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SECDEF WASHINGTON DC//ASD:PA/DDI//

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SUBJ: PUBLIC AFFAIRS GUIDANCE - HIV TESTING POLICY

1. ON APRIL 20, 1987, THE SECRETARY OF DEFENSE APPROVED A REVISED POLICY FOR THE IDENTIFICATION, SURVEILLANCE AND DISPOSITION OF MILITARY PERSONNEL FOUND TO BE INFECTED WITH THE HUMAN IMMUNODEFICIENCY VIRUS {HIV}. ASSISTANT SECRETARY OF DEFENSE {HEALTH AFFAIRS} WILLIAM MAYER EXPLAINED THE CHANGES DURING A 22 APRIL PRESS BRIEFING IN THE PENTAGON. A TRANSCRIPT OF THAT BRIEFING IS BEING PROVIDED BY SEPARATE MESSAGE. COPIES OF THE SECRETARY OF DEFENSE MEMORANDUM ESTABLISHING THE REVISED POLICY HAVE BEEN MAILED THIS DATE TO UNIFIED AND SPECIFIED COMMAND PAO'S.
2. MAJOR CHANGES TO THE POLICY INCLUDE : SHARING CASE CONTACT INFORMATION WITH APPROPRIATE CIVILIAN HEALTH AUTHORITIES; ESTABLISHING "FITNESS FOR DUTY" AS THE CRITERIA FOR SEPARATION OF HIV-POSITIVE INDIVIDUALS FROM MILITARY SERVICE FOLLOWING A MEDICAL EVALUATION; AND, PROHIBITING THE DEPLOYMENT OF HIV-POSITIVE INDIVIDUALS OUTSIDE THE CONTINENTAL UNITED STATES.

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3. THE FOLLOWING QUESTIONS AND ANSWERS HAVE BEEN APPROVED FOR USE IN INFORMING MEMBERS AND THE MEDIA ABOUT THE REVISED POLICY.

Q1. IS IT TRUE THAT THE DEPARTMENT OF DEFENSE HAS A NEW POLICY CONCERNING TESTING FOR THE AIDS VIRUS?

A1. YES. THE SECRETARY OF DEFENSE APPROVED A REVISED POLICY FOR THE IDENTIFICATION, SURVEILLANCE AND DISPOSITION OF MILITARY PERSONNEL WHO ARE INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS {HIV} WHICH HAS BEEN ASSOCIATED WITH THE DISEASE, AIDS. THE REVISED POLICY REPLACES THE POLICY WHICH WAS APPROVED OCTOBER 24, 1985 AS INTERIM GUIDANCE, AND WILL BE REVIEWED WITHIN ONE YEAR.

Q2. WHO DOES THE REVISED POLICY AFFECT?

A2. IT AFFECTS ALL APPLICANTS FOR MILITARY SERVICE, AS WELL AS ALL INDIVIDUALS WHO ARE ALREADY IN THE MILITARY.

Q3. DOES IT INCLUDE MEMBERS OF THE NATIONAL GUARD AND OTHER OTHER RESERVE COMPONENTS, ALSO?

A3. YES, MEMBERS OF THE NATIONAL GUARD AND OTHER RESERVE COMPONENTS ARE ALSO AFFECTED.

Q4. IS THERE ANY CHANGE FROM THE PREVIOUS POLICY IN THE

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MANNER IN WHICH APPLICANTS FOR MILITARY SERVICE WILL BE AFFECTED?

A4. ALL APPLICANTS FOR MILITARY SERVICE, INCLUDING APPLICANTS FOR THE RESERVE COMPONENTS, WHETHER APPLYING FOR ENLISTED OR FOR OFFICER PROGRAMS, WILL CONTINUE TO BE TESTED FOR HIV. THOSE WHO ARE CONFIRMED POSITIVE FOR THE ANTIBODIES ON WESTERN BLOT CONFIRMATORY TESTS WILL BE DENIED ENTRANCE INTO THE ARMED FORCES.

Q5. WHAT IS THE RATIONALE FOR THE DENIAL OF ENTRANCE INTO THE ARMED FORCES?'

