

Civil-Military Alliance to Combat HIV and AIDS



Volume 3, Number 1

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Infold #1

WORLD SURVEY AND POLICY REPORT

The results of a worldwide survey of military policies on HIV is published in this issue. The report can be used as a policy brief and training aid.

Infold #2

MAJOR REVIEW ARTICLE ON THE ALLIANCE

By General Marc J. De Coninck

From the *International Review of the Armed Forces Medical Services*

Next Issue

The April issue of the *Alliance Newsletter* will cover the outcome of a W-nation conference/workshop scheduled to take place in Windhoek, Namibia March 1-6, 1997

Innovative Program

HIV Education Plan for the Italian Armed Forces

C. Molica, O. Perito and R. D'Amelio

HIV infection in the Italian Armed Forces is presently a relatively minor problem, (see Table I, II). Nevertheless, there are a number of reasons to give this issue very serious consideration. First, there is a lack of knowledge of the real epidemiological situation in the armed forces due to the Italian law that prohibits screening without an individual's consent. Second, there is increasing heterosexual transmission in the general population, which is undoubtedly reflected in the armed forces. Third, the agreement that military personnel are a "special risk" population for other Sexually Transmitted Diseases (STD's) which are cofactors of HIV.

These factors induced the Office of the Tri-service Italian Surgeon General to launch an HIV-education plan for military personnel. The plan, in cooperation with the Italian National Committee for the fight against AIDS and the Italian National Institute of Health, had two key elements:

- First, to reach a broad segment of military personnel, including all recruits (approximately 200,000 a year), military personnel with police duties (*Carabinieri* and *Guardia di Finanza*) and all contingents employed in peace-keeping operations.

- Second, to organize the program as a "train the trainers" undertaking in three separate phases. (see Table III)

Organization of the Program

PHASE I

The program was launched in mid-1995 and involved both military and civilian trainers, a set of 32 military "trainees" represented by medical doctors serving in the army, navy, air force and military police. In this phase, with the cooperation of the National Institute of Health, specific educational objectives were identified, including the following:

- To treat the epidemiological, diagnostic and clinical aspects of HIV infection;

- To identify main psychological problems of young men in the military

Continued on page 4

Alliance Leadership and Organization

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Alliance Challenge

Closing the Distance Between Military and Civilian Populations

“Imagine a national AIDS program prohibited from working with some of the main HIV vectors, such as sex workers or truck drivers. . . . That’s what we have with some military populations.”

—Peter Spain, AED

“You can get people in a room to talk over these issues. They may even draft policies and make pronouncements. But unless they come out of the ‘state of denial,’ brought on by civil-military isolation, and face the issues...nothing happens.”

—Sven Groennings, Alliance

At a recent Alliance policy seminar hosted by the Pan American Health Organization (PAHO) in Washington DC, the isolation of the military was seen as one of the Alliances’ greatest challenges. It was emphasized that any MOH that hopes to deal with civilian health issues, needs to address military health and behavior. There is a major difference in military culture and civilian culture and whenever military personnel come out of their barracks, they have a major impact on civilian HIV transmission.

The key problem is that National AIDS Programs, run by Ministries of Health (MOH), have trouble reaching their own military installations. In many nations of Africa, military medical units are so isolated that they are, in a effect, cut off from civilian initiatives. This isolation slows HIV prevention programs even where there is good will and willingness to cooperate.

The seminar pointed out that African militaries rank among the top three core transmission groups in terms of HIV — with seropositivity ranging in many armies from 20% to 60% of personnel. (Other core transmission groups are seen as commercial sex workers and commercial transport workers)

The Alliance is advised to work to break-down military isolation, to use the command and control mechanisms in the military as an advantage, to focus attention on HIV prevention and to encourage militaries and National AIDS Programs to work for greater cooperation and interaction.

—notes from Peter Spain, AED, and Lenni Kangas, USAID

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Alliance News: Latin America

Good HIV / AIDS epidemiologic and socioeconomic impact data are the basis for the development of policy.

Because El Salvador, Guatemala, and Nicaragua do not have well-established national epidemiologic or sentinel surveillance systems, models were recently developed for projecting the course of the epidemic. Some of the results of an AIDSCAP regional conference are as follows:

Projections by Year 2000

	HIV-Infected	AIDS Deaths
El Salvador	25,000–50,000	7,500–15,000
Guatemala	41,000–81,000	11,000–17,000
Nicaragua	8,000–25,000	1,200–3,700

By the year 2000, approximately one in 94 adults in the three-country combination will be HIV-positive. Half of the cases will be in Guatemala, while the rate of infection will be highest in El Salvador, (The problem is more severe in Honduras than in any of these three).

