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THE WHITE HOUSE
WASHINGTON

January 4, 1994

James B. McKinnon
U.S. Naval Institute
Pacific N.W. Writer's Conference
The Retired Officer's Association
2312 41st Avenue, S.W.
Seattle, WA 98116

Dear Mr. McKinnon:

Thank you for writing to share your views on the critical issue of AIDS. I appreciate the level of interest being shown in developing a meaningful response.

I have, by the way, met with Congressman McDermott to discuss the issues.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

OCT 2 7 1993

MEMBER OF:
U.S. NAVAL INSTITUTE
PACIFIC N.W. WRITERS CONFERENCE
THE RETIRED OFFICERS ASSOCIATION

JAMES BUCKNER MCKINNON

22 October, 1993

Christine Gebbie (Aids Czar)
Aids Policy Coordinator
C/o Dept. of Health and Human Services
Washington D.C. 20201

Dear Christine Gebbie:

Enclosed is an essay (the conclusions of some research over the past several years) which presents some findings on human sexuality and the spread of AIDS which are consistent with what you have been saying as announced in recent newspaper publications.

I am a retired Naval Hospital Corps officer with considerable schooling and experience with communicable diseases in man; which includes several schools offered to military and federal employees by CDC located at the Naval Air Station, Alameda, California.

It is hoped that you will find some of the material covered informative and perhaps useful in your efforts to educate not only the bureau but also our greater general public of the real dangers of the spread of AIDS.

Congressman James McDermott, MD, could be very helpful to you as he has intimate knowledge of what the long term spread of AIDS potential is from Asia, India, Africa and the Philippines. A copy of one of his articles on the potential for the international spread AIDS is enclosed.

Wishing you the very best in your daunting endeavor,

Very sincerely,

James B. McKinnon

James B. McKinnon

Encls: 1) essay titled, AIDS - Selling the Big Lie to the Military,
2) Congressional Records (House): H 3511, 12,13, and 14.
3) Article (copy) from 1991, by Dr. James McDermott, Congressman.
4) Two of mine etc.

PS Please excuse my poor typing - I have arthritis in my hands. JBM

2312 41ST AVENUE SOUTHWEST SEATTLE, WASHINGTON 98116 PHONE 206-935-4115

MEMBER OF:
U.S. NAVAL INSTITUTE
PACIFIC N.W. WRITERS CONFERENCE
THE RETIRED OFFICERS ASSOCIATION

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2312 41ST AVENUE SOUTHWEST SEATTLE, WASHINGTON 98116 PHONE 206-935-4115

Encl: 1)

First draft from written manuscript - it has a few minor structural flaws, typos and other deficiencies. JBM.

James Buckner McKinnon
2312 41st Ave SW
Seattle, WA 98116
Phone: 935 4115

AIDS
SELLING THE BIG LIE TO THE MILITARY

Part 1

Today's United States military force structure is being confronted with a frightening and carefully crafted conspiracy for the acceptance and open admission of homosexuals into our nation's armed forces. This dangerous policy is in direct violation of the very principles upon which our country was founded.

Our founding fathers would have to be writhing in their graves because of such a horrendous affront to them and to those who have given their lives to save and preserve the very essence of what the United States of America stands for.*

Admiral Clarence A. "Mark" Hill Jr., U. S. N. (Ret.), in a recent letter, has encapsulated in pure, simple terms from his long experience in the military service how such a dangerous policy will cripple our nations's armed forces:

1) crush morale among heterosexual troops,
2) endanger the health and welfare of every soldier,

*See appendix A (3).

sailor and airman,
3) drive our nation's top military talent out of the service,
4) dangerously undercut combat effectiveness, and
5) ultimately weaken our fighting forces beyond repair.

Item number two is particularly critical because homosexual lifestyles greatly increase the likelihood of spreading dangerous communicable diseases among the troops in the field, on base and among the greater military populations.

It is common knowledge that homosexuals gather in huge enclaves in every major city of the world (birds of a feather syndrome). Their abnormal sexual practices increase the incidence of AIDS and other highly infectious venereal diseases, along with many other dangerous communicable diseases which are not common to heterosexual populations.

Because one fourth of all homosexuals are world travelers[1] who break into endemic disease pools in other parts of the world (Asia, Africa, Australia, Europe etc.), they pick up and carry diseases endemic to such areas and act as carriers in spreading not only their own endemic diseases, but also all those diseases they carry from other parts of the world.

It has been reported that: "homosexual travelers carried so many tropical diseases to New York City that it had to institute a tropical disease center, and gays carried HIV from New York City to the rest of the world".[2] This arose from sexual practices associated with fecal contact in homosexual or bisexual men with AIDS.

It has also been reported that, "The rare form of airborne scarlet fever that stalked San Francisco in 1976 started among homosexuals."[3]

A further indictment by "the U. S. Centers for Disease Control reported that 29% of the hepatitis A in Denver, 66% in New York, 50% in San Francisco, 56% in Toronto, 42% in Montreal and 26% in Melbourne (Australia) in the first six months of 1991 were among gays".[4]

According to the Family Research Institute, Inc.: "Most of the 6,349 Americans who got AIDS from contaminated blood during 1992 received it from homosexuals; and most of the women in California who got AIDS through heterosexual activity got it from men who engaged in homosexual (or bisexual) behavior."[5]

In the Seattle Times Saturday, February 13, 1993 (page 4), under the caption NATION - News in Brief - was an article that should shout "May Day" and chill every living person to the bone regarding the growing pandemic of AIDS. I quote:

> BOSTON - As many as One billion people worldwide may be infected with AIDS before a cure is found, a prominent researcher said yesterday.(Friday, Feb. 12, 1993)
>
> William Haseltine, of the Dana-Farber Cancer Institute in Boston, said he is convinced that HIV, the virus that causes AIDS, is so prevalent and so resilient that "it will be a serious problem for the indefinite future, at least for several generations."
>
> Haseltine also said the disease is spreading more rapidly among gay men in the United States after several years in decline. "This year (1993) has been a disaster for AIDS transmission in the homosexual community," he said.

Why should every normal person be concerned with homosexual activity in the military? Because the problem of AIDS and its inevitable transmission not only endangers our nation's national security, but the welfare and health of all the people in our nation.

To lay the homosexual problem on the table for what it really means to the health of our nation, the following is the Gay Bowel Syndrome as identified by the American Medical Association:

> A group of conditions affecting the anus, rectum, and colon that occurs most frequently, but not exclusively, in male homosexuals.
>
> Most of the conditions in gay bowel syndrome result from various forms of sexual contact, including penile-anal contact, oral-anal contact, and fisting (insertion of the fist into the rectum). If carried out regularly, these activities are likely to cause structural abnormalities (such as hemorrhoids, anal fistulas, and rectal ulcers) or inflammatory anal-rectal conditions (such as proctitis). They may also cause the spread of AIDS, hepatitis (A and B), and intestinal infections (such as shigellosis and amebiasis) or other infections (such as genital warts, gonorrhea, syphilis, and lymphogranuloma venereum) which can also be spread by vaginal intercourse.[6]

This syndrome in and of itself is sufficient cause to prohibit homosexuals in the military. Such abnormal sexual activity is not only a danger to the effectiveness of good order and discipline, but most certainly it endangers the fundamental purpose of mission, which is to defeat the enemy. This can not be achieved if a high percentage of our troops are afflicted with diseases carried by homosexuals.

Today, not only are the moral principles upon which our nation was founded, but our very constitution is under attack by powerful,

well financed homosexual interests with political ties to homosexual and bisexual factions holding elective office in the Congress of the United States.

How can this happen when, until the early 1970s, the professional world of psychiatry and clinical psychology classified homosexuality as a serious mental disorder, at the very worst to be a dangerous psychopathy capable of the most heinous of felonious crimes to include necrophelia, cannibalism and murder.

Before Henry M. Jackson, a great Senator from the state of Washington, died, he is quoted as responding to a question about homosexual activity in our government by saying: "they are sick people, and need help."

To shed light on how homosexual factions in our society have been able to cast sexual deviation in a more harmless and favorable light, Congressional Records (H3512, dated June 29, 1989) provide some answers. Quoting from these records titled; "The Crashing of the APA"(American Psychiatric Association):

> Militant homosexuals knew that social progression in this environment of diagnostic ambiguity was tentative at best. They became restless and impatient to the point that the politics of diagnosis took a dramatic turn in 1973 when the movement was able to molest the senses of the American Psychiatric Association into removing homosexuality from the official list of mental disorders. . .Not only were powerful homosexual interests able to get homosxuality declassified as a mental illness, but they were able to get pedophelia also declassified (H3513).

On this political chicanery it is appropriate to quote Thomas Paine, a great American Revolutionary writer:

> It is impossible to calculate the moral mischief, if I may so express it, that mental lying has produced in society.

> when (men have) so corrupted and prostituted the chastity of (their minds), as to subscribe (their) professional (beliefs) to things (they do) not believe, (they have) prepared (themselves) for the commission of every other crime.[7]

Public records are replete with stories of homosexuals in high places with positions of power (in our judicial systems, media, government office, military service, churches, education-systems and law enforcement agencies) who have abused their positions with predatory practices against heterosexuals under their control (in Seattle Washington, a judge Little on the Superior Court was such a case. He blew his brains out when he learned that the Seattle Post Intelligencer was going to publish the sordid details of his sexual misconduct while on the bench).

It is important to note that Jeffrey Dahmer, one of the worst of sexual psychopaths in recent history, is homosexual; and that Wesley Allen Dodd (recently hanged in the state of Washington) was one of the most vicious of psychopathic pedophiles.

Today, cases of violent homosexuals and pedophiles are replete in medical histories throughout the world.

Homosexuality and Pedophilia

How does the AMA Medical Encyclopedia (1989) classify the causes of male homosexuality? (Vol I, page 545):

> "Various theories have been put forward to explain homosexuality. Some studies have shown an increased incidence of homosexuality among men who had absent or weak fathers and who formed close emotional relationships with their mothers. Evidence for either a genetic tendency or a hormonal imbalance is lacking."

How does the AMA Medical Encyclopedia classify pedophilia? (Vol II, page 776):

> "An illegal sexual perversion in which sexual activity

> with a prepubertal child is the preferred recurrent means of reaching orgasm. Pedophiles are almost exclusively male (heterosexual, bisexual or homosexual) and are rarely diagnosed as suffering from psychosis. However, they often show personality problems and little concern for the effect of their behavior on the minor. (they can often take a lie detector test and never produce a quiver in the needle.)
>
> Pedophiles fantasize about sex with a child, and fondle the child more commonly than they have (sexual) intercourse. Actual research is rudimentary. However, the prevalence of child prostitution and of child sexual abuse within families seems much higher then previously thought. Nearly 10 percent of women in some studies report some form of sexual interference (abuse) in childhood or early adolescence."

Studies show that many homosexuals are psychopaths caused by troubled, abnormal, often traumatic early familial environments, notably lacking in love and approval as a child.

Psychopaths can function in ordinary society just as well as socalled normal people. They also can develop all of the mental disorders that affect society at large. Because of either the lack of nurturing introjects, or introjects in conflict, during developing childhood, they very often demonstrate incorrect emotional responses - or none at all (laugh when they should cry, or cry when they should laugh etc. in response to societal stimuli).

The psychopathic personality afflicted with one or more of the many antisocial disorders is truly a sick and very often a dangerous person. Many studies have shown that early childhood environment shapes the genetic material each person has inherited (B. F. Skinner and Andrew Salter).* Most of such studies indicate homosexuality and lesbianism are the byproduct of sexual

*See appendix A (1) and (2).

abuse and early seductive homosexual experiences.

Homosexuality - Bisexuality

The AMA Medical Encyclopedia (1989) Random House, N.Y. page 174, presents some interesting information regarding the relationship between homosexuals and bisexuals:

> "Between what are regarded as being the two ends of the human sexuality spectrum - exclusive heterosexuality and exclusive homosexuality - there exists a continuous spectrum of bisexuality. Sexuality is determined by a person's sexual desires as well as his or her actual sexual behavior. Thus the term bisexual includes those who suppress homosexual desires and behave exclusively as heterosexuals."
>
> Alfred Kinsey, from his studies during the 1940s, concluded that, ". . .at some stage in people's adult lives, in the United States, half the population engaged in both heterosexual and homosexual activity, or reacted sexually to persons of both sexes."

Kinsey also concluded that about five to ten percent of men are completely homosexual, and that up to one third of men have had sexual contact with another man at some time in their lives. So it is reasonable to assume that for every avowed homosexual there are quite probably ten to twenty (sometime) bisexuals in society. This assessment would tend to validate Alfred Kinsey's belief that five to ten percent of the U.S population is homosexual.

However, a recent study at the national level on homosexuality released by the Alan Guttmacher Institute revealed that "about two percent of the men surveyed had engaged in homosexual sex and one percent considered themselves exclusively homosexual."

The above findings coincide with several studies over the past four years by other researchers at the University of Chicago, and also with studies released from Britain, Denmark and France.[8]

Is There An Enculturating Factor?

All world cultures are plagued with homosexuality and have been for thousands of years. This strongly suggests that the Memes* of each culture down through recorded history have contributed variously to variants in acceptable morality.

In ancient Greece and Rome history records that homosexual practices were so common that "homosexual prostitutes existed openly"[9]- prostitutes were available for both sexes. The Greeks were known to take their"boys" with them into battle. This was not uncommon to many of the prechristian cultures surrounding the Mediterranean Sea. But Zeno, a Greek philosopher-teacher about 308 B.C., held that natural law governed all things,relations, properties etc., and that it was wise to follow virtue alone, "obtained through reason, remaining indifferent to the external world and to passion or emotion." This was the teaching of stoicism as opposed to hedonism, a "self-indulgent pursuit of pleasure as a way of life." Marcus Aurelius Antoninus of Rome was also of the same bent during the second century A.D. He was emperor of Rome from 161 to 180 A.D.

Clifford Geertz, noted anthropologist and author of an illuminating book titled The Interpretation of Cultures, has stated that: "When Greek reason became crowned with biblical transcendence Christianity was born."

Prechristian Judaism and the advent of christianity through the scriptures led to the proscription of homosexuality, which

*Memes: units of cultural transmission, see Richard Dawkins, The Selfish Gene; Copyright 1976, by Oxford University Press,pp 206

soon spread to the greater European continent. With the advent of Islam in 622 A.D., Judaism, Christianity and the teachings of Mohammed carried these proscriptions to most of the rest of the world. All three religions have roots buried deep in the Old Testament. In answer to the captioned question the answer has to be "yes." Enculturation represents the "memes" of a culture.

The Polypeptide - A Learning Agent

Recent studies indicate that, from early experience, feelings are learned and stored in biochemical mechanisms which play a vital role in developing the human personality. The findings seem to show that as early as the third trimester in pregnancy, sensory and cognitive input at strong levels of intensity (psychic energy) causes the Central Nervous System and the Peripheral Nervous System to produce polypeptides (short carbon chains of amino-carboxyl molecules) which capture and store such data. In principle this appears to function much like programming bits into a modern computer.

When the intensity of input is strong in stimulating psychic energy the polypeptides become part of the fibrous union of the nerve cells. If the input is less than strong the polypeptides (neuropeptides) remain globular in the endoplasm of the cells. Yet it appears that when there is repetition and continuity at levels of intensity over protracted periods of time the globular material can also become part of the fibrous structure of nerve cells. It seems any material that does not become structured breaks down to degrade into the proteins from which they were made.

Such findings open the door to the possibility of understanding how the personality of humankind developes and evolves during the course of a lifetime. It would tend to explain how the neurons of the brain grow and elongate to capture and store information in the convolutions of the different lobes inside the vault of the skull.

The polypeptide mechanism would tend to explain the differences in personality among siblings exposed to ostensibly the same familial environment. From birth no two children receive the same sensory and cognitive input. Girls normally are treated somewhat different from boys - though medical histories are replete with stories of parents who wanted a child of one sex, only to get the other; to illustrate:

"Rearing a child as a member of the opposite sex. Parents may particularly desire a daughter, for example, and when a son is born bring him up in as girlish a manner as possible. This may extend to long hair, painted fingernails, girl's clothing, and the inculcation of typical feminine attitudes, and interests. . ." A case history that follows that makes the point:

> "Mr. K. T., aged thiry-six years, liked to dress in women's clothes, and he came to the clinic with the request that he be operated on and have his genitalia removed and a vaginal-like orifice substituted. He was not psychotic, had a responsible position, and apparently adjusted well, except for his concern over the above-mentioned problem. His mother was very eager to have a girl-child, but had four boys, the last one being the patient. The mother, feeling disappointed, kept the patient away from the boys and dressed him like a girl. She gave him dolls to play with and taught

> him all the arts taught to a girl. This farce was kept up to the point that when he was six, he was sent to a girls' school dressed as a girl. When he was seven, 'I had the greatest disappointment of my life. My father took me to a barber and had my beautiful hair cut off. When I gothome, both my mother and I cried. The next day I was sent to a boy's school, and I did not like to be dressed as a boy. My pants were rough, and the blouse was coarse, and I delighted in going home, taking off these clothes, and putting on my bloomers and dress, with its bows and ribbons.' " (Kraines[73], pp. 119-120)
>
> The above was extrapolated from: Abnormal Psychology and Modern Life. Second Edition, by James C. Coleman, Associate Professor of Psychology and Director of the Clinical School, The University of California at Los Angeles - Copyright 1956 by Scott, Foresman and Co., Printed in the United States of America.(pp.371-374)

The above case is admittedly extreme, but the psychological elements involved also apply to agirl raised as a boy.

The foregoing makes it loud and clear that when the input inculcated into the minds of young children is negative and other than normal and nurturing it produces damaged adults. In the above case the boy-child was loved by his mother, which proved to be a saving factor so that he grew up without serious psychological problems and was able to function well in society.

Under the old guidelines Mr. K. T. would have to be diagnosed as being "psychasthenic" - a non-disabling compulsive-obsessive disorder which caused him to become homosexual.

Selling the Big Lie to Congress

Today militant homosexuals are trying to claim that their condition is genetic or hormonal, that they cannot be cured of their personality disorder, and they, as a much smaller part of American society than claimed, have been striving to be accepted

as being just as normal as the heterosexual. To emphasize the importance of the problem and the long term dangers to our society, the following quotation is presented:

> Little is (really) known about organized homosexual groups, except that such groups do exist. Where the homosexual has become affiliated with a well-organized group, there is a tendency for him to think of his problem as a group problem and therefore a social rather than an individual one. In such cases there may be little fear or conflict and the individual may accept his homosexual behavior as a perfectly natural form of sexual expression, or even actually take pride in his homosexual behavior and consider himself "emancipated" from and superior to the conventional heterosexual morality.
>
> However, many homosexuals who seem to accept on a nonemotional level or even take pride in the alleged superiority of homosexual over heterosexual behavior, are overzealous in presenting rationalizations designed to demonstrate the intellectual, cultural, and aesthetic superiority of homosexual sexuality.[16]

The implications of the foregoing illustrate the fact that for the past two decades organized homosexual groups have been dangerously successful is selling the big lie of normalcy to not only members of the Congress of the United States, but also to the President of the United States.

From Shakespeare: II Henry IV, V.-

> "License they mean when they cry liberty."
>
> "For the Fifth Harry from curbed license plucks
> The muzzle of restraint, and the wild dog
> Shall flesh his tooth on every innocent."