A5. THE RATIONALE IS BASED ON THE FOLLOWING:

- THE CONDITION EXISTED PRIOR TO THE INDIVIDUAL BEING COMMISSIONED OR ENLISTED INTO MILITARY SERVICE

- THE DEPARTMENT OF DEFENSE FULFILLS ITS RESPONSIBILITY FOR PRUDENT USE OF FUNDS AND PERSONNEL BY AVOIDING POTENTIAL MEDICAL COSTS AND THE POSSIBILITY THAT THE INDIVIDUAL MAY NOT COMPLETE HIS OR HER SERVICE COMMITMENT

- CLINICAL EVIDENCE INDICATES THAT HIV POSITIVE INDIVIDUALS WHO HAVE NOT DEVELOPED AIDS MAY SUFFER ADVERSE AND POTENTIALLY

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LIFE-THREATENING REACTIONS TO SOME LIVE VIRUS IMMUNIZATIONS  
ADMINISTERED AT BASIC TRAINING

- AN ANTIBODY-POSITIVE INDIVIDUAL IS NOT ELIGIBLE TO  
PARTICIPATE IN BLOOD DONATION PROGRAMS INCLUDING BATTLEFIELD  
BLOOD DONOR ACTIVITIES

- THERE IS PRESENTLY NO WAY TO DISTINGUISH BETWEEN  
ANTIBODY-POSITIVE INDIVIDUALS WHO WILL DEVELOP CLINICAL DISEASE  
AND ANTIBODY-POSITIVE INDIVIDUALS WHO WILL REMAIN HEALTHY.

Q6. DOES THIS AFFECT INDIVIDUALS IN THE MILITARY ACADEMIES,  
ROTC OR OFFICER CANDIDATE OR TRAINING SCHOOLS? IF SO, HOW?

A6. ANTIBODY-POSITIVE INDIVIDUALS IN THESE PROGRAMS ARE  
NOT ELIGIBLE FOR APPOINTMENT AS COMMISSIONED OFFICERS IN  
THE MILITARY, AND THEIR DISPOSITION WILL BE AS FOLLOWS:

- ENLISTED MEMBERS WHO ARE PARTICIPATING IN OCS/OTS OR ARE  
CANDIDATES FOR APPOINTMENT WILL BE DISENROLLED IMMEDIATELY  
FROM THE PROGRAM. THOSE WITH NO PREVIOUS MILITARY SERVICE  
WILL BE DISCHARGED. THOSE CANDIDATES WHO HAVE COMPLETED  
THEIR INITIAL ENTRY TRAINING DURING THE CURRENT PERIOD OF  
SERVICE PRIOR TO ENTERING THE CANDIDATE PROGRAM, WILL BE

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ADMINISTERED IN ACCORDANCE WITH SERVICE REGULATIONS. IN ANY CASE, IF HIV POSITIVITY IS THE SOLE BASIS FOR DISCHARGE AN HONORABLE DISCHARGE WILL BE ISSUED.

- ROTC STUDENTS IN PRE-APPOINTMENT PROGRAMS SUCH AS THE RESERVE OFFICERS TRAINING CORPS WILL BE DISENROLLED AT THE END OF THE ACADEMIC SEMESTER OR OTHER TERM/PERIOD WHEN THE HIV POSITIVITY IS CONFIRMED. THOSE DISENROLLED WHO ARE RECEIVING FINANCIAL SUPPORT WILL CONTINUE TO RECEIVE THAT FINANCIAL ASSISTANCE THROUGH THE END OF THE ACADEMIC TERM IN WHICH THEY ARE DISENROLLED AND THE FINANCIAL ASSISTANCE WILL NOT BE RECOUPED.

- CADETS AND MIDSHIPMEN WILL BE SEPARATED FROM THE SERVICE ACADEMY AND DISCHARGED. HOWEVER, THE SERVICE SECRETARY OR HIS DESIGNATED REPRESENTATIVE MAY DELAY SEPARATION TO THE END OF THE CURRENT ACADEMIC YEAR. CADETS OR MIDSHIPMEN WHO ARE GRANTED SUCH A DELAY IN THEIR FINAL ACADEMIC YEAR AND WHO ARE OTHERWISE QUALIFIED, MAY BE GRADUATED WITHOUT BEING COMMISSIONED, AND SUBSEQUENTLY DISCHARGED. IF THE SOLE BASIS FOR DISCHARGE IS HIV POSITIVITY,

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AN HONORABLE DISCHARGE WILL BE ISSUED.

