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Subseries: National AIDS Strategy

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Department of Defense/Health Affairs
HIV/AIDS Plan

Introduction:

In 1985, the Department of Defense (DoD) recognized that AIDS (Acquired Immune Deficiency Syndrome) and related infections of HIV-1 would have significant effects on military personnel and readiness. The initial policy memorandum was issued in October 1985. In 1988, a revised policy reaffirmed our public health initiatives and clarified some administrative procedures. The policy continued the exclusion of HIV-1 positive recruit applicants from entry into the military, the prohibition against the use of epidemiological interview data for any disciplinary reasons, the need for case contact tracing, the retention HIV-1 positive who are medically fit for duty, the restriction of HIV-1 positive personnel to assignment in the U.S., an aggressive voluntary testing program for non-military personnel, and an emphasis on education.

Both HIV infection and AIDS are increasing dramatically worldwide, and HIV is prevalent in a number of geographical areas where U.S. Military forces may deploy. In order to counter the threat of HIV to our military forces, in fiscal year (FY) 1986, DoD initiated a research program to prevent infection (e.g.,vaccine development) and monitor the spread of HIV infection in military forces. Since fiscal year 1986, DoD has invested nearly $1 billion in the HIV/AIDS program: $343 million in research, $214 million in prevention and testing, and $403 million in treatment. During FY 1994, the Department spent $129 million on the HIV/AIDS program. As of June 1995, there were 1,128 HIV positive military personnel on active duty. Since 1986, there have been 9,473 positive HIV infected persons from all DoD categories across all DoD categories of personnel (active duty, reserve, etc.) Of those, 804 are deceased. As of June 15, 1995, the HIV positive prevalence rate of active duty members tested was 0.7 per 1,000 members. Over 3.5 million civilian applicants for military service have been screened and over 3,860 infected applicants have been excluded from military service.

The DoD Directive 6485.1, "Human Immunodeficiency Virus-1", released March 19, 1991, established policy, responsibilities, and procedures on identification, surveillance, and administration of civilian and military personnel infected with HIV. Active duty service members with serologic evidence of HIV infection are referred for a medical evaluation in DoD to document their fitness for continued military service and to institute appropriate medical care and followup. This procedure is conducted in the same manner as procedures for personnel with other progressive illnesses. Their medical evaluations are performed in accordance with a standard comprehensive clinical protocol. Service members with serologic evidence of HIV infection who are evaluated as physically fit for duty cannot be separated solely on the basis of their serologic evidence of HIV infection. Active duty service members who are infected with HIV and are determined to be physically unfit for further duty are retired or medically separated. Service members infected with HIV

are assigned within the United States, including Alaska, Hawaii, and Puerto Rico. This is due to the high priority placed on assuring continued medical evaluation of personnel infected with HIV.

The DoD has a notable history of proactive surveillance, casefinding, early intervention, treatment, research and educational efforts as evidenced by the following benchmarks:

- First agency to gather nationwide scientific data on HIV to formulate DoD policy (screening, separation and retention standards, education, and assignment of personnel)
- First successful large scale program for early diagnosis and treatment
- Initiated first world wide classification standard (Walter Reed Staging System)
- First to identify heterosexual transmission in the U.S. Really?
- First report of vaccines for therapy Really?
- First description of worldwide viral genetic diversity
- Established world's highest quality testing program ~defined as?
- Leading program in international vaccine trials
- Excellent record of including minorities in DoD studies

The DoD is unique in the HIV and AIDS arena in that it functions as an employer as well as a source of treatment, research protocols, health educator, and distributor of post-retirement benefits. Far from being a closed system, the DoD has actively led the nation in the early identification and early intervention for those who seroconvert to HIV positive status and has collaborated with other federal, state, and international agencies in the fight against this devastating disease.

Area: Prevention

Goal: Preservation of an effective fighting force through prevention of HIV infection
Prevent transmission of HIV infection through recurring required education of Service members and civilian employees.
Continue periodic screening of Service members to facilitate early identification of HIV seroconversion and baseline comprehensive medical evaluation.

Objectives	Action Steps
Primary prevention: Interventions to keep HIV from infecting Service members.	
Reduce the number of new Active Duty HIV infections by 20% by the year 1997: reduce incidence of HIV and other sexually transmitted diseases (STDs) through education.	Continue required education and general military training focus on methods of transmission; abstinence is identified as the only known method to avoid sexual transmission. Continue description of various effective barrier protective methods. Emphasize avoidance of transmission through illicit intravenous drug use. Continue practice of universal precautions in all areas of potential contact with blood or body fluids.
Provide basic information on HIV transmission, risk reduction for all new recruits, officers, and new civilian work force members.	Conduct comprehensive fact based education for all personnel.
Continue required periodic education or training about HIV and AIDS for all Active duty, Reserve component members, and civilian work force members.	Provide additional focused education for personnel at higher risk.
Train HIV educators qualified to provide the required annual HIV training as well as to serve as a resource for information on HIV and AIDS.	Continue HIV instructor courses to train unit level peer HIV instructors for required annual military and civilian HIV training, with emphasis on modes of transmission and prevention of infection.

	Continue train the trainer courses to develop multidisciplinary teams from medical, dental, nursing, and public health corps for promoting HIV and AIDS education, transmission reduction programs and other related programs for local bases.
Continue to ensure the safety of the Armed Services Blood Program Office (ASBPO)	Service personnel with serologic evidence of HIV infection or who are repeatedly ELISA reactive, but Western Blot (WB) negative or indeterminate, are advised to refrain from donating blood. ASBPO "Look Back Program" traces contacts of identified positive donors who seroconvert post blood donation; recipients of blood of these donors are traced and contacted. Continue the compliance of ASBPO with FDA guidelines and accreditation requirements of the American Association of Blood Banks.
Secondary Prevention: Early detection and treatment of disease	
Continue HIV testing and surveillance.	**Screen** all Active duty and Reserve component military personnel periodically for serologic evidence of HIV infection.
Provide initial and periodic comprehensive counseling and specific prevention education to all HIV infected Service beneficiaries.	**Counsel and educate** all members with new HIV infections
Identify case contacts.	**Conduct epidemiologic interviews** of all HIV positive service members to elicit identify of contacts; follow up notification, testing, and counselling of contacts offered.

	Counsel annually all previously identified **HIV positive** members.
Provide stage appropriate treatment.	Provide comprehensive clinical care of all HIV infected Service beneficiaries.
	Continue the policy of **assignment within the United States,** Alaska, Hawaii, or Puerto Rico to ensure access to continuity of high quality medical care and health status evaluation.
Analyze HIV trends.	**Monitor HIV trends** to tailor education and prevention efforts.
Procure HIV information system for improved capture of serodiagnostic testing.	Improve serodiagnostic database concept through research and development of current technologies. (Navy is lead agent.)
	Continue supportive programming and storage services.
	Improve reporting requirements through detailed instructions of standard operating procedures.
Tertiary Prevention: Limit disability from disease	**Continue current assignment policy** that precludes exposure to overseas assignments; this policy serves to increase access to established comprehensive medical center services and periodic and annual medical evaluation for the infected Service member.
	State of the art clinical protocols provide a wide array of access to optimal treatment of HIV and AIDS.
	Early identification of seropositive status enables early identification of AIDS and early therapeutic intervention.

