTSG</small>		
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>		
<b>Authority:</b>	5 USC 301, 10 USC 3012(G).	
<b>Principal Purpose:</b>	To notify service members of the results of their HIV test.	
<b>Routine Uses:</b>	For notification purposes prescribed in AR 600-110; paragraph 2-15.	
<b>Disclosure:</b>	Disclosure is voluntary. However, failure to provide the information may result in incorrect identification.	
<b>NAME</b>	<b>SSN</b>	<b>DATE</b>
BROWN, WILLIAM C.	123-45-6789	1 JUL 88
<b>UNIT</b>	<b>GRADE</b>	
HHC 11th TRANS BN FT WILSON, NY 10100	SSG	
<p>The screening test performed on the blood specimen collected from you on the above date was <b>NEGATIVE</b> for the antibodies to HIV. The meaning of this result is that as of the date of the test, you have no detectable evidence of exposure to HIV. You should retain this test result with your yellow shot record (<i>International Certificates of Vaccination, PHS-731</i>) or some other readily accessible location as evidence of having been tested.</p>		
<b>SIGNATURE OF MEDICAL AUTHORITY</b>		<b>TODAY'S DATE</b>
		10 JUL 88
<b>NAME AND TITLE OF MEDICAL AUTHORITY</b>		<b>TESTING FACILITY</b>
JOHN S. SMITH, MAJ, MC CHIEF, PATHOLOGY SERVICE		ADAMS US ARMY HOSPITAL FT WILSON, NY 10100

DA FORM 5668, DEC 87

(Fold on Dotted Line)

Figure 2-1. Sample of a completed DA Form 5668

ADAMS US ARMY HOSPITAL  
FT WILSON, NY 10100

Fold on Dotted Line

SSG WILLIAM C. BROWN  
80 FIFTH ARTY RD  
FT WILSON, NY 10100

**PERSONAL--TO BE  
OPENED BY ADDRESSEE  
ONLY**

STAPLE HERE

DA FORM 5888, DEC 87

STAPLE HERE

Figure 2-1. Sample of a completed DA Form 5888—Continued

**GENERAL COUNSELING FORM**

For use of this form, see AR 635-200; the proponent agency is MILPERCEN

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 5 USC 301, 10 USC 3012(G). **PRINCIPAL PURPOSE:** To record counseling data pertaining to service members.  
**ROUTINE USES:** Prerequisite counseling under paragraphs 5-8, 5-13, chapters 11, 13 or section III, chapter 14, AR 635-200. May also be used to document failures of rehabilitation efforts in administrative discharge proceedings.  
**DISCLOSURE:** Disclosure is voluntary, but failure to provide the information may result in recording of a negative counseling session indicative of the subordinate's lack of a desire to solve his or her problems.

**PART I - BASIC DATA**

1. NAME (last, first, MI) Doe, John Q.	2. SOCIAL SECURITY NO. 123-45-6789	3. GRADE E4	4. SEX Male
6. UNIT HHC, 1st Training Brigade	FOR TRAINING UNITS ONLY		
	8. WEEK OF TRAINING	7. TRAINING SCORES HIGH _____ MED _____ LOW _____	

**PART II - OBSERVATIONS****8. DATE AND CIRCUMSTANCES**

The purpose of this command counseling is to inform you of DA and command policy regarding your responsibilities as a result of testing positive for the Human Immunodeficiency Virus (HIV) antibody. This counseling supplements and complements the preventive medicine counseling you received on 20 Dec 87.

**9. DATE AND SUMMARY OF COUNSELING**

I have been advised that you were counseled by Preventive Medicine personnel concerning your diagnosis of HIV positivity, the risk this condition poses to your health, as well as the risk you pose to others. You were advised by medical personnel as to necessary precautions you should take to minimize the health risk to others as a result of your condition. While I have great concern for your situation and needs, in my capacity as a commander, I must also be concerned with, and ensure the health, welfare, and morale of the other soldiers in my command. Therefore, I am imposing the following restrictions:

- a. You will verbally advise all prospective sexual partners of your diagnosed condition prior to engaging in any sexual intercourse. You are also ordered to use condoms should you engage in sexual intercourse with a partner.
- b. You will not donate blood, sperm, tissues, or other organs since this virus can be transmitted via blood and body fluids.
- c. You will notify all health care workers of your diagnosed condition if you seek medical or dental treatment, or accident requires treatment. If you do not understand any element of this order, you will address all questions to me. Failure on your part to adhere to your preventive medicine counseling or the counseling I have just given you will subject you to administrative separation and/or punishment under the UCMJ, as I see fit.

