Case Number: 2007-1550-F

FOIA MARKER

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Folder Title: AIDS (classified) [1]				
Staff Office-Individual: International Health Affairs				
Original OA/ID Number: 3456				
Row: 38	Section: 6	Shelf: 9	Position: 1	Stack: V

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	Re: [Impact of HIV/AIDS] (3 pages)	03/09/2000	P1/b(1)
002. report	Re: The Global Infections Disease Threat and Its Implications for the United States (63 pages)	11/1999	P1/b(1)
003. cable	Re: [Impact of HIV/AIDS] (5 pages)	12/18/2000	P1/b(1)
004. cable	Re: [Mbeki] (4 pages)	12/25/2000	P1/b(1)
005. cable	Re: [Security Council Discussion] (6 pages)	07/20/2000	P1/b(1)
006. cable	Re: [HIV/AIDS Drugs] (3 pages)	09/11/2000	P1/b(1)
007. cable	Re: [Burma] (5 pages)	07/10/2000	P1/b(1)
008. email	Kenneth Bernard to International Healh Affairs, re: Holbrook/Africa/AIDS (1 page)	12/02/1999	P1/b(1)
009. email	Kenneth Bernard to National Security Advisor, re: Holbrooke/Africa/AIDS (1 page)	11/29/1999	P1/b(1)
010. email	Kenneth Bernard to International Health Affairs and African Affairs, re: AIDS and the Security Council (1 page)	12/27/1999	P1/b(1)
011. email	Kenneth Bernard to Gayle Smith and Mona Sutphen, re: [FYI: POTUS Comment] (2 pages)	12/27/1999	P1/b(1)
012. email	Pat Battenfield to International Health Affairs, re: [Fuerth/Holbrooke Meetings] [2 copies] (4 pages)	01/04/2000	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:
AIDS (classified) [1]

2007-1550-F
ke2022

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. email	Gayle Smith to Bathsheba Crocker, re: For Steinberg meeting on HIV-AIDS (2 pages)	01/05/2000	P1/b(1)

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International Health Affairs
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005. cable	Re: [Security Council Discussion] (6 pages)	07/20/2000	P1/b(1)

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007. cable	Re: [Burma] (5 pages)	07/10/2000	P1/b(1)

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U.S. Military
HIV Research Program
13 Taft Court
Suite 200
Rockville, Maryland 20850
301-251-5000
Fax: 301-762-4177

Fax Cover Sheet

Date: 29 November 1999

To: Ken Bernard

Fax Number: 2024569390

From: Deb Birx

Phone Number: cell # 301-370-7232

Subject: Africa info -

Total number of pages 30 **including this sheet**

Comments:

- Summary of military meeting
- Specific powerpoint document of prevention efforts and adaptability to African militaries
- Summary of LIFE mission - for DoD use

Thanks!
Deb

Trip Report

To: CDR John Mascola

From: Donna Ruscavage

CC: COL Debbi Birx

Re: Attendance at the 3rd All Africa Congress of Armed Forces and Police Medical Services with the Civil-Military Alliance to Combat HIV and AIDS (CMA) and Participation in the CMA Satellite Meeting

Date: 3 November 1999

3rd All Africa Congress of Armed Forces and Police Medical Services

This Congress functions much like an association, whose purpose is to exchange information and identify opportunities to work together on issues of concern. The Congress is comprised of senior level military and police medical professionals, ranging from doctors to psychologists to social workers. They meet every two years. However, their last meeting was four years ago due to difficulties in securing a country with adequate resources to organize and sponsor this event. At this Congress plans were made for the next meeting in 2001 in Angola.

This Congress was devoted solely to HIV prevention, treatment and policy. The Congress was opened by the Deputy Minister of Defence. The new Minister of Health hosted a dinner for congress participants at the South African Army College. Scientific sessions focused on the impact of HIV/AIDS on armed forces; allied health services and HIV management; HIV and operational preparedness; HIV/AIDS management; and strategies for working together in the future.