The impact goes far beyond the numbers because the age group most affected, 25-40, includes women and men of reproductive age, parents supporting young children and the elderly, primary family wage earners, and a critical cohort of the national labor force.

Estimated hospitalization costs for AIDS patients in the three countries are likely to be between \$20 million and \$40 million in the year 2000. A 16-18 percent increase in HIV-related TB will add to health care costs. Lost economic productivity in the three countries "may mean as much as \$376 million lost in potential future earnings of persons diagnosed with AIDS in the year 2000."

Policy discussions focused on the priority given to HIV/AIDS, safety of the blood supply, promotion of women's rights, sex education in the schools, nondiscrimination poli-

cies, and national multi-sectoral approaches to prevention.

AIDSCAP will recommend policy planners from El Salvador, Guatemala and Nicaragua to join the 1997 Alliance seminar in Honduras.

Documents:

AIDSCAP. *Workshop Report: Assessing the Socioeconomic Impacts of HIV/AIDS in El Salvador, Guatemala and Nicaragua.* (1995)

Ministerio de Salud Publica y Asistencia Social de El Salvador, Programa ETS /SIDA. *Impacto Socioeconomico del VIH/SIDA en El Salvador.* (1995)

Ministerio de Salud Publica y Asistencia Social de Guatemala, Programa Nacional de Prevencion y Control del SIDA, *Impacto Socioeconomico de la Epidemia del VIH/SIDA en Guatemala,* (1995)

Also noted:

Ministerio de Salud Publica de Honduras, Division de ETS-SIDA. *El Impacto Socioeconomico del VIH/ SIDA en Tegucigalpa y San Pedro Sula, Honduras.* (1995)

NEW POLICY PROGRAM

Also in Central America, the Washington-based Academy for Educational Development (AED) is beginning a regional, multisectoral project to 1) address policy reform in both national governments and the private sector; 2) provide technical assistance to help Central American NGOs manage and deliver HIV/AIDS prevention programs and evaluate their impact; 3) and promote networking and information exchange among Central American NGOs. Working with AED will be International Planned Parenthood Federation, Inc. / Western Hemisphere Region and The Futures Group. Contact: Dr. Rebecca B. Gilad, AED. Tel: (202) 884-8700; Fax: (202) 884-8701.

"Military men are even more susceptible to HIV. They are generally young and sexually active, are often away from home... imbued with feelings of invincibility and an inclination towards risk-taking, and are always surrounded by ready opportunities for casual sex.

Officers in some [African] flying units an armored units are reported to be 100% HIV-positive... **raises** hard questions. At what point should such patients be discharged and sent home? Should they be selected for advanced training courses and promotion? Should they serve in other countries? Should the armed forces pay for funeral expenses and dependents' medical costs? And what sort of pension should they provide for the family if the soldier dies at a young **age?**"

—Norman Miller and Rodger Yeager
The Economist, Sept. 7, 1996

HIV/AIDS Education Plan in the Italian Armed Forces

From page 5

environment, with special emphasis on drug addiction and disadaptation;

- To define and analyze counselling possibilities;
- To identify the main HIV prevention strategies;
- To identify and discuss the main legal and medico-legal problems in the military;
- To train, using the most appropriate teaching techniques.

Topics covered in Phase I:

- 1) Epidemiology of HIV infection, with special emphasis on high endemic areas;
- 2) Relevance of HIV infection for the military environment;
- 3) Etiopathogenesis of HIV infection;
- 4) Natural history of HIV infection;
- 5) STDs and their relationship with HIV infection;
- 6) Serum diagnosis: immunological and molecular tests;
- 7) Counselling as a tool for prevention of risky sexual behaviors in recruits;
- 8) Disadaptation and drug addiction in military recruits. The identification of subjects at risk for HIV infection and provision of psychological support;
- 9) Prevention strategies of HIV infection;
- 10) Risk of infection for health workers and preventive measures in these settings;
- 11) Italian laws on AIDS, particularly concerning the problem of screening procedures;

- 12) Legal and medico-legal implications for the fitness to military service;
- 13) Teaching-learning of behaviors in adults. From information to formation;
- 14) Criteria for the choice of methods and techniques for teaching and evaluation.

