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Department of Defense (DOD) Response [Leadership and Investment in Fighting an Epidemic (LIFE)]

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LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (LIFE)

SUMMARY OF THE DOD RESPONSE

Introduction

On July 9, 1999, Vice President Gore announced a new Administration initiative to address the global AIDS pandemic. A central feature of the LIFE initiative is a $100 million increase in US support for sub-Saharan countries working to prevent the further spread of HIV and to care for those impacted by this devastating disease. Of this total $10 million will be programmed through DoD. Experience with AIDS prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with serial prevalence or incidence measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

DoD Prevention Activities for African Military and Uniformed Services

Definitions and Performance Measures

1. Regional specific military-based education.

Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, military-based education will be directed to 13 countries[1] in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

- assessment of HIV prevalence and risk behaviors
- development of a regional prevention plan
- implementation through training and development of infrastructure
- evaluation of the effect of prevention
- refinement and incorporation into the military culture for enduring impact

DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Anonymous serosurveys with risk behavior data collection will begin as soon as feasible. Current educational modules created by the NHRC and Johns Hopkins University (JHU) will be culturally adapted to the targeted areas in Africa.

The initial round of serosurveys and risk behavior assessment will take a minimum of six months. A "train the trainer" approach that has been very successful within the U.S. Air

[1] The country list will be finalized after further dialogue with specific governments and key stakeholders.

Force will be used. This training can occur simultaneously within the different regions and will be completed within three months. All of these programs will be coordinated with similar USAID activities, for example, education concerning condoms, counseling, and testing of general populations.

The trained educators will then intensively educate specifically selected military units where anonymous serosurveys have been completed within the first round. Post education serosurveys with risk behavior assessment will again be completed and compared with the original information to assess impact.

In other areas of the world where this approach has been successfully implemented, i.e. SE Asia, incidence markedly declined and upon release from the military these individuals became peer educators within their villages, expanding the impact of the original investment. The same scenario is visualized for this project, which is expected to make a substantial impact on reducing the impact of AIDS in African militaries.

In addition to assessment of HIV seroprevalence, selected serum samples will be utilized for determinations of HIV type, group, and subtype. Because the distribution of HIV in different regions and populations group is incompletely known, this will provide essential information characterizing the epidemic in African militaries.

This project is expected to contribute to long-term and sustained HIV prevention in Africa. The impact of HIV-1 subtype on clinical progression, transmission, and eventual vaccine efficacy is largely unknown. Assessment of HIV-1 subtypes in African military populations, with opportunity for follow-up, will permit an evaluation of these factors in many different settings, ranging from a virtually single-subtype epidemic in Southern Africa to a highly complex mixture of subtypes and recombinants in West Central Africa. Prevention activities can be focussed, not only on individuals at high risk, but also on regions and populations where the particular subtypes or mixtures of subtypes present the greatest challenge to prevention.

2. Enhanced military education of African UN Peace Keeper forces.

African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. The program was patterned on one currently being piloted through the South African Army field units. The current project involves five specific curriculum modules:

- Defining HIV and its impact in the military
- HIV Prevention
- Substance Abuse, HIV, STDs
- Risk Assessment and Prevention Strategies
- Course Summary

AIDS is a Global Emergency

AIDS in Africa is the worst disease catastrophe since the bubonic plague.

- In the next decade, 40 million children will lose one or both parents to AIDS.
- Each day, AIDS buries 5,500 people, and that body count will reach 13,000 a day by 2005.
- HIV continues to spread like wildfire, with 11,000 people becoming infected each day -- one every 8 seconds -- half of whom are under the age of 25.
- More people will die of AIDS than casualties lost in all wars this century.
- AIDS is wiping out decades of progress in development as measured by a number of benchmarks including per capita GNP, infant mortality, and life expectancy.

AIDS in Africa is threatening economies, stability, and civil society.

- AIDS has had a serious impact on civil servants, engineers, teachers, miners, and military personnel. Increased benefit and training costs, and disruption due to sick and bereavement leave have already dramatically affected both the private and public sectors.
- According to the Economist, "the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% for the Angolans to 80% in Zimbabweans". Recent reports are that 40% of the South African military is HIV+.
- The South African Institute for Security Studies has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest.

As goes Africa, so will go India and the Newly Independent States.

- These are the new "crisis zones", the next wave of the HIV pandemic. While the spread of HIV began in these areas 10 years after it sub-Saharan Africa, if left unchecked, these natiions are likely to follow a similar deadly course.
- By 2005, more than 100 million people worldwide will have been infected with HIV.

Leadership and investment can help, and has helped, to turn the tide.

- Uganda, the global AIDS success story, turned its epidemic around because President Museveni lead an all out war on the virus. He did this as result of learning of the high rate of HIV infection in his military, and made the military an integral part of a multi-sectoral response.
- In partnership with Uganda and other donors, the US US invested $46 million in HIV prevention and care in Uganda, and helped to cut HIV rates by more than half.

A far more aggressive US response is sorely needed.

- Over the past 6 years, despite a 300% increase in annual HIV incidence, the US investment in the global battle against AIDS has remained flat funded at $125 million. If adjusted for inflation, this flat funding is actually equal to a 25% cut in real US spending.
- As a percentage of GNP, the US ranks 9th in its contribution to the global battle against AIDS.
- While most voters believe we spend far more on foreign aid than we actually do, by nearly a two-to-one margin (54% - 29%), voters support an increase in US funding to fight AIDS in Africa.

DoD must be a part of invigorated US response.

- ***The FY2000 Department of Defense Appropriation should include an additional $20-30 million for the global battle against AIDS to be used for:***

√ training and technical assistance with military leaders in the development and implementation of an effective HIV prevention program;

√ in-country HIV and AIDS related biomedical and behavioral research;

√ using medical teams and joint medical exercises to promote HIV prevention strategies;

√ using MEDFLAG activities to bring together military medical personnel and civilian medical personnel to respond to AIDS in crisis areas; and

√ other activities deemed appropriate by the military.

O. Defense (Def HA 01)

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

06 AUG 1999

Ms. Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman,

We appreciate the opportunity for the Department of Defense (DoD) to participate in the development and implementation of your Global AIDS Initiative Operating Plan.

The DoD plan to assist selected African militaries to reduce the incidence of HIV infection is attached. These HIV prevention education activities will be undertaken in conjunction with U.S. military training, exercises, and humanitarian assistance activities conducted in African Nations. The plan would assess HIV prevalence and risk behaviors; develop regional prevention plans; implement plans through training and development of infrastructure; evaluate the effectiveness of the prevention programs; and refine and incorporate prevention plans into the military culture. This program is dependent upon adoption by Congress of the President's proposed budget amendments.

We are pleased to continue our support of your efforts to eradicate HIV/AIDS.