From Thomas Paine:

> "The trade of governing has always been monopolized by the most ignorant and the most rascally individuals of mankind." (Seldes, The Great Quotations)

The major task lying ahead for our military and the people of this country is to inform and educate the people in government of horrendous dangers that will confront our nations military forces and our nation's citizens from the increasing spread of AIDS.

Can Homosexuality Be Cured?

According to Dr. Arthur Janov, Ph.D., author of The Anatomy of a Mental Illness, The Primal Revolution, The Primal Scream and many other important publications treating the full gamut of mental illnesses, to include homosexuality:

> The causes of mental illness lie in one's history; by and large, they are centered in one's early childhood and the early relationships that altered a healthy, innocent, pure infant into a tense neurotic. No cure can exist without accounting for those early experiences, as Freud knew so well. And no cure can exist which cannot in some way alter the internal reaction to those early events; for as I have shown elsewhere in The Anatomy of a Mental Illness, those early Pains remain locked in our system, hidden below the level of consciousness, relentlessly driving later neurotic behavior."

Doctor Janov points out that each human being carries deep in his or her psyche a "Primal Pool" of "Primal Pains," the sum total of all the various hurts the child has suffered in early personal relationships.

"The Cure" is the systematic emptying out of the "Primal Pool." It is the final dismantling of all defenses (compensatory behavior) preserving only the "real self."

Dr. Janov further points out that the accelerating pace of modern life in the burgeoning "information age" is leaving less and less time to make critical decisions which determine whether humans succeed or fail, or merely survive.

He admonishes that "we humans have lost touch with nature and now rely on machines for our livelihood and existence. He also notes that machines are still the principal tools of use in psychotherapy." Dr. Janov further points out "We have shocked people to make them behave, shocked them when they go crazy, shocked them when they wet the bed, and (even) shocked them when they take a drink."

He further reminds us that "we have relied on the mystical powers of the machine because mental illness has been an arcane mystery that needed some kind of magic to dispel it. But it is not a mystery, and we need not use magic and machines. We need to help people understand what makes for mental illness, and we need a new view of the treatment of it." [12]

Dr. Arthur Janov directs the Primal Institute in Los Angeles and supervises research at the Primal Research Laboratory.

It is important to note that his cure rate for homosexuality is over 70 percent. To achieve such a high rate of success he has developed a clinical technique called Primal Therapy.

Part II

During the early 1970s the APA declassified homosexuality, implying this mental disorder in its various levels of seriousness was just another aspect of normal human behavior. Apparently, just because homosexuality has been manifest in all world societies for thousands of years, it warranted being classified as normal. Such reasoning is inductive and based on false premise.

Murder, rape, mayhem and incest have been here since before 2nd millennium (2000 B.C. through 1001 B.C.), and resulted in 3,000 years of scriptural and secular laws which proscribed all such behaviors as violations of Caesar's as well as God's laws.

Homosexuality violates nature's Grand Design as well as God's admonishment to be "fruitful and multiply." All other animal species obey these laws.

The human tragedy being played out today in the socalled modern world proclaims in fearful terms the price homosexual and bisexual behavior will exact on humanity because of the exponential spread of AIDS.

"It was in male homosexuals that the AIDS virus was first discovered." (Dragon Within the Gates, Dr. Stephen C. Joseph)

Because male homosexuals and bisexuals often have a large number of sexual partners (often in the hundreds in any given year) they are the primary carriers of HIV into the heterosexual communities throughout the world.

A frightening new development has been taking place with the explosion of new forms of sexually transmitted deseases. About 25 years ago STDs were characterised by just four venereal diseases: syphilis, gonorrhea, chancroid (soft chancre) and lymphogranuloma venereum. Today, because of an explosion of homosexuality in growing enclaves in major cities throughout the world, the old standard forms of venereal disease now represent only 10 to 15 percent of all STDs seen in United States clinics.

What is being seen now, from abnormal sexual activity among homosexuals and bisexuals, are cases of STDs normally produced from other than sexual activity. Such diseases include viral hepatitis (A and B), scabies, candidiasis and molluscum contagiosum. These diseases have emerged as the direct result of the use of all body openings and cavities for oral, anal and vaginal sex.

Also being seen in clinics are STDs identified as chlamydial infections, trichomoniasis, genital herpes, pubic lice, genital warts, and the secondary infections peculiar to AIDs(ARC).

Bisexuals as Carriers of HIV

As the AIDs pandemic continues to spread around the world, it is becoming increasingly clear that a most dangerous intermediate host spreading HIV is the "bisexual" who too often is an unprincipled libertine who practices hedonism in its most licentious forms, without regard, care or concern for family, friends or humanity.

Currently, increasing numbers of those who become infected with HIV are innocents victimized by the transgressions of those bisexuals who believe anything sexual goes to satisfy their lusts, whether male or female. The active bisexual very often is a socalled married man with a family who appears to be straight among family and friends, but one who engages in deviant sexual activity with not only homosexuals and heterosexuals, but also animals.

This dangerous form of sexual behavior is now the main source for transmitting HIV into the heterosexual community.

The practice of using every body opening and cavity as a sexual playpen is extremely dangerous behavior, for two reasons: 1) Every body cavity and its portal of entry are lined with mucosal cells which are highly susceptable to the deadly AIDS retrovirus. 2) The dendritic cells (dendrites carry sensory data to the central nervous system-CNS) that cluster near the lymph nodes are also susceptable to infection by the AIDS virus.

Dendrites normally try and perform a security function of warning the lymph nodes of the presence of foreign intruders such as viruses, bacteria, protozoans and toxic substances harmful to the body. Studies show that sperm are highly susceptable to HIV infection. When one considers that penile-oral sex has been a given part of sexual behavior from time immemorial in all cultures, and tonsils and adenoids play an important role as part of the lymphatic system, the ease of transfering HIV to another person becomes selfevident. Tonsilitis is a clear medical symptom of an acute infection of the tonsils - it is a common ailment among bisexuals and homosexuals.

Today, reading the newspapers one would have to believe that heterosexuals are the cause of the spread of HIV. Nothing could be further from the truth. Because bisexuals play both sides of sexual court and prostitutes play more than a significant role in their sexual dalliance, HIV is spread to active prostitutes throughout the world. This is especially true in the major cities of Asia and Africa. It has been reported that over 800 thousand prostitutes operate in Thailand alone. Other large cities throughout Asia and

Africa can claim comparable statistics.

It is not unusual for active prostitutes to service daily 100 or more clients, especially during wartime. Homosexuals do not patronize prostitutes, generally speaking, but both bisexuals and heterosexuals use their services and have for centuries. The business of prostitution is a key source of the spread of AIDS throughout the world.

The following is from an article printed in the Seattle Times WORLD, Saturday, June 12, 1993:

> Single carrier of AIDS virus linked to Russian epidemic
>
> BERLIN - An AIDS epidemic that swept through hospitals in southern Russia in the late 1980s, infecting 260 babies, has been traced to one man who picked up the disease in Africa, researchers say.
>
> Exhaustive medical detective work by authorities in the southern Russian town of Elista revealed that only one man in the area was infected: a Russian engineer who had recently returned from the Congo.
>
> He apparently transmitted the disease to his wife, who passed it on to their child. The child was hospitalized and the virus spread to other children in 1988 and 1989 after doctors reused tainted syringes.

The above tragic event is being played out in every part of world, and one can bet that prostitution is generally an intermediate host in such tragedies. Today, being a lonely traveler is fraught with more than the ordinary hazards of business travel.

Disease Pools

When humans transmigrate leaving disease pools in one part of the world and break into disease pools in other parts of the world, disaster too often strikes human populations.

During recent times various forms of the flu virus have been carried into the United States from Asia, Africa, Latin America

and other parts of the world, hence the flu shots the medical authorities have advised for certain groups of people in particular and the general population. But for many other more dangerous and exotic diseases there are no vaccines to help fight the disease. There are now foreign strains of tuberculosis and cholera which are highly resistant to current forms of treatment. People with weakened immune systems from being infected with the AIDS virus are particularly susceptable to such diseases - TB is particularly dangerous because it is also airborne. People with TB must be isolated.

During this century all the wars, great and small, have caused the spread of diseases endemic to parts of the world our military have been deployed. But this has been true since the beginnings of ancient civilizations.

All the prechristian wars of the Mediterranean produced devastating outcomes for ambitious potentates on both sides of the great sea who sent hundreds of thousands of troops across the waters, only to suffer defeat from losing huge numbers of casualties to diseases endemic to the regions being invaded.

The Spaniards under the command of Hernan Cortez in the early 1500s brought small pox and other diseases endemic to Europe into Mexico and produced die-off rates in the millions among the natives. Francisco Pizarro, the Spanish conqueror of Peru, caused the decimation of millions of natives from diseases endemic to Spanish populations.

During World War I American soldiers took their brand of

the influenza virus to Western Europe and carried back the deadly "Pfeifer's Bacillus" endemic to that part of the world. The result of commingling these two virulent germs on both sides of the Atlantic was explosively synergistic and caused over 25 million deaths, between 1919 and 1923, in Europe and the United States.

Today, the message to our government and military leaders is that the disease of AIDS is now pandemic and exponentially spreading throughout the world, and there is no known cure for this deadly, highly communicable disease. Our leaders better take a strong, hard look at the unwise policies under consideration which bear directly on the health of our military and also the very health of our nation.

Today, the message to all the people of our nation is that a general complacency exists among medical people in positions of power who have rationalized the real danger of HIV among our greater U.S. population. This is predicated on a simple deceptive medical perception that HIV appears less dangerous and threatening because the prodromal period (incubation period) for manifesting the disease of AIDS ranges from a few years to a decade or more. Yet the antibodies which indicate the presence of the AIDs virus are usually present within about six months.

However, from the time when the antibodies are present there are usually no presenting symptoms over extended periods of years. And in a very small percentage of infected people the disease does not develop at all. According to a recent article in Science jour-

nal, in a study done by a research group that included Jonas Salk, "discoverer of the polio vaccine," there are a few people exposed to HIV who "remain apparently uninfected." There are signs that such people have developed "cell-mediated immunity," which means that the immune system called up the "killer-T lymphocytes" to destroy the HIV, as opposed to the lesser immune response of calling up the B-cell lymphocytes (10% of all circulating lymphocytes) which produce the antibodies for a humoral-mediated immunity.*

Normally, when a particular foreign protein (antigen)is detected on the body of a micro-organism, special B-lymphocytes are converted into plasma cells. Such cells secrete large numbers of immunoglobulins (antibodies) that latch onto the antigens on the body of the micro-organism. This process causes the destruction of the micro-organism.that causes disease. However, about 80 percent of the circulating lymphocytes are T-lymphocytes, among which are the killer T-cells. In military parlance killer T-cells act more like shock troops from the main forces, and are the most destructive. In fact they literally gobble up the enemy.

In a military context the B-lymphocytes with lesser firepower act more like probing patrols and observation posts and try to ascertain enemy troop movements and strength along the front lines. Enemy probing patrols are usually destroyed or driven back to their own lines. It seems to make biological as well as military sense for such units to use only that amount of firepower necessary to achieve their basic mission. In other words it does not make much sense to use heavy field artillery or call in an air strike on small enemy

*Large numbers of B and T-cell lymphocytes are stored (reserves) in lymph nodes, spleen and thymus gland for quick call up as needed.

patrols and give away our gun positions. In Naval terms it would be much like using 16 inch guns to sink a small patrol craft.

In principle, this is why the body's immune system does not call up the killer T-cells. It normally chooses to just call up the lesser B-cells to do the job.

Recent studies have shown that the HIV uses stealth and tricky deception in order to perform a successful enemy mission, which is to infiltrate our lines by wearing friendly uniforms and attack the body's helper T-cells; which look almost like killer T-cells, but have an entirely different function in the immune system.*

The helper T-cells play a vital role in making war on the enemy viruses. They are located behind the front lines (in close contact with command) to coordinate and produce logistical support for front line forces (killer T-cells). This includes producing more fresh troops as needed to overwhelm and defeat the enemy.

However, by stealth and deception the AIDS virus is able to appear friendly and infiltrate by producing an enzyme called reverse-transcriptase, which can mask the enemy virus by converting its genetic material into what the helper T-cells accept as their own DNA. Once inside the helper T-cells, the virus begin to do their dirty work by producing thousands of HIV, and using the now helpless T-cells' own resources to do the dirty job. This means the the helper T-cells are compromised and can no longer supply killer T-cells necessary to overwhelm and defeat the enemy viruses. In

* HIV uncannily seek out lymph nodes where helper T-cells are stored, along with all the other lymphocytes held in reserve. In people infected with HIV the helper T-cells are reduced in number over time thus impairing the immune system's ability to fight off other germs.

military terms it means critical logistical support has been destroyed or interdicted. When our logistical support has been totally destroyed our troops suffer defeat - in the case of the human body it means the development of full blown AIDS and certain death.

Sex Education Honor Systems

The honor system espoused by authorities who believe "sex education" will save the world's populations from AIDS are destined to fail - however well intended. Why? Because there is nothing casual about the practice of sex when human passions are aroused. In fact most humans become driven, acting out the fundamental drives (like animals) to overpower and control. This behavior arises out of the function of the sympathetic part of the autonomic nervous system, which responds to chemical messages corresponding with the "flight or fight" syndrome. This is when (too often) reason flys out the window and basic emotions (passions) take over.

The kind of money needed to implement a massive educational program to educate the world's populations would have to be astronomical. The present level of ignorance among the world's largest developing countries is appalling and a time frame for getting such a program started and moving well enough to make real progress in really educating people away from sexual behavior that has been enculturated for thousands of years (in this decade and the next) will remain daunting - if not impossible.

In the mean time, as has been predicted by Dr. Hazaltine of the Dana-Farber Research Institute, AIDS will continue to exponentially explode among the world's populations until a fifth of the

earth's populations are infected and their death warrants signed. The only real hope for mankind is a vaccine or a spectrum of vaccines which will stop the development and spread of the disease. A complete cure for AIDS in the near tenm would be expecting too much from our world's beleagured scientific research communities.

The Apocolypse?

History records that just prior to and during the fall of every great civilization of the past there has been a great explosion of disease and famine. This was followed by rising crime, poverty and broken homes with great social upheaval, and large concentrations of autocratic power which held great personal wealth.

Such periods have been plagued with great increases in transmittable diseases and human strife at most levels of the societies involved. Differences between right and wrong were quick to become blurred, while morality and justice became meaningless. Wars and invasions were almost commonplace.

In support of the theme of this essay such periods were colored with great implosions of murder, rape, incest, homosexuality, bisexuality, bestiality, arson and outrageous crimes against people and property.(Human society literally turns on itself)

The "Fall of the Roman Empire" perhaps best exemplifies the tragedy of such a period in human history, when from 27 B.C. to 284 A.D. the spread of Roman Culture, arts and sciences throughout the then world was phenomenal. The "Later Empire" from A.D. 284 to 476, called the "Autocracy" inherited all the earlier signs of weakness, corruption, violence and avarice. The Empire was sacked by the Visigoths in 410 A.D.- that sad chapter ended in 476 A.D.

See Appdx(3A) following quotation was taken from the only book Thomas Jefferson published. It is titled: Notes On The State Of Virginia. 13

Conclusion

In sum, today's United States military force structure remains in real danger of being compromised by poorly informed, but politically powerful, well financed homosexual groups with strong ties to homosexual and bisexual factions holding elective office in the Congress of the United States.

The main thrust of this pressure amounts to a carefully crafted consiracy to convince the President and the Congress of the United States that homosexuals are just as normal as heterosexuals, and that sexually deviant life styles do not pose any real dangers to the health and welfare of our nation's armed forces.

Aside from the overwhelming emperical evidence of the negative effects on morale, and trying to hold our nation's top military talent in service, and the danger of undercutting our combat effectiveness and weakening our armed forces, the most compelling danger is the spread of AIDS and other deadly communicable diseases among our nation's military populations.

While the majority of homosexuals (and bisexuals) seem to function well in society - as the case history of "Mr. K.T. (who was raised as a girl) appears to indicate - the structure and hard demands of military life are clearly incompatible with "gay" lifestyles. A clear signpost of dangers that lie ahead for "gays" in our nation was posted in May of this year by the Centers for Disease Control in their latest report: "homosexuals carry over 85% of all AIDS infections in the United States; heterosexual females, 4%; heterosexual males, 3%; drug users and I.V. victims, 2.3%."

The great majority of clinical studies during this century have clearly proved that homosexuality is a sexually deviant form of neurosis which conduces to the spread of venereal diseases and many other dangerous and transmittable infections not common to heterosexual populations. Since the advent of AIDS in the early 1980s the threat to the health of world populations, and the health of the people of our nation in particular, is at stake. All the signs of a worldwide disease holocaust are present and exponentially growing in Asia and Africa. While all this is taking place before our very eyes, our government and powers that be of the medical establishment have been rationalizing the dangers of a potential pandemic of AIDS which will surely affect the people of our nation sooner or later.

In terms of our military populations, who are deployed to every part of the world and subject to exposure of the AIDS virus and other dangerous communicable diseases, it is vital that the present legal authority and the laws and regulations remain in full force and effect to protect the health and welfare of our nation's armed forces.

The medical implications of "The Gay Bowel Syndrome," identified by the American Medical Association, in and of themselves, are more than sufficient cause to prohibit homosexuals in our nation's military force structure. Yet the larger danger arises from the fact that over a quarter of our nation's homosexuals are world travelers who commingle with enclaves of homosexual and bisexual people found in all the large cities of the world. As the research shows, Asia and Africa currently are the major danger zones for spreading AIDS to

the rest of the world.

When our military are deployed all over the world to include Asia and Africa, where unlicensed prostitution is rampant, it is inevitable that some of our troops will be exposed to HIV infection.

Prostitution is rapidly becoming a de facto intermediate host for the transmission of HIV and other dangerous communicable diseases.

If military ranks are swelled by law to include unknown numbers of homosexuals, predicated on the proposed "don't ask and I won't tell" rule, the dangers of increasing the spread of HIV and other STDs among our military will dramatically rise. And along with this reality, so will the unforseen costs of medical care for increasing number of infected troops.

These increasing costs will be prohibitive and surely cripple the fundamental purpose of military mission and our nation's national security.

Emphasizing the likely dangers as we enter the next century is the stark prediction of Dr. William Hazeltine of the Dana-Farber Cancer(Research) Institute of Boston, Massachusetts, that over a billion people in this world will have become infected with the AIDS virus into an "indefinite future." The tragedy of this prophecy will be fulfilled through the agency of worldwide prostitution which plays the role of the main intermediate host for carrying and transmitting the AIDS virus to unsuspecting biscxuals and heterosexuals in the world's greater heterosexual communities.

In the summing up of all the dangers which lie ahead, it is common knowledge that HIV antibodies can be identified in about six months after initial infection, and that the prodromal (incubation period) can extend to ten years or more before full blown AIDS is diagnosed - with a prognoses of certain death. Yet, today, there is almost no discussion about the fact that people who do become infected, at some point before the antibodies are positively identified, have become active carriers of HIV. From that time on every person infected becomes, in principle, a walking "Typhoid Mary," and a secondary host for spreading the disease of AIDs, without even knowing they are carriers - so much for the rights of nondisclosure, better called the rights of ignorance.

