by Tracey P. Wood

HIV and AIDS. Whether or not you like the topics, they exist and, eventhough to a much-lesser degree than in the civilian sector, they exist in the Air Force. Despite the media's bombardment, recent changes in DOD homosexual directives and changes in our world, persons of all sexual preferences are affected by HIV and AIDS. This killer of the body's immune system reaches into everyday life of heterosexuals and homosexuals alike — promiscuous and chast, young and old.

The Centers for Disease Control estimate that one out of every 250 Americans is already infected with the HIV (Human Immunodeficiency Virus) virus that causes AIDS (Acquired Immune Deficiency Syndrome). Last year alone brought 65,000 newly infected patients nationwide, and it is estimated that 1993 will bring about 40,000 newly infected patients.

Since 1990 to October of 1992, 156 active duty members have died from the disease, while 227 faced separation or retirement and 350 have been placed on Temporary Disability Retirement Leave (TDRL) (see accompanying chart). It must be pointed out that

many of the reported cases have come from new or young recruits who contracted the disease prior to enlistment, and it did not appear in medical tests until some time after enlistment.

What is the Air Force doing to help its men and women prevent the disease from spreading? How is the virus spotted and treated? How does becoming HIV positive or having a dependent family member who is HIV positive affect your career? To give you a better understanding, SERGEANTS talked to some of those who administer the Air Force's policy and even tells true-life stories about two airmen who contracted AIDS. One of the stories is about Sgt. Alan Schmidt, a fictional name, but true-life airman who prefers to remain nameless, and the other (see sidebar) is about a female airman who has stepped forward to tell her feelings about AIDS, how she contracted it and her opinions of the Air Force's treatment of her after she was diagnosed.

AVOID BECOMING HIV POSITIVE

Col. (Dr.) James A. Wright with the Air Force Surgeon General's Office says, "Mandatory AIDS classes are given by each base health facility for all active duty members and civilian supervisors. Family members and installation civilians are encouraged to attend." These classes present the information necessary to avoid contracting the virus, provided the uninfected airmen and family members listen attentively, heed the warning and practice safety.

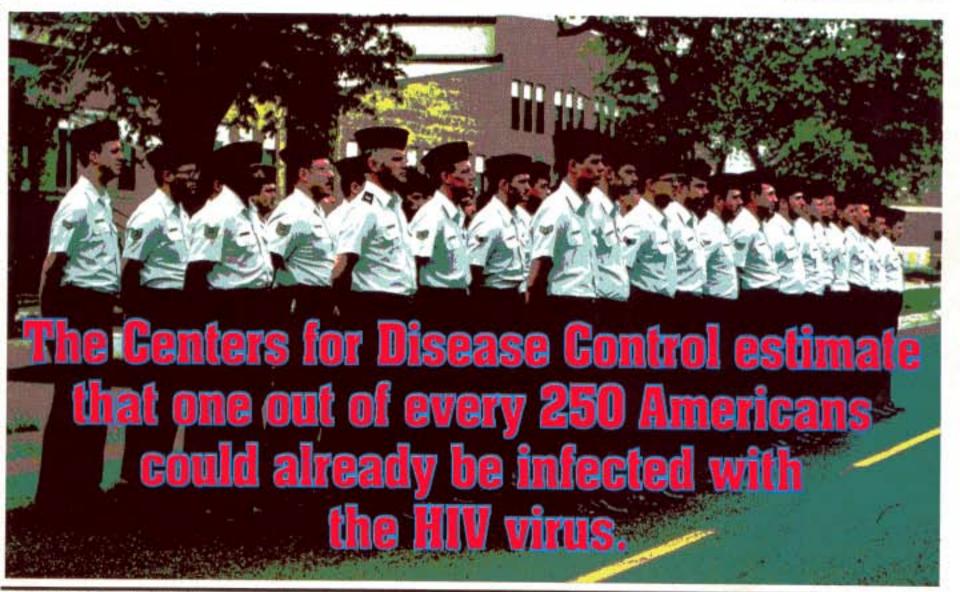
"SGT. ALAN SCHMIDT"

Many military members used to laugh at some of the old DOD films on sexually transmitted diseases when they gave examples of mostly promiscuous military members who would get themselves into a bind when on leave. The old films boldly proclaimed, "Don't Let This Happen to You!"