Sincerely,

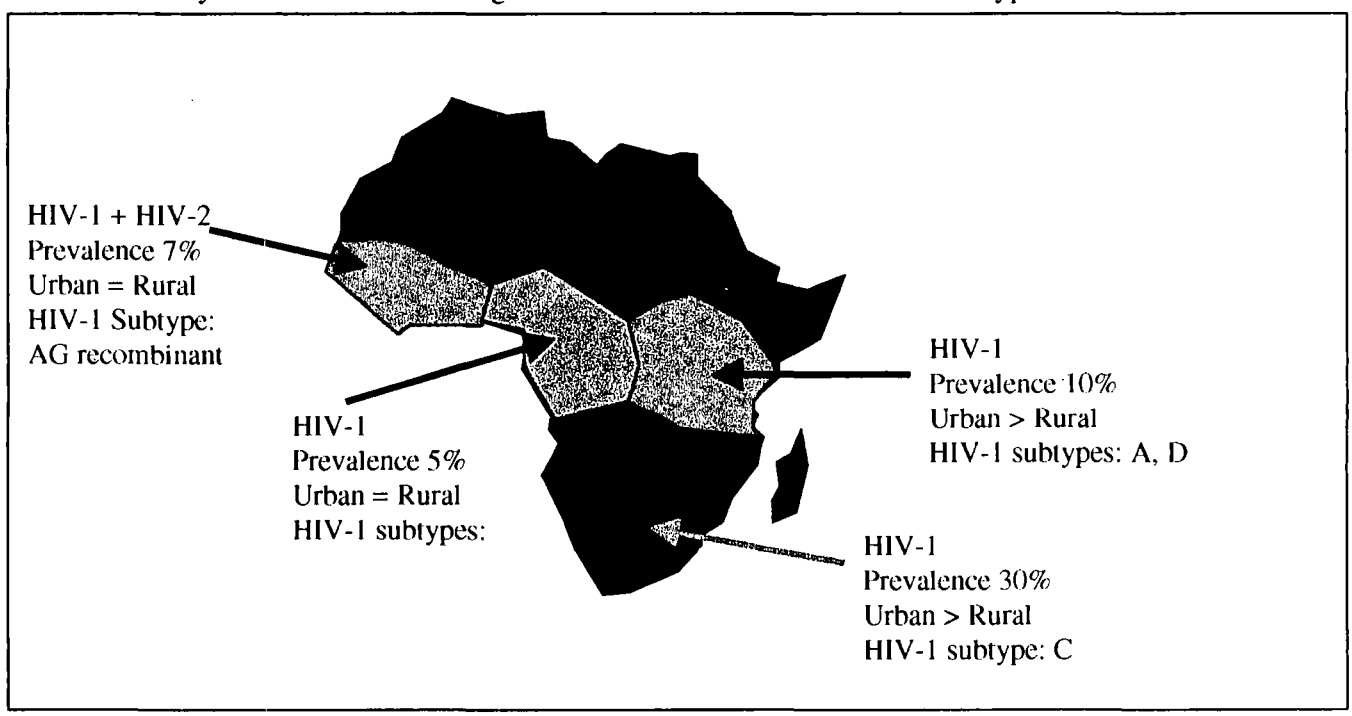
Dr. Sue Bailey

DoD Prevention Activities for African Military and Uniformed Services

BACKGROUND

The AIDS epidemic on the African continent is remarkably complex. HIV incidence and prevalence, the demographics of populations at risk, risk behaviors, the rural vs. urban distribution of HIV, and access to basic education/prevention activities all vary regionally and country by country. Moreover, the mixture of HIV types, groups, subtypes, and recombinants varies widely across Africa. A regional, and sometimes a country-specific, approach to primary AIDS prevention is required.

In East Africa, the HIV-1 epidemic was already established by the 1980's and is centered around population centers and routes of commerce. HIV-1 subtypes A, C, and D and their recombinants predominate. The prevalence in most of East Africa has been relatively stable in the last 15 years. In much of Southern Africa, the largely HIV-1 subtype C epidemic is only about 10 years old, but has achieved a high prevalence in a short time, largely centered in urban areas. In West Africa, HIV-2 has been present for a long time, but the HIV-1 epidemic, mostly due to an A/G recombinant IbNG, started more recently. Prevention in that region must entail consideration of both types of HIV.



HIV on the African Continent

Experience with AIDS prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with serial prevalence or incidence measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. The U.S. military population is exposed to multiple HIV subtypes while on deployment, in response rapid diagnosis of HIV subtypes have already

been developed. There are a number of factors contributing to HIV risk. These include travel away from home base, alcohol use, and economic means to use commercial sex workers. Assessment of these components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

DEFINITIONS AND PERFORMANCE MEASURES

1. Regional specific military-based education.

Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, military-based education will be directed to four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

- assessment of HIV prevalence and risk behaviors
- development of a regional prevention plan
- implementation through training and development of infrastructure
- evaluation of the effect of prevention
- refinement and incorporation into the military culture for enduring impact

We will build on the unique DoD triservice military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Anonymous serosurveys with risk behavior data collection will begin as soon as feasible (see attached questionnaire developed by the Naval Research Unit in San Diego (NHRC) and utilized by the Navy, which has been expanded to all services). Current educational modules created by the NHRC and Johns Hopkins University (JHU) will be culturally adapted to the targeted areas in Africa. This group education module, focusing on altering behavior, will be instituted.

The initial round of serosurveys and risk behavior assessment will take a minimum of six months. A "train the trainer" approach that has been very successful within the U.S. Air Force will be used. This training can occur simultaneously within the different regions and will be completed within three months. All of these programs will be coordinated with similar USAID activities. For example, education concerning condoms, counseling, and testing of general populations.

The trained educators will then intensively educate specifically selected military units where anonymous serosurveys have been completed within the first round. Post education serosurveys with risk behavior assessment will again be completed and compared with the original information to assess impact.

In other areas of the world where this approach has been successfully implemented, i.e. SE Asia, incidence markedly declined and upon release from the military these

individuals became peer educators within their villages, expanding the impact of the original investment. The same scenario is visualized for this project, which is expected to make a substantial impact on reducing the impact of AIDS in African militaries.

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2. Enhanced military education of African UN Peace-Keeper forces.

African military personnel deployed far from their home base for long periods in conjunction with UN peace-keeping activities may experience a different HIV risk profile than soldiers remaining at home. In conjunction with the ongoing UN peace-keeping project to combat HIV/AIDS, COL Peter Leenijes coordinated with the Ford Foundation, the Civil Military Alliance, and the U.S. Military HIV Research Program to develop a special intervention program targeted to the African military UN peace-keepers. The program was patterned on one currently being piloted through the South African Army field units. The current project involves five specific curriculum modules:

- Defining HIV and its impact in the military
- HIV Prevention
- Substance Abuse, HIV, STDs
- Risk Assessment and Prevention Strategies
- Course Summary

AGENCIES ACTIVITIES

1. Regional specific military-based education.

The DoD, through the U.S. Military HIV Research Program, has been developing new educational modules specifically focusing on unique, military-associated risks. These new modules were developed after an extensive highly confidential behavior survey of

new triservice military seroconverter study and an expansive assessment of HIV education and prevention needs in the U.S. military. These new modules are undergoing evaluation in a large Naval population overseas. Additional HIV/AIDS educational modules for 16-20 year olds developed by JHU are being adapted for evaluation within the army recruit population. A modification of these modules will be utilized for the initial assessment of African troops, after coordination with African militaries and USAID groups, and NGOs working in the region. The U.S. Military HIV Research Program already has ongoing research support and military connection in West Africa - Senegal and Cameroon, East Africa- Uganda, Tanzania, and Kenya, and through our joint UN effort in South Africa.

2. Enhanced military education of African UN Peace-keeper forces.

The UN Peace-keeping educational initiative is already a coordinated effort between the UN Department of Peace-Keeping Operations and the Civil-Military Alliance, which has U.S. military support through LTC Craig Hendrix, USAF ret. For the past five years, William Lyerly - USAID, Manual Carballo - International Center for Migration and Health, and Peter Gordan - UN HIV and Development Programme have instituted this initiative. The curriculum developers were Donna Ruscavage and Paul Purnell of the U.S. Military HIV Research Program.

COUNTRIES

DoD recommends utilizing the U.S. military's current education and prevention programs and instituting new research within the regions and countries noted:

First Tranche: Nigeria, Kenya, South Africa, Botswana, and Senegal

Second Tranche: Benin, Mali, Malawi, Ghana, Uganda, Zimbabwe and Ethiopia

NOTE: Attached is the questionnaire developed by the Naval Research Unit in San Diego (NHRC) and a short briefing on the U.S. Military HIV Program's African initiatives and our HIV education and prevention activities.