This is exactly why the HIV is exponentially spreading like wildfire in developing nations like Asia and Africa, and slower rates in North America and Europe, with the exception of a recent-spread of HIV in large enclaves of homosexual and bisexual activity in all the large cities of both the United States and Western Europe.

das Ende

NOTES: (Parts I and II)

[1] From pamphlet titled:"Medical Consequences of What Homosexuals Do," produced by Family Research Institute, Inc., Dr. Paul Cameron, Chairman.(20)

[2] Ibid.(27)

[3] Ibid.(10)

[4] Ibid.(11)

[5] Ibid.(22)

[6] The American Medical Association "Home Medical Encyclopedia" pp. 478; Vol.I; Random House N.Y. Copyright 1989 by D.K.L.& AMA

[7] The Great Quotations, by George Seldes - Castle Books, July 1977; pp. 542, quote by Thomas Paine, American Revolutionary Writer (1737-1809.

[8] The N.Y. Times by Felicity Barringer: "Male sex study shows low rate of homosexual acts" - reprinted in Seattle Post-Intelligencer, April 15, 1993 (front page).

[9] James C. Coleman, Abnormal Psychology and Modern Life, 2nd Ed., U.C.L.A. pp.369 Text of the Clinical School;1956-Scott,Foresman&Co.

[10] Ibid. see page 370.

[11] Arthur Janov, Ph.D., The Primal Revolution, pp. 21 (1972)

[12] Ibid. pp.13.

[13] Thomas Jefferson, NOTES ON THE STATE OF VIRGINIA, Query XIV. Ch. titled: LAWS, pp.148. published for the Institute of Early American History and Culture, at Williamsburg, Virginia; first published in the Norton Library 1972 by arrangement with the University of North Carolina Press.

Note: "Since the first edition of Abnormal Psychology and Modern Life, the American Psychiatric Association has prepared a new classification of mental disorders which is being widely adopted by hospitals and training institutions and seems likely to come into universal use."

Dr. Coleman's text was endorsed and critically approved by Dr. Karl A. Menninger of the Menninger Foundation, Dr. Floyd Ruch of the University of So. California, Dr. Roy M Dorcus of the University of California at Los Angeles, Dr. Charles R. Snyder of Yale University and Frieda Bornston of the Los Angeles State College.

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Appendix A (1)

Quotation from Andrew Salter's book, Conditioned Reflex Therapy:

"The most intensive medical-anatomical study that has ever been made of homosexuality is that of G. W. Henry (Henry, G. W. Sex Variants. Paul B. Hoeber, Inc., New York, 1941. One volume edition, 1948, pp. 1023-1024). It involved physical, endocrine, X-ray, and sperm examinations by specialists, and makes all similar studies obsolete. Under the heading of "Impressions," Henry concludes,

> The sex variant may remain at an immature level of sexual adjustment because of (a) constitutional deficiencies, (b) the influence of family patterns of sexual adjustment, (c) lack of opportunities for psychosexual development.
>
> Constitutional deficiencies are structural, physiological and psychological. Structural deficiencies are the least evident; the psychological are most readily demonstrated...
> The relative value of heredity and environment as contributing factors is an academic question. Whatever may have been contributed by way of the germ plasm is nurtured by the parents and the home environment.

Anyone who studies the eighty homosexual case histories presented by Henry will find them all to be--without a single exception--those of thoroughly inhibitory and unhappy children. The patterns are always conditioned early. The rest is detail."

Salter sums up the homosexul problems by excluding factors that have been proved to be without importance:

"As with all of the inhibitory patterns, the factors that facilitate the therapy of the homosexual are:

1. A stong desire to follow instructions.
2. High self-sufficiency.
3. Remediable real situations.
4. Higher intelligence.

The more items we can check, the more favorable the prognosis."

Andrew Salter goes on to say:

"Psychological diagnosis is easier than medical diagnosis. The sickness is always inhibition, and the medicine is always excitation. This applies to homosexuality as well as to lesbianism, and must always be our guiding belief, no matter how remotely applicable it may seem at first sight. Feeling-talk, of "I like the soup" and "I don't like the meat" variety, is always indicated, but most important is vigorous excitation directed toward the solution of problems of interpersonal relations.

Homosexuality, "with the exception, perhaps, of very old cases," ([22] Bekhterev, V. M. "Die Perversitäten und Inversitäten vom Standpunkt der Reflexologie." Archiv Für Psychiatric und Nervenkrankheiten, 1923, 68: 100-213.) is curable. With patience and cooperation, and control over the real situation, we need never say those fatal words, 'Learn to accept yourself and your condition.'

In the words of Terman and Miles, 'Irresistibly each sex plays the role assigned, even in spite ofits own protests.' ([23]Terman,L.M., and Miles, C. C. Sex and Personality. McGraw-Hill Book Co., Inc., New York, 1936, p. 449.) The homosexual, however, has been miscast by his experiences. Psychotherapy reconditions him and recasts him with new experiences, and he learns to enjoy his part as a male in modern society." (See Chapter 21 in Andrew Salter's book titled: Conditioned Reflex Therapy - the direct approach to the reconstruction of personality.)

Appendix A (3)

NOTES ON THE STATE OF VIRGINIA - Thomas Jefferson

History by apprising them (the people) of the past will enable them to judge of the future; it will avail them of the experience of other times and other nations; it will qualify them as judges of actions and designs of men; it will enable them to know ambition under every disguise it may assume; and knowing it, to defeat its views. In every government on earth is some trace of human weakness, some germ of corruption and degeneracy, which cunning will discover, and wickedness insensibly open, cultivate, and improve. Every government degenerates when trusted to the (de facto) rulers of the people alone. The people themselves therefore are its only safe depositories. And to render even them safe their minds must be improved to a certain degree...An amendment of our constitution must come in aid of the public education. The influence over government must be shared among all the people. If every individual which composes their mass participates of the ultimate authority, the government will be safe; because the corrupting of the whole mass will exceed any private resources of wealth: and the public ones cannot be provided for by levies on the people. In this case every man would have to pay his own price.

This remarkable book encapsulates in careful detail Thomas Jefferson's thoughts and views on a wide range of concerns which remain valid today. It was written before 1785. (JBM)

- - - -

Encl 2)

tritium during his efforts to reproduce the experiments of Drs. Stanley Pons and Martin Fleischmann at the University of Utah. Last month, Dr. John Appleby, a chemist from Texas A&M University speaking to the Workshop on Cold Fusion Phenonema at Los Alamos said, "Tritium * * * can only be coming from fusion. That's the bottom line." Other successful experiments producing tritium have been reported in at least a dozen other laboratories around the world, and some experiments have also indicated a burst of neutron radiation, another telltale sign of fusion.

In a dramatic reversal of his earlier findings and his often critical statements about Pons and Fleischmann's research, Dr. Nathan Lewis of the California Institute of Technology recently revealed that his experiments, too, had produced "excess power."

The prospects for cold fusion are looking brighter and brighter and, yesterday, the University of Utah formally announced a collaborative agreement with General Electric on cold fusion research.

Drs. Pons and Fleischmann are presently in England at Southhampton University, working on a detailed scientific paper which should be released sometime in the next few months, and scaling up their experiments with larger devices and equipment.

I want to communicate to my colleagues that "cold" fusion is alive and well, being performed in increasingly larger jars in laboratories around the world. I have great confidence in Pons and Fleischmann as exceptionally able scientists and men of honesty and dedication. I believe they have discovered something so revolutionary it will yet have major implications for the pursuit of the clean energy that our polluted planet so desperately needs.

Few potentially revolutionary scientific discoveries have initially met with unreserved praise, and research into cold fusion is no exception. But, like Galileo, branded as a heretic and forced to recant his assertion that the Earth revolved around the Sun, Pons and Fleischmann may yet be able to say, "E pur si muove." And, yet, it does still move.

□ 1750

HOMOSEXUALITY

(Mr. DANNEMEYER asked and was given permission to address the House for 1 minute and to revise and extend his remarks and include extraneous matter.)

Mr. DANNEMEYER. Mr. Speaker, revelations about a male prostitution ring involving officials in the Federal Government shed new light on a very perplexing question of our day. How is it that over the course of this decade undeniably conservative administrations have been used to promote homosexuality.

Past wisdom blamed it on the strange bedfellows of politics. As if to say, "This democracy is a government of all the people." But current wisdom now suggests that the "strange bedfellow" answer should be taken more literally.

I urge President Bush to investigate this matter to its fullest and be totally honest with the American people in his findings. Maybe then we will discover why our national AIDS policy has been turned upside down, why the Federal Government insists on funding homoerotic art, and why such obvious planks of the homosexual agenda, like the "hate crimes bill," is allowed to maintain the cloak of civil rights rhetoric.

Mr. Speaker, Guide magazine is one of many publications serving homosexuality in America today. Guide is the self-proclaimed homosexual magazine of the Pacific Northwest.

In November 1987, Guide ran an illuminating article on the Machiavellian tactics of the homosexual movement in their desire to gain social legitimacy. "The first order of business," begin the authors of "The Overhauling of Straight America," "is desensitization of the American public concerning gays and gay rights."

The authors explain that,

To desensitize the public is to help it view homosexuality with indifference instead of with keen emotion. Ideally, we would have straights register differences in sexual preferences the way they register different tastes for ice cream or sports games.

And with the characteristic candor of a pathologically provincial mind, the authors scheme that,

At least in the beginning, we are seeking public desensitization and nothing more. We do not need and cannot expect a full "appreciation" or "understanding" of homosexuality from the average American. You can forget about trying to persuade the masses that homosexuality is a good thing. But if only you can get them to think that it is just another thing * * * then your battle for legal and social rights is virtually won.

This is the key to the politics of the homosexual movement: Attempt to delude the public into viewing homosexuality as an innocuous alternative lifestyle, hopefully to the point where it is viewed as simply being an abstract social question in the minds of most Americans. They are actually asking Americans to believe that a man can be a homosexual without ever committing sodomy or any other intimate physical act with the same sex.

WHAT HOMOSEXUALS DO

Militant homosexuals do not want you to know of the behavior that defines their existence. They do not want you to know that the average homosexual has homosexual sex two or three times per week.

That the average homosexual has 1,000 or more sexual partners in his lifetime.

That the average homosexual has only one sexual encounter per partner and never sees the partner again after the encounter.

That the average homosexual has experienced receptive anal penetration, or the insertion of one man's penis in another man's rectum.

And that the average homosexual's favorite activities include: Receiving oral sodomy, that is putting one man's penis in another man's mouth; performing anal penetration; and participating in mutual oral sodomy. [Source: homosexualities, Alan P. Bell and Martin S. Weinberg, (Simon and Schuster) 1979.]

Other activities peculiar to homosexuality include: Rimming, or one man using his tongue to lick the rectum of another man; golden showers, having one man or men urinate on another man or men; fisting or handballing, which has one man insert his hand and/or part of his arm into another man's rectum; and using what are euphemistically termed "toys" such as one man inserting dildoes, certain vegetables, or lightbulbs up another man's rectum. [Source: San Francisco AIDS Foundation, "Can We Talk".]

PUBLIC OPINION

Militant homosexuals cringe at the thought of what these graphic images mean in the minds of most Americans. Mind you, most Americans do not view homosexual sodomy in the same light as heterosexual intercourse or even the aberration of heterosexual sodomy. One of the most recent public opinion surveys on the subject found that 81 percent of the public believes that homosexual relations are wrong. [Source: National Opinion Research Center, General Social Survey, Annual.]

BIBLICAL FOUNDATIONS

A majority of Americans still base their moral values on the same book that commands us not to "lie with mankind, as with womankind" [Leviticus 18:22] and to "Be not deceived: Neither fornicators, nor idolators, nor adulterers, nor effeminate, nor abusers of themselves with mankind * * * shall inherit the kingdom of God." [1 Corinthians 6:9-10.] These Americans daily affirm the societal, if not intrinsic, value of the heterosexual ethic, or the traditional family. They are still the overwhelming majority in our society and our laws reflect this admitted bias.

THE CONSTITUTION AND MAJORITARIAN VALUES

I should take the time at this point to address this issue of bias in the form of majoritarian morality. We should all understand the significance of this American principle. All too often militant homosexuals will insist that one person's values should not be forced upon another person. And that just because a man and woman enjoy sexual intercourse does not mean that two men cannot equally enjoy sodomy, or that sexual intercourse and sodomy should not be equally valued. "Anyway," they will proclaim, "You can't legislative morality."

These are powerful arguments on their surface. The rhetoric is appealing to our libertarian senses. Afterall,

this is America, a land where anyone can do as they wish provided they do no harm to another. These thoughts comprise the homosexual liturgy.

Unfortunately for the homosexual movement, these arguments are specious and totally void of historical and legal claims of jurisprudence. As recently as 1986 the U.S. Supreme Court ruled that "There is not fundamental right to commit homosexual sodomy." In the case of Bowers versus Hardwick (1986), the Court boldly reaffirmed society's right to enact moral statutes of this nature.

On the one hand, the Court, through the majority concurrence of Chief Justice Warren Burger, explained the historical precedent for such prohibitions of personal conduct. Justice Burger explained that such:

> Proscriptions against sodomy have very ancient roots. Decisions of individuals relating to homosexual conduct have been subject to State intervention throughout the history of western civilization. Condemnation of those practices is firmly rooted in Judeo-Christian moral and ethical standards.
>
> Homosexual sodomy was a capital crime under Roman law. During the English Reformation when ecclesiastical courts were transferred to the King's courts, the first English statute criminalizing sodomy was passed. (In Blackstone's Legal Commentaries, he) described "the infamous crime against nature" as an offense of "deeper malignity" than rape, an heinous act "the very mention of which is a disgrace to human nature," and "a crime not fit to be named."
>
> The common law of England, including its prohibition of sodomy, became the received law of Georgia and the other colonies. In 1816 the Georgia Legislature passed the statute at issue here, and that statute has been continuously in force in one form or another since that time.

Justice Burger concluded his concurrence by adding that, "To hold that the act of homosexual sodomy is somehow protected as a fundamental right would be to cast aside millenia of moral teaching."

On the other hand, Justice White in drafting the majority opinion took up the issue of privacy or consensual acts and public morals. Justice White wrote that:

> The right pressed upon us here has no (first amendment) support in the text of the Constitution, and it does not qualify for recognition under the prevailing principles for construing the fourteenth amendment. Its limits are also difficult to discern. Plainly enough, otherwise illegal conduct is not always immunized whenever it occurs in the home.
>
> Victimless crimes, such as the possession and use of illegal drugs do not escape the law where they are committed at home . . . and if respondent's submission is limited to the voluntary sexual conduct between consenting adults, it would be difficult, except by fiat, to limit the claimed right of homosexual conduct while leaving exposed to prosecution adultery, incest, and other sexual crimes even though they are committed in the home. We are unwilling to start down that road.

The Justice continues:

> Even if the conduct at issue here is not a fundamental right, respondent asserts that there must be a rational basis for the law and that there is none in this case other than the presumed belief of the majority of the electorate in Georgia that homosexual sodomy is immoral and unacceptable. This is said to be an inadequate rationale to support the law.
>
> The law, however, is constantly based on notions of morality, and if all laws representing essentially moral choices are to be invalidated under the due process clause, the courts will be very busy indeed. Even respondent makes no such claim, but insists that majority sentiments about the morality of homosexuality should be declared inadequate. We do not agree, and are unpersuaded that the sodomy laws of some twenty-five states should be invalidated on this basis.

THE CIVIL RIGHTS DECEPTION

Lest we be deceived by the language of civil rights today as it relates to homosexuality, I would like to quote from Dr. David Pence, a sixties radical, civil rights marcher, anti-war protester, and now a practicing physcian. His insights pierce the homosexual armor:

> The road to Selma did not lead to the right to sodomy * * * Homosexual behavior is a completely different category of activity which cannot be seriously considered even an analogue of race or gender. The freedom train has been hijacked * * *
>
> By restoring its moral foundation, the civil rights movement will no longer serve the ideologies of the last twenty years but will fulfill the democratic promise of America's first two centuries.

THE CAUSES OF HOMOSEXUALITY

Of course, all the legal and historical precedents in the world would become starkly irrelevant were homosexuals to prove that their behavior was not simply a deviant personal choice or even a psychological orientation. But if they can prove that their behavior is genetic or hereditary or somehow show that it is physiologically determined, then homosexuals may legitimately say that they have no choice in the matter thereby providing impetus to add "sexuality" to the list of protected civil rights.

The genetic explanation of homosexuality is the one that many homosexuals prefer. Most often cited is a study published back in 1952 that analyzed the histories of 37 pairs of identical twins and 26 pairs of fraternal twins and reported that in 100 percent of the cases of indentical twins where homosexuality occurred, both were homosexual, while in the fraternal twins only 12 percent of the cases were both homosexual. (Source: "Comparative Twin Study on the Genetic Aspects of Homosexuality," F.J. Kallman, 1952.)

Subsequent researchers have not been able to replicate the same findings. So what conclusions are we to draw? One writer has surmised that,

> No firm conclusion can be drawn from these studies. A higher concordance rate for homosexuality in twins is not necessarily due to genetic factors, but may result from factors such as intense indentification or specific practices related to twinships. (Source: "A General Psychiatric Approach to Sexual Deviation," Anthony Wakeling, 1979)

Others have chosen to focus on the effects of hormonal androgens and testosterone to make their case. None of these studies has provided the scientific fruits necessary to lay claim to a homosexual-from-birth principle.

I have found that homosexual activists are simply unwilling to acknowledge the complexity of their own sad plight. They want so desperately to believe they are normal and natural in what they do that they snatch at any theory that seems to support that idea, ignoring the enormous body of opinion among medical clinicians that tells a different and less satisfying tale.

A significant proportion of clinicians actively engaged in treating patients still believe that homosexuality is, in most cases, an abnormal condition and, in some cases, a serious mental disorder. Others in this category believe that it is no more than an alternative way of behaving, like left-handedness. But all reject the idea that homosexual behavior is inherited or instinctual.

THE CRASHING OF THE APA

Militant homosexuals knew that social progression in this environment of diagnostic ambiguity was tentative at best. They became restless and impatient to the point that the politics of diagnosis took a dramatic turn in 1973 when the movement was able to molest the senses of the American Psychiatric Association (APA) into removing homosexuality from the official list of mental illnesses.

I recently read a powerful narrative detailing this occasion. The event has provided fodder for the homosexual movement ever since. The author of the narrative, far from being a so-called homophobe, is an apologist for homosexuality and a political advocate of the movement. (Source: Homosexuality and American Psychiatry, Ronald Bayer.)

In brief, a group of homosexuals stormed the APA annual convention on successive years in the early seventies and, with deliberately disruptive tactics, actually forced the psychiatrists to accede to their demands and declare homosexuality a normal condition. In effect, the nature of medical opinion was altered by strong-arm tactics. If you doubt that homosexuality should have remained on the APA's list of mental illnesses, you have only to read this account of how it was removed.

After describing the growing tendency toward disruption and violence in homosexual activism, the author tells us that because the APA convention of 1970 was being held in San Francisco, the homosexual leadership decided to focus their attack on that particular organization. And as he puts it, "guerrilla theater tactics and more straightforward shouting matches characterized their presence."