Area: Services (Treatment and Employment)

Goal: Provide immediate evaluation and continuity of care for those Service members who seroconvert to positive HIV status. Provide state of the art patient centered comprehensive care throughout the asymptotic and symptomatic phases of HIV and AIDS.
Through contact tracing, identify others at risk and provide initial consultation and evaluation. Follow those who are eligible for care in the direct care system; refer those who are not eligible to the appropriate civilian providers.
Provide continuation of employment until no longer physically fit for duty.

Objectives	Action Steps
Provide immediate consultation, referral and standardized medical evaluation for members who seroconvert to HIV positive status.	Periodic screening allows rapid identification of members proximate to the time of seroconversion. The well-established system in place allows rapid identification of seroconversion, notification of the appropriate physician to contact the member and arrangement of timely counseling and baseline medical assessment using a standardized comprehensive clinical protocol.
Through contact tracing, identify family members or others who are at risk of exposure to HIV and provide medical evaluation.	If eligible for care in DoD system, care is provided. If a contact is not eligible for DoD care, appropriate counseling and referral to civilian agencies is provided. DoD provides care for HIV infected patients at medical treatment facilities in the United States and Puerto Rico. Specialized diagnostic and treatment centers for comprehensive evaluation and treatment of HIV infected patients are located at the National Naval Medical Center, Bethesda, MD or US Air Force Medical Center Wilford Hall, Lackland Air Force Base, TX. Both centers have active clinical protocols with state of art medical treatment.
Restrict assignment to continental United States, Alaska, Hawaii, or Puerto Rico to assure continuity of medical care.	HIV positive status triggers personnel action to defer assignment other than to United States, Hawaii, Alaska, or Puerto Rico to

	ensure continuity of medical care.
Provide state of the art medical treatment for members with HIV infection or AIDS by health care staff educated and current in best clinical practice for HIV and AIDS.	Physicians and all other healthcare providers participate in local and national educational programs, professional societies, local, state and national advisory groups. Ongoing communication of effective practices among the centers that treat HIV and AIDS.

Area: Research

Goal: Carry out state-of-the-art research on the prevention of HIV infection to promote medical readiness in US military forces.

Use research results to educate Service members and reduce high risk behaviors..

Objectives	Action Steps
Preventive Vaccine Development: Develop a safe and effective HIV vaccine to be given to uninfected military personnel to prevent HIV infection and AIDS.	Define the global molecular epidemiology of HIV in order to select the best vaccine candidates Explore novel vaccine technologies, such as recombinant subunit vaccines, DNA vaccines and combined use of vaccines and cytokines Conduct vaccine trials in endemic areas to evaluate HIV genotype-(clade) specific protection. Assess the immune response and efficacy of vaccines.
Behavior Prevention: Develop new and more effective	Develop and field test transition to use novel interactive methods

educational interventions to reduce high risk behavior.

Prevent HIV Disease Progression: Develop new biochemical and genetic techniques to slow HIV disease progression.

Assess HIV Disease Progression: Evaluate efficacy of intervention techniques.

to modify behavior and reduce risk of infection.

Evaluate prevalence of drug resistance, develop rapid genetic assay for resistant mutants, and methods for genetic targeting of novel therapies in vivo.

Participate in national surveillance for AZT resistance.

Compare prevalence of drug resistant HIV to clinical course.

Evaluate immune reconstitution of HIV.

Optimize transduction of CD4+ cells with retroviral vectors

Evaluate therapeutic potential of CD4+ and HIV resistant CD4+ adoptive therapy.

Develop a comprehensive panel of immunologic, virologic and functional parameters for management of HIV-1 infection.

Continue Natural History Study and Specimen Repository.

USAF Natural History Study Determine natural history of HIV infection in military population: determine markers of disease progression or non-progression, and identify which interventions impact favroably by halting or limiting disease progression.

Navy Natural History Study and Specimen Repository
(Collect, collate and store primary and longitudinal clinical specimens and data from HIV infected patients)
Follow clinical and laboratory parameters of HIV infected military

service members from the first HIV seropositive result to death.

Area: International

Goal: Continue leadership in international community in sharing research methodologies and findings
Continue to observe host nation requirements for HIV testing and reporting.
Continue research at international sites with high prevalence or incidence of HIV and AIDS

Objectives	Action Steps
Participate in Global Surveillance Initiatives	Determine the prevalence of HIV initiatives, infections and genotypes in geographic areas of military.
Maintain Current Knowledge of Host Nation HIV Screening and Reporting Requirements	The Assistant Secretary of Defense for International Affairs (ASD/IA) identifies or confirms host-nation HIV screening requirements for DoD civilians and transmits this information to the ASD for Force Management and Personnel. The ASD/IA coordinates requests for screening with the Department of State.

Area: Civil Rights

Goal: Protect patient's rights to information and non-discrimination in receiving treatment for HIV or AIDS

Objectives	Action Steps
Eliminate Fear of Untimely Separation, Stigma or Discrimination Related to HIV Status	Results of laboratory tests may not be used as the sole basis for separation of a Service member. Laboratory test results confirming the serologic evidence of HIV infection may not be used as an independent basis for any adverse administrative action or any disciplinary action, including punitive

actions under the Uniform Code of Military Justice.

Information obtained from a Service member during or as a result of, and epidemiologic assessment interview may not be used against the Service member in the following: court martial, line of duty determination, nonjudicial punishment; involuntary separation (other than for medical reasons); administrative or punitive reduction-in grade; denial of promotion; an unfavorable entry in a personnel record; a bar to reenlistment; or any other action considered by the Secretary of the Military Department concerned to be an adverse personnel action.

Communicable disease reporting procedures of civil authorities shall be followed through liaison between military public health authorities and the local, State, territorial, Federal, or host-nation health jurisdiction.

All individual with serologic evidence of HIV-infection who are military healthcare beneficiaries shall be counseled by a physician or a designated health care provider on the significance of a positive antibody test. The infected individual shall be informed that they are ineligible to donate blood and shall be placed on a permanent donor deferral list.

Service members identified to be at risk shall be counseled and tested for serologic evidence of HIV infection.

Other DoD beneficiaries, such as retirees and family members, identified to be at risk shall be informed or their risk and offered serologic testing, clinical evaluation, and counselling.