Code#_____

Date: ____/____/97

HIV PREVENTION RESEARCH

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: ____ DATE: 04/29/14

~~CONFIDENTIAL~~

Please read: Introduction

◆CONFIDENTIAL QUESTIONNAIRE:
This survey will not have your name or social security number (SSN) on it.

❖ Instead, this questionnaire (and the lab specimens) will be given a pre-coded number. Answers will not be analyzed for each survey; but collected as a group.

❖ Some of these questions are very personal. The answers on this questionnaire will be held in strict confidence. It is important that researchers gather accurate and honest information in order to determine where to focus prevention efforts. If there is anything which you don't understand, please be sure to ask. You have the right NOT to answer a question. It is better NOT to answer a question than to make something up. However, we encourage you to answer all the questions.

❖ We have gone to great lengths to ensure *confidentiality*.
Once a week a non-military, medical researcher will collect these envelopes and take them to another center for data entry. Questionnaires will be stored there in ***locked filing cabinets, without identifiers, (with only the code #)*** After you fill out the survey, ***please seal the envelope yourself and put it in the mail slot of the locked cabinet.***

1. **Age**_____ yrs.

2. **Birth YEAR** _____
year

3. **Gender**
☐ Male ☐ Female

4. **Birthplace**:

☐ USA
city_____ state_____
☐ Mexico ☐ Asia
☐ Europe ☐ Pacific Islands
☐ Middle East
☐ Cent/So. America
☐Other (Specify)_____

5. **Race/Ethnicity**
☐ African American
☐ White, non-Hispanic
☐ American Indian, Alaskan Native
☐ Filipino ☐ Hispanic
☐ Other ☐ Unknown

6. **Marital Status**
☐ single (never married)
☐ married ,***living together***
☐ married ,***living apart***
☐ divorced
☐ separated
☐ widow (er)

7. What is the highest level of education you have completed?
☐ Did not graduate high school
☐ High school grad. (or equival.)
☐ College courses
☐ Associate degree
☐Bachelors degree
☐ Post-graduate work
☐ Post-graduate degree
☐ Other _____

8. Where did you live immediately before joining the service?

_____
city state country

9. Currently, what is your military status?
(Check ✓ONE)
☐ Active Duty
☐ Reserve
☐ Retired

Continued☞☞☞☞☞☞☞

Please **check** _ ***or enter a number (partner column only)*** in the boxes.
This question (chart) is about the time between your ***last negative test*** *for HIV and* ***first positive test****.*

10. During the time **BETWEEN** the **LAST** negative test & **FIRST** positive ⊕ test:
Please **list : a) your LOCATION, b) the DATES, c) number of SEXUAL PARTNERS and d) CONDOM USE.**

History of Sexual contacts		**Status**				**# Number of Sex Partners**				**Condom Use**		
		TAD = **TAD/TDY**				Male = # number of **Males**				Always = **A**		
		Annual Leave= **AL**				Female = # number **of Females**				Sometimes = **S**		
	Sexual contacts:	Deployed/Liberty = **LIB**				Prostitute male # number of **Pm** Prostitute female= # number of **Pf**				Never = **N**		
		Other (off duty,etc) = **Other**										
DATE Mo/yr	**PLACE/Location** city/state/country	**TAD /TDY**	**AL**	**LIB**	**Other**	**#M** number	**#F** number	**#Pm** number	**#Pf** number	**A**	**S**	**N**

10a) Did you go to a foreign land (s)? (either on-duty OR off-duty)

during the time ***between your last negative(-)*** test and ***first (+) positive test?*** ☐**Yes** ☐**No**

IF YES:	**WHERE?**		**SEX CONTACT ?** (sex contact is oral, anal, vaginal sex)
			☐**Yes** ☐**No**
	country (US, Mexico, Japan, etc.)	city/state	
			☐**Yes** ☐**No**
	country	city/state	
			☐**Yes** ☐**No**
	country	city/state	
			☐**Yes** ☐**No**
	country	city/state	

MEDICAL History/Lifestyle

During the **TIME BETWEEN** the **LAST** negative test & **FIRST** positive ⊕ test:
Please keep in mind we only want to know about a certain **"period of time"** for each person. The **"period of time"** will be **different for each person depending on the *date of their last negative test.*** **This includes** any test result you may have received from a clinic or hospital **outside a military facility and home testing kits.**

11. Date of **1st POSITIVE HIV test** ⊕ _____
(Tested inside or outside a military facility) **Month / Year**

12. Date of **last NEGATIVE HIV test** – _____
(Tested inside or outside a military facility) **Month / Year**

13. WHERE did you have the tests ? (**PLEASE** _ the ones that apply)

- ☐ at a Military facility
- ☐ at an outside/civilian clinic or hospital
- ☐ used a "home testing kit" (from a store)
- ☐ Other (specify)_____

14. In the TIME BETWEEN the **LAST** negative _ test & **FIRST** positive ⊕ test:

Did you have any illness such as: (**PLEASE** _ the ones that apply)

- ☐ **fever**
- ☐ **rash**
- ☐ **sore throat**
- ☐ **joint pains**
- ☐ **headache**
- ☐ **hepatitis**
- ☐ **NO, I did not have any of these illness (*go to question 15!)***

➘ *14. a)*☞☞☞☞☞ **IF YES:** ✍ **When ?** (approximately) _____

Month / Year

	Yes	No
14 b) Did you seek medical care ?	☐	☐

14 c) Did the illness stop you from participating in:

(**PLEASE** _ the ones that apply)

- ☐ going to your job
- ☐ exercise
- ☐ social activities (e.g. party, club etc)
- ☐ **did not** stop me from participating in the above activities

15. Have you **had an HIV test** through a *military medical facility* **because you requested a test** ?

Yes	No	
☐	☐	*IF "No" go to question16.*

☞ **15 a) IF YES: How many times did *you ask for and receive* a test for HIV?**

- ☐ 1-2 times
- ☐ 3-5 times
- ☐ more than > 5 times

☞☞ **15 b)IF YES: What were your reasons for requesting an HIV test?**

- ☐ I have an HIV + positive partner
- ☐ practiced unsafe sex
- ☐ **Other:** _____

16. Have you had yourself tested for HIV **outside the military** ?
(ie. at a **civilian clinic**, by a **non-military** doctor or nurse, **OR** with a **home testing kit**) ?
☐ **Yes** ☐ **No** *IF "No" go to question 17*

☞ **16 a) IF YES: Have you had more than 1 test outside the military?**
☐ **Yes**
☐ **No**

17. **In the TIME BETWEEN** the **LAST** negative test & **FIRST** positive ⊕ test:

	Yes	No	
Did you have **an ear (or other body part) pierced?**	☐	☐	*IF "No" go to question 18*

☞ **17 a) IF YES,**
When _____ *(month/yr)*

Where _____
(city/district/country)
What body part ? _____

18. **In the TIME BETWEEN** the **LAST** negative test & **FIRST** positive ⊕ test:

	Yes	No	
Did you get **a tattoo?**	☐	☐	*IF "No" go to question 19*

☞ ***18 a)*** **IF YES,** *When* _____ *(month/yr)*

Where _____
(city/district/country)

19. In the TIME BETWEEN the **LAST** negative __ test & **FIRST** positive ⊕ test:
Did you have an *accidental needle stick injury* while working in a laboratory, hospital or other medical setting? **Yes** ☐ **No** ☐ **Don't know** ☐

☞ ***19 a)*** **IF YES,** ***When*** _____
(month/yr)

Where _____
(city/district/country)

☞ ***19 b) Was it, "documented"(i.e.Did a doctor OR nurse see you OR make a note of it) ?***
YES ☐ **NO** ☐

