

COAST GUARD HUMAN IMMUNODEFICIENCY VIRUS (HIV) PROGRAM



COMDTINST 6230.9A
November 2018

R 181725Z JUN 25 MID120002016867U
FM COMDT COGARD WASHINGTON DC
TO ALCOAST
BT

UNCLAS

ALCOAST 275/25

SSIC 6110

SUBJ: HIV POLICY UPDATES - DEPLOYABILITY

A. Coast Guard Human Immunodeficiency Virus (HIV) Program,
COMDTINST 6230.9A

B. DOD memo, 6 JUN 2022: Policy Regarding Human Immunodeficiency
Virus-Positive Personnel within the Armed Forces

C. COMDT COGARD WASHINGTON DC 101215Z JUN 25/ALCOAST 266/25

1. This ALCOAST updates REF (A) and contains several USCG policy
modifications for HIV positive service members IAW the guidance
published in REF (B). The HIV policy updates in REF (C) address
new accessions and are not impacted by this ALCOAST.

2. REF (B) states that in view of significant advances in the
diagnosis, treatment and prevention of HIV, it is necessary to
update policy with respect to individuals who have been identified
as HIV-positive. REF (B) states current service members who have
been identified as HIV-positive, are asymptomatic, and who have
clinically confirmed undetectable viral load (hereinafter "covered
personnel"), will have no restrictions applied to their
deployability or to their ability to commission while a service
member, solely on the basis of their HIV-positive status.

An individual living with HIV is "asymptomatic" when an individual
is not experiencing any HIV-related signs or symptoms, or adverse
effects associated with medical therapy, as determined by the
individual's HIV-treating provider. An "undetectable viral load"
is defined as having clinically confirmed viral suppression of HIV,
as verified by the individual's HIV-treating provider.

This supersedes any restrictions currently in Chapter 1 of REF (A)
for covered personnel, which includes Coast Guard Academy cadets,
ROTC cadets and midshipmen, and other participants in in-service
commissioning programs.

3. Covered personnel will not be deemed "non-deployable" solely
because they are living with HIV. Decisions on the deployability of
covered personnel will be made on a case-by-case basis and must be
justified by the Service member's inability to perform the duties
to which he or she would be assigned.

4. POC: CDR Gretchen Buckler, Chief, Preventive Medicine and
Population Health, COMDT (CG-1K21), (202) 394-4440,
Email: Aileen.G.Buckler@uscg.mil.

5. RADM Paul Jung, Assistant Commandant of Health, Safety, and
Work-Life (CG-1K), sends.

6. Internet release is authorized.

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TO ALCOAST

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SSIC 6110

SUBJ: HIV POLICY UPDATES - ACCESSIONS

A. Coast Guard Human Immunodeficiency Virus (HIV) Program,
COMDTINST 6230.9A

B. DOD Memorandum for Secretaries of the Military Departments,
18 October 2024: Exception to Policy to Comply with Court Order
in Wilkins v. Austin, Case No. 1:22-cv-1272 (E.D. Va.)

C. DODI 6130.03, Volume 1, Medical Standards for Military Service:
Appointment, Enlistment, or Induction, May 6, 2018, as amended.

D. DODI 6845.01, Human Immunodeficiency Virus (HIV) in Military
Service Members, June 7, 2013, as amended.

1. This ALCOAST updates REF (A) as promulgated in REF (B).

2. REF (B) directs a temporary exception to REF (C). This temporary
exception complies with the Federal court order, Wilkins v. Austin,
and allows accession of certain individuals living with
Human Immunodeficiency Virus (HIV).

3. The Coast Guard accession standards are IAW REF (C). Therefore,
the CG will adhere to this temporary exception to policy. REF (B)
specifically directs a temporary exception to the policy that would
bar accessions for individuals who are living with HIV, solely where
the individual is asymptomatic and has an undetectable viral load,
that would result from application of HIV-specific provisions of
REF (C), REF (D), and any other policy that would bar accessions for
individuals solely due to their HIV-positive status.

4. An individual living with HIV is "asymptomatic" when an
individual is not experiencing any HIV-related signs or symptoms, or
adverse effects associated with medical therapy, as determined by
the individual's HIV-treating provider and confirmed by an
authorized DoD or CG health care provider or other appropriately
qualified official. An "undetectable viral load" is defined as
having clinically confirmed viral suppression of HIV, as verified
by the individual's HIV-treating provider and confirmed by an
authorized DoD or CG health care provider or other appropriately
qualified official. To demonstrate clinically confirmed viral
suppression of HIV, an individual must show:

a. Viral load measured as <200 copies/mL on all readings
(minimum of two, taken not less than 90 days apart) for a period of
at least 6 months;

b. Cluster of differentiation 4 (CD4) count measured as >350
cells/mm³ within the past 12 months (or last CD4 count >500
cells/mm³);

c. Continuous compliance with an antiretroviral regimen for at
least the previous 6 months [and attest to an intention to continue
compliance].

d. No more than 90 days prior to shipment to initial training, the medical status of HIV-positive applicants who are asymptomatic with a clinically undetectable viral load will be confirmed, consistent with the requirements set forth above and existing processes.

5. This temporary exception supersedes any restrictions currently in Chapter 1 of REF (A).

6. Coast Guard medical officers are authorized to provide Pre-Exposure Prophylaxis (PrEP) to service members in accordance with Centers for Disease Control (CDC) guidance for the prevention of HIV. This is an update to Chapter 4 of REF (A). The link to CDC guidance can be found on the following site:

(Copy and Paste URL Below into Browser)

<https://www.cdc.gov/hivnexus/hcp/prep/index.html>

7. POC: CDR Gretchen Buckler, Chief, Preventive Medicine and Population Health and HIV Program Manager. COMDT (CG-1K21), (202) 394-4440, Email: Aileen.G.Buckler@uscg.mil.

8. RADM Paul Jung, Assistant Commandant for Health, Safety, and Work-Life (CG-1K), sends.

9. Internet release is authorized.



COMDTINST M6230.9A
8 NOV 2018

COMMANDANT INSTRUCTION M6230.9A

Subj: COAST GUARD HUMAN IMMUNODEFICIENCY VIRUS (HIV) PROGRAM

- Ref:
- (a) Privacy Act of 1974; United States Coast Guard -011 Military Personnel Health Records System of Records, 73 Fed. Reg. 77773 (Dec 19, 2008)
 - (b) Information and Life Cycle Management Manual, COMDTINST M5212.12 (series)
 - (c) Recoupment of Advanced Education Costs in the Event of Separation Before Completion of Obligated Service, COMDTINST 1560.3 (series)
 - (d) Physical Disability Evaluation System, COMDTINST M1850.2 (series)
 - (e) United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series)
 - (f) Military Separations, COMDTINST M1000.4 (series)
 - (g) Reserve Policy Manual, COMDTINST M1001.28 (series)
 - (h) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
 - (i) Administrative Investigations Manual, COMDTINST M5830.1 (series)
 - (j) Privacy Act of 1974, 5 U.S.C. §§ 522a
 - (k) Privacy Incident Response, Notification, and Reporting Procedures for Personally Identifiable Information (PII), COMDTINST 5260.5 (series)

1. PURPOSE. This Manual establishes policy, assigns responsibilities, and provides guidelines on identification, surveillance, and administration of Coast Guard (CG) Service Members (SMs) infected with the Human Immunodeficiency Virus (HIV), the virus which causes Acquired Immune Deficiency Syndrome (AIDS).
2. ACTION. All CG Commanders, Commanding Officers, Officers-in-Charge, Deputy and Assistant Commandants, and Chiefs of Headquarters staff elements will comply with the provisions of this Manual. Internet release is authorized.
3. DIRECTIVES AFFECTED. Coast Guard Human Immunodeficiency Virus (HIV) Program, COMDTINST M6230.9, dated 25 Jun 08, and How to Respond to Host Nations Queries Concerning Human Immunodeficiency Virus (HIV), COMDTINST 6220.3, dated 03 Nov 89, are hereby cancelled.

