Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo and attachments	Individual living with HIV to Sandra Thurman re: HIV in the military and family member care (Personal) [partial] (45 pages)	10/20/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21065

FOLDER TITLE:
Random Letters [2]

2018-0764-F
jm2232

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
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757-887
3633
Servicemembers Legal Defense Network
SLDN

Remember Sarah that Todd has already worked on this... aka sent faxes + made phone calls...

SR

To: Ms. Sandra Thurman & Mr. Daniel C. Montoya

From: (b)(6)

Date: 10/20/99

Re: HIV in the Military and Family Member Care

This letter is to ask you look into the following:

- Why are soldiers who are (HIV+) placed on the Temporary Disability Retirement List in the Army and then prematurely disenrolled just because they are doing somewhat better on a variety of drugs.
- Why are the family members not of concern?
- Is it fair that my wife is (HIV+) she will lose the security of being cared for by a physician who specializes in this disease ion a military installation.
- Is it fair that my wife could possibly die because she want be able to get the medicines needed to treat this disease?
- Does the President know what is happening to his service members once they get sick?
- Why wont the Department of Defense halt their initiative and rethink the Regulation that governs the way these families are treated?

(b)(6)

[001]

Enclosed:

Copies of letters to Vice President, Senators, Congressmen and the PEB

Letters from PEB

DA Form 199

rec. lawyer: John Sulley
Coast Guard

October 19, 1999

From: (b)(6)

To: Ms. Sandra Thurman & Mr. Daniel C. Montoya
736 Jackson Place
Washington, D.C 20503

Dear Ms. Thurman & Mr. Daniel C. Montoya;

I am writing you this letter to express to you my concerns about an injustice that I am now a part of at the present time. I joined the United States Army in February of 1987 and was released from active duty in June of 1996. I received various awards for representing the Army to the utmost of my ability. In 1987, I was diagnosed as being HIV positive. This did not deter me from staying in the military. The beginning of 1996, I was feeling the effects of being HIV positive I began to lose weight and other symptoms occurred, I can go more into detail if you need them at a later date. I visited Walter Reed Army Medical Center on numerous occasions until I was told that there was not much more that could be done for me. I was then medically boarded out of the Army at that time.

The reason for being medically boarded was because of *a Human immunodeficiency virus infection Walter Reed Stage IV, progressive. (I was deemed Medically unacceptable, In Accordance With Army Regulation 40-501, Chapter 3, and paragraph 3-7h.*

I received a temporary disability rating of 60% thinking that that this would be protection for me and my wife so that we would still receive medical care and a monthly check to help with any other necessity that we may both need. I was told that I could be placed on the Temporary Disability Retirement for up to 5 years for evaluation purposes, at the present time I have been on the list for 3 years and 3 months. I am asking to be left on the Temporary Disability for the five years or until this policy can be fully

evaluated. I would also like to note that from June of 1996, I have been evaluated twice (2) for a disability rating once in May of 1997. I was deemed unfit for duty and was authorized to keep the 60% rating and then again in January 1999. After the 1999 evaluation I received the last letter from the:

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL EVALUATION BOARD
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001

I have been on a variety of new medications that have only been on the market for a short period of time. Some of these drugs have shown progress but after a short period of time my immune system has somehow rejected them or they have become somewhat ineffective. My Primary Care Provider (PCM) in Portsmouth noted in his evaluation that my CD4 count has fluctuated and the amount of virus in my body has done the same while trying the various drugs offered. I am currently on a 6-drug combination (Efavirenz, Ritonavir, Saquinavir, Lamivudine, Stavudine and Hydroxyurea. It was also noted that I am tolerating these drugs quite well at the time but my viral load is not undetectable. Fatigue and the idea of falling asleep easily were issues this were also brought to the attention of my (PCM) and these issues were put in my medical evaluation and they were sent to the Medical Board. A sleep study was completed but nothing was found because I could not tolerate the oxygen being given to me through my nose at that time.

It was also noted that it was concerning that despite being on anti-retroviral therapy virus can still be measured in my body. It was noted that because the virus divides every day and every time it divides it makes five mistakes. Eventually, a drug resistant sub-population will emerge and become the dominant population. When this happens, the patient will have significant virus in the blood, which will overwhelm the immune system. The CD4 cells will then drop and the patient will then experience clinical deterioration.

The CD4 cells are the cells, which fight disease and infection that the body may come into contact with on a daily basis. I must note that I am not the only individual who is going this ordeal my wife (Jennifer) is enduring this with me. She is currently HIV

positive and currently receiving medical treatment through the military because of my disability retirement from the Army. We are both currently receiving medical treatment from the Portsmouth Naval Hospital in Portsmouth, Virginia and she and I are at a point of losing the benefit of being able to receive medical treatment there. As you are aware medical services related to AIDS & HIV care is expensive. The cost for medical services can run in excess of $23,000.00 a year. I am personally not capable of acquiring that type of money for care. My disability is service connected and my wife received her infection from me. I ask everyone what will happen to my wife when I stop receiving benefits from the Department of the Army. The action that is being taken now puts my wife at further risk of losing her life because of paper work and regulations. What am I supposed to do in this situation? I have written: Senator **Charles S. Robb of Virginia, Congressman Robert C. Scott of Virginia, Senator John Warner of Virginia and Vice President Al. Gore**. I received a reply back from everyone except the Vice President.

The responses that I received were that we checked into your matter and you will have a Formal Hearing coming up shortly to express you disagreement. Well the problem with that is once it gets that far I only see this step as being a formality. I will then get the reply that you are being removed from the Temporary Disability Retirement List. I am asking you that after reading this letter, do you believe that an injustice is being committed here? Is the President of our United States aware of this injustice? I really believe in my heart that a harsh decision is being made right now and I want as many people to be aware of this decision being rendered by the United States Army and the Department of Defense as possible.

The only things that I ask is for you to look into this matter and see what is going on here and help me keep my disability rating through the United States Army for my sake and my wife's sake.

(b)(6)

DEPARTMENT OF THE ARMY
U.S. TOTAL ARMY PERSONNEL COMMAND
ALEXANDRIA, VA

Reply to Attention of:

TAPC-PDB
LETTER ORDERS: D11-054

21 July 1998

SUBJECT: TDRL PHYSICAL EXAMINATION

(b)(6)

You are attached or relieved from attached as indicated.
You are attached to: MCDONALD ACH, FT. EUSTIS, VA
Effective date: NOV 98
Period: N/A
Purpose: Periodic Physical Examination
Acct Code: 2192020.0000 0 22-2010 433709.00000 21T1/T1T2
FAPM00 DRI1564T__11-054/N1LB00 S23185
Subject to availability of funds
Additional Instructions: Transportation request permitting travel at Government expense may be obtained at the nearest military installation or recruiting station. Maximum use of transportation request is encouraged. For travel by commercial carrier or privately owned vehicle at personal expense, a monetary allowance for the distance will be authorized. You will return home on completion of examination and release by hospital commander. Reimbursement for travel will be authorized only from the address shown on the orders to the designated medical facility and return.
Format: 440

BY ORDER OF THE SECRETARY OF THE ARMY:

JACK A. OLIVA
LTC, OD
Chief Physical
Disability Branch

TDRL FL 02 (16 Aug 93)

PERSCOM

Walter Reed Army Medical Ctr

PHYSICAL EVALUATION BOARD (PEB) PROCEEDINGS
For use of this form, see AR 635-40; the proponent agency is USAPDA

RECEIVED PDA

1. NAME (Last, First, Middle Initial)	2. RANK	3. PEBD:	BASD:
(b)(6)	SGT	87.02.19 NOV 18 1997	87.02.19

4. SOCIAL SECURITY NUMBER	5. PMOS	6. BRANCH / COMPONENT
(b)(6)	88N20	TDRL/Active Duty Regular Army

7. THE PEB CONSISTED OF THE INDIVIDUALS INDICATED IN EXHIBIT B	
DATE CONVENED 97.11.05	AT (Location including ZIP Code) WALTER REED MEDICAL CENTER, WASHINGTON D.C. 20307-5001

8. THE BOARD CONSIDERED THE MEMBER'S CONDITION DESCRIBED IN THE RECORDS. EACH DISABILITY IS LISTED BELOW in descending order of significance

c. Intentional misconduct, willful neglect or unauthorized absence

d. While entitled to basic pay (Incurred or aggravated)

e. In LD in the time of national emergency or after 14 SEP 78 (Incurred or aggravated)

f. Proximate result of performimg duty

VA CODE a	DISABILITY DESCRIPTION b	g. Recommended disability percentage c	d	e	f	g
6351	HIV infection Walter Reed stage IV responding to triple antiviral therapy at this time with an increase of CD4 count and decrease in viral load. Has chronic hepatic transaminase elevation and chronic eosinophilia. (TDRL Dx 1-3). UP para 3-1, AR 635-40, your condition as listed above is sufficient evidence of physical unfitness. This condition has not stabilized to the point that a permanent degree of severity can be determined. Failure to report for a scheduled examination or to notify PERSCOM of a change in address will result in the suspension of retired pay. Address changes must be reported to: Commander, PERSCOM, ATTN: TAPC-PDB, 2461 Eisenhower Ave. Alexandria, VA 22331-0476 You are advised that a member of an armed force may not be required to sign a statement relating to the origin, incurrence, or aggravation of a disease or injury that he/she has.					---%

APPROVED FOR THE SECRETARY OF THE ARMY

NOV 17 1997

T. W. Meeks

9. THE BOARD FINDS THE SOLDIER IS PHYSICALLY UNFIT AND RECOMMENDS A COMBINED RATING OF: ---%

AND THAT THE SOLDIER'S DISPOSITION BE: Retained on temporary disability retired list with reexamination during 98.11.01

10. Not applicable

11. EXHIBITS (identify each)
A. TDRL Reeval packet
B. TDRL packet

12. TYPED NAME, GRADE, BRANCH OF PRESIDENT	SIGNATURE	DATE
SILAS C. SMALLS, COL, AD PRESIDENT	S. C. Smalls	97.11.05

DA FORM 199, JUN. 97

DEPARTMENT OF THE ARMY
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, DC 20307-5001

REPLY TO ATTENTION OF: 30 SEPTEMBER 97

MCHL-PAD-PA

SUBJECT: Notification of TDRL Reevaluation

(b)(6)

The enclosed report of your examination is forwarded to you for your review. In the event you have any comments concerning the report, it is requested that you return this notification with your comments. Your comments will be forwarded with the report to the Washington Physical Evaluation Board. You must complete the lower portion of this form and return. A self-addressed envelope is enclosed for your convenience. If an answer is not received within 10 days after receipt of this letter, your case will be closed out and forwarded to the Physical Evaluation Board. You may retain your copy of the report.

2 Encls

for Joan Harley
HANNELORE GREENE
Physical Evaluation Board
Liaison Officer

[X] I agree with the summary and recommendations.

[ ] I do not agree with the summary and recommendations, enlosed are my comment.

10-11-97
(DATE)

(b)(6)

WALTER REED ARMY MEDICAL CENTER
TDRL EVALUATION SUMMARY

TDRL HISTORY: This is the first TDRL reevaluation for this patient. He initially underwent a medical evaluation board in February 1996 at which time his diagnosis was human immunodeficiency virus infection Walter Reed Army Medical Center stage IV based on partial anergy and a CD4 count of 6% total lymphocytes with an absolute count of 56.

INTERIM HISTORY: Since then, in February 1996, he was diagnosed with a chronic left leg cellulitis. The biopsy was negative and the lesion subsequently resolved. Also, leukopenia was noted without apparent etiology, except for HIV infection. In March 1996, the patient's viral load was determined to be 519,000 copies. In May 1996, ophthalmologic evaluation showed cotton wool spots which were not consistent with CMV. The patient's weight at that time was 147 pounds. He was started on AZT and 3TC. In June 1996, the patient was found to have an oral ~~abscessed~~ aphthous ulcer. Biopsy yielded no diagnosis. Cultures were negative. The patient was started on indinavir along with the AZT and 3TC. The oral ~~abscessed~~ aphthous ulcer subsequently resolved. In addition, the patient's chronic diarrhea, which had been evaluated by the gastroenterology service in February, was without apparent etiology. It subsequently resolved. The patient's chronic anemia resolved. The patient's ophthalmologic cotton wool spots resolved. The patient's neutropenia resolved after starting three-drug therapy. In July 1996, the patient's viral load had decreased to 2,233 copies.

PAST MEDICAL HISTORY: The past medical history is as noted in the original medical evaluation board. The patient's chronic diarrhea and weight loss has resolved. The patient's chronic leukopenia and anemia have resolved. The patient's chronic eosinophilia persist at a lower level. The patient's elevated liver enzymes persist. All was thought to be associated with HIV infection and evaluation has been negative for other causes.

MEDICATIONS AT TIME OF TDRL REEVALUATION:

1. Septra double-strength one three times a week.
2. AZT 200 mg every eight hours.
3. 3TC 150 mg twice a day.
4. Indinavir 800 mg every eight hours.

PHYSICAL EXAMINATION: Physical examination shows a well-developed black male, weight 210 pounds, and blood pressure 128/72. Head, eyes, ears, nose, and throat examination including fundi, tympanic membranes, oropharynx, sinuses, and neck are all normal. The lungs were clear. The heart had no murmur. The abdominal examination showed no enlarged liver or spleen. Genitourinary examination was normal. There was no skin rash. Neurological examination including motor function, speech, affect, gait, and facies were all normal.

LABORATORY DATA: The laboratory evaluation showed normal electrolytes, normal BUN and creatinine. The liver enzymes showed alkaline phosphatase 196, AST 56, ALT 69, normal total bilirubin of 0.9. Complete blood count showed a white blood cell count of 8.3000, hematocrit 38.8, platelet count 305,000, and 9% eosinophils. The urinalysis is normal. RPR and FTA were negative. The viral load showed 6360 copies. Anergy panel showed the patient responded to tetanus. The other tests were negative including negative PPD. CD4

count showed 19% total lymphocytes with an absolute count of 852.

CURRENT STATUS: The patient is much improved after starting three-drug therapy since last year, but now he is noted to have an increased viral load compared to previous tests. This may indicate the possible need for medication changes.

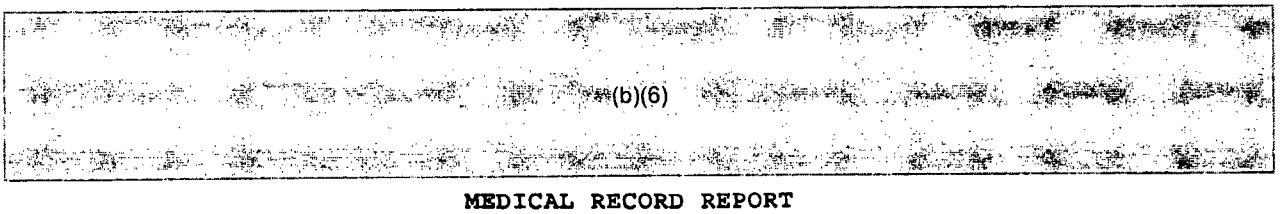
DIAGNOSIS:

1. Human immunodeficiency virus infection, Walter Reed Army Medical Center stage IV.
2. Chronic hepatic transaminase elevation, associated with human immunodeficiency virus infection.
3. Chronic eosinophilia, mild, associated with human immunodeficiency virus infection.

PROGNOSIS: The patient is currently doing well, however, it is expected that there will be long-term progression of the human immunodeficiency virus infection with more difficulty in treating the infection.

RECOMMENDATIONS: The patient is unfit based on provisions AR40-501.