Q7. DOES THE POLICY ALSO AFFECT ANTIBODY-POSITIVE INDIVIDUALS IN DOD SPONSORED EDUCATION PROGRAMS LEADING TO APPOINTMENTS IN PROFESSIONAL MILITARY SPECIALTIES SUCH AS PHYSICIANS, DENTISTS, LAWYERS, AND CHAPLAINS? IF SO, HOW?

A7. YES. INDIVIDUALS IN THESE PROGRAMS WHO ARE ANTIBODY POSITIVE WILL BE DISENROLLED FROM THE PROGRAM AT THE END OF THE ACADEMIC TERM IN WHICH HIV POSITIVITY IS CONFIRMED, AND THEIR DISPOSITION WILL BE IN ACCORDANCE WITH SERVICE REGULATIONS. IN ADDITION, UNLESS PROHIBITED BY STATUTE, ANY SERVICE OBLIGATIONS INCURRED THROUGH PARTICIPATION IN THESE PROGRAMS WILL BE WAIVED, AND FINANCIAL ASSISTANCE RECEIVED IN THE PROGRAMS WILL NOT BE SUBJECT TO RECOUPMENT. ALSO, PERIODS SPENT IN THESE PROGRAMS WILL BE APPLIED FULLY TOWARD SATISFACTION OF ANY PRE-EXISTING SERVICE OBLIGATION.

Q8. HOW WILL THE POLICY AFFECT MEMBERS OF THE RESERVE COMPONENTS?

A8. ALL INDIVIDUALS SEEKING TO BECOME MEMBERS OF THE RESERVE COMPONENTS WILL BE SCREENED FOR SEROLOGIC EVIDENCE OF HIV INFECTION EITHER AT MILITARY ENTRANCE PROCESSING STATIONS OR IN THE PRE-APPOINTMENT PROGRAMS ESTABLISHED FOR OFFICERS.

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THOSE WHO ARE CONFIRMED HIV ANTIBODY-POSITIVE WILL NOT BE ELIGIBLE FOR SERVICE WITH THE RESERVE COMPONENTS.

- INDIVIDUALS WHO ARE ALREADY RESERVE COMPONENT MEMBERS AND WHO ARE DETERMINED TO BE HIV POSITIVE ARE NOT ELIGIBLE FOR EXTENDED ACTIVE DUTY {PERIODS OF MORE THAN 30 DAYS} EXCEPT UNDER CONDITIONS OF MOBILIZATION.

Q9. ARE THERE PRIORITIES FOR TESTING FOR HIV?

A9. YES. THE POLICY REQUIRES THAT TESTING BE ACCOMPLISHED IN THE FOLLOWING PRIORITY ORDER:

- INDIVIDUALS SERVING IN, OR SUBJECT TO DEPLOYMENT ON SHORT NOTICE TO AREAS OF THE WORLD WITH A HIGH RISK OF ENDEMIC DISEASE OR WITH MINIMAL MEDICAL CAPABILITY;

- INDIVIDUALS SERVING IN, OR PENDING ASSIGNMENT TO, ALL OVERSEAS PERMANENT DUTY STATIONS;

- INDIVIDUALS SERVING IN UNITS SUBJECT TO DEPLOYMENT OVERSEAS;

- OTHER INDIVIDUALS AND UNITS WHICH MAY BE DEEMED APPROPRIATE BY THE MILITARY DEPARTMENT SUCH AS MEDICAL PERSONNEL WHO ARE INVOLVED IN THE CARE OF HIV-INFECTED PATIENTS AND PATIENTS IN CLINICS FOR SEXUALLY TRANSMITTED DISEASES AND PATIENTS AT PRENATAL CLINICS;

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- ALL REMAINING INDIVIDUALS IN CONJUNCTION WITH ROUTINELY SCHEDULED PERIODIC PHYSICAL EXAMINATIONS.

Q10. DOES THE POLICY REQUIRE CIVILIANS TO BE TESTED FOR HIV?