DISTRIBUTION – SDL No. 168

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4. BACKGROUND. Due to modern treatment regimens, CG SMs infected with HIV are generally able to maintain full fitness for duty during their career. However, they do require regular medical management and surveillance that must be provided at a multidisciplinary clinic specifically designed to manage HIV infections. In the Military Health System, these are the HIV Education and Treatment Units (HETUs), which are found only in the Continental United States (CONUS). This Manual provides guidance that ensures CG SMs infected with HIV are managed in accordance with (IAW) the best medical evidence while ensuring that such SMs are managed appropriately from a service perspective, to include accession, assignment, promotion, education, separation, and retirement. Infection with HIV prior to service remains disqualifying. This Manual is only applicable to Active Duty (AD) and Reserve CG SMs, as well as to Public Health Service commissioned officers detailed to the CG, hereafter referred to as “CG SMs”.
5. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide operational guidance for CG personnel and is not intended to nor does it impose legally binding requirements on any party outside the CG.
6. MAJOR CHANGES. This version of the Coast Guard Human Immunodeficiency Virus (HIV) Program, COMDTINST M6230.9 (series), incorporates changes in policy regarding deployability of HIV-antibody positive CG SMs, clarifies waiver authority for CG HIV policies, gives policy regarding Pre-Exposure Prophylaxis (PrEP), adds a prescribed provider counseling sheet, includes policy previously found in How to Respond to Host Nations Queries Concerning Human Immunodeficiency Virus (HIV), COMDTINST 6220.3, and updates the Preventive Medicine Orders (PMOs). The revisions are extensive and the entire Manual should be reviewed.
7. ENVIRONMENTAL ASPECTS AND IMPACT CONSIDERATIONS.
 - a. The development of this Manual and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, Commandant (CG-47). This Manual is categorically excluded under current Department of Homeland Security (DHS) categorical exclusion (CATEX) A3 from further environmental analysis in accordance with “Implementation of the National Environmental Policy Act (NEPA), DHS Manual 023-01-001-01 (series).
 - b. This Manual will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policy in this Manual must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), Department of Homeland Security (DHS) and Coast Guard NEPA policy, and compliance with all other applicable environmental mandates.
8. DISTRIBUTION. No paper distribution will be made of this Manual. An electronic version will be located on the following Commandant (CG-612) web sites. Internet: <http://www.dcms.uscg.mil/directives/>, and CG Portal: <https://cgportal.uscg.mil/library/directives/SitePages/Home.aspx>.

9. RECORDS MANAGEMENT CONSIDERATIONS. This Manual has been thoroughly reviewed during the directives clearance process, and it has been determined there are further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., National Archives and Records Administration (NARA) requirements, and Reference (a). This Manual does not have any significant or substantial change to existing records management requirements. See Reference (b) for specific records management and privacy requirements in regards to storage of medical records.
10. RESPONSIBILITIES. Commander, unit, clinic, and CG SMs' responsibilities are listed in Chapter 5.
11. FORMS/REPORTS. The electronic forms called for by the policies in this Manual are available in Process for Handling HIV Specimens Sent to CDD, Standard Operating Procedure USCGLAB1.2, found at:
<https://cg.portal.uscg.mil/units/hswlsc/OpMed/SitePages/Laboratory.aspx>.
12. REQUEST FOR CHANGES. Change recommendations to this Manual should be routed via memo through the chain of command to the Office of Health Services, Commandant (CG-112).

ERICA G. SCHWARTZ /s/
Rear Admiral, U.S. Public Health Service
Director, Health, Safety, and Work-Life

COMDTINST M6230.9A

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CHAPTER 1. PERSONNEL POLICY

A. PURPOSE. To establish policy for CG SMs and for applicants to the CG who have serologic evidence of HIV infection.

B. ACCESSIONS.

1. Both prior service and non-prior service applicants for active or reserve service must be screened for exposure to HIV prior to entrance on AD or affiliation in the CG Reserve. Individuals confirmed to be HIV-antibody positive are not eligible to enter CG service because:
 - a. The condition existed prior to appointment to or enlistment in the CG.
 - b. Such individuals may suffer potentially life-threatening reactions to some live-virus immunizations at Initial Entry Training (IET).
 - c. HIV-antibody positive individuals are not able to participate in battlefield blood donor activities or military blood donation programs.
 - d. The CG must avoid unnecessary medical costs and the possibility that the individual will not complete the initial service commitment.
2. Applicants for active and reserve enlisted service normally will be tested at a Military Entrance Processing Stations (MEPS). Applicants not tested at MEPS must be tested as part of their physical examination conducted prior to accession. If more than 12 months have elapsed between the pre-accession test and IET, another HIV antibody test must be conducted. New accessions who are confirmed HIV-antibody positive are not eligible for military service and must be processed for separation by reason of erroneous enlistment at the accession point.
3. HIV-antibody positive individuals do not meet medical accession standards for any commissioning program, including Chief Warrant Officer Programs. Waivers may be granted by Commandant (CG-1), in consultation with Commandant (CG-11) and Commandant (CG-13). Submit all Commanding Officer endorsed waiver requests to Commandant (CG-1121) ATTN: HIV Program Manager. Mark all requests as confidential. Candidates for service as officers (either regular or reserve) must be tested both during the pre-contract physical examination required for acceptance in the particular program applied for and during the pre-appointment physical examination required prior to appointment or superseding appointment. Applicants who are ineligible for appointment due to HIV-antibody positive status must be processed as follows:
 - a. Individuals in Officer Candidate School, Direct Commission Officer School, the Direct Commission Aviator Program, Reserve Officer Candidate Indoctrination, or the College Student Pre-Commissioning Initiative (OCS/DCO/DCA/ROCI/CSPI) as their IET must be separated, discharged, and/or disenrolled as appropriate. A

candidate who was on orders for 31 days or more prior to entry into candidate status and who is HIV-antibody positive must be retained in enlisted status unless the individual is separated for disability. In either case, if the sole basis for discharge is HIV-antibody positive status, an honorable or entry-level separation, as appropriate, must be issued.