Charles F. Longer COL
CHARLES F. LONGER, ~~LTC~~ MC
Infectious disease service



TDRL

ACTION BY APPROVING AUTHORITY

/ X /Approved

/ /Returned for Reconsideration

Date: 24 Sep 97

Yancy Phillips

YANCY Y PHILLIPS, COL, MC
CHIEF, DEPARTMENT OF MEDICINE

(b)(6)

WALTER REED ARMY MEDICAL CENTER

MCHL-PAD-PA (5 MAY 97) 1st End Ms Greene/jh/DSN 662-6130

SUBJECT: TDRL Physical Examination

HQDA, Walter Reed Army Medical Center, Washington, D.C. 20307-5001

TO: (b)(6)

LTR Order from US PERSCOM subject as above TDRL order D06-108 is dated 16 JAN 97 amended as follows:

As reads: Effective date: JUN 97

amended to read: Effective date: 4-8 MAY 97

FOR THE COMMANDER:

CFL PERSCOM
DAPC-EPA-D

WILLIAM C. FREEMAN
LTC, MS
Director, Patient Administration
Directorate

DEPARTMENT OF THE ARMY
U.S. TOTAL ARMY PERSONNEL COMMAND
ALEXANDRIA, VA

REPLY TO
ATTENTION OF

TAPC-PDB
LETTER ORDERS: D06-108

16 January 1997

SUBJECT: TDRL PHYSICAL EXAMINATION

(b)(6)

You are attached or relieved from attached as indicated.
You are attached to: WALTER REED AMC, WASHINGTON, DC 20307-5001
Effective date: JUN 97 4-8 MAY 97
Period: N/A
Purpose: Periodic Physical Examination
Acct Code: 2172020.0000 0 22-2010 433709.00000 21T1/T1T2
FAPMOO DRI1564T 0506-108/N1LB00 S23185
Subject to availability of funds
Additional Instructions: Transportation request permitting travel at Government expense may be obtained at the nearest military installation or recruiting station. Maximum use of transportation request is encouraged. For travel by commercial carrier or privately owned vehicle at personal expense, a monetary allowance for the distance will be authorized. You will return home on completion of examination and release by hospital commander. Reimbursement for travel will be authorized only from the address shown on the orders to the designated medical facility and return.
Format: 440

BY ORDER OF THE SECRETARY OF THE ARMY:

Walton B. Rivers

SHERMAN C. RIVERS
LTC, AR
Chief, Physical Disability
Branch

TDRL FL 02 (16 Aug 93)

PHYSICAL EVALUATION BOARD (PEB) PROCEEDINGS
For use of this form, see AR 635-40; the proponent agency is USAPDA

1. NAME (Last, First, Middle Initial)	2. RANK	3. PEBD:	BASD:
(b)(6)	SGT	87.02.19	87.02.19

4. SOCIAL SECURITY NUMBER	5. PMOS	6.BRANCH / COMPONENT
(b)(6)	88N20	Active Duty Regular Army

7. THE PEB CONSISTED OF THE INDIVIDUALS INDICATED IN EXHIBIT B

DATE CONVENED	AT (Location including ZIP Code)
96.03.21	WALTER REED MEDICAL CENTER, WASHINGTON D.C. 20307-5001

8. THE BOARD CONSIDERED THE MEMBER'S CONDITION DESCRIBED IN THE RECORDS. EACH DISABILITY IS LISTED BELOW in descending order of significance

c. Intentional misconduct, willful neglect or unauthorized absence
d. While entitled to basic pay (Incurred or aggravated)
e. In LD in the time of national emergency or after 14 SEP 78 (Incurred or aggravated)
f. Proximate result of performing duty
g. Recommended disability percentage

VA CODE a	DISABILITY DESCRIPTION b	c	d	e	f	g
6351	HIV infection, Walter Reed Stage 4, with CD4 count of 52 with chronic diarrhea and weight loss. (MEBD Dx)	N	Y	Y	Y	60%

Based on a review of the medical evidence of record, the PEB concludes that your medical condition prevents satisfactory performance of duty in your grade and primary MOS. This condition has not stabilized to the point that a permanent degree of severity can be determined.

To assist in future evaluations of this case, the US Army Physical Disability Agency may request information from you concerning your medical treatment during your stay on the Temporary Disability Retirement List.

Failure to report for a scheduled examination or to notify PERSCOM of a change in address will result in the suspension of retired pay. Address changes must be reported to: Commander, PERSCOM, ATTN: TAPC-PDB, 2461 Eisenhower Ave. Alexandria, VA 22331-0476

The treating physician may request reevaluation earlier than the scheduled reevaluation date in the event of dramatic change of the soldier's condition.

You are advised that a member of an armed force may not be required to sign a statement relating to the origin, incurrence, or aggravation of a disease or injury that he/she has.

APPROVED FOR THE SECRETARY OF THE ARMY

APR 15 1996

T. H. Miller

T. H. Miller, DAC
Recorder, USAPDA
Washington, DC 20307-5001

9. THE BOARD FINDS THE MEMBER IS PHYSICALLY UNFIT AND RECOMMENDS A COMBINED RATING OF: 60%

AND THAT THE MEMBER'S DISPOSITION BE: Placed on temporary disability retired list with reexamination during 97.03.01

10. IF RETIRED BECAUSE OF DISABILITY, THE BOARD MAKES THE RECOMMENDED FINDING THAT:

A. THE MEMBER'S RETIREMENT IS NOT BASED ON DISABILITY FROM INJURY OR DISEASE RECEIVED IN THE LINE OF DUTY AS A DIRECT RESULT OF ARMED CONFLICT OR CAUSED BY AN INSTRUMENTALITY OF WAR AND INCURRING IN LINE OF DUTY DURING A PERIOD OF WAR AS DEFINED BY LAW.

B. EVIDENCE OF RECORD REFLECTS THE INDIVIDUAL WAS NOT A MEMBER OR OBLIGATED TO BECOME A MEMBER OF AN ARMED FORCE OR RESERVE THEREOF, OR THE NOAA OR THE USPHS ON 24 SEPTEMBER 1975.

C. THE DISABILITY DID NOT RESULT FROM A COMBAT RELATED INJURY AS DEFINED IN 26 U.S.C. 104.

11. EXHIBITS (identify each)

A. Medical Board Proceedings	E. Commander's Statement
B. Appointing orders	F. DA Form 2A & 2-1
C. Profile	G. LES
D. SF 88 & 93	H. Medical Records (copy)

12. TYPED NAME, GRADE, BRANCH OF PRESIDENT	SIGNATURE	DATE
JAMES P. PHILLIPS, COL, FA PRESIDENT	James P. Phillips	96.03.21

DA FORM 199, FEB. 89

President
Physical Evaluation Board
WRAMC, Wash, DC 20307-5001

SUBJECT: Withdraw of Formal Hearing Request.

I, [redacted] (b)(6) do hereby withdraw my request for a Formal Hearing, and I so concur with the PEB recommendation of 60% TDRL.

[redacted] (b)(6)

DATE 3 April 1996

WITNESS:

[redacted]
PEB
WRAMC
202-576-1120/1131

Orig

MEDICAL EVALUATION BOARD PROCEEDINGS For use of this form, see AR 40-3; the proponent agency is the Office of The Surgeon General.	MEDICAL TREATMENT FACILITY WRAMC	DATE 9 Feb 96

(b)(6)

ACTION BY THE BOARD

BY DIRECTION OF THE APPOINTING AUTHORITY,
THE BOARD CONVENED TO EVALUATE THE PATIENT IDENTIFIED ABOVE

12. The patient ☐ did ☒ did not present views in own behalf. *(When presented, attach a summary of the patient's comments to the report)*

13. DIAGNOSIS

AFTER CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION, THE BOARD FINDS THAT THE PATIENT HAS THE FOLLOWING MEDICAL CONDITIONS/DEFECTS. LIST ALL DIAGNOSIS. USE JOINT ARMED FORCES TERMINOLOGY AND DIAGNOSTIC CODE(S). a	APPROXIMATE DATE OF ORIGIN b	INCURRED WHILE ENTITLED TO BASE PAY c		EXISTED PRIOR TO SERVICE d		PERMANENTLY AGGRAVATED BY SERVICE e	
		YES	NO	YES	NO	YES	NO
Human immunodeficiency virus infection WR-Stage IV, progressive. (Medically unacceptable, IAW AR 40-501, Chapter 3, Para 3-7h.	1987	X			X		N/A

14. The board recommends that the patient be:

☐ Returned to duty
☐ Returned to duty with the following limitations:

☒ Referred to a Physical Evaluation Board (PEB)
☐ Other *(specify)*

WALTER REED ARMY MEDICAL CENTER
MEDICAL EVALUATION BOARD

HISTORY OF PRESENT ILLNESS: The patient is a 28-year-old male who was diagnosed with human immunodeficiency virus infection in October 1987 on routine serology. He was staged as Walter Reed Army Medical Center Stage II at that time. In April 1993, he was found to have a CD-4 count of less than 400 and was diagnosed as Walter Reed Army Medical Center Stage III. In September 1993, he was started on AZT. In October 1993, he was noted to have a CD-4 count of less than 200 and was staged as Walter Reed Army Medical Center Stage III. He was, also, started on Septra for Pneumocystis prophylaxis. In August 1994, he was noted to have diarrhea and weight loss. He underwent an extensive gastroenterologic evaluation with colonoscopy. No organisms were found or other etiologies for his diarrhea. His symptoms, subsequently, resolved without therapy over the next four months. He, at that time, discontinued his AZT. In February 1995, DDI was started. In June 1995, the patient had developed decreased energy, further weight loss and anemia all associated with human immunodeficiency virus infection. In October 1995, his diarrhea resumed. He was found to have an anergy panel with just one skin test positive, thus, making him a Walter Reed Army Medical Center Stage IV. At that time, a CD-4 count was 52.

PAST MEDICAL HISTORY: Past medical history is unremarkable.

MEDICATIONS ON ADMISSION:
1. DDI 200 mg two times a day.
2. Septra double strength one every Monday, Wednesday, Friday.

The patient's other complaints include chronic diarrhea and weight loss secondary to his human immunodeficiency virus infection; a right leg tender area over the past two months; chronic congestion and, over several months, he has had mildly elevated liver transaminase levels. He has also had eosinophilia on his complete blood count.

PHYSICAL EXAMINATION: The patient's physical examination is unremarkable per his S-88 with the exception of a area of hyperkeratosis in the anterior aspect of the scalp approximately 2-3 cm; also, right lateral lower leg area of erythema and induration and also tinea pedis on his feet.

LABORATORY EVALUATION: Laboratory evaluation showed a white blood cell count of 3,000, hematocrit 32.7, platelet count 151,000. Differential showed 19% eosinophils. Liver enzymes showed SGOT of 74, SGPT of 103, normal alkaline phosphatase and bilirubin. Hepatitis-C serology is negative. Hepatitis-B surface antibody was positive subsequent to previous hepatitis-B vaccine. X-ray evaluation showed a normal sinus series and a normal chest x-ray. Biopsy of the leg lesion was performed consistent with chronic inflammatory changes, otherwise no other pathology noted.

ASSESSMENT: Assessment of this patient is, first, human immunodeficiency virus infection Walter Reed Army Medical Center Stage IV progressive despite therapy with impairment of the patient's ability to perform his duties. Other problems associated with the human immunodeficiency virus infection include chronic diarrhea and weight loss, mild hepatic transaminase

elevations, eosinophilia and chronic anemia. Evaluation for all these problems has yielded no other etiologies.

PROGNOSIS: Prognosis for the patient is that his human immunodeficiency virus infection will continue to worsen and the patient is unable to perform his duties. Significant improvement to allow him to perform military duties is not anticipated.

DISPOSITION: The patient is referred to the Medical Evaluation Board for evaluation for retention on active duty under the provisions of AR 40-501.

CHARLES F. LONGER, ~~LTC~~ COL MC

cc: CHARLES F. LONGER, ~~LTC~~ COL MC
INFECTIOUS DISEASE

(b)(6)

REPORT OF MEDICAL EXAMINATION

(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total)

LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	X
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS – GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES – GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	X
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
X	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

#18 2cm hyperkeratotic area (L) front scalp at hairline.

#36 tinea pedis, moderate severity

#37 (R) distal leg, lat aspect, 10 cm fluctuant raised soft tissue mass.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable Teeth · Non-restorable teeth · Missing Teeth · Replaced by Dentures · Fixed Partial dentures

RIGHT																	LEFT
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
	0																

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type II acceptable
#2 temp filling

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY

B. ALBUMIN neg

C. SUGAR neg

D. MICROSCOPIC no cells

46. CHEST X-RAY (Place, date, film number and result)

2/28/95 – normal

47. SEROLOGY (Specify test used and result)

RPR neg.

48. EKG

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS

HIV ⊕, CD4 = 56

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
69	154	Black	Brown	☒ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	99

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS.	B. RECUMBENT	SYS.	C. STANDING (5 min)	SYS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS.		DIAS.		DIAS					

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 200	CORR. TO 20/ 70	BY -3.75	S. -3.50	CX CORR	20/100	CORR. TO 20/30 BY
LEFT 20/ 200	CORR. TO 20/ 70	BY -3.75	S. -3.25	CX ADD	20/100	CORR. TO 20/20 BY

62. HETEROPHORIA (Specify distance)

ES°	EX°	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT	PIP 9/14 fail		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV	/15 SV	/15		250 258	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV	/15 SV	/15	RIGHT	/	5	5	0	5	5	0	/	
			LEFT	/	5	5	0	0	0	10	/	

73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS--FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

(b)(6)

78. A. PHYSICAL PROFILE

P	U	L	H	E	S
4	1	1	1	1	1

B. PHYSICAL CATEGORY

A	B	C	E

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FOR

B. ☒ IS NOT QUALIFIED FOR Retention IAW AR 40-501

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

#50 HIV, CD4 less than 400

79. TYPED OR PRINTED NAME OF PHYSICIAN

Charles F. Longer COL, MC

SIGNATURE

Charles F. Longer COL MC

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

CPT. ALAN BINSTOCK DDS

SIGNATURE

Alan Binstock DDS

82. TYPED OR PRINTED NAME OR REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

*U.S. Government Printing Office: 1991 — 281-782/40166

STANDARD FORM 93
REV. OCTOBER 1974
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-45.505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

(b)(6)

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
INIT / FLT	DEC 95	WRAMC, WASH DC

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint exists)*

MEDS: DDI, SERTRA
GET TIRED Easily. Diarrhea off and on starting in Aug 94. Past 8 months significant wt loss. Things are getting somewhat stressful now. Wt loss major contributor to stress along with BOARD. NSA

9. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU *(Please check each item)*

YES	NO	(Check each item)
X		Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas	X			Cramps in your legs		X		"Trick" or locked knee
	X		Rheumatic fever		X		Frequent indigestion	X			Foot trouble
X			Swollen or painful joints	X			Stomach, liver, or intestinal trouble	X			Neuritis
X			Frequent or severe headache		X		Gall bladder trouble or gallstones		X		Paralysis (include infantile)
	X		Dizziness or fainting spells		X		Jaundice or hepatitis		X		Epilepsy or fits
X			Eye trouble			X	Adverse reaction to serum, drug, or medicine		X		Car, train, sea or air sickness
	X		Ear, nose, or throat trouble						X		Frequent trouble sleeping
	X		Hearing loss		X		Broken bones	X			Depression or excessive worry
X			Chronic or frequent colds		X		Tumor, growth, cyst, cancer		X		Loss of memory or amnesia
X			Severe tooth or gum trouble		X		Rupture/hernia		X		Nervous trouble of any sort
X			Sinusitis			X	Piles or rectal disease		X		Periods of unconsciousness
X			Hay Fever	X			Frequent or painful urination				
	X		Head injury		X		Bed wetting since age 12				
X			Skin diseases		X		Kidney stone or blood in urine				
	X		Thyroid trouble			X	Sugar or albumin in urine				
	X		Tuberculosis	X			VD—Syphilis, gonorrhea, etc.				
		X	Asthma	X			Recent gain or loss of weight				
X			Shortness of breath		X		Arthritis, Rheumatism, or Bursitis				
	X		Pain or pressure in chest		X		Bone, joint or other deformity				
	X		Chronic cough		X		Lameness				
	X		Palpitation or pounding heart		X		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	X		Heart trouble		X		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	X		High or low blood pressure		X		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

14. ARE YOU *(Check one)*

[X] Right handed [ ] Left handed

93-103

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
	✓	B. Inability to perform certain motions.	
	✓	C. Inability to assume certain positions.	
	✓	D. Other medical reasons (*If yes, give reasons.*)	
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)	
✓		17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)	Requested additional insurance, because of medical diagnosis. NO INSURANCE AVAILABLE.
	✓	18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)	
✓		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)	1987, WRAMC, HIV Dr. UNGAR WASHINGTON DC.
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)	
✓	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)	NSD ~~drative~~ diarihea, WALSON Hospital Fort Eustis, VA 23604. DR Mann
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)	
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)	
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

(b)(6)

NOTE: HAND TO THE DOCTOR OR NURSE. OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in Items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

#11 - Swollen joint - (R)knee ? trauma '88, resolved.
headache - occasional
eyes - glasses - nearsighted
colds - chronic congestion
tooth - caries, for root canal
sinusitis - chronic congestion
hay fever - comes with pollen
skin - groin rash, tinea pedis
shortness of breath - with exertion over past year.
cramps - with exercise, over past year

stomach trouble - diarrhea
painful urination - during gonorrhea
VD - H x gonorrhea '87
wt loss - past 6 mo.
depression - assoc with HIV situation
foot trouble - tinea pedis
neuritis - paresthesias in leg after prolonged sitting
occ. tingling in (R) hand + resolves C/F
#21 - Evaluation for diarrhea + weight loss - in records, no Dx made. C/F

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
Charles F. Longer COL MC.	6 Dec 95	C/F Longer COL MC	

REVERSE OF STANDARD FORM 93

*U.S. Government Printing Office: 1991 — 281-782/40074

NAVAL MEDICAL CENTER, PORTSMOUTH, VIRGINIA
REPORT OF TDRL PERIODIC PHYSICAL

(b)(6)

D: 22 JUNE 99 T: 22 JUNE 99

1. Reference (a) BUPERS ORDERS dated 21 JUL 98
(b) Report of Medical Board dated 5 May 1997

2. This patient was seen on 25 January 1999 in accordance with orders concerning his 18 month TDRL.

3. This patient is HIV positive and was diagnosed with HIV in 1987. He suffered a nadir CD4 count of only 15 (with normal being about 1000) in 1996 at which point he was placed on triple drug therapy to include AZT, Lamivudine and Indinavir. That combination was successful in elevating his CD4 count to 108 and then to 630. On it, his viral load was transiently suppressed down to 2000, but then rose and remained stable at around 40,000 on three separate occasions separated by eight months in 1997. At that point, his medicines were switched to a different triple combination to include Didanosine, Stavudine and Nelfinavir. On this drug combination, his CD4 count remained stable at around 670, but again he had incomplete viral suppression with a viral load as determined by Roche Amplicor Technology (PCR) at around 20,000. At that point, Hydroxyurea was added to his medical regimen and his viral load fell to 2000, but then rose to 71,000. In September of 1998, the patient's medical regimen was changed. A double Protease inhibitor combination was initiated. In addition to this, a non-nucleoside was added and the patient was placed on a triple nucleoside combination. The patient's six-drug combination specifically was Efavirenz, Ritonavir, Saquinavir, Lamivudine, Stavudine and Hydroxyurea. On this combination, the patient has felt relatively well. His viral load has fallen although not completely to 1,600 and then 99, then 630, then 419. This viral load is significantly less than it had been and is stable although it is not undetectable. His CD4 count is stable at about 608 and 617, which represents 21% and 22% of his lymphocyte count.