Admittedly, looking back at these films shows just how corny they may have been and few who wanted to be promiscuous ever heeded their warnings, but HIV, AIDS and the story of Sgt. Alan Schmidt is nothing to laugh at — we're talking lives here.

Sgt. Schmidt was an easy-going and somewhat conservative airman who symbolized approximately 43 airmen

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a year who test HIV positive. Like many younger airmen, Sgt. Schmidt's high school sweetheart would write him and, traveling from duty station to duty station, he'd occasionally send

for her or date her when he flew home. But, Marci is the girl he has been dating for the last two years at his cur-



THE WILL TO SURVIVE LIVING WITH AIDS

SERGEANTS recently interviewed a former Technical Sergeant who contracted HIV/AIDS. She felt so strongly about warning others about the deadly disease that she stepped forward to tell her story. She even asked us to publish her name, but in the interest of her, her family and others, the editors have decided that in this account she will be known as "Gloria." This recipient of the Meritorious Service Medal, as well as many other honors, contracted HIV in 1987 and was tested, diagnosed and separated in 1989. Her experiences, according to her, have taught her some valuable lessons — ones that have compelled her to tell others.

SERGEANTS: How did you contract HIV?

Gloria: By having "a little fun" the old-fashioned way — heterosexual sex during a TDY romance.

SERGEANTS: How did you find out you were HIV positive?

Gloria: The guy I was seeing called me to his hospital bed. There, he told me he was sorry and that he was dying from AIDS. Out of the fear of what the Air Force would do with my Reserve status, I tested in May 1988 as a civilian. The same day that my test results returned positive, the guy I had contracted the virus from died.

SERGEANTS: Are you in the Air Force?

Gloria: No, I am no longer in the Air Force. I was on active duty for eight years, out for two, then Reserve for four. I am currently married to a retired officer.

SERGEANTS: Are you being treated by the military now?

Gloria: Yes, as a dependent of a retiree.

SERGEANTS: In what stage of your career did you become HIV positive?

Gloria: I was in the Reserve and was first tested in August 1987. The results were negative. I believe I became infected in December 1987. The military did not find out until 1989. I found out through civilian testing that I was infected in May 1988, but I sat on the results for about a year because I knew my Reserve career would be over once the Air Force knew I was HIV-positive.

SERGEANTS: How did the Air Force find out about your infection?

Gloria: I needed surgery, so I had to tell the doctor. Naturally, he had to report it up the chain of command. So, I told them I was a family member of an active duty person. Once it went through the chain, I begged the doctor to give me a month because I had not told my husband. He was stationed at another location and I wanted to tell him in person.

SERGEANTS: Had you seen your husband during your year of concealed HIV infection?

Gloria: Yes, and I made sure we had protected sex. I used the excuse of a yeast infection for suddenly wanting to use protection. I did not know how to tell my husband yet.

rent duty station; she, too, is an airman.

Lately, he has been contemplating

marriage and decided to attend a singles Bible study at the base chapel to better understand such a commitment.

After attending the singles study group for six months, Sgt. Schmidt still (Continued on next page.)

SERGEANTS: What was the Air Force's response and did it help in your situation?

Gloria: I knew I was done because I wasn't on active duty and this was the beginning of the Air Force's AIDS policy formulation — they didn't know what to do.

SERGEANTS: Now that the Air Force has had time, do you think they've improved their handling of airmen who contract HIV?

