

**COMMANDER'S GUIDE TO THE
HUMAN IMMUNODEFICIENCY VIRUS
(HIV)**



U.S. MARINE CORPS



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
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FOREWORD

1. PURPOSE

NAVMC 2904, Commander's Guide to the Human Immunodeficiency Virus (HIV), provides guidance to commanding officers concerning procedures for the handling of HIV positive personnel.

2. BACKGROUND

This Manual is designed to give commanding officers specific guidance to assist them in the management and/or counseling of HIV positive personnel. Various publications are referenced regarding action to be taken in the areas of administration. If any provision of this Manual is in conflict with any of the references, the requirements of that reference alone will be followed.

3. RECOMMENDATIONS

Recommendations should be submitted to the Commandant of the Marine Corps (MHH) via the appropriate chain of command.

4. RESERVE APPLICABILITY

This Manual is applicable to the Marine Corps Reserve.

5. CERTIFICATION

Reviewed and approved this date.

A handwritten signature in black ink, appearing to read "N. H. Smith", is centered on the page.

N. H. SMITH
Deputy Chief of Staff
for Manpower and Reserve Affairs

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RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Entering Change

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CHAPTER 1

MEDICAL AND EPIDEMIOLOGICAL EVIDENCE

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CHAPTER 1

MEDICAL AND EPIDEMIOLOGICAL EVIDENCE

1000. BACKGROUND

1. As its name suggests, Acquired Immune Deficiency Syndrome (AIDS) is a condition characterized by an impairment of the immune system which leaves affected individuals susceptible to certain types of cancer and a number of opportunistic diseases. First discovered in the United States in 1981, AIDS is caused by the Human Immunodeficiency Virus (HIV) for which there is no known cure.

2. The HIV can be transmitted through sexual intercourse, intravenous drug abuse, blood products, and organ parts. Children born to HIV infected mothers are at particular risk.

3. The identification of a method of dealing with HIV positive personnel in no way diminishes the importance of addressing the broader issues raised by the epidemic. There is a continuing need to strengthen, develop, and mobilize our resources in the prevention effort. The ability of the Marine Corps to function and ultimately, the security of the United States may be affected.

4. Located on the following pages is information about HIV, how it is transmitted, and the relative risks of infection. Furthermore, a step-by-step processing guide is provided for the commander.

1001. MEDICAL AND EPIDEMIOLOGICAL EVIDENCE. The AIDS epidemic is a human tragedy which raises serious policy issues which will, by necessity, require the attention of commanders at every level. In dealing with HIV infected Marines, commanders must possess a sound understanding of: (1) the cause of AIDS; (2) how the AIDS virus is transmitted; (3) the dimensions of the epidemic; and (4) the probable future course of the epidemic. Fact must be separated from fiction. Any action by field commanders must be based on current regulations and directives.

1002. THE HIV. AIDS is a disease in which the natural immune system breaks down due to the presence of the HIV. This virus destroys the crucially important white blood cells known as T

Lymphocytes, which normally serve to fight off infection. The destruction of these white blood cells of the immune system leaves the body open to what are called "opportunistic infections." These infections are caused by agents which we all experience in our daily lives, but with which the immune system can normally cope. By weakening the immune system, HIV allows these disease causing agents to infect the body. In addition to destroying the immune system, HIV can attack the central nervous system, causing various neuropsychiatric complications very early in the disease process as well as AIDS dementia in the later stages.

1003. CONSEQUENCES OF HIV INFECTION

1. The identification of HIV as the causative agent of AIDS and the development, in 1985, of blood tests which detected HIV antibodies in a person's blood-stream enhanced the scientific understanding of the natural history of HIV infection.
2. HIV antibodies may not be detected by laboratory blood tests for lengthy periods of time following infection by the virus. The process of antibody formation is called seroconversion. The time between infection and seroconversion varies from individual to individual.
3. A person who carries HIV may not show clinical manifestations of the disease AIDS for a period of months or years. Once infected, however, an individual may never become free of the virus and is assumed to be capable of transmitting infection to others. This long period of asymptomatic infection greatly complicates the fashioning of measures to monitor and control the spread of the virus. The results of several studies into the national rate of HIV infection have been published recently. Although the rates of infection predicted by these studies differ, they all predict some increase in the rate of HIV infection.
4. HIV infection can result in a wide range of adverse clinical conditions which are the consequences of immunologic damage and not the direct result of HIV infection itself. These conditions range in severity from persistent swollen glands and fever, to AIDS Related Complex (ARC), to "full blown" or "frank" AIDS, as defined by the Centers for Disease Control (CDC). It is not yet fully clear whether HIV infection and ARC are stages of an irreversible progression to AIDS, but many investigators suspect this may be so.

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5. A crucial issue involves the percentage of asymptomatic carriers of HIV who will eventually develop "full blown" AIDS. The data on conversion from initial infection to the symptomatic later stages is currently incomplete, but the news gets worse with each successive estimate. Early on, the CDC projected that 6 percent of the individuals infected with HIV would develop AIDS after 5 years. In 1986, the Surgeon General of the United States reported that 20 to 30 percent of those infected would eventually develop AIDS as defined by the CDC. An authoritative study, published in October 1986, estimated that 25 to 50 percent of those infected with the HIV will develop AIDS as defined by the CDC, within 5 to 10 years of seroconversion. A higher percentage cannot be ruled out on the basis of present studies. Preliminary data from the uniformed services indicates that 30 to 38 percent of those diagnosed HIV positive progress to an advanced stage within 12 months of diagnosis. The CDC may be consulted concerning current estimates regarding progression of this disease.

6. The CDC case definition of AIDS was developed at the beginning of the epidemic in 1982 for the purposes of surveillance and diagnosis. It covers only some of the most severe, late manifestations of HIV infection, particularly those associated with certain rare opportunistic infections such as pneumocystis pneumonia and Kaposi's sarcoma. The CDC case definition of AIDS was recently amended to include the cluster of clinical manifestations associated with ARC.

7. The former exclusion of ARC from the CDC case reporting definition means early surveillance figures greatly underestimated the scope of the illness resulting from HIV infection. In May 1987, the CDC expanded its surveillance definition of AIDS to include AIDS dementia and emaciation, which had formally been associated with ARC. Commencing 1 September 1987, these conditions were also diagnosed as AIDS and were reported to the CDC for inclusion in surveillance figures. The number of reported cases of AIDS is expected to rise as a result of these steps.

8. There is some evidence that, even with the expanded definition of AIDS, illness attributed to HIV infection in the civilian population may be greatly underestimated. According to a recent report issued by the New York City Interagency Task Force on AIDS, "increasing deaths from tuberculosis, nonspecific pneumonia, and endocarditis have been documented in the intravenous drug user population paralleling, in time and in

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rate, the rise in incidence of AIDS-related cases in this population." This pattern suggests HIV infection may be responsible for the increase. The report concludes that cases of AIDS among intravenous drug abusers are significantly underestimated.

9. The surveillance definition is important since it drives the estimates of those who have the disease and, in turn, the appropriate public policy response. It is clear that the case definition will change as our understanding of the spectrum of illness caused by HIV infection increases.

1004. THE AIDS MORTALITY RATE

1. Virtually every person who is diagnosed as having AIDS ultimately dies from one of the opportunistic diseases. According to an authoritative study, "there have been no recorded cases of prolonged remissions of AIDS." Deaths are generally believed to be under-reported.

2. currently, there is no preventive vaccine, and experts in the field believe it may be several years before one is developed. Although a therapeutic drug, Azidothymidine (AZT), has been developed and appears to offer some relief and greater life expectancy for persons with AIDS, toxic side effects limit its usefulness.

1005. MODES OF TRANSMISSION

1. Extensive epidemiological surveys of individuals with AIDS indicate that HIV is transmitted through the exchange of bodily fluids, usually from sperm or blood.

2. Sexually, the virus is transmitted through vaginal, anal, and oral intercourse. Sexual transmission can occur male to male, male to female, female to male, and female to female. Receptive anal intercourse is the most hazardous means of transmission.

3. The virus can be transmitted through an exchange of blood via transfusion of infected blood or blood components, or the sharing of contaminated needles during intravenous drug use and tattooing. Several isolated cases of transmission from an infected patient to health care workers through contact with blood have recently been documented. According to officials of the CDC, there is no evidence the AIDS virus passes directly through the skin barrier. In order for the virus to infect an

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individual it has to enter the blood stream through a break in the skin barrier.