(b)(6)

4. The patient feels well and is currently volunteering his time two hours a day at the VA. The patient admits to taking his medicines on a rather constant schedule missing only a rare dose, one or two doses per week mostly the Ritonavir, which is a liquid medicine with an unpleasant after taste. The patient complains of some nasal congestion with coughing, morning mucus, which is yellow-green. According to his wife, he wheezes and smokes a rare cigar. The patient has been complaining of itching skin for the past three weeks with some bumps. The patient complains of easy fatigue and falls asleep readily, and has reported to snore at night.

5. A sleep study was ordered and revealed approximately 11 hypopnea per hour with no oxygen desaturations below 90%. The patient is unable to tolerate a CPAP device.

6. On physical examination, the patient's blood pressure is 139/80, pulse is 113, respirations 24, temperature 99.5, weight 219 pounds. In general, he is a well-developed and well-nourished male in no acute distress. His nares are patent. His oropharynx is clear. Heart is regular. His chest is clear. He has no palpable lymphadenopathy. He has no lipodystrophy evidence by Protease inhibitors. His abdomen is slightly obese, but no organomegaly is appreciated. His skin is dry with some evidence of follicular plugging.

7. His laboratories reveal a glucose of 162 taking at 0830 in the morning with a follow-up hemoglobin A-1C, which is in the normal range at 6.1 (normal being 4.1 to 6.5). His electrolytes and renal panel are normal. His liver associated enzymes are normal. His hemoglobin is 13 with a MCV of 104, which is to be expected in a patient taking Stavudine, as well as Hydroxyurea. His platelet count and white count are normal. The differential reveals 13% eosinophils. The ppd skin test was zero mm induration; there were no other skin test antigens to test for anergy. His most recent viral load was 419 copies per cc.

8. The patient's vaccination status is up to date with a pneumococcal vaccine in June of 1996 and H-flu vaccine in June of 1996.

9. Currently, the patient is clinically stable with an impressive immune recovery as evidenced by a rise in the CD4 count from 15 to 617. His viral load has never been rendered undetectable in the past despite two different triple drug combinations. He is currently on a salvage six-drug combination, which has resulted in a drop in his viral load although three measurements in 1999 have not been able to document an undetectable response to this drug combination. It is concerning that the patient has measurable viremia despite being on anti-retroviral therapy. This is because the virus divides every day and every time it divides, it makes five mistakes. Eventually, a drug resistant sub-population will emerge and become the dominant population. When this happens, the patient will have significant viremia, which ultimately will overwhelm the immune system. The CD4 cells will then drop and the patient will then experience clinical deterioration. Currently, the patient is clinically non-toxic on this "mega-HAART" combination, both clinically and by laboratory measurements, his body is tolerating all of these medicines.

10. This case should be referred to the Physical Evaluation Board of the United States Army for TDRL evaluation. The patient will be followed monthly in the Infectious Disease Clinic and is being referred to Dermatology to evaluate his pruritic skin.

11. DIAGNOSES:
(1) HUMAN IMMUNODEFICIENCY VIRUS, #042
(2) ACQUIRED IMMUNODEFICIENCY SYNDROME, #042
(3) HISTORY OF H. PYLORI, #04186
(4) HISTORY OF CYTOMEGALOVIRUS, SEROPOSITIVITY, #0785
(5) HIATAL HERNIA BY HISTORY, #5533
(6) WASTING SYNDROME BY HISTORY, #7994
(7) COTTON-WOOL SPOTS LEFT RETINA BY HISTORY, #36283
(8) HISTORY OF LEUKOPENIA, 2880
(9) HISTORY OF LYMPHADENOPATHY, #7856
(10) HISTORY OF GONORRHEA IN 1984 AND 1987, #0980

(11) OBSTRUCTIVE SLEEP APNEA DOCUMENTED IN SEPTMEBER OF 1998, #78057
(12) HISTORY OF PRURITUS WITH MEASURABLE EOSINOPHILIA SUGGESTIVE OF EOSINOPHILIC FOLLICULITIS, #6989

12. The patient's prognosis is poor. Studies have shown that the best prognosis for long term survival in these patients is when the patient's viral load is very undetectable, ie, less than 50 copies of the virus per cc blood; in the presence of antiretroviral medicines, even low grade viremia (50-400 copies per cc) is as ominous as more significant viremia (> 400 copies/cc). Progression of the disease is predicted.

13. T lymphocyte subsets and viral load values were reviewed and discussed with the patient. The patient was offered participation in HIV educational programs.

14. Disclosure of the contents of this report and personal appearance before a Physical Evaluation Board would not be deleterious to the physical or mental health of the patient.

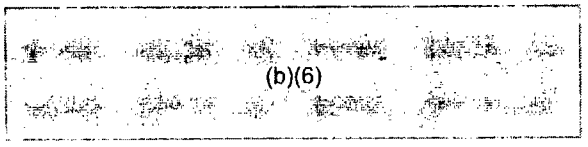
15. Upon completion of the above studies, the patient was released in accordance with the basic orders.

W. EMMONS
CDR MC USN

J. MALONE
CAPT MC USN

173H03/6107

(b)(6)



15 July 1999

PATIENT CERTIFICATION: I have read and fully understand the findings of my TDRL evaluation and I

(AGREE) (DISAGREE) W. EMMONS

_____ _____

PATIENT SIGNATURE DATE

_____ _____

ADDRESS PHONE

APPROVED: _____

JAMES K. HOWDEN, MD, LTC, MC, DCCS

CHARLES S. ROBB
VIRGINIA

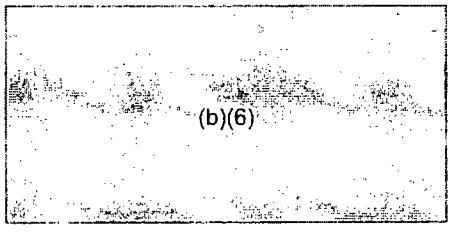
STATE OFFICE:
The Ironfronts, Suite 310
1011 East Main Street
Richmond, VA 23219
(804) 771-2221
Email: senator@robb.senate.gov
http://robb.senate.gov

United States Senate

WASHINGTON, DC 20510-4603

September 7, 1999

COMMITTEES
ARMED SERVICES
FINANCE
INTELLIGENCE
JOINT ECONOMIC COMMITTEE
Democratic Policy Committee



Thank you for your recent letter.

I am making inquiries on your behalf and will share the results with you when they become available.

Again, thank you for bringing this matter to my attention.

Sincerely,

Charles S. Robb

CSR/jls

Washington Office:
Russell Senate Office Building
First and Constitution Avenue, NE
Room 154
Washington, DC 20510
(202) 224-4024

Regional Offices:
Dominion Towers, Suite 107
999 Waterside Drive
Norfolk, VA 23510
(757) 441-3124

First Union Bank Building
Main Street
Clintwood, VA 24228
(540) 926-4104

First Citizens Bank Building
530 Main Street
Danville, VA 24541
(804) 791-0330

B. B. & T. Bank Building
310 First Street, SW, Suite 102
Roanoke, VA 24011
(540) 985-0103

CHARLES S. ROBB
VIRGINIA

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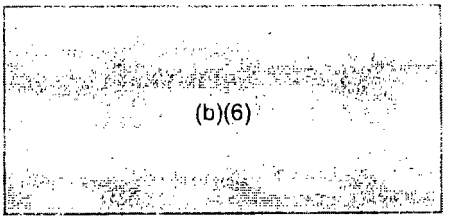
United States Senate

WASHINGTON, DC 20510-4603

October 6, 1999

COMMITTEES:
ARMED SERVICES
FINANCE
INTELLIGENCE
JOINT ECONOMIC COMMITTEE
Democratic Policy Committee



Enclosed is a copy of the response I have received from the Department of the Army concerning my inquiry on your behalf.

If I can be of assistance to you in the future, please let me know.

Again, thank you for writing.

Sincerely,

Charles S. Robb

CSR/jls

Enclosure

Washington Office:
Russell Senate Office Building
First and Constitution Avenue, NE
Room 154
Washington, DC 20510
(202) 224-4024

Regional Offices:
Dominion Towers, Suite 107
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First Union Bank Building
Main Street
Clintwood, VA 24228
(540) 926-4104

First Citizens Bank Building
530 Main Street
Danville, VA 24541
(804) 791-0330

B. B. & T. Bank Building
310 First Street, SW, Suite 102
Roanoke, VA 24011
(540) 985-0103

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL DISABILITY AGENCY
8120 WOODMONT AVENUE (4TH FLOOR)
BETHESDA MARYLAND 20814-2796

REPLY TO
ATTENTION OF

September 28, 1999

Honorable Charles S. Robb
United States Senator
The Ironfronts, Suite 310
1011 East Main Street
Richmond, Virginia 23219

Dear Senator Robb:

Thank you for your inquiry concerning the physical disability processing of Mr. (formerly (b)(6)

(b)(6) disagreed with the findings of the informal Physical Evaluation Board (PEB) and requested a formal hearing of his case. His hearing is scheduled for October 29, 1999 at the Washington, DC PEB. At the formal hearing he will have the opportunity to present his views in person, be represented by counsel, and to present any additional information not previously considered by the board.

At the conclusion of the hearing, (b)(6) will be afforded the opportunity to concur or nonconcur with the PEB's findings and will be counseled regarding the election he chooses.

A similar reply has been furnished to another Member of Congress.

I appreciate your concern in this case.

Sincerely,

Willie McMillian
Colonel, U.S. Army
Deputy Commander

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL EVALUATION BOARD
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001

REPLY TO
ATTENTION OF:

TAPD-PEB-W (635-40)

1 October 1999

MEMORANDUM THRU Commander, McDonald Army Hospital, ATTN: PEBLO, Fort Eustis, VA 23604-5548

FOR (b)(6)

SUBJECT: Appeal of Physical Evaluation Board (PEB) Informal Proceedings

1. The Physical Evaluation Board has received your DA Form 199, dated 2 September 99, in which you did not concur with the findings and recommendations of your informal hearing held on 16 August 99. It is noted that you provided information to the Board for consideration, specifically a letter of appeal dated 2 September 99 and a memo dated 5 September 99.

2. Your appeal was carefully considered and your case thoroughly reviewed. Following this review, the Board adheres to the findings and recommendations of the informal Board.

3. The Board believes that your case has been properly evaluated in accordance with AR 635-40 and current U.S. Army Physical Disability Agency policies. Please be assured that the Board members considered all relevant evidence in your case, to include the information presented in your appeal.

4. When the Physical Evaluation Board determines a soldier is unfit for continued service, as we did in your case, it must then determine a disability rating based upon your current medical condition. DOD Instruction 1332.39, AR 635-40 and the Veterans Affairs Schedule for Rating Disabilities (VASRD) provide the regulatory guidance.

a. The TDRL evaluation summary dictated on 22 June 99 provided the information relative to your current medical condition. Your current disability evaluation and rating is based upon the most recent medical information, not the initial medical board which eventually resulted in your placement on the TDRL. The U. S. Army Physical Disability Agency implementation memorandum dated 13 May 97, specifically indicates that TDRL examinations dictated after 15 May 97 will be processed in accordance with the new DOD directive and instructions and the current AR 635-40. This provision applies in your case.

b. A minimum rating of 30 percent is no longer in effect for soldiers found unfit based upon a HIV-positive condition. Members on the TDRL are rated under the VASRD criteria in effect at the time of their final reevaluation (reference paragraph F3, DOD Instruction 1332.39). A change to the VASRD criteria, effective 25 August 96, eliminated the minimum 30 percent rating for HIV cases.

TAPD-PEB-W (635-40)
SUBJECT: Appeal of Physical Evaluation Board (PEB) Informal Proceedings

5. You were found unfit for duty based upon your HIV infection. Based on the medical information presented by your TDRL examination (CD4 count of 608-617, no evidence of any constitutional symptoms, no history of opportunistic infections, no symptoms of wasting syndrome at present, on antiretroviral regimen) and the regulatory guidance, the 10 percent disability rating is considered appropriate. Your history of wasting syndrome, leukopenia and lymphadenopathy were considered by the Board it its evaluation. The fact that your CD4 count has fluctuated does not change the disability rating.

6. Even though you have not been on the TDRL for the five-year statutory limit, you are not eligible to remain on the TDRL since your disability rating is now less than 30 percent. Paragraph 7-11a(2), AR 635-40 provides that for soldiers with less than 20 years of active service a minimum rating of 30 percent is required for placement or retention on the TDRL.

7. Since you have requested a formal hearing of your case you will be scheduled and notified by separate correspondence of the hearing date, time and location. Your entire case file, including your appeal, will be held for your formal hearing unless you later decide to waive that hearing. If you waive the formal hearing, your case will be forwarded to the US Army Physical Disability Agency (USAPDA) for further processing. Even if your case is forwarded to the USAPDA, any additional evidence you may acquire can be forwarded to them. Your evidence will be reviewed, and, if warranted, reconsideration of the present findings and recommendations will be made.

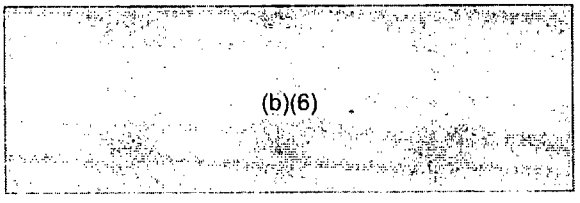
for John R Martin, LTC, FA
CARL W. S. CHUN
President

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL EVALUATION BOARD
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001

REPLY TO
ATTENTION OF:

August 16, 1999

Recorder,
Washington Physical Evaluation Board



An informal Physical Evaluation Board (PEB) has reviewed the report of your recent periodic medical examination and other available medical records. The PEB has recommended that your name be removed from the Temporary Disability Retired List (TDRL). Enclosed is a copy of DA Form 199 (PEB Proceedings) which lists the findings and recommendations of the Board.

Pay special attention to items 8 and 9 on the form. The entries in item 8 reflect the PEB's judgement of your present disabilities, how severe they are, whether the disabilities were incurred under conditions permitting compensation, and the percentage rating for each disability. If item 8 contains no entry, it means that the PEB considers you no longer unfit because of physical disability. Item 9 shows the findings as to whether you are fit or unfit because of physical disability. If you are unfit, item 9 shows the combined rating for your disabilities as determined under the rating system. It also shows the recommended disposition of your case consistent with Army policies. Item 10 may be incomplete since this decision in some cases has been made at time of placement on the TDRL.