All the trainees have been given an anonymous questionnaire of 20 questions, before and after the three-day course, to evaluate the possible increase of knowledge on the topic. The efficacy coefficient is expressed by the following formula:

$$\frac{P(\text{post-test}) - P(\text{pre-test})}{100 - P(\text{pre-test})} \times 100$$

PHASE II

The purpose of Phase II has been to create a team of experts for HIV prevention activity, composed of a medical doctor, a chaplain and the commanding officer in each military-training base of the Army, Navy, Air Force, *Carabinieri* and *Guardia di Finanza*. The team has been created on the basis of two considerations: 1) the awareness that HIV infection is not only a medical problem, thus the strategy for prevention should include different professional figures and 2) the awareness that the medical doctor, chaplain and commanding officer are the three reference figures for recruits and by virtue of their charisma they will be able to make their message accepted. This message, to be convincing and not misleading, must be the same from each member of the team.

The length of the second phase has only been one day, repeated seven times in the period April-June 1996. The trainers were only personnel from Ministry of Defence and the trainees were approximately 30 each time. Every trainee received: 1) one copy of the *Giornale di Medicina Militare*, reporting the proceedings of the Phase I; 2) 30 slides to be used in Phase III. The program of the second

Table I

NUMBER OF CASES & INCIDENCE RATES OF HIV INFECTION IN THE ITALIAN ARMED FORCES

N° OF CASES	1987	1988	1989	1990	1991	1992	1993	1994	1995	TOTAL
HIV-Seropositive Asymptomatics	67	38	26	13	6	6	5	3	2	165
HIV-Seropositive Symptomatics	74	45	22	16	2	3	6	3	1	172
Total number of HIV infections	141	83	48	29	8	9	11	6	3	337
INCIDENCE RATES	33.35	20.17	12.35	7.83	2.28	2.59	3.23	1.53	0.95	

NOTE: The incidence rate corresponds to the ratio between the total number of HIV infections (Asymptomatic + Symptomatic) and total military population in the three armed forces and it is expressed as: N° of cases/100.000/year

Table II

HIV SCREENING IN MILITARY BLOOD TRANSFUSION CENTERS 1988 - 1995

	TOTAL	%
Number of Blood Donations	25.562	100
Number of Blood Donations Elisa Positive	31	0.124
Number of Blood Donations After Confirmation Test	2	0.008

phase was a compendium of the topics treated during Phase I, with a reduction of the scientific data, and an emphasis on epidemiological and clinical data as well as counselling, disadaptation, legal and medico-legal considerations. At the end of the working day a trial in the presentation of the 30 slides referring to Phase III has also been done, taking into account the "learning pyramid", that is the need to actively involve the audience and to make the audience assume the responsibility to repeat the message to their families, with their friends, etc...

In this phase an anonymous questionnaire (20 questions) has been administered before and after the one-day course.

PHASE III

The purpose of this phase is to reach the final target, represented by recruits, military police personnel (*Carabinieri* and *Guardia di Finanza*) and contingents engaged in peace-keeping operations, altogether reaching more than 200,000 subjects a year.

This phase started in July 1996, in each military base, is one hour long and is repeated at each arrival of a new contingent. The teaching material will be composed of 30 slides (prepared and discussed during the second phase) containing the educational message. This message refers to clinical, epidemiological and diagnostic aspects, prevention strategies, STDs, legal and medico-legal considerations, all of them in relation to the military environment. In addition to the material presented in the 30 slides, the team is free to include any other visual material considered useful and instrumental to the education plan.

This phase, too, is monitored by the administration of a 20-question anonymous questionnaire before and after the one hour course. All the results, after correction of the questionnaires, will be sent to the Office of the Triservice Surgeon General, that will be able to monitor the possible upgrading of knowledge in the field.

Results

The efficacy coefficient in Phase I has been 41.7. During Phase I, not only have the trainers of the second phase been trained, but also the heads of hygiene offices in territorial and atypical commands, as well as, those in health schools.

During Phase II, 198 medical doctors, chaplains and commanding officers have been formed from 71 training bases of Army, Navy, Air Force, Carabinieri and Guardia di Finanza. The efficacy coefficient has been 48.43.