- b. United States Coast Guard Academy (USCGA) cadets must be processed for separation and discharged when confirmed HIV-antibody positive. The CG may delay separation to the end of the current academic year. A cadet granted such a delay in the final academic year, who is otherwise qualified, may be graduated without commission and thereafter discharged. If the sole basis for discharge is HIV antibody status, an honorable discharge must be issued. Refer to Reference (c) for policy regarding possible education cost recoupment and exceptions. HIV positive cadets can participate in sporting and recreational activities as long as they are asymptomatic. There have been no validated reports of transmission of HIV in the athletic setting.
- c. Commissioned AD and Selected Reserve (SELRES) officers in advanced education programs must be considered for disenrollment from the program at the end of the academic term in which HIV-antibody positive status is identified. The decision of disenrollment will be decided on a case-by-case basis by Commandant (CG-1), in consultation with Commandant (CG-11) and Commander, Force Readiness Command (FORCECOM). Except as specifically prohibited by statute, any additional service obligation incurred by participation in such program must be waived, and financial assistance received in these programs must be applied fully towards satisfaction of any pre-existing service obligation.
- d. New accessions found to be HIV-antibody positive will be informed of the test results; will be counseled on the relationship between the blood tests, HIV, and AIDS; and will be provided medical and psychological support while awaiting separation. New accessions will not be referred for definitive HIV-related medical care unless emergently required.

C. ACTIVE DUTY RETENTION AND SEPARATION.

- 1. CG SMs who demonstrate no evidence of HIV-related unfitting conditions will be retained on AD unless some other reason for separation exists. This policy is based on the following considerations:
 - a. There is no demonstrated risk of HIV transmission due to the performance of normal duties.
 - b. An investment in training HIV-antibody positive SMs has been made.
 - c. The condition may be service connected.

2. HIV-antibody positive status must not be used to deny or delay continuous reenlistment of AD SMs. Continuous reenlistment may not be denied or delayed while awaiting test results.
3. CG SMs who are HIV-antibody positive and who demonstrate any unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or an AIDS-defining condition must be processed by the Physical Disability Evaluation System (PDES), Reference (d).
4. CG SMs retained on AD under this policy who are found not to have complied with lawful Preventive Medicine Orders (Enclosure (1)) are subject to appropriate administrative and disciplinary actions up to and including separation per Reference (e) and Article 92 of the Uniform Code of Military Justice (UCMJ).
5. Separation for cause or for other reasons under Article 92 of the UCMJ which is based upon evidence other than HIV-antibody positive status is unaffected by this Manual.
6. AD SMs may choose to voluntarily separate from AD following a new diagnosis of HIV-antibody positivity. An AD SM has 90 calendar days after the initial medical evaluation at an HETU is completed to make a determination regarding their separation. An additional 90 days may be granted by Commander, Personnel Service Center (PSC) on a case-by-case basis. SMs who choose to separate will be processed IAW the provisions of Reference (f). Such a separation request must include documentation that the AD SM has not been pressured or coerced to separate by the command involved.

D. RESERVE RETENTION AND SEPARATION.

1. CG SMs who are HIV-antibody positive and who demonstrate any unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or an AIDS-defining condition must be processed IAW Reference (d).
2. HIV-antibody positivity must not be used to deny or delay continuous reenlistment of reservists in an active status. Continuous reenlistment may not be denied or delayed while awaiting test results.
3. Reserve SMs can apply for separation due to HIV-antibody positivity within 90 days of their initial formal counseling by their commanding officer. The 90-day period begins the day the Reserve SM is formally counseled. An additional 90 days may be granted by Commander, PSC on a case-by-case basis. SMs who choose to separate are permanently ineligible to re-enter the CG. See Reference (g) for details.
 - a. Commander, PSC must deny such a separation request if the Reserve SM has a remaining statutory service obligation.

- b. Any such separation request must include documentation that the Reserve SM has not been pressured or coerced to separate by the command involved.

E. ACTIVE DUTY ASSIGNMENT.

1. CG SMs who are HIV-antibody positive and who are retained under this policy will not ordinarily be assigned to:
 - a. Deployable Specialized Forces (DSF).
 - b. Cutters/boats that routinely make Ports of Call Out of CONUS (OCONUS).
 - c. Billets where routine participation is expected in expeditionary deployments, as defined in Reference (h).
 - d. OCONUS.

NOTE: Commander, PSC, may waive these assignment restrictions on a case-by-case basis based upon the recommendation of Commandant (CG-11). In all cases, deployment or assignment to a DoD Combatant Command (CCMD) requires the consent of the gaining Command.

2. Junior enlisted SMs in sea-intensive or DSF ratings may need to change their rating to have a viable career.
3. HIV-antibody positive CG SMs are permanently medically disqualified from flying duties; waivers must not be entertained.
4. HIV-antibody positive CG SMs are not ordinarily available for contingency response; Commander, PSC, can waive such restrictions on a case-by-case basis based upon the recommendations of Commandant (CG-11).

F. RESERVE ASSIGNMENT.

1. SELRES SMs applying for AD orders (including Active Duty for Training (ADT) of any kind) for more than 30 days must have a negative HIV-antibody test documented in their Service Treatment Record (STR) within 24 months of order execution. If a SELRES SM's HIV-antibody test will become delinquent during their call to AD, an HIV-antibody test must be drawn no later than 5 duty days after reporting. SELRES SMs in receipt of orders OCONUS for any duration must have a negative HIV-antibody test documented in their STR within 6 months of their departure date.
2. HIV-antibody positive SELRES SMs performing Inactive Duty for Training (IDT) drills or on AD for 30 days or less who are otherwise medically fit for duty may be retained in the SELRES and may continue to perform 12 days of ADT and 48 IDT drills annually. Such SMs:

- a. Must be reassigned to a non-deployable billet.
- b. Must not be mobilized nor given orders for Active Duty for Operational Support (ADOS) or Extended Active Duty (EAD).

NOTE: Commander, PSC can waive these restrictions on a case-by-case basis based upon the recommendation of Commandant (CG-11).

- 3. HIV-antibody positive SELRES SMs who do not wish to be reassigned or who are unwilling to change their ratings (if their current rating does not allow them to perform duty under this Manual) will be transferred to the Individual Ready Reserve (IRR).

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CHAPTER 2. ROLES AND RESPONSIBILITIES

A. COMMANDANT (CG-1).

Commandant (CG-1) is responsible for ensuring that the medical and personnel policies in this Manual are carried out.

B. COMMANDANT (CG-11).

1. Guides the policy development of professional medical and epidemiological aspects of the HIV management program.
2. Keeps Commandant (CG-1) advised of epidemiological information and trends.
3. Signs Invitational Travel Authorizations (ITAs) for the spouses of HIV-antibody positive SMs. This authority cannot be re-delegated.

C. COMMANDANT (CG-112). Commandant (CG-112) will oversee the Coast Guard HIV program. The HIV Program Manager (CG-1121) will:

1. Notify the cognizant Commanding Officer or Officer-In-Charge of any newly confirmed HIV-antibody positive SM.
2. Be responsible for maintaining all original signed and witnessed PMOs.
3. Be responsible for ensuring that contractors engaged by the Reserve Health Readiness Program (RHRP) direct all HIV specimens to the Naval Bloodborne Infection Management Center (NBIMC).
4. Review the Rejection Reports from NBIMC and from the Health, Safety, and Work-Life Service Center (HSWL SC) Chief Laboratory Officer.
5. Be responsible for tracking the semiannual evaluation dates for each HIV positive SM, notifying the SM that their evaluation is coming due, ensuring acknowledgement of such a notification by the SM, and drafting the travel orders for HIV-antibody positive SMs' Temporary Assigned Duty (TAD) tours to the HETUs for evaluation. This includes drafting ITAs for the spouses of HIV positive SMs.
6. Verify that the HETU notifies the appropriate local or state health department of all HIV positive tests.
7. Approve or deny all requests by CG units to use DoD Military Treatment Facilities (MTFs) as HIV test sites.
8. Act as a liaison between the CG medical community and PSC regarding assignment and deployment of HIV-antibody positive SMs. The HIV Program Manager (CG-1121) will contact PSC only if the Assignment Officer gives a SM an assignment that exceeds

the restrictions in Paragraphs 1.E.1 and/or 1.F.2 of this Manual. The HIV Program Manager (CG-1121) will not disclose the SM's specific medical condition.