- **Meeting participants.** There were over 60 participants, mostly senior military medical personnel. Over 20 African countries were represented including the Congo, Egypt, Botswana, Angola, Morocco, Namibia, Nigeria, South Africa, Ghana, Tunisia, Uganda, Tanzania, Sudan, Senegal, Rwanda, Mozambique, Zambia and Zimbabwe. There was one representative from the United Kingdom.

- **HIV education/training activities.** There are a few countries who have active HIV education efforts. The Zambian army has a mobile training team that works with units around the country and provides education, counseling and support services. The COL who heads the mobile training team also trains peacekeepers and liked the CMA curriculum and plans on using it this week when she trains peacekeepers going to the Congo. We left extra training materials with her and our slide presentation of the CMA curriculum. Both Zambia and Uganda said they utilize HIV positive soldiers as peer educators.

  Morocco has begun an extensive five year prevention/education project for military and their dependants.

The South African army is planning a new HIV education program for their defence force, which is very similar to what we are proposing for the LIFE funds. They are designing a training model where they will first train master trainers, who will then train trainers to implement an HIV prevention program/intervention. They are almost finished with designing the master trainer course; it is an extensive 108 hour course where they will issue certificates upon completion. They are in the process of identifying master trainers and trainers nationwide and developing plans for implementing the training. The CMA curriculum was very well received by the South African army and they plan on modifying it and using it as their HIV prevention program/intervention (which the trainers will implement with army units). The other countries expressed great interest in South Africa's training program and were interested in having them come to their countries to train master trainers and trainers in their respective militaries.

- **Issues/concerns.** The majority of the countries have little time, resources (staff, materials and money) and expertise to develop and implement training programs for their militaries. Most of the militaries indicated they did not have sufficient funds to even supply their troops with condoms.

  All feel that HIV prevention is an important priority for their militaries and are concerned about the large numbers of HIV positive soldiers and how this impacts operational readiness. Many countries voiced concern that their soldiers are spreading HIV because they move around from country to country as peacekeepers. And, most of the peacekeeping missions are long – from 1 to 3 years. Soldiers often take another wife and start another family when they are away from home for long periods of time.

  Rwanda talked about how in their area, HIV is being used as a weapon of war. Armies go into an area or village and kill the unattractive women. They then infect (with HIV) the attractive women, keep them as prisoners and have them prostitute themselves to the enemy troops (to infect the enemy with HIV).

  Participants also expressed concern with older soldiers having sex with young girls because they are the "safest," and infecting them with HIV.

  Other issues of concern were lack of access to effective treatments for HIV/AIDS. Because of this, medical staff are turning to alternative (herbal, traditional medicine) treatments and nutritional approaches. Zambia has just opened a natural healing center where they promote a fasting regimen followed by high colonic flushes and heat immersion treatments. South Africa has a nutrition program, promoting fresh fruits and vegetables (as opposed to supplements). Many of the Congress members were interested in Zambia helping them set up natural healing centers.

  Areas that the Congress focused much discussion on included: mandatory testing before surgery/invasive dental procedures; confidentiality/need to know; nutrition as treatment; AIDS dementia; and policy development for militaries. The Congress identified a huge need for training HIV counselors; currently not much pre/post test counseling is done. South Africa is the exception regarding counseling – they have a

well-developed training system and have trained over 140 counselors. They offered to help other countries with training HIV counselors.

- **Areas for collaboration.** Regardless of whether we receive the LIFE funds, Congress members are very interested in our program working with them to help develop/refine educational programs and interventions, and provide technical assistance regarding program implementation and evaluation. Congress members are well acquainted with CMA and three members are the CMA regional coordinators in Africa. CMA will continue to play an important role in the Congress and African militaries regarding HIV prevention.

  If we do receive the LIFE funds, we can consider working with the South African Army, merging our respective programs and providing them with the resources and oversight to conduct trainings in other countries, as well as their own country. They are well into developing an extensive training program and are also very well connected with other militaries in African countries and members of the Congress. I was able to discuss the LIFE project with quite a few countries including Nigeria, Rwanda, Botswana, Uganda, Ghana, Zambia, Zimbabwe, South Africa and Senegal. All of these countries were very interested in collaborating with us (again, even if we do not receive the LIFE funds).