4. According to the latest medical evidence, the AIDS virus cannot be spread through casual contact, including routine contact in schools and workplace, the provision of routine personal services, the preparation or service of food or beverages, or through air and water. No environmentally mediated mode of HIV transmission has been documented. Nevertheless, the CDC in its August 21, 1987, Morbidity and Mortality Weekly Report recommends precautions be taken in a variety of health-care settings.

1006. DIMENSIONS OF THE MARINE CORPS EPIDEMIC

1. The Marine Corps presently has an overall rate of less than 1.0 cases per 1000. The rate of infection may change during the next several years as the Marine Corps continues to screen for the HIV antibody. Screening of the Marine Corps will have to be performed over several years in order to further establish the rate of infection.

2. The rate of HIV infection DoD-wide is currently reported at 1.5 cases per 1000. As has been the case with previous testing results, the rate for recruit applicants, who are generally younger men and women, continues at roughly 1.5 per 1000. The rate of HIV POSITIVITY varies from state to state with significantly higher rates reported in certain U.S. cities.

3. To date, the vast majority of Marines report being infected through heterosexual contacts with prostitutes. Though this information is certainly influenced by the consequences of self-reporting homosexual contacts and intravenous drug use, it is considered to be creditable.

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CHAPTER 2

TESTING POLICY FOR THE MARINE CORPS

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CHAPTER 2

TESTING POLICY FOR THE MARINE CORPS

2000. ACTIVE DUTY TESTING

1. Active duty Marines serving in overseas and deployable units shall be tested on an annual basis during each calendar year. All other personnel shall be tested in conjunction with routinely scheduled medical examinations if not tested within the preceding 12 months.

2. Active duty Marines issued permanent change of station (PCS) orders to a continental United States deployable command are required to have an HIV test within 12 months prior to transfer. If results are received after the member has transferred to the command, they shall be forwarded to the new duty station for insertion in medical/dental records.

3. Marines issued PCS orders to an overseas duty station are required to have a negative HIV test completed and results documented in health and dental records within 12 months prior to transfer.

4. Due to increased risk of exposure to HIV, all military personnel identified with a sexually transmitted disease (STD) will be retested on each episode or recurrence. Additionally, all military personnel counseled or treated for alcohol or drug abuse or presented at prenatal clinics will be tested. Voluntary testing will be provided to dependent beneficiaries presenting for treatment or evaluation of STD, alcohol, drug, or prenatal care.

5. All HIV antibody test results must be documented in the medical/dental records under current Naval Bureau of Medicine and Surgery (BUMED) guidelines. Commanding officers will assure all screening results are provided to appropriate medical and dental record holders.

2001. EVALUATION OF HIV POSITIVE PERSONNEL

1. Active duty military members and, on a voluntary basis, their dependents who test positive for exposure to HIV will be medically evaluated by a military medical facility to determine the medical status of their infection. The standardized DoD clinical protocol in ASD (HA) memo of 11 September 1987 (TOTAL)

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will be used. The medical evaluation for active duty members shall be documented by a medical board.

2. Reserve component members who are found HIV positive shall be counseled regarding the significance of a positive HIV antibody test by an officer designated for that purpose and referred to their private physician for medical care and counseling. Reserve component members not on extended active duty are ineligible for medical evaluation in military medical facilities.

2002. ACTIVE DUTY ASSIGNMENT AND RETENTION

1. Military personnel who demonstrate no evidence of immunologic deficiency, neurologic involvement, decreased capacity to respond to infection, or clinical indication of disease associated with HIV infection shall be retained in the Service, unless some other reason for separation exists. This policy is based on the following consideration:

- a. There is no demonstrated risk of transmission of disease in normal daily activities.
- b. An investment in training of these members has been made.
- c. The condition may be incident to service.

2. HIV POSITIVITY shall not be used to deny reenlistment to members on continuous active duty.

3. Military personnel who are HIV antibody positive and are retained under this policy shall be assigned within the continental United States to a non-FMF unit not normally programmed for deployment and within 300 miles of a Navy Medical Treatment Facility (MTF) designated by the Surgeon General per SECNAVINST 5300.30C.

4. The CMC may establish further limitations on assignment of such members to operational units or specific duties when deemed necessary to protect the health and safety of HIV antibody positive members and of other military personnel. The Secretary of the Navy shall be advised 30 days in advance of each type of limitation in assignment or duties and the specific reasons therefore.

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2003. ACTIVE DUTY SEPARATION

1. Military personnel who are HIV antibody positive who demonstrate unfitting conditions of immunologic deficiency, neurologic involvement, decreased capacity to respond to infection, or clinical indication of disease associated with HIV infection will be processed through the Disability Retirement System under chapter 61 of Title 10 of the United States Code, as implemented by SECNAVINST 1850.4B (NOTAL).

2. Military personnel retained on duty under this policy, but who are found not to have complied with the directives given during lawfully ordered preventive medicine procedures, are subject to appropriate administrative and disciplinary actions including involuntary separation under SECNAVINST 1910.4A (NOTAL).

3. A member who is HIV positive and retained on active duty may request voluntary separation under the following guidelines:

a. Members may apply for separation because of HIV POSITIVITY within 90 days after initial medical evaluation and classification is completed. The 90-day period begins the day the medical board report of HIV positivity is signed by the member. Personnel requesting separation after the 90-day period has expired will be considered on a case-by-case basis. Separation may be delayed up to 180 days after initial evaluation in order to minimize manning shortfalls and to provide for continuity of functions. Members who volunteer for separation will be processed by reason of convenience of the Government due to hardship. The discharge shall be characterized as warranted by service record following the guidelines in SECNAVINST 1910.4A (NOTAL). Members who elect separation will not be allowed re-entry into the Service at any future date.

b. The CMC will normally deny the request when the member:

(1) Is serving in an occupational field or military occupational specialty in which the CMC determines that significant personnel shortage justifies retention.

(2) Has not completed obligated service incurred for funded education programs, enlisted education and/or training including Enlisted Education Advancement Program, advanced educational or technical training, initial and advanced skill training which requires obligation beyond current service obligation, advanced technical field programs, and similar programs.

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(3) Was notified of HIV positive status prior to executing orders or entering a program requiring obligated service.

C. Due to the substantial investment in training of Marine personnel, commands initially processing individuals requesting voluntary separation will ensure they have considered the cost to the Service for voluntary separation. Additionally, the command will counsel the individual on the potential for lost benefits resulting from voluntary separation. The individual's request for separation must document lack of implied pressure or coercion.

d. Notwithstanding the limitation in paragraph 2003.3b, a request for separation may be approved when, in the judgment of the Secretary of the Navy, with the advice of the CMC, on a case-by-case basis, the applicant has demonstrated overriding and compelling factors of personal need which justify separation for HIV positivity.

e. Members voluntarily separated from the active force by reason of HIV positivity who have a remaining military obligation will be transferred to the Standby Reserve Active Status List (ASL) unless there are other medical reasons why the member would not be available to meet mobilization requirements.

4. HIV positivity does not bar processing for separation for other reasons under the appropriate paragraph of SECNAVINST 1910.4A (NOTAL).

2004. RESERVE TESTING

1. The SECNAVINST 5300.30 directs annual testing of certain members of the Selected Marine Corps Reserve as detailed in this chapter.

2. HIV antibody testing is generally required on an annual basis for members of the Selected Marine Corps Reserve, unless testing is required more frequently, as resources permit. HIV testing, however, is not considered complete until it is properly documented in the member's health and dental records.

3. Ready Reserve personnel shall be tested for HIV antibody in the following priority:

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a. Reserve personnel receiving orders to active duty for 30 days or more.

b. Selected Reserve personnel subject to deployment on short notice to areas of the world with a high risk of endemic disease or with minimal existing medical capability.

c. Selected Reserve personnel serving in units subject to deployment overseas.

d. Selected Reserve health care providers as appropriate.

4. Reserve personnel in categories of paragraph 2004.3, above, shall be retested on an annual basis, unless testing is required more frequently, as resources permit.

a. Reserve members applying for extended active duty over 30 days must have a current negative HIV test documented in health and dental records within 12 months of execution of orders. Where a current HIV test is not available before the required active duty, the member may be ordered to active duty and the HIV test performed on blood drawn within the first 10 days.

b. Reserve personnel performing official duty outside the United States for any period must have a negative HIV test properly documented in health and dental records within 12 months before departure.