Army policy for removing a member from the TDRL requires you to show whether you agree with the findings and recommendations entered on the DA Form 199. Please read carefully the statement following each box in item 13 on the reverse of the form. Check the one that indicates your decision. Before doing so, however, read the paragraph below informing you of your rights. If there is anything you do not understand, please contact the Physical Evaluation Board Liaison Officer (PEBLO), (you may telephone him or her collect). You should contact the PEBLO promptly. You must sign and mail the original of the enclosed form within ten days or receipt of this notice.

To help you in reaching a decision you should be aware that:

- You will not be separated or retired because of physical disability without a formal hearing. This hearing, if you demand it, will give you the chance to make the PEB aware of facts that you believe may have a bearing on the outcome of your case.

- If you demand a formal hearing and choose to be present and do not live near the PEB, the Army will pay your travel expenses and reasonable living costs while you attend the hearing.

- If you demand a formal hearing the Army will provide you an Army attorney to counsel and represent you. The attorney will be thoroughly familiar with the physical disability system. You may, if you desire, provide your own counsel at your own expense. Selection of your own counsel may not cause an unreasonable delay of the formal board proceedings. If you elect not attend the hearing and do not select your own counsel, the Army attorney will represent your interests.

- The findings and recommendations of the PEB will be reviewed by the Physical Disability Agency before final approval and disposition of your case. If any modifications are proposed that would reduce the rating or change the disposition of your case, you will be informed so that you can, if you desire, rebut the proposed change.

- Please review again the entries on the DA Form 199. Obtain advice from the PEBLO and then check the box in item 13 to indicate your decision. Retain a copy of the form for your file. Mail the original DA Form 199 to the PEB within ten days. If we do not receive your reply within the required time, we will assume you agree with the findings and recommendation and final action will be completed.

Sincerely,

T. H. Miller

T. H. Miller
DA Civilian
Board Recorder

Enclosure

Copy Furnished:
Physical Evaluation Board Liaison Officer

McDonald Army Hospital

PHYSICAL EVALUATION BOARD (PEB) PROCEEDINGS
For use of this form, see AR 635-40; the proponent agency is USAPDA

(b)(6)

3. PEBD: 87.02.19 BASD: 87.02.19

c. Intentional misconduct, willful neglect or unauthorized absence

d. While entitled to basic pay (Incurred or aggravated)

e. In LD in the time of national emergency or after 14 SEP 78 (Incurred or aggravated)

f. Proximate result of performimg duty

7. THE PEB CONSISTED OF THE INDIVIDUALS INDICATED IN EXHIBIT B

DATE CONVENED	AT (Location including ZIP Code)
99.08.16	WALTER REED MEDICAL CENTER, WASHINGTON D.C. 20307-5001

8. THE BOARD CONSIDERED THE MEMBER'S CONDITION DESCRIBED IN THE RECORDS. EACH DISABILITY IS LISTED BELOW in descending order of significance

VA CODE a	DISABILITY DESCRIPTION b	g. Recommended disability percentage c	d	e	f	g
6351	HIV infection with a history of a CD4 count of 15 and a CD4 count at this time of 608-617. The oropharynx is clear and there are no symptoms of wasting syndrome. There is no evidence of any opportunistic infection or refractory constitutional symptoms. (TDRL Dx 1-2,4,6) TDRL Dx 3,5,7-10, not rated. The present PEB rating of 10% more accurately reflects the current degree of severity of your condition. The PEB considers your condition to have improved so as to be ratable at less than 30%. Rating of less than 30% for soldiers with less than 20 years retirement service require separation with severance pay in lieu of retirement. You are advised that a member of an armed force may not be required to sign a statement relating to the origin, incurrence, or aggravation of a disease or injury that he/she has.	N	Y	Y	Y	10%

9. THE BOARD FINDS THE SOLDIER IS PHYSICALLY UNFIT AND RECOMMENDS A COMBINED RATING OF: 10%

AND THAT THE SOLDIER'S DISPOSITION BE: Separation with severance pay if otherwise qualified

10. Not applicable

11. EXHIBITS (identify each)
A. TDRL Exam
B. Notification of TDRL Exam
C. TDRL Approving Authority
D. TDRL Orders

12. TYPED NAME, GRADE, BRANCH OF PRESIDENT	SIGNATURE	DATE
RONALD A. GRUBB, COL, IN, President		99.08.16

DA FORM 199, JUN. 97

(b)(6) Continued...

13. ELECTION OF SOLDIER

TO: President, Physical Evaluation Board

I HAVE BEEN ADVISED OF THE FINDINGS AND RECOMMENDATIONS OF THE PHYSICAL EVALUATION BOARD, AND HAVE RECEIVED A FULL EXPLANATION OF THE RESULTS OF THE FINDINGS AND RECOMMENDATIONS AND LEGAL RIGHTS PERTAINING THERETO AND

FOR INFORMAL PROCEEDINGS ON SOLDIERS DETERMINED FIT (EXCEPT MEMBERS ON THE TDRL)

____ I CONCUR.

____ I DO NOT CONCUR. MY WRITTEN APPEAL ____ IS ATTACHED ____ IS NOT ATTACHED. I UNDERSTAND THAT FAILURE TO SUBMIT A WRITTEN APPEAL MAY RESULT IN FINAL PROCESSING OF MY CASE WITHOUT REVIEW BY HQ, USAPDA.

FOR ALL OTHER INFORMAL PROCEEDINGS

____ I CONCUR AND WAIVE A FORMAL HEARING OF MY CASE.

____ I DO NOT CONCUR BUT WAIVE A FORMAL HEARING. MY WRITTEN APPEAL ____ IS ATTACHED ____ IS NOT ATTACHED. I UNDERSTAND THAT FAILURE TO SUBMIT A WRITTEN APPEAL MAY RESULT IN FINAL PROCESSING OF MY CASE WITHOUT REVIEW BY HQ, USAPDA.

✓ I DO NOT CONCUR AND DEMAND A FORMAL HEARING ✓ WITH PERSONAL APPEARANCE ✓ WITHOUT PERSONAL APPEARANCE. MY STATEMENT IDENTIFYING MY ISSUES OF ~~DISAGREEMENT~~ WITH THE INFORMAL PEB ____ IS ATTACHED ____ IS NOT ATTACHED.

____ I REQUEST A REGULARLY APPOINTED COUNSEL TO REPRESENT ME.

____ I WILL HAVE COUNSEL OF MY CHOICE AT NO EXPENSE TO THE GOVERNMENT. I UNDERSTAND THAT I MUST NOTIFY MY COUNSEL AT THIS TIME OF THE PENDING HEARING. I FURTHER UNDERSTAND THAT A DELAY WILL NOT BE GRANTED MERELY BECAUSE I DID NOT CONTACT MY COUNSEL IN SUFFICIENT TIME FOR HIM OR HER TO PROPERLY PREPARE. I WILL INFORM MY COUNSEL THAT HE OR SHE SHOULD IMMEDIATELY CONTACT THE PEB TO COORDINATE FURTHER ACTIONS IN MY CASE.

SIGNATURE OF SOLDIER	(b)(6)	DATE

14. COUNSELOR'S STATEMENT

I have informed the soldier of the findings and recommendations of the Physical Evaluation Board and explained to him/her the result of the findings and recommendations and his/her legal rights pertaining thereto. The soldier has made the election(s) shown above.

TYPE NAME AND GRADE OF COUNSELOR	SIGNATURE	DATE

DA FORM 199, JUN. 97

JOHN WARNER
VIRGINIA

COMMITTEES:
ARMED SERVICES, CHAIRMAN
ENVIRONMENT AND PUBLIC WORKS
RULES AND ADMINISTRATION

United States Senate

225 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510-4601
(202) 224-2023
senator@warner.senate.gov
www.senate.gov/~warner/

CONSTITUENT SERVICE OFFICES:

4900 WORLD TRADE CENTER
101 WEST MAIN STREET
NORFOLK, VA 23510-1690
(757) 441-3079

MAIN STREET CENTRE II
600 EAST MAIN STREET
RICHMOND, VA 23219-3538
(804) 771-2579

235 FEDERAL BUILDING
P.O. BOX 887
ABINGDON, VA 24212-0887
(540) 628-8158

1003 FIRST UNION BANK BUILDING
213 SOUTH JEFFERSON STREET
ROANOKE, VA 24011-1714
(540) 857-2676

August 30, 1999

(b)(6)

Thank you for your recent letter detailing your difficulty with the Department of the Army. As I understand your letter, you are concerned about maintaining your disability rating. I appreciate you contacting me.

To try to be of assistance, I have contacted appropriate officials in the Department of the Army. I have asked them to review and give prompt attention to your concerns. Please be assured that when I receive a reply, I will share it with you.

Again, thank you for bringing this important matter to my attention.

With kind regards, I am

Sincerely,

John Warner

JW/scs

Please reply to the office indicated: Washington ☐ Richmond ☐ Roanoke ☐ Abingdon ☐ Norfolk ☐

JOHN WARNER
VIRGINIA

COMMITTEES:
ARMED SERVICES, CHAIRMAN
ENVIRONMENT AND PUBLIC WORKS
RULES AND ADMINISTRATION

United States Senate

225 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510-4601
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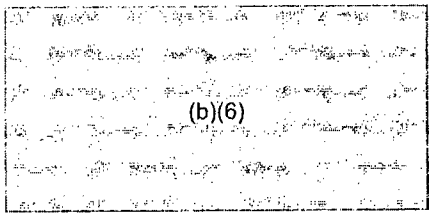
(540) 628-8158

1003 FIRST UNION BANK BUILDING
213 SOUTH JEFFERSON STREET
ROANOKE, VA 24011-1714
(540) 857-2676

October 4, 1999



Enclosed is the correspondence I received from the Department of the Army, concerning your Physical Evaluation Board. I hope this information is helpful.

Again, thank you for bringing this important matter to my attention. If my office can be of assistance in the future, please do not hesitate to contact me.

With kind regards, I am

Sincerely,

John Warner

John Warner

JW/scs
Enclosure

Please reply to the office indicated: Washington ☐ Richmond ☐ Roanoke ☐ Abingdon ☐ Norfolk ☐

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL DISABILITY AGENCY
8120 WOODMONT AVENUE (4TH FLOOR)
BETHESDA MARYLAND 20814-2796

REPLY TO
ATTENTION OF

September 28, 1999

Honorable John Warner
United States Senator
4900 World Trade Center
101 West Main Street
Norfolk, Virginia 23510-1690

Dear Senator Warner:

Thank you for your inquiry concerning the physical disability processing of Mr. (formerly (b)(6)

(b)(6) disagreed with the findings of the informal Physical Evaluation Board (PEB) and requested a formal hearing of his case. His hearing is scheduled for October 29, 1999 at the Washington, DC PEB. At the formal hearing he will have the opportunity to present his views in person, be represented by counsel, and to present any additional information not previously considered by the board.

At the conclusion of the hearing, (b)(6) will be afforded the opportunity to concur or nonconcur with the PEB's findings and will be counseled regarding the election he chooses.

A similar reply has been furnished to another Member of Congress.

I appreciate your concern in this case.

Sincerely,

Willie McMillian
Colonel, U.S. Army
Deputy Commander

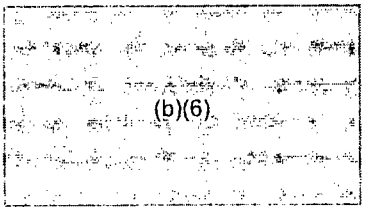
ROBERT C. (BOBBY) SCOTT
3D DISTRICT, VIRGINIA
2464 RAYBURN OFFICE BUILDING
WASHINGTON, DC 20515-4603
(202) 225-8351

COMMITTEES:
JUDICIARY
SUBCOMMITTEE
CRIME, RANKING MEMBER
EDUCATION AND THE WORKFORCE
SUBCOMMITTEES:
EARLY CHILDHOOD, YOUTH, AND FAMILIES
OVERSIGHT AND INVESTIGATIONS

Congress of the United States
House of Representatives
Washington, DC 20515–4603

DISTRICT OFFICES:
NEWPORT NEWS:
2600 WASHINGTON AVE.
SUITE 1010
NEWPORT NEWS, VA 23607
(757) 380-1000
RICHMOND:
THE JACKSON CENTER
501 N. 2ND STREET
RICHMOND, VA 23219-1321
(804) 644-4845

September 13, 1999



Enclosed is a response that I received from the Department of The Army. You will be notified as soon as more information becomes available.

In the meantime, if you should have any further questions or concerns, please don't hesitate to contact my office.

Very truly yours,

Robert C. "Bobby" Scott
Member of Congress

RCS/ng
enclosure

ROBERT C. (BOBBY) SCOTT
3D DISTRICT, VIRGINIA
2464 RAYBURN OFFICE BUILDING
WASHINGTON, DC 20515-4603
(202) 225-8351

COMMITTEES:
JUDICIARY
SUBCOMMITTEE:
CRIME, RANKING MEMBER
EDUCATION AND THE WORKFORCE
SUBCOMMITTEES:
EARLY CHILDHOOD, YOUTH, AND FAMILIES
OVERSIGHT AND INVESTIGATIONS

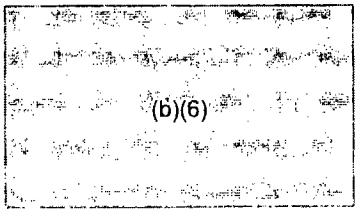
DISTRICT OFFICES:
NEWPORT NEWS:
2600 WASHINGTON AVE.
SUITE 1010
NEWPORT NEWS, VA 23607
(757) 380-1000
RICHMOND:
THE JACKSON CENTER
501 N. 2ND STREET
RICHMOND, VA 23219-1321
(804) 644-4845

Congress of the United States

House of Representatives

Washington, DC 20515–4603

October 4, 1999



Enclosed is the response I received from the inquiry I initiated on your behalf.

If I can ever be of assistance to you on other matters, please do not hesitate to contact me.

Very truly yours,

Robert C. "Bobby" Scott
Member of Congress

RCS/ng
enclosure

CHIEF OF LEGISLATIVE LIAISON
CONGRESSIONAL INQUIRY DIVISION
ROOM 2C600
1600 ARMY PENTAGON
WASHINGTON, D.C. 20310-1600

September 8, 1999

The Honorable Robert C. Scott
Representative in Congress
The Jackson Center
501 North Second Street
Richmond, VA 23219-1321

SEP 13 1999

Dear Congressman Scott:

Thank you for your letter on behalf of (b)(6)

Inquiry into this matter has been initiated. You will be further advised as soon as information becomes available. If you have any questions about this inquiry, please refer to the following case number: (b)(6)

Sincerely,

Michelle Y. Cromwell
Congressional Coordinator
Congressional Inquiry Division

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL DISABILITY AGENCY
8120 WOODMONT AVENUE (4TH FLOOR)
BETHESDA MARYLAND 20814-2796

REPLY TO
ATTENTION OF

September 28, 1999

OCT 0 4 1999

Honorable Robert C. Scott
Representative in Congress
The Jackson Center
501 North 2nd Street
Richmond, Virginia 23219-1321

Dear Congressman Scott:

Thank you for your inquiry concerning the physical disability processing of Mr. (formerly (b)(6)

(b)(6) disagreed with the findings of the informal Physical Evaluation Board (PEB) and requested a formal hearing of his case. His hearing is scheduled for October 29, 1999 at the Washington, DC PEB. At the formal hearing he will have the opportunity to present his views in person, be represented by counsel, and to present any additional information not previously considered by the board.

At the conclusion of the hearing, (b)(6) will be afforded the opportunity to concur or nonconcur with the PEB's findings and will be counseled regarding the election he chooses.

A similar reply has been furnished to another Member of Congress.

I appreciate your concern in this case.

Sincerely,

Willie McMillian
Colonel, U.S. Army
Deputy Commander

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL EVALUATION BOARD
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001

REPLY TO
ATTENTION OF:

October 10, 1999

Board Recorder
Washington-Physical Evaluation Board

[redacted]
(b)(6)

Your formal Physical Evaluation Board (PEB) hearing is on November 4, 1999 at 0830 hours in Building 7, First floor, Walter Reed Army Medical Center, Washington, D.C. 20307-5001. If for any reason you will be late or unable to attend, notify your Physical Evaluation Board Liaison Officer (PEBLO). Ask your PEBLO to notify the Board of the request and reason for the delay. This information should be relayed to the PEB in written form by the PEBLO (fax is acceptable). After being presented with this information, the Board President may grant a delay.

Since you requested regularly appointed Military Counsel, your case has been assigned to the Soldier's Legal Counsel office at Building 1, Room D216 or Room D217, Walter Reed Army Medical Center, Washington, D.C. Your appointment with legal counsel will be at 1500 hrs, November 5, 1999. Within three (3) days of receipt of this correspondence you are required to acknowledge receipt of this letter by voice mail at 202-782-3352 by providing your name and a phone number where you can be reached during the day. Your PEBLO should explain the Board process and assist in making travel arrangements.