20. In the TIME BETWEEN the **LAST** negative __ test & **FIRST** positive ⊕ test:

	Yes	No	Don't Know
Did you receive a ***blood transfusion or blood products*** ?	☐	☐	☐

IF "No" go to question 21

☞ ***20 a)*** **IF YES,** *When* _____*(month/yr)*

Where _____*(city/district /country)*

21. In the TIME BETWEEN the **LAST** negative __ test & **FIRST** positive ⊕ test:

	Yes	No	Don't Know
Did you donate **blood or blood products** ***outside this country*** ?	☐	☐	☐

☞ ***21 a)*** **IF YES,**
When _____*(month/yr)* ***IF "No" go to question 22***

Where _____*(city/district/country)*

22. Please answer the following questions about the: **TIME BETWEEN** the **LAST** negative test & **FIRST** positive ⊕ test. **Keep in mind** we only want to know about a certain **"period of time"** for each person. The **"period of time"** will be **different for each person depending on the *date of their last negative & first positive test.***

☞ **PLEASE REMEMBER TO INCLUDE: any test result** you may have received from a clinic or hospital **outside a military facility and home testing kits.**

Please check one box in each column. **ILLNESS**	*1. Have you ever had... ?* Yes	No	don't know	*2. In the time between your last HIV negative test. And first HIV positive test....?* Did you have the following:..? Yes	No	don't know
Bladder Infection (s)	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Gonorrhea	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
NGU Nongonococcal Urethritis	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Genital Warts (HPV)	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Anal Warts	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Hepatitis B	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Chlamydia	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Syphilis	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Genital Herpes	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Rectal Herpes	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐
Pubic Lice/Crabs	Yes ☐	No ☐	don't know ☐	Yes ☐	No ☐	don't know ☐

ALCOHOL (and other drugs), SECTION

23. **In the time BETWEEN your last negative HIV test and your first positive HIV test:**
Approximately, how many days per week did you drink alcoholic beverages, such as beer, wine, or liquor ?

- ☐ ***0, I did not have any alcohol during that time.***
- ☐ **1 day**
- ☐ **2 days**
- ☐ **3 days**
- ☐ **4 days**
- ☐ **5 days**
- ☐ **6 days**
- ☐ **7 days**
- ☐ ***less than 1 day / a week***

24. **In the time BETWEEN your last negative HIV test and your first positive HIV test:**
On the days that you drank alcoholic beverages,
Typically, how many drinks, (bottles/cans of beer) did you have on **a day.** ?

- ☐ **0,** ***I did not have any alcohol during that time.***
- ☐ **1 drink**
- ☐ **2 drinks**
- ☐ **3 drinks**
- ☐ **4 drinks**
- ☐ **5 drinks**
- ☐ **6 drinks**
- ☐ **7 drinks**
- ☐ **8 drinks**
- ☐ **9 drinks**
- ☐ **10 drinks**
- ☐ **11 drinks**
- ☐ **12 drinks**
- ☐ **more than 12 drinks**

25. **In the time BETWEEN your last negative HIV test and your first positive HIV test:**
On the days that you drank alcoholic beverages, (beer, wine, liquor)
What was the ***most number of drinks*** you had ***during one day***. ?

#_____**(most number of drinks during one day)**

26. In the time BETWEEN your last negative HIV test and your first positive HIV test:
How many times did you have sexual intercourse while under the influence of alcohol (feeling buzzed, getting wasted, being drunk)?

☐ **0**
☐ **1-2 times**
☐ **3-5 times**
☐ **6-9 times**
☐ **10 or more times**

27. In the time BETWEEN your last negative HIV test and your first positive HIV test:
Was there a time when you ***"slipped" and did not use a condom*** because you were under the influence of alcohol ?

☐ **YES**
☐ **NO**

☞ **27 a) IF YES: How many times ?**

☐ **1 time**
☐ **2 times**
☐ **3-5 times**
☐ **6 or more times**

28. Have you ever been referred by your command (or medical), for alcohol screening?

☐ **YES**
☐ **NO**

29. Have you ever participated in a program for problem drinking or alcoholism?

☐ **Yes**
☐ **No**

30. Have you ever *been cited* for:

	YES	NO
a) being drunk in public ?	☐	☐
b) having an open container ?	☐	☐
c) driving **under the influence of alcohol**?	☐	☐
d) driving **while intoxicated** ?	☐	☐

31. Have you ever: drank until you "blacked out", **OR** you didn't remember what happened?

☐ **Yes**

☐ **No**

32. **Have you ever:** been to an (Alcoholics Anonymous) AA meeting ?

☐ **Yes**

☐ **No**

Other Drugs:

33. During the **TIME BETWEEN** the **LAST** negative test & **FIRST** positive ⊕ test:
Did you try any of the following recreational drugs: ?

	YES	NO
a. Marijuana	☐	☐
b. Cocaine ("coke")	☐	☐
c. Amphetamines ("crystal meth" "tweek", "uppers","speed", "crack")	☐	☐
d. Barbiturates ("downers")	☐	☐
e. LSD ("acid")	☐	☐
f. PCP ("angel dust")	☐	☐
g. Nitrate inhalants ("amyl nitrate"," butyl nitrate" ,"poppers")	☐	☐
h. Used a *needle* to inject drugs in a vein, (IV Drug Use)	☐	☐

i. Other Drugs ? _____

j. Between the time of your LAST negative test & FIRST positive test:
Did you *use a needle to inject* ***steroids or any other drug*** ?

☐ **YES**

☐ **NO**

SEX History Questions: ***For the purposes of this section "having sex" means oral ,anal or vaginal intercourse.***

34. How old were you when you had sexual intercourse for the first time?

_____**years**

35. Is your spouse currently living with you ?

☐ **Yes**
☐ **No**
☐ **I don't have a spouse**

36. Is your current sexual partner HIV + **positive** ?

☐ **Yes**
☐ **No**
☐ **I Don't know**
☐ **I don't have a spouse or partner**

37. *Currently*, do you have ***more than one*** *sex partner ?*

☐ **Yes**
☐ **No**
☐ **I don't have a spouse or partner**

38. Do you *prefer to have sex strictly with* men, with women, or both men and women?

☐ **Men**
☐ **Women**
☐ **Both men and women**

39. ***Approximately,*** How many *sexual partners* have you *ever* had ? (lifetime)

#_____**(approximate number of lifetime partners)**

40. Between the time of your LAST negative test & FIRST positive test:

DID you know anyone who was homosexual, lesbian or bisexual ?

(Please check ✓ one)

☐ **Yes**

☐ **No**

☐ **Don't Know for sure**

☞ *40 a)* **IF YES,** ***Of these individuals,*** would you describe your relationship with ***any of these persons as:***

	YES	NO
Casual **(e.g. hand shaking or speaking to)**	☐	☐
Moderate **(e.g. family type affection such as hugging)**	☐	☐
Close **(e.g. you had sex with, or you had some type of body fluid exposure)**	☐	☐

41. Between the time of your LAST negative test & FIRST positive test:

DID you know anyone who ***tested positive for the AIDS virus (HIV test)?***

☐ **Yes** *(Please check ✓ one)*

☐ **No**

☐ **Don't Know for sure**

☞ *41 a)* **IF YES:** ***Of these individuals,*** would you describe your relationship with ***any of these individuals as:***

	YES	NO
Casual **(e.g. hand shaking or speaking to)**	☐	☐
Moderate **(e.g. family type affection such as hugging)**	☐	☐
Close **(e.g. you had sex with, or you had some type of body fluid exposure)**	☐	☐

42. Between the time of your LAST negative test & FIRST positive test:
DID you know anyone ***who had used IV drugs***
(used a needle to inject drugs in a vein) ?
(Please check ✓ one)