A10. NO. HOWEVER, SCREENING FOR HIV INFECTION MAY BE OFFERED TO ALL INDIVIDUALS WHO ARE ENTITLED TO CARE AT THE MILITARY HOSPITALS AND CLINICS IF IT IS INDICATED BY STANDARD MEDICAL PRACTICE AND IS IN ACCORDANCE WITH PUBLISHED RECOMMENDATIONS OF THE U.S. PUBLIC HEALTH SERVICE. EXAMPLES MIGHT BE HIV SCREENING FOR PATIENTS AT SEXUALLY TRANSMITTED DISEASE CLINICS, ALCOHOL AND DRUG REHABILITATION UNITS OR PRENATAL CLINICS.

Q11. WILL HIV POSITIVE INDIVIDUALS ON ACTIVE DUTY UNDERGO FURTHER TESTING?

A11. ANTIBODY POSITIVE PERSONNEL ON ACTIVE DUTY WILL BE MEDICALLY EVALUATED TO DETERMINE THE STATUS OF THEIR INFECTION AND TO DETERMINE THE POTENTIAL ADVERSE CONSEQUENCES OF THE INDIVIDUAL SERVING IN A PARTICULAR GEOGRAPHIC REGION, USING A STANDARD CLINICAL PROTOCOL TO ENSURE CONSISTENT EVALUATION AND STAGING AT ALL MILITARY MEDICAL TREATMENT FACILITIES.

Q12. WILL THE MEDICAL EVALUATION ALSO SEEK TO DETERMINE IF THE

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INFECTION MAY HAVE BEEN TRANSMITTED FUTHER? IF SO, WHY?

A12. EACH MEDICAL EVALUATION WILL INCLUDE AN EPIDEMIOLOGICAL ASSESSMENT OF THE POTENTIAL TRANSMISSION OF HIV TO SEXUAL OR OTHER CONTACTS OF THE PATIENT. THIS INFORMATION IS VITAL FOR APPROPRIATE PREVENTIVE MEDICINE COUNSELING AND FOR THE CONTINUED DEVELOPMENT OF SCIENTIFIC INFORMATION CONCERNING THE NATURAL HISTORY AND TRANSMISSION PATTERN OF HIV.

Q13. WILL HIV INFECTION BE USED AS THE BASIS FOR PUNITIVE ACTION?

A13. NO.

Q14. WILL A PERSON'S SEXUAL CONTACTS BE TOLD OF AN INDIVIDUAL'S HIV INFECTION?

A14. UPON NOTIFICATION OF A CASE OF HIV INFECTION, MILITARY HEALTH AUTHORITIES WHO ARE AWARE OF THE CASE WILL SEEK TO ENSURE THAT APPROPRIATE PREVENTIVE MEDICAL ACTIONS ARE TAKEN. THESE INCLUDE COUNSELING THE HIV-INFECTED INDIVIDUAL AND, WITHOUT IDENTIFYING THE HIV-POSITIVE INDIVIDUAL, NOTIFYING AND OFFERING COUNSELLING TO THE SEXUAL CONTACTS WHO ARE MILITARY HEALTH CARE BENEFICIARIES REGARDING TRANSMISSION OF THE VIRUS. IN ADDITION, THE MEDICAL AUTHORITY MUST COORDINATE WITH MILITARY AND CIVILIAN BLOOD BANK

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BENEFICIARIES WILL BE PROVIDED TO THE RESPONSIBLE STATE OR LOCAL CIVILIAN HEALTH AUTHORITIES FOR FURTHER ACTION IN ACCORDANCE WITH THEIR PROCEDURES UNLESS OTHERWISE PROHIBITED.

Q15. WHAT WILL THE COUNSELING INCLUDE?