Gloria: They have improved for active duty by allowing people to stay in. I've been HIV-positive since 1988 and I'm not sick — I'm far from sick. If I had been on active duty, I'd still be in. But, as a Reservist, you have to be ready to go at a moment's notice.

SERGEANTS: Do you believe the Air Force is still separating Reservists who test HIV-positive?

Gloria: I'm sure they are. I was sent my DD Form 214 separation papers on computer paper through the mail. This was for a woman who served eight years on active duty, four years on Reserve and had received the Meritorious Service Medal. I was not a happy camper.

SERGEANTS: Were you told to expect the papers or was the mail a surprise?

Gloria: I was told by my commander. Everyone was freaking out; they didn't know what to do. Obviously, I was not a gay male, and I don't use a needle and intravenous drugs. I contracted it the old-fashioned way -- through sex. I'd like to point out that AIDS can be contracted through ordinary heterosexual activity.

SERGEANTS: Did the Air Force send you to Wilford Hall and through the procedures discussed in this article? **Gloria:** Yes, they gave me a list of tests and procedures. As a Reservist, I'd be responsible to follow through on my own at civilian facilities. Because I'm a military family member, I went to Wilford Hall for the treatment and procedures.

SERGEANTS: Had the Air Force provided any AIDS education to you before you tested positive?

Gloria: No. As a Reservist, when my first test was done in August 1987, they drew my blood and gave me a little piece of paper to read.

SERGEANTS: What was your husband's reaction when you told him?

Gloria: Shock. We're married, but separated. That's the way it was prior to me contracting HIV.

SERGEANTS: Did they require your husband to come in after you informed him?

Gloria: Yes, they tested him and the results came back negative. He was on active duty at the time; now he's retired.

SERGEANTS: Do you have children?

Gloria: No, thank God.

SERGEANTS: The Air Force is giving you an experimental drug called GP120; have you experienced any side effects and has it given you hope for longevity?

Gloria: There have been no side effects, and yes, I'm doing well. A lot of this is attitude, and I'm bound and determined I am not going to die from this.

SERGEANTS: Do you have any lasting comments you would like to stress?

Gloria: Everyone should have blood drawn regularly and be tested. Women should see themselves as contracting the virus more easily since they are the recipients of the man's body fluids during intercourse. Men do contract the virus from women, but when you think about it, who is exchanging more of those fluids during intercourse? So women, realize you need to be safe. You need to be smart and insist on protected sex. The pill does nothing against AIDS. The thrill is only a few minutes but it could mean agony for the rest of your life.

SERGEANTS, July 1993

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could not decide between Marci or Lisa, but he did better understand marriage as a commitment. But, a third factor entered the scene — Caroline. She was a very innocent, fresh-looking, 18year-old Army dependent who was attending the study group. Sgt. Schmidt had not asked her out, but he was working up to it.

During the course of the summer, Schmidt went on 10 dates with Caroline, spent his 30-day leave at home with Lisa, and Marci had moved in with him for two weeks while her apartment was being remodeled. Prior to the summer, Schmidt had his physical and was tested for AIDS. The test returned negative. Schmidt had been through the education program and was tired of being bombarded by AIDS information. Obviously, he didn't listen because, by late fall, he tested HIV-positive.

After being pulled over on base by security police for driving while intoxicated, he was required to enroll in the Drug and Alcohol Rehabilitation Program. Upon entering the program, as standard procedure, Schmidt was tested for HIV and required to take AIDS education again. HIV testing is also given upon assignment overseas, when active duty women report to the prenatal clinic, and if an airman visits the sexually transmitted disease clinic. Medical personnel are tested annually.

Once he tested positive, by regulation, Schmidt was immediately counseled. He was also informed of his responsibility to prevent transmission and was given a direct order in writing to comply with all preventative medicine. Then, he was required to list all of his sexual partners. Previous and current girlfriends were then notified.

HOW DID SCHMIDT CONTRACT HIV?