☐ **Yes**
☐ **No**
☐ **Don't Know for sure**

☞ *42 a)* **IF YES,**
Of these individuals, would you describe your relationship with ***any of these individuals as:***

	YES	NO
Casual **(e.g. hand shaking or speaking to)**	☐	☐
Moderate **(e.g. family type affection such as hugging)**	☐	☐
Close **(e.g. you had sex with, or you had some type of body fluid exposure)**	☐	☐

43. Between the time of your LAST negative test & FIRST positive test:
Approximately: How many women did you have sex with? #_____

☞ **IF SO, OF THESE WOMEN:**

43a) ***How many*** **were steady** sexual contacts; that is: *5 or more* encounters with ?
_____(approximate number of steady partners)

43b) ***How many*** had sex with you on the **first day** that you met them ?
_____(approximate number, sex on first date)

43c) ***Approximately: How many*** of them were **prostitutes**? #_____

43d) ***Approximately: How many*** were **HIV +positive**, that you know of:

☐ **0**
☐ **1-2**
☐ **3-5**
☐ **6 or more**

☐ **Don't know**

44. Between the time of your LAST negative test & FIRST positive test:

Approximately: How many males did you have sex with ? #_____

☞ **IF SO, OF THESE MALES:**

44a) How many were steady sexual contacts; that is, *5 or more* encounters with ?

_____***(approximate number steady partners)***

44b) How many had sex with you on the ***first day*** that you met them ?

_____***(approximate number, sex on first day)***

44c) How many of them were ***prostitutes*** ?

#_____ ***(approximate number of prostitutes)***

44d) How many were **HIV +positive**, that you know of: ?

- ☐ **0**
- ☐ **1-2**
- ☐ **3-5**
- ☐ **6 or more**
- ☐ **Don't know**

45. In General, ***Where did you meet your*** **female** ***partners ?***
(Please check ✓ one or more of the answers below)

- ☐ picked up on the street
- ☐ picked up in a bar or club
- ☐ met at a party or social gathering
- ☐ at a house/place of prostitution
- ☐ at a bath house
- ☐ in an X-Rated bookstore or movie house
- ☐ at work
- ☐ from on-line services (i.e., Internet)
- ☐ I did **not** have female partners

☐ Other (specify)_____

46. In General, ***Where did you meet your*** **male** ***partners ?***
(Please check ✓ one or more of the answers below)

- ☐ picked up on the street
- ☐ picked up in a bar or club
- ☐ met at a party or social gathering
- ☐ at a house/place of prostitution
- ☐ at a bath house
- ☐ in an X-Rated bookstore or movie house
- ☐ at work
- ☐ from on-line services (i.e., Internet)
- ☐ I did **not** have male partners.
- ☐ Other (specify)_____

47. **Between the time of your LAST negative test & FIRST positive test:**
Did you have sexual intercourse with someone who
might have been infected with the AIDS virus?

- ☐ **Yes**
- ☐ **No**
- ☐ **Don't Know**

48. **Between the time of your LAST negative test & FIRST positive test:**
Did you have **vaginal** intercourse?

- ☐ **Yes**
- ☐ **No**

☞ ***48 a)*** **IF YES**: Did you use a condom?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Don't know
- ☐ I haven't had vaginal intercourse

49. **Between the time of your LAST negative test & FIRST positive test:**
Did you have **anal** intercourse?

- ☐ **Yes**
- ☐ **No**

☞ ***49 a)*** **IF YES**: Did you use a **condom**?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Don't know

☐ I haven't had anal intercourse

50. Between the time of your LAST negative test & FIRST positive test:
Did you have **oral receptive sex, (BJ, "blowjob") ?**

☐ **Yes**

☐ **No**

☞ ***50 a)*** **IF YES**: Did you use a **condom**?

☐ Never

☐ Sometimes

☐ Always

☐ Don't know

51. Between the time of your LAST negative test & FIRST positive test:
Did any of your sexual **encounters: Cause *your partner* to bleed ?**

Yes	**No**	**Don't Know**
☐	☐	☐

☞ ***51 a)*** **IF YES How many times ?**

☐ **0**

☐ **1-2**

☐ **3-5**

☐ **more than > 5**

☐ **Don't know**

☞ ***51 b)*** **IF YES What kind of sex ?**

☐ oral sex

☐ vaginal sex

☐ anal sex

52. Between the time of your LAST negative test & FIRST positive test:
Did any of your sexual **encounters: Cause *you to bleed* ?**

Yes	**No**
☐	☐

☞ ***52 a)*** **IF YES: How many times ?**

☐ **0**

☐ **1-2**

☐ **3-5**

☐ **more than > 5**

☞ ***52 b)*** **IF YES: What kind of sex ?**

☐ oral sex

☐ vaginal sex

☐ anal sex

53. Were any of your female, sexual partners "having their period" (menstruating) when you had sex ?

Yes ☐ **No** ☐ **No female partners** ☐

☞ *53a)* **If yes: How many times ?**

☐ **0**
☐ **1-2**
☐ **3-5**
☐ **more than > 5**

54. Between the time of your LAST negative test & FIRST positive test:
Did you engage in *group sex* ?
---that is, sex with *more than one person* at the same time?

Yes ☐ **No** ☐

54a). Between the time of your LAST negative test & FIRST positive test:
did you have **sex (oral, anal, vaginal)** with someone who was **BORN in a foreign country ?**

☐ **Yes**
☐ **No**
☐ **I Don't know**

55. ***Who*** do you think infected you with HIV ?
(Check *one* answer that *best* applies)

☐ Spouse
☐ Partner
☐ Friend
☐ Casual Acquaintance
☐ Prostitute
☐ Somebody I met anonymously (in a park, bathhouse, club, etc)
☐ Other (specify)_____
☐ Don't Know

56. Do you think you were infected with HIV from someone in the military ?

☐ Yes
☐ No
☐ Don't know if they were military personnel
☐ Don't know who infected me

57. ***Where*** do you think you acquired HIV infection? ***(Check answers that apply)***

- ☐ At my home/apartment
- ☐ At a *friend's* home/apartment
- ☐ Motel/Hotel
- ☐ In a bath house
- ☐ In house of prostitution
- ☐ In a park
- ☐ In a car
- ☐ Barracks
- ☐ In a social club
- ☐ Don't know **or:**☐ Other***(location)***:_____

58. ***At the time you acquired HIV,*** what was your military status?

- ☐ Leave *(where? city, state, country)*_____
- ☐ TAD/TDY *(where? city, state, country)*_____
- ☐ While on deployment *(where? please name country)*_____
- ☐ While on permanent assignment *(where?,city, state country)*_____
- ☐ Other *(location):*_____
- ☐ Don't Know

59. What were the ***circumstances of the situation*** that put you at risk?

- ☐ I was drunk, on beer, wine, other alcohol
- ☐ I was high on drugs
- ☐ I didn't think it would happen to me.
- ☐ My friends/peers encouraged me
- ☐ I was angry
- ☐ I was depressed
- ☐ I wanted to get HIV infection.
- ☐ I don't know
- ☐ Other (please specify)_____

(Check the answers that apply)

60. Do you have any additional comments about the situation or factors that put you at risk for acquiring HIV infection ?

_____

_____

_____

If you need more space, please continue on the back of this page. Thank you.

Occupational History

***Answer these questions about the time between your last negative test** and **first positive test** for HIV.*

Please keep in mind we **only** want to know about a certain **"period of time"** for each person.