Panel after panel at the 1970 convention was used by the homosexual to shout expletives and comments like, "where did you take your residence, Auschwitz?" Each successive annual convention brought more of the same until, by 1973, the association's all-important nomenclature committee determined that, "Homosexual behavior was not necessarily a sign of psychiatric disorder, and that the diagnostic manual should reflect that understanding."

Since the time homosexuality was removed from the official list of mental illnesses in 1973, pedophilia has also been stricken from the list, except when the adult who has intercourse with children feels "subjective distress." If the past is any indication of the future, in the next few years what we have known as child molesting will be officially termed a normal variant of human sexuality and its practitioners will successfully argue before a quaking group of psychiatrists that any mention of pedophilia in the profession's diagnostic manual would be cruel and discriminatory.

THE HEALTH OF HOMOSEXUALS

If legal grounds, historical grounds, moral grounds, and medical grounds do not provide enough reasons to quell the homo-hysteria that has been unleashed on the public over the last 30 years, perhaps the health reasons will.

Homosexuals are among the most unhealthy of demographic groups. Historically, their bowels have been full of the bulk of enteric diseases in America. Syphilis, gonorrhea, and hepititas B have been the mainstays of their viral menu. And, of course, AIDS has saturated and nearly decimated their ranks.

Homosexuals and their sympathetic media are quick to point out that exposure to venereal diseases, including AIDS have dramatically declined as a result of behavior modification. But as the voice of experience has told us, there are liars, damn liars, and statisticians.

I sincerely hope that homosexuals have modified their sexual behavior. However this hope and seeming statistical evidence belie common sense as well as conflicting evidence. We cannot fairly compare apples and oranges. Homosexual claims that venereal diseases have skyrocketed in the heterosexual community while declining among homosexuals misses the point entirely. The comparison that needs to be made is not among promiscuous or illicit heterosexual sex versus homosexual sodomy. We should begin to compare traditional heterosexual sex versus both promiscuous heterosexual sex and homosexual sodomy.

In other words, stack up the sex-related physical health of a man and woman who have come together in the bonds of a mutually faithful monogamous marriage versus the sex-related physical health of any other type of sexual relationship. Then, and only then, will we get a true picture what behavior is healthy and what behavior is unhealthy.

As it stands, statistical records allow homosexuals to compete medically with their promiscuous heterosexual counterparts. This is like two alcoholics competing for sobriety.

If common sense does not compel a reassessment of how we look at the health of the homosexual community, we are only left to revert to other conflicting studies. One study for instance examined the records of certain hospitals over a 2-year period and found that 3-4 percent of all cases of gonorrhea were among male homosexuals. The same group was accountable for nearly 50 percent of the cases of syphilis. And that of all admissions other than sexually transmitted diseases, homosexuals were accountable for 17 percent. Remember that homosexuals themselves claim they are only 10 percent of the population. In this study anyway, homosexuals represent a percentage of disease far beyond their actual numbers. (Source: "Changes in Sexual Behavior and Incidence of Gonorrhea," Lancet, April 25, 1987.)

Flying in the face of safe sex rhetoric are recordbreaking cases of AIDS in San Francisco. The 1988 monthly average number of AIDS cases reported in that city was 133. In March of 1989 the count was an astounding 193 new cases, only to be topped by an April figure of 207 new cases. The city's health services are now pushed to the limit in caring for the sick.

If it's not AIDS afflicting the homosexual community it will be other venereal diseases as previously mentioned along with the likes of gay bowel syndrome, a particularly vile grouping of infections attacking the intestinal tract, tuberculosis, and cytomegalovirus.

It is the onset of AIDS and the generally unhealthy lives of homosexuals that have given me insight to their enslaving pathology. They attack morality and virtue at every turn even though these positive characteristics can incite the very behaviors they need to stay healthy and alive. The unavoidable question to be posed is, why do homosexuals continue in their deleterious ways? Perhaps society will never come to a consensus on this question.

HOMOSEXUALS WELL-PLACED TO INFLUENCE SOCIETY

What can be discussed, however, is the fact that the homosexual movement refuses to be deterred in advancing their cause. Though comparatively few in number, homosexuals are well-placed in society to perpetuate their chosen behavior. Beyond the obvious fields of entertainment, literature, and certain creative occupations, they have systematically entered professional fields.

If homosexuals need bias within medicine, they can muster a group of homosexual physicians to add credibility.

If homosexuals need bias within public health, they can call on a legion of homosexual bureaucrats, clinicians, and researchers.

If homosexuals need bias within mental health, they will find a motherlode of homosexual psychiatrists at their disposal.

If homosexuals need bias within our legal structure, they can get the pro bono services of a number of homosexual legal firms and foundations.

If homosexuals need bias in the social sciences, academia provides an endless breeding ground for homosexual apologists.

If homosexuals need bias in the news media, the editorial boards of most of the major media outlets inevitably sprout a homosexual or two.

If homosexuals need bias in politics, they need look no further for policial cover than the conclaves of both political parties, especially the Democratic Party.

THE POLITICAL AGENDA

Their social agenda is clear: destigmatize, legitimize, and gain privilege. They say they seek equality, but the very nature of their existence only lends itself to contention as they move their way into the value system of middle America. They ask for something they can only achieve through despotism—forcing Americans to accept homosexual sodomy as they do their own heterosexuality. What begins as a call for equality will naturally lead to a call for privilege.

One activist incited a throng of homosexuals during a march on Washington by proclaiming that:

> We are no longer seeking just a right to privacy and a protection from wrong. We also have a right—as heterosexual Americans already have—to see government and society affirm our lives. . . (October 1987 rally)

At the Federal level of Government, the homosexual movement seeks to:

Amend all Federal civil rights acts, other legislation, and Government controls to prohibit discrimination in employment, housing, public accommodations, and public services.

Prohibit the military from excluding homosexuals entrance in the armed services.

Prohibit discrimination in the Federal civil services because of sexual orientation in hiring and promoting.

Encourage Federal funds to support sex education promoting homosexuality.

At the State level of government, they are asking for the:

Repeal of all laws governing the age of sexual consent.

Enactment of legislation so that child custody, adoption, visitation rights, and foster parenting shall not be denied because of sexual orientation or marital status.

Enactment of legislation prohibiting insurance companies from screening applicants based on their sexual orientation.

Repeal of all State sodomy laws.

The Democratic Party has wholly incorporated affirmative action policies into their national and State party platforms. Rule 5C of the National Democratic Party by-laws now reads that:

Each State party shall develop and submit party outreach programs for such groups identified (including lesbians and gay men) in their plans, including recruitment, education, and training in order to achieve full participation by such groups in the delegate selection process and at all levels of party affairs.

Seventy-three Members of the House of Representatives, 69 Democrats and 4 Republicans, have sponsored a bill to amend the 1964 Civil Rights Act to include sexual preference as a protected civil right. (See appendix A for list of Members.)

The political clout of the homosexual movement can be measured by their high ranking among prosperous politican action committees. In 1987, the Human Rights Campaign Fund ranked ninth among independent PAC's taking in just over $1 million in contributions.

HOMOSEXUAL INFLUENCE IN AIDS POLICY

But this clout is nowhere more present or more intimidating than in the struggle to stop the spread of AIDS. The irony of their position, however, is that they oppose every public health strategy designed to impede the progress of the virus.

They are opposed to confidential reporting. They prefer to remain anonymous and unaccountable.

They are opposed to routine testing. They prefer to remain uninformed and, hence, psychologically protected.

They oppose legal restrictions on the knowing transmission of the virus. They prefer to pass the virus at will if they so choose.

They oppose proscriptions on blood donations. They prefer to be able to donate when and where they wish no matter the risks involved.

They are opposed to contact tracing. They prefer not to run the risk of being embarrassed or held accountable for wanton transmissions.

In sum, homosexuals oppose the very time-tested public health procedures that will save their lives. They prefer to protect their lifestyle rather than protect their lives. This pathology is why homosexuality was considered, and should still be considered, a mental illness. They remain a walking, public and mental health time-bomb.

HOPE FOR OVERCOMING HOMOSEXUALITY

But homosexuals are not left without hope for a better and healthier life. A majority of doctors and psychotherapists treat homosexuals every day to reverse this devastating pathology. These professionals are dedicated to the proposition that all homosexuals are able to be helped.

May outreach programs exist to provide homosexuals and former homosexuals with support to change and remain changed in their behavior. Some are religious in nature and some are not. These groups include Regeneration in Baltimore, MD, White Stone Ministries in Boston, MA, Desert Stream in Santa Monica, CA, Life in New York City, Exodus International, headquartered in San Rafael, CA, and Beyond Rejection Ministries, in Orange County, CA. Each of these can provide help for homosexuals and/or victims of AIDS.

CLOSING COMMENTS

In closing, we have allowed the tactics of the militant homosexuals to confuse us with appeals to our sense of fairness, with false scientific data, with litigation in courts at every level, and with threats against the public order—all simultaneously. And instead of responding as a united people, we have either surrendered at the outset or else responded in one of several inappropriate ways.

We have tried to ignore the phenomenon in hopes that it will go away. It won't. We must either defeat militant homosexuality or it will defeat us. They have made it clear: we have no third choice.

May opponents of homosexuality have resorted to name-calling and ridicule, confirming in the eyes of fairminded people that we are as hardhearted as homosexuals say we are. In taking this tactic, we deny the humanity of other children of God and forfeit our right to speak as the true keepers of our Judeo-Christian heritage.

We have also attempted to compromise our principles, reaffirming our opposition to homosexual conduct while arguing that under the Constitution we have no right to forbid them much of what they want. Such tactics, however, fail to recognize the essential soundness of our Constitution and its spiritual heritage. We do not have to concede a single point to the homosexual movement, so long as we retain our sense of charity and our capacity to love even those who want to destroy the social foundation of America.

Americans are extremely tolerant. We tend to ignore the consensual relationships of adults behind closed doors. However, when that behavior seeks to find the light of day, out among the public, then Americans become concerned. And it is on this point that homosexuals have at least my attention.

As long as I have the pleasure to serve in the U.S. Congress, I will continue to affirm the heterosexual ethic at every turn, with every subtly, with every bit of imagery I can conjure, with the help of good people across this Nation, as well as with the help of a majority of my colleagues in Congress, and also by the grace of God.

DISTRESS OVER ADMINISTRATION CONTACTS WITH PLO

(Mr. ENGEL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ENGEL. Mr. Speaker, I rise today to express my dismay and annoyance with the report today that the Bush administration has apparently secretly expanded their contacts with the PLO, with the Ambassador, U.S. Ambassador to Tunisia, meeting at least twice in Tunis with the PLO second highest official, Salah Khalaf. State Department officials confirmed this today. Mr. Khalaf is also known as Abu Iyad, and indicted yesterday in Italy for selling PLO guns to the Red Brigade.

Mr. Speaker, actions speak louder than words, and since the time the PLO purported to recognized Israel's right to exist, they have committed no less than 8 terrorist attacks against the State of Israel. I certainly think that the plan that Prime Minister Shamir has put forward for the West Bank and Gaza certainly should be met with happiness, and I think that the PLO certainly has not yet accepted this. I think that they really ought to be called to task for it. We ought to make sure they do the things they say they are going to do, instead of secretly expanding contacts with them when all they have done in the Middle East is promote terrorism and speak out of both sides of their mouth.

INTRODUCTION OF INNOCENT LANDOWNER DEFENSE AMENDMENTS

(Mr. WELDON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WELDON. Mr. Speaker, an important part of the legislative process is finetuning laws as so that people understand how to implement them. Today I introduced the Innocent Landowner Defense Amendments of 1989. Designed to make a technical correction to a very confusing provision in the superfund law.

When Congress passed the Sara amendments in 1986, it added a narrow exemption from the law's liability. This exemption, known as the innocent landowners defense, has been the subject of considerable debate in the real estate, lending, and environmental communities because no one seems to understand one of the conditions for the defense, a phrase requiring a purchaser of commercial real estate to do all appropriate inquiry into the previous uses of the property.

My legislation will address this problem by establishing three basic steps a purchaser should take to satisfy this condition.

I am confident the legislation is an evenhanded approach to a very difficult problem. It creates no new exemption from superfund liability. Instead it spells out the rules of the game to the real estate and lending communities and in the process helps to fulfil

Jim McDermott's chilling reports on AIDS

Solveig Torvik

U.S. Rep. Jim McDermott has seen the future, and it's not a pretty sight.

The Seattle Democrat, one of two physicians in Congress, has been tapped by House Speaker Tom Foley as the point man on the worldwide AIDS crisis.

McDermott's grim fact-finding duties have taken him to Africa, India, Thailand and the Philippines, all exotic tourist hot spots that members of Congress normally love to visit at taxpayers' expense on the thinnest of pretexts. But not in this case.

"It's depressing. I can't get any members of Congress to go on these trips with me. It's the ultimate anti-boondoggle," sighs the freshman congressman.

Little wonder. His reports to Foley make for chilling reading and may stifle the wanderlust of more than mere members of Congress.

The AIDS virus has been visibly with us for a decade. When we usher in the brave new century less than a decade hence, it will be one where 40 million men, women and children are infected by the deadly virus, according to the World Health Organization.

McDermott's report suggests it will be a world turned upside down, one where the economic order will be seriously disrupted by catastrophic public health concerns and costs, a world where a generation will die young, one where 10 million children will have been orphaned by the disease.

"I am convinced Asia is the sleeping giant of the worldwide AIDS epidemic," he said after a recent trip there. "The disease is spreading at a higher rate and in a more pervasive pattern than I observed in Africa last August."

And the United States?

"After examining the crisis in Asia, I am convinced that likelihood of a second HIV epidemic in the U.S. is inescapable. This second wave of HIV infection will attack predominantly among heterosexuals and will take advantage of our own cultural reluctance to deal honestly with our sexual behaviors," he warns. "The predominant mode of HIV transmission in the world today is heterosexual intercourse," McDermott adds. "A heterosexual epidemic can happen here."

But what about a vaccine?

"Even if a vaccine were tested tomorrow it would not preclude the need for a real education effort," he cautions, because it will take years to reach the market.

Consider the raw facts:

India has 900 million people, and McDermott says he has concluded 1 million of them are infected by the HIV virus, the same number as in the United States, where testing and education — unlike in India — have alerted the public to the danger. In Bombay alone, where there are 600,000 — yes, 600,000 — heterosexual contacts per night between prostitutes and their clients, 200 people per night succeed in getting infected by the virus, he says. That means 6,000 new HIV infections per month. But official India is still in high denial.

Professional blood donors provide an integral part of the blood supply and they also tend to visit prostitutes and use intravenous drugs. They pose "a tremendous threat" to India's blood supply, he says, yet it is screened in only four of India's cities, where a mere 5 percent of the total population lives. A "virtually certain calamity" awaits India, McDermott predicts.

In Thailand, as many as 6 million people, or 10 percent of the population, will be infected by the year 2000. It will ravage the age group most responsible for that country's economic success. There are 800,000 prostitutes and 75 percent of Thai men regularly visit them — as presumably do many of the 5 million tourists who visit Thailand each year.

The extent of HIV infection in the Philippines is unknown, says McDermott, but that country has all the ingredients for an AIDS disaster: a small but growing intravenous drug-using population on the Golden Triangle trail, 100,000 prostitutes, and an unprotected blood supply. But religious concerns have meant the country has opted for the tragic option of focusing on detection and all but ignoring education.

In every country confronted with this killer, including ours, there's this common thread: official denial. Inflexible religious, cultural and political dogma will not accommodate stark reality.

"If religious institutions and politicians fail to understand the immense tragedy at their doorstep," the African levels of infection "will seem modest in comparison" with that of Asia and India, McDermott warns.

"The first stage is always total denial. The second stage is always 'We have it here, but it's 'them' who have it.' In India, they tried to say 'Don't sleep with foreigners.' In Thailand, it's people from the north. In the U.S., it's gays," says McDermott.

"Then in the third stage they admit it's a terrible problem. That's the stage of trying to scare people to death," he says. After that sometimes comes a culturally sensitive education program.

"The Thais are dealing with it more straightforwardly than we are," he says. "We're still trying to ban people from the borders."

Our State Department has not yet recognized the AIDS crisis as a foreign policy issue, and USAID, a federal development agency, had to be dragged, "kicking and screaming," away from spending more money on agricultural programs in Africa and instead made to confront the health issue.

"We said, 'Look, you're not going to have a work force alive" to carry out the development programs, McDermott recounts.

And where is our president, George Bush, while the global AIDS crisis unfolds on his watch?

"Bush hasn't said more than two words about it. If he doesn't, nothing's going to happen."

■ Solveig Torvik is a member of the P-I Editorial Board.

By Walter Laqueur

WASHINGTON — President Bush announced recently that he knew no one more qualified or talented to be U.S. ambassador to Moscow than Robert S. Strauss.

Strauss, a man of legendary talents in certain fields, modestly distanced himself from such praise: If anyone had told him a week earlier about his appointment, he would have thought him crazy.

The Senate is bound to approve this appointment, and the Soviets have expressed delight.

In brief, the issue is settled, except perhaps for the philosophical question of what ambassadors are good for these days.

Strauss will be an excellent adviser to Soviet leaders, telling them what they can and cannot realistically expect from Washington.

He will have unparalleled access to the White House and Congress. But access for what?

At this point, alas, certain questions arise: Isn't something basically flawed with a system in which an individual is picked because he has "access"?

Why does the president not give such access as a matter of course to his envoy to a country of critical importance?

Some White House appointments to Moscow have been disastrous.

Joseph Davies, a Wisconsin businessman who was appointed by Franklin D. Roosevelt in the late 1930s, thought Stalin was wonderful and the terror wholly justified.

BUT CYNICS may well argue that Davies' reports did not make any difference at all.

The same is true for most ambassadors except those engaged in very specific negotiations such as on trade or arms control.

Today, as the secretary of state covers three countries in one day and with expedited communication, most important business is transacted directly between the capitals.

The appointment of non-experts and non-diplomats does not necessarily spell disaster.

The former Soviet foreign minister, Eduard Shevardnadze, knew nothing about foreign affairs. But he was a man of culture and common sense, a quick learner and outstanding in his job.

Professional diplomats, on the other hand, even if they have linguistic facilities and background on Soviet affairs (or on other topics), may not be ideal choices because of personality or other reasons.

Academics tend to be wrong as often as the rest of mankind, though on a higher level of sophistication.

The fact that someone has been fairly consistently mistaken by no means affects his or her attractiveness to the media or chances of being appointed to the National Security Council or State Department.

Why, therefore, be beastly to non-experts just because they may not know the difference between Grigori and Valentin Rasputin (the mad monk and the contemporary writer)?

DIPLOMATIC APPOINTMENTS still matter to a certain extent.

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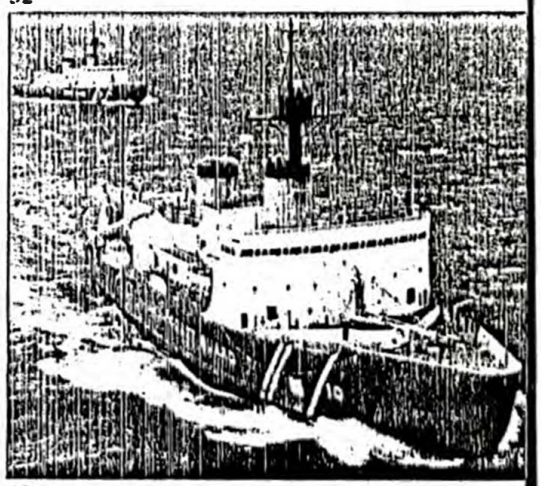

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Other Departments

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Nobody asked me, but...