- **Congress resolutions.** The Congress is drafting a number of resolutions for the meeting. They include: 1) the need to support military efforts in fighting HIV; 2) to commit as African countries to cooperate and coordinate through the ICMM; 3) to share best practices with each other; 4) to install proper structures within militaries to deal with HIV; 5) to encourage the use of condoms to fight HIV; 6) to consider notification procedures; 7) to maintain close collaboration with the CMA; 8) to have HIV positive soldiers serve as "Ambassadors of Hope" (peer educators); 9) to adopt a multidisciplinary approach to HIV; 10) to train educators and view this as a top priority; 11) to intensify counseling services for those infected and affected by HIV; 12) to encourage all African countries to attend the Congress.

- **Additional information.** I have copies of most of the scientific papers presented, along with a partial participant list and business cards of individuals I spoke with about the LIFE funds.

Civil-Military Alliance to Combat HIV and AIDS Satellite Meeting

The CMA held a satellite meeting on 29 October 1999, immediately following the closing of the Congress. The three regional coordinators made reports on their activities and we walked participants through the curriculum, HIV Prevention and Behavior Change in Military Populations. Countries represented included South Africa, Ghana, Senegal, Zambia, Rwanda and Nigeria. The curriculum was very well received and participants indicated they would utilize it with minor modifications. We had copies for everyone, but will E-mail individuals electronic files and the Power Point presentation. Countries who could not attend the CMA satellite meeting were given copies of the curriculum on the last day of the Congress. Several countries requested that the CMA visit their countries to train their militaries on how to use the curriculum.

The U.S. Military HIV Research Program

US DoD HIV Program

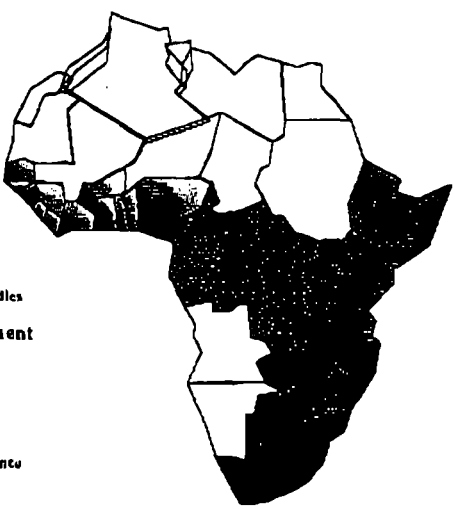
a triservice military program

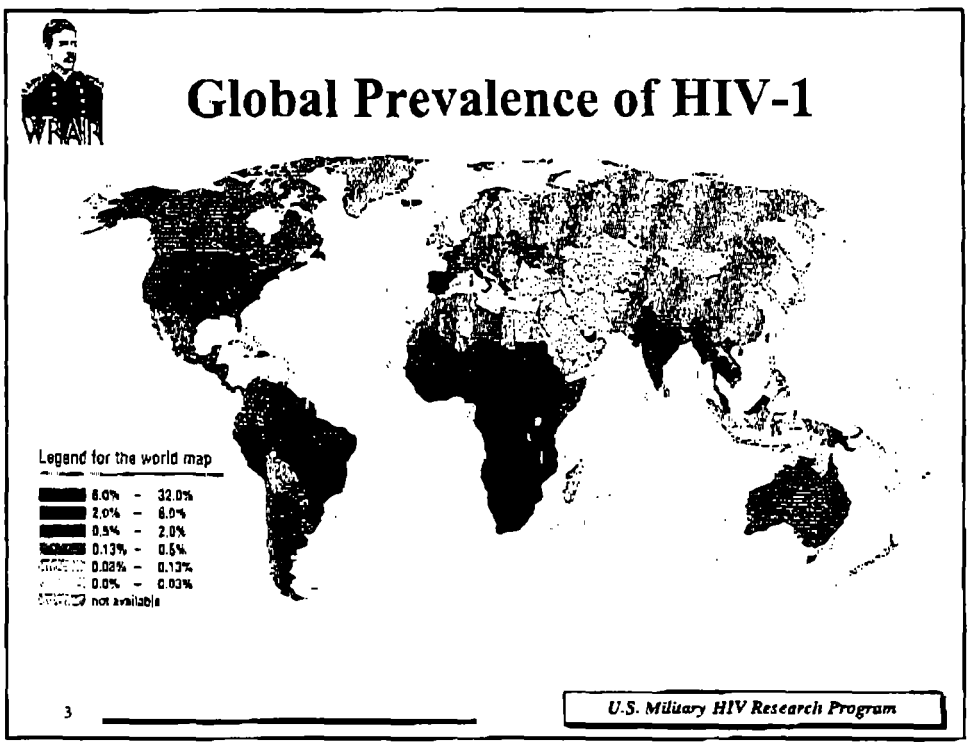
a cooperative agreement between WRAIR/HMJF