The names of individuals identified to be at risk who are not eligible for military healthcare shall be provided to civilian health authorities in the locality where the index case is identified, unless prohibited by the appropriate State or host-nation civilian health authority. Such notification shall comply with the "Privacy Act of 1974".

Anonymity of the HIV index case shall be maintained unless reporting is required by civil authorities.

Programs

Description	Resources	Population Served	Constituency Served	Unmet Needs
Prevention				
Training of Service HIV or AIDS educators	FY 95 $75,000 FY 96 $75,000	Active Duty Service members and their eligible family members	Active Duty Force	
HIV awareness prevention for recruits, new officers, civilian personnel: unit based and focused behavioral change approaches for higher risk personnel	FY 95 $170,000 FY 96 $170,000		Active duty force and affiliated civilian workforce	
		Contacts of seroconverts	General public	
		Healthcare providers and those at risk of exposure to blood and body fluids	Healthcare and public service community	
		Recipients of ASBPO blood products	General public	
Services				
Counseling and specific education for all new HIV seroconverted members; annual counseling and education for HIV+ members	FY 95 $310,000 FY 96 $310,000	Estimated 5,000-7,000 Service beneficiaries	HIV infected beneficiaries	

Comprehensive clinical care of Active duty members and retirees	FY 95 $1.5M FY 96 $1.5M	Estimated 5,000-7,000 beneficiaries	All Active duty personnel and beneficiaries
Serodiagnostic testing: Improve Navy serodiagnostic database capabilities	FY 95: $870,000 FY 96: $870,000	Estimated 700,000 beneficiaries	All Active duty personnel and beneficiaries
Research Define molecular epidemiology of HIV	FY 96 $1M	US military	US military
Explore novel vaccine technologies	FY 96 $6.9M	US military	US military
Conduct vaccine trials	FY 96 $2M	US military	US military and foreign national populations
Figures not available for the following: Assess immune response and efficacy of vaccines	FY 96	US military	All potential vaccine recipients
Survey for AZT resistance	FY 96	ACTG 244 retrospective study participants	Military active duty, retired and dependents
Compare drug resistance to clinical course	FY 96	Swiss, Australian, US military & CDC	Military active duty, retired and dependents
Evaluate immune reconstitution	FY 96	US military	Military active duty, retired and dependents
Transduction of CD4+ cells with	FY 96	US military	Military active duty,

retroviral vectors			retired and dependents
Therapeutic potential of CD4+ adoptive therapy	FY 96	US military	Military active duty, retired and dependents
Develop panel of lab parameters for infection management	FY 96	ACTG, CPCRA US military	Military active duty, retired and dependents
Continue Natural History study and specimen repository	FY 96	HIV infected military personnel	All military
International			
Participate in global surveillance initiatives	FY 96	OCONUS lab study populations	US military, US travelers
Civil Rights		Individual military healthcare recipients	US military healthcare beneficiaries

Office of the Assistant Secretary of Defense

Washington DC 20301-1200

Health Affairs

Facsimile Cover Sheet

To: Jane Danville
Organization: Office of National AIDS Policy Exec Office of the President
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Date: 8/25/95
Pages including this cover page: 16

Comments:

WITH MANY APOLOGIES - ALSO ENCLOSING ORIGINAL + DISK IN MICROSOFT WORD for WINDOWS 6.0

THANK YOU FOR YOUR GENTLE REMINDERS -

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Introduction:

In 1985, the Department of Defense (DoD) recognized that AIDS (Acquired Immune Deficiency Syndrome) and related infections of HIV-1 would have significant effects on military personnel and readiness. The initial policy memorandum was issued in October 1985. In 1988, a revised policy reaffirmed our public health initiatives and clarified some administrative procedures. The policy continued the exclusion of HIV-1 positive recruit applicants from entry into the military, the prohibition against the use of epidemiological interview data for any disciplinary reasons, the need for case contact tracing, the retention HIV-1 positive who are medically fit for duty, the restriction of HIV-1 positive personnel to assignment in the U.S., an aggressive voluntary testing program for non-military personnel, and an emphasis on education.

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- Excellent record of including minorities in DoD studies

The DoD is unique in the HIV and AIDS arena in that it functions as an employer as well as a source of treatment, research protocols, health educator, and distributor of post-retirement benefits. Far from being a closed system, the DoD has actively led the nation in the early identification and early intervention for those who seroconvert to HIV positive status and has collaborated with other federal, state, and international agencies in the fight against this devastating disease.

Area: Prevention

Goal: Preservation of an effective fighting force through prevention of HIV infection
Prevent transmission of HIV infection through recurring required education of Service members and civilian employees.
Continue periodic screening of Service members to facilitate early identification of HIV seroconversion and baseline comprehensive medical evaluation.

Objectives	Action Steps
Primary prevention: Interventions to keep HIV from infecting Service members.	
Reduce the number of new Active Duty HIV infections by 20% by the year 1997: reduce incidence of HIV and other sexually transmitted diseases (STDs) through education.	Continue required education and general military training focus on methods of transmission: abstinence is identified as the only known method to avoid sexual transmission. Continue description of various effective barrier protective methods. Emphasize avoidance of transmission through illicit intravenous drug use. Continue practice of universal precautions in all areas of potential contact with blood or body fluids.
Provide basic information on HIV transmission, risk reduction for all new recruits, officers, and new civilian work force members.	Conduct comprehensive fact based education for all personnel.
Continue required periodic education or training about HIV and AIDS for all Active duty, Reserve component members, and civilian work force members.	Provide additional focused education for personnel at higher risk.
Train HIV educators qualified to provide the required annual HIV training as well as to serve as a resource for information on HIV and AIDS.	Continue HIV instructor courses to train unit level peer HIV instructors for required annual military and civilian HIV training, with emphasis on modes of transmission and prevention of infection.

Continue train the trainer courses to develop multidisciplinary teams from medical, dental, nursing, and public health corps for promoting HIV and AIDS education, transmission reduction programs and other related programs for local bases.

Continue to ensure the safety of the Armed Services Blood Program Office (ASBPO)

Service personnel with serologic evidence of HIV infection or who are repeatedly ELISA reactive, but Western Blot (WB) negative or indeterminate, are advised to refrain from donating blood.

ASBPO "Look Back Program" traces contacts of identified positive donors who seroconvert post blood donation; recipients of blood of these donors are traced and contacted.

Continue the compliance of ASBPO with FDA guidelines and accreditation requirements of the American Association of Blood Banks.

Secondary Prevention: Early detection and treatment of disease

Continue HIV testing and surveillance.

Screen all Active duty and Reserve component military personnel periodically for serologic evidence of HIV infection.

Provide initial and periodic comprehensive counseling and specific prevention education to all HIV infected Service beneficiaries.

Counsel and educate all members with new HIV infections

Identify case contacts.

Conduct epidemiologic interviews of all HIV positive service members to elicit identify of contacts; follow up notification, testing, and counselling of contacts offered.