Cutting off the drug serpent's head

By Commissioned Warrant Officer W4 J. B. McKinnon, Hospital Corps, U. S. Naval Reserve (Retired)

In 1949, following the establishment of the People's Republic of China (PRC), the new communist government took drastic steps to solve the national drug problem, which by then was totally out of hand. The PRC "rounded up all her drug dealers and shot them. Then she rounded up all the addicts, tossed them into hospitals, army barracks, prisons, etc., and they had to go through withdrawal—cold turkey—as best they could. They were given one chance to learn a trade, stay off drugs and go to work. If they failed, they were shot" (Ann Landers, *Seattle Post Intelligencer*, 23 August 1988, C Section). These measures were extreme, but they were deadly effective. They offer a message for the world, in terms of resolve to overcome a terrible cultural and national security problem: China proved it can be done!

In our constitutional democracy, however, such actions could never be permitted. But drug markets in the United States are flooded—and getting worse. The previous administration's interdiction policies were a total failure. We must attack the problem on both its military and political flanks.

Recently there has been much talk about using this nation's military components to participate in the interdiction process, on both land and sea. While this proposition has considerable merit, it is fraught with many legal problems.

Only a few military units are specially trained in police procedures for arresting suspects and following the rules for obtaining and handling evidence in the field, simultaneously adhering to Supreme Court rulings that affect human rights. And even fewer special units are educated in terms of the criminal statutes that apply to drugs and other contraband. Most members of the military constabulary are tasked to deal with internal law enforcement problems covered by the Uniform Code of Military Justice, the legal authority governing military forces—not with law enforcement problems confronting the greater American society. To bring any units of the military forces into the fray against drugs would create more problems than it would solve and would become a legal and administrative nightmare for military and civil authorities.

As it presently stands, the 1981 amendment to the Posse Comitatus Act does permit greater Department of Defense involvement in assisting the Coast Guard, Customs Service, and the Drug Enforcement Agency (DEA).

U. S.-made chemicals keep drug factories, like this Bolivian cocaine-processing camp, in business.

According to retired Navy Captain John E. Lacouture,

> "Under the revised rules (1981), the military can now participate at the request of a federal drug enforcement agency in surveillance and pursuit of vessels and aircraft suspected of smuggling drugs, although actual arrests must be made by Customs, DEA, or Coast Guard personnel." (*Proceedings*—December 1986, p. 84)

Yet the military could be of great benefit in providing coordinated intelligence; air, sea, and land surveillance; airborne warning and control system (AWACS) support; and Joint-Service Command Coordination Centers. Centralized strategic and operational control of the Coast Guard, to plan and coordinate the attack against drug traffickers, could easily raise the interdiction success rate to levels well above 90%:

- By augmenting the intelligence-gathering capability of the U. S. Coast Guard with special joint intelligence forces and directing such information into Coast Guard computer data banks (for storing, evaluation, distribution, and action), a well-coordinated policy could be realized with minimum duplication of effort.
- All air, sea, and land components of the military could by special assignment coordinate, surveil, evaluate, and transmit intelligence data immediately to the central U. S. Coast Guard command responsible for regional strategic and operational planning.
- A joint-service pool of AWACS systems could be implemented and organized to provide a coordinating mission network for spotting and identifying anything suspicious that moves through the air, on land, or sea. Surveillance should focus on all contraband: drugs, weapons, munitions, etc., transported by any means. AWACS should be on guard around the clock over every departure, transit, and arrival zone in Latin America and other critical areas such as Southeast Asia.

But to cut off the head of the drug serpent, the U. S. government must move from the military to the political arena. It must gain the full cooperation of the governments of countries that are the major sources of illicit drugs. The United States can bring to bear considerable pressure through the agency of the World Bank's International Bank for Reconstruction and Development and the International Monetary Fund (IMF). Because drug manufacturers have become a substantial part of drug producing economies, the World Bank and IMF should be encouraged to use the carrot-and-stick approach to induce these developing countries to replace

illicit drug manufacturing with legitimate exports that involve the manufacture of goods demanded on the international market.

In the United States, the government should get on the backs of U. S. companies that indiscriminately sell to Latin American distributors and manufacturers essential chemicals for producing illicit drugs. As it presently stands, "A steady flow of American made chemicals is keeping those countries' drug factories running" (S. Penn of the *Wall Street Journal*, from the *Seattle Times*, 16 July 1988, pp. A3).

Penn quotes Gene R. Haislip, Deputy Assistant Administrator for the Federal Drug Enforcement Agency, who said: "The evidence we've got is that most of the chemicals used in processing cocaine and heroin [in Latin America] originate in the United States."

According to the Central Intelligence Agency, U. S. maritime shipments of chemicals in metric tons to Latin American "cocaine makers" in 1986 were distributed in amounts as follows: "Mexico—31,439; Ecuador—6,088; Brazil—7,240 (and growing rapidly, from the latest reports); Venezuela—13,824; and Columbia—7,924" (the *Seattle Times*—16 July 1988, p. A3).

Yet these figures are only the tip of the iceberg. The standard reply of giant U. S. transnational corporations to the question of why they are selling such chemicals to drug manufacturers in Latin America remains, "We don't know specifically what our customers do with the chemicals." This apparent lack of concern reflects the attitude: "If we don't sell it to them someone else will."

When one considers that U. S. companies sell 65 thousand metric tons of chemicals each year for cocaine production *alone* to just five countries, the total in gross volume sales of all chemicals sold by U. S. corporations to distributors and manufacturers of illicit drugs worldwide is impossible to determine. Chemical sales for global illicit drug manufacturers must be a multibillion dollar business many times over.

Realpolitik rears its ugly head. These corporate giants have powerful, well-paid lobbies in Washington, D.C., which have directly or indirectly influenced drug enforcement policies we have today.

One can only conclude that were it not for outrageous levels of duplicity and hypocrisy in the supranational arena, where politicians and giant transnational corporations play out their *sub rosa* games for power and profit, much of what is happening in Panama and greater Latin America today would have never come to pass.

Mr. McKinnon was a member of the Los Angeles Police Department from 1946 to 1956, excluding military service. He served in the narcotics division and the gangster detail, among other duties. He also was a Navy hospital corpsman in both World War II and the Korean War. He received a bachelor's degree in 1983 from the Henry M. Jackson School of International Studies, University of Washington.

Brace yourself, DoD, here comes another mission

By Commander J. M. Kenny, U. S. Navy

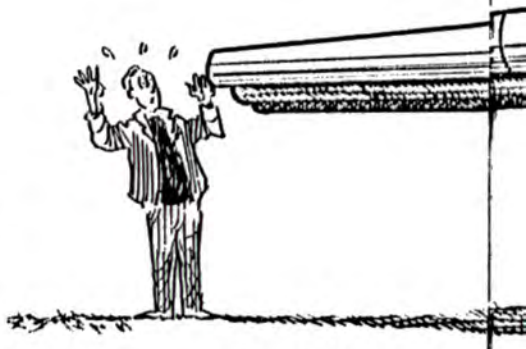
By their own admission, the Drug Enforcement Agency (DEA) and the Coast Guard, to mention two of more than 35 agencies involved, are not restricting the flow of illegal drugs into this country to any great extent. According to our policymakers, who have been energized by political frustration and perhaps an opportunity to grandstand, an organization with lots of people, money, and sophisticated gadgets is obviously needed to win this recently declared pseudo-war. Department of Defense—here we go again!

And why not? The military receives the largest slice of the federal budget pie. Although not specifically trained or equipped for this drug war, DoD has two million talented people as well as equipment and data-collection capabilities that exceed even that of the cleverest and richest drug smugglers. But the capability of DoD to do the job is not the real issue here. The issue is: *Should* it be involved in this war?

There are, of course, significant obstacles that must be overcome before the DoD can become a productive force in the drug-interdiction effort. Opponents of the military's involvement convincingly present many of them as insurmountable. But from the viewpoint of a pragmatic naval officer (who never envisioned being a policeman), each obstacle can be solved, but only with difficulty and with an unusual degree of civilian sacrifice and political cooperation.

If the interdiction effort is to be successful, there will be an unavoidable invasion of civil liberties. At the very least the populace will be inconvenienced; more likely it will be spied upon. As has already happened in many drug-ridden cities, this battle will be fought on our own turf. Neighbors may be the enemy and innocent civilians will die. Property may be destroyed. There will be a disruption of trade and tourism. This drug war will require civilian sacrifice that this country has not encountered since the Civil War.

The 53 House committees and subcommittees and the 21 Senate panels concerned with the interdiction of illegal drugs will join with the executive branch to produce the drug-interdiction strategy. This master strategy will contain clear and attainable goals, well-defined rules of engagement, some form of measurement to tell when we are winning and when we have won. Although the likelihood of such a united, nonpartisan political product occurring is highly improbable, it is not impossible. If we intend to win this war, however, it is mandatory.



Congress will also have to revise the Posse Comitatus Act of 1878. This law was created—appropriately—to prevent the military from becoming involved in civil actions. Revising this act to provide the military with powers of arrest will be a tacit admission of failure of the civil law enforcement system.

Military drug interdiction is a clear example of using the wrong tool for the job. Illegal drug use is a social

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FINISHED COPY
JB

James Buckner McKinnon, Author
2312 41st Ave SW
Seattle, Washington 98116

16 lines

GOD'S HOLY PARADIGM

Alas! The pall of death from torment* steals
Through coveted earths steeped in redness:
Carnage is wrought in spectral reels -
The pain of sorrow belies the deadness.

God on High will set His great seal
And strike all hate from human sequence
As all lost souls from war reveal
Evils now and past - of Light, its essence.

The future will - from His Holy place -
Bring beauty of peace, abundance from dearth,
While nascent souls pray for grace
Bestowed by Him who gave the earth.

The hourglass for life bleeds down,
Yet grains of hope still grow within
And burgeon anew from Heaven renown
In peace with love - the Holy paradigm.

* Etymology: from Webster's New World Dictionary:

Latin, tormentum, a rack, instrument of torture, torture, pain: originally, a machine for hurling missiles < torquere, to twist: see tort. (Author's note: the lands and grooves of the barrels of rifles and cannon are designed to cause the projectiles to twist in flight for greater accuracy. The aerodynamics of ballistic missiles produce the same result.)

I sent this along as an afterthought - JBM

James Buckner McKinnon, Author
2312 41st Ave SW
Seattle, WA 98116
Phone: (206) 935 4115

(the) GATE OF GOD?

Abraham! Moses! Christ! Mohammed Throned!
Confirmed by Truth in heavenly ascent,
For all tortured souls who cry for God's Own,
Raised from the earth by Angels Here present.

The God of Abraham is "He" withal,
And Babel's* Tower is unbuilt to date:
While war, death and confusion plague us All,
Yet still spread by Satan behind the Gate.

Has Heaven's silence against the profane,
And man's devil driven thirst for power,
Sparked flaws Divine in Religion's mundane?
But not God!s Own held high in Lowe's Tower?

In Heaven Above there's only one Gate -
Babalon** is Here by more than just fate.

*Babel: L.; Gr. Babylon; Heb. Bā bel; Babylon, lit. The Gate of God; purposes of builders were to make for themselves a name, and possess a citadel as safeguard against being scattered throughout the earth. God frustrated their plans by confusing their speech. Dickson's New Analytical Indexed Ed. The Holy Bible, King James Version, 1971.

**Babylon: Capital of Babylonia; famous for wealth, luxury and wickedness; any city or place of great wealth, luxury and vice. Webster's New World Dictionary, Third College Edition (1988).

Note: L. turris, "a tower," akin to Gr. "tyrsis," a fortified city.

I've included this poem as an afterthought — Jim

Encl 4) a

OPINION AND COMMENTARY

Nuclear survival—it all boils down to food

By J. Buckner McKinnon

Why would effective recovery from a large scale nuclear war be impossible in the early phases for the United States and other industrial nations? Because only a very small percentage of their populations is involved in farm work.

In the United States, a dangerously low figure of 3.8 percent of the labor force is involved in farming. But there are other nations worse off – only 2.7 percent of the British labor force is on farms and Belgium shows only 3.4 percent.

Among the 24 nations in the Organization for Economic Cooperation and Development the figures vary greatly. But highly industrialized Germany has almost double the percentage of farm workers in the United States, with France devoting 10.8 percent of its labor force to agriculture, which in principle accounts for the fact that the French people were much better off in terms of nutrition following both world wars.

The People's Republic of China – and to a lesser extent, Russia – presents a remarkably different picture, as do many other nations that are essentially agrarian.

An objective analysis of probable recovery conditions confronting nations directly involved in a nuclear war indicates that nations with larger proportions of the populations committed to farming would have the best possibilities for early recovery. And the majority of the undeveloped countries and their populations would suffer the least from the effects of nuclear war.

But all nations which feed from supermarket shelves would be in deep trouble; largely because during the recovery phases from a nuclear attack there would be no way to get food to market. And, perhaps more importantly, there would be an acute shortage of replacement machine parts for farming equipment. These conditions exacerbated by an extreme shortage of fuel would leave the main supplies of fresh food rotting in the fields, even if uncontaminated.

Sources of livestock would fall victim to the same devastated conditions as their masters. And for security reasons, the lion's share of food stockpiled would go to the military. Famine and disease would soon become a specter over the industrialized regions of the world caught by the holocaust.

While Americans as a people can be rightfully proud that 3.8 percent of the population is able to feed the remaining 96.2 percent – and a good share of the rest of the world – farm technology at the same time has stripped away the critical safety margin needed for a well-balanced agricultural labor force. An unsafe proportion has now been replaced by machines and sophisticated technology – largely at the corporate level.

The return of more people to the soil and the decentralization of supporting farm industry are vital to our nation's overall nuclear defense capability. And shortening lines of food supply would have the positive impact of reducing food costs and saving fuel. Studies show that the production of food requires over 17 percent of our nation's total energy supply – 75 percent of which comes from oil and natural gas.

Disregarding the vital need for better civil defense for our country, how well would China and Russia survive a global holocaust by comparison? Here is a cursory look at the People's Republic of China.

In this ancient land, 80 percent of an incredible population of 900 million people derive their living from the countryside – largely from an estimated 60,000 prospering communes, which are giant collective farms with supporting industry.

The new China is no longer a land of chronic food shortages and starvation. With greatly improved methods of flood control and well-organized programs of land reclamation, China today is able to feed all of its teeming millions with very little outside help. Agricultural imports will serve largely as emergency reserves for covering unexpected shortfalls in domestic production, which tend to fluctuate each year. It should be noted that for 1976 US exports to China were only $135.2 million, of which only a mere $40,000 were in farm products.

Among the big powers in today's world, China seems the best equipped to survive a nuclear holocaust. Russia, on the other hand, appears to be drifting like an expanding red balloon toward a fate similar to that of the United States.

Since 1962, when an estimated one-half of the Russian population was engaged in farming, the masses have been caught up in the accelerating technological race. Each year an increasingly massive shift of farm and rural workers to the cities and developing industrial areas has been taking place. As of February, 1978, the numbers of people committed to farm work had dropped to 23 percent of the total labor force.

At Russia's present population levels, the demands of industry and the military are increasingly difficult to meet without severely damaging food production capacities, hence the mad race for more and bigger machines on the farms to release more and more people for mushrooming industry and the armed forces.

Today, 27 percent of Russia's 8.6 million square miles is arable, or good for pasture lands, though not all year around. Greatly improved programs for land reclamation have made this possible.

The vast diversity of Russia's land mass, which is two and a half times the size of the United States (and China, respectively), is a tremendous survival factor; but increasing reliance on machine technology places Russia in the same boat with the United States. This circumstance is aggravated by Russia's long history of inefficiency in the replacement of machine parts.

In terms of civil defense, it is common knowledge that Russia has been making prodigious efforts since the early 1960s to protect its population. So, in a full-scale nuclear exchange survival all boils down to food. And accessibility is the critical factor. Those nations most committed to the soil will eat. Those which depend on machine technology and sophisticated energy sources to provide food are doomed before the fact.

Mr. McKinnon is a retired US Navy officer with a background in research and specialized training in nuclear, biological, and chemical warfare defense.

THE WHITE HOUSE

WASHINGTON

January 4, 1994

David Saenger
P.O. Box 427
Paradise, CA 95967

Dear Mr. Saenger:

I am sorry I'm so slow in responding to your October letter. I appreciate your interest in the issues raised by the HIV epidemic.

Enclosed is a copy of my remarks to the Association of Reproductive Health Professionals, which occasioned some press coverage. I hope you find it helpful.

Please write again if you have other questions or concerns.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

Remarks of Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
at the Meeting of the
Association of Reproductive
Health Professionals

October 20, 1993
Willard Hotel
Washington, D.C.

You used the phrase in my introduction that I am supposed to be working with the President or that the President has asked me to work towards developing a national plan for AIDS. We have one, it's called "Stop AIDS." That's the strategy, that's the plan and that's the goal, and the question is what are the strategies that we are going to use between now and then to get it to happen. And that is the vision of the future because we know we have already too many infected people. We still have an immense care burden that we will have through the end of the century and beyond even if we stop transmission today. But if stopping transmission is our vision of the future, for that to happen, it really is an issue of youth in our society.

You only have to look at the data now available about new cases of AIDS, remembering that that's a late stage in HIV infection, to know that much transmission, men and women, heterosexual and homosexual, is happening prior to adulthood. And that unless we can change patterns of sexual behavior with young people, we will not be able to stop this disease even if we invent a cure tomorrow. We know that from our work with other sexually transmitted diseases earlier in this century and even today.

To focus just a little then bit on a vision of the future in which we could change those sexual patterns, there are a couple of things that I think you can be most helpful on as we move towards the implementation of a national strategy:

The first is that we have to understand that this activity is both national and local. There are some things that can be done nationally to set the stage. Certainly at the national level we have big checkbooks that can be hauled out to pay for things, but changing human behavior at an intimate level happens at an intimate level, at a local level. It is affected by not what you saw for five minutes on the TV, and I think that many of you will be pleased and impressed with the new public service announcements coming out of CDC so the new materials, they will help. But not just those few seconds, those few minutes on national TV, but what kind of messages are being conveyed through the schools, through doctors and nurses

in every health facility, through the churches and the boys and girls clubs and the community at large in our expectations. So that we need to keep organizing and developing people concerned about the future health of teens at the local level at the same time we are developing better grass roots strategies to have an influence nationally.

The second point I want to make is critical to what our message has to be. I am more and more convinced that we will not change what we need to change, unless we as a nation, as a culture of many cultures, have an affirmative view of human sexuality as an essential thing to human life and as an essentially important and pleasurable thing as a part of human life. That as long as we couch our messages around sexuality in terms of don'ts and diseases and don't recognize it for the positive thing it is and figure out how to give those messages while giving the warning messages about the risk, we will continue to be a repressed Victorian society that misrepresents information, denies sexuality early, denies homosexual sexuality, most particularly in teens, and leaves people abandoned with no place to go.