- D. COMMANDANT (CG-13). Commandant (CG-13) is responsible for updating the HIV portions of relevant COMDTINSTs to align with this Manual and Reference (g).
- E. COMMANDER PERSONNEL SERVICE CENTER. Ensures that HIV-antibody positive SMs are given assignments IAW this Manual. Commander, PSC will also ensure that medical information regarding the HIV status of HIV-antibody positive SMs is not entered into Direct Access; this is to protect the SMs' privacy.
- F. UNIT COMMANDING OFFICERS OR OFFICERS IN CHARGE.
 - 1. Must maintain current Health Insurance Portability and Accountability Act (HIPAA) training, and ensure that any person deemed necessary by them also maintains current HIPAA training.
 - 2. Must ensure their appointed successor(s) are notified of HIV-antibody positive SMs under their command or charge.
 - 3. Must follow the procedures in Chapter 6 of this Manual.
- G. MEDICAL OFFICERS AND CIVILIAN HEALTH CARE PROVIDERS.
 - 1. Support Unit COs and OICs as they inform HIV-positive CG SMs of their diagnosis.
 - 2. Counsel newly diagnosed HIV-positive CG SMs according to the prescribed counseling sheet in Enclosure (2) below.
 - 3. Ensure that the Commandant (CG-112) HIV Program Manager is notified within 48 hours of a positive HIV result.
- H. INDIVIDUAL SERVICE PERSONNEL.
 - 1. In a case where an SM has results from a non-DoD or non-CG source that the SM has become HIV-antibody positive, the SM must ensure the results are reported to the Commandant (CG-1121) HIV Program Manager as soon as possible.
 - 2. HIV-antibody positive SMs must practice safer sexual habits and report any changes in their health to the appropriate MO, HCP, or Health Services Technician (HS).
 - 3. HIV-antibody positive SMs must notify the HIV Program Manager (CG-1121) of their transfer date and assignment no later than 6 months before they are due to transfer.
 - 4. Must ensure that all fitness for duty recommendations and case management requirements are communicated to their cognizant CG clinic or HS for disposition.

CHAPTER 3. HIV TESTING POLICY

A. PURPOSE. To establish HIV testing procedures for CG AD and SELRES SMs.

B. OVERVIEW.

1. Testing of CG SMs for the antibodies associated with HIV will include a screening test, a confirmatory test, and, if necessary, DoD-approved supplemental tests. All CG SMs with either serologic evidence of HIV infection or positive virus identification must be classified under nationally accepted, standard HIV clinical protocols and guidelines.
2. CG SMs who are confirmed to be positive for HIV-antibodies do not require any further HIV testing under this policy.
3. Delays in obtaining results of confirmatory tests must be minimized to reduce uncertainty and apprehension in SMs awaiting the outcome.
4. CG SMs not in a confined status must not be segregated based on screening or confirmatory testing.
5. An identifiable serum sample of each laboratory specimen drawn for all HIV CG screening must be forwarded to the Armed Forces Serum Repository per Reference (h).

C. ACTIVE DUTY TESTING.

1. AD SMs must be screened every 24 months for serologic evidence of HIV infection. The 24-month interval HIV testing requirement does not preclude testing prior to entering drug or alcohol rehabilitation programs, or other risk-based or clinically indicated HIV testing.
2. AD SMs issued Permanent Change of Station (PCS) orders OCONUS are required to have a negative HIV-antibody test completed and the results documented in the medical and dental records no more than 6 months prior to transfer.
3. Due to increased risk of exposure to HIV, all CG SMs identified with a sexually transmitted infection (STI) will be retested for HIV on each episode or recurrence.
4. All CG SMs who present to a CG clinic for prenatal care will be tested.
5. All HIV positive and negative antibody test results must be signed and documented in the STR (see Paragraph E below), including the dental component.
6. HIV testing should be accomplished through the designated laboratory service contractor defined in the Coast Guard-Navy MOA. However, CG clinics may arrange testing with other uniformed services medical treatment facilities with the permission of and prior coordination of the Commandant (CG-1121) HIV Program Manager.

D. RESERVE COMPONENT TESTING.

1. SELRES SMs must be screened at least every 24 months for serologic evidence of HIV infection.
2. SELRES SMs found to be HIV-antibody positive while in a reserve status require a Line of Duty determination. See Chapter 7 of Reference (i). Once a Line of Duty determination has been made, the provisions of Chapter 1.F of this Manual apply. SELRES SMs will only be sent to a military HETU for evaluation if the HIV infection is found to be in the Line of Duty or if the member is called to Extended Active Duty.
3. SELRES SMs must be tested no later than five duty days after reporting when called to active duty for 31 days or more if they have not received an HIV test within the last 24 months. If the SELRES SM's HIV test will become delinquent during their call to active duty period, their HIV test must be drawn no later than 5 duty days after reporting.
4. Except for Paragraph 3 above and Paragraph 6 below, testing must be ordered during the Periodic Health Assessment (PHA) (if it is due or will come due before the next PHA), or during a medical evaluation for affiliation with or retention in the CG Reserve.
5. SELRES SMs issued mobilization orders OCONUS are required to have an HIV antibody test completed and results documented in the medical and dental records no more than 6 months prior to mobilization.
6. HIV testing via the RHRP is the only mechanism by which SELRES SMs are authorized to fulfill CG HIV testing requirements (unless called to AD for 30 days or more, in which case they will receive testing the same way as AD personnel). Reserve units are not authorized to utilize HIV results obtained from civilian blood collection agencies (for example, the American Red Cross). Test results obtained from civilian blood collection agencies are not subject to military quality control standards and are therefore not acceptable to meet any military HIV test requirements. Reserve units must not contact any civilian blood collection agency requesting HIV results for reservists who have donated blood.
7. SELRES members who, through a civilian health care provider, become aware that they are HIV-antibody positive, are required to immediately notify the CG clinic responsible for their unit. The CG clinic will arrange immediate HIV testing via the RHRP, even if out of cycle with the PHA. If the member's HIV-antibody positive status is confirmed via NBIMC, the Commandant (CG-1121) HIV Program Manager will request that the member's supporting CG clinic and the member's command initiate a Line of Duty determination IAW Chapter 7 of Reference (i). Once a Line of Duty determination has been made, the provisions of Chapter 1.F of this Manual apply. A member will only be evaluated at a military HETU if the HIV infection is found to be in the Line of Duty or if the member is called to Extended Active Duty.

E. DOCUMENTATION.

1. The date that a CG SM's HIV test is resulted must be recorded in the medical readiness system of record. The actual result must not be recorded in that system. For CG SMs who are confirmed to be HIV-antibody positive, the Commandant (CG-1121) HIV Program Manager must ensure (either personally, or through NBIMC) that a new testing date is recorded in the medical readiness system of record at least every 24 months. This will prevent HIV-antibody positive CG SMs from showing Individual Medical Readiness (IMR) red for HIV testing without disclosing their positive status.
2. Service Treatment Record. All final results of HIV testing must be recorded in the STR, including the dental component. Signed HIV Counseling Statements (Enclosure (2)) must also be placed in the STR.