Provide stage appropriate treatment.

Analyze HIV trends.

Procure HIV information system for improved capture of serodiagnostic testing.

Tertiary Prevention: Limit disability from disease

Counsel annually all previously identified **HIV positive** members.

Provide comprehensive clinical care of all HIV infected Service beneficiaries.

Continue the policy of **assignment within the United States,** Alaska, Hawaii, or Puerto Rico to ensure access to continuity of high quality medical care and health status evaluation.

Monitor HIV trends to tailor education and prevention efforts.

Improve serodiagnostic database concept through research and development of current technologies. (Navy is lead agent.)

Continue supportive programming and storage services.

Improve reporting requirements through detailed instructions of standard operating procedures.

Continue current assignment policy that precludes exposure to overseas assignments; this policy serves to increase access to established comprehensive medical center services and periodic and annual medical evaluation for the infected Service member.

State of the art clinical protocols provide a wide array of access to optimal treatment of HIV and AIDS.

Early identification of seropositive status enables early identification of AIDS and early therapeutic intervention.

Area: Services (Treatment and Employment)

Goal: Provide immediate evaluation and continuity of care for those Service members who seroconvert to positive HIV status. Provide state of the art patient centered comprehensive care throughout the asymptotic and symptomatic phases of HIV and AIDS.
Through contact tracing, identify others at risk and provide initial consultation and evaluation. Follow those who are eligible for care in the direct care system; refer those who are not eligible to the appropriate civilian providers.
Provide continuation of employment until no longer physically fit for duty.

Objectives	Action Steps
Provide immediate consultation, referral and standardized medical evaluation for members who seroconvert to HIV positive status.	Periodic screening allows rapid identification of members proximate to the time of seroconversion. The well-established system in place allows rapid identification of seroconversion, notification of the appropriate physician to contact the member and arrangement of timely counseling and baseline medical assessment using a standardized comprehensive clinical protocol.
Through contact tracing, identify family members or others who are at risk of exposure to HIV and provide medical evaluation.	If eligible for care in DoD system, care is provided. If a contact is not eligible for DoD care, appropriate counseling and referral to civilian agencies is provided.
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	ensure continuity of medical care.
Provide state of the art medical treatment for members with HIV infection or AIDS by health care staff educated and current in best clinical practice for HIV and AIDS.	Physicians and all other healthcare providers participate in local and national educational programs, professional societies, local, state and national advisory groups.
	Ongoing communication of effective practices among the centers that treat HIV and AIDS.

Area: Research

Goal: Carry out state-of-the-art research on the prevention of HIV infection to promote medical readiness in US military forces.

Use research results to educate Service members and reduce high risk behaviors..

Objectives	Action Steps
Preventive Vaccine Development: Develop a safe and effective HIV vaccine to be given to uninfected military personnel to prevent HIV infection and AIDS.	Define the global molecular epidemiology of HIV in order to select the best vaccine candidates
	Explore novel vaccine technologies, such as recombinant subunit vaccines, DNA vaccines and combined use of vaccines and cytokines
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Behavior Prevention: Develop new and more effective	Develop and field test transition to use novel interactive methods

educational interventions to reduce high risk behavior.

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Evaluate prevalence of drug resistance, develop rapid genetic assay for resistant mutants, and methods for genetic targeting of novel therapies in vivo.

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Evaluate immune reconstitution of HIV.

Optimize transduction of CD4+ cells with retroviral vectors

Evaluate therapeutic potential of CD4+ and HIV resistant CD4+ adoptive therapy.

Develop a comprehensive panel of immunologic, virologic and functional parameters for management of HIV-1 infection.

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service members from the first HIV seropositive result to death.

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Goal: Continue leadership in international community in sharing research methodologies and findings
Continue to observe host nation requirements for HIV testing and reporting.
Continue research at international sites with high prevalence or incidence of HIV and AIDS

Objectives	Action Steps
Participate in Global Surveillance Initiatives	Determine the prevalence of HIV initiatives, infections and genotypes in geographic areas of military.
Maintain Current Knowledge of Host Nation HIV Screening and Reporting Requirements	The Assistant Secretary of Defense for International Affairs (ASD/IA) identifies or confirms host-nation HIV screening requirements for DoD civilians and transmits this information to the ASD for Force Management and Personnel. The ASD/IA coordinates requests for screening with the Department of State.

Area: Civil Rights

Goal: Protect patient's rights to information and non-discrimination in receiving treatment for HIV or AIDS

Objectives	Action Steps
Eliminate Fear of Untimely Separation, Stigma or Discrimination Related to HIV Status	Results of laboratory tests may not be used as the sole basis for separation of a Service member. Laboratory test results confirming the serologic evidence of HIV infection may not be used as an independent basis for any adverse administrative action or any disciplinary action, including punitive

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Anonymity of the HIV index case shall be maintained unless reporting is required by civil authorities.

Programs

Description	Resources	Population Served	Constituency Served	Unmet Needs
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HIV awareness prevention for recruits, new officers, civilian personnel: unit based and focused behavioral change approaches for higher risk personnel	FY 95 $170,000 FY 96 $170,000		Active duty force and affiliated civilian workforce	
		Contacts of seroconverts	General public	
		Healthcare providers and those at risk of exposure to blood and body fluids	Healthcare and public service community	
		Recipients of ASBPO blood products	General public	
Services				
Counseling and specific education for all new HIV seroconverted members; annual counseling and education for HIV+ members	FY 95 $310,000 FY 96 $310,000	Estimated 5,000-7,000 Service beneficiaries	HIV infected beneficiaries	

Comprehensive clinical care of Active duty members and retirees	FY 95 $1.5M FY 96 $1.5M	Estimated 5,000-7,000 beneficiaries	All Active duty personnel and beneficiaries
Serodiagnostic testing: Improve Navy serodiagnostic database capabilities	FY 95: $870,000 FY 96: $870,000	Estimated 700,000 beneficiaries	All Active duty personnel and beneficiaries
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Compare drug resistance to clinical course	FY 96	Swiss, Australian, US military & CDC	Military active duty, retired and dependents
Evaluate immune reconstitution	FY 96	US military	Military active duty, retired and dependents
Transduction of CD4+ cells with	FY 96	US military	Military active duty,

AVEG ?

RV 19

RV 180

added to chart.

added to chart

retroviral vectors			retired and dependents	
? Therapeutic potential of CD4+ adoptive therapy	FY 96	US military	Military active duty, retired and dependents	Added to chart
Develop panel of lab parameters for infection management	FY 96	ACTG, CPCRA US military	Military active duty, retired and dependents	
BVI Continue Natural History study and specimen repository	FY 96	HIV infected military personnel	All military	
International Participate in global surveillance initiatives	FY 96	OCONUS lab study populations	US military, US travelers	Added to chart
Civil Rights		Individual military healthcare recipients	US military healthcare beneficiaries	

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G1837

Date Rcvd: 8/28/95

From: John F. Mazzuchi
Dept. of Defense (Office of the Asst. Sec.)