Schmidt had heard time and time again that you shouldn't have unprotected sex -- especially with multiple partners. Why did he do it? Schmidt thought protection was only for "ladies' men" After all, he reasoned, he was only with three women and he had

known each for more than six months. "I couldn't tell Lisa I was going to wear a condom -- we had been high school sweethearts. We never had a fight and never broke up. To wear one suddenly would be like accusing her of messing around or admitting to my own activities. Anyway, we're from a small town and I would have heard if she was messing around." Unfortunately, Schmidt forgot that all it takes to contract HIV is a discreet one-night stand.

Why didn't Lisa ask Alan to wear protection? "I was too scared. I didn't know what his reaction would be after six years of unprotected sex if suddenly I asked him to wear a condom." Lisa's downfall was failing to remember that any change in the relationship such as they were going through, warrants protection.

About Marci, Schmidt explained, "Protection was not necessary — we're both active duty with regular HIV testing. I've been dating her for two years and our test results were always clean." But, the time you've known that person doesn't matter with AIDS. It could take years for the disease to show in tests and, to put it bluntly, you never know who that person may have been with or is seeing now.

Marci thought the same thing as Schmidt, "I only have unprotected sex with active duty personnel." But, does she ask each partner if they share the same policy? What sexual practices do her active duty partners use? OCCUPATION AND FREQUENT TESTING DOES NOT IMMUNE ANYONE TO THIS VIRUS.

When it came to Caroline, Schmidt stated, "She possesses such an innocent, fresh, clean, pure appearance — I'm sure I was her first." But, HIV/AIDS is not solely transmitted sexually; it could come from a child-hood blood transfusion. This disease knows no age restriction, and you cannot tell if people are HIV-positive just by looking at them.

THE KILLER

There are three currently known means of contracting AIDS. First is blood-to-blood contact such as tainted transfusions, needle-sharing or mixing open wounds. The second is motherto-child contact before birth or during breast feeding. The third is sexual activity.

Dr. David A. Melnick, an infectious diseases specialist at the Springfield Medical Center in Virginia, states, "Sexual transmission is how the majority of people with HIV become infected. The virus, which is present in semen and vaginal secretions, can be passed through intercourse with an HIV-positive person."

When asked if condoms stop the spread of the virus, Dr. Melnick corrected us, "Proper use of a latex condom during sexual contact can reduce, but does not eliminate, the risk of infection. Absolute safety is in sexual abstinence and avoiding the exchange of body fluids. Also, limiting the number of sexual partners and using condoms lubricated with spermicide can decrease the risk of infection."

Caroline stated, "I fell in love -there was an older, independent, handsome man interested in me. For pete
sake, I met him at the chapel, not in a
bar." But, HIV/AIDS doesn't exclusively hang out at bars -- this virus
starts with any warm body that has
blood cells.

LIVING WITH HIV

Technically, what is HIV/AIDS? HIV is a tiny but powerful virus. Once inside the body, it flows through the blood supply in search of a blood cell that is released by the thymus gland—giving it the name "T" cell. This virus latches onto the T cells, takes control, and forces the T cell to reproduce the virus. The reproduction is rapid and the immune system becomes overthrown. At the outset of the virus, a person may experience flu symptoms for about a week -- swollen lymph glands, fever, night sweats, headaches and fatigue.

After the body has accepted this takeover, the person will feel fine for an average of eight years, but the virus will still be mass-producing itself. The accompanying chart shows the various stages of HIV up to Level 5 and

AIDS-related complex. At Level 6, the patient has full AIDS and is completely vulnerable to any infectious disease – pneumonia being the most common - which leads to death.

With positive test results and notification going out to all involved, Sgt. Schmidt was sent to Wilford Hall USAF Medical Center (WHMC) in Texas for a compete clinical and immunological evaluation to determine his level of infection. He was then counseled.