F. EVALUATION OF HIV-ANTIBODY POSITIVE SMs.

1. AD and SELRES SMs on active duty orders for 30 days or more who test confirmed positive for HIV must be medically evaluated initially at a designated military HETU to determine the medical status of their infection. The HETUs are Walter Reed National Military Medical Center (WRNMMC), Bethesda, Naval Medical Center (NMC), Portsmouth, and NMC San Diego. If the AD SM has no evidence of unfitting conditions, the evaluation will be documented and placed in the SM's STR. The documentation does not need to be forwarded to the CG HIV Program Manager (CG-1121) because NBIMC will provide summary reports to that individual upon request. If the AD SM demonstrates any unfitting conditions, as defined per Reference (h), associated with HIV, and/or an AIDS-defining condition, a Medical Evaluation Board (MEB) must be initiated. The HETU will accomplish required state, local, and military public health reporting requirements.
2. SELRES SMs not on AD orders for 30 days or more: See Paragraphs 3.D.2 and 3.D.7 of this Manual.

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CHAPTER 4. MEDICAL AND EPIDEMIOLOGICAL FACTORS

A. PERIODIC CLINICAL EVALUATION.

1. Periodic clinical evaluation of the health status of each AD HIV-antibody positive CG SM must be conducted at least twice per year at Defense Health Agency-designated HETUs. Commandant (CG-112) will fund and process all travel orders and travel claims for these semiannual evaluations. All travel orders will be sent to the SM via email. The HIV-antibody positive SM is responsible for: (a) informing his or her CO/OIC that he or she will be going on TAD for a medical evaluation, (b) making the appointment with the cognizant HETU, (c) making the travel arrangements (for example, reserving the hotel room and plane ticket), and (d) communicating with the HIV Program Manager (CG-1121) regarding his or her travel dates. NBIMC notifies the HIV Program Manager (CG-1121) if an SM is delinquent with regard to a required clinical evaluation. If an SM is delinquent, the HIV Program Manager (CG-1121) will contact the SM. If the SM fails to make an appointment, the HIV Program Manager (CG-1121) will notify the SM's CO/OIC. If the SM refuses to be evaluated, he or she will be processed for separation in accordance with Reference (f). In extremely rare cases where there are extenuating circumstances, the HIV Program Manager (CG-1121) may permit the semiannual examinations to be performed at a local MTF that has one or more infectious disease specialists. Any HIV-antibody positive SM needing to communicate with the HIV Program Manager (CG-1121) may do so by phone, mail, or by digitally signed and encrypted email.
2. HIV-antibody positive AD and activated SELRES SMs can be evaluated at local CG, DoD, or civilian clinics (i.e. TRICARE Prime Remote) for routine health care issues.

B. EPIDEMIOLOGICAL ASSESSMENT.

1. The initial and periodic medical evaluations of each HIV-antibody positive SM will include an epidemiological assessment of the potential for transmission of HIV to close personal contacts and family members. This information is vital to determine appropriate preventive medicine counseling and to continue scientifically based studies regarding the natural history and transmission pattern of HIV.
2. Upon notification by the HIV Program Manager (CG-1121) that an SM is HIV-antibody positive, the CO/OIC will inform the SM. The CO/OIC must coordinate with the HIV Program Manager (CG-1121) to refer the SM to one of the three HETUs or to their civilian provider for SELRES SMs on active duty for 30 days or less.
 - a. HIV-antibody positive CG SMs must be counseled by a physician or designated health care provider regarding the significance of a positive antibody test. They must be advised of the modes of transmission of this virus, the appropriate precautions and personal hygiene measures required to minimize transmission through sexual activities and/or intimate contact with blood products, and the need to advise any past sexual partners of their infection. They must be advised that

they will be receiving PMOs from their CO/OIC (see Enclosure (1)). SMs who have a uterus must be advised of the risk of perinatal transmission during past, current, and future pregnancies. The HIV-antibody positive CG SMs must be informed that they are ineligible to donate blood, sperm, ova (eggs), or any other body tissue or organ.

- b. The HETU assessment must attempt to determine and notify previous contacts of the HIV-antibody positive individual. The HETU clinical staff will inform the SM of the importance of case-contact notification to interrupt disease transmission and must inform the SM that his or her contacts will be advised of their potential exposure to HIV. Individuals at risk of infection include sexual contacts (male and female), children born to infected mothers, recipients of blood or blood products, organs, tissue, ova (eggs), or sperm, and users of contaminated intravenous drug paraphernalia. Individuals eligible for health care in an MTF who are determined to be at risk must be notified by the HETU. AD military SMs identified to be at risk must be counseled and tested for HIV infection. Other beneficiaries identified to be at risk, such as retirees and family members, must be informed of their risk and offered serologic testing, clinical evaluation, and counseling. The names of individuals identified to be at risk who are not eligible for military health care must be referred to local civilian health authorities unless prohibited by the appropriate state or host nation civilian health authority. Anonymity of HIV-antibody positive individuals must be maintained unless reporting is required.
3. Database of HIV Exposure. The CG maintains an MOA with NBIMC wherein NBIMC will maintain a central database of HIV-antibody positive CG SMs. Database information and information derived from it, including any information linking individuals to HIV, but excluding statistical data not linked to identifiable individuals, are not to be released to civilian agencies or to non-medical military activities except as permitted under HIPAA. Within these limitations, information may be disclosed only as follows:
 - a. To medical and command personnel to the extent necessary to perform required duties.
 - b. To civilian health authorities but only in response to a valid request. All such requests will be referred to Commandant (CG-112). Commandant (CG-112) will determine whether the civilian requirement to report HIV-antibody positive status is a valid formal request for such reporting from a civilian health authority.
 - c. To authorized SMs for the purpose of conducting scientific research, epidemiological assessment, management audits, financial audits or program evaluation. SMs receiving information from the database must not identify, directly or indirectly, any individual SM in any report of such research, assessment, audit or evaluation, or otherwise disclose SM identities in any manner.
 - d. In response to an order of the judge of a court of binding or applicable jurisdiction.

- C. PRE-EXPOSURE PROPHYLAXIS. CG MOs and HCPs are not authorized to initiate PrEP in CG SMs; such therapy must be initiated at a DoD MTF by a DoD Qualified HIV PrEP Provider IAW policies and procedural guidance published by the Department of Defense and/or the Defense Health Agency. CG MOs and HCPs may prescribe refills of PrEP only as advised by a DoD Qualified HIV PrEP Provider.
- D. SAFETY OF THE BLOOD SUPPLY.
1. Armed Services Blood Program (ASBP) policies, Federal Drug Administration guidelines, and accreditation requirements of the American Association of Blood Banks will be followed by civilian blood agencies collecting blood on CG installations. In the event that units of blood are not screened for infectious agents prior to transfusing (contingency or battlefield situations), the ASBP, in coordination with the military department and unified or specified commands, must provide guidance to operational units.
 2. CG SMs found to be HIV-antibody positive are ineligible to donate blood or to be used as a source of emergency transfusions.
- E. HIV EDUCATION. Resources are available from local MTFs, Work-Life programs, The American Red Cross, local community institutions, and the National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849. Further resources may be obtained by going to the Navy and Marine Corps Public Health Center (NMCPHC) website at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/default.aspx>.
- F. CONFIDENTIALITY AND DISCLOSURE.
1. HIV antibody test results must be treated with the highest degree of confidentiality and released to no one without a demonstrated need to know. Strict compliance with the provisions of Reference (j) and HIPAA is required.
 2. Information on the sources of HIV exposure and the progress of the disease is growing, but there is still misinformation and unwarranted apprehension about who is or who can be a source of infection. Allegations and suspicions can be disruptive to unit morale and unjustly harm professional standing and acceptance in military units. There are potential and real problems associated with disclosing a person's HIV-antibody positive status, such as discrimination in employment, health and life insurance, school attendance, etc.
 3. Unintended disclosure or compromise of an individual's HIV antibody test results constitutes a privacy incident. SMs must immediately report suspected or confirmed privacy incidents to the unit CO/OIC upon discovery in accordance with Reference (k).