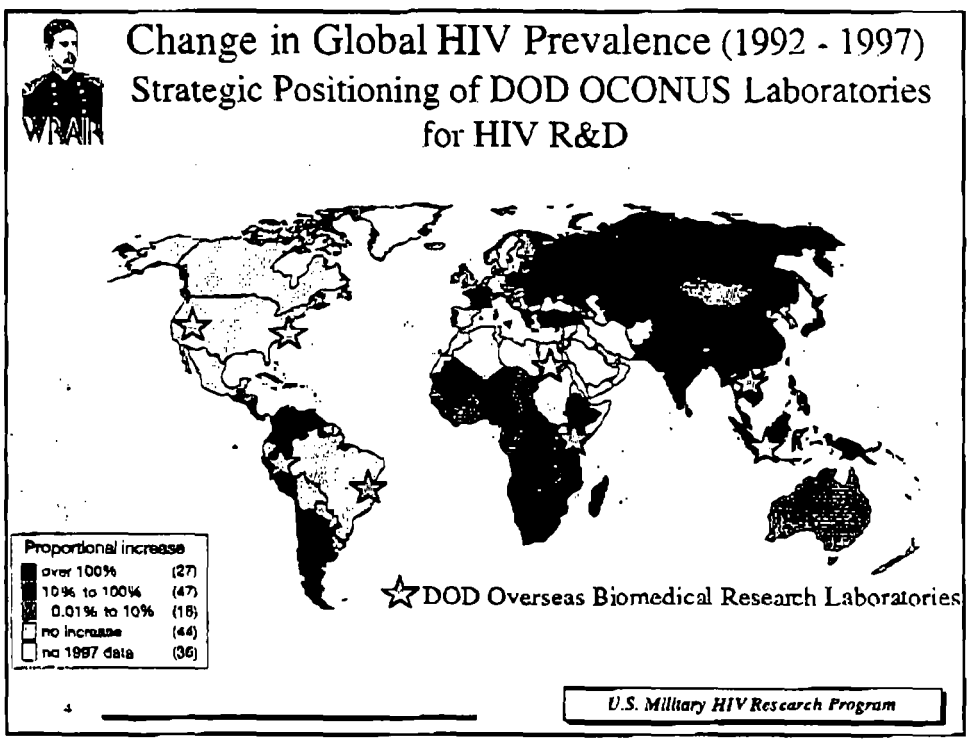
Deborah L. Birx, COL, MC

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
Legend for the world map
8.0% - 32.0%
2.0% - 8.0%
0.5% - 2.0%
0.13% - 0.5%
0.03% - 0.13%
0.0% - 0.03%
not available
3
U.S. Military HIV Research Program


Change in Global HIV Prevalence (1992 - 1997)
Strategic Positioning of DOD OCONUS Laboratories for HIV R&D
Proportional increase
over 100% (27)
10% to 100% (47)
0.01% to 10% (18)
no increase (44)
no 1997 data (36)
DOD Overseas Biomedical Research Laboratories
4
U.S. Military HIV Research Program

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

5 U.S. Military HIV Research Program

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

6 U.S. Military HIV Research Program

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

7 U.S. Military HIV Research Program

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

8 U.S. Military HIV Research Program

U.S. Military HIV Research Program

Enhancing Readiness and Force Protection through Prevention

Overview with focus on education and preventive efforts

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

HIV - Threat to Military

"By now, HIV/AIDS has probably touched the armed forces of every country, with infection rates surpassing 30% and reportedly even 40% in several armies. Peacekeeping soldiers have a higher probability of becoming infected with HIV than being killed in military action."