**DISPOSITION INSTRUCTIONS**

*This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement.*

DA FORM 4856, JUN 86

EDITION OF JUL 84 IS OBSOLETE.

Figure 2-2. Sample of a completed DA Form 4856

## Glossary

### Section I Abbreviations

**AC**  
active component

**ACT**  
automated contro. of trainees

**AD**  
active duty

**ADSW**  
active duty for special work

**ADT**  
active duty for training

**AEA**  
assignment eligibility and availability

**AGR**  
Active Guard Reserve

**AIDS**  
Acquired Immune Deficiency Syndrome

**AMEDD**  
Army Medical Department

**ARNG**  
Army National Guard

**ARPERCEN**  
U.S. Army Reserve Personnel Center

**ASA(M&RA)**  
Assistant Secretary of the Army (Manpower and Reserve Affairs)

**ASI**  
additional skill identifier

**AT**  
annual training

**AUS**  
Army of the United States

**AUSA**  
Association of the United States Army

**AV**  
AUTOVON

**CAP**  
centralized assignment procedures

**CAR**  
Chief, Army Reserve

**CHN**  
community health nurse

**CI**  
command information

**CMIF**  
Career Management Information File

**CNGB**  
Chief, National Guard Bureau

**COHORT**  
cohesion, operational readiness, and training

**CONUS**  
continental United States

**CONUSA**  
the numbered armies in the continental United States

**CPA**  
Chief, Public Affairs

**CR**  
community relations

**DA**  
Department of the Army

**DCSLOG**  
Deputy Chief of Staff for Logistics

**DCSPER**  
Deputy Chief of Staff for Personnel

**DOD**  
Department of Defense

**DTF**  
dental treatment facility

**EAD**  
extended active duty

**ELISA**  
enzyme linked immunosorbent assay

**EMF**  
Enlisted Master File

**FDA**  
Food and Drug Administration

**FORSCOM**  
Forces Command

**FOUO**  
for official use only

**FTNG**  
full time National Guard

**FTNGD**  
full time national guard duty

**FTTD**  
full time training duty

**HCB**  
health care beneficiary

**HIV**  
Human Immunodeficiency Virus

**HQ**  
headquarters

**HQDA**  
Headquarters, Department of the Army

**HSC**  
U.S. Army Health Services Command

**HSR**  
health service region

**HTLV-III**  
human T-lymphotrophic virus type III

**IADT**  
initial active duty for training

**IDT**  
inactive duty training

**IMA**  
Individual Mobilization Augmentee

**ING**  
Inactive National Guard

**IRR**  
Individual Ready Reserve

**IV**  
intravenous

**JAG**  
Judge Advocate General's Corps

**MACOM**  
major Army command

**MEDCEN**  
medical center

**MEDCOM**  
medical command

**MEDDAC**  
medical activity

**MEDEVAC**  
medical evacuation

**MEPS**  
Military Entrance Processing Station

**MOS**  
military occupational specialty

**MPRJ**  
Military Personnel Records Jacket

**MTF**  
medical treatment facility

**MUSARC**  
Major United States Army Reserve Command

**NAF**  
nonappropriated funds

**NCOA**  
Noncommissioned Officers' Association

**NCOES**  
noncommissioned officer education system

**NGAUS**  
National Guard Association of the United States

**NGB**  
National Guard Bureau

**OASD(HA)**  
Office of the Assistant Secretary of Defense for Health Affairs

**OASD(PA)**  
Office of the Assistant Secretary of Defense for Public Affairs

**OCAR**  
Office of the Chief, Army Reserve

**OCLL**  
Office of the Chief of Legislative Liaison

**OCONUS**  
outside continental United States

**OCPA**  
Office of the Chief of Public Affairs

**OCS**  
officer candidate school

**ODCSPER**  
Office of the Deputy Chief of Staff for Personnel

**ODT**  
overseas deployment for training

**OMF**  
Officer Master File

**OPMD**  
Officer Personnel Management Directorate

**ORB**  
Officer Record Brief

**OTJAG**  
Office of The Judge Advocate General

**OTRA**  
other than Regular Army

**OTSG**  
Office of The Surgeon General

**PAO**  
public affairs office

**PCS**  
permanent change of station

**PI**  
public information