2005. TESTING PROCEDURES FOR THE MARINE CORPS RESERVE

1. Commanding officers should monitor HIV antibody testing within their respective units. SECNAVINST 5300.30 indicates that reservists who are not current as to their HIV antibody test cannot deploy abroad or perform extended periods of active duty in excess of 30 days.

2. Commanding officers should establish a method of tracking unit members to determine which members are currently HIV tested (within 1 year). Unit testing can be accomplished on an individual or whole unit basis. Upon determining the need for HIV antibody testing, the commanding officer should ascertain what the local command policy for HIV testing is and comply with it.

3. The drawing of blood for HIV antibody testing can be accomplished at the local drill site. Unit corpsmen who have completed Hospital Corps "A" School are certified to obtain blood

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specimens (phlebotomy) and are not required to comply with the monitoring provisions for non-physician health care providers.

4. Testing for the HIV antibody should be performed at Navy test facilities approved to perform HIV antibody testing. In the event such Navy facilities are unable to accommodate unit requirements, other DoD certified facilities should be utilized. Test results will be forwarded to the Chief, BUMED (Code 37).

2006. RELIABILITY OF CURRENT TESTING FOR HIV ANTIBODY

1. Although no simple reliable test has been developed for the presence of HIV itself, tests have been developed that indicate the presence of the antibodies the human body produces in response to the presence of the HIV. The predictive value of the recommended test sequence is of prime importance in determining how best to expand testing.

2. The enzyme-linked immunosorbent assay (ELISA) test was developed to screen the nation's blood supply. ELISA tests react by turning color in the presence of HIV antibodies. The more intense the color, the more HIV antibodies are present. A test is deemed positive when a predetermined level (negative/positive cutoff) of intensity is exceeded.

3. In the recommended test procedure, an initial positive ELISA is repeated in duplicate. If two of the three tests performed are positive, a confirmatory test called Western Blot is performed. If two of the three tests performed are negative, a sample is considered as negative. Since it is possible to isolate the virus from the blood of a large portion of the individuals who have antibodies to HIV, it is the considered opinion of the CDC and the Institute of Medicine of the National Academy of Sciences that "... any individual with antibodies confirmed by Western Blot or other testing should be considered to represent risk to unprotected sexual partners or to others through blood, seminal fluid, or organ donations." Current quality controls imposed by the Department of Defense have greatly eliminated the possibility of "false positive" HIV test results

4. In addition to the false-positive, there may be false-negatives; that is, the tests may fail to detect antibodies, or there may be none, even though the person is infected. The problem of the false negative is only partly a characteristic of the test. It also reflects the latency period between infection with HIV and the development of a detectable level of antibodies.

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5. Despite their limitations, it should be recognized that existing tests for the HIV antibody actually rank quite high in accuracy in relation to other tests used in medical screening and diagnosis.

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CHAPTER 3

COUNSELING HIV POSITIVE ACTIVE DUTY MARINES

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CHAPTER 3

COUNSELING HIV POSITIVE ACTIVE DUTY MARINES

3000. COUNSELING HIV POSITIVE ACTIVE DUTY MARINES. The following procedures are established for counseling active duty Marines with serologic evidence of infection with HIV.

3001. NOTIFICATION OF HIV TEST RESULTS. Initial notification of positive HIV test results (Appendix A) will be forwarded by the Chief, BUMED to the commanding officer notated on the submitting roster, Appendix C. Appendix C will be forwarded requesting that a second sample be submitted to verify the positive results. If the second sample tests positive, the commanding officer of the positive Marine will be notified via a repeat of Appendix A. Upon receipt of a positive HIV notification, commanding officers should prepare to counsel the Marine concerned per guidance provided by the cognizant commanding general and this Guide.

3002. PREPARATION FOR COUNSELING. Prior to counseling a Marine who tested positive, the commanding officer should review SECNAVINST 5300.30 and this Guide to include the checklist located at Appendix D.

3003. COUNSELING PROCEDURES

1. When you learn a Marine in your command has tested positive, ensure the notification is accurate. Make sure the individual identified is in fact the one who tested positive; reconfirm name and social security number. Then, contact the individual personally and request a meeting as soon as possible. Try not to disclose the reason for the meeting over the phone or by mail. The meeting should be at a time and place that permits the most privacy. A military medical officer, a chaplain, and a counselor or social worker from the hospital or the Family Service Center should be immediately available during this counseling session.

2. Once the individual arrives for the meeting, disclose the result of the test immediately. Procrastination will only exacerbate the situation.

3. Maintain utmost confidentiality to ensure the individual

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is not subject to humiliation or harassment. Assure the member that the test results will not be released and knowledge of the positive results will be strictly limited to key personnel who will be chosen by the commanding officer. Remember, the possibility exists the individual may have been incorrectly diagnosed. Though not intending to offer false hope, this fact should be pointed out to the individual.

4. It is the responsibility of the commanding officer to advise the Marine of the positive result and the alternatives open to the individual regarding their affiliation with the Marine Corps. The checklist contained at Appendix D will be helpful. The HIV positive individual should be provided with a copy of Appendix B. The commanding officer will also supervise the execution of Appendix F.

5. A military medical officer will be present to provide medical advice regarding the implications of an HIV positive result. It is important the member understands a positive HIV result does not necessarily mean they have or will ever contract AIDS. At this time, the means of transmission and methods of preventing transmission will be discussed with the HIV positive member. The HIV positive individual will be referred, within 10 days, to a designated MTF for evaluation. Arrangements for transportation and further information about the MedEvac will be provided by the local MTF.

6. After obtaining the consent of the HIV positive member, the services of a chaplain and/or a counselor/social worker should be utilized. Commanding officers must show the utmost concern for HIV antibodypositive personnel. This population is at high risk for emotional trauma and suicide. Ongoing counseling will be offered prior to medical evaluation and carried on after the Marine returns from evaluation. Contact with the counseling staff at the evaluating hospital will ensure appropriate handling of these cases.

7. A copy of Appendix E and Appendix F will be provided to the HIV antibody positive member. A copy of Appendix F will be inserted into the member's health and dental records.

8. Active duty Marines who have been identified as HIV positive will be counseled by qualified military medical personnel regarding the medical consequences of their HIV positivity. Commanders will provide counseling as necessary regarding assignment, retention, and separation in accordance with paragraphs 3002 and 3003 above. Questions concerning the assignment of HIV positive personnel should be referred to the

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CMC (MMEA-8/MMOA), and not to the Marine's primary monitor.

3004. SPOUSAL NOTIFICATION OF HIV POSITIVE ACTIVE DUTY PERSONNEL

1. Commanding officers are not authorized to notify the spouses of active duty Marines found to be HIV positive.
2. Spouses of HIV positive active duty Marines will be notified of the member's medical status by qualified military medical personnel in accordance with DOD and BUMED procedures.

3005. PRIVACY CONSIDERATIONS. It is imperative that the privacy of all Marines determined to be HIV positive is preserved. Disclosure of HIV positive test results may cause the member to suffer unnecessary public ridicule and result in unit discord.

CHAPTER 4

COUNSELING HIV POSITIVE MARINE CORPS RESERVISTS

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CHAPTER 4

COUNSELING HIV POSITIVE MARINE CORPS RESERVISTS

4000. COUNSELING AN HIV POSITIVE RESERVIST. The following procedures are established for counseling Marine Corps reservists with serologic evidence of infection with HIV.

4001. NOTIFICATION OF HIV TEST RESULTS. Negative HIV test results will be forwarded by DOD certified laboratories to the command submitting Appendix B. Notification of positive HIV test results, Appendix A, will be forwarded by the Chief, BUMED to the command submitting Appendix B. Upon receipt of a positive HIV notification, commanding officers should prepare to counsel the reservist concerned per guidance provided by the cognizant commanding general/Director, MCRSC, and this Guide.

4002. PREPARATION FOR COUNSELING. Prior to counseling a reservist who tested positive, the commanding officer should review SECNAVINST 5300.30 and this Guide to include the checklist located in Appendix D.