Major General Marc-Jean De Conninck, Chief of Medical Services of the Belgian Armed Forces, International Co-Chair of the Civil-Military Alliance to Combat HIV and AIDS

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

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U.S. Military HIV Research Program

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

[redacted]

[redacted]

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

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

Overseas Laboratories

Global Molecular Epidemiology Program (GMEP)

Vaccine Research and Development

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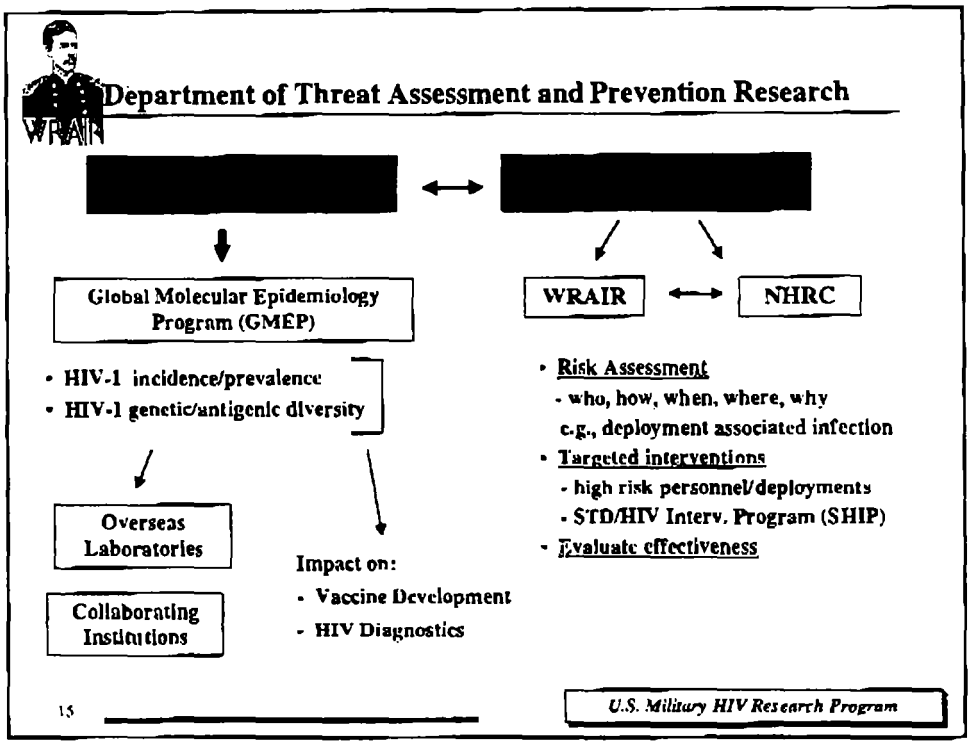
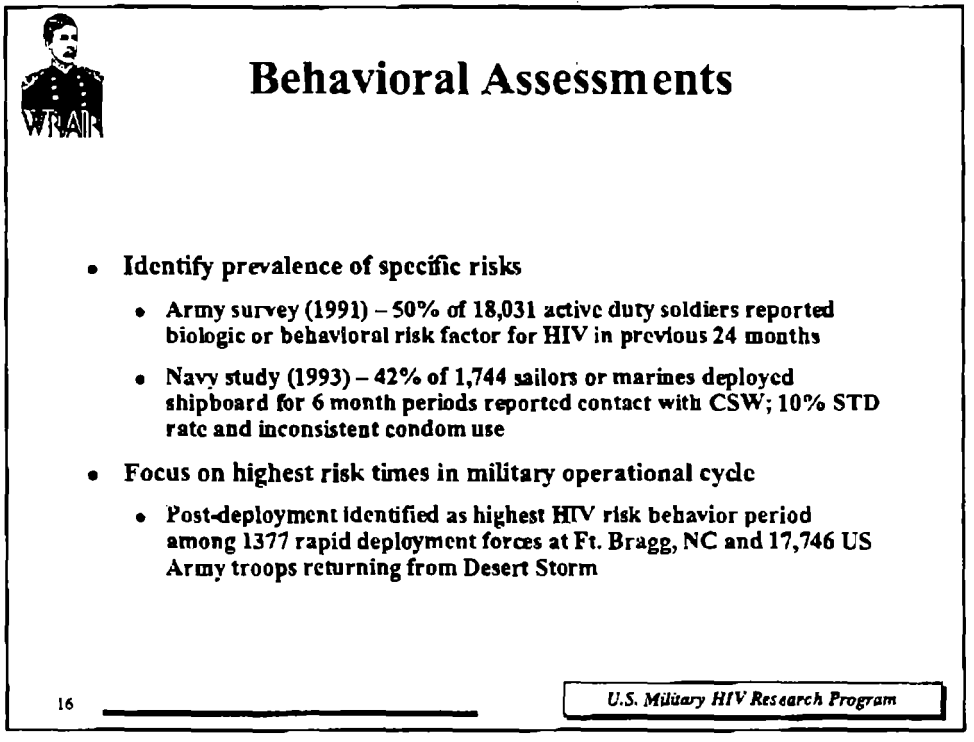
U.S. Military HIV Research Program