Col. Wright stated, "HIV-infected airmen are encouraged to stay on active duty — considering how separation would cut off their medical benefits. As their level of infection affects their ability to work, they are advised to medically retire or TDRL." When asked why some elect to separate, Col. Wright responded, "Faced with the circumstance [terminal illness], some wish to do something else with their remaining time."

Sgt. Schmidt admitted, "Knowing you are HIV positive takes an emotional toll that is sometimes overwhelming." The physical survival to make it day to day drowns out the possibility of plans for the future. Many of the flu symptoms recur as the degree of takeover continues -- plus, new symptoms are added.

ACTIVE DUTY WITH HIV/AIDS

How does being HIV-positive affect your career? Following Wilford Hall's full evaluation and counseling, Schmidt decided to stay on active duty. No adverse personnel action is permitted solely on the grounds of being HIV-positive, or based on any information given during an airman's epidemiologic assessment.

Yet, for the force to maintain morale, the well-being of other airmen and force readiness, there are some limitations placed on the HIV-positive airman.

Due to host-nation agreements, an HIV-positive member will not be assigned overseas. Schmidt received a stateside assignment to a non-mobile unit and was restricted from sensitive information duties.

In combat, military members have to be able to give blood and they may have wound-to-wound contact. The Air Force will, therefore, not assign an infectious terminally ill individual into combat units.

If a dependent family member tests positive, they enroll in the Exceptional Family Member Program. This program works to assign members near health facilities equipped to treat the exceptional family member.

The HIV-positive test results and condition are supposed to be kept totally confidential. Only those in command are supposed to be made aware of the condition. This includes supervisors. HIV information is kept in a separate file from regular personnel files to help ensure confidentiality. It's the infected member's decision to share or not share this information with his/her co-workers.

Air Force AIDS education teaches

that knowledge is needed to reduce coworkers' fear of contagion and teaches them how to accept an individual as terminally ill. It also teaches that the transmission of the disease doesn't come from sharing office space -- body fluids must be exchanged. Further, it teaches not to pass judgment or try to guess how that person was infected.

DYING WITH AIDS

People are not actually dying of AIDS, but as HIV progresses toward full AIDS, the immune system is being dismantled. The results are an open house for any and all germs, viruses and other diseases. AIDS patients usually die of some common germ that a normal body would have been able to fight off.

There is currently no cure for HIV/AIDS and the unescapable fact of the disease is premature death. Heed the warning this time: "Don't Let This Happen to You!"

HIV POSITIVE RATES IN THE AIR FORCE TESTING PROGRAM

(October 1, 1990 - September 30, 1992)

	NUMBER TESTED	NUMBER POSITIVE
ACTIVE DUTY	347,660	96
AFRES	43,124	18
ANG	52,612	9
TOTAL FORCE TESTED	443,396	123
Courses LICATCALATEM	7/22/14	

Source: USAFSAM/EK

NOTE: Active duty also includes USAF Academy cadets, recruits and OTS trainees.

DISPOSITION OF ACTIVE DUTY AIR FORCE PERSONNEL WITH HIV/AIDS

(From the Armed Forces Standard Classification Report through September 30, 1992)

STANDARD CLASS	TOTAL NUMBER	DEAD	SEPARATED OR RETIRED	TDRL	RETURNED TO DUTY
6	148	97	6	44	1
5	151	32	10	94	15
4	54	8	2	28	16
3	70	8	5	43	14
2	325	6	76	120	123
1	285	5	126	21	133
UNKN/UNCL	ASS* 2	0	2	0	0
TOTAL	1,035	156	227	350	302

LEGEND: STANDARD CLASSIFICATIONS:

0-4 = Levels of Severity of HIV

5 = AIDS-Related Complex

6 = Full AIDS

Source: Wilford Hall USAF Medical Center

^{*} Unknown includes persons evaluated before the standard classification was developed. Unclassified includes individuals with inconsistent findings that make exact classification impossible.