

## INFORMATION PAPER

DAPE-HR  
28 November 2008

SUBJECT: Human Immunodeficiency Virus (HIV) Policy

1. Purpose: To provide information on HIV policy.

2. Facts:

a. The Army completed initial force testing in the Active Army (AA) on 31 Jul 87 with an overall positive rate of 1.5/1000. The initial force testing of the Reserve Component (RC) was completed in Aug 88 with an overall positive rate of 1.54/1000.

b. The Army published AR 600-110 on 11 Mar 88. It established the requirement for biennial (every other year) testing of all Soldiers, and gave specific personnel management guidance to the field to include that:

(1) Commanders are responsible for ensuring their Soldiers receive HIV education annually.

(2) AA Soldiers will be tested in their birth month; RC Soldiers will be tested by unit on an every other year schedule.

(3) A negative HIV test no older than six months is required prior to assignment OCONUS or to a restricted unit.

(4) Establishes reenlistment eligibility for current duty position or AA reenlistment option.

c. DoD policy issued on 4 Aug 88 made the following substantive changes to previous policy:

(1) Gave Service Secretaries broader assignment limitation authority for force readiness reasons, authorizing them to restrict assignments of HIV-infected service members from deployable units/positions.

(2) Permitted HIV testing of Family members and Civilian employees in emergency essential positions as a pre-condition to overseas command sponsorship. Authorized HIV testing of Civilians to work in a host country which requires HIV testing as a condition of entrance or employment.

(3) Permitted denial of reenlistment to HIV-infected first-termers. Authorized notification of spouses of HIV-infected RC members.

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d. The Army drafted RC spouse notification, counseling, and testing procedures and coordinated them with DoD. The NGB and OCAR were tasked to develop implementing procedures for notification, testing, and counseling of RC spouses.

e. The DoD directed Army to change its assignment restrictions regarding USAREC, ROTC, and MEPCOM. In May 89, the Army modified that policy so an HIV-infected soldier is restricted from those units only if his medical care requirements could not be provided for in the proposed assignment.

f. The DoD directed the Army to modify its RC HIV policy regarding mandatory transfer to the Standby Reserve. An HIV-infected RC Soldier may prove his or her medical fitness (at their own expense). If fit, they may be utilized only in a nondeployable unit or position in the Selected Reserve if one exists and they are qualified for it. If unfit or no nondeployable unit/position exists, HIV-infected RC Soldiers are mandatorily transferred to the Standby Reserve.

g. A revision of AR 600-110 effective 23 May 94, included closing assignments of HIV-infected Soldiers to TOE/MTOE units, allowing assignments of HIV-infected Soldiers to Alaska, Hawaii, and Puerto Rico and opened reclassification/retraining opportunities for HIV-infected Soldiers. In addition, the regulation consolidated policy and procedures pertaining to Civilian employees and Family members into one chapter, added a chapter providing guidance to the law enforcement community, and a new chapter focusing solely on HIV education. The revised regulation also contained guidance for HIV testing under mobilization conditions.

h. A revision of AR 600-110, published on 15 Jul 05, incorporated the provisions of the Office of Assistant Secretary of Defense (Health Affairs), Policy Memorandum Immunodeficiency Virus (HIV) Testing, dated 29 Mar 04, pertaining to the testing frequency for RC Soldiers called to active duty for more than 30 days. It also changes the testing frequency from within six months to within every two years of the date called to active duty for more than 30 days.

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