A Legal Counsel will assist in the presentation of the case to include the examination and cross-examination of any witnesses. You are responsible to provide and present evidence to support any claim. If you are on the Temporary Disability Retirement List (TDRL), bring your current medical records and any documentation you feel may assist in the adjudication of your case. For all others, you must coordinate with the Physical Evaluation Board Liaison Officer (PEBLO) to ensure your medical records will be furnished to the Board the day of your hearing.

You are entitled to have witnesses present to testify on your behalf. If civilians, they must be provided at your expense. Members of the Armed Forces or Government employees are authorized travel entitlements if the parent unit will support the temporary duty and travel costs. If the unit does not support the TDY and travel costs for the witnesses then you or the witness must bear the expense. You are responsible for arranging for the attendance of any witness.

TAPD-PEB-DC (TAPC-PDB/21 Jul 98) (40-3r) 1st End
T.H.Miller/mp/202-782-5018

SUBJECT: Endorsement to orders D11-054 dated 21 Jul 98, Total Army Personnel Command, TAPC-PDB, 2461 Eisenhower Avenue, Alexandria, Virginia 22331.

United States Army Physical Evaluation Board, Walter Reed Army Medical Center, Building 41, Room 008, Washington, DC. 20307-5001, 10 October 1999.

FOR [redacted] (b)(6)

1. VOCO Confirmed. You are authorized Temporary Duty and Travel from your residence address listed above to building 7, First Floor, Walter Reed Army Medical Center, Washington, DC, and return for the purpose of appearing before a Formal Physical Evaluation Board hearing scheduled for 4 November 1999. You are to begin travel on or about 2 November 1999. The period of the Temporary Duty is approximately four (4) days. Ensure you have your medical records when reporting for the board.

2. Special instructions contained in the basic order also apply to travel authorized by this endorsement. Personnel who are currently on the TDRL must complete the DD Form 1351-2 (Travel Voucher) and send the form and all supporting documents to DEFENSE ACCOUNTING SUPPORT ACTIVITY OFFICE - INDIANAPOLIS, Department 3700, 8899 East 56th Street, Indianapolis, Indiana 46249-3700. Ensure you submit with the claim copies of the basic order to this endorsement, this endorsement and receipts for meals and lodging etc. The phone number for Customer Service is 317-543-6553 or 4636. For travel by commercial carrier or privately owned vehicle at personal expense, a monetary allowance for the distance traveled is authorized. Fund cite for travel is: 2102020.0000 022-2010 433709.00000 21T1/21T2 FAPM 00 DRI1564TR11054/ NILB00S23185.

3. You are cautioned not to secure off-post accomodations (hotel/motel) before checking with the appropriate facility for quarters. Charge of Quarters personnel are on duty on a 24-hour basis (to include weekends & holidays) to assist with billeting and messing arrangements. As a contingency, you are advised to bring funds to defray the cost of an evening's lodging. The average single room cost is $107.00. The most convenient lodging facility is the Mologne House Hotel on the installation. The phone number for reservations is 202-726-8700\4600. Any questions concerning this procedure should be directed to the Walter Reed Legal Counsel at 202-782-3352 (collect).

FOR THE COMMANDER:

T. H. MILLER
DAC
Assistant Adjutant General

DISTRIBUTION:
Individual (6) PEBLO McDonald Army Hospital

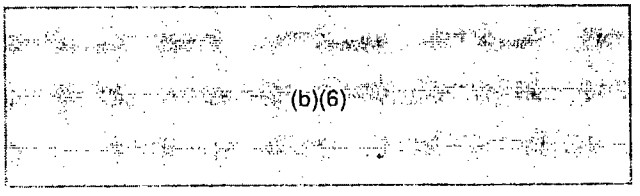
Corrected Copy

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL EVALUATION BOARD
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001

REPLY TO
ATTENTION OF:

October 10, 1999

Board Recorder
Washington-Physical Evaluation Board



Your formal Physical Evaluation Board (PEB) hearing is on November 4, 1999 at 0830 hours in Building 7, First floor, Walter Reed Army Medical Center, Washington, D.C. 20307-5001. If for any reason you will be late or unable to attend, notify your Physical Evaluation Board Liaison Officer (PEBLO). Ask your PEBLO to notify the Board of the request and reason for the delay. This information should be relayed to the PEB in written form by the PEBLO (fax is acceptable). After being presented with this information, the Board President may grant a delay.

Since you requested regularly appointed Military Counsel, your case has been assigned to the Soldier's Legal Counsel office at Building 1, Room D216 or Room D217, Walter Reed Army Medical Center, Washington, D.C. Your appointment with legal counsel will be at 1500 hrs, November 3, 1999. Within three (3) days of receipt of this correspondence you are required to acknowledge receipt of this letter by voice mail at 202-782-3352 by providing your name and a phone number where you can be reached during the day. Your PEBLO should explain the Board process and assist in making travel arrangements.

A Legal Counsel will assist in the presentation of the case to include the examination and cross-examination of any witnesses. You are responsible to provide and present evidence to support any claim. If you are on the Temporary Disability Retirement List (TDRL), bring your current medical records and any documentation you feel may assist in the adjudication of your case. For all others, you must coordinate with the Physical Evaluation Board Liaison Officer (PEBLO) to ensure your medical records will be furnished to the Board the day of your hearing.

You are entitled to have witnesses present to testify on your behalf. If civilians, they must be provided at your expense. Members of the Armed Forces or Government employees are authorized travel entitlements if the parent unit will support the temporary duty and travel costs. If the unit does not support the TDY and travel costs for the witnesses then you or the witness must bear the expense. You are responsible for arranging for the attendance of any witness.

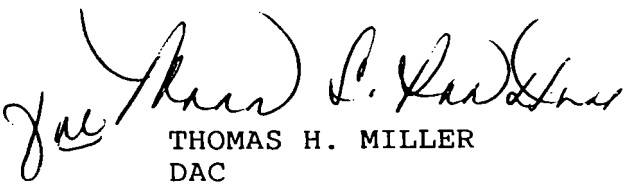
Under the provisions of paragraph 4-20e (6) AR 635-40, Unit Commanders are responsible to ensure temporary duty orders are issued for all active and reserve component soldiers scheduled to appear before a formal board.

Personnel on the TDRL are authorized travel entitlements for the purpose of attending your formal board. To avoid undue hardship recommend you bring funds to defray the cost of lodging for two days, which averages $107.00 a day. The most convenient lodging facility is the Mologne House Hotel on the installation. The phone number for reservations is 202-726-8700\4600. Normally you are required to consult with counsel in the afternoon the day preceding the board. Recommend you arrange your travel so as to arrive during the morning the day prior to the board. You should report to the travel section, building 11, Walter Reed Army Medical Center to process your travel claim. The finance Office WILL NOT process your FINAL TRAVEL VOUCHER but will assist you reference emergency funds and guideance only. It is highly recommended that you have sufficient funds available to defray the cost of the travel, lodging and meals. Ensure you have copies of the orders issued to you by Personnel Command directing you to report to the hospital for the TDRL reexamination and the endorsement to those orders directing you to report for the formal board together with a statement of non-availability, lodging and taxi receipts etc. The travel section is only operational during the morning hours from 0800 to 1200 hours.

Personnel who are currently on the TDRL must complete the DD Form 1351-2 (Travel Voucher) and send the form and all supporting documents to DEFENSE ACCOUNTING SUPPORT ACTIVITY OFFICE-INDIANAPOLIS, Department 3700, 8899 East 56th Street, Indianapolis, Indiana 46249-3700. The phone number for customer service is 888-332-7366. Following this procedure will ensure your claim is properly processed.

For soldiers not on TDRL, the prescribed uniform for all formal boards is the Class B uniform (Class A optional). For soldiers on TDRL, the uniform is optional. The Board Recorder can be reached at (202) 782-1997.

If you elect personal appearance you must be prepared to appear before the board by 0830 hours. The actual time will depend on the schedule for that day. You therefore should not arrange for commercial return travel prior to 1800 hours on the day of the board.



THOMAS H. MILLER
DAC
Board Recorder

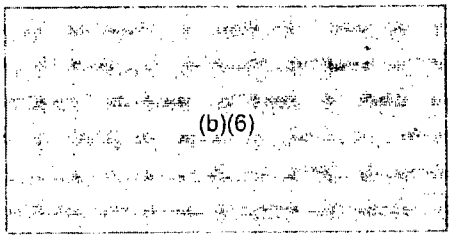
To: Army Physical Evaluation Board

From: (b)(6)

Date: 09/05/99

Re: Decision of PEB

The letter that is attached is to voice some of my concerns about the decision you have made in reference to taking me off of the Temporary Disability Retirement List. I strongly believe that a very harsh decision is being made right now. I may be doing somewhat better than I was doing when I was released from active duty in 1996 and this is mainly because I have been trying a variety of newly developed medications. There is still much to be learned about this disease and no one is really sure of the efficacy of the medicines that I am now on at the present time. I ask you to rethink your decision and let me keep my disability rating until more can be learned about the long-term results of these drugs and this disease. Everyday there are new feelings and beliefs being displayed about the drugs and the disease itself. I truly believe that enough is not known about the drugs and the disease to take away my disability rating at the present time. The attached letter is for the purpose of voicing some of my concerns and if need be my appointed counsel can present any other concerns at my formal hearing.



2 page Letter from PEB

2Page DA Form 199

September 2, 1999

From: [redacted]
(b)(6)

To: Army Physical Evaluation Board
6825 Georgia Avenue
Building 41 1st Floor
Washington D.C. 20307-5001

Attn: Mr. Tom Miller and whomever it may concern;

I am writing this letter to express my concerns about the TDRL decision. I joined the United States Army in February of 1987 and was released from active duty in June of 1996. I received various awards for representing the Army to the utmost of my ability. In 1987, I was diagnosed as being HIV positive. This did not deter me from staying in the military. The beginning of 1996 I was feeling the effects of being HIV positive I began to lose weight and other symptoms occurred, I can go more into detail if need be at a later date. I visited Walter Reed Army Medical Center on numerous occasions until I was told that there was not much more that could be done for me. I was then medically boarded out of the Army at that time.

The reason for being medically boarded was because of *a Human immunodeficiency virus infection Walter Reed Stage IV, progressive. (I was deemed Medically unacceptable, In Accordance With Army Regulation 40-501, Chapter 3, and paragraph 3-7h.*

I received a temporary disability rating of 60% thinking that this would be protection for me and my wife so that we would still receive medical care and a monthly check to help with any other necessities that we may both need. I was told that I could be placed on the Temporary Disability Retirement for up to 5 years for evaluation purposes, at the present time I have been on the list for 3 years and 2 months. From June of 1996, I have been evaluated twice (2) for a disability rating once in May of 1997. I was deemed unfit for duty and was authorized to keep the 60% rating and then again in January 1999. After the 1999 evaluation I received the last letter from the:

DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL EVALUATION BOARD
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001

I have been on a variety of new medications that have only been on the market for a short period of time. Some of these drugs have shown progress but after a short period of time my immune system has somehow rejected them or they have become somewhat ineffective. My Primary Care Provider (PCM) in Portsmouth noted in his evaluation that my CD4 count has fluctuated and the amount of virus in my body has done the same while trying the various drugs offered. I am currently on a 6-drug combination (Efavirenz, Ritonavir, Saquinavir, Lamivudine, Stavudine and Hydroxyurea. It was also noted that I am tolerating these drugs quite well at the time but my viral load is not undetectable. Fatigue, dry skin and the idea of falling asleep

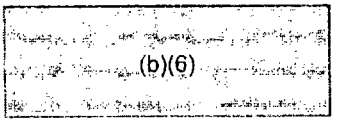
easily were also some of the issues that were brought to the attention of my (PCM) and these issues were put in my medical evaluation and they were sent to the Medical Board. A sleep study was completed but nothing was found because I could not tolerate the oxygen being given to me through my nose at that time.

It was also noted that it was concerning that despite being on anti-retroviral therapy virus can still be measured in my body. It was noted that because the virus divides every day and every time it divides it makes five mistakes. Eventually, a drug resistant sub-population will emerge and become the dominant population. When this happens, I will have significant virus in the blood, which will overwhelm my immune system. It has been forecasted that my CD4 cells will then drop and I will then experience clinical deterioration.

I must note that I am not the only individual who is going this ordeal my wife is enduring this with me. She has not been as effected physically/medically by this ordeal as I have I would say she is enduring this more on a mental level. I say this because she worries about my health and me. My wife is also HIV positive. We are both currently receiving medical services from the Portsmouth Naval Hospital in Portsmouth, Virginia and we are both at a point of possibly losing the benefits we need for evaluation and care.

I am asking you that after reading this letter, do you believe that the right decision is being made here? I really believe in my heart that a bad decision is being made right now.

Respectfully,



for Sandy, no response needed

STÉPHANYE DUSSUD

April 17, 2000

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

Sandra:

As a concerned citizen, I have written to my Representatives and Senators requesting a bill introduction in Congress implementing a US Post Office semi-postal AIDS stamp. As director of ONAP, I hope you will champion this cause.

Despite recent medical advances and its seeming dwindling prominence, AIDS remains an unsolved issue affecting the United States and the world. Since the beginning of the epidemic, 16.3 million people have died of AIDS worldwide; 5.6 million people were newly infected with HIV in 1999, with 33.6 million people already living with HIV/AIDS.

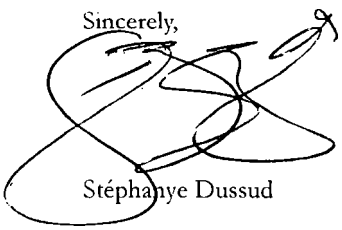
The stamp I propose is similar to the semi-postal Breast Cancer Research stamp currently in circulation. It costs $.40, with 70% of the net proceeds, above the cost of postage, given to the NIH/ONAP to benefit national HIV/AIDS research, and the remaining 30% given to UNAIDS for global action.

Currently, the US provides the largest part of the $60 million UNAIDS operating budget. This stamp would provide additional contributions from concerned USPS customers continuing to represent the US as an international leader in battling AIDS. (UNAIDS' current priority areas are: young people, highly vulnerable populations, prevention of mother-to-child HIV transmission, developing and implementing community standards of AIDS care, vaccine development, and special initiatives for hard-hit regions, including sub-Saharan Africa.)

The design of the stamp should bear the red AIDS ribbon, with some sort of global symbol, showing customers that their support not only benefits the US, but has also an international scope.

Contact me if any questions arise, or if more information is needed to get this introduced. I appreciate your support in this undertaking and your prompt initiative. I look forward to working with you.

Sincerely,



Stéphanye Dussud

cc: President Bill Clinton
Vice President Al Gore
First Lady Hillary Clinton
Representative Jerrold Nadler
Representative Charles B. Rangel
Senator Daniel Patrick Moynihan
Senator Charles Schumer
Ms. Anne Winter, UNAIDS

144 W. 109TH STREET, #2E • NEW YORK, NY • 10025-2523
PHONE: 212 864 9944 • CELL: 917 854 8038
FAX: 212.864.9944 • E-MAIL: stephanyedussud@msn.com
http //stephanyedussud.homestead.com

Oceans Seven™ Intn'l.

U.S. Patent #5857466: Length & Width Size-Specific Condoms

"They fit, really fit"™

May 1, 2000

Frank C. Sadlo
Founder, THEYFIT.COM
CEO, Oceans Seven, Intn'l.
Tel/Fax: 502-634-3221

TO: **Ms. Sandra Thurman**
National AIDS Policy Director
Office of National AIDS Policy
Washington, DC
Tel: 202-456-2437 Fax: 202-456-2438

Dear Ms. Thurman,

Last year I corresponded with your assistant, Matthew Murguia. In regard to yesterday's White House announcement declaring the HIV/AIDS virus a National Security Threat, I am forwarding the following information directly to you. I am not sending you a cure for the AIDS virus, but I am sending you a Patented cost-effective, simple, easy-to-implement solution to significantly reduce further proliferation of the HIV/AIDS virus. As you well know, every day thousands of people are dying unnecessarily.

Best Wishes,
Frank C. Sadlo
Frank C. Sadlo

David Duv tak s 1-shot ad in the Masters – ports, C1

The Courier-Journal

• A GANNETT NEWSPAPER LOUISVILLE, KENTUCKY SATURDAY, APRIL 8, 2000 •

BOB HILL

STAFF COLUMNIST

Custom-made condoms would put an end to product's one-size-fits-all limitation

HILL

Frank Sadlo was sitting in the back room of a Shoney's restaurant, boxes stuffed with research data and marketing reports at his side, talking excitedly about his patented idea for a better-fitting condom.