A15. HIV-POSITIVE INDIVIDUALS WHO ARE ENTITLED TO MILITARY HEALTH CARE WILL BE COUNSELED BY A PHYSICIAN OR DESIGNATED HEALTH CARE PROVIDER CONCERNING THE SIGNIFICANCE OF A POSITIVE ANTIBODY TEST. THEY WILL BE ADVISED OF THE MODE OF TRANSMISSION OF THE VIRUS, APPROPRIATE PRECAUTIONS AND PERSONAL HYGIENE MEASURES TO MINIMIZE TRANSMISSION THROUGH SEXUAL ACTIVITIES AND/OR INTIMATE CONTACT WITH BLOOD OR BLOOD PRODUCTS. THEY WILL ALSO BE TOLD OF THE NEED TO NOTIFY PAST SEXUAL PARTNERS OF THEIR INFECTION. WOMEN WILL BE ADVISED OF THE RISK OF PRENATAL TRANSMISSION DURING CURRENT AND FUTURE PREGNANCIES, AND HIV-INFECTED BENEFICIARIES WILL BE NOTIFIED THAT THEY ARE INELIGIBLE TO DONATE BLOOD AND WILL BE PLACED ON A PERMANENT DONOR DEFERRAL LIST. THEY WILL BE ASKED TO IDENTIFY POSSIBLE CONTACTS CONCERNING FURTHER TRANSMISSION OF THE INFECTION. COUNSELLING IS VOLUNTARY FOR NON-MILITARY BENEFICIARIES.

Q16. WHO ARE THE INDIVIDUALS YOU HAVE DESCRIBED AS "MILITARY HEALTH CARE BENEFICIARIES"?

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A16. MILITARY HEALTH CARE BENEFICIARIES ARE INDIVIDUALS WHO ARE ENTITLED TO CARE IN MILITARY HOSPITALS AND CLINICS. THEY MAY INCLUDE ACTIVE DUTY PERSONNEL, THEIR DEPENDENTS, AND/OR MILITARY RETIREES AND THEIR DEPENDENTS, AND IN SOME CASES CIVILIAN EMPLOYEES WHO ARE ASSIGNED OVERSEAS.

Q17. WHAT AUTHORITY PERMITS DOD TO COUNSEL MILITARY DEPENDENTS AND RETIREES AND THEIR DEPENDENTS?

A17. COUNSELING IS VOLUNTARY FOR THESE INDIVIDUALS. HOWEVER, COUNSELING IS AN INTEGRAL PART OF PROVIDING COMPREHENSIVE MEDICAL CARE TO THOSE ENTITLED TO RECEIVE IT UNDER PROVISION OF TITLE 10, US CODE, SECTIONS 1074, 1076, AND 1077.

Q18. WILL DOD SHARE THE INFORMATION ON SEXUAL CONTACTS THAT IT OBTAINS FROM HIV TESTING WITH CIVILIAN AUTHORITIES?

A18. TO THE EXTENT IT IS CONSISTENT WITH THIS POLICY, AND WITH STATE OR HOST NATION LAWS, DOD WILL NOTIFY PUBLIC HEALTH AUTHORITIES OF NON-MILITARY INDIVIDUALS WHO MAY BE AT RISK FOR HIV INFECTION. THIS WILL BE DONE THROUGH LIAISON BETWEEN THE APPROPRIATE MILITARY HEALTH JURISDICTION AND THE APPROPRIATE LOCAL, STATE, TERRITORIAL, FEDERAL OR HOST NATION HEALTH JURISDICTION.

Q19. WHAT WILL HAPPEN TO HIV-POSITIVE INDIVIDUALS ALREADY IN THE MILITARY AND ON ACTIVE DUTY?

A19. THEY WILL BE REQUIRED TO UNDERGO A THOROUGH MEDICAL EVALUATION TO DETERMINE IF THEY ARE FIT FOR CONTINUED SERVICE IN ACCORDANCE WITH TITLE 10 US CODE SECTION 1201, CHAPTER 61.

Q20. WHAT WILL HAPPEN TO AN HIV-POSITIVE INDIVIDUAL WHO IS ON ACTIVE DUTY AND SHOWS NO SIGN OF PROGRESSIVE ILLNESS?

A20. IF DETERMINED TO BE FIT FOR DUTY, HE OR SHE WILL BE RETAINED. IN ADDITION, IN ORDER TO PROTECT THEIR HEALTH AND SAFETY AS WELL AS THAT OF OTHER PERSONNEL, THE SERVICE SECRETARY MAY LIMIT THEIR ASSIGNMENTS WITH RESPECT TO THE NATURE AND LOCATION OF THEIR DUTIES, BASED ON OPERATIONAL REQUIREMENTS. HIV-POSITIVE INDIVIDUALS WILL NOT BE ASSIGNED OUTSIDE THE CONTINENTAL UNITED STATES.

Q21. WHAT ABOUT AN HIV-INFECTED INDIVIDUAL IN THE RESERVE COMPONENTS WHO IS NOT ON EXTENDED ACTIVE DUTY OR FULL NATIONAL GUARD DUTY?