4003. COUNSELING MEMBERS OF THE SMCR

1. When you learn a Marine in your command has tested positive, ensure the notification is accurate. Make sure the individual identified is in fact the one who tested positive; reconfirm name and social security number. Then, contact the individual personally and request a meeting as soon as possible. Try not to disclose the reason for the meeting over the phone or by mail. The meeting should be at a time and place that permits the most privacy. Drill weekends are not recommended. The individual should be credited with an alternate drill.

2. Once the individual arrives for the meeting, disclose the result of the test immediately. Procrastination will only exacerbate the situation.

3. Maintain utmost confidentiality to ensure the individual is not subject to humiliation or harassment. Assure the member that the test results will not be released, and knowledge of the positive results will be strictly limited to key personnel. Remember, the possibility exists the individual may have been

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incorrectly diagnosed. Though not intending to offer false hope, this fact should be pointed out to the individual. You should direct that the member consult with their private physician.

4. It is the responsibility of the commanding officer to advise the reservist of the positive result and the alternatives open to the individual regarding their affiliation with the Marine Corps Reserve. The HIV positive individual should be provided with Appendix G through J. The commanding officer will ensure that Appendix G and I are correctly prepared and executed. The commanding officer will also supervise the execution of Appendix F after the member has had the opportunity to consult with a military medical officer.

5. A military medical officer (battalion/squadron surgeon) should be present to provide medical advice regarding the implications of an HIV positive result. If the military medical officer cannot be physically present, he should be available telephonically. It is important the member understands a positive HIV result does not necessarily mean they have or will ever contract AIDS. The means of transmission and methods of preventing transmission will be discussed with the HIV positive member. The HIV positive individual will be referred to their private physician for medical care and further counseling. Only Reserve component members serving on extended active duty in excess of 30 days are eligible for medical evaluation in military treatment facilities.

6. After obtaining the consent of the HIV positive member, the services of a chaplain should be utilized if available. Commanding officers must show the utmost concern for HIV antibody positive personnel.

7. A copy of Appendix H, Acknowledgement of Counseling and Education, and Appendix E, U.S. Navy Information For Individuals Who Are HIV Antibody Positive, will be provided to the HIV antibody positive member. Copies of Appendix H (8) and Appendix E will be inserted into the members health and dental records.

8. A copy of Appendix H, I, and K, Transfer of HIV Positive Reservist, will be forwarded to the CMC (MHH) via the Commanding Generals, 4th Mar Div and 4th MAW/Director, MCRSC within 60 days of receipt of a Notification of HIV Antibody Positive Results Appendix A.

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4004. NOTIFICATION OF SPOUSES OF HIV POSITIVE RESERVISTS

1. Commanding officers are not authorized to notify the spouses of Reserve component members found to be HIV positive. The CMC (NHH) will be notified in writing of all cases where HIV positive personnel have spouses.

2. Spouses of HIV infected Reserve component members shall be notified either through local public health authorities or by DoD health care professionals. Such notification shall comply with the Privacy Act of 1974, 5 U.S.C. 552a. Spouses who are notified shall be offered Secretarial designee status on a voluntary basis to receive serologic testing and counseling from a MTF. Procedures for notification shall be forthcoming.

4005. COUNSELING MEMBERS OF THE INDIVIDUAL READY RESERVE (IRR)

1. Former members of the SMCR who were processed per paragraph 4003 and individuals identified as HIV positive prior to separation from the Regular Marine Corps will not be recounseled as to their HIV positive results by the Director, MCRSC. All other members of the IRR identified as HIV positive will be counseled by the Director, MCRSC or his designee. When personal notification is not practical, the Director, MCRSC may request the assistance of the Commanding General, 4th MarDiv/4th MAW. In the event assistance is not available from the Commanding General 4th MarDiv/4th MAW, notification may be accomplished via certified mail. The HIV positive individual should be provided with Notification of HIV Antibody Results (Appendix G), Acknowledgement of HIV Positivity/Options for Continued Affiliation with the Marine Corps Reserve, (Appendix I), and Acknowledgement of Counseling and Education, (Appendix H).

2. A military medical officer should provide advice regarding the implications of an HIV positive result. If the military medical officer cannot be physically present, he should be available telephonically. It is important the individual understands a positive HIV result does not necessarily mean the individual has or will even contract AIDS. HIV antibody positive individuals will be referred to their private physician for medical care and further counseling. Only Reserve component members serving on extended active duty in excess of 30 days are eligible for medical evaluation in military treatment facilities.

3. After obtaining the consent of the HIV positive member, the services of a chaplain should be utilized if available. Recent DoD studies indicate an attempted suicide rate among such

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personnel of 700 per hundred thousand vice 12 per hundred thousand in the general military population. Commanding officers must be concerned about the welfare of the HIV antibody positive individual.

4006. PRIVACY CONSIDERATIONS. It is imperative the privacy of all individuals determined to be HIV positive is preserved. Only key personnel other than the commanding officer should be informed of the HIV positive test result. All correspondence regarding a positive HIV result will be placed in two separate envelopes, one inserted within the other, and addressed "For Commander's Eyes Only." Disclosure of a positive HIV test result could cause loss of employment and public ridicule.

4007. DISPOSITION OF HIV POSITIVE RESERVISTS

1. Marine Corps reservists who test positive for the HIV antibody and who are not serving on extended active duty (i.e., active duty for a period in excess of 30 days) normally will be transferred to the Standby Reserve (ALS). HIV antibody positive members may remain affiliated with the Ready Reserve (either SMCR or IRR) only if:

a. They can be assigned to mobilization billets not requiring either immediate deployment or availability for reassignment to deployable billets: and

b. The HIV positive member is otherwise qualified for assignment to that billet.

2. Individuals who want to remain in the Ready Reserve and who are eligible for assignment to an available billet must arrange with a private physician to complete the medical testing described in Appendix J. Medical evaluations must be conducted so as to ensure that results are received within 60 days of the date the individual is notified of the positive HIV test. Transfers to billets not requiring either immediate deployment or availability for reassignment to deployable billets will not be effected until the member presents, within 60 days of notification of HIV positivity, documented evidence from a civilian physician showing no evidence of immunologic deficiency, neurologic involvement, decreased capacity to respond to infections, or clinical indication of disease associated with HIV antibody positivity.

3. If such results are not provided within 60 days of notification, the member will be transferred to the Standby

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Reserve via the Individual Ready Reserve per MCO P1001R.1 or processed for separation depending on the needs of the Marine Corps. All transfers will be reported on Appendix K and addressed "For HIV Program Officer's Eyes Only," CMC (MHH), Washington, DC 20380-0001. All such correspondence will be mailed per paragraph 4006 above. HIV positive reservists are permitted to drill during the 60-day decision period.

4. It is within the authority of the Secretary of the Navy to discharge HIV antibody positive reservists. The Secretary of the Navy has not exercised his plenary authority to date and has directed the retention of HIV antibody positive reservists. Appendix L and M are provided in the event the Secretary of the Navy revises the current policy of retaining HIV antibody positive reservists.

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CHAPTER 5

HIV EDUCATION PROGRAM FOR THE MARINE CORPS

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CHAPTER 5

HIV EDUCATION PROGRAM FOR THE MARINE CORPS

5000. BACKGROUND. In fashioning prevention strategies designed to address the AIDS epidemic, a commanding officer must have a sound understanding of AIDS. Education appears to be the most effective weapon in our arsenal in the war against AIDS.

5001. EDUCATION

1. One of the few encouraging aspects of the AIDS epidemic is the recognition that the curtailment of further transmission of the disease is within our grasp. Unit education programs can give Marines the information needed to avoid behavior that carries a high risk of AIDS virus transmission. Marines put themselves at risk of AIDS by engaging in high risk behavior; consequently, avoidance of these activities can keep them safe from contracting the disease.

2. We should reinforce the precaution message and, in areas of high risk, augment it by providing literature available via the chain of command. Education programs can be designed to reach different populations. Multimedia programs have generally increased the level of awareness of the general population. Direct face to face approaches have been developed to reach high-risk populations on a smaller scale.

3. To date, AIDS educational initiatives have been primarily the responsibility of the states. Recognizing our stake in the AIDS epidemic, commanding officers must evaluate their particular situation and implement the appropriate educational program.