**PMOS**  
primary military occupational specialty

**PMP**  
preventive medicine physician

**POC**  
point of contact

**POR**  
preparation of replacements for overseas movement

**PSC**  
Personnel Service Center/Company

**RA**  
Regular Army

**RC**  
Reserve Component

**REFRAD**  
relieved from active duty

**RFO**  
request for orders

**ROA**  
Reserve Officers' Association

**ROTC**  
Reserve Officer Training Corps

**RST**  
reserve special training

**RTU**  
reserve training unit

**SECDEF**  
Secretary of Defense

**SIDPERS**  
Standard Installation/Division Personnel System

**SJA**  
staff judge advocate

**SOCOM**  
Special Operations Command

**SQI**  
skill qualification identifier

**SSN**  
social security number

**STD**  
sexually transmitted disease

**TAG**  
The Adjutant General

**TAMC**  
Tripler Army Medical Center

**TAPA**  
Total Army Personnel Agency

**TDY**  
temporary duty

**TPU**  
troop program unit

**TSG**  
The Surgeon General

**TTAD**  
temporary tours of active duty

**UCMJ**  
Uniform Code of Military Justice

**UIC**  
unit identification code

**USAHDS**  
U.S. Army HIV Database System

**USAMRDC**  
U.S. Army Medical Research and Development Command

**USAR**  
U.S. Army Reserve

**USAREC**  
U.S. Army Recruiting Command

**USAREUR**  
U.S. Army, Europe, and Seventh Army

**USMA**  
U.S. Military Academy

**USMEPCOM**  
U.S. Military Enlistment Processing Command

**VFW**  
Veterans of Foreign Wars

**WESTCOM**  
Western Command

## **Section II** **Terms**

**Extended active duty**  
Any period of active duty performed by a member of the Reserve Component exceeding 30 continuous days.

**Health care beneficiary**  
A person who because of military status, employment, or by legal relationship to a person so entitled is eligible to receive medical care in military medical treatment facilities.

**HIV negative**  
A blood specimen that was not ELISA reactive or, if ELISA reactive, has not been determined to have HIV antibodies after confirmatory Western Blot testing.

**HIV positive**  
A blood specimen that is doubly ELISA reactive and has been confirmed as positive for HIV antibodies by a Western Blot test.

**Immunological deficiency**

Persistent T-lymphocyte count of less than 400 cells per cubic millimeter, or exhibits complete or partial anergy in skin sensitivity testing.

**Longitudinal**

A study conducted from initial diagnosis through termination of the condition.

**RESERVED**

# PREVENTIVE MEDICINE COUNSELING RECORD

For use of this form, see AR 600-110; the proponent agency is OTSG

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** 5 USC 301, 10 USC 3012(G).  
**Principal Purpose:** To record preventive medicine counseling of Service members testing positive for exposure to HIV.  
**Routine Uses:** Prerequisite counseling under AR 600-110; paragraph 2-16.  
**Disclosure:** Disclosure is voluntary. However, failure to provide the information may result in incorrect identification.

### INSTRUCTIONS

The counselor will obtain and record the administrative information required in Part I from official military records or from the patient's identification card. If the patient is not active duty military, the sponsor's information will also be included. Each item in Part II will be individually explained to the patient by the counselor. Certifying signatures of the counselor and patient will be affixed as indicated in Part II. The patient will receive one copy, the counselor will retain one copy, and if the patient is a soldier, the patient's commander will receive the original. The commander's copy will be forwarded in a sealed envelope addressed personally to the commander and marked "To be Opened by Addressee Only." The counselor's copy will be retained by the preventive medicine physician until the patient is transferred or for a period of three (3) years.