A21. HIV-INFECTED RESERVE COMPONENT PERSONNEL WHO ARE NOT ON EXTENDED ACTIVE DUTY {MORE THAN 30 DAYS}, OR FULL TIME NATIONAL GUARD DUTY, SHALL BE TRANSFERRED TO THE STANDBY RESERVE ONLY IF THEY CANNOT BE USED IN THE SELECTED RESERVE BECAUSE THEY HAVE BEEN DETERMINED TO

BE NON-DEPLOYABLE.

Q22. WHAT IS THE STANDBY RESERVE?

A22. IT IS AN ELEMENT OF THE RESERVE COMPONENTS WHICH CONSISTS OF PERSONNEL WHO MAINTAIN THEIR MILITARY AFFILIATION WITHOUT BEING IN THE READY RESERVE, WHO HAVE BEEN DESIGNATED KEY CIVILIAN EMPLOYEES, OR WHO HAVE A TEMPORARY HARDSHIP OR DISABILITY. THEY ARE NOT REQUIRED TO PERFORM TRAINING NOR ARE THEY MEMBERS OF UNITS. HOWEVER, THEY ARE A POOL OF TRAINED PERSONNEL WHO MAY BE MOBILIZED IF NECESSARY.

Q23. WHY IS THERE A DIFFERENCE BETWEEN THE DISPOSITION OF AN HIV-INFECTED ACTIVE DUTY MEMBER AND A SIMILAR INDIVIDUAL IN THE RESERVES?

A23. THIS DISTINCTION RECOGNIZES THE DIFFERENCES IN LAWS CONCERNING THE OBLIGATIONS WHICH DOD MAY INCUR BETWEEN ACTIVE COMPONENT MEMBERS AND MEMBERS OF THE RESERVE COMPONENTS WHO ARE NOT ON ACTIVE DUTY FOR PERIODS IN EXCESS OF 30 DAYS {TITLE 10 US CODE, CHAPTER 61}.

Q24. WHAT WILL HAPPEN TO HIV-INFECTED INDIVIDUALS ON ACTIVE DUTY WHO SHOW SIGNS OF PROGRESSIVE CLINICAL ILLNESS?

A24. IF THE MEDICAL EVALUATION DETERMINES THEY ARE NOT FIT FOR CONTINUED SERVICE, THEY WILL BE MEDICALLY RETIRED OR SEPARATED

UNDER THE PROVISIONS OF TITLE 10, US CODE, CHAPTER 61.

Q25. WILL THOSE WHO ARE MEDICALLY RETIRED BE ENTITLED TO ANY MONEY OR CONTINUED MEDICAL TREATMENT?

A25. THE ESTABLISHMENT OF A STIPEND, IF ANY, WILL DEPEND UPON THE CIRCUMSTANCES OF EACH CASE, AND AS DETERMINED BY THE APPROPRIATE REVIEW BOARD. INDIVIDUALS WHO ARE MEDICALLY RETIRED MAY BE ENTITLED TO CONTINUED MEDICAL CARE AT MILITARY FACILITIES, OR THROUGH THE VETERANS' ADMINISTRATION.

Q26. WILL HIV-INFECTED INDIVIDUALS WHO DO NOT COMPLY WITH PREVENTIVE MEASURES PRESCRIBED DURING MEDICAL COUNSELLING BE SUBJECT TO DISCIPLINARY ACTION?

A26. YES. THEY MAY BE SUBJECT TO APPROPRIATE ADMINISTRATIVE OR DISCIPLINARY ACTION WHICH MAY INCLUDE SEPARATION.

Q27. WILL THIS POLICY PROTECT THE BLOOD SUPPLY?

A27. THE BLOOD SUPPLY WILL BE PROTECTED BY ENSURING COMPLIANCE WITH ALL ARMED FORCES BLOOD PROGRAM OFFICE POLICIES, AND ACCREDITATION REQUIREMENTS OF THE AMERICAN ASSOCIATION OF BLOOD BANKS FOR ALL AGENCIES COLLECTING BLOOD ON MILITARY INSTALLATIONS. SUCH POLICIES

REQUIRE TESTING OF ALL DONORS AND THE IDENTIFICATION AND DISQUALIFICATION FROM FUTURE DONATIONS OF INDIVIDUALS WHO ARE HIV POSITIVE. IN BATTLEFIELD SITUATIONS, GUIDANCE WILL BE ISSUED WHICH WILL ENSURE THAT POTENTIAL DONORS HAVE BEEN SCREENED FOR HIV.