4. All command and medical SMs with access to such information must ensure careful, limited distribution to affirmatively combat unfounded innuendo and speculation about the meaning of the information.

G. LIMITATION ON THE USE OF INFORMATION.

1. Information obtained from an SM during or as a result of an epidemiologic assessment interview, counseling or medical treatment may not be used against the SM in a court-martial, a non-judicial punishment, an involuntary separation (for other than medical reasons), an administrative or disciplinary reduction in grade, a denial of promotion, an unfavorable entry in a SM's record, to bar a reenlistment, or for any other action considered by the CG to be an adverse action. The term "epidemiologic assessment interview" refers to that part of the medical assessment of an HIV-antibody positive SM during which the SM is questioned and provides answers for the direct purpose of obtaining epidemiologic or statistical information regarding the occurrence, source, and potential spread of the infection. The epidemiologic assessment interview will be conducted by the interviewing health care professional during the medical evaluation, and the information obtained will be used to determine the possible mode of transmission and the status of potential infection.
2. Results obtained from laboratory tests performed under this Manual may not be used as the sole basis for separation of the CG SM, except for a separation based upon physical disability or as specifically authorized by this Manual. Laboratory test results confirming the serologic evidence of HIV infection or virus identification may not be used as an independent basis for any disciplinary or adverse administrative action. However, such results may be used for other purposes including:
 - a. In a separation for physical disability.
 - b. In a separation under the accession testing program.
 - c. In any other administrative separation action authorized by CG policy.
 - d. In any other manner consistent with law or regulation (e.g., the Military Rules of Evidence) including (for SMs who are aware of their diagnosis as HIV positive):
 - (1) SMs who disregard or disobey the preventive medicine counseling or the PMOs, or both, in an administrative or disciplinary action based on such disregard or disobedience.
 - (2) The use of the SM's HIV positive status as an element of any permissible administrative or disciplinary action (e.g., as an element of proof of an offense chargeable under the UCMJ).
 - (3) The use of the SM's HIV positive status as proper ancillary matter in an administrative or disciplinary action (e.g., as a matter in aggravation in a court-martial in which the HIV-antibody positive SM who knows they are HIV

positive is convicted of a crime in which his or her bodily fluids may have been transmitted to another person).

3. The limitations pertaining to use of information obtained from an SM by a health care professional during the epidemiologic assessment interview, do not apply to the following: 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 SM; or, disciplinary or other action based on independently derived evidence; or, non-adverse actions such as reassignment, denial, suspension, or revocation of a security clearance, or suspension or termination of access to classified information; or, duties requiring a high degree of stability or alertness (for example, aviation duties). Non-adverse actions that are supported by serologic evidence of HIV infection must be accomplished under governing CG regulations, considering all relevant factors, on a case-by-case basis.

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CHAPTER 5: HOST NATION QUERIES CONCERNING HIV

- A. BACKGROUND. Host nations may express concern that visiting or deployed CG SMs may spread HIV. Some host nations may continue to use the HIV threat as a basis for opposing the presence of U.S. units overseas. In addition, application of host nation regulations on HIV screening of aliens could affect CG SMs.
- B. DISCUSSION. Despite potential host nation pressures, we must adhere to the following principles:
1. Protection of U.S. sovereignty. CG ships, aircraft, facility crew lists, and STRs are not subject to foreign inspection.
 2. Protection of CG SMs. Dependents and others accompanying our forces, CG SMs, or accompanying U.S. or third country citizens who are present in response to official orders will not be tested or examined by host nation authorities.
 3. Protecting the validity of our assurances. Our credibility with host governments depends upon our vigilance in not assigning unscreened or HIV-antibody positive individuals to overseas or deployable units. Thoroughness in this regard allows commanding officers to assure host governments that our SMs are unlikely to introduce or spread HIV.
- C. POLICY.
1. If requested to be specific with respect to HIV, the CO may give the following statement to the host country: "All U.S. Coast Guard SMs are screened for serological evidence of HIV infection. Those with positive serological evidence of HIV infection are not typically assigned to overseas duty or to duty aboard vessels that make Ports of Call outside the Continental United States."
 2. Commanding Officers must ensure that all their SMs have received the HIV antibody test and that the date the test was taken is entered into their STRs, in accordance with the policies in Chapter 3 of this Manual. Test results should not be entered into the yellow International Certificate of Vaccination (PHS-731). Entry of dates in this form, which is not currently required, might encourage foreign nation health officials to expect HIV test results to be recorded there for all U.S. citizens, whether military or civilian.

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CHAPTER 6. SPECIFIC COMMANDING OFFICER AND OFFICER IN CHARGE RESPONSIBILITIES

A. NOTIFICATION PROCEDURES. One of the most difficult things a CO or OIC may ever have to do is tell one of their SMs that he/she is infected with HIV, the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The Commandant (CG-1121) HIV Program Manager will contact COs/OICs to notify them that one of their SMs is infected with HIV. It is not feasible to design an all-purpose counseling statement for such an occasion. However, the following facts and ideas may be helpful when informing an SM that he/she is HIV infected.

1. Notify HIV diagnosed SMs in person. This notification must be within 72 hours of the CO/OIC being informed of the diagnosis. This is to reduce the risk of spreading the infection. A positive confirmed and verified test only means that a SM has been infected with HIV. It does not mean that they have AIDS. Because the CG frequently tests its SMs, those who are diagnosed with HIV are most often in the early asymptomatic stages of infection.
2. Exercise discretion in the method chosen for calling the HIV positive SM to the CO/OIC's office for notification.
3. When possible, the SM should be notified early in the week during duty hours. Try to avoid telling the SM on a Friday or the day before the SM's leave or liberty period when the SM may have inadequate emotional support. Ensure adequate psychological support information is provided.
4. The CO/OIC should have a CG/DoD HCP present during the notification. However, if this is not possible within the 72-hour window described above, the CO/OIC should proceed with the notification and arrange for medical counseling as soon as possible thereafter.
5. The SM or CO/OIC may request the presence of a Chaplain during the notification. If the SM does not wish a Chaplain to be present, the preference of the SM takes precedence over the preference of the CO/OIC.
6. It is inappropriate to infer or presume a method of transmission of HIV infection. A positive test does not automatically mean that a SM is an intravenous drug abuser, for example. HIV infection is possible regardless of sex, race, ethnic group, gender, or sexual orientation.
7. Most SMs who test positive are completely unaware that they are infected with HIV. Occasionally the SM already knows or suspects they are infected (for example, SM donated blood and was informed by the American Red Cross, was concerned and tested through a civilian source, or engaged in a risky behavior and became concerned).