The **"period of time"** will be **different for each person depending on the *date of their LAST negative test and the date of the FIRST positive test.***

61. During the time *between your last negative test* and *first positive test*.: *What was your military status?*

(Check ✓ONE)
- ☐ **Active Duty**
- ☐ **Reserve**
- ☐ **Retired**

62. During the time *between your last negative test* and *first positive test*.: *What was your* Rate/Rank?

Enlisted (E)	Officer (O)
☐ E-1	☐ O-1
☐ E-2	☐ O-2
☐ E-3	☐ O-3
☐ E-4	☐ O-4
☐ E-5	☐ O-5
☐ E-6	☐ O-6
☐ E-7	☐ O-7
☐ E-8	☐ O-8
☐ E-9	☐ O-9

62a). **AFSC/ Rating/MOS**_____

63. During the time *between your last negative test* and *first positive test*.: *Approximately*, how long had you been in the service?

Approximately _____
months/years

64. During the time *between your last* last negative test & first positive test: What unit (s) were you in ?
(Please include, year, unit name, location)

date (year)	unit name	location

65. Did you receive any education / information about STDs ***during military service within the past 3 years?***

☐ **YES** ☐ **NO** ☐ **Don't know**

Please continue on the next page☞☞☞

Comments About this Survey

Before we give this survey to a large number of military persons, we need to know if there is anything that should be changed to make it easier to fill out. Your answers to the following questions will help us improve the quality of information we can collect about the issues addressed in this survey.

*** Did you answer Question #10 ("the chart about sexual contacts") on page J-5 ?**

a) ☐ **Yes**
b) ☐ **No**

If not, why?

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for your participation.