Staff Action:

Reviewed By Jeff:_____ **Reviewed By: Patsy** ✓

Assigned To: Jane

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

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OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

25 AUG 1995

Patsy Fleming
Director, White House Office of AIDS Policy
750 17th St NW Suite 600
Washington, DC 20503

Dear Ms. Fleming:

I am pleased to transmit to you the Department of Defense HIV/AIDS Plan as you requested. Thank you for the opportunity to share and collaborate in the Government's efforts in fighting the AIDS epidemic.

Please let me know if further information is neded. My point of contact in this matter is Ms. Patricia Collins who may be reached at (703) 695-7116, pager (703) 518-2126, or fax (703) 693-2548.

Sincerely,

John Mazzuchi

John F. Mazzuchi, Ph.D.
Deputy Assistant Secretary
Clinical Services

Attachment:
As Stated

Department of Defense/Health Affairs
HIV/AIDS Plan

Introduction:

In 1985, the Department of Defense (DoD) recognized that AIDS (Acquired Immune Deficiency Syndrome) and related infections of HIV-1 would have significant effects on military personnel and readiness. The initial policy memorandum was issued in October 1985. In 1988, a revised policy reaffirmed our public health initiatives and clarified some administrative procedures. The policy continued the exclusion of HIV-1 positive recruit applicants from entry into the military, the prohibition against the use of epidemiological interview data for any disciplinary reasons, the need for case contact tracing, the retention HIV-1 positive who are medically fit for duty, the restriction of HIV-1 positive personnel to assignment in the U.S., an aggressive voluntary testing program for non-military personnel, and an emphasis on education.

Both HIV infection and AIDS are increasing dramatically worldwide, and HIV is prevalent in a number of geographical areas where U.S. Military forces may deploy. In order to counter the threat of HIV to our military forces, in fiscal year (FY) 1986, DoD initiated a research program to prevent infection (e.g.,vaccine development) and monitor the spread of HIV infection in military forces. Since fiscal year 1986, DoD has invested nearly $1 billion in the HIV/AIDS program: $343 million in research, $214 million in prevention and testing, and $403 million in treatment. During FY 1994, the Department spent $129 million on the HIV/AIDS program. As of June 1995, there were 1,128 HIV positive military personnel on active duty. Since 1986, there have been 9,473 positive HIV infected persons from all DoD categories across all DoD categories of personnel (active duty, reserve, etc.) Of those, 804 are deceased. As of June 15, 1995, the HIV positive prevalence rate of active duty members tested was 0.7 per 1,000 members. Over 3.5 million civilian applicants for military service have been screened and over 3,860 infected applicants have been excluded from military service.

The DoD Directive 6485.1, "Human Immunodeficiency Virus-1", released March 19, 1991, established policy, responsibilities, and procedures on identification, surveillance, and administration of civilian and military personnel infected with HIV. Active duty service members with serologic evidence of HIV infection are referred for a medical evaluation in DoD to document their fitness for continued military service and to institute appropriate medical care and followup. This procedure is conducted in the same manner as procedures for personnel with other progressive illnesses. Their medical evaluations are performed in accordance with a standard comprehensive clinical protocol. Service members with serologic evidence of HIV infection who are evaluated as physically fit for duty cannot be separated solely on the basis of their serologic evidence of HIV infection. Active duty service members who are infected with HIV and are determined to be physically unfit for further duty are retired or medically separated. Service members infected with HIV

are assigned within the United States, including Alaska, Hawaii, and Puerto Rico. This is due to the high priority placed on assuring continued medical evaluation of personnel infected with HIV.

The DoD has a notable history of proactive surveillance, casefinding, early intervention, treatment, research and educational efforts as evidenced by the following benchmarks:

- First agency to gather nationwide scientific data on HIV to formulate DoD policy (screening, separation and retention standards, education, and assignment of personnel)
- First successful large scale program for early diagnosis and treatment
- Initiated first world wide classification standard (Walter Reed Staging System)
- First to identify heterosexual transmission in the U.S.
- First report of vaccines for therapy
- First description of worldwide viral genetic diversity
- Established world's highest quality testing program
- Leading program in international vaccine trials
- Excellent record of including minorities in DoD studies

The DoD is unique in the HIV and AIDS arena in that it functions as an employer as well as a source of treatment, research protocols, health educator, and distributor of post-retirement benefits. Far from being a closed system, the DoD has actively led the nation in the early identification and early intervention for those who seroconvert to HIV positive status and has collaborated with other federal, state, and international agencies in the fight against this devastating disease.

Area: Prevention

Goal: Preservation of an effective fighting force through prevention of HIV infection
Prevent transmission of HIV infection through recurring required education of Service members and civilian employees.
Continue periodic screening of Service members to facilitate early identification of HIV seroconversion and baseline comprehensive medical evaluation.

Objectives	Action Steps
Primary prevention: Interventions to keep HIV from infecting Service members.	
Reduce the number of new Active Duty HIV infections by 20% by the year 1997: reduce incidence of HIV and other sexually transmitted diseases (STDs) through education.	Continue required education and general military training focus on methods of transmission; abstinence is identified as the only known method to avoid sexual transmission. Continue description of various effective barrier protective methods. Emphasize avoidance of transmission through illicit intravenous drug use. Continue practice of universal precautions in all areas of potential contact with blood or body fluids.
Provide basic information on HIV transmission, risk reduction for all new recruits, officers, and new civilian work force members.	Conduct comprehensive fact based education for all personnel.
Continue required periodic education or training about HIV and AIDS for all Active duty, Reserve component members, and civilian work force members.	Provide additional focused education for personnel at higher risk.
Train HIV educators qualified to provide the required annual HIV training as well as to serve as a resource for information on HIV and AIDS.	Continue HIV instructor courses to train unit level peer HIV instructors for required annual military and civilian HIV training, with emphasis on modes of transmission and prevention of infection.

	Continue train the trainer courses to develop multidisciplinary teams from medical, dental, nursing, and public health corps for promoting HIV and AIDS education, transmission reduction programs and other related programs for local bases.
Continue to ensure the safety of the Armed Services Blood Program Office (ASBPO)	Service personnel with serologic evidence of HIV infection or who are repeatedly ELISA reactive, but Western Blot (WB) negative or indeterminate, are advised to refrain from donating blood. ASBPO "Look Back Program" traces contacts of identified positive donors who seroconvert post blood donation; recipients of blood of these donors are traced and contacted. Continue the compliance of ASBPO with FDA guidelines and accreditation requirements of the American Association of Blood Banks.
Secondary Prevention: Early detection and treatment of disease	
Continue HIV testing and surveillance.	**Screen** all Active duty and Reserve component military personnel periodically for serologic evidence of HIV infection.
Provide initial and periodic comprehensive counseling and specific prevention education to all HIV infected Service beneficiaries.	**Counsel and educate** all members with new HIV infections
Identify case contacts.	**Conduct epidemiologic interviews** of all HIV positive service members to elicit identify of contacts; follow up notification, testing, and counselling of contacts offered.