In another hour or so Sadlo and a friend, a marketing manager for Reynolds Metals Co., would come up with a possible slogan: "Seventy-Seven Different Sizes — One Just for You." Sadlo has already gotten his product a registered trademark: "The Official Condom of the 21st Century."

Bragging rights, for sure. Yet Sadlo was so relentlessly sincere in discussing his patent — verbally leaping from place to place as his hands dug into boxes to find just the right document — that the giggle and double-entendre factors were quickly eliminated.

"This product changes the definition of the form and function of condoms," he said.

Sadlo is 38, or as he prefers it, "Twenty-two with 16 years experience." He played baseball at the University of Louisville, earned two degrees, one a master's in counseling psychology. He managed to stretch adolescence into 10 years of playing semipro baseball in Arizona, tried out for the 1996 Olympic team, didn't make it but got to keep the jersey. He works — off and on — as a substitute teacher. His main job the past five years has been developing, patenting and marketing a personal-sized condom.

Although there is money to be made in the multibillion dollar condom business, Sadlo said the prime motivation was altruistic. He said he had been thinking of unwanted children and the population crisis in some countries. He thought about the world-wide AIDS crisis, the protection against it — condoms — and went into stores to examine the merchandise.

"It was basically a one-size-fits-all product," he said. "Too many of those condoms break or fall off because they're not the right size."

Actually it's basically two sizes: regular and large, although with an astounding array of modifications, attachments, tastes and colors.

Sadlo thought about the broad range of human bodies, the reluctance many people have to buying condoms in stores — not to mention having to more or less publicly declare a size — and decided there had to be a need for a more personalized condom.

"There's something wrong somewhere with the way condoms are being sold now," he said.

Sadlo was the subject of two newspaper articles about a year ago when patent number 5,857,466 was granted for his product. That patent, in general, gives him control of any production process that might include a wider range of condom sizes.

To market his line, interested customers would be mailed a kit to measure individual sizes. That size would be translated into a non-speculative code — like K2 or G7 — under which the product would be sold.

Sadlo has since gone online with general information about the product; www.theyfit-.com.

He also has interested a German manufacturer, Richter Hi-Tech, in producing prototypes. None has yet been manufactured, but Sadlo is close to getting the required Food and Drug Adminstration approval for his condoms.

He's been compiling stories from around the world about poor condom fit and the percentage that break, possibly as a result. He's also got a very small control group of volunteers — four — measured and ready to test his condoms.

Condom-industry skeptics say that although there may be some room for sales at the high and low end of the human spectrum, most males are so similar that two sizes are plenty.

Sadlo said the differences among just his four volunteers were so pronounced that they alone demonstrated the need for The Official Condom of the 21st Century.

Time — if not the 2010 census — will tell.

Bob Hill's column appears in SCENE each Saturday and in the Tuesday and Thursday Metro sections of The Courier-Journal. Call him at (502) 582-4646.

Patents | Teresa Riordan

It may be 'big, really big,' but an on-line airline ticket discounter is also being challenged.

A WASHINGTON patent lawyer is challenging a fundamental patent issued last summer to Priceline.com Inc.

The lawyer, Thomas Woolston, contends that he filed for a patent about 16 months before Priceline applied for its patent in September 1996 covering an on-line auction system that allows consumers to bid for items like airline tickets over the Internet.

Mr. Woolston's patent, which was issued in December, in part covers a computerized marketplace that enables "the purchaser to speculate on the price of collectibles in an electronic market for used goods while assuring the safe and trusted physical possession of a good."

Indeed, Mr. Woolston, a baseball fan, first thought of his invention as a way to buy and sell baseball cards over the Internet.

Although that is very different from the business that Priceline conducts — it advertises widely, with the actor William Shatner concluding "I told you Priceline was going to be big, really big" — Mr. Woolston contends that his patent covers the buyer-driven auction model of doing business on the Internet.

His start-up venture, Mercexchange, is at this point little more than a company name and a board in search of venture capital. "We're defining our markets right now," Mr. Woolston said.

Priceline.com operates a system under which users go to an Internet site and name the price they are willing to pay for airline tickets, hotel rooms or other items. Priceline then tries to find an airline or other company willing to accept that price.

Jay S. Walker, vice chairman and founder of Priceline, dismissed Mr. Woolston's challenge. "When you have a landmark patent, you have to expect, as we did, that all kinds of people are going to come out of the woodwork to claim that the Patent Office made a mistake, and that they really invented it first," he said. "Our patent is no exception."

Mr. Woolston said that he discussed working with Priceline.com to develop the auction technology but that the talks failed because the company "expressed no serious interest in cooperation." Mr. Woolston has requested that the Patent Office conduct a proceeding known as an interference. It could be months before the agency decides whether to initiate such a review, which could then take several years.

Normally, such disputes over issued patents must be fought out in the courts. But for technical reasons, Mr. Woolston is able to challenge the Priceline patent through the Patent Office — a far less costly way to challenge a patent.

Mr. Walker said it was "not inconceivable" that the Patent Office would grant the interference, but expressed confidence that the patent given to Priceline.com would survive such scrutiny.

Priceline was assigned patent 5,794,207. Mr. Woolston received patent 5,845,265.

Truth in Labeling, With a View to Safety

Frank C. Sadlo, a substitute high school teacher in Louisville, Ky., received a patent last week for what he contends is a way to encourage the practice of safe sex.

Mr. Sadlo's idea? Sell condoms that fit to size.

"If you walk by the condom rack at the drugstore, you'll see that there are just two sizes — regular and medium," Mr. Sadlo said.

Class A condoms are 7.1 inches in length, according to Mr. Sadlo, while class B condoms are 6.3 inches. "But medical research of the male anatomy shows that the length of an erect penis ranges from about 3.5 inches to 13 inches," he said. "Clearly, one size cannot fit all."

Further, Mr. Sadlo said, 15 percent of men are unable to use the latex condoms on the market because their circumference is too small for the condoms to stay put.

"There are a lot of people that the condoms just aren't going to fit," he said. "For lots of men it's too long, so there's an unrolled portion at the base which can have a tourniquet effect and restrict neurological and vascular functioning. And if it's not long enough, it's going to have a tendency to pull off or break."

Mr. Sadlo has patented a system of selling condoms that vary in length and width. Men could pick up a measuring strip at the drugstore and then take their measurement at home in privacy, he said.

When they returned to the store, they would consult a coded chart for the appropriate size. The chart would be similar to, but a bit more complicated than the weight-and-height charts that women consult when they buy pantyhose at a store. But Mr. Sadlo said the size of the condom would not be evident on the package.

"It would be coded, so you would pick out say, a J-M," Mr. Sadlo said. "The actual condom package would not indicate any length on it."

Mr. Sadlo said he hoped to license his invention. "It can be a real funny subject," he said. "But it can help save a lot of lives because it will be a lot more reliable and comfortable, so a lot more people will be willing to wear them."

Mr. Sadlo received patent 5,857,466.

A Trapdoor of Sorts For Discarded Cutlery

It can cost a cafeteria thousands of dollars a year to replace flatware that has accidentally been thrown away. Richard E. Edwards has come up with a solution: a trash can with an electronic metal detector.

The can described in his patent features a chute at the top. If garbage passing through the chute contains a fork or a knife or a spoon, an alarm sounds and a spring-loaded door closes the base of the chute. Once the metal has been retrieved, the chute opens again.

Mr. Edwards, of Long Beach, Calif., received patent 5,797,497.

Patents are available by number for $3 from the Patent and Trademark Office, Washington, D.C. 20231.

Equity Offerings Are Set

The following equity and convertible debt offerings are expected this week:

Aldaire Corp., Cambridge, Mass., an initial public offering of 2.2 million shares. CS First Boston.

American Axle and Manufacturing Holdings Inc., Detroit, 7 million shares. Merrill Lynch.

Genesisintermedia.com, Studio City, Calif., an initial public offering of 3 million shares. Millennium Financial.

Hersha Hospitality Trust, New Cumberland, Pa., an initial public offering of 2 million common shares. Anderson & Strudwick.

Iridium World Communications Ltd., Hamilton, Bermuda, 7.5 million class A shares. Merrill Lynch.

Koehler Bass Co., Elmhurst, Ill., 16.2 million shares. CS First Boston.

Molecular Circuitry Inc., Scranton, Pa., an initial public offering of 3 million shares. Pennsylvania Merchant Group Ltd.

Nvidia Corp., Sunnyvale, Calif., an initial offering of 3.5 million shares. Morgan Stanley Dean Witter.

RF Micro Devices Inc., Greensboro, N.C., 2 million shares. CS First Boston.

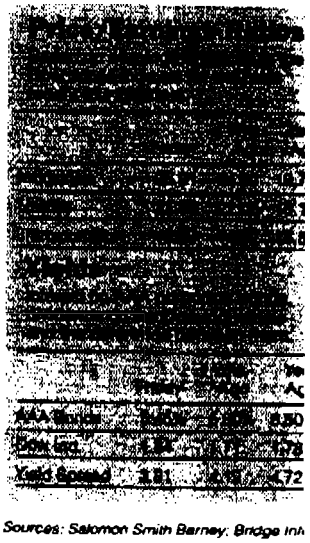
Teryon Communication Systems Inc., Santa Clara, Calif., 3.25 million shares. BT Alex. Brown.

Woodhaven Homes Inc., Dallas, an initial public offering of 1 million units, consisting of one common share and one warrant. Capital West Securities.

Source: MCM Corporatewatch.

Tracking the Ma

In a volatile week for financial m
average rallied Friday, it was sti
threat of more American earning
Treasury prices higher, with the



Sources: Salomon Smith Barney; Bridge Inf

US005857466A

United States Patent [19]

Sadlo

[11] Patent Number: 5,857,466

[45] Date of Patent: Jan. 12, 1999

[54] **PROPHYLACTIC**

[76] Inventor: **Frank C. Sadlo**, P.O. Box 32222, Louisville, Ky. 40232

[21] Appl. No.: **766,625**

[22] Filed: **Dec. 13, 1996**

Related U.S. Application Data

[60] Provisional application No. 60/008,694 Dec. 15, 1995.

[51] **Int. Cl.** [6] **A61F 6/04**

[52] **U.S. Cl.** **128/844**; 128/918

[58] **Field of Search** 128/918, 842, 128/844; 604/347-353; 206/69

[56] **References Cited**

U.S. PATENT DOCUMENTS

4,872,464	10/1989	Loeb	128/844
5,094,250	3/1992	Hessel	128/844
5,531,230	7/1996	Bell	128/844
5,662,214	9/1997	Wood	128/844

FOREIGN PATENT DOCUMENTS

2622792	5/1989	France	128/918
3914186	10/1990	Germany	128/918

Primary Examiner—Michael A. Brown

Attorney, Agent, or Firm—Tod R. Nissle, P.C.

[57] **ABSTRACT**

A prophylactic apparatus reduces the risk that a venereal disease will be transmitted during sexual intercourse and reduces the risk that the prophylactic will, in use, cause physical injury. The prophylactic is provided in a wide variety of differing sizes one of which best correlates to the needs of each particular user.

3 Claims, 1 Drawing Sheet

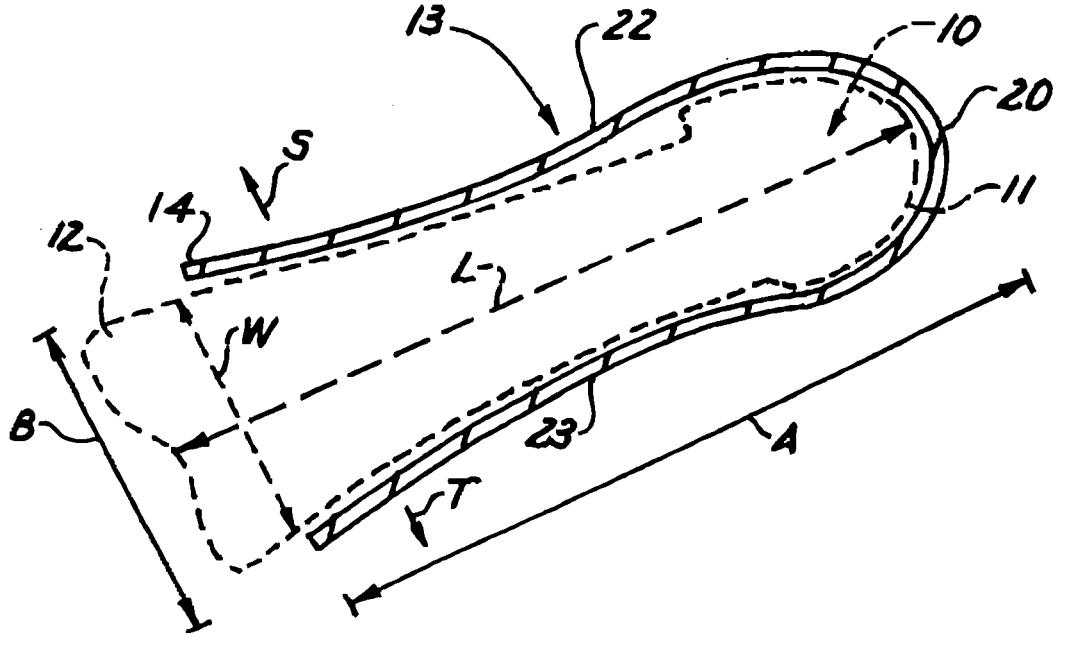
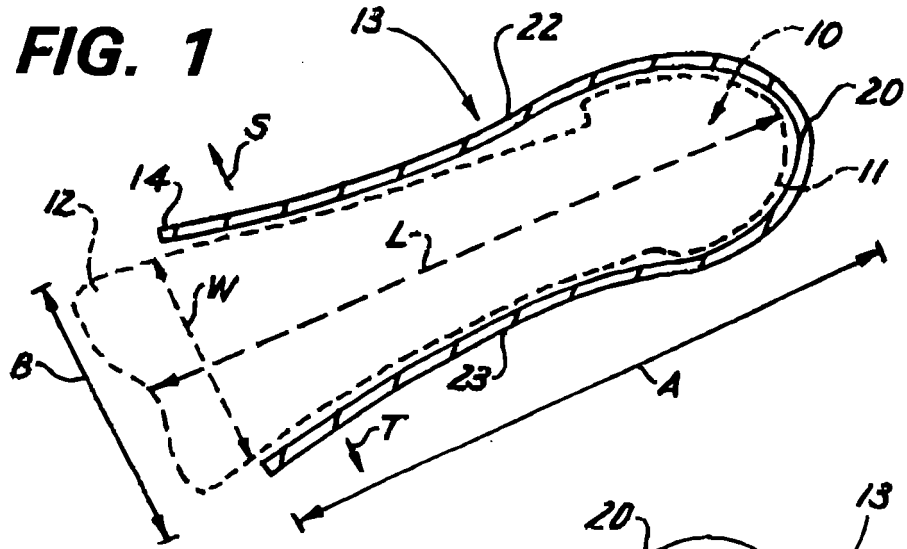