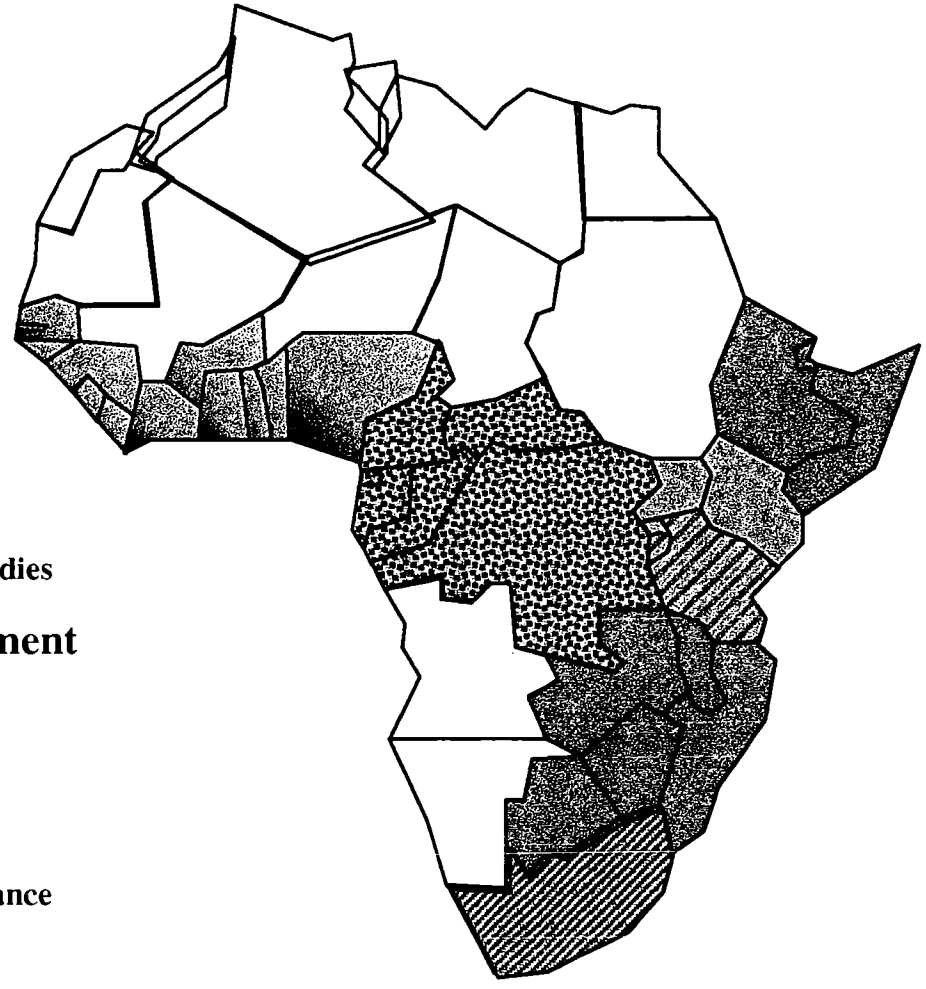
The U.S. Military HIV Research Program

African Initiatives

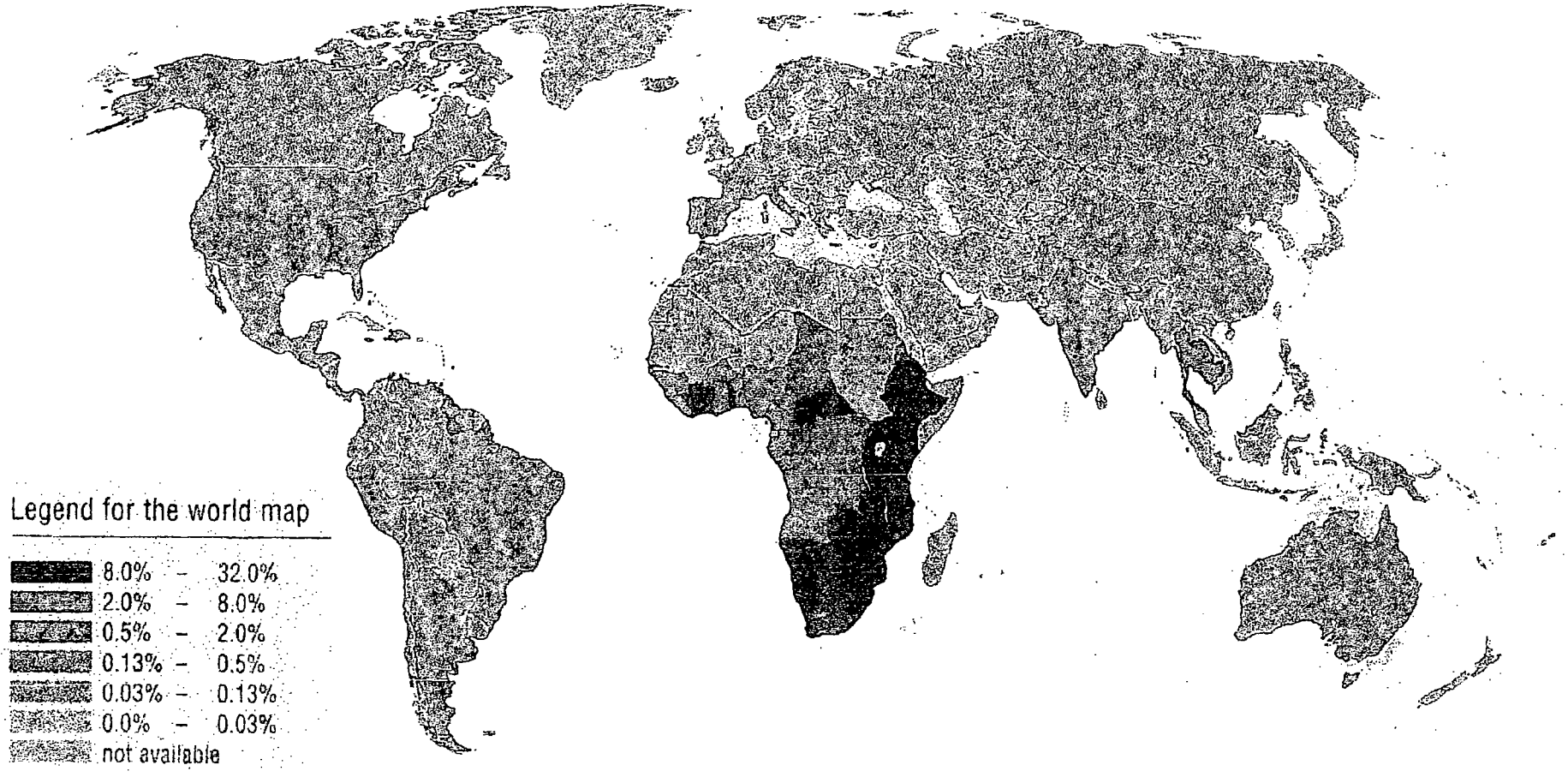
Deborah L. Birx, COL, MC

DoD HIV Activities in Africa

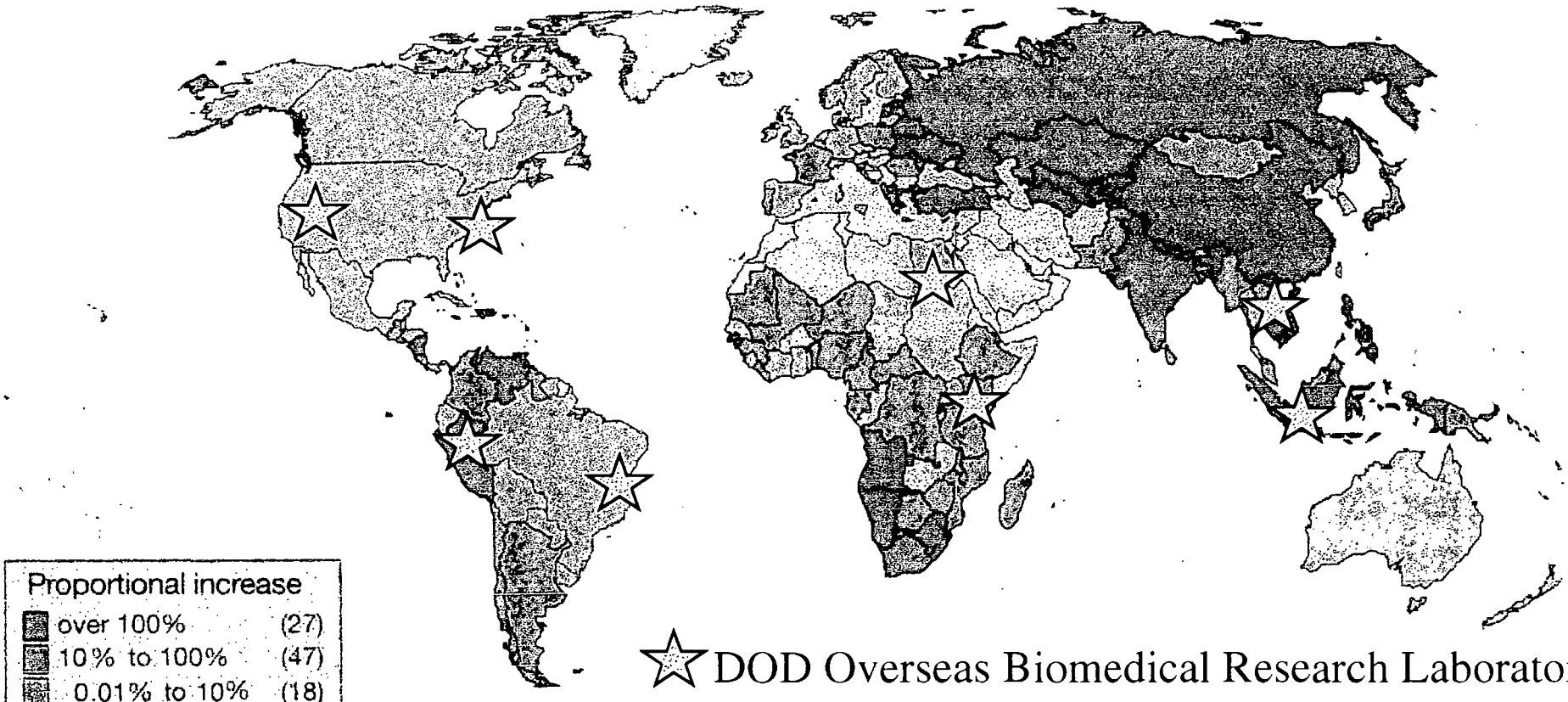
- North Africa
  - Surveillance
- West Africa
  - Senegal: HIV-1/HIV-2 interaction
    - Surveillance of incidence case
    - Cohort development
  - Cameroon
    - Surveillance and transmission studies
- East Africa - A/D vaccine development
  - Uganda
    - Cohort development, surveillance
  - Kenya
    - Cohort development and surveillance
  - Tanzania
    - Cohort development and surveillance
- South Africa - C vaccine development



Global Prevalence of HIV-1



Change in Global HIV Prevalence (1992 - 1997)
Strategic Positioning of DOD OCONUS Laboratories for HIV R&D



U.S. Military African HIV Research -1
Ugandan "Rakai Project"

Collaboration between Columbia University, Johns Hopkins University, Makerere University (Kampala), Ugandan Ministry of Health (Entebbe) and U.S. Military HIV Program

Goal: establish HIV vaccine research capability

Assess suitability of Rakai district for evaluation of candidate vaccines

Develop vaccine reagents, infrastructure, database to support clinical vaccine trials

Rakai Studies

- **Community HIV Epidemiology Project (CHER)**
  - **Incidence/prevalence of HIV**
  - **Infectious cofactors**
- **Molecular HIV Epidemiology Project (MER)**
  - **Sub study of CHER**
  - **Enrolls HIV seroconvertors, HIV negative controls**
  - **Immune/viral parameters in early HIV infection**
  - **Impact of co-infection with malaria or STDs**
  - **Evaluate reagents, guide design of vaccine constructs**

U.S. Military African HIV Research - 2

- Cairo (NAMRU-3)
  - Surveillance for North Africa, Middle East, Eastern Europe
  - Determine genetic subtypes
- Kenya (USAMRU-K)
  - Blood bank HIV surveillance of general population
  - Genetic subtypes, recombinants
  - Plasma and cell samples to support vaccine research
  - Evaluate potential cohort for phase III clinical studies

U.S. Military African HIV Research - 3

- **Tanzania (with University of Freiberg)**
  - **High risk adults along trade centers of Trans-African Highway**
  - **Role of multiple serial infections in generating recombinant viruses**
- **Senegal (with Harvard School of Public Health and University Cheikh Anta Diop)**
  - **Protective or modulating effect of HIV-2 infection on subsequent HIV-1 infection**

U.S. Military HIV Research Program

Enhancing Readiness and Force Protection through Education and Prevention

Military - An At Risk Profession

- Peacetime STD infection rates 2-5 x higher than comparable civilian populations
- During conflict as much as 50-100 x higher
- Most personnel in sexually active 15-24 age group
- Professional ethic encourages risk taking, aggressiveness, feeling invulnerable
- Deployments away from home - loneliness, stress, lack of normal family support, sexual tension build up, peer pressure
- Many STDs increase risk for subsequent HIV transmission

HIV - Threat to Military

- Increasing Operational tempo
- Global deployments
  - International security
  - Peacekeeping
  - Humanitarian missions
  - Multi-national exercises
- War and social upheaval dislocate civilian populations, increasing number of persons who use sex as means of survival and opportunities for soldiers to have sexual encounters

Military Advantages in Combating HIV Epidemic

Well-organized, training oriented structure

Repetition and practice emphasize skills building

Rely on peer leadership

Established lines of command and logistic support

Culture of interdependence – individual has sense of responsibility to and for group