Department of Threat Assessment and Prevention Research
WRAIR
Global Molecular Epidemiology Program (GMEP)
WRAIR
NHRC
• HIV-1 incidence/prevalence
• HIV-1 genetic/antigenic diversity
• Risk Assessment
- who, how, when, where, why
e.g., deployment associated infection
• Targeted interventions
- high risk personnel/deployments
- STD/HIV Interv. Program (SHIP)
• Evaluate effectiveness
Overseas Laboratories
Collaborating Institutions
Impact on:
- Vaccine Development
- HIV Diagnostics
15
U.S. Military HIV Research Program


WRAIR
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
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U.S. Military HIV Research Program

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

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U.S. Military HIV Research Program

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

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U.S. Military HIV Research Program

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

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U.S. Military HIV Research Program

HIV Prevention and Behavior Change in International Military Populations
Curriculum Development Advisors

- COL Peter Leentjes, UN Department of Peace-keeping Operations
- Norman Miller, Ph.D., Civil-Military Alliance
- Stuart Kingma, MD, Civil-Military Alliance
- LTC Craig Hendrix, U.S. Air Force and Jackson Foundation
- CDR John Mascola, U.S. Navy and U.S. Military HIV Research Program
- William Lyerly, U.S. Agency for International Development
- Peter Gordon, UN HIV & Development Programme
- Manual Carballo, International Center for Migration and Health

Curriculum Developers: Donna Ruscavage, M.S.W. and Paul Purnell, M.S.

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U.S. Military HIV Research Program

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

James A. Wells, PhD, Donna Ruscavage, MSW, CDR John Mascola

Purpose

To document HIV education/prevention needs among HIV educators and recipients of HIV education in the Air Force, Army, Marine Corps and Navy in order to make recommendations for improved training doctrine

Objectives

- To assess previous HIV education/prevention efforts in the services
- To assess current HIV education/prevention needs in the services
- To study information gaps and identify ways to improve HIV education/prevention programs in the services
- To assess attitudes toward HIV education and HIV risk and determine the recipients of HIV education in the services

Research Areas

- Previous HIV education/prevention efforts
- Current HIV education/prevention needs
- Information gaps and ways to improve programs
- Recipient characteristics

Sample

1) **4,608 participants = 1,152 recipients of HIV education in each service (Air Force, Army, Navy, Marine Corps) drawn from current DMDC active duty rosters; over sampled women and officers**

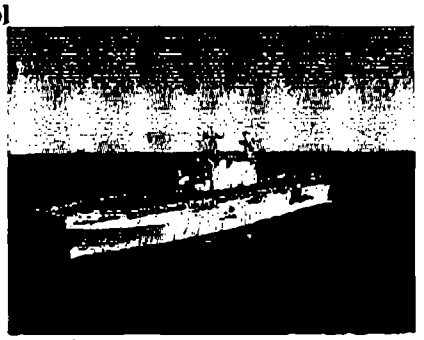
2) **Active HIV educators in each service**