### PART I - PATIENT INFORMATION

A. NAME OF PATIENT	B. SSN	C. GRADE	D. NAME OF SPONSOR
E. UNIT	F. LOCATION		
G. DATE OF DIAGNOSIS	H. DATE AND TIME OF COUNSELING	I. LOCATION OF COUNSELING	
J. Counselor:			
1. NAME	2. GRADE/CORPS	4. UNIT	
3. TITLE			

### PART II - PATIENT COUNSELING ACKNOWLEDGEMENT

I have been informed of my initial or confirmed positive laboratory test result for the HIV antibody. I understand that I have a responsibility to prevent transmission of the infection to others with whom I may have contact, specifically--

- A. My positive HIV antibody test with Western Blot confirmation means that I have been infected with HIV. Current medical knowledge indicates that once a person has been infected, it is assumed that he or she continues to harbor the virus. This means that I am infectious, or capable of transmitting the virus through my behaviors involving or potentially involving exchange of body fluids.
- B. It has been explained to me that HIV infection is primarily transmitted through three routes: intimate sexual exposure, perinatal exposure (from infected mothers to their infants); and parenteral exposure (transfusion of contaminated blood or blood products, or sharing of needles by intravenous drug abusers). Since the virus has been isolated from various body fluids, to include blood, semen, saliva, tears, and breastmilk, personal items such as toothbrushes, razors, and other personal implements, which could become contaminated with blood or other fluids, should not be shared with others, even though the risk appears low. I have been informed that casual contacts such as hugging, shaking hands, or other common non-sexual personal contacts pose a negligible risk of transmission.
- C. I have been informed that the percentage of those infected with HIV who will progress to clinical illness or suffer impaired immunity is unknown. However, estimates range from 30 to 100 percent over a long period of time. For this reason, I as an HIV-infected person, must have medical evaluations semiannually. If I am now asymptomatic and then develop unexplained fever, weight loss, or infections, I must seek immediate medical attention.
- D. While homosexual and bisexual males and intravenous drug users are the majority of HIV-infected persons or AIDS patients identified so far, I have been informed that the infection can also be transmitted heterosexually. There is clear evidence for transmission from male-to-female and female-to-male. Since I can infect others, I must limit the number of sexual partners I have to minimize the possibility of transmission. Prostitutes, male or female, represent a high risk group since they have many sexual contacts and frequently are also intravenous drug abusers. I acknowledge that HIV-infected individuals as well as uninfected persons should refrain from sexual relations with members of these groups to avoid the possibility of transmission.
- E. Although I may have no symptoms presently, I may still transmit the infection to others through sexual intercourse, sharing of needles, donated blood or blood products, and possibly through exposure of others to saliva through oral-genital contact or intimate kissing. I have been informed that transmission of HIV infection through sexual intercourse can be avoided only through abstinence. If I cannot abstain, then I must engage only in protected sexual relations (i.e., using a condom). Males must always use a condom, and females must insist that their partners use condoms. While the ability of condoms to prevent transmission of infection is unproven, they may reduce the chance of transmission and I must always use them or insist on their use during all sexual encounters.
- F. I have been informed that I, as an HIV-infected person, have the responsibility to always verbally inform my sexual partners of my infection prior to engaging in any intimate sexual behavior.
- G. I realize that I may have infected others before I knew I was infected. For that reason, I am obligated to reveal the identity of all persons with whom I have had sexual relations or shared needles so that they too can receive testing and counseling to break the chain of transmission. In addition to revealing their identities, I will personally inform all my contacts of the likelihood of their exposure to HIV as soon as possible, and recommend they seek testing and counseling.
- H. I, as an HIV-infected person, will not donate blood, sperm, tissues, or organs.
- I. Whenever I seek medical or dental care from any source, I must inform the provider of my HIV infection so that appropriate evaluation and precautions are taken to protect the provider and other patients. Since I am infected, I must refrain from unprotected sexual relations, and avoid pregnancy for my spouse or myself since the infection is transmitted from mother to unborn child. If I am a newborn infant's mother, I must avoid or discontinue breastfeeding.

I acknowledge that I, \_\_\_\_\_, have been counseled and understand that the preventive medicine measures listed in paragraphs A through I above, which were explained to me, are necessary to preclude transmission of HIV infections.

j. SIGNATURE OF PATIENT	DATE	k. SIGNATURE OF COUNSELOR	DATE
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