Department of Threat Assessment, Prevention and Evaluation (TAPE)

Provide technical data on the prevention and control of HIV infection to recommend personnel and training doctrine

Threat Assessment

- Targeted regional surveillance
- Prevalence of HIV infection
- Distribution of Subtypes

Prevention and Evaluation

- Risk Assessment
- Targeted Intervention
- Intervention Evaluation
  - modification/improvement
  - transition to line

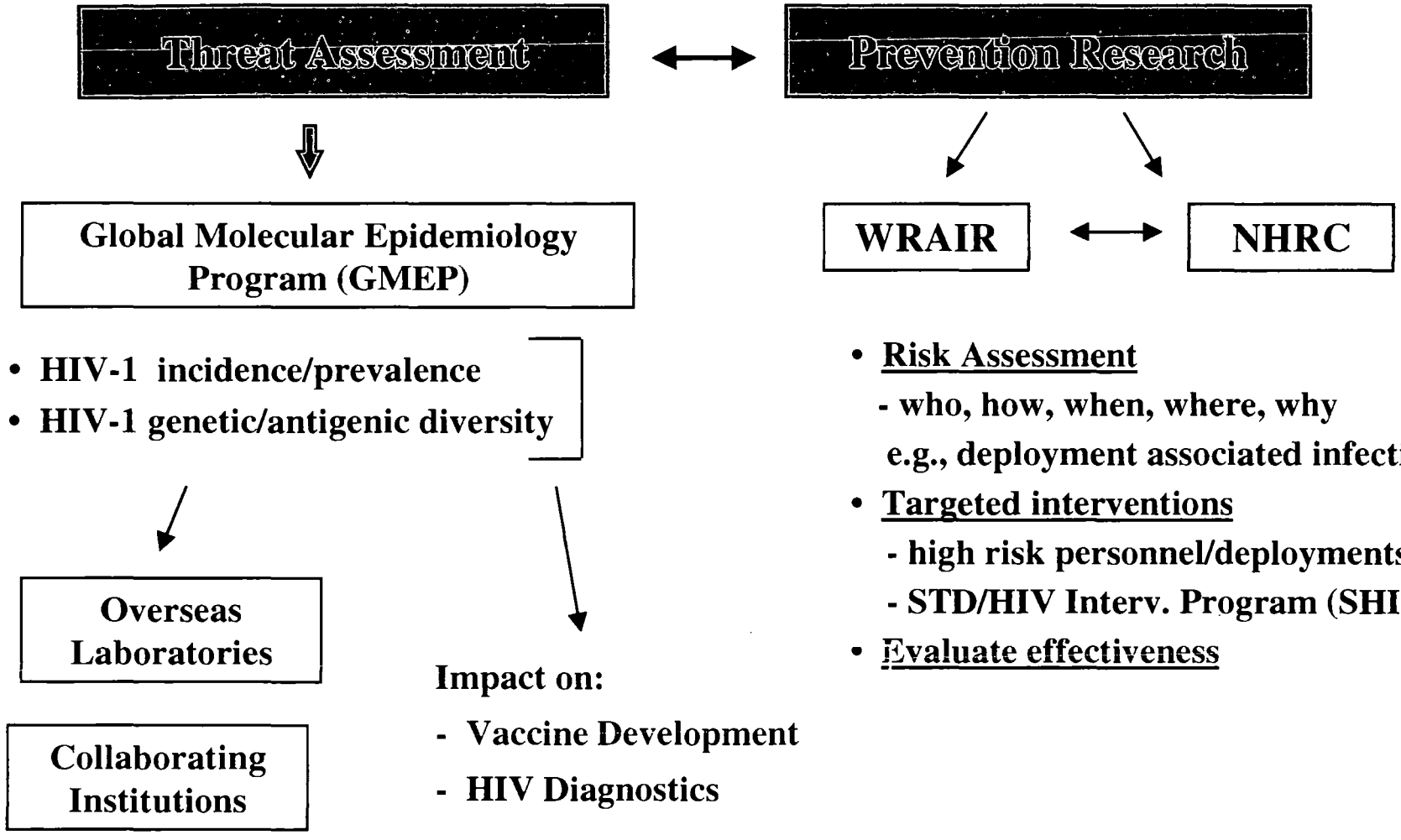
Overseas Laboratories

Global Molecular Epidemiology Program (GMEP)

Vaccine Research and Development

U.S. Military HIV Research Program

Department of Threat Assessment and Prevention Research



Behavioral Assessments

- **Identify prevalence of specific risks**
  - **Army survey (1991) – 50% of 18,031 active duty soldiers reported biologic or behavioral risk factor for HIV in previous 24 months**
  - **Navy study (1993) – 42% of 1,744 sailors or marines deployed shipboard for 6 month periods reported contact with CSW; 10% STD rate and inconsistent condom use**
- **Focus on highest risk times in military operational cycle**
  - **Post-deployment identified as highest HIV risk behavior period among 1377 rapid deployment forces at Ft. Bragg, NC and 17,746 US Army troops returning from Desert Storm**

Prevention Education Programs

UN Peacekeeping Operations HIV Preventive Program

Tri-service HIV Education and Prevention Needs Assessment

STD/HIV Intervention Program : SHIP

Air Force Train the Trainer

US Army Pilot Video Educational Initiative

Pilot Study of Modified Behavioral Intervention to Reduce STD/HIV Risk Behavior

Project Light

United Nations Department of Peacekeeping Operations HIV Prevention Program

- **Produced with support of Ford Foundation in collaboration with Civil-Military Alliance to Combat HIV and AIDS, and assistance of the U.S. Military HIV Research Program and the Henry M. Jackson Foundation for the Advancement of Military Medicine**
- **Available to any military organization who requests it**
- **Pilot project with South African Army field units being discussed**

HIV Prevention and Behavior Change in International Military Populations

- Course Overview
- Module 1: Defining HIV and Its Impact on the Military
- Module 2: HIV Prevention
- Module 3: Substance Abuse, HIV and STDs
- Module 4: HIV Risk Assessment and Prevention Strategies
- Module 5: Course Summary

Commanders' Briefs
Military HIV/AIDS for Peacekeepers

1) General Policy Guidelines on HIV

2) Policy Guidelines on STD/HIV Prevention Education

3) Policy Guidelines on Condom Promotion and Provision

4) Policy Guidelines on HIV Testing and Counseling

5) Short Course Outline: HIV Prevention and Behavior Change in International Military Populations

6) AIDS in the Military: UN AIDS Point of View

7) Winning the War Against HIV and AIDS: A Handbook on Planning, Monitoring and Evaluation for HIV Prevention and Care in the Military

Field Handbook: Personal Survival Guide for Peacekeeping Troops

- Personal Data
- Calendars
- Surviving HIV and AIDS
- Peacekeepers Creed
- Peacekeepers Code of Conduct
- Survival Checklist
- Hostage Incident Card
- Hints for Stress Management
- Flags
- Fahrenheit/Celsius Conversion
- Miles/Kilometers Conversion
- Signal Identification
- Maps
- Elements of First Aid
- Time Zones of the World
- Land Mine Awareness
- UN universal precautions
- UN abbreviations
- UN medals

HIV Prevention and Behavior Change in International Military Populations
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Curriculum Developers: Donna Ruscavage, M.S.W. and Paul Purnell, M.S.

Department of Threat Assessment and Prevention Research Agenda Summary

1) **Transition of a Successful Skills-Building HIV/STD Intervention (SHIP)**

2) **Pilot Study of an HIV Prevention Interactive Video in the U.S. Army**

3) **Tri-Service Study of HIV Education and Prevention Needs in the U.S. Military (RV 128)**

4) **Pilot Study of a Modified Behavioral Intervention to Reduce HIV/STD Risk Behaviors**