	Counsel annually all previously identified **HIV positive** members.
Provide stage appropriate treatment.	Provide comprehensive clinical care of all HIV infected Service beneficiaries.
	Continue the policy of **assignment within the United States**, Alaska, Hawaii, or Puerto Rico to ensure access to continuity of high quality medical care and health status evaluation.
Analyze HIV trends.	**Monitor HIV trends** to tailor education and prevention efforts.
Procure HIV information system for improved capture of serodiagnostic testing.	Improve serodiagnostic database concept through research and development of current technologies. (Navy is lead agent.)
	Continue supportive programming and storage services.
	Improve reporting requirements through detailed instructions of standard operating procedures.
Tertiary Prevention: Limit disability from disease	**Continue current assignment policy** that precludes exposure to overseas assignments; this policy serves to increase access to established comprehensive medical center services and periodic and annual medical evaluation for the infected Service member.
	State of the art clinical protocols provide a wide array of access to optimal treatment of HIV and AIDS.
	Early identification of seropositive status enables early identification of AIDS and early therapeutic intervention.

Area: Services (Treatment and Employment)

Goal: Provide immediate evaluation and continuity of care for those Service members who seroconvert to positive HIV status. Provide state of the art patient centered comprehensive care throughout the asymptotic and symptomatic phases of HIV and AIDS.
Through contact tracing, identify others at risk and provide initial consultation and evaluation. Follow those who are eligible for care in the direct care system; refer those who are not eligible to the appropriate civilian providers.
Provide continuation of employment until no longer physically fit for duty.

Objectives	Action Steps
Provide immediate consultation, referral and standardized medical evaluation for members who seroconvert to HIV positive status.	Periodic screening allows rapid identification of members proximate to the time of seroconversion. The well-established system in place allows rapid identification of seroconversion, notification of the appropriate physician to contact the member and arrangement of timely counseling and baseline medical assessment using a standardized comprehensive clinical protocol.
Through contact tracing, identify family members or others who are at risk of exposure to HIV and provide medical evaluation.	If eligible for care in DoD system, care is provided. If a contact is not eligible for DoD care, appropriate counseling and referral to civilian agencies is provided. DoD provides care for HIV infected patients at medical treatment facilities in the United States and Puerto Rico. Specialized diagnostic and treatment centers for comprehensive evaluation and treatment of HIV infected patients are located at the National Naval Medical Center, Bethesda, MD or US Air Force Medical Center Wilford Hall, Lackland Air Force Base, TX. Both centers have active clinical protocols with state of art medical treatment.
Restrict assignment to continental United States, Alaska, Hawaii, or Puerto Rico to assure continuity of medical care.	HIV positive status triggers personnel action to defer assignment other than to United States, Hawaii, Alaska, or Puerto Rico to

	ensure continuity of medical care.
Provide state of the art medical treatment for members with HIV infection or AIDS by health care staff educated and current in best clinical practice for HIV and AIDS.	Physicians and all other healthcare providers participate in local and national educational programs, professional societies, local, state and national advisory groups. Ongoing communication of effective practices among the centers that treat HIV and AIDS.

Area: Research

Goal: Carry out state-of-the-art research on the prevention of HIV infection to promote medical readiness in US military forces.

Use research results to educate Service members and reduce high risk behaviors..

Objectives	Action Steps
Preventive Vaccine Development: Develop a safe and effective HIV vaccine to be given to uninfected military personnel to prevent HIV infection and AIDS.	Define the global molecular epidemiology of HIV in order to select the best vaccine candidates Explore novel vaccine technologies, such as recombinant subunit vaccines, DNA vaccines and combined use of vaccines and cytokines Conduct vaccine trials in endemic areas to evaluate HIV genotype-(clade) specific protection. Assess the immune response and efficacy of vaccines.
Behavior Prevention: Develop new and more effective	Develop and field test transition to use novel interactive methods

educational interventions to reduce high risk behavior.

Prevent HIV Disease Progression: Develop new biochemical and genetic techniques to slow HIV disease progression.

Assess HIV Disease Progression: Evaluate efficacy of intervention techniques.

to modify behavior and reduce risk of infection.

Evaluate prevalence of drug resistance, develop rapid genetic assay for resistant mutants, and methods for genetic targeting of novel therapies in vivo.

Participate in national surveillance for AZT resistance.

Compare prevalence of drug resistant HIV to clinical course.

Evaluate immune reconstitution of HIV.

Optimize transduction of CD4+ cells with retroviral vectors

Evaluate therapeutic potential of CD4+ and HIV resistant CD4+ adoptive therapy.

Develop a comprehensive panel of immunologic, virologic and functional parameters for management of HIV-1 infection.

Continue Natural History Study and Specimen Repository.

USAF Natural History Study Determine natural history of HIV infection in military population: determine markers of disease progression or non-progression, and identify which interventions impact favroably by halting or limiting disease progression.

Navy Natural History Study and Specimen Repository
(Collect, collate and store primary and longitudinal clinical specimens and data from HIV infected patients)
Follow clinical and laboratory parameters of HIV infected military

service members from the first HIV seropositive result to death.

Area: International

Goal: Continue leadership in international community in sharing research methodologies and findings
Continue to observe host nation requirements for HIV testing and reporting.
Continue research at international sites with high prevalence or incidence of HIV and AIDS

Objectives	Action Steps
Participate in Global Surveillance Initiatives	Determine the prevalence of HIV initiatives, infections and genotypes in geographic areas of military.
Maintain Current Knowledge of Host Nation HIV Screening and Reporting Requirements	The Assistant Secretary of Defense for International Affairs (ASD/IA) identifies or confirms host-nation HIV screening requirements for DoD civilians and transmits this information to the ASD for Force Management and Personnel. The ASD/IA coordinates requests for screening with the Department of State.

Area: Civil Rights

Goal: Protect patient's rights to information and non-discrimination in receiving treatment for HIV or AIDS

Objectives	Action Steps
Eliminate Fear of Untimely Separation, Stigma or Discrimination Related to HIV Status	Results of laboratory tests may not be used as the sole basis for separation of a Service member. Laboratory test results confirming the serologic evidence of HIV infection may not be used as an independent basis for any adverse administrative action or any disciplinary action, including punitive

actions under the Uniform Code of Military Justice.

Information obtained from a Service member during or as a result of, and epidemiologic assessment interview may not be used against the Service member in the following: court martial, line of duty determination, nonjudicial punishment; involuntary separation (other than for medical reasons); administrative or punitive reduction-in grade; denial of promotion; an unfavorable entry in a personnel record; a bar to reenlistment; or any other action considered by the Secretary of the Military Department concerned to be an adverse personnel action.