I can help just a little bit in my job, standing on the White House lawn, talking about sex with no lightning bolts falling down on my head, but that's only a little bit. The work that the Surgeon General is doing, the work that each one of you is doing in your daily efforts will be a part of that. I invite you to remain a part of that dialogue and please share with each other and with me your ideas on how we can begin work on some of that social transformation.

Thank you.

OCT 27 1993

OCT 27 1993

P.O. Box 427
Paradise, CA 95967

October 23, 1993

Ms Kristine M. Gebbie
National AIDS Policy Coordinator
White House
1600 Pennsylvania Ave
Washington DC 20500

Dear Ms Gebbie:

I read with interest the article in The Lutheran of October 1993 describing your new position etc.. In that article you were quoted as follows 'How can we critically re-examine the supposed theological base for homophobia?' I don't know the answer there, but it is the question that is so hard for people to talk about."

Firstly, let me point you to the enclosed copy of an article in The Lutheran that deals with the theological base for the church's long standing position regarding homosexual practices. I underlined the last word to highlight what I believe the real problem is. The church has never condoned homophobia but it has condemned the practices that homosexuals engage in. We are to abhor the practice but love the person. That is what scripture calls us to do. When you start trying to rewrite scripture, as I think you may be suggesting, you are treading on very dangerous ground.

I am all too aware that the homosexual community is working with all their power and influence to convince the public that their practices are OK and normal. Scripture stands in the way of that so they try to change our interpretations that they may feel good about what they want to do.

I am also enclosing a copy of an editorial page article from the Wall Street Journal that I trust you will find of help as you approach this very difficult assignment.

This last Friday, I heard that there had been some controversy over remarks you had made in a speech to the effect that we needed more joy in sex. Also, there was something about your being against teaching abstinence in regard to sexual practices. I know that many times people are misquoted or the remarks are taken out of context so I would very much appreciate receiving a copy of the transcript of your remarks. Thank You.

Very truly yours,

David Saenger

Rethinking AIDS

By Robert Root-Bernstein

As one of a small but growing group of AIDS heretics, I was very pleased to see that the recent National Research Council report on AIDS challenged the orthodoxy. It said that HIV infection and AIDS will remain limited to specific geographic areas and risk groups identified at the beginning of the epidemic: gay men and more particularly an ever-growing population of urban, drug-addicted, poverty-ridden, malnourished, hopeless and medically deprived people.

The political and social implications of the National Research Council report have received massive press coverage over the past few weeks. But it is the scientific and medical implications, unaddressed in the report, that are truly revolutionary. As the World Health Organization's working group on AIDS pointed out in 1984, if everyone is not equally susceptible to AIDS, factors other than HIV alone must govern who becomes infected and whether infection results in disease. This basic medical principle is as old as the germ theory of disease itself.

There is absolutely no doubt that some people are much more susceptible to HIV and AIDS than are others. Perhaps the most striking data concern female prostitutes in Western nations. Early in the epidemic, it was assumed that female prostitutes would become the vectors by which HIV and AIDS would be spread to the heterosexual community. A single, HIV-infected female prostitute might, it was thought, infect dozens of heterosexual men, and equal numbers of women through these men.

Prostitute and Client

In fact, between 5% and 10% of female prostitutes are HIV-infected in major U.S. cities such as Los Angeles and New York. But there are two striking facts about these prostitutes. First, HIV-infected prostitutes, with only a few exceptions, are intravenous drug abusers. Cases of sexually acquired HIV among drug-free prostitutes are almost unknown. Second, in literally only a handful of cases are female prostitutes thought to have transmitted HIV to a client, and drug abuse by both the prostitute and the client has been documented in almost all of those cases.

In consequence, every major review of female prostitution by the medical authorities of Western nations has concluded that drug-free female prostitutes are not susceptible to HIV and are not, and will not be, the means of infecting the general population. Immunologically healthy individuals seem to be immune. This is hardly the behavior expected of a typical sexually transmitted disease.

Further evidence that AIDS is controlled by more than just HIV comes from studies of the development of disease following active HIV infection. The average time from infection to overt AIDS (based on studies of gay men and intravenous drug abusers) is 10 years. If HIV alone controlled AIDS, then about half of the people infected with HIV in 1983 should have developed AIDS by now, regardless of their mode of exposure. Yet this is not true of hemophiliacs.

It is estimated that 90%, or some 15,000, of the hemophiliacs in the U.S. were infected with HIV between 1981 and 1984. One would expect at least half of these hemophiliacs to have developed AIDS by now. But only 1,500 cases of AIDS have been recorded among hemophiliacs during the entire epidemic. Moreover, hemophiliacs under the age of 20 and those with less severe manifestations of hemophilia progress to AIDS at a fifth the rate of older and more severe hemophiliacs. If anything proves that HIV alone does not control the development of AIDS, this is it.

An even more striking fact is that, like female prostitutes, hemophiliacs have not become vectors for spreading AIDS into the heterosexual population. So-called secondary cases of AIDS, in which a person not in a primary risk group acquires AIDS from someone in such a group, constitute only 3% of all AIDS cases ever reported in the U.S. Cases of AIDS transmitted by hemophiliacs total only 101 (as of January 1992), and most of the affected individuals have documented assaults on their immune systems beyond HIV exposure.

Tertiary cases of AIDS are completely unknown. No documented case of AIDS exists anywhere in the Western world of a drug-free heterosexual who contracted AIDS from a primary carrier (for example, a hemophiliac) and then transmitted the disease to a healthy, drug-free third party. Again, this phenomenon is unparalleled in any previous epidemic.

Healthy, drug-free people do not get AIDS. The people who do get both HIV and AIDS have many additional immunosuppressive factors at work on them that predispose them to disease.

The prostitute and hemophiliac data argue strongly for the conclusion that healthy, drug-free people do not get AIDS. The people who do get both HIV and AIDS have many additional immunosuppressive factors at work on them that predispose them to disease. These include:

- Semen-induced autoimmunity following unprotected anal intercourse.
- Blood transfusions or infusions of blood-clotting factors.
- Multiple, concurrent infections.
- Chronic use of recreational and addictive drugs.
- Prolonged or high doses of many antibiotics, antivirals and antiparasitics, anesthetics, opiate analgesics or steroids.
- Malnutrition and anemia.
- A particular type of autoimmunity, in which one part of the immune system is triggered to attack the same T cells that are the target of HIV in AIDS.

Every person with AIDS for whom there is sufficient documentation has some subset of these risk factors. Consider, for example, the immunologic risks of blood transfusion patients. It is often said that their only risk of AIDS is HIV. But they would not need a blood transfusion unless they were already at death's door. The blood that they receive itself suppresses their immune systems; the greater the amount of blood transfused, the greater the immunosuppression. If the blood contains HIV or other viruses, such as cytomegalovirus, Epstein Barr virus, or one of the hepatitis viruses, there is additional suppression of the immune system.

Most people receive transfusions because they require surgery. Surgery and the anesthetics that accompany surgery suppress the immune system. So do the opiate analgesics (e.g., morphine) and the high doses of antibiotics that are very often prescribed afterward. In some cases, the transfusion triggers an immunologic civil war in which antibodies attack white blood cells. Individually, none of these factors would cause AIDS, but together they can prove deadly.

Similarly, drug addicts have many more immunologic risks than simply HIV acquired from shared needles. The drugs they use often suppress the immune system. Most addicts are concurrently infected with a variety of viruses, including hepatitis viruses; bacteria; and recurrent sexually transmitted diseases. The majority chronically abuse antibiotics obtained through their drug dealers, and are therefore much more likely than the average person to acquire drug resistant strains of infections, such as tuberculosis. Most have autoimmune conditions in which their antibodies target their white blood cells. Most are malnourished, some severely so, and do not have the nutrients required to mount an effective immune response.

Worse yet, if the blood transfusion patient or drug addict is pregnant, she may pass on not only HIV, but all of her immunosuppressive risks to her infant. The fetus, too, is exposed to the transfusion, the anesthetics, the drugs, the malnutrition, the viruses and sexually transmitted diseases, the antibiotics. It even inherits its immunity for the first few months of life from its mother, and therefore inherits impaired immunity if that is all the mother has to offer.

AIDS, in short, is more than just HIV. This conclusion is both scary, in that we must recognize that we have been addressing only part of the cause of the epidemic, and it is exciting, because it gives us new targets for controlling AIDS.

Eliminating Risk Factors

Recent reports indicate that eliminating risk factors for HIV-infected people can be more effective in preventing the development of AIDS than treating HIV. Swiss and Italian studies, for example, show that eliminating drug use and malnutrition among HIV-infected addicts slows their rate of progression to AIDS by an average factor of three to 10 compared with addicts who continue to abuse drugs. Many of the drug-free former addicts have remained healthy.

Similarly, purifying blood-clotting factors for hemophiliacs has been extremely beneficial. Blood clotting factors normally are made from the blood of hundreds or thousands of donors and inevitably contain huge amounts of cellular, viral and other contaminants. The new ultrapurified or recombinant-DNA-produced factors have totally stabilized immunologic functions in all of the treated hemophiliacs. Many of these HIV-infected hemophiliacs have even had their immunologic functions return to normal.

Controlling the factors that make one susceptible to HIV and AIDS may therefore turn out to be easier and more effective than targeting HIV itself. This is the medical implication of differential susceptibility to AIDS. It is time we recognize its importance.

Mr. Root-Bernstein is an associate professor of physiology at Michigan State University and author of "Rethinking AIDS," just out from Free Press.

3/17/93
Wall St. J.

Homosexuality—
the discussion continues

Readers of *The Lutheran* let us know what they think. More than 200 wrote concerning two articles about homosexuality in the May 1993 issue (pages 22-25). Some also sharply criticized Bishop Herbert Chilstrom's letter to President Clinton supporting gays in the military (March, page 48; May, pages 64-65).

The mail, which ran 3-to-1 against the May articles, reveals the discussion and disagreement that exists in society and the ELCA about homosexuality. The pages that follow include articles that further examine this.

An interview with New Testament scholar Walter Taylor, Trinity Lutheran Seminary, Columbus, Ohio, leads this special section. Second, an article describes an ELCA ministry that helps homosexuals change their sexual orientation.

Is there a biblical view?

Several Bible texts almost always come up in church discussions of homosexuality. *The Lutheran* interviewed Dr. Walter F. Taylor Jr. about those texts. Taylor is professor of New Testament at Trinity Lutheran Seminary, Columbus, Ohio.

Q: Is there a biblical view of homosexuality?

A: In good professor language, no and yes! Homosexuality is not a major theme in the Bible. Biblical languages had no words that directly translate to our word *homosexual,* although they do describe sexual relations between people of the same sex.

From another perspective, there is a rather consistent, essentially negative, note sounded in the biblical witness when same-sex sexual activities are discussed.

Q: Let's consider biblical texts often used in discussions of homosexuality. First, could you comment on Genesis 19, the story of Sodom?

A. Surely. In Genesis 19 two angels ap-

You respond ...

☐ **The question** is not, "Is the gospel for gays?" Of course it is. What David Miller and the anonymous gay "retired pastor" are really asking is, "Is the gospel for gays without repentance?" I notice that more and more *The Lutheran* tries to fudge the very critical distinction between homosexual orientation and homosexual practice. All Lutherans have sinful orientations. We confess together, "We are in bondage to sin and cannot free ourselves." There are Lutherans with orientations and predispositions to pedophilia, rape, violence, stealing—the whole gamut of sinful behavior. If we give a special dispensation to homosexual temptations and declare that they are natural and not sinful, we do no favor to the gay person and may be guilty of the offense that sends them to hell. *Paul Luther Raymond, Markville, Minn.*

☐ **I hope** gay Lutherans will form their own church. And I hope they call Herbert Chilstrom to be their bishop. *Judy Stroble, Marion, Ohio*

☐ **I strongly** object to *The Lutheran* publishing articles that directly or indirectly, intentional or implied, give the appearance of recognition or support to a group of individuals who believe in illicit sexual behavior. It appears that the church's political directional signal is always turned on to the left, which is one reason why our membership and attendance has been decreasing. Our church doors should be open to anyone who cares to enter and worship, regardless of their sexual preference. But I cannot concur with catering to the society of homosexuals. They understand the consequences of their activities and should be responsible for their actions. *W.F. Monson, Osceola, Neb.*

☐ **We do not** allow gay publications in our home. Remove us from your mailing list. *Dale R. Stein Sr., Rio Medina, Texas*

☐ **Had God** not loved gay and lesbian people, would he have created so many of them? Legalism in the church has always created a barrier to non-Christians, the unchurched and the fallen-away. May we in the church not become involved in reverse legalism, i.e., find a group to look down on and feel more spiritual than, make them feel unwelcome and then pass judgment on them for not being part of the church. *The Lutheran* is to be commended for bringing these issues out of the closet. *Richard E. Meerdink, Greenfield, Wis.*

☐ **Gays/lesbians** need to know that God loves them unconditionally, but that homosexual erotic behavior is contrary to God's created order and is sin in God's eyes, and sin is serious business. We all struggle with sin in some area of life. It's when we redefine sin so that we don't have to struggle with it that we're in deep spiritual trouble. *Kent Otterman, Glenville, Minn.*

☐ **Your articles** say that homosexuals are "born" this way. According to recent medical findings, the earlier and highly publicized findings were inconclusive. Unfortunately these findings did not receive the publicity the first incompletely researched findings did. If you are promoting the gay agenda, you would not want to know this information. I am not afraid to sign my name like the alleged gay pastor. *Jane Baughman, Omaha, Neb.*

☐ **I am a** 78-year-old grandmother of a fine, intelligent, handsome Christian young man—who is also gay. Being gay is not a choice for him. He realized when quite young that he was "different." In his teen years that difference became specific and very troubling for him. Several times he seriously considered suicide. He is now a successful attorney. He has told me that his fondest dream is to be straight, to be able to have a wife

pear as men. Lot meets them and invites them to his home. Then the men of the city come to Lot wanting *to know* these two men. In Judges 19 we find a story roughly parallel to this.

A few commentators argue that these two stories have nothing to do with same-sex sexual relationships. The men of the city simply wanted to find out who these strangers were. Maybe they were a threat to the city. Some suggest the sin of the men of Sodom was merely a violation of the ancient law of hospitality.

This position falters, though, over the meaning of the verb *to know.* The Hebrew word that is used for *know* clearly refers to sexual relations. In both stories, the request *to know* the visitors sexually is graphically illustrated when women are offered to the crowd in place of the male visitors.

These texts, however, deal not with committed homosexual relationships but with homosexual rape. They don't inform us much about current issues.

Q: What about Leviticus 18 and 20?
A: These are part of the holiness code (Leviticus 17-26). The code's goal was to establish the distinctiveness of the Hebrew cult and people over against all

WALTER TAYLOR

foreign cults. Leviticus 18:22, for example, says it is an abomination for a male to lie with another male. This law on same-sex sexual relationships is directed against male cultic prostitution, which could be heterosexual or homosexual. So the passages prohibit religious sexual practices that ceased centuries ago. They don't directly address committed homosexual relationships.

Q: We're dealing with different issues?
A: Exactly. If our issue today were cultic prostitution, we could apply Leviticus in a much more immediate way.

Others consider this material more relevant than I do. But why should we single out this law over other laws in the holiness code? We also find in it restrictions on cross breeding cattle, sowing two kinds of seed in one field and wearing two kinds of fabric.

Q: Does the New Testament provide any clear guidance about homosexuality?
A: First, recall the history of same-sex sexual activity in the Greek world. Starting in the 6th century B.C., same-sex activity between men was a part of Greek life. The particular same-sex relationship was that of the love of an older man for a younger man or boy. By the time of the New Testament writings, people were questioning whether those relationships were proper.

Now, specific texts. 1 Timothy 1:10 refers to fornicators, sodomites, slave traders and other sinners. *Fornicator* normally refers to male prostitutes, although the New Testament sometimes uses it for sexual immorality in general.

Together with the word *fornicator, sodomite* and *slave trader* make a package suggesting male prostitution. *Sodomite* translates a Greek word meaning one who lies with a male. ►

and family. But that isn't going to happen—through no fault (or choice) of his own. He has suffered from discrimination at school and in his profession. He has suffered the deepest hurt from the attitudes and judgments of people who feel qualified to speak for God. I grieve for him, and I love him dearly. Please continue to judge not.
Dorothy V. Heiller
Grants Pass, Ore.

☐ **A pastor's** words should agree with, not contradict, the Bible.
Iris Cassity
Mansfield, Ohio

☐ **My first** reaction to "I am gay—and a pastor" was elated joy that someone out there had the courage to speak out. Then I felt sorrow that the author had to withhold his name (for obvious reasons). I felt compassion for all the problems the author had to face. And yet I felt hope, for if the author could have faith that Christ's truth would eventually win out, maybe I could too. Finally, I felt fear concerning the reaction readers might have to the article. Thank you for putting people and social justice before profits and circulation in your journalistic decisions.
Rachel Portnoy
Minneapolis, Minn.

☐ **I honestly** question my ability to remain within the Evangelical Lutheran Church in America if this abandonment of God's truth continues.
Jeffrey M. McHale
Dunmore, Pa.

☐ **The gay** pastor did not mention if he was a practicing homosexual, which, to my understanding of the ELCA requirements for ordination, makes all the difference. As emphatically as I believe most heterosexuals disagree with the practicing homosexual's lifestyle, I also believe many of us sympathize with those of homosexual orientation, and do not oppose their ordination and even praise their service and dedication. We do not, however, confuse this service—valuable and honest as it may be—into validation as acceptable. This behavior is unnatural, immoral and unacceptable. Catholic priests take a vow of chastity, and homosexual people who wish ordination can do the same.
Bill Musser
Allison Park, Pa.

☐ **I'm going** to save my church, which pays for this magazine, $9.90 by canceling my subscription.
Norma Millard
South Daytona, Fla.

☐ **After reading** the May issue I decided it was time to subscribe to your magazine. As Christians—whether gay or straight—our faith walk takes us on new paths that may challenge our narrow perspectives.
Peggy Carlsen
Issaquah, Wash.

☐ **Thank you** for the articles on homosexuality. For too long the church has either actively participated in the hatred generated toward homosexuals or sat silently on the sidelines while "Christians" preached hatred and bigotry. It's high time for the ELCA to speak boldly for all of God's children. Our God is a God of love, not of hate and bigotry.
Paul Schauer
Wilton, N.D.

☐ **I am a** new born-again Christian of two years, and God has shown me the difference between wrong and right. I hate sin. If you love God you know you're a sinner, so quit sinning! Fight to do what is right, but you cannot without God's help. It is time we Christians quit sinning, do the best we can and rely on God for everything. Just saying it means nothing.
Larry Girard
Scobey, Mont.

☐ **It is** certainly no service to gay people to be sucked in to their convoluted thinking. We do indeed need to reach out to gays. I agree that "if Jesus were here he'd be at the bedside of those dying of AIDS." But let us minister as Jesus did to the woman of Samaria ("You have had five

Here, it indicates the partner in a same-sex relationship who hires a fornicator to satisfy his desires.

Slave trader means a kidnapper or a slave dealer, synonymous terms in the first century when a person was kidnapped not for ransom but to be sold into slavery. An attractive boy or girl would be kidnapped to provide slaves for the brothel houses. Thus, the slave dealer provided the male prostitute, or fornicator, who was then used by the customer, or sodomite.