Data Collection Methods

- **Self-administered mail questionnaire (survey)**
- **Reminder post cards**
- **Follow-up questionnaire mailings**
- **Follow-up telephone interviews**

S.H.I.P. (STD HIV Intervention Program)

- 619 U.S. Marines aboard Navy ship during Pacific fleet deployment randomized to intervention or control group
- Information-motivation-behavioral (IMB) model
- STD/HIV knowledge, psychosocial factors (e.g. peer influences and self-efficacy), communication and decision-making skills, alcohol use, and condom use



S.H.I.P.

- Four two-hour programs with two hour "booster" at mid-deployment
- Small groups practiced condom skills, negotiating use of condoms, situational problem solving
- Intervention group – 50% reduction in alcohol use and 25% reduction in sexual risk behaviors while on liberty
- Curriculum being modified to adapt to time constraints, emphasis from seagoing to land-based for Marine Embassy security guards

Air Force HIV/STD Prevention Train-the-Trainer Course

- Central training of HIV/STD Prevention Educators
- Educators provided knowledge and practice in teaching prevention interventions
- Skills, information, techniques taken back and implemented at the local base level
- Success of program requires local command support and provision of adequate resources (time, personnel)

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

Dooley Worth, PhD, Donna Ruscavage, MSW, LTC
Shirley Newcombe, CDR John Mascola

Purpose

To evaluate an HIV prevention interactive video for potential use in the U.S. Army

Objectives

- **To determine the feasibility of implementing a brief interactive HIV prevention intervention (interactive video) with selected Army personnel**
- **To obtain feedback on the appropriateness, content and quality of the interactive video**
- **To assess attitudes and intention to change behavior regarding HIV prevention**

Preliminary Findings

Having to participate in the study on their own time was a major barrier for soldiers:

- **While 29 individuals were interviewed or attended focus groups, more than 231 out of the 500 soldiers living in Abrams and Delano Halls played the interactive video**
- **Among those soldiers who played the video, over half played it more than one time**

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U.S. Military HIV Research Program

Preliminary Findings

Playing the interactive video:

- **Reinforced already existing intent to protect against HIV infection**
- **Called into question previous risky behaviors**
- **Increased awareness of present risk for HIV and behaviors that can put a person at risk for HIV**
- **Changed present and future intent to protect self and sex partner(s) against HIV infection**

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U.S. Military HIV Research Program

Preliminary Findings

The majority of study participants found the interactive video:

- **Appropriate not just for use in the Army, but in all the services**
- **High quality, well-made, innovative and engaging**

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U.S. Military HIV Research Program

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

David Celentano, PhD, Jonathan Zenilman, MD, Craig Hendrix, MD, Donna Ruscavage, MSW, Vivian Go, MPH, CDR John Mascola

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U.S. Military HIV Research Program

Purpose

To assess the feasibility and short-term impact of a modified behavioral intervention to reduce HIV/STD risk behavior and develop plans for a large, multi-site tri-service study

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U.S. Military HIV Research Program

Objectives

- **To modify an NIMH behavioral intervention to reduce HIV/STD risk behaviors in the military**
- **To determine the feasibility of implementing the modified intervention with military personnel in all services, including collecting urine specimens to test for selected STDs**
- **To plan for a multi-site, tri-service study to test the efficacy of the modified intervention in a randomized, controlled trial with populations at risk**

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U.S. Military HIV Research Program

Data Collection

Data will be collected in three areas:

1) **Participant feedback on the appropriateness, content, format and quality of the NIMH intervention through focus groups with enlisted personnel in all services**

2) **Participant background demographics, attitudes, self-reported behavioral practices and STD/HIV and alcohol/drug history**

3) **Participant point prevalence for selected STDs (chlamydia, gonorrhea, syphilis, herpes)**

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U.S. Military HIV Research Program

Two Stage Pilot Study

Stage I:

1) **Modify the existing NIMH intervention using qualitative methods (focus groups, key informant interviews)**

2) **Identify potential research sites to test modified intervention**

3) **Select research sites**

4) **Develop sampling plan**

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U.S. Military HIV Research Program