In Phase III more than 200,000 recruits will be trained

Table III: MINISTRY OF DEFENSE

Direzione Generale della Sanità Militare

HIV Prevention Education Plan

PHASE	LENGTH	PERIOD	TRAINERS	TARGET
I	3 days	V/9-11/95	Civilian and Military	32 Officers Medical Doctors serving in the Army, Navy, Air Force and Military Police (CC. and G. di F.).
II	1 day	7 times between IV-VI/96	Personnel from Ministry of Defense	198 military personnel, including medical doctors, chaplains and contingent commanders (team) from 71 training military bases of Army, Navy, Air Force and Military Police (CC. and G. di t.).
III	1 hour	start VII/96	Team	200-500 recruits, Carabinieri and Finanzieri / year

each year. Preliminary results on a sample of 10,000 soldiers, sailors, airmen, Carabinieri and Finanzieri show a mean efficacy coefficient of 50.32.

Future directions

We are planning to reach voluntary military personnel too, focussing attention on schools for commanders and military health personnel.

Regarding contingents engaged in peace-keeping operations; in addition to the creation of the team — composed of a medical doctor, a chaplain and the commanding officer — and the consequent training of personnel, we applied the following two initiatives: 1) care and distribution of an Italian edition of the booklet "Protect yourself against HIV/AIDS," edited by UNDPKO, to the contingents. In the near future, the booklet will also be distributed to the trainees of Phase II (team); 2) preparation of an anonymous questionnaire on HIV risk factors to administer to the troops engaged in the IFOR operation in Bosnia. The proposal has also been made to the troops of NATO countries involved in the IFOR operation.

A second step in our HIV education plan will be the administration of a behavioral questionnaire, to observe possible behavioral modifications as a consequence of improved knowledge on HIV. □

References

- 1) Kingma S. "AIDS prevention, testing and care in current military practice." Presented in the Round Table, "HIV/AIDS in the Armed Forces", XI International Conference on AIDS, Vancouver, Canada, 7-12 July 1996. Proceedings book, page 47.
- 2) Temoshok L. "HIV exposure and transmission risk in military populations: uncharted prevention frontiers." Presented in the Round Table "HIV/AIDS in the Armed Forces", XI International Conference on AIDS, Vancouver, Canada, 7-12 July 1996. Proceedings book, page 48.
- 3) Artenstein A.W., Coppola J., Brown A.E., Carr J.K., Sanders-Buell E., Galbarini E., Mascola J.R., VanCott T.C., Schonbrood I?, McCutchan F.E. and Burke D.S. "Multiple introduction of HIV-1 subtype E into the western hemisphere." *Lancet*, 346,1197,1995.

Training Unit

Zambia's Mobile Military Prevention Teams

Lt. Col. Joyce Puta

Editors Note: Zambia has initiated a mobile HIV/AIDS education team for battalions and other units spread throughout the country, and has won praise from those studying the initiative at the International Congress of Military Medicine in Beijing China. The Alliance asked Col. Joyce Puta to describe the program for consideration by other militaries.

The Zambian mobile prevention team is an educational initiative begun in 1993. Its technique is to use sensitization workshops, conducted by the mobile team, with unit service chiefs and general staff, battalion commanders, officers, enlisted men and spouses. The exercise takes two days. The team includes a nurse, chaplain and legal officer.

Sixty people are chosen from the unit which represent all ranks in the unit, and spouses of all ranks. The workshop would typically be made up of 20 officers of all ranks, 20 soldiers of all ranks, 20 wives, half being officers wives, half soldiers wives. Individuals are picked who are known to be leaders in their categories.

- Introduction and support stated by a senior officer
- Basic facts on HIV & AIDS
- Condom demonstration
- Video clips of barracks situations involving promiscuity
- Group discussion
- Evaluation of risk behavior
- Effective communications portrayed as important in achieving behavioral change
- Will writing to address the issue of property grabbing from widows
- The Bible described as a good tool for moral conduct
- Expectations from peer educators discussed
- AIDS prevention activities assembled with a committee chosen by the group
- T-shirt distribution by newly-elected chairperson, [empowering the committee and motivating peer educators who have a symbol of their identity]
- Follow-up workshop for training of trainers

Time Table: Two-Day Workshop (60 Participants)