4. Commanding officers must take into account that education efforts can be controversial. For instance, the City of New York ceased its explicit anti-AIDS campaign and initiated a campaign stressing abstinence after experiencing significant public dissent. Emotions can run high no matter what approach is taken by the commander.

5. The Chief of Information (CHINFO), through Marine Corps Public Affairs Office (PAO), will conduct ongoing Department of the Navy-wide information programs covering HIV infection using DoD recommended HIV/AIDS information materials and other information media under his control or oversight. This program will keep military personnel informed and reduce uninformed

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speculation about the incidence and risks of infection in military service. In conjunction with this overall program, the Navy Surgeon General will provide public health information materials to the beneficiary population served by Department of the Navy medical and dental facilities.

6. Local HIV/AIDS education should be conducted annually and before deployments. Commanders should utilize resources at Medical Treatment Facilities, Family Service Centers, and local agencies to augment command assets. These agencies can provide the most comprehensive and up-to-date information available.

7. The National AIDS Information Clearinghouse compiles and stores information about AIDS educational resources for each state. They can be reached by calling 1-800-458-5231. They also will distribute, free of charge, AIDS pamphlets and posters. This is the single most important educational resource available.

8. At a minimum, annual HIV/AIDS education will include the following topics:

- a. Knowledge of the means of transmission.
- b. Knowledge of the means of preventing transmission.
- c. Knowledge that HIV/AIDS cannot be transmitted by casual contact.
- d. Knowledge of the severity of the epidemic.
- e. Knowledge of the need to protect oneself from acquiring the virus through unprotected sexual contact.
- f. Knowledge of specific ways to protect oneself from the virus by avoiding high risk behaviors.
- g. Knowledge to protect oneself (male and female) by using latex condoms or by choosing abstinence.
- h. Knowledge of the consequences of acquiring the virus; i.e., the progression of the disease, ARC, and AIDS.
- i. Knowledge of the testing policies and procedures, i.e., What is an ELISA or Western Blot test? What do they reveal? How accurate are they? How often must Marines be tested?
- j. Knowledge of Marine Corps HIV policy regarding assignments, discharges, retention, promotion, etc.

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k. Knowledge of the HIV positive Marine's responsibility to keep his sexual contacts, health care providers, and others informed of his medical condition, and the possible consequences of disregarding this responsibility.

1. Knowledge of the connection between HIV infection and alcohol and drug abuse, and other sexually transmitted diseases.

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APPENDIX A

SAMPLE NAVMEDCOM ADVISEMENT LETTER
(ACTIVE DUTY AND RESERVE)

DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, DC 20372-5120

6220
Ser 314/

From: Commander, Naval Medical Command

To:

Subj: HUMAN IMMUNODEFICIENCY VIRUS ANTIBODY POSITIVE RESULTS

End: (1) HIV (HTLV-III) Antibody Positive Notification
Guidelines

1. The following individual(s) in your command has/have tested positive for the HIV antibody.

<u>SSN</u>	<u>Officer</u> <u>(Grade)</u>	<u>Enlisted</u> <u>(Grade)</u>	<u>DOB</u> <u>M/-F Yr/Mo/Day</u>
------------	----------------------------------	-----------------------------------	-------------------------------------

2. Process the above individual(s) in accordance with the enclosure and transfer the individual(s) to the nearest Medical Treatment Facility for aeromedical evacuation to Naval Hospital _____, for medical evaluation.

3. Please sign, date, and return a copy of this letter in the enclosed envelope. This action is requested in order to confirm your receipt of this important notification.

4. My point of contact is Chief Hospital Corpsman, _____, USN, (MEDCOM-314) AUTOVON 294-0691 or commercial 202-653-0691.

By direction

Copy to:
NAVHOSP (Head, Patient Administration)

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HIV ANTIBODY POSITIVE NOTIFICATION GUIDELINES

1. An HIV positive member's status must be treated with the highest degree of privacy and released to no one without an unequivocal need to know. Key personnel within your activity, who in your judgment have a need to know in order to perform their job, must be advised that the release of the member's medical status to others is strictly prohibited.
2. Procedures to transfer HIV positive members to the evaluation centers are specified in NAVOP 069/87 for Navy personnel and ALAARS 053/86 and 071/86 for Marine Corps personnel. Ensure the individuals are reported through normal regulation channels as inpatients. The aeromedical evacuation system will be used where appropriate for all movement of patients. Individuals who are medically evacuated are to be regulated through the Armed Services Medical Regulating Officer (ASMRO) to the HIV medical evaluation facility designated in the letter. Changes in designated evaluation facility must be approved by the Chief, BUMED.
3. Direct the member to bring service, pay, medical, and dental records, as well as appropriate uniforms and civilian attire. Medical evaluation and subsequent administrative processing may range from 2 to 4 weeks.
4. It is imperative that you DO NOT RUSH the individual to the medical evaluation facility immediately upon notification that he/she is HIV positive. Once an individual is notified, remaining at that command may be very stressful, especially if his/her privacy is not maintained. However, rapid removal from the command is also stressful because it piles additional disruption, confusion, and sense of loss on top of the initial bad news. Give the individual sufficient time to arrange personal matters. Ten to 14 working days is considered a reasonable period of time after the member is notified.
 - a. A positive test means only that the member has been infected with the HIV antibody. It does not mean he/she has or will develop AIDS.
 - b. A positive test does not automatically mean an individual is a homosexual or a drug abuser. HIV infection is possible regardless of sex, age, race, ethnic group, or sexual orientation. For all practical purposes, HIV is a sexually transmitted disease with some infections coming from contact with blood or blood products.

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C. Ordinary activities, including sharing head facilities, berthing spaces, galleys, and work spaces do not present any risks to the other service members or coworkers. Current medical information indicates that the virus is NOT spread by casual contact such as sneezing, shaking hands, sharing eating utensils, etc.

5. Your points of contact for HIV questions are: Navy Personnel Policy (OP-13C2), AUTOVON 224-5562 or commercial (703) 614-5562; Marine Corps Policy (MHH), AUTOVON 223-7881 or commercial (703) 693-7881; Navy Personnel Assignment (NMPC-453), AUTOVON 224-3785 or commercial (703) 614-3785; Enlisted Marine Corps Assignment (MMEA) AUTOVON 224-2168 or commercial (703) 614-2168; Officer Marine Corps Assignment (MMA) AUTOVON 224-1951 or commercial (703) 614-1951; Medical Evaluation and Testing (MED-37), AUTOVON 295-6590 or commercial (301) 295-6590.

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APPENDIX B

LOCAL ROSTER FOR HIV ANTIBODY TESTING

All SSN's on Samples and Roster MUST be Verified from Military Identification Card

a. Parent/Submitting Command Address: (UIC/RUC _____) d. File/Roster ID: _____

b. Affiliation: Navy _____ Marine Corps _____ c. Status: Active _____
 Army _____ Air Force _____ Other _____ Reserve _____ Other _____
 e. Date _____/_____/_____
 Drawn: (year/month/day)

f. Unit Verification of Roster: I certify that this roster has been verified.
 Name (Print) _____ Phone (AY) _____ (COMM) _____

NO.	g. SOCIAL SECURITY NUMBER (9 DIGITS)	h. NAME (PRINT) LAST, FIRST&MIDDLE INITIAL	i. INITIAL	j. DATE OF BIRTH YY/MM/DD	k. SEX F/M	l. RATE	FOR ET-MTF USE ONLY	m. TEST RESULTS POS/NEG
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

n. ELISA Testing MTF Code: _____ o. Source of Test: _____
p. Transection: Initial _____
Resubmitted _____

q. Received by: _____ r. Date: _____ s. Transported: Fresh _____ Cold _____ Frozen _____

t. ET-MTF Verification: I certify that these results have been checked and are correct:

Name (Print) _____ Phone (AY) _____ (COMM) _____
 Initials/Date: _____ Revised: 1 May 88

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APPENDIX C

SAMPLE BUMED SECOND BLOOD SAMPLE SUBMISSION LETTER
(ACTIVE DUTY AND RESERVE)

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
WASHINGTON, DC 20372-5120

6220
Ser 37/1015

From: Chief, Bureau of Medicine and Surgery
To:

Subj: HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY POSITIVE
RESULTS

Ref: (a) SECNAVINST 5300.30C

1. The following individual has tested positive for the HIV antibody:

SSN	DOB	LAST NAME
-----	-----	-----------

2. In order to verify this important test result, it is requested that another sample be obtained from the above individual and submitted to Naval Hospital _____ Indicate on the roster that this specimen is a resubmission and use the code Z as source of tests.