8. Reassure the SM that they are not in immediate danger of dying and there is still the possibility that they have a career in the CG. They will be evaluated at an HIV Evaluation and Treatment Unit (HETU) that is on the cutting edge of treating HIV infection.
 9. Initial counseling about HIV infection is often not totally comprehended due to emotional distress. COs/OICs should offer to make themselves or another person (i.e., Executive Officer, Command Master Chief, MO/HCP) in the command available for questions that may follow initial notification.
 10. The point of contact for HIV policy questions is the Commandant (CG-1121) HIV Program Manager.
 11. Do not treat an HIV positive SMs differently than any other SM of a command. There is no risk to the health of the infected SM, shipmates, or co-workers in performing ordinary activities such as sharing heads, berthing spaces, galleys, gyms, workout spaces and workspaces. The virus is not spread by casual contact such as sneezing, shaking hands, sharing eating utensils, sweating, etc.
- B. FREQUENTLY ASKED QUESTIONS. The following are frequently asked questions during the notification process.
1. **What will happen to my career?** The SM has 90 days after he or she is notified of the results of the initial medical evaluation to decide whether to remain on active duty. An additional 90 days can be granted by Commander, PSC on a case-by-case basis. SMs who volunteer for separation will be processed IAW the provisions of Reference (f). Ordinarily, HIV positive SMs are not assigned to deployable billets, DSF, OCONUS, or to cutters that make foreign ports of call. On a case-by-case basis, however, the Commander, PSC, can waive these restrictions based on recommendations from Commandant (CG-11). Junior enlisted SMs in sea intensive ratings may have to change their rating to have a viable career. HIV positive aviation SMs are permanently grounded and reassigned to Duties Not Involving Flight (DNIF). For SELRES SMs, additional information can be found in Chapter 1.F. of this Manual.
 2. **Can I advance/promote?** Yes. By law, a SM's personnel records cannot contain a SM's HIV status nor can a SM be denied reenlistment or promotion solely because of HIV infection. However, advancement requirements for the SM's rating will not change. Junior enlisted SMs in sea intensive ratings may have to change their rating to have a viable career. HIV positive pilots and aircrew are permanently grounded and reassigned to DNIF. HIV positive individuals who are participating in or applying for any commissioned or warrant officer commissioning program are not eligible for the program or for appointment as officers. However, exceptions may be granted by Commandant (CG-1), in consultation with Commandant (CG-11). Submit all Commanding Officer endorsed requests to Commandant (CG-1121) ATTN: HIV Program Manager. Mark all requests as confidential.

3. **Will I have to inform my spouse/significant other that I am HIV positive?** It is the SM's moral responsibility to personally notify people that may have been infected. When the SM arrives at the Navy HETU, he/she will be asked to list all of the people he/she may have infected. The military will officially inform all AD SMs and the state health department in which they reside will officially inform civilians. Engaging in further sexual activity without informing sexual partner(s) may be considered criminal conduct punishable under the UCMJ. *Commanding Officers. Due to various state laws, neither COs/OICs nor other SMs of a command are legally authorized to notify assumed prior/potential sexual partners of their contact with an HIV positive SM.*
 4. **Who in the command knows I am HIV positive?** Initially, only the CO/OIC, the Chaplain (if invited), and the MO or other HCP. The Commandant (CG-1121) HIV Program Manager, the Naval Bloodborne Infection Management Center, and the performing lab are also aware of a SM's status, and will help the SM arrange for an evaluation to a Navy HIV Education and Training Unit (HETU). They will also be available to answer any questions the SM may have after the initial notification meeting. *One of the most important issues to an HIV positive SM is their knowledge that only a very select few are aware of their being infected with HIV. It goes without saying that the CO/OIC must be extremely vigilant to ensure the SM's confidentiality is not compromised. If a CO/OIC informs someone else in their command, they should advise the infected SM of their decision.*
- C. **MEDICAL EVALUATIONS.** The initial and periodic evaluation will be performed at a pre-designated HETU. Direct the individual to bring medical and dental records as well as appropriate uniform and civilian attire. The following is a breakdown of the procedures:
1. The initial evaluation (for AD and SELRES SMs on AD orders for 31 days or more) will be a 1-2 week evaluation conducted at one of the following Navy HETUs: WRNMMC Bethesda, NMC Portsmouth or NMC San Diego. Commandant (CG-112) will provide TAD funding for the initial evaluation visit. Commandant (CG-112) will also fund subsequent biannual evaluations. The initial medical evaluation includes the following:
 - a. HIV positive confirmation, complete physical, psychological counseling, drug/alcohol training, legal counseling and treatment options.
 - b. Determination of fitness for duty. Most SMs are found fit for full duty. They are generally assigned/reassigned to CONUS billets.
 - c. SMs not fit for full duty are processed through Reference (d). The PDES process will determine the percentage of disability and if medical retirement, temporary or permanent, is appropriate.
 2. Do not rush the SM to a medical facility immediately after notification that they are HIV positive unless advised to do so by the MO or other HCP. Rapid removal from the command can be very stressful for the SM and puts additional disruption, confusion, and a sense of loss on top of the initial news. However, remaining at the command can also

be stressful if confidentiality has not been maintained. Generally, 10-14 days is usually sufficient time to arrange personal matters. Medical evaluation and administrative processing may take two weeks or longer.

3. Commandant (CG-11) may authorize ITAs for the spouses of HIV positive SMs during their initial and semiannual evaluations.
4. Travel funds for non-medical attendants (as defined by the Joint Travel Regulations) are the parent command's responsibility.
5. A complete medical re-evaluation and follow-on HIV/AIDS counseling and education are required at 6-month intervals at one of the HETUs (WRNMMC Bethesda, NMC Portsmouth or NMC San Diego). The duration will be one to three days based on the SM's medical condition and needs.

D. PREVENTIVE MEDICINE ORDERS.

1. The CO/OIC must first notify the SM that he or she is HIV positive.
2. A CG/DoD MO or other HCP will then counsel the SM concerning his or her HIV positive diagnosis, the risk this condition poses to his or her health, as well as the risk he or she poses to others. During counseling, the MO/HCP will advise the SM as to necessary precautions he or she should take to minimize the health risk to others. The counseling received from the MO/HCP is not an order but an advisory that informs the SM of the potential for transmission of the HIV infection.
3. SMs will then receive and sign Preventive Medicine Orders (PMOs) (see Enclosure (1)) after receiving HIV counseling by a CG/DoD MO or other HCP. If no CG/DoD MO or other HCP is geographically available, the counseling can be accomplished telephonically by the Commandant (CG-1121) HIV Program Manager.
4. The PMOs are legal orders, in accordance with the Uniform Code of Military Justice (UCMJ), that the SM must obey and are not to be confused with the physician counseling statement the SM may have signed during initial evaluation or follow-on treatment. Failure to follow the PMOs issued by the CO/OIC may be considered criminal conduct punishable under the UCMJ.
5. The CO/OIC is responsible for ensuring that the SM signs the PMOs with a witnessing officer present. The witnessing officer should be someone other than the CO/OIC so that in the event of a PMO violation, the CO/OIC can take appropriate action under the UCMJ. The witnessing officer should be a petty officer or above.
6. The CO/OIC must provide a copy of the signed PMOs to the SM and send the signed original to the Commandant (CG-1121) HIV Program Manager. The envelope must be marked "TO BE OPENED BY ADDRESSEE ONLY". The CO/OIC should not retain a copy of the PMO. Upon the SM's separation from the CG, the order is destroyed.