1 Timothy does not condemn same-sex sexual relationships in general, but rather enslaving boys for sexual purposes.

Q: Isn't there a similar text in 1 Corinthians?

A: Yes, 1 Corinthians 6:9 lists wrongdoers who will not inherit the kingdom of God: fornicators, adulterers, male prostitutes, sodomites, etc. The same two terms in 1 Timothy—fornicator and sodomite—also appear here.

It's possible that the passage refers to sexual relationships among men in general. But there is a strong probability that it refers to the relationship between a prostitute—a call boy—and a customer. This raises the question of whether we can apply this material in a direct way to homosexuality today, if it doesn't involve prostitution.

Q: Paul strongly disapproves of homosexual behavior in Romans 1. Is this text more applicable to us today?

A: I think this is the most important biblical material for understanding homosexuality. In Romans 1:16-17, Paul says the gospel reveals "the righteousness of God." in verse 18, the wrath of God is revealed against humanity's unrighteousness. Following this, Paul lays out that unrighteousness.

Paul is dealing with the root of sin—the rebellion of creature against Creator. God works out God's wrath by allowing a sinful humanity to live the way it wants to live. According to Paul, God says, "You want to be Lord of your life? Fine. Go right ahead." Then, we see what happens.

The specific sins Paul lists are not his primary focus, but illustrations of the results of humanity's rebellion. That doesn't soften, however, what Paul has to say about same-sex sexual relations. And note that he speaks of both men *and* women.

For Paul, the idolatry of putting self at the center of life results in a false, unnatural world. There humanity finds same-sex relations pleasing. This is Paul's primary example of creation turned in upon itself: Natural relations are exchanged for unnatural.

An important question: Is exchanging natural relations for those against nature a willful act? If so, one could argue that Paul has nothing to say to those who are naturally or innately homosexual. The difficulty with this is that it ignores Paul's view that human beings are not as free to choose as some suppose. For him, same-sex sexual relations are an illustration of how all humanity is enmeshed in sin. At the same time, all people are responsible for their actions.

If Paul were confronted with a study that said 10 percent of the population is homosexual, he would not respond, "Oops. I need to revise my position." I think he'd say, "See, I told you. Unrighteousness is rampant."

Nor is Paul without an answer regarding sexual orientation. Given his understanding of sin's power to hold humanity in bondage, he'd likely reply, "Didn't I tell you that all are under sin's power?" For Paul, the determinative issue is not orientation, but what one does with one's orientation.

Q: Some writers to *The Lutheran* suggest homosexuals can't be saved, that

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husbands and he whom you now have is not your husband" John 4:18) or to the paralyzed man (next chapter: "See you are well! Sin no more that nothing worse befall you). As an earlier article had it (page 14): "Yes, God accepts us. But God's acceptance is not a rubber stamp: You are accepted. Stamp! Now go and do as you please."

Ted Kriefall
Olympia, Wash.

☐ **An emphatic** "yes" to the question, "Is the gospel for gays?" But the article is more about accommodating homosexual lifestyle into the church. And that is "another gospel."

Norman I. Olson
Montrose, Minn.

☐ **Every time** *The Lutheran* arrives, I know it will be full of articles on gays. May I ask why? I'm tired of the brainwashing from our church saying we must accept this lifestyle as normal.

Warren K. Unzelman
Edmonds, Wash.

☐ **Thank you** for your willingness to risk publishing viewpoints and raising questions that some would prefer not thinking about. I call homosexuality a challenge to the church because gays and lesbians are now, as they always seem to have been, easy targets for discrimination and oppression. Even in our multiculturally sensitive and politically correct times, it is acceptable to be homophobic in many places, public and private. Though our church teaches that God's word ought to be read intelligently, we refuse to teach that seemingly anti-gay passages are actually prohibitions against rape and abuse. We read anti-feminist passages to be deemed culturally specific and irrelevant for today. But we won't apply the same logic to anti-gay passages.

Ronald Svarney
Knoxville, Tenn.

☐ **Those who** approve of homosexuality by saying "We're born that way" and "I can't change" are denying two basic tenants of the Christian faith—pervasive sin and God's power. The Fall has affected everything, including human genetics (if homosexuals really are born homosexual, and that's not proven). But God, if he is God at all, has the ultimate power of creation and re-creation. Sure, I can't change myself. But God can change me. That's the only way any of us can be saved. Unless I don't want to be changed—which, of course, is the basis of ALL sin.

David H. Andreae
Decorah, Iowa

☐ **Showing the** human face to the issues of homosexuality gives the perspective I think Christ would have. How unfortunate that we see society accepting science when it provides the information for producing weapons for war-making but not when it provides new insights on the basis for our sexual orientation.

Judy Isaacson
Minneapolis, Minn.

☐ **If there** are indeed passages in the Bible that approve or condone the practice of homosexuality, I think you have an obligation to your readers to let us know what they are. Otherwise I will have to base my conclusions on the passages I have read, such as Romans 1:27, and believe that homosexuality is a sin. This does not mean we should reject homosexuals. We should love them, pray for them and reach out to them. But never, ever, say that what they are doing is right.

Virginia Haring
Pittsburgh, Pa.

☐ **The bottom** line for me is not the law, but the love of God, as was so clearly expressed in the articles.

Larry Gerling
Whittier, Calif.

☐ **The Christian** community should be reaching out to the gay community, which is dealing with the onslaught of AIDS, alienation and many other maladies. It is a Christian obligation to love the sinner but not the sin. According to Scrip-

homosexuality is the unforgivable sin. What do you think?
A: I see no biblical warrant for that. Can homosexuals be saved? Yes, the same way heterosexuals can be saved. Romans 3 tells us that all have sinned. We are justified by faith apart from works prescribed by law.

Q: There's no small amount of stone-throwing in the church whenever the subject of homosexuality comes up. Any guidance for church members as they think about these issues?
A: This is no theoretical issue for me. I have gay and lesbian extended family members, former students and a childhood friend. I have great pain over what they have experienced.

I wish my studies had led me to other conclusions. But until I can be convinced from the biblical witness that God's will is otherwise, I'll have to stay with Paul's word in Romans 1.

But in Romans 15, Paul also tells Christians who have many differing opinions to welcome one another just as Christ welcomed them. No side of this issue has an absolute claim to the truth. I hope we can extend to each other the kind of welcoming that Paul called for as we in the ELCA study and pray together to discern God's will. ■

'God didn't make me this way'

Connecticut ministry helps men and women overcome 'sexual bondage'

■ BY DAVID L. MILLER ■

The media lies to you about homosexuality. Television, newspapers, magazines, even mainline church bodies tend to present only one side of the debate about homosexuality. So argues Dr. William Consiglio.

The truth: Homosexuals are not born but made. And they can change their sexual orientation through counseling and prayerful support. Ignoring that truth, he says, perpetuates much pain and prohibits many from seeking the healing they want.

For proof, Consiglio and his pastor, the Rev. Owen Sanderson, tick off names of people active in HOPE Ministries, a program they began in 1986. Headquartered at Christ Evangelical Lutheran Church, Hamden, Conn., it helps men and women control and overcome homosexual behavior.

HOPE—honesty, openness, prayer and encouragement—also opened ministries in Providence, R.I.; Northampton, Mass.; and midtown Manhattan. Consiglio, a therapist, is HOPE's executive director. He's also an assistant professor of clinical social work at Southern Connecticut State College, New Haven.

David L. Miller is senior features editor of The Lutheran.

Hal's story

"Hal" typifies those the media ignores, Consiglio said. Now in his

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ture the only acceptable sexual activity is between a man and woman married to each other. We no more have the right to say that homosexuality is OK than we have the right to say extramarital affairs, bestiality, premarital sex or any other immoral behavior or perversion is OK.

Endel H. Randoja
Lincoln, Neb.

☐ **I am a** woman in my early 70s, married for over 50 years, mother of four quite successful children. I retired 10 years ago after teaching for more than 30 years. And I am a lesbian. Those are words I have never uttered aloud, never written before. Even now I consider stopping and destroying this. But I can't. As the hate and ignorance swirl around this issue, I must tell you one simple or maybe not so simple—but true—fact: I cannot help being the way I am, and I'm pretty certain neither can anyone else.

Name withheld on request

☐ **As the** straight former spouse of a gay pastor, I would like to share my viewpoint. When my husband came out of the closet to me, he did not come out publicly. I went into the closet myself rather than risk his vocation. We couldn't tell the bishop or our congregation why we divorced. Our children were told but have been cautioned against telling others for fear of the risk their father would face. I cannot even sign this letter because doing that would jeopardize his position. Rather than comforting me at a time of personal agony, the church increased the affliction and made a difficult situation more painful.

Name withheld on request

☐ **Our sympathy** is with the retired pastor who struggles with his homosexuality. But we also sympathize with the woman who married him in good faith and who has suffered through the years wondering if she is to blame for his lack of intimacy. We have known several situations where the man married hoping to "cure" his homosexuality. Instead, his selfish action resulted in devastating the life of another human being.

Elizabeth Mohr
Kerrville, Texas

☐ **Our religious** leaders are doing everything in their power to convince us that evil is good. We must remember that God gave us the Ten Commandments for a reason. He destroyed everyone in the world except Noah and his family, for a reason. And more important, he died on the cross for a reason. God's great love will not excuse sin. But it will take the sinner and make him a new person if he turns from his sin.

Jim Valdes
Dunnellon, Fla.

☐ **If *The Lutheran*** does not stop taking up for the devil and the devil's followers, I will have to go someplace else to church. Condoning that filth is not God's plan. He invented Adam and Eve, not Adam and Steve. I could throw up thinking about it.

Mabel Yates
Seetonia, Ohio

☐ **The energy** expended by all those who continually dance around and avoid what Scripture says could certainly be put to better use carrying on the true mission of the church.

Sue Broemelkamp
Waukegan, Ill.

☐ **If the** ELCA errs, may it be on the side of grace rather than legalism. *Milo Mathison*
Mentor, Minn.

☐ **I find** it neither Christlike nor loving for some of our ELCA congregations and leaders to affirm a lifestyle that is killing people by the thousands. If ever our churches need to be preaching Christ's admonition to "go and sin no more," it is now. And that message applies not only to the gay community, but to promiscuous heterosexuals as well. *Marilyn D. Brenden*
Silverton, Ore.

☐ **I know** you will get a lot of negative reaction

D. Saenger
PO Box 427
Paradise, CA
95967

Personal

Ms ~~Kristine~~ M. Gebbie
National Aids Policy Coordinator
White House
1600 Pennsylvania Ave
Washington DC 20500

MAC ROCHELLE L. ROLLINS

January 5, 1994

Kristine Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Hubert Humphrey Bldg.
200 Independence Ave. Rm. 738G
Washington, DC 20201

RECEIVED
JAN 11 1994

Dear Kristine,

Fran Maloney was one of the volunteers in my Research Department. She attended your presentation and wrote me a written report. Reading through the report I can not determine the specific nature of her inquiry to you.

Unfortunately, Fran left the MAC last month and we are unable to locate her. We have looked in the local shelters without success. The agency will hold onto your letter and give it to her should we see her again.

Best Wishes for the New Year,

Rochelle

Rochelle L. Rollins, MPH
Research Director

THE WHITE HOUSE
WASHINGTON

December 29, 1993

Fran Maloney
Multicultural AIDS Coalition
801 B Tremont Street
Boston, MA 02118

Dear Fran:

This is a note of apology and inquiry. In resorting papers from my late-October trip to Boston, I found your name and address, but cannot decipher my notes on what I said I would send you.

Please let me know your area of concern or interest; I promise to respond promptly.

I am look forward to hearing form you.

Sincerely,

Kristine

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

MAC
Douglass Park
801-B Tremont Street
Boston, MA 02118

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Hubert Humphrey Bldg.
200 Independence Ave. Rm. 738G
Washington, DC 20201

THE WHITE HOUSE

WASHINGTON

January 5, 1994

Jeanne Marshall
Citizens for AIDS Awareness, Inc.
Post Office Box 6226
Grand Rapids, MI 49506

Dear Ms. Marshall:

I am writing in response to your letter about the President's breakfast meeting with religious leaders from across the country regarding AIDS. The following people attended the breakfast:

- Rev. Ed Cizik, National Association of Evangelicals, Washington DC
- Monsignor Russell Dillard, St. Augustine's Roman Catholic Church, Washington DC
- Rev. Ed Dobson, Calvary Church, Grand Rapids, MI
- Rabbi Joseph Edelheit, Temple Israel, Minneapolis, MN
- Ms. Trudy James, Regional AIDS Interfaith Network, Little Rock
- Rev. Phil Jamison, Presbyterian AIDS Network, Pittsburg, PA
- Rev. Ted Karpf, National Episcopal AIDS Coalition, Washington, DC
- Rev. Jon A. Lacey, Disciples of Christ AIDS Network, East Lansing, MI
- Rev. Bill McGill, P.E.A.C.E./Fellowship fo Faith, Des Moines, IA
- Bishop Fritz Mutti, United Methodist Church, Topeka, KS
- Rev. Altagracia Perez, Episcopal Diocese of Chicago, Chicago, IL
- Rev. A. Stephen Pieters, Universal Fellowship of Metropolitan Community Churches, Los Angeles
- Rev. Michael Pozar, Lutheran AIDS Network, San Francisco, CA
- Ms. Pernessa Seele, Harlem Day of Prayer for the End of AIDS, New York, NY

The breakfast was a private, "off the record" conversation between the President and the participants, so there is no formal report of the meeting to be shared. I am enclosing some of the press clippings regarding the meeting, which may meet your need. Please do not hesitate to contact me again if I can be of further assistance.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

CITIZENS FOR AIDS AWARENESS, INC.

P.O. Box 6226

GRAND RAPIDS, MI. 49506

(616) 455-8062

Barb
draft reply

December 15, 1993

Miss Christine Gebbie
Office of AIDS Policy
750 17th St NW
Washington D C 20050

Dear Miss Gebbie:

On Monday, November 29, 1993, I understand that President Clinton and Vice President Gore held a breakfast meeting with approximately sixteen pastors from throughout the country to discuss the issue of AIDS.

Would it be possible for you to provide me with a list of those in attendance, as well as their church affiliation?

If there is a report of that meeting that is available to the public, I would appreciate receiving a copy of that report also.

Thank you for your cooperation.

Sincerely,

Jeanne Marshall

Jeanne Marshall, President
Citizens for AIDS Awareness, Inc.

December 27, 1993

ACTION MEMORANDUM

TO: Buck Buckingham

FROM: W. Steve Lee

SUBJECT: Action items

DATE REQUIRED: January 5, 1994

Attached

The following items need your attention:

Letter from Jeanne Marshall (December 15, 1993) on the WAD prayer breakfast. Needs a response drafted for KG's signature.

Letter from Kirsten Wallace (December 12, 1993) on AIDS awareness and research. Needs a response drafted for KG's signature. A response is also needed from President Clinton.

January 5, 1994

SCHEDULED INTERVIEW
FOR
KRISTINE GEBBIE
NATIONAL AIDS POLICY COORDINATOR

ONAPC STAFFER:	John Paul Gurrola
DATE/TIME OF EVENT:	Thursday, January 6, 1994 8:00AM - 8:30AM **LIVE**
LOCATION:	400 North Capitol Street, NW Suite 155
ORGANIZATION:	The C-SPAN Morning Call-in Program Show
CONTACT:	Melissa Mathis 202/626-4655
PURPOSE:	To interview the NAPC
OTHER PARTICIPANTS:	Connie Brod, interviewer/host
MEDIA COVERAGE:	None
REMARKS REQUIRED:	Discuss the new CDC ad campaign
BACKGROUND:	This is a **LIVE** call-in show that will take about 20 minutes of calls from the public. You will be the only guest on the show.

THE WHITE HOUSE

WASHINGTON

January 6, 1994

Kirsten Wallace
Vice President
Tullahoma High School Key Club
N. Jackson Street
Tullahoma, Tennessee 37388

Dear Ms. Wallace:

Congratulations on what sounds like a very successful World AIDS Day event at your high school. I commend you and all the members of your Key Club for helping to organize it.

I am pleased to receive the petition you sent with your letter, and will be sharing it with President Clinton and with Dr. Fauci at the National Institutes of Health. Teenagers are at great risk for HIV infection if they don't make wise choices in their personal behavior, and I hope every student who signed your petition will think carefully and make responsible decisions that eliminate any risk of AIDS in their lives.

Thank your again for sharing news of your event and the expression of concern signed by so many of your fellow students.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Tullahoma High School Key Club
N. Jackson Street
Tullahoma, Tennessee 37388
12 December 1993

Ms. Kristine M. Gebbie
Director of Office of AIDS Policy
750 17th Street, NW
Washington, D. C. 20050

Dear Ms. Gebbie,

My name is Kirsten Wallace and as representative of our local Key Club, I would like to let you know of the great concern demonstrated by our student body on World Aids Day. As a Key Club - sponsored event, we wore red ribbons and extended an invitation to students to sign a document to make Dr. Anthony Fachi, President Clinton's Task Force, and you aware of the concern of youth today that AIDS be researched intently and seriously with great haste.

Enclosed please find the document we initiated and use it as we hope you will to its best purpose. Thank you for your time and consideration.

Sincerely,
Kirsten Wallace
Kirsten Wallace, V-P, THS Key Club

WORLD AIDS AWARENESS DAY - 1 DECEMBER 1993

We, the undersigned, wish to make it known that we encourage more awareness and the need of AIDS research in combatting this disease:

Jennifer Bush
Ashley Peterson
Meridith Hickerson
Alice Inocencio
Stacey Hood
Jarrod H [illegible]
Kawanna Bagtt
Nina Walker
Shelly Smith
Jason Tipps
Mary Huskey
Hunt Thompson
Kim Martin
Niki Blackburn
Matthew Hicks "Super Geek"
Melody Anderson
Tanya Gibson
Steven [illegible]
Nichole Pascarello
Mart Craze (Hannah)
Alyssa James (lil)
[illegible]
Jason Everhart
Scott Estes
Jennifer Robertson
Anita Pratt

Isaac Wartland
Adam Hall
Rusty Payne
Doug Fuller
Kevin Duke
Ben Brickler
Rick Crowder
David Andrew Garner II
[illegible]
Reagan Reden
Kathy Patton
Patrick Gruber (no ribbon)
Jennifer Thornton
Michelle Lewis
Liz Bradley
Dennis Elliott
David Gandara
[illegible]
Amy [illegible]
Leslie Currah
Eric Schwarz
Kalindi Gowal
Josh Kolenhofer
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Ashley Hall

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Crystal Hill
Michelle Rhoton
Niki Chapin
Diona Eatherly
Amy Branch
Carrie Nicoles
Lynetia Davis
Ben Work
[illegible]
Lindsay Proffitt
Phaedra N. Harris
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Brandy Ambrose
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[illegible]
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Laura Rivenbark
[illegible]
[illegible]
Dana L Cowles
[illegible]
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THE WHITE HOUSE

WASHINGTON

January 6, 1993

MEMORANDUM FOR THE FIRST LADY

FROM: Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

SUBJECT: Background Information on HIV/AIDS for Your Upcoming Trip to Europe

I wanted to let you know that Philip Lee, M.D., Assistant Secretary for Health, at HHS and I have recently returned from trips to Europe. Since you will be traveling to Europe this weekend, I thought you may find the attached background information on HIV/AIDS useful. It includes information on both global and domestic activities.