3. Notify the above individual of the positive HIV antibody result and provide initial counseling per reference (a). Inform the individual that another sample will be obtained and retested for verification of this result. Upon receipt of the verified (second) positive result, process the individual in accordance with the reference for further evaluation or separation as applicable.

4. Please sign, date, and return a copy of this letter in the enclosed envelope. This is requested in order to confirm your receipt of this important notification.

5. My point of contact is Hospital Corpsman _____USN,
_____ at (301) 295-6593 or AUTOVON 295-3493.

By direction

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APPENDIX D
CHECKLIST FOR COUNSELING HIV POSITIVE MARINES
(ACTIVE DUTY AND RESERVE)

1. Maintain confidentiality

a. Counseling will be conducted by the commanding officer or inspector-instructor.

b. A medical officer should be present to assist in answering questions. If not available, as in the case of some Reserve units, the Marine should be provided with the telephone number of a medical officer competent to answer his/her questions concerning HIV.

c. Test results will be entered in the health record (SF 601) and dental record (SF 603). No entry will be made in the service record.

2. Explain Meaning of Positive HIV Test

a. A positive test result means that the individual has been exposed to the HIV and has the antibody of the virus in the blood.

b. A positive test result does not mean the individual has AIDS.

c. A positive test result does not mean the individual is homosexual or a drug abuser.

d. Active duty members will be referred to a designated MTF for evaluation at Government expense.

e. Reservists should seek further testing and medical evaluation from a civilian physician or medical facility at no expense to the Government.

f. The individual will be provided with the following toll-free numbers of the National AIDS Hotline:

(1) 1 (800) 342-AIDS for a recording of general information.

(2) 1 (800) 342-7514 for a person who can provide a local (by area code) source of information and counseling.

3. Explain Options Available to Individual

a. Reservists serving on active duty in excess of 30 days who are medically eligible and who desire to maintain affiliation with the Marine Corps may do so. Those members desiring a discharge may request one within 90 days of signing medical board results. Members serving in a short MOS or who have obligated service will normally be held to their obligation unless extraordinary personal circumstances exist which make the members' discharge in the best interest of the Marine Corps and the individual. Discharges will be at the convenience of the Government due to compelling personal need. Once discharged, the member will not be allowed reentry into the Service at any future date.

b. Reservists who desire to maintain affiliation with the SMCR have 60 days from date of counseling to obtain a medical evaluation from a civilian source at no expense to the government.

(1) Failure to provide this medical evaluation within 60 days will result in transfer of the member to the Standby Reserve.

(2) Members found who demonstrate clinical illness or immunological deficiency will be administratively discharged.

(3) If no nondeployable billet is available, member will be transferred to the Standby Reserve.

(4) Members retained in SMCR must obtain a medical evaluation annually.

4. Additional Notification. Encourage the member to inform spouse and/or intimate contacts.

5. Followup Procedures

a. Provide the member with AIDS information pamphlet, AIDS Hotline telephone numbers, and a copy of medical evaluation message. This message is available from the division/wing surgeon and from the Director, MCRSC.

b. Ensure health and dental record entries are made.

c. Ensure the CMC (MHH) is notified via the cognizant commanding general/Director, MCRSC of all advisement/transfers.

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APPENDIX E

U.S. NAVY PROGRAM
INFORMATION FOR INDIVIDUALS WHO ARE HIV ANTIBODY
POSITIVE (ACTIVE DUTY AND RESERVE)

Introduction. AIDS is caused by a virus called HIV. Several tests have been developed to see if a person has been infected by the HIV virus. These tests measure antibodies which are made by a person's immune system as a reaction to being infected by HIV. (The immune system is that part of your body which fights off infections.)

The test cannot determine when or how the person became infected, and the test cannot determine if the HIV is still in the person's body. (At present time there are no simple and reliable tests to see if a person actually has the virus in his/her body.)

The Test. Three enzyme-linked immunosorbent assay (ELISA) tests were run on one or more samples of your blood. At least two were positive. A confirming test, called a Western Blot test; was also positive. Supplemental tests may also have been conducted to confirm the presence of HIV related antibodies. No test is perfect. The combination of tests run in your case, however, makes it extremely unlikely that the positive result is a "false positive."

What Does a Positive Test Mean?

a. The test does not mean that you have AIDS, and does not automatically mean that you will develop AIDS in the future. All people who have a positive test may not go on to develop AIDS.

b. The test does mean that at some time you were infected with the HIV. Although there is no simple way to tell if you still have the virus in your body, most people with a positive test do still carry the virus in their body and may carry it indefinitely.

Notifying Others. You should notify certain people whom you might have infected so they can be tested in order to determine if they have been infected. People to be notified include the following:

a. Any sex partner, especially steady sex partners, as far back as 1977.

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b. If you have ever injected drugs into your body, you should notify anyone with whom you have shared needles.

c. If you have donated blood, plasma, body organs, tissue, or sperm as far back as 1977, the blood banks or other places where you made the donation should be notified.

d. Any children born since 1979 to a woman who is HIV positive should be identified and tested.

General Precautions. In order to avoid any chance of spreading the virus to someone else:

a. You must not donate or sell blood, plasma, or any parts of your body such as sperm or organs for a transplant.

b. If you inject drugs into your veins or skin, you must not share your needle with anyone. (NOTE: This statement does not mean the military's policy on the use of illegal drugs has changed.)

c. It is your obligation to tell any physician, nurse, dentist, or other medical person who might take care of you that you had a positive blood test for HIV antibody so they can take appropriate precautions. This especially applies to people who might come into contact with your blood, such as lab technicians who take blood samples.

d. If you have been involved in an accident where rescuers or attendants may have been exposed to your blood, these individuals, rescue squad, or local health authority should be notified concerning the incident.

e. You must not receive immunization of any live vaccines; especially avoid the smallpox immunization, although killed virus vaccines are acceptable.

f. If you're a health care worker, you should apply the same precautions as if you were a Hepatitis B carrier. As a health care worker, specific guidance will be provided by your physician counselor.

Sex Partners. Sexual intercourse spreads this virus. The only absolute way to prevent this is not to have sex. In general, we strongly recommend you stop having sexual relations ... except for what is called "safe sex." When sex is an important part of a relationship with someone you care very much about, however, the matter becomes more complicated. Each person must decide for

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him/herself what to do, taking into account the things discussed in the next sections. Talking about this with your sex partner, with both of you involved in the discussion, is very important. A steady sex partner must be tested for antibody to HIV, because he/she may already be infected. This is especially important if the partner is a woman. If both partners are already infected, there is probably no reason not to continue to have sex. However, doctors have already argued that men should continue to use a condom ("rubber"), to avoid giving their partner any more virus.

Two products may help prevent sexual spread of this virus:

- a. A condom ("rubber") will greatly reduce the spread of virus...if used properly and consistently.
- b. Some vaginal contraceptive foams used by women contain Nonoxynol 9, an ingredient to kill sperm. In the laboratory, it will also kill HIV. It is not known, however, if Nonoxynol 9 will kill HIV during sex. These products may be regarded as useful but they cannot be considered as a guarantee against transmitting the virus. Certain practices are considered "safe sex," because they do not involve exchanging secretions between partners and should not therefore transmit HIV. These include:
 - a. Body rubbing, fondling, massaging.
 - b. Mutual masturbation.
 - c. Some kinds of kissing (note comments below related to saliva).

HIV has been found in saliva. Because of the presence of the virus in saliva, care must be exercised. If the virus can be spread by kissing, it probably required prolonged, deep kissing (tongue kissing, French kissing).

Mutual masturbation is "safe" only if semen doesn't end up in the partner's eyes, nose, mouth, vagina, or rectum, or on any cut or scrape on the skin. If you end up with semen on your hand, you have to be extremely careful where you put the semen.

Any sexual practices which involve the exchange of secretions must be considered unsafe, since they allow transmission of the virus. The virus is found in large amounts in semen and is present in vaginal fluid. These materials can transmit the virus if they come in contact with a sex partner's mouth, penis, vagina, anus, eyes, or nose (any mucosal surface).