Communicable disease reporting procedures of civil authorities shall be followed through liaison between military public health authorities and the local, State, territorial, Federal, or host-nation health jurisdiction.

All individual with serologic evidence of HIV-infection who are military healthcare beneficiaries shall be counseled by a physician or a designated health care provider on the significance of a positive antibody test. The infected individual shall be informed that they are ineligible to donate blood and shall be placed on a permanent donor deferral list.

Service members identified to be at risk shall be counseled and tested for serologic evidence of HIV infection.

Other DoD beneficiaries, such as retirees and family members, identified to be at risk shall be informed or their risk and offered serologic testing, clinical evaluation, and counselling.

The names of individuals identified to be at risk who are not eligible for military healthcare shall be provided to civilian health authorities in the locality where the index case is identified, unless prohibited by the appropriate State or host-nation civilian health authority. Such notification shall comply with the "Privacy Act of 1974".

Anonymity of the HIV index case shall be maintained unless reporting is required by civil authorities.

Programs

Description	Resources	Population Served	Constituency Served	Unmet Needs
Prevention				
Training of Service HIV or AIDS educators	FY 95 $75,000 FY 96 $75,000	Active Duty Service members and their eligible family members	Active Duty Force	
HIV awareness prevention for recruits, new officers, civilian personnel: unit based and focused behavioral change approaches for higher risk personnel	FY 95 $170,000 FY 96 $170,000		Active duty force and affiliated civilian workforce	
		Contacts of seroconverts	General public	
		Healthcare providers and those at risk of exposure to blood and body fluids	Healthcare and public service community	
		Recipients of ASBPO blood products	General public	
Services				
Counseling and specific education for all new HIV seroconverted members; annual counseling and education for HIV+ members	FY 95 $310,000 FY 96 $310,000	Estimated 5,000-7,000 Service beneficiaries	HIV infected beneficiaries	

Comprehensive clinical care of Active duty members and retirees	FY 95 $1.5M FY 96 $1.5M	Estimated 5,000-7,000 beneficiaries	All Active duty personnel and beneficiaries
Serodiagnostic testing: Improve Navy serodiagnostic database capabilities	FY 95: $870,000 FY 96: $870,000	Estimated 700,000 beneficiaries	All Active duty personnel and beneficiaries
Research Define molecular epidemiology of HIV	FY 96 $1M	US military	US military
Explore novel vaccine technologies	FY 96 $6.9M	US military	US military
Conduct vaccine trials	FY 96 $2M	US military	US military and foreign national populations
Figures not available for the following:			
Assess immune response and efficacy of vaccines	FY 96	US military	All potential vaccine recipients
Survey for AZT resistance	FY 96	ACTG 244 retrospective study participants	Military active duty, retired and dependents
Compare drug resistance to clinical course	FY 96	Swiss, Australian, US military & CDC	Military active duty, retired and dependents
Evaluate immune reconstitution	FY 96	US military	Military active duty, retired and dependents
Transduction of CD4+ cells with	FY 96	US military	Military active duty,

retroviral vectors			retired and dependents
Therapeutic potential of CD4+ adoptive therapy	FY 96	US military	Military active duty, retired and dependents
Develop panel of lab parameters for infection management	FY 96	ACTG, CPCRA US military	Military active duty, retired and dependents
Continue Natural History study and specimen repository	FY 96	HIV infected military personnel	All military
International Participate in global surveillance initiatives	FY 96	OCONUS lab study populations	US military, US travelers
Civil Rights		Individual military healthcare recipients	US military healthcare beneficiaries

Office of the Assistant Secretary of Defense

Washington DC 20301-1200

Health Affairs

Facsimile Cover Sheet

To: Jane Stanville
Organization: Office of National AIDS Policy
Exec Office of the President
Phone: 202 632 1690
Fax: 202 632 1696

From: Ms. Patricia Collins
Organization: OASD/HA(Clinical Services)Scientific Activities
Phone: 703-695-7116 email pcollins.ha.osd.mil
Fax: 703-693-2548
Pager: 703-518-2126

Date: 8/25/95
Pages including this cover page: 16

Comments:

WITH MANY APOLOGIES - ALSO RESENDING ORIGINAL + DISK IN MSOFFICE WORD for WINDOWS 6.0

THANK YOU FOR YOUR GENTLE REMINDERS -

Department of Defense/Health Affairs
HIV/AIDS Plan

Introduction:

In 1985, the Department of Defense (DoD) recognized that AIDS (Acquired Immune Deficiency Syndrome) and related infections of HIV-1 would have significant effects on military personnel and readiness. The initial policy memorandum was issued in October 1985. In 1988, a revised policy reaffirmed our public health initiatives and clarified some administrative procedures. The policy continued the exclusion of HIV-1 positive recruit applicants from entry into the military, the prohibition against the use of epidemiological interview data for any disciplinary reasons, the need for case contact tracing, the retention HIV-1 positive who are medically fit for duty, the restriction of HIV-1 positive personnel to assignment in the U.S., an aggressive voluntary testing program for non-military personnel, and an emphasis on education.

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The DoD is unique in the HIV and AIDS arena in that it functions as an employer as well as a source of treatment, research protocols, health educator, and distributor of post-retirement benefits. Far from being a closed system, the DoD has actively led the nation in the early identification and early intervention for those who seroconvert to HIV positive status and has collaborated with other federal, state, and international agencies in the fight against this devastating disease.

Area: Prevention

Goal: Preservation of an effective fighting force through prevention of HIV infection
Prevent transmission of HIV infection through recurring required education of Service members and civilian employees.
Continue periodic screening of Service members to facilitate early identification of HIV seroconversion and baseline comprehensive medical evaluation.

Objectives	Action Steps
Primary prevention: Interventions to keep HIV from infecting Service members.	
Reduce the number of new Active Duty HIV infections by 20% by the year 1997: reduce incidence of HIV and other sexually transmitted diseases (STDs) through education.	Continue required education and general military training focus on methods of transmission; abstinence is identified as the only known method to avoid sexual transmission. Continue description of various effective barrier protective methods. Emphasize avoidance of transmission through illicit intravenous drug use. Continue practice of universal precautions in all areas of potential contact with blood or body fluids.
Provide basic information on HIV transmission, risk reduction for all new recruits, officers, and new civilian work force members.	Conduct comprehensive fact based education for all personnel.
Continue required periodic education or training about HIV and AIDS for all Active duty, Reserve component members, and civilian work force members.	Provide additional focused education for personnel at higher risk.
Train HIV educators qualified to provide the required annual HIV training as well as to serve as a resource for information on HIV and AIDS.	Continue HIV instructor courses to train unit level peer HIV instructors for required annual military and civilian HIV training, with emphasis on modes of transmission and prevention of infection.