An issue that may be brought to your attention if you visit the World Health Organization Global Program on AIDS (GPA) deals specifically with the Fiscal Year 1993 funding reduction for the U.S. Agency for International Development (USAID). This reduction will have an impact on USAID's funding to the GPA. More detailed information on this issue is included in the attached Global HIV/AIDS material under the Agency for International Development.

Attachment

GLOBAL HIV/AIDS INFORMATION

- Originally identified in homosexual populations, three-quarters of all worldwide HIV infections have been transmitted through heterosexual intercourse. Other modes of transmission include contaminated blood transfusions, the sharing of intravenous drug injection equipment, and transmission from mother to child during pregnancy.

- The World Health Organization (WHO) estimates that by the year 2000 the cumulative total of HIV infections in men, women, and children will between 30 and 40 million. This is probably a conservative prediction.

- HIV has a long incubation period between infection and illness of between 5 and 10 years. Current AIDS-related deaths are resulting from initial infections of almost a decade ago, and infections today are unlikely to manifest themselves until the next century.

- Because HIV is predominately transmitted sexually, AIDS kills many people who are in their 20's, 30's and 40's -- their economically most productive as well as their childbearing years. The world's youth, whose median age of first intercourse is now 15 to 16 years of age and in some places as young as 12, are especially vulnerable. This is the population that will drive the pandemic in the future.

- By the year 2000, 90 percent of the HIV infections will have occurred in the developing world. The WHO estimates that by mid-1993 more that 8 million HIV infections and 1.5 million cases of AIDS have occurred in sub-Saharan Africa. In some cities across the African continent, HIV has infected between a quarter and a third of adults between the ages of 15 to 49. Figures for North Africa and the Middle East are unclear but the WHO believes that more than 75,000 cumulative HIV infections have occurred in that region.

- There is indication that Asia will surpass Africa in terms of numbers of HIV positive persons. The spread of the disease in Thailand and India is growing at an exponential rate and is attributed to commercial sex trade and increased users of injecting drugs.

- Both Central Asia and Eastern Europe are experiencing increases in numbers of HIV positive persons. Contributing factors, such as the increase in commercial sex trade for hard currency, migration throughout the region, and intravenous drug use, combined with health systems in distress, can have a negative effect on attempts to prevent the further spread of HIV/AIDS. The WHO estimates 50,000

cumulative cases in the region.

- The Latin American and Caribbean region claim approximately 1.5 million infections with over 240,000 AIDS cases.

- In Australia, North America, and Western Europe, there have been an estimated 1.5 million cumulative HIV adult infections with over 400,000 cases of AIDS. Over one million of these infections have occurred in the United States.

U.S. INVOLVEMENT IN GLOBAL HIV/AIDS

- The major United States Government agencies involved with HIV/AIDS internationally are the: Department of Health and Human Services (Centers for Disease Control and Prevention and the National Institutes of Health - Fogerty International Center), Department of Defense (DoD) and the U.S. Agency for International Development (USAID). Ongoing programs include research, training, technical assistance and prevention activities. Below is a description of these respective programs.

CENTERS FOR DISEASE CONTROL AND PREVENTION

- Through requests from the WHO, the Pan American Health Organization (PAHO), and the USAID, the Centers for Disease Control and Prevention (CDC) provides short term technical assistance, resident technical advisors, and training to support the design, implementation, management, and evaluation of HIV prevention activities and programs in countries most affected by the HIV/AIDS pandemic.

- CDC has been involved in three long term research projects in Cote d'ivoire, Thailand, and, until recently, Zaire. Through collaborative agreements with the governments of these countries, CDC established epidemiologic, laboratory, and prevention studies regarding HIV/AIDS.

NATIONAL INSTITUTES OF HEALTH - FOGERTY INTERNATIONAL CENTER

- The National Institutes of Health Fogerty International Center sponsors the AIDS International Training and Research Program. The program's objectives are to: increase the capacity of foreign scientists to deal with the AIDS epidemic through epidemiological research, clinical trials and other prevention programs; to support collaborative research between the U.S. and foreign scientists in the epidemiology, diagnosis and treatment of AIDS; and to stimulate cooperation and sharing of research knowledge by scientists combatting AIDS worldwide.

- This program recently expanded to include Russia and entities of the former Soviet Union. Eleven trainees from the former

USSR have participated in training courses in the U.S. under this program. The program provides for training in AIDS and AIDS-related epidemiology as well as postdoctoral research and training in AIDS, both in the U.S. and in-country.

DEPARTMENT OF DEFENSE

- The DoD sponsors programs in basic and applied research, including the search for a viable vaccine throughout its facilities both in the United States and abroad. Treatment programs are available for both military active duty personnel and beneficiaries. Prevention programs are also available through on-site programs.

- Listed below are estimates on the costs for HIV/AIDS for the DoD broken out in terms of research, treatment and prevention. The projections for prevention include only the cost of screening and testing for military enlisted personnel centers, active duty and Guard and Reserve elements. They do not include the cost of an extensive network of service specific preventive medical officers and nurses who provide support, counseling, and education at military facilities.

*	RESEARCH	$ 50 M / YR
*	TREATMENT	$250 M / YR
*	PREVENTION	$ 10 M / YR

AGENCY FOR INTERNATIONAL DEVELOPMENT

- Since 1986, the USAID has taken a leadership role in HIV prevention and control by supporting HIV/AIDS interventions in over 70 countries. By developing comprehensive programs that integrate multiple interventions, AID's programs are oriented towards preventing the spread of HIV/AIDS by sexual transmission.

- USAID has implemented most of its HIV/AIDS initiatives through two independent projects: AIDS Public Health Communications (AIDSCOM) and AIDS Technical Support (AIDSTECH) as well as by placement of public health specialists in selected countries. In FY 1992 funding obligations for HIV/AIDS prevention activities totalled over $95 million.

- From Fiscal Years (FY) 1986 to 1992, USAID has committed more than $400 million to HIV/AIDS prevention activities through bilateral programs and contributions to the multilateral efforts of the WHO Global Program on AIDS (GPA).

- In FY 1992, USAID contributed $25 million to the GPA out of a budget total of $36 million (the balance of $11 million was contributed by other donor countries).

- As an agency, however, USAID is targeted to take a 40 to 50 percent funding cut for FY 1993. This anticipated $10 million cut will be reflected across agency programs with the GPA affected proportionately.

- The United States is also a co-sponsor with Japan and other countries on a proposed initiative that would merge the activities of GPA with other United Nations agencies, such as the United Nations Development Program, UNICEF and the United Nations Family Planning Agency involved in AIDS. The purpose of this proposed initiative is to coordinate more closely all U.N. AIDS-related activities at the program level and allow more input from the individual country level.

DOMESTIC HIV/AIDS INFORMATION

- According to the most recent statistics from the Centers for Disease Control and Prevention (CDC), almost 340,000 Americans have been diagnosed with AIDS as of September 30, 1993. Over 204,000 of these have died. It is estimated that over one million Americans are living with HIV.

- Men who have sex with men still make up the majority of the cases (62 percent). Injecting drug use is the second most common mode of transmission (31 percent). The groups with the largest increases are women and young people from 18 to 25 years of age. The latter suggests, due to the long incubation period, that many of these infections occurred during adolescence.

- Racial and ethnic minorities comprise 47 percent of the total cases, 75 percent of the cases among women and children.

- The Clinton Administration is the first Federal Administration to treat AIDS as one of its top priorities. A National AIDS Policy Coordinator was appointed by the President to direct the national policies to stop HIV transmission, to care for those already infected and to find a cure as soon as possible. The Office of National AIDS Policy directs policy development and coordinates implementation from the White House.

- Overall AIDS funding has been increased by the Federal Government by 25 percent over the prior fiscal year.

- The National Institutes of Health (NIH) budget for AIDS was increased by 21 percent to $1.3 billion dollars. The NIH Office of AIDS Research is being restructured to better coordinate the research effort. The newly-created National AIDS Drug Development Task Force is a private-public partnership to speed up the approval process for new treatments and to encourage new initiatives.

- The United States Government is spending over $500 million in HIV prevention activities; including counselling and testing, community level interventions, public information campaigns and many other activities. This amount is $45 million greater than the amount spent in the prior fiscal year.

- For the current Fiscal Year, the Federal Government will spend over $600 million to care for people living with HIV/AIDS. This includes funding to the 35 cities that have reported over 2,000 cumulative AIDS cases, to the states for treatment services through state-wide care consortiums and to community and migrant health centers. A total of $22 million is also

devoted to specialized care for women, adolescents and children.

- The Department of Housing and Urban Development will make available $150 million for housing for people living with HIV/AIDS. This funding will go towards new construction, rental subsidies and purchase and conversion of existing structures. The program also includes for providing care for residents living with HIV/AIDS.

* Over 2,000 AIDS-specific non-governmental organizations conduct prevention, service and research programs in communities throughout the country. These are supported by a variety of funding sources, including the federal government, private corporations and foundations and the general public. These organizations constitute the first line of defense against the epidemic and add countless resources to the fight against the epidemic.

* Starting in January, the Federal Government will sponsor a National Prevention Marketing Initiative, which is part of new activities to prevent HIV infection among youth. This initiative includes public service announcements promoting abstinence among youth 18 to 25 years of age and correct and consistent condom usage for young people who are sexually active.

* The Health Security Act will provide universal health care coverage for all Americans, including people living with HIV/AIDS. By providing health care coverage, people with HIV/AIDS will be able to live longer and fuller lives and will not have to live with the constant fear of losing their health benefits.

* The Americans with Disabilities Act, which was enacted into law in 1990, is being used to provide special protections for persons living with disabilities or perceptions of disabilities. This includes protections for people living with HIV/AIDS. The Act requires employers to make reasonable accommodations for persons living with disabilities, thus ensuring that productive Americans can continue to work.

THE WHITE HOUSE

WASHINGTON

December 22, 1993

MEMORANDUM TO CAROL RASCO

FROM: Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

SUBJECT: Meeting with Mme. Simone Veil, Minister of Health and Social Affairs, Paris, France, December 16, 1993

Purpose of meeting

The meeting was requested by Mme. Simone Veil, to discuss with me the forthcoming French invitation to a "summit meeting" on global HIV/AIDS issues among the major nations providing financing for HIV/AIDS efforts in the developing world.

Participants:

French participants:

Mme. Simone Veil
Professor Jean-Louis Girard, Director General of Health
Elisabeth Allaire, Advisor to the Minister of Health and Social Affairs (AIDS)
Cristophe Lecourtier, Advisor to the Minister of Health and Social Affairs (International affairs)
Pascal Chevit, Counselor for Social Affairs, French Embassy -- Washington, D.C.

U.S. Participants:

Kristine Gebbie, National AIDS Policy Coordinator
Tony Dalsimer, Labor and Health, U.S. Embassy, Paris

Meeting summary

The meeting, which lasted about 30 minutes, covered a number of issues related to the French invitation. The formal letters of invitation will be coming to heads of state of the G-7 nations, plus other major AIDS donor nations, primarily the Nordic countries. Mme. Veil included a verbal invitation, however, in her address to the 8th International Conference on AIDS in Africa in Marrakech, Morocco earlier in the week.

Key items in the invitation are:

1. The goal is to identify a clear strategy in the investment of funds by donor nations in the global fight against HIV infection, because of the feeling that the World Health Organization's (WHO) Global Program on AIDS is not filling this role, and the donor nations have a particular responsibility to fulfill.

2. The meeting should be held fairly soon, with June being identified as the preferred date.

3. The meeting should be at as high a level as possible, preferably heads of state. The Prime Minister of France has indicated an intention to personally host the meeting. Their desire to have the U.S. represented by the President or the Vice-President was very clear.

4. Preparatory work should include not only representatives of the donor nations, but representatives of the developing nations as well.

My discussion of the issue of HIV infection in the developing world, and of the proposed meeting, included the following points:

1. The expansion of HIV infection throughout the developing world (including Asia and Latin America as well as Africa) should be a concern for all of us, and any effort which maximizes the impact of funds invested is appropriate. It is important that countries making sizeable investments in fighting HIV in the developing world avoid duplication, and seek to fill holes in the available resources.

2. Until an official invitation is received, it would be impossible to identify what the level of participation from the U.S. would be, but there would be serious consideration of high level participation.

3. Whenever the meeting is held, there must be serious advance work to identify critical issues and prepare draft materials. If the date is to be June, advance work should begin very early in the new year.

Assessment

I think that a strategy meeting such as this, involving the major donor countries, is an excellent and timely idea. There is a clear need to continue support for the nations already severely hit by the epidemic, and to target support for those developing nations just entering into a phase of rapid growth in cases. Across the developing world, with infection rates over 50% in some communities, we are in danger of losing a major part of a generation, with all the associated personal, social, and economic loss. Developing targeted strategies for prevention programs, support systems for surviving orphaned children, and appropriate research partnerships and priorities are examples of issues to be clarified. While the WHO and the United Nations Development Program have plans, they are not in a position to answer all of the questions which arise in the design of bilateral assistance programs; it is appropriate for the countries financing such programs to plan together.

Assuming that the U.S. participates, it is also important that our participation be at the level of the entire administration. While the bulk of AIDS-related assistance dollars are channelled through the U.S.A.I.D. program, several agencies of the U.S. Public Health Service, and the Department of Defense are active in developing nations and should be a part of our consideration.

Follow up

1. The AIDS policy office is prepared to serve as a coordinating point for preparatory work or interagency consultations regarding this invitation, and to take the lead as appropriate in representing the Administration.

2. Appropriate White House staff should be alerted to the incoming invitation, and consulted regarding the level of response.

3. Key agencies (State, Health and Human Services and Defense) should begin consideration of both agenda items and policy directions that we consider important in planning for such a meeting.

Note:
The HHS Office of International Health and the AIDS program director at the U.S. A.I.D. were part of an earlier discussion of this proposed meeting when the inquiry from France was made several months ago, via the U.S. Embassy in Paris.

At the 8th International Conference on AIDS in Africa in Marrakech this month, the Assistant Undersecretary for Africa from the State Department (Prudence Bushnell), the AIDS program director for U.S.A.I.D. (Helene Gayle), and the Director of the Center for Disease Control and Prevention (David Satcher), in addition to the National AIDS Policy Coordinator, were involved in several conversations with French representatives and the director of the WHO Global Program on AIDS regarding this proposed summit meeting.

cc: Department of Defense
Donald Burke
Department of Health and Human Services
David Hohman
Phil Lee
David Satcher
Department of State
Prudence Bushnell
Helene Gayle
Tim Wirth

THE WHITE HOUSE

WASHINGTON

January 6, 1994

MEMORANDUM

TO: NAN HUNTER, Deputy General Counsel, HHS

FM: KRISTINE M. GEBBIE, National AIDS Policy Office

RE: OPM POLICY on Solicitation of Federal Employees in Programs other than CFC

The Region V Office of General Counsel of HHS raised a question with me in October with regard to a request that HHS-V had made to OPM seeking OPM authorization of HHS activities in support of the Chicago AIDS Walk for Life, which took place on September 12, 1993.

Despite mechanisms which allow Federal agencies to seek clearances from OPM so that Federal employees can be informed of such activities (i.e. private solicitation of funds for non-profit organizations), OPM refused to grant a clearance in this case. They cited the pending Combined Federal Campaign which was to get underway on September 21st as a reason for the denial of clearance.

The decision may have effected similar interests in walks in San Francisco, Seattle and the District of Columbia which occurred either on September 12 or September 18.

In order to provide an opportunity for HHS and other Federal employees to participate in such events in 1994, it may be necessary to make a formal request to OPM from HHS. I would be happy to facilitate a decision once a formal request was made. I would appreciate your thoughts on this matter at your earliest convenience.

December 15, 1993

MEMORANDUM

TO: KRISTINE M. GEBBIE

FM: BEN MERRILL

RE: OPM Policy on Solicitation of Federal Employees in Programs other than CFC such as AIDS Walk Chicago

BACKGROUND: At the Chicago Conference on Women in Government in October, Jim Goeser of the Region V Office of General Counsel of HHS spoke with you regarding OPM's disapproval of a request to soliciting HHS employees for the Chiacgo AIDS Walk. At the time of the refusal, OPM sighted the fact that the request came too close in time to the beginning of the CFC solicitations.

You have been asked to work with OMB to reverse their policy.

ISSUE: What is necessary to allow HHS employees to participate in or solicit funds for programs not a part of the Combined Federal Campaign (CFC)? Should we make such a request of OMB?

DISCUSSION: Three criteria must be satisfied in order to allow employees of any opportunities other than the CFC. First, the Director of the Office of Personnel Management must give express written permission to allow fundraising activities other than CFC.

Second, any authorized solicitation must avoid coercion or the appearance of coercion including the solicitations of supervisors.

Third, any solicitation done by an employee in their official capacity must be authorized as part of their official duties. If the solicitation is done in a personal capacity, the solicitor must not solicit funds from a subordinate and must not permit the use of their official title, position or authority to further the fundraising effort.

Tailored arrangements for such solicitations can be easily crafted in order to allow agencies to do so. A model arrangement is set forth in the memorandum from the Office of Region V General Counsel to the Action Regional Director of Region V, Robert Brown.

Since Karen Santoro of the Office of the Special Counsel for Ethics within OGC of HHS has agreed that such efforts would be legally supportable, and since Nan Hunter has evidently agreed that such an effort should be pursued, you may want to prepare a memorandum to OMB, asking them to re-examine their CFC position and asking them what form such requests might take to best expedite them. I will do if you wish.

Ben

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the
General Counsel

Office of the Chief Counsel
Region V
105 W. Adams Street
Chicago, IL 60603
(312) 353-1640

DEC 13 19

MEMORANDUM

DATE: December 8, 1993

TO: Elaine Weiss
Regional Director

FROM: Donna Morros Weinstein
Chief Counsel

Donna Morros Weinstein

SUBJECT: AIDS Walk Chicago

I attach a letter that Jim Goeser of my office has written to Kristine Gebbie, President Clinton's AIDS Policy Coordinator, as a result of his speaking with her at the time of her presentation to the Chicago Conference on Women in Government in October 1993. At that time, she indicated interest in the problem and asked Jim to provide her with a written account of our efforts to have OPM authorize HHS activities in support of AIDS Walk Chicago.

As the letter and its enclosures express, we feel that it would be legal and appropriate for OPM to approve efforts to inform federal employees of the opportunity to sponsor walkers in the annual AIDS Walk for Life in Chicago and other cities. Upon consultation with Karen Santoro of the Office of the Special Counsel for Ethics within the Office of the General Counsel, that office agreed that such efforts would be legally supportable. We felt that you would want to be aware of the issue and the effort we are making relating to it.

Attachment: as stated

c.c.: --- Harvey Badesch, Manager, Equal Employment Opportunity

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the
General Counsel

Office of the Chief Counsel
Region V
105 W. Adams Street
Chicago, IL 60603
(312) 353-1640

December 8, 1993

Kristine Gebbie
AIDS Policy Coordinator
Office of National AIDS Policy
750 17th Street N.W.
Washington, D.C. 20503

Dear Ms. Gebbie:

Until now I