FIG. 1



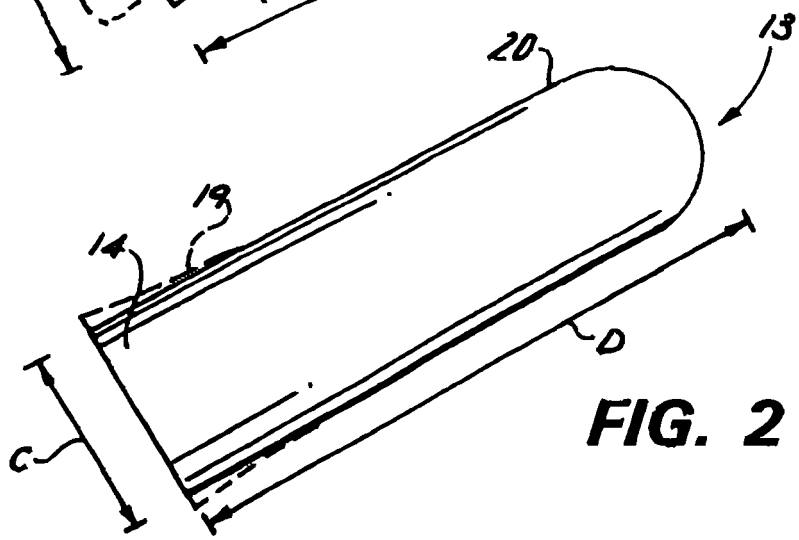
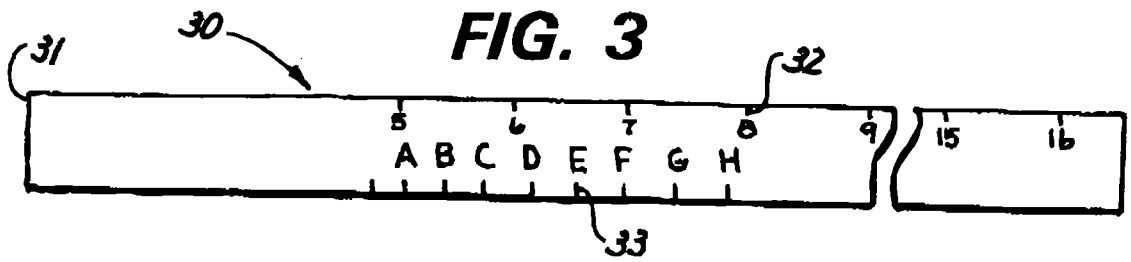
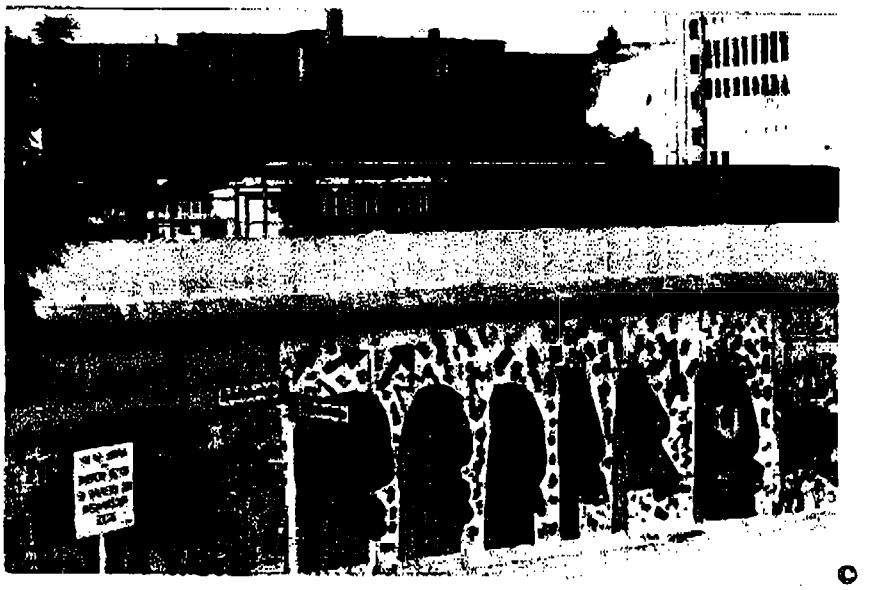


FIG. 2

FIG. 3



THEYFIT.COM



Should everyone be required to wear the same size pants??

Should all athletes be required to wear the same size shoe??

Should all woman be required to wear the same size bra??

Well, guess what?

Are you interested in safer, more satisfying lovemaking?

Get Ready !!!! You are at the THEYFIT.COM website.....

just what are the THEY that FIT???....

THEYFIT.COM announces the granting of United States Patent #5857466 for Length and Width Size-Specific Condoms. (Initially reported in The New York Times Patent Column, January 12, 1999) Currently, in the Spring of 2000, the initial production phase of the first condoms that will "fit, really fit"™ has begun. THEYFIT.COM is working towards having individual-fit condoms available at this Website later in the Year 2000.....

Also, expect the following coming attraction.....a Personal Measurement Kit which has

been designed to be a 3-page Download from this Website!!!!!----After Downloading, cut the printed-out pages along the dotted lines, then in a matter of seconds you can quickly determine which Individual-Fit Condom to order.....for safer, more satisfying lovemaking!!!!-- STAY TUNED TO GET FIT----As far as ordering product, you will need to FIT IT TO GET IT!!!!

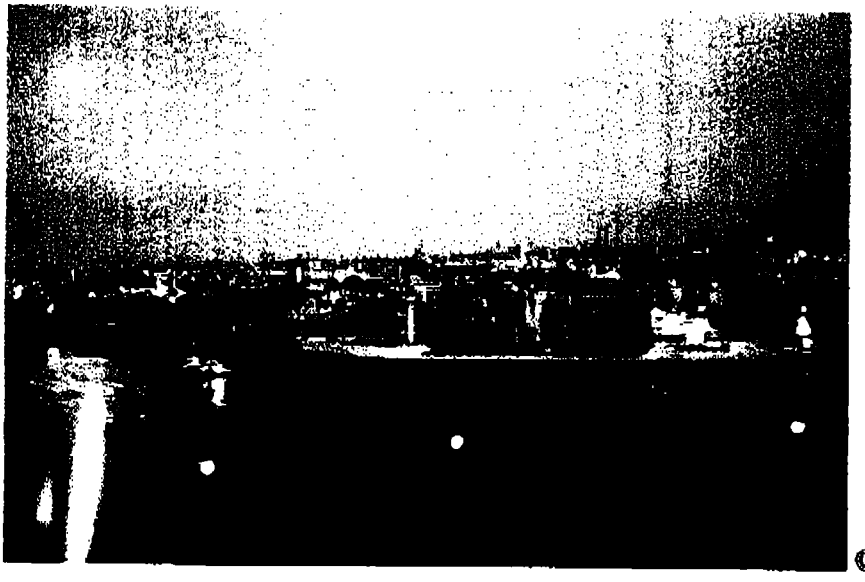
THE OFFICIAL CONDOM OF THE 21st CENTURY®

THEYFIT.COM is brought to you by Oceans Seven, Intn'l., Box 32222, Louisville, Ky 40232 www.OceansSeven.com e-mail: stardust7@oceansseven.com

Watch this site for news of additional proprietary Condom-related advancements which have been Approved by the United States Patent Office, but not yet Published. Publication ~ Summer 2000

Oceans Seven,™ Intn'l.

Welcome to a safe haven in a tempestuous sea!



©

Port of

THE OFFICIAL CONDOM OF THE 21st CENTURY®

Announcing the new invention of custom-sized condoms for safer and more satisfying lovemaking!

(U.S. Patent #5857466)

"They fit, really fit!"™

Spring 2000

UNITED STATES PATENT GRANTED FOR "CONDOMS THAT ACTUALLY FIT"

In accord with United States Patent #5857466 for Length and Width Size-Specific Condoms, Oceans Seven Intn'l. is focused on the manufacture of Condoms which will actually properly fit each individual user. The newly patented condom-sizing system will allow each individual the opportunity to experience a "true fit." The "true fit" thus provides condoms which have a nicer appearance, better comfort, enhanced natural sensation, and greater reliability. This should help

create not only greater peace-of-mind, but also enhanced sexual satisfaction. [You may inform Mick Jagger, if you see him.]

The Condoms currently produced throughout the world, by definition, are produced in two sizes, Regular and Large. [That Sizing System is probably OK if you're ordering (French Fries) at McDonald's.]

Condoms currently produced worldwide leave an unrolled portion at the base of the penis for greater than 50% of the male population. This produces a tight ring , or "tourniquet effect" at the base of the penis, which impairs the vascular (blood flow) and neurological (sensation) functioning of the penis.[So much for Health.] Also, the unrolled portion looks very unsightly and unnatural. [So much for Beauty.]

For a sizable percentage of the male population, the Condoms currently produced are too short, which encourages the Condom to slip off during use. [Wishing this was the only problem you had to deal with -huh?]

Furthermore, the Condoms currently produced have a circumference that is too large for approximately 15% of men, thus discriminating against this group of men by not allowing them the choice of using a Condom. [Driving a car, if you aren't big enough to see over the dashboard, you can add a seat cushion---What's a guy to do here though?]

On the other hand, for much of the male population, the Condoms currently produced have a circumference which is too small, thus producing a fit which is too-tight. Too-tight condoms greatly reduce pleasurable sensations. Also, by stretching the condom material unnecessarily , too-tight condoms lessen the physical integrity of the condom. [Too-tight is not considered a problem regarding some sexual aspects, but when the condom is the only thing that's too tight, you've definitely got a problem.]

The much-safer new product should also attract a large number of new users who were previously interested in the protection offered by Condoms, but unwilling to use them because of the problems and inadequacies discussed above. In addition to solving problems and inadequacies, U.S. Patent #5857466 for Length and Width Size-Specific Condoms, should increase the use of Condoms through the better appearance, increased comfort, more natural sensation, and improved reliability.

The Condoms currently produced throughout the world are not designed to fit anyone in particular (0% of Men). The Condoms produced through U.S. Patent #5857466 are designed to fit all men individually (100% of Men).

In analyzing the benefits of Length and Width Size-Specific Condoms, it is encouraging that they will allow individuals the opportunity to protect their life and the lives of others, while also helping to prevent unnecessary pain and suffering.

Individuals will be able to determine the appropriate Condom size that will ensure a "true fit" through the one-time use of a Personal Measurement Kit. The Personal Measurement Kit has been designed to be used effectively in a matter of seconds, and will be available as a 3-page Download from the Internet site: THEYFIT.COM. The Condom Sizing System of the Patent is being designed with a Sizing Chart which indicates a Code Number for each Specific Length & Width. [The Code Numbers are featured on the package, instead of the actual sizes.]

For those purchasing Condoms for a Partner, besides being able to purchase Size-Specific Condoms, a "variety pack" which covers the basic range of sizes will be offered. The "variety pack" will also contain the very quick and simple-to-use Personal Measurement Kit.

Beyond abstinence from sexual activity, the benefits offered by U.S. Patent #5857466 will provide a most effective method to prevent the proliferation and further transmission of the HIV/AIDS VIRUS. Similarly, the product of the Patent will help to reduce the transmission of other Sexually Transmitted Diseases and the incidence of unplanned pregnancies.

Oceans Seven, Intn'l. (a Nevada Corporation) is overseeing the manufacturing and marketing of THE OFFICIAL CONDOM OF THE 21st CENTURY®. The initial phase of manufacture has started and the product is targeted to be available in stores, on the Internet at www.THEYFIT.COM , and to Public Health Agencies as soon as possible, with a target date of late 2000.

The above Patent was featured on 1-18-99 in the Business Section of THE NEW YORK TIMES by Weekly Patent Columnist Teresa Riordan. The full text of U.S. Patent #5857466 is available at http://www.uspto.gov (United States Patent & Trademark Office).

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Standard Condoms Too Big for Germans?

Updated 9:23 AM ET February 28, 2000

BERLIN (Reuters) - A study has found that the standard European Union size of condom is often too big for German men, a magazine reported Sunday.

Focus magazine said a study by leading German condom manufacturer Condomi found standard-sized condoms falling off half of the men studied.

"The average German penis is about 3.5 to 4 millimeters (0.13 to 0.15 inches) too narrow for the standard EN 600 condom," the magazine wrote.

The EU set the EN 600 guidelines for rubber condoms in 1996 to establish a uniform standard across Europe.

Judge: Birth Control or Jail *(Previous story)*
Mardi Gras 'Crimes' Noted by Police *(Next story)*

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Reuters Oddly Enough

Woman Weds Partner After 24 Years of Proposals
Trappist Monks Forsake Corn for Coffins
Woman Files Patent Application on Herself
Nude Shoppers Storm Store for Free Clothes
Belarus Busts Illicit Bottle Trade
Canoe Returns After Trip to Easter Island
Museum Sues Indians Over Meteorite Ownership
Notable Quotes
Canadian Wrestling Fans Get Unwanted Porn Show
Judge: Birth Control or Jail

February 28
Standard Condoms Too Big for Germans?

REUTERS

THE

GREAT DEBATE

MORALITY LAW

Vs

CONSTITUTIONAL LAW

Written in Plain English

For The Common Sense Mind

To President Bill Clinton
And American Congress

In spite of all denials of heretic prejudice against religious beliefs, after no less than ten attempts to have it published, this website crashed at Netcom. To me its just the latest experience of being repeatedly stonewalled for 18 years every which way I turn. At this point, I can only quote Winston Churchill who once said "Let them do their worst and we'll do our best" because its not what happens in the heat of the battle, but what happens in the end that counts.

Thomas W Shipley
Ottawa Canada

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THE GREAT DEBATE

SATIRE

Here's to each clan's party line
On the hill where ham consumes time
Where the powers that be are all wined and dined free
And incompetence escalates crime

Pierre Pierre the debonaire
He verily ruled with a Harvard flair
But if you're asking me what I want to see
Its his carcass fried in a cordite flare

Here's to Mulroney the ham
Joe Clark and all of that clan
To conservative leeches with wormy old speeches
May they find a cold seat in the can

Humpty Dumpty Bobby Ray
He sat on the marxist wall
If we'd of waited for him to make our day
We'd of been certain all to fall

Let truth be acclaimed by the sheet full
Let right be the choice of the people
Then with all of their babble let media rabble
Be skewered at the top of the steeple

He went by the name Pierre Berton
A literary stooge that's for certain
For he worked in alliance with heretic defiance
Until heretic mind filled his person

Tenured professors they're all high minded chaps
May they ever have weather so fair
Their seat shiny trousers and pipes and caps
May they live through the test of wear
But here's to student believers
Who invest all their faith trust and hopes
Too brainwashed by tenured deceivers
To see guile in these pompous old goats

THE GREAT DEBATE

The Way it is

To keep it short, I simply repeat that humanist philosophy, as it is taught to believing students in the universities, is heretic in essence, content and purpose. However, thanks to politics, it is now where all western world and constitutional law makers get orientation for their judicial tenets. To venture an educated guess, I dare say that there is not one single country in the entire western world that is still orientated to any version of Morality Law.

As for Canada, we don't know when political leaders made their final decision to forsake the high success of Morality Law. But we do know that 1962 was the year that ended the long, near flat trajectory of total crime statistics under Morality Law. And we know that it was at this point, 1962, when said crime statistics suddenly changed from a near flat trajectory to an ascent of some 60 degrees above a horizontal line. See Historical Statistics of Canada, Justice section, to be found in any public library.

To emphasize the magnitude of intellectual influence that universities wield over western world politics it must needs be pointed out that liberalism, socialism, communism, marxism, plus nazi and fascism are all political movements that arose directly out of heretic philosophy, as it is propagated in the universities. Though the list does not include conservatives, the fact still remains that few people are university educated without being university brainwashed as well. In Canada, the conservative list of support for university philosophy includes Brian Mulroney, Joe Clark, Robert Stanfield, John Diefenbaker, Bill Davis etc. Having once come to the realization of such an alliance between politics and university heresy, it only remains to spit it all out the way it really is.

The Essence of Philosophical reason

Before the alliance of Constantine and Roman Christianity defeated the Roman Emperor, heretic intellectuals enjoyed a considerable amount of prestige there, somewhat as they do now in the western world. After the Roman downfall, heretics who were called platonics and later humanists, were forced to seek other refuge. For some this led to many convenient conversions as philosophical heretics began to fill the high places of Roman Christianity. However, out of philosophical contempt for these Christian nobodies, others took to redefining their philosophical views. Such redefining concentrated on taking the categorical contempt of these platonics for ancient Greek gods and dumping it all on the Christian God of scripture. This action resulted in a diametrically opposing view to every biblical teaching.

Today, the results can clearly be seen in the basic tenets of constitutional rights. If godly proclamation teaches according to the matter in point here, that morality is an absolute must in law and civilized society, heresy will argue that morality has nothing to do with law and civilized society. If scripture teaches that man is a corrupted creature who left his first estate in the garden of Eden, heresy will argue that man is a rational creature of self acquired integrity who possesses in his own God free conscience the source of all wisdom, truth and right. In considering the heretic interpretation of wisdom truth and right, you must also consider the heretic content that includes the drive to legalize abortion, pornography, homosexuality, masturbation, prostitution, bestiality, gambling casinos, etc.

If scripture teaches that capital punishment is a necessary instrument of law, heresy will argue the case for all the poor, poor criminals that capital punishment is cruel and unusual. If scripture teaches that homosexuality is an unsocial corrupting influence, to be controlled by nothing less than the death penalty, heresy will argue that homosexuality is a normal relationship, and that its opponents are uneducated victims of homophobia and ignorance. If scripture teaches the authority of the man over the woman, heresy will argue for the equalization of the sexes. If scripture teaches that sparing the rod spoils the child, heresy will argue that corporal punishment is a criminal offence. If scripture teaches creation, heresy will argue for evolution. If scripture teaches that God divided mankind into multiple races, nations, languages and regions, instilling them with a mistrust for alien leadership, to prevent the error of one world government, heresy will ague that racial discrimination is a dirty thing, then organize a United Nation conglomeration of repeatedly failed experiments.