	Continue train the trainer courses to develop multidisciplinary teams from medical, dental, nursing, and public health corps for promoting HIV and AIDS education, transmission reduction programs and other related programs for local bases.
Continue to ensure the safety of the Armed Services Blood Program Office (ASBPO)	Service personnel with serologic evidence of HIV infection or who are repeatedly ELISA reactive, but Western Blot (WB) negative or indeterminate, are advised to refrain from donating blood. ASBPO "Look Back Program" traces contacts of identified positive donors who seroconvert post blood donation; recipients of blood of these donors are traced and contacted. Continue the compliance of ASBPO with FDA guidelines and accreditation requirements of the American Association of Blood Banks.
Secondary Prevention: Early detection and treatment of disease	
Continue HIV testing and surveillance.	**Screen** all Active duty and Reserve component military personnel periodically for serologic evidence of HIV infection.
Provide initial and periodic comprehensive counseling and specific prevention education to all HIV infected Service beneficiaries.	**Counsel and educate** all members with new HIV infections
Identify case contacts.	**Conduct epidemiologic interviews** of all HIV positive service members to elicit identify of contacts; follow up notification, testing, and counselling of contacts offered.

	Counsel annually all previously identified **HIV positive** members.
Provide stage appropriate treatment.	Provide comprehensive clinical care of all HIV infected Service beneficiaries.
	Continue the policy of **assignment within the United States**, Alaska, Hawaii, or Puerto Rico to ensure access to continuity of high quality medical care and health status evaluation.
Analyze HIV trends.	**Monitor HIV trends** to tailor education and prevention efforts.
Procure HIV information system for improved capture of serodiagnostic testing.	Improve serodiagnostic database concept through research and development of current technologies. (Navy is lead agent.)
	Continue supportive programming and storage services.
	Improve reporting requirements through detailed instructions of standard operating procedures.
Tertiary Prevention: Limit disability from disease	**Continue current assignment policy** that precludes exposure to overseas assignments; this policy serves to increase access to established comprehensive medical center services and periodic and annual medical evaluation for the infected Service member.
	State of the art clinical protocols provide a wide array of access to optimal treatment of HIV and AIDS.
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Area: Services (Treatment and Employment)

Goal: Provide immediate evaluation and continuity of care for those Service members who seroconvert to positive HIV status. Provide state of the art patient centered comprehensive care throughout the asymptotic and symptomatic phases of HIV and AIDS.
Through contact tracing, identify others at risk and provide initial consultation and evaluation. Follow those who are eligible for care in the direct care system; refer those who are not eligible to the appropriate civilian providers.
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Objectives	Action Steps
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Through contact tracing, identify family members or others who are at risk of exposure to HIV and provide medical evaluation.	If eligible for care in DoD system, care is provided. If a contact is not eligible for DoD care, appropriate counseling and referral to civilian agencies is provided. DoD provides care for HIV infected patients at medical treatment facilities in the United States and Puerto Rico. Specialized diagnostic and treatment centers for comprehensive evaluation and treatment of HIV infected patients are located at the National Naval Medical Center, Bethesda, MD or US Air Force Medical Center Wilford Hall, Lackland Air Force Base, TX. Both centers have active clinical protocols with state of art medical treatment.
Restrict assignment to continental United States, Alaska, Hawaii, or Puerto Rico to assure continuity of medical care.	HIV positive status triggers personnel action to defer assignment other than to United States, Hawaii, Alaska, or Puerto Rico to

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Area: Research

Goal: Carry out state-of-the-art research on the prevention of HIV infection to promote medical readiness in US military forces.

Use research results to educate Service members and reduce high risk behaviors..

Objectives	Action Steps
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service members from the first HIV seropositive result to death.

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Goal: Continue leadership in international community in sharing research methodologies and findings
Continue to observe host nation requirements for HIV testing and reporting.
Continue research at international sites with high prevalence or incidence of HIV and AIDS

Objectives	Action Steps
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Maintain Current Knowledge of Host Nation HIV Screening and Reporting Requirements	The Assistant Secretary of Defense for International Affairs (ASD/IA) identifies or confirms host-nation HIV screening requirements for DoD civilians and transmits this information to the ASD for Force Management and Personnel. The ASD/IA coordinates requests for screening with the Department of State.

Area: Civil Rights

Goal: Protect patient's rights to information and non-discrimination in receiving treatment for HIV or AIDS

Objectives	Action Steps
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Programs

Description	Resources	Population Served	Constituency Served	Unmet Needs
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HIV awareness prevention for recruits, new officers, civilian personnel: unit based and focused behavioral change approaches for higher risk personnel	FY 95 $170,000 FY 96 $170,000		Active duty force and affiliated civilian workforce	
		Contacts of seroconverts	General public	
		Healthcare providers and those at risk of exposure to blood and body fluids	Healthcare and public service community	
		Recipients of ASBPO blood products	General public	
Services				
Counseling and specific education for all new HIV seroconverted members; annual counseling and education for HIV+ members	FY 95 $310,000 FY 96 $310,000	Estimated 5,000-7,000 Service beneficiaries	HIV infected beneficiaries	

Comprehensive clinical care of Active duty members and retirees	FY 95 $1.5M FY 96 $1.5M	Estimated 5,000-7,000 beneficiaries	All Active duty personnel and beneficiaries
Serodiagnostic testing: Improve Navy serodiagnostic database capabilities	FY 95: $870,000 FY 96: $870,000	Estimated 700,000 beneficiaries	All Active duty personnel and beneficiaries
Research Define molecular epidemiology of HIV	FY 96 S1M	US military	US military
Explore novel vaccine technologies	FY 96 $6.9M	US military	US military
Conduct vaccine trials	FY 96 $2M	US military	US military and foreign national populations
Figures not available for the following: Assess immune response and efficacy of vaccines	FY 96	US military	All potential vaccine recipients
Survey for AZT resistance	FY 96	ACTG 244 retrospective study participants	Military active duty, retired and dependents
Compare drug resistance to clinical course	FY 96	Swiss, Australian, US military & CDC	Military active duty, retired and dependents
Evaluate immune reconstitution	FY 96	US military	Military active duty, retired and dependents
Transduction of CD4+ cells with	FY 96	US military	Military active duty,

retroviral vectors			retired and dependents
Therapeutic potential of CD4+ adoptive therapy	FY 96	US military	Military active duty, retired and dependents
Develop panel of lab parameters for infection management	FY 96	ACTG, CPCRA US military	Military active duty, retired and dependents
Continue Natural History study and specimen repository	FY 96	HIV infected military personnel	All military
International Participate in global surveillance initiatives	FY 96	OCONUS lab study populations	US military, US travelers
Civil Rights		Individual military healthcare recipients	US military healthcare beneficiaries