7. In the event of Permanent Changes of Station or Assignment, the Commandant (CG-1121) HIV Program Manager will inform the gaining CO/OIC to counsel the SM concerning the PMOs. The CO/OIC must take every precaution to protect this sensitive information.

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PREVENTIVE MEDICINE ORDERS FOR HIV POSITIVE SERVICEMEMBERS

This command has been advised that you were counseled by the Medical Officer or other Health Care Provider concerning your HIV positive diagnosis, the risk this condition poses to your health, and the risk you may pose to others. During counseling, 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. This command has great concern for the health, welfare and morale of you and others in this command. For these reasons, I am imposing the following restrictions on your conduct described to you in your medical counseling:

1. Prior to engaging in any sexual activity, or any activity in which your bodily fluids may be transmitted to another person, you must verbally advise any prospective partner (uniformed or civilian) that you are HIV positive and inform him/her of the risk of possible infection.
2. If your partner consents to sexual relations, you **must not** engage in sexual activities without the use of a new Food and Drug Administration approved barrier protective device (e.g. condom) with each sexual act, unless you are involved in a mutually monogamous relationship. Even if you are in a mutually monogamous relationship, you must still advise your partner of the risk of infection, how the risk may be reduced (i.e. using condoms and/or prophylactic medication), and he/she must accept the risk.
3. You must advise your potential partner that the use of a condom **does not** guarantee that the virus will not be transmitted.
4. You must not donate blood, sperm, eggs, body tissue, organs or other body fluids.
5. You must not receive any injection by means of an air gun.
6. In the event that you require emergency care, you are ordered to inform personnel responding to your emergency that you are HIV positive, conditions permitting (for example, you are conscious and able to communicate).
7. When you seek medical or dental care, you must inform health care providers that you are HIV positive before treatment is initiated.
8. You must notify the Commandant (CG-1121) HIV Program Manager when you are due to have a Permanent Change of Station or Assignment. This should be done 12 months prior to the transfer date.

Privacy Act Statement

Authority: 5 U.S.C. § 7901; 5 C.F.R. § 339; 5 U.S.C. § 301; 10 U.S.C. § 1074; 14 U.S.C. § 93(a) (17), 29 CFR § 1630.14, and Executive Order 12196.

Purpose: The collected information will become part of the member's military Service Treatment Record and personnel record, and will be used to assist the Coast Guard in carrying out its occupational safety and health services and fulfill command responsibilities.

Routine Uses: The information may be disclosed externally as a "routine use" pursuant to DHS/USCG -011, Military Personnel Health Records, 73 FR 77773 (December 19, 2008).

Disclosure: Furnishing this information is mandatory. Failure to provide the requested information may affect the availability and quality of the health services rendered.

IMPORTANT: Your failure to comply with these orders may subject you to disciplinary action under the UCMJ and/or administrative separation.

Servicemember's (SM's) statement:

I have read and understand the terms of these orders and I acknowledge that I have a duty to obey them. I understand that I must inform any and all sexual partners, whether uniformed or civilian, that I am HIV positive before I engage in sexual relations; that, unless I am in a mutually monogamous relationship, I must use proper methods to reduce the risk of transferring body fluids while engaging in sexual relations (including the use of a new condom with each new sexual act to provide an adequate barrier); that even if I am in a mutually monogamous relationship I must still inform my partner of my infection, how the risk of transmitting the infection may be reduced (including condom use and use of prophylactic medications), and the partner must accept the risk; that I must not donate blood, sperm, eggs, body tissue, organs or other body fluids; that I must not receive any injection by means of an air gun; that in the event that I require emergency care, I must inform personnel responding to my emergency that I am HIV positive as soon as I am able; that when I seek medical or dental care, I must inform health care providers that I am HIV positive before treatment is initiated; that I must notify the Commandant (CG-1121) HIV Program Manager at least 12 months before any Permanent Change of Station or Assignment; and that failure to comply with these orders may subject me to disciplinary action under the UCMJ and/or administrative separation.

SM's Name and Rank (Print)

CO/OIC's Name and Rank (Print)

SM's Signature

CO/OIC's Signature

SM's DoD ID Number

Date

Date

Privacy Act Statement

Authority: 5 U.S.C. § 7901; 5 C.F.R. § 339; 5 U.S.C. § 301; 10 U.S.C. § 1074; 14 U.S.C. § 93(a) (17), 29 CFR § 1630.14, and Executive Order 12196.

Purpose: The collected information will become part of the member's military Service Treatment Record and personnel record, and will be used to assist the Coast Guard in carrying out its occupational safety and health services and fulfill command responsibilities.

Routine Uses: The information may be disclosed externally as a "routine use" pursuant to DHS/USCG -011, Military Personnel Health Records, 73 FR 77773 (December 19, 2008).

Disclosure: Furnishing this information is mandatory. Failure to provide the requested information may affect the availability and quality of the health services rendered.

Orders transmitted and SM's signature witnessed by:

Witness's Name and Rank (Print)

Date

Witness's Signature

Distribution:

Original to Commandant (CG-1121) HIV Program Manager

1 copy to Servicemember

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Enclosure (1) to COMDTINST M6230.9A

HIV COUNSELING STATEMENT

I, _____, acknowledge that I have been counseled by _____, and understand the following:

1. That I have the antibodies to human immunodeficiency virus (HIV) which indicate infection in my body. This means that my blood and body fluids (semen, vaginal fluids, and breast milk) can transmit HIV to others. Therefore, before engaging in sexual activity or any activity in which my body fluids may be transmitted to another person:

- I must verbally advise any prospective sexual partner that I am HIV positive and that there is a risk of infection. If my partner consents to sexual relations,
- I must not engage in sexual activities without the use of a new condom with each sexual act unless I am involved in a mutually monogamous relationship, I must have discussed risk reduction with my doctor (including medications to control my infection and prophylactic medications for my partner), and I must have discussed this risk with my mutually monogamous partner and he/she accepts the risk, and
- I must also advise my potential sexual partner that the use of a condom does not guarantee that the virus will not be transmitted.

2. Failure to inform my partners of my condition and the associated risks may make me liable for criminal prosecution under the Uniform Code of Military Justice as well as state and federal criminal statutes and may also subject me to civil lawsuits.

3. When I seek medical and/or dental care, I must inform the health care providers that I am HIV positive before treatment is initiated. I must not donate blood, sperm, body tissue, organs, or any other body fluids.

4. I should cooperate with military and civilian preventive medicine and public health officials in notifying other people with whom I have had intimate contact (and therefore may be at risk of HIV infection).

5. It is recommended that I take precautions to prevent the transmission of HIV during a pregnancy, as HIV may be transmitted from mother to baby if the mother is infected.

6. That in the event of a potential sexual exposure (i.e. condom breakage), I will advise my partner to see immediate medical attention and evaluation.

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Enclosure (2) to COMDTINST M6230.9A

SM's Name (Print)

SM's Signature

Date

Health Care Provider's Signature and Stamp

Date

Privacy Act Statement

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