Day One

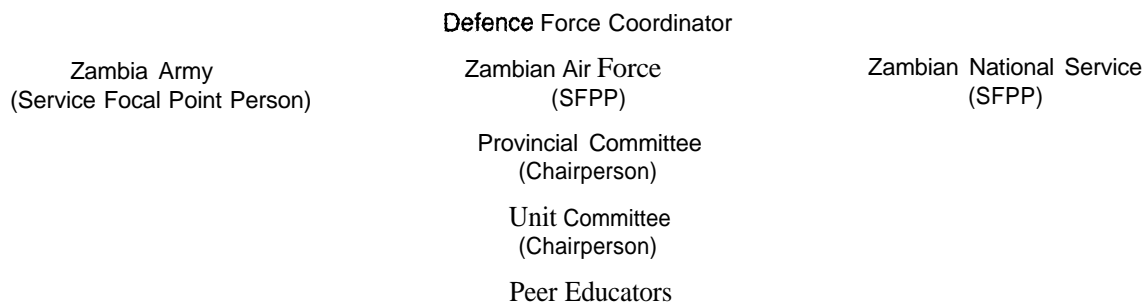
- 8:00 Official Opening by regional commander
- 8:15 Objectives of the Workshop (service director of med SVS (DMS))
- 8:30 Impact of HIV/ AIDS on the Service (DMS/C Admin)
- 8:50 HIV/ AIDS Basic Facts (coordinator)
- 9:30 STD Basic Facts (STD Specialist)
- 10:15 Tea Break
- 10:45 Condom demo / promotion
- 11:30 Video clips / focus group discussion
- 12:30 Lunch Break
- 2:00 Personal risk assessment
- 3:00 Basic communications skills

Day Two

- 8:00 Will writing and intestate law of Zambia (Military Director of Legal Services)
- 9:00 Biblical principle in HIV/AIDS prevention (Military Chaplin)
- 10:15 Tea Break
- 10:45 Functions of a peer educator
- 11:45 Unit workplan/ selection of Unit Committee
- 12:30 Lunch Break
- 2:00 T-shirt and cap distribution; receiving of IEC materials (Unit Chairperson)
- 2:30 Official Closing (Senior Officer in Command Position)

(There are plans to include Family Planning on Day 2)

Zambia Defence Forces AIDS Prevention Organogram



PUBLICATIONS

■ **Alianza Civico-Militar Para Combatir El VIH/SIDA. The Civil-Military Alliance to Combat HIV and AIDS.** Final report of the meeting 16-17 November, Santiago, Chile. 1996. 36pp.

■ **Beijing: A focus on Women & AIDS.** International Center for Research on Women. ICRW, 1717 Mass. Ave., NW, Suite 302, Washington, DC 20036. Tel (202) 797-0007; FAX: (202) 797-0020; e-mail: <icrw@igc.apc.org>.

■ Burrelli, David F. "HIV-/AIDS and U.S. Military Manpower Policy," *Armed Forces and Society*, 18:4 (Summer 1992), pp. 452-475.

■ Burrelli, David F., and Alix C. Compton. "HIV-/AIDS and Military Manpower Policy," CRS Issue Brief, Updated May 15, 1996. The Library of Congress Congressional Research Service. 1996. 15pp.

■ **Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV).** Army Regulation 600-1 10, Washington, DC: U.S. Department of the Army. 22 April, 1994. 35pp. <current date>

■ **Network Directory & Social Dimensions of AIDS in Africa: Selective Bibliography.** Societes d'Afrique & SIDA, Universite Victor Segalen Bordeaux 2, 146 rue Leo-Saignat, 33076 Bordeaux Cedex, France: FAX: (33) 56-51-85-64; e-mail <raynaut@bordeaux2.fr>.

■ Rivera, Rhonda. "The Military," in Harlon L. Dalton, Scott Burriss, and the Yale AIDS Law Project, *AIDS and the Law*. Yale University Press, 1987. pp. 221-234.

■ Teri, Allan H. "Military," *AIDS and the Law: A Basic Guide for the Nonlawyer*. New York: Taylor & Francis. 1992. pp. 95-97.

■ **Canadian HIV/AIDS Policy & Law Newsletter**, Vol. 2, No. 4, July 1996. Tel: (514) 526-1796; FAX: (514) 5265543; e-mail: aidslaw@web.apc.org

Book Reviews

African Network on Ethics, Law and HIV: Proceedings of the Intercountry Consultation, Dakar, Senegal, 17 June - 1 July, 1994. UNDP Regional Bureau for Africa, HIV and Development Regional Project for Sub-Saharan Africa, Dakar, Senegal. 1995

Country Papers are from the Central African Republic, Ghana, Kenya, Senegal, South Africa, Uganda and Zambia. Four thematic papers are entitled: "Ethical Principles and Practice in Response to the HIV Epidemic", "Public Health, Criminal Law and the Rights of the Individual", "HIV and Public Health Policy: Why Individual Rights Matter", and "Privacy, Confidentiality, HIV and the Law". Panel reports on "HIV/AIDS and the Genocide in Rwanda", "Islamic Law and HIV/AIDS Policy", and "Past Social Responses to Epidemics and the Present Outbreak of HIV/AIDS in Senegal: Community Responses of the Past and Current Ethical Issues."