Scripture teaches that fools rush in where the all Lord's mighty angels fear to tread. Common sense will acknowledge that fools rush in where wise men fear to tread. In matters of sensuous experiment, university heretics teach every new generation of other peoples children to rush in where they themselves fear to tread.

THE GREAT DEBATE

The Reason of Humanity

Universities teach their students that philosophy represents the secular reason of humanity, however scripture tells it all different. According to scripture it was the mighty angel Lucifer who first conceived the philosophy that is founded in diametrical opposition to everything that God proclaims. As the god of all immorality and sin against God in heaven, Lucifer became known as Diabolis or the Devil. In due process of events, the Devil was cast out of heaven down to newly created dwelling of mankind called earth. For it seemed right unto God that man should also be tried in the fire, as all the angels in heaven who left not their first estate. This godly decision, that man too should be tried in the fire, has led to the situation that experience has taught us all today. For just as God inspires his servants to preach the gospel of redemption, so also does the Devil inspire his advocates to promote corruption and damnation in the name of wisdom, truth and right. In reference to the Devil's philosophical advocates, Jesus taught his disciples according to the basic rudiments of common sense, that it is not by faith in what they say they are, but by their works you shall know them.

The Human Reason of Common Sense

As already said, universities make the boast that philosophy represents the secular reason of humanity. Tom Paine even went so far as to suggest that philosophy and common sense are one and the same thing. To the contrary, as part of my purpose here, this document will prove beyond all reasonable doubt that university philosophy is diabolical in content, and bears no relationship to human reason whatsoever. Common sense stands alone as the only reason of humanity. As such, common sense will acknowledge that it is not the pursuit of heretic wisdom, truth and right, but responsibility is the measure of every man.

By common sense does every man, who would, learn to put his life in order: that which he owes to himself, that which he owes to his wife, that which he owes to his children, his work, his neighbours, and his neighbours' neighbours, etc. Common sense stands on the repeatedly proven principle that home, marriage and family are the building blocks of every healthy minded society. This is immediately followed by the supporting principle that the family cannot survive without morality, and morality cannot survive without a rule of law that is specifically designed to support and fortify morality against the utter corruption of immorality.

Though common sense bears no allegiance of faith to any godly proclamation, through practical experience and social demonstration of the matter in point, it will acknowledge that all sexual relations, without the responsibility of home marriage and family, soon turn to bitter reward. Throughout history such bitter reward has been described by secular sources as the candy coated house where the young get burned for their immoral experiments as in the story of Hensel and Gretel. Or as Ulysses who delighted to bathe in the pleasures of Cercy, until she changed his men into lusting brute beasts with the character of swine. Again such bitter reward has been described as the genie let loose from his bottle, or the song that the sirens sing as they lure their victims into a state of living hell. Biblical scripture also confirms these classic metaphors, teaching the sexual relations of heretic approval, to be the rage of the heathen. But university philosophy insists on brainwashing every new generation that immorality is just a harmless delight that every free citizen has a constitutional right to enjoy.

In this down to earth reality, common sense abides by the reason that seeing is believing, that experience is the best teacher, and that social demonstration of the matter in point tells it all the way it really is. In compliance with common sense then, this document will prove that reality has already revealed it all to the seeing ability of common sense. Practical experience has already been a thorough teacher. And social demonstration of the matter in point has already told it all the way it really is. But where are all the common sense believers?

In considering the reason of common sense, consider also the reason of street corner philosophy. Like common sense, street corner philosophy also lays claim to the reason that seeing is believing, the difference is that common sense ever remains a staunch supporter of home, marriage and family. This is what street corner philosophy rejects in its criminal pursuits. What remains to street corner philosophy then is a dog eat dog mentality.

THE GREAT DEBATE

Crime Statistics

The legislation to abolish Morality Law and replace it with a copycat version of Constitutional Law was actually passed in 1982. However this event was preceded by what is known as liberal law reform. In fact, liberal law reform not only began long before 1982, it was still being practiced long after 1982 as courts systematically struck down morality precepts one after another. So then 1982 is just a convenient date for historians to point to when they babble about Canada's acceptance of Constitutional Law. On the other hand, the beginning and end of liberal law reform has and never will be officially acknowledged. This means that anybody who specifies an exact date, is specifying something that has no official status. Notwithstanding I propose the year 1962. Not because 1962 was the year of Canada's last hanging, nor because it was the year that Canadian police were ordered to start recording crime statistics according to American and Interpol standards, but because 1962 was the year that Canada's long flat trajectory of total crime increase changed into a continuous upswing of some 60 degrees above a horizontal line. It cannot be over emphasized that this change in total crime statistics took place in a single year, 1962.

The actual total crime statistics for 1962 were 514,986. Thirty years later in 1992 they registered 2,900,000 crimes per year. As already indicated, before 1962 Canada never recorded any crime statistics. But when you stop to think about it, the total crime statistics for 1962 not only represent 1962, they also represent the total crime increase from the founding of this nation up to 1962, under Morality Law. This means that it took some 95 years of confederation to record 514,986 total crimes and 30 years to rise up to 2,900,000, an increase of some 550%.

Notwithstanding to get on with it, the obvious influence of liberal America, socialist Europe and the United Nations to get Canada to forsake Morality Law is a matter of no small concern. Without a doubt, it was such influence that led the Saint Laurent liberal government to appoint a committee to among other things, pursue the abolition of capital punishment in 1954. Likewise conservative John Diefenbaker who between 1957 and 1963 commuted 57 of 66 death sentences to life in prison. Then at the beginning of 1963 a new liberal government, determined to abolish morality law, just stopped hanging people altogether, no matter how heinous the crime. This may not be what they said, but Im calling it the way it actually happened, not the way they said. In 1967 they passed a bill that called on government to wait another 5 years to see the extended effects of a no capital punishment policy. Actually they waited 8 years and capital punishment was abolished in 1976.

Because of their no backbone submission to the superior influence of the powers that be at the UN, the proposed political need to consider statistical change in total crime statistics was all swept aside. But for the record, between 1962 and 1976 murder increased from 217 in 1962 to 633 in 1976. Violent crimes increased from 44,026 in 1962 to 135,424 in 1976. Property crimes increased from 351,483 to 1,011,036. Drug offences increased from 1,003 to 55,542. Though these statistics may seem amusing in comparison with the USA, the fact still remains that a graphical upswing of some 60 degrees above a horizontal line runs parallel to the continuous upswing in the crime statistics of the United States.

To fully analyze the statistics above, I must say again that which I keep saying repeatedly. In and all over the western world, the essence, content and purpose of criminal law can be explained in the philosophical concept of heresy: that God is the myth of the ages, that man is a rational creature of self acquired integrity, that morality has nothing to do with the reality of law and society, and that immorality is a harmless delight that every free citizen has a constitutional right to enjoy. Having said that, I now say that common sense has all the practical experience needed to determine just exactly what is wisdom, truth and right. Unlike Americans who have never experienced anything other than Constitutional Law, Canada has fully tested both legal systems. If seeing is believing then, if experience is the best teacher and if social demonstration of the matter in point tells it all the way it really is, then there you have it. The truth, the whole truth and nothing but the truth still belongs to God. And morality really is an absolute must in law and civilized society.

THE GREAT DEBATE

The Fabrication of Crime Statistics

Interpol started gathering crime statistics from United Nation members in 1950. Where this project idea came from is not certain, but I propose it was the USA. I say this because American homicide statistics,at least, cover every year right back to the first year of the 20th century or 1900. Though not with impeccable record, USA crime statistics are the most reliable of all the nations who are enlisted with the UN. If Interpol was their baby, they would naturally feel obliged to live up to expectations. As for England and nations all over Europe, if there is one single crime statistic that has been recorded since 1950, and can be counted on as being reliable, this writer has yet to find it. Canada stands somewhere in between the influence of the USA and England.

In detecting a fabrication of crime statistics, I propose that under Constitutional Law or any law that incorporates the heretic concept that God is the myth of the ages and morality has nothing to do with law and civilized society, all you need consider is two things. If crime statistics are not moving in a continuous upswing of not less than 45 degrees, or if they start going up and down like a yoyo, then you may be certain that a fabrication of crime statistics is taking place. In the USA homicide statistics started going up and down like a yoyo in 1973, but the peaks always maintained something more than a 45 degree upswing. The crime statistics of other countries all over Europe and England have been going up and down like said yoyo since 1950, never reaching a realistic peak whatsoever. Having said all this, I now say that after 1992 absolutely nothing in American crime statistics can be classed as being reliable. Now they have joined the ranks of political face saving hypocrites that constitutional and heretic law might prevail in the face of all moral damnation.

One of the most convincing examples of a statistical fabrication can be seen in Canadian drug statistics. As already shown, in 1962 Canadian drug statistics stood at 1,003 offences. By 1980 they multiplied themselves nearly 80 times or 8000% to record some 80,000 offences. After 1980 they just started going up and down like a yoyo, never to rise above the 1980 mark. To this day March 2000, when dealers and hopeless addicts are multiplying all over Canada, drug statistics are still going up and down like a yoyo below the 1980 mark. Another good example is homicide statistics. Between 1962 and 1976 homicides increased from 217 to 633. That's just 18 homicides short of a 300% increase. But after 1976 they too started going up and down like a yoyo. As a political fabrication, this means that there is no way that Canadian citizenship can possibly know what homicide statistics really are. We can only propose that if Canada's statistical ascent in total crime statistics closely matches that of the USA ascent, then why should there be such a vast difference in the ascent of homicide statistics. Or why have Canadian homicide statistics now descended to the place they were in the 1970s.

Fabrication Across The Board in The 1990s

The 1997 Canada Year Book reported that Canadian crime statistics had reversed their continuous upswing to a continuous downswing across the board. This downswing, it claimed, actually began in 1993 and was still going strong in 1997. Then it added that this continuous downswing is not unique to Canada. England and the USA are experiencing the same thing. First of all, for such a downswing to happen to three closely related countries, all beginning in the same year would involve odds some thing equivalent to winning a million dollars in a local lottery. What is more believable is a political conspiracy between these three nations to fabricate a downswing. While the USA makes claim that their downswing is due to a crime crackdown, Canada and England have made no such claim. But crime statistics across the board are still descending into the 20th century just the same as the USA. If this is not clear evidence of a statistical fabrication, then so also is the moon made of Swiss cheese.

As for the USA claim of descending crime statistics due to a crime crackdown, consider the following. Between 1976 and 1996 some 400,000 Americans were victims of homicide. Of this number, 3,577 persons were convicted of homicide crimes. And of that figure 358 persons were actually executed. At the end of 1996, some 3,219 persons were still awaiting execution in American prisons. And in January 2000 this number increased to 3,624. Now compare this with the crime crackdown that took place in the 1930s, when the population was still around a 130 million, and some 2000 executions took place in a 10 year period.

THE GREAT DEBATE

Adversaries of Capital Punishment

1776 Ceasare Beccaria: nobleman, law graduate, local chief warden, member of the local heretic organization known as blowhards, and lauded to be the first criminologist, called for the abolition of capital punishment. Vengeance is its only accomplishment was his claim. In Europe, the blind dedication to abolish capital punishment included the support of Sweden in 1775, Hungary in 1778, Finland 1826 to 1918, Rumania 1864, Portugal 1867, Switzerland 1874 to 1879, Norway 1905, and Austria 1919, etc.

1778 American intelligencia met and drafted a constitution on which to base the fundamental laws of their nation. Even though the fundamental basis of such law was untried and unproven, they were determined to go all the way. Today, in the face of utter catastrophe that determination has not changed one iota. In the vain determination of heretics, they think nothing of fabricating crime statistics, if that's what it takes for Constitutional Law to prevail as a shining example to all the people. In 1846 Michigan was the first state of the Union to abolish capital punishment. This was followed by Rode Island in 1852, Wisconsin in 1853, Iowa in 1872 and Maine in 1876. Kansas abolished capital punishment in 1907, Minnesota 1911, Washington 1913, Oregon 1914, North and South Dakota plus Tennessee 1915, Arizona in 1916 and Missouri in 1917.

While all this political dedication to abolish capital punishment was in process, American crime statistics took a sharp upswing with homicide in the lead. Public concern called for an examination law and order. Obviously led by Congress, a crime crackdown was imposed in 1930. As already pointed out, between 1930 and 1940 some 2000 convicted murderers were executed while the population was still around 130 million. And the crime statistics of that time began to show a sharp downswing in homicide statistics. The confusing thing to all this was that after 1940 executions began being systematically reduced until 1968 when there were no executions whatsoever. This was followed in 1972 by a supreme court ruling that capital punishment is a cruel and unusual punishment.

I am given to understand that in the USA criminal justice is the business of state legislatures, but it is obvious that it was not state legislatures who ordered the systematic decline of American executions. Neither would the public show any concern that executions were being carried out. It makes you wonder which way is up in the politics of American Congress. Was the crime crackdown effective or was it not? Was the sharp downswing in American crime statistics real or fabricated to pacify public concern? The only evidence of such a happening is in the graphical representation of American homicide statistics, which after 1940 shows an even steeper upswing in homicide statistics than that previous to 1930. Its almost as though somebody was trying to catch up to the reality of an ascent that really never changed. For my part, I still stand on the proposition that absolutely nothing works for the better of civilized society under Constitutional Law, which is heretic through and through, in essence, in content and in purpose.

Why do the reforms of heretics so prevail at the United Nations and its fore runner the League of Nations to the point that nobody gives a damn about crime and corruption at home. I propose the sadist of all cases that the statistical cover up of Canada, the USA, England and countries all over Europe proves beyond all reasonable doubt that politics all over the western world are so insanely dedicated to the new world order of one world government that they just don't give a damn about all the ignorant masses under God.

There you have it. Make of it what you will. If Tommy Shipley is just a foolish old man with too much time on his hands, it means nothing. On the other hand, if the anger I express is a reflection of the Lord's anger, then all the hypocrites involved here have something much more to consider than a foolish old man. My Godly appointment is not to be an evangelist, so what is that to me that I should change any man's opinion. What I have been writing for 18 years is for afterwards when it happens, that the world may know the reason why.

General T Shipley
Civil War Commander In Chief
In Waiting Under God

THE GREAT DEBATE

The Constitutional Seduction Of Human Conscience

When I was young and lived in nonsense I discovered the human town of conscience
In wonder there I stopped to see what sort of place this town might be
It bears no reference to the pole but lies within the realm of soul
Its on no map of human make though common sense is the road you take
The people there all proved their worth by simply being down to earth
As far as I could make or see it was just a place like home might be
If ever you should go there too you'll find that all I say is true

As I stood and gazed upon the town it was fortified with walls around
And the biggest gate as ere I've seen with a keeper watching sharp and keen
He greeted me with salutation and said his name was observation
To make my visit quite alright I received a key from mayor foresight
To stand by me and act as guide came better judgement to my side
And I made a vow upon that day come what all or come what may
This key of personal decision I'll not submit to vain derision

But law reform changed all the land now a horde of fiends roam near at hand
With forked tongues and fiend deceit their leaders each stand forth to speak
Defying God and his creation with fiendish scorn and degradation
Then praising immorality seduction and carnality
I still remember well that day when the greatest one did boast and say
Here am I and here I stand who will dare to stay my hand
With charter rights for all to see now all this land belongs to me

So I turned and asked one if you please then tell me sir what foe are these
Then better judgement taught me all as he told of countless towns that fall
Wherever law lets lust run free the fiends all rush in morbid glee
Teen addicts reap their fiendish lies stoned on pot with laced in highs
Casinos thrive in all black ink while ruined victims reap their stink
Victims of crime both great and small they cry in vain and bitter gall
Depression fills each victims soul as suicide becomes his goal

Its all to do with charter rights and political constitution types
In their scheme its plain to see they phase out God's morality
Then emplace the new society of Hades principality
It then comes down to Satan's choice in leadership and public voice
Fools who shrug at mounting cost replace the stalwarts conscience lost
And law designed by heretics is enforced by courts and politics
All moral fibre in retreat each town is routed to defeat

Many a town in fiend domain in ruins now they each remain
Addiction crime and social ills all the booze and all the pills
What was always there in problemation is now in rampant escalation
With advancing new society comes abounding impropriety
Increasingly to fiend delight abortion claims the unborn's right
Negative sex in education confounds the young in application
And in every municipality increases homosexuality : porn addicts and carnality

Yet even ruined towns still flourish because of one called captain courage
With sword and shield and helmet sure he speaks of none save Christ so pure
He tells how God's own Son did die upon the cross for you and I
That all who call upon his name should live in grace and not in vain
Through Christ God moves to answer prayer and vanquish every devil's lair
Whatever town seeks help in Jesus there's not what God wont do to keep us
But the choice alas is ours to make his love to welcome or forsake