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Other Waves to Spread the Virus. If blood comes in contact with the above areas, or in contact with cuts or scrapes on the skin, it too can transmit the virus. Urine or feces (stool) should probably be regarded as potentially infectious also. The virus has been found in tears, although so far no one has been known to become infected by being in contact with tears. The virus has been found in breast milk, and transmission to the baby has been found due to nursing. For this reason, mothers who are HIV antibody positive should not breast feed.

Other Family Members. Only sex partners and nursing children of women who are HIV antibody positive are at risk of getting infected. Other family members are not likely to get infected with the virus. There is no reason to stop doing the things that families normally do, with a few exceptions. It may not be necessary to make these exceptions; however, for now, they are probably reasonable.

People who are HIV antibody positive should not share things which have been in contact with their blood (for example, razors which may nick the skin). They should not share things which have been in their mouth, such as tooth brushes, cigarettes, glasses, or eating utensils. It is safer, however, for family members to use glasses or other items after they have been washed in hot soapy water. It is not necessary to buy a separate set of plates, utensils, and glasses for someone who is HIV antibody positive.

There is no reason to avoid using the same shower, toilet, or other facilities. If any of these things become obviously dirty with blood, vomit, or feces, they should be cleaned just as they normally would. Obviously, dirty items should be washed with hot soapy water and then wiped with disinfectant. A fresh solution of 1 part ordinary bleach to 9 parts of water is a very effective disinfectant. If other family members clean up blood, vomit, or stool from someone who is HIV antibody positive, they should wear rubber gloves. Soiled trash, such as paper towels or sanitary napkins should be put in a plastic bag which is tied shut and placed in the garbage. Soiled clothes and linens only need to be washed in hot soapy water or dry cleaned. Hands should be washed with soap and water when the job is done.

Getting Pregnant. Women who are HIV antibody positive when they are pregnant are highly likely to infect their babies, who are highly likely to develop AIDS. For this reason, we strongly recommend that women who are HIV antibody positive not become

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pregnant. If you are already pregnant, inform your obstetric physician.

Evaluation for Active Disease. Most people who are HIV antibody positive will not have any active disease and will look and feel healthy. They might be called "healthy carriers" of the virus. Everyone who has a positive test should undergo a medical evaluation to determine if the virus has caused any serious damage, particularly to the immune system. Remember, all medical evaluations for reservists must be arranged and paid for by you.

The Marine Corps Reserve considers HIV antibody positivity to have occurred not in the line of duty and not service related. You should be evaluated every 6 to 12 months, depending upon what your initial evaluation shows.

Between evaluations, you should be alert for signs that your infection is becoming more active. You should see a civilian physician if this is happening. Things to watch for include:

- a. Fevers with temperatures over 100 degrees Fahrenheit.
- b. Sweating at night.
- c. Swollen glands or lymph nodes in you neck, arm pits, or groin.
- d. weight loss of 20 pounds or 10 percent of your body weight (for which there is no explanation).
- e. Yeast infection in the mouth (Thrush).
- f. Persistent diarrhea.
- g. Coughing or shortness of breath, especially if either of these is brought on by activities which did not previously cause them.
- h. Feeling of fatigue and lack of energy.

These symptoms are not specific and can be caused by many different medical conditions. If they are severe or last longer than a week, however, you should see your civilian physician.

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APPENDIX F

COMMAND ORDERS TRANSMITTAL (ACTIVE DUTY)

STATEMENT OF UNDERSTANDING OF A DIRECT ORDER

I am issuing the following direct order to you:

Initials

_____ 1. Prior to engaging in sexual activity, or any activity in which your body fluids may be transmitted to another person, you must verbally advise any prospective sexual partner of your HIV positivity and the risk of possible infection.

Initials

_____ 2. If your partner consents to sexual relations, you shall not engage in sexual activities without the use of a condom.

Initials

_____ 3. You must advise your potential sexual partner that the use of a condom does not guarantee that the virus will not be transmitted.

Initials

_____ 4. You shall not donate blood, sperm, body tissues, organs, or other body fluids (e.g., breast milk).

Initials

_____ 5. You shall not share personal implements, including but not limited to, toothbrushes and razors, with other individuals. This provision does not preclude visits to licensed barbers or beauticians.

Initials

_____ 6. You must provide advance notification of your HIV positivity to all health care workers (including emergency medical responders when possible) who will be providing medical care to you.

Initials

_____ IMPORTANT: Your failure to comply with these orders may subject you to disciplinary action under the UCMJ and/or administrative separation. Service members have been charged with attempted murder for failing to comply with the above orders.

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APPENDIX G

NOTIFICATION OF HIV ANTIBODY POSITIVE RESULTS (RESERVE)

SSIC
Date

From: Commanding Officer,
To:

Subj: NOTIFICATION OF HIV ANTIBODY POSITIVE RESULTS

Ref: (a) SECNAVINST 5300.30

End: (1) Required Medical Tests

1. I regret to inform you that you have tested positive for the HIV antibody. Current regulations require you be advised of the following:

a. You may remain affiliated with the Ready Reserve if:

(1) You can be assigned to a mobilization billet not requiring either immediate deployment or availability for reassignment to a deployable billet.

(2) You are otherwise qualified for assignment to that billet.

(3) You complete the medical examinations detailed in enclosure (1) and a civilian physician certifies there is no evidence of immunologic deficiency, neurologic involvement, decreased capacity to respond to infections, or clinical indication of disease associated with the HIV within 60 days of notification of HIV positivity.

b. You may be transferred to the Standby Reserve via the Individual Ready Reserve.

*c. You may request a discharge from the Marine Corps Reserve.

2. You are directed to acknowledge receipt of this notification by completing and returning the first endorsement within 10 working days. Failure to respond by the prescribed time constitutes a waiver of your rights and will result in your transfer to the Standby Reserve.

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Commanding Officer

*This paragraph may only be used in the event the Secretary of the Navy exercises his authority to discharge HIV positive reservists.

Copy to:
CMC (MHH)

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APPENDIX H

UNITED STATES MARINE CORPS RESERVE
HIV PROGRAM
ACKNOWLEDGEMENT OF COUNSELING AND EDUCATION

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

1. That I have the antibody to the HIV in my blood and that this means my blood can transmit this virus to others.
2. That I am also potentially infectious through intimate sexual contact.
3. That my blood, blood products, body organs or tissues, and other body fluids cannot be donated for human use because of potential transmission of HIV.
4. That I should take precautions to prevent pregnancy as it may pass the infection to my baby.
5. That I have had an opportunity to ask _____ a physician, questions regarding HIV infection, and I am satisfied with the extent and thoroughness of the response.
6. I understand that I have the opportunity to obtain information concerning HIV infection and related medical conditions from civilian physicians at my own expense if I so desire.
7. That the toll free number of the National AIDS Hotline is:
 - a. 1-800-342-AIDS for a recording of general information.
 - b. 1-800-342-7513 for a person who can provide a local (by area code) source of information and counseling.
8. I understand from the counseling provided to me that I am likely to have been infected with HIV virus. Additionally, I understand that I can transmit the HIV to other people through sexual contact or exposure to by blood or body secretions. The time of being infectious to others is not known, but I must consider it to be life-long. No form of sexual expression is completely without hazard to others. Intimate contact, such as

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vaginal, oral, and rectal intercourse must be regarded as especially hazardous.

9. I understand that any potential sexual partner must be informed of my infection with HIV prior to sexual contact. I further understand that condoms must be used during sexual intercourse.

10. I understand that these precautions and practices of safe sex must be life-long.

Reservist

Date

Commanding Officer

Date

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APPENDIX I

ACKNOWLEDGEMENT OF HIV POSITIVITY/OPTIONS FOR
CONTINUED AFFILIATION WITH THE MARINE CORPS RESERVE

SSIC

Date

FIRST ENDORSEMENT ON _____

From:

To: Commanding Officer,

Subj: ACKNOWLEDGEMENT OF HIV POSITIVITY/OPTIONS FOR CONTINUED
AFFILIATION WITH THE MARINE CORPS RESERVE

Ref: (a) Use CO'S Advisement Letter

1. I hereby acknowledge receipt of the reference, notifying me of the test results indicating I am positive for the HIV antibody, the Acknowledgement of Counseling and Education Form, and the U.S. Navy Program Information for Individuals Who are HIV Antibody Positive.