A section entitled "Towards an African Network" and an agenda for African intercountry consultation on ethics, law and HIV complete the text.

Contact: HIV and Development Programme, UNDP, 304 E 45th St., New York, NY 10017, USA. Tel: (212) 906-6978, FAX: (212) 906-6336.

Final Report: The Status and Trends of the Global HIV/AIDS Pandemic, July 5-6, 1996, Vancouver, Canada. The official report of the XI International Conference on AIDS; including an Executive Summary, Global Overview, and reports from Africa and the Middle East, Asia, Latin America and the Caribbean, North America, Europe, North and South Pacific. Symposium Conclusions and Recommendations complete the publication. Contact: The Francois-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health.

Key organizations working in primary health care and rehabilitation in the Middle East, Appropriate Health Resources and Technologies Action Group, 1996, 26 pp. Contact: Yvonne Rivers, AHRTAG, Farringdon Point, 29-35 Farringdon Road. London EC1 M 3JB, UK. Tel: 44 171 242 0606; FAX: 44 171 242 0041; E-mail: ahrtag@gn.apc.org

Working with young people on sexual health and HIV/AIDS, Appropriate Health Resources and Technologies Action Group and Hand-in-Hand Network. 1996, 64pp. lists key resources such as training manuals, teaching tools, videos, games and comics which are free or low cost and adaptable for use in developing countries. Free to developing countries, £5/US\$10 elsewhere. Contact: AHRTAG (see address above).

Essential CBR information resources. A list of key readings in community-based rehabilitation (CBR) for developing countries, listing books, articles, manuals, videos and other useful resources and how to obtain them. Contact AHRTAG (see above).

Health Care Workers and AIDS-Related Care; A Professional Response? Rosaline Barbour, 1997. Experiences of care-givers for people with AIDS, citing regional differences in particular problems. Compares and contrasts experiences and responses of workers from different professional backgrounds in dealing with the demands of HIV/AIDS work. Taylor & Francis, 176pp. \$24.95, 1-800-821-8312; FAX 215-785-5515; Internet bkorders@tandfpa.com

Sexual Interactions and H/V Risk: New Conceptual Perspectives in European Research, Luc Van Campenhoudt, Mitchell Cohen, Gustavo Guizzardi, and Dominique Hausser, eds. A detailed social critique of the theories and perspectives in the study of sexual risk behavior and HIV. Findings from major European research initiatives funded by the European Community Biomedical and Health Research program (BIOMED). Feb. 1997; Taylor & Francis (address above).

Vulnerability and Opportunity: Adolescents and HIV/AIDS in the Developing World, Findings from the Women and AIDS Research Program, Ellen Weiss, Daniel Whelan and Geeta Rao Gupta. Policy and program recommendations for those working at local and national levels. 1996, 24 pp. International Center for Research on Women (ICRW), 1717 Mass. Ave. NW, Suite 302, Washington, DC 20036. \$5.50 plus \$2.00 shipping; free to developing countries. Tel: (202) 797-0007, FAX: (202) 797-0020; e-mail: icrw@igc.apc.org

HIV/AIDS in the Military: Whose Problem Is It? by Alan Greig, based on a presentation at the Third International Conference on AIDS in Asia and the Pacific, 17-21 Sept., 1996, Chiang Mai, Thailand. The presence of HIV in military populations inevitably affects civilian populations as well. A well-documented historical association exists between military forces and the spread of sexually-transmitted infections in civilian populations, as well as in the boost given to sex work economies in the presence of armed forces. To what extent do HIV-positive military personnel threaten military readiness? This debate is not the responsibility of the military alone. The interdependence of civil and military policy on HIV testing should be acknowledged as a first step in civil-military partnerships to bring about social change in response to HIV.