Two Stage Pilot Study

Stage II:

1) **Test modified intervention**

2) **Assess impact of modified intervention on STD/HIV rates**

Project LIGHT

- **Living in Good Health Together**
- **Intensive, interactive intervention**
- **Seven 90 minute sessions**
- **Designed to create motivation for behavior change, along with individualized skill building to accomplish personal HIV-related goals**
- **Based on social cognitive theory**

Social Cognitive Theory

- **Emphasizes skill acquisition**
- **Asserts that self-efficacy (belief in the ability to engage in required behaviors) influences choice, effort and persistence in effectively using skills**
- **In Project LIGHT, skill and self-efficacy are achieved by modeling effective behaviors and providing opportunity for graded mastery of skills through practice**

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

Primary Prevention - Military

The sub-Saharan region has been marred by decades of political strife that has resulted in numerous armed conflicts. Many nations in the region maintain large military forces, and frequently deploy them outside their own borders. Military personnel often become unwitting vectors of HIV from one part of Africa to another. Therefore, efforts to increase awareness of individual HIV status and implementation of effective HIV prevention and education programs among military personnel are essential.

The program element of primary prevention for military personnel has been broken down into three specific areas: assessment, education of indigenous military personnel, and education of UN peacekeeping forces stationed in the region.

1) Assessment **(4% of funds)**

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. **Targeted fact finding will occur in the first quarter to begin the educational modules modification. These modules are rapidly adaptive as they are computer-based.**

The targeted visit will involve a meeting between the USAID country representative, Minister of Health or representative, and Minister of Defense or representative to assess civilian/military linkages and to insure non-duplicative initiatives.

2) Regional specific military-based education **(85% to 90% of funds)**

Based on findings of the assessments described above 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 **(10%) Q100**
- ✓ development of a regional prevention plan **(10%) Q200**
- ✓ implementation through training and development of infrastructure **(50%) Q300**

- ✓ evaluation of the effect of prevention **(10%) Q201**
- ✓ refinement and incorporation into the military culture for enduring impact **(10%) Q301**

DoD will build on its unique 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 Naval Research Unit in San Diego (NHRC) and Johns Hopkins University (JHU) will be culturally adapted to the targeted areas in Africa. In addition, locally developed or adapted interventions identified by USAID or DHHS may also be utilized.

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).

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.

3) Enhanced military education of African UN Peace-Keeper forces **(6%)**

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. 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 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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. email	Kenneth Bernard to International Health Affairs and African Affairs, re: AIDS and the Security Council (1 page)	12/27/1999	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:
AIDS (classified) [1]

2007-1550-F
ke2022

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. email	Kenneth Bernard to Gayle Smith and Mona Sutphen, re: [FYI: POTUS Comment] (2 pages)	12/27/1999	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
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Keenan, Josefine (Chris) (HEALTH)

From: Battenfield, Pat A. (AF)
Sent: Tuesday, January 04, 2000 11:31 AM
To: @HEALTH - International Health Affairs
Subject: FW: Urgent question [UNCLASSIFIED]

Importance: High

here's another one...

-----Original Message-----
From: Smith, Gayle E. (AF)
Sent: Tuesday, January 04, 2000 7:57 AM
To: Hammonds, D. Holly (INTECON)
Cc: @INTECON - Economic Affairs; Bernard, Kenneth W. (HEALTH); @AFRICA - African Affairs
Subject: Urgent question [UNCLASSIFIED]
Importance: High

Morning. Can you please let me know what, more or less exactly, Charlene and others said in Seattle with reference to pharmaceutical costs? Am working with Leon and Holbrooke on HIV-AIDS event with VP at USUN on Monday - need to know what's been said outloud as pharma. issue high on Holbrooke's list. Thanks

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. email	Pat Battenfield to International Health Affairs, re: [Fuerth/Holbrooke Meetings] [2 copies] (4 pages)	01/04/2000	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:
AIDS (classified) [1]

2007-1550-F
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. email	Gayle Smith to Bathsheba Crocker, re: For Steinberg meeting on HIV-AIDS (2 pages)	01/05/2000	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

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