2. I choose the following options:

I want to continue my affiliation with the Ready Reserve and will submit a statement from a physician certifying my good health as evidenced by the required medical tests.

I want to be transferred to the Standby Reserve.

3. I understand that failure to complete and return this endorsement by the time prescribed in the reference constitutes a waiver of the first option and will result in my automatic transfer to the Standby Reserve via the Individual Ready Reserve.

Signature

Date

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APPENDIX J

REQUIRED MEDICAL EVALUATION FOR HIV POSITIVE
PERSONNEL (RESERVE)

1. Ready reservists found to be HIV antibody positive and who desire to remain in the Ready Reserve shall obtain a medical evaluation, at no expense to the Government, from a civilian physician. The results from such evaluations must be provided to the Marine Corps within 60 days of the date the member is notified of HIV positivity and yearly thereafter. The medical evaluation shall include, as a minimum, the following:

- a. History and physical examination
- b. Complete blood count with differential and platelet count
- c. Erythrocyte sedimentation rate
- d. Total lymphocyte count
- e. Total T-Cell count
- f. Absolute T-4 and T-8 levels
- g. T-4:T-8 ratio
- h. SGOT
 1. Alkaline phosphatase
- j. Lactic acid dehydrogenase
- k. Total bilirubin
 1. Total protein
- m. Urinalysis: routine and microscopic
- n. Chest X-ray: PA and LAT
0. RPR or VDRL with FTA
- p. Anti-HAV, HBSAG, and Anti-HBC antibodies
- q. Toxoplasmosis titer: IG G and IGA

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r. Skin tests for:

- (1) IPPD
- (2) Mumps
- (3) Trichophyton
- (4) Candida
- (5) Tetanus

2. Failure to comply with this requirement will result in transfer to the Standby Reserve.

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APPENDIX K

TRANSFER OF HIV POSITIVE RESERVIST TO
INDIVIDUAL READY RESERVE/STANDBY RESERVE/
RETENTION IN THE SMCR

SSIC
DATE

From: Commanding Officer,
To: Commandant of the Marine Corps (MHH)
Via: CG, 4th MarDiv/CG, 4th MAW/Director, MCRSC
Subj: TRANSFER OF HIV POSITIVE RESERVIST TO INDIVIDUAL
READY RESERVE/STANDBY RESERVE/RETENTION IN THE SMCR

End: (1) NAVMEDCOM Advisement Letter
(2) Notification of HIV Antibody Positive Result
(3) Acknowledgement of Rights
(4) Acknowledgement of Counseling and Education
(5) Request for Discharge from the U.S. Marine Corps
Reserve

1. The Marine Corps reservist described in enclosures (1) through (5) has been:

Transferred to the Individual Ready Reserve
Transferred to the Standby Reserve
Completed the medical examinations detailed in the DoD protocol and was placed in a billet requiring neither immediate deployment was availability for reassignment to deployable billets.

Commanding Officer

K-I

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APPENDIX L

REQUEST FOR GOOD OF THE SERVICE DISCHARGE (RESERVE)

From: HIV Positive Marine
To: Commandant of the Marine Corps (MHH)
Via: (1) Commanding Officer
(2) Commanding General

Subj: REQUEST FOR GOOD OF THE SERVICE DISCHARGE FOR _____

Ref: (a) SECNAVINST 5300.30 (Current Edition)
(b) MCO P1900.16D

End: (1) CO'S Letter of Notification
(2) NAVMEDCOM Advisement Letter
(3) Acknowledgement of HIV Positivity/Options for Continued Affiliation with the Marine Corps Reserve
(4) Acknowledgement of Counseling and Education
(5) U.S. Navy Program Information for Individuals who are HIV Antibody Positive
* (6) SNM's handwritten Request for Discharge

1. I hereby acknowledge receipt of enclosures (1) through (6) notifying me of my positive HIV antibody test results and my options for continued affiliation with the Marine Corps Reserve.

2. After having had sufficient time to reflect on this matter, I request that I be discharged from the Marine Corps Reserve per references (a) and (b).

Signature Date

* The handwritten request must indicate the request was not made under duress by the commanding officer or any other member of the command.

* This paragraph may only be used in the event the Secretary of the Navy exercised his authority to discharge HIV positive reservists.

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APPENDIX M

REQUEST FOR GOOD OF THE SERVICE DISCHARGE (RESERVE)

From: Commanding Officer, Unit
To: Commandant of the Marine Corps (MHH)
Via: (1) Commanding Officer
(2) Commanding General

Subj: REQUEST FOR GOOD OF THE SERVICE DISCHARGE FOR

Ref: (a) SECNAVINST 5300.30 (Current Edition)
(b) MCO P1900.16C

Encl: (1) SNM's Request for Discharge
(2) SNM's Service Record Book (original)

1. In accordance with references (a) and (b), enclosures (1) and (2) are forwarded.

2. The Marine was notified of his/her having tested positive for the HIV Antibody and advised of his/her rights on _____.

3. _____ did not desire to submit a physician's statement certifying to his/her good health and remain an active member of the Marine Corps Reserve.

4. The Marine did not desire to transfer to the Standby Reserve.

5. Separation is:

a. In the best interest of the Marine Corps Reserve due to verification of a positive test for the HIV antibody. No other reason for separation is considered appropriate.

or

b. Not in the best interest of the Marine Corps Reserve due to (future mobilization potential, receipt of educational funds, enlistment for special program, etc.)

6. It is recommended the Marine be separated with an Honorable/General (Under Honorable Conditions) discharge based on his/her service record.

Commanding Officer

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APPENDIX N

LOCALLY AVAILABLE READING MATERIALS

Military Publications

1. What You Should Know About HTLV-III And AIDS, Changing L. Bete Co., Inc., South Deerfield, MA 01373

Surgeon General/CDC/Red Cross Publications

1. Surgeon General's Report on AIDS (Available in Spanish)
2. What You Should Know About AIDS
3. AIDS and Children (Information for Parents of School-Age Children)
4. AIDS and Children (Information for Parents and School Officials)
5. AIDS and The Safety of the Nation's Blood Supply
6. Caring for the AIDS Patient at Home
7. AIDS, Sex and You
8. Facts About AIDS and Drug Abuse

All publications are available from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850 or by calling the AIDS Hotline at 1-800-342-2437.

Publications Available at the Local Library

1. AIDS, Lynn Hall & Thomas Modl, St. Paul, MN, Greenhaven Press, 1988
2. The AIDS Bureaucracy, Sandra Panem, Harvard University Press, 1988
3. AIDS, Cancer & the Medical Establishment, Raymond Keith Brown, New York, NY Robert Speller Publishers, 1986
4. AIDS, Everything You Must Know About Acquired Immunodeficiency Syndrome, The Killer Epidemic of the 80's, Janet Baker, Saratoga, CA R&E Publishers, 1983

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5. AIDS, Alan Edward, New York, NY F. Watts, 1986
6. AIDS, Acquired Immunodeficiency Syndrome, Margor Fromer, New York, Pinnacle Books, 1983
7. AIDS & Syphilis: The Hidden Link, Harris L. Coulter, Berkley, CA North Atlantic Books, 1987
8. AIDS & the Law: A Guide For the Public, Harlon L. Dalton, New Haven, Yale University Press, 1987
9. AIDS Book, Louise L. Hay, 1988
10. The AIDS Crisis: Conflicting Social Values, Gary E. McLuen, Hudson, WI, Gary E. McLuen Publications, 1987
11. The AIDS Cover-up?: The Real and Alarming Facts About AIDS, Gene Antonia, San Francisco, Ignatious Press, 1986
12. AIDS, Deadly Threat, Alan and Virginia Silverstein, Hillside, NJ, Enslow Publishers, 1986
13. The AIDS Epidemic, Kevin M. Cahill, New York, St. Martin's Press, 1983
14. The AIDS Epidemic: How You Can Protect Yourself and Your Family, James I. Slaff, New York, NY, Warner Books, 1985
15. AIDS: Ethics and Public Policy, Christine Pierce, Belmont, A Wadsworth Publishing Company, 1988
16. The AIDS Fact Book, Kenneth H. Mayer, NY, Bantom Books, 1983
17. AIDS Facts and Issues, Victor Gong, New Brunswick, Rutgers University Press, 1986