Q28. ARE THERE LIMITATIONS ON THE USE OF INFORMATION OBTAINED AS A RESULT OF THE EPIDEMIOLOGICAL ASSESSMENT OF A SERVICEMEMBER WHO IS FOUND TO BE HIV-INFECTED?

A28. INFORMATION GAINED FROM THE EPIDEMIOLOGICAL ASSESSMENT OF AN HIV-INFECTED MILITARY MEMBER MAY NOT BE USED IN A COURT MARTIAL, FOR NON-JUDICIAL PUNISHMENT, FOR INVOLUNTARY SEPARATION OTHER THAN FOR MEDICAL REASONS, FOR ADMINISTRATIVE OR PUNITIVE REDUCTION IN GRADE, TO DENY A PROMOTION, FOR AN UNFAVORABLE ENTRY IN A MEMBER'S PERSONNEL RECORD, AS THE BASIS FOR A BAR TO RE-ENLISTMENT, OR IN ANY OTHER ACTION WHICH IS CONSIDERED ADVERSE BY THE APPROPRIATE SERVICE SECRETARY.

Q29. MAY THE RESULTS OF LABORATORY TESTS FOR HIV BE USED TO SEPARATE A SERVICEMEMBER?

A29. WITH THE EXCEPTION OF A SEPARATION BASED ON PHYSICAL DISABILITY, TEST RESULTS MAY NOT BE THE BASIS FOR SEPARATION OF A SERVICEMEMBER.

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Q30. DO THE LIMITATIONS ON USE OF INFORMATION FROM THE EPIDEMIOLOGY ASSESSMENT PRECLUDE ANY ACTION OTHER THAN A MEDICAL EVALUATION BEING TAKEN CONCERNING AN HIV-INFECTED INDIVIDUAL?

A30. NO. THE LIMITATIONS DO NOT PREVENT THE INTRODUCTION OF EVIDENCE FOR IMPEACHMENT OR REBUTTAL PURPOSES IN ANY PROCEEDING WHEN THE EVIDENCE OF DRUG USE OR RELEVANT SEXUAL ACTIVITY HAS BEEN FIRST INTRODUCED BY THE SERVICEMEMBER; NOR DOES IT PRECLUDE DISCIPLINARY ACTION OR OTHER ACTION BASED ON INDEPENDENTLY DERIVED EVIDENCE. NEITHER DO THE LIMITATIONS APPLY TO THE REASSIGNMENT, TEMPORARY OR PERMANENT DISQUALIFICATION FROM A PERSONNEL RELIABILITY PROGRAM; THE TEMPORARY OR PERMANENT REMOVAL FROM FLIGHT STATUS; DENIAL, SUSPENSION OR REVOCATION OF A SECURITY CLEARANCE; OR SUSPENSIONS OR TERMINATIONS OF ACCESS TO CLASSIFIED INFORMATION.

Q31. AREN'T THESE ACTIONS "ADVERSE" AND WON'T THEY LEAD TO "UNFAVORABLE" COMMENTS BEING PLACED IN INDIVIDUALS PERSONNEL FILES?

A31. THESE ARE NOT CONSIDERED "ADVERSE" ACTIONS AS DEFINED PREVIOUSLY, AND THE RECORDING OF THE FACT OF THE ACTION IS NOT IN ITSELF AN "UNFAVORABLE" ENTRY IN A MEMBER'S PERSONNEL FILE. IN ADDITION, INFORMATION THAT A MEMBER HAS BEEN EXPOSED TO HIV IS NOT AN

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UNFAVORABLE ENTRY IN A PERSONNEL RECORD.

Q32. HOW MANY MILITARY PERSONNEL HAVE BEEN TREATED FOR AIDS BY THE MILITARY?

A32. FROM 1982 TO 1985, ABOUT 116 MILITARY PERSONNEL HAVE BEEN DIAGNOSED AND TREATED FOR AIDS.