Author's Biographies

Brigadier Gen. R. D'Amelio, M.D., Italian Air Force Medical Corps, is Chief of the Office of the Triservice Surgeon General. He is also Associate Professor of Clinical Immunology at the University of Reggio Calabria-Catanzaro and part-time, short-term Professional in the WHO Division of Emerging and other Communicable Diseases Surveillance and Control.

Lt. Col. Claudio Molica, M.D., Italian Air Force Medical Corps, specializing in Gastroenterology and Aerospace Medicine, serves as Chief of Research and Study section of the Office of the Triservice Surgeon General.

Olga Perito, a lawyer and civil employer for the Ministry of Defense, is also chief of the of civil personnel section, Office of the Triservice Surgeon General. She has been involved in the legal aspects of the HIV-training course as a teacher and is the secretary of the Ethical Committee of the Italian Military Health Service General Directorate.

Lt. Col. Joyce C. Puta serves as the Alliance Regional Coordinator for Eastern and Southern Africa. She is also Deputy Director of Nursing (Army) and HIV/AIDS Coordinator, Zambian Defence and Security Forces, Lusaka, Zambia.

Call for Brief Articles

The editors of the *Alliance Newsletter* are seeking brief articles, news items, research reports, book notes and up-coming conference notes, to be published in future issues.

ISSUES OF INTEREST

. Peacekeeping and AIDS

*Training in Pre-Deployment Briefings

*Demobilization, AIDS prevention

. Bibliographies and Resource guides

Please send submissions to:

The Editors

The Alliance Newsletter

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Hanover, New Hampshire, 03755 USA

CONFERENCE CALENDAR 1997

MARCH 18-21

San Francisco, California. USA

The 9th National AIDS Update Conference

Contact: Cliff Morrison, Program Director, 655 Corbett Ave., Suite 406, San Francisco, CA 94114.

MAY 25-30

St. Petersburg, Russia

5th International Conference "AIDS, Cancer and Related Problems"

Contact: Andrei P. Kozlov, PhD, Chairman, Biomedical Center 7, Pudozhskaja Street, St. Peterburg 197110, Russia, Tel: +7 812 230 48721230 7869, Fax: +7 812 230 4948 Email: hivaid@mod.hpb.spb.ru

MAY 21-24

Amsterdam, The Netherlands

The 3rd International Conference on Home and Community Care for Persons Living with HIV/AIDS

Scholarships available for participants from resource-constrained countries. Contact: Bureau PAOG, Ms. Mariska Timmers or Mr. Clems Walta, Tafelbergweg 25, 1105 BC Amsterdam, The Netherlands; Tel: 31-20-566-4801; fax: 31-20-696-3228; or e-mail: <f.wolters@inter.nl.net>.

JUNE 22-25

Melbourne, Australia

The 1997 AIDS IMPACT Conference

Topics are major policy, cultural and social issues concerning HIV prevention, health promotion and issues confronting people living with HIV/AIDS. Sub-themes include Cultural Representations, Media and Positive Bodies, HIV/AIDS and Mental Health, Internationalization of AIDS Responses, and AIDS and Development. Contact: Conference Secretariat, The Meeting Planners, 108 Church St. Hawthorn Victoria 3122, Australia; tel: 61-3-981 9-3700; fax: 61-3-9819-5978; e-mail: <meeting@iaccess.com.au>.

JUNE 28-JULY 3

Geneva, Switzerland

The Twelfth International Conference on AIDS

Contact: Tel: (011) 46-8-612-69-00; FAX (011) 46-8-612-62-96; e-mail: aids98@congress.se; World Wide Web home page: <http://www.ias.se>

JULY 13-19

Mexico City

First Regional Congress of Psychology for Professionals in the Americas

Contact: Antolina Ortiz Moore, Apartado Postal No. 41-756 MEXICO, D.F. 11001 Mexico. Fax: 525-598-2342, e-mail: Congreso@datasys.com.mx.

OCTOBER 25-29

Manila, The Philippines

The 4th International Congress on AIDS in Asia and the Pacific, "Partnerships Across Borders Against HIV/AIDS"

The program centers around four questions: Why is HIV spreading in Asia and the Pacific? How are we dealing with the problem? What should be done? What can we expect in the future? Contact: Secretariat, 2/F Physicians' Tower, 533 United Nations Ave., Manila, The Philippines; tel: (632) 521-4884/522-1 0811; or fax: (632) 521-2831.

DECEMBER 3-6

Lima, Peru

XI Latin American Conference on STD and the V Pan American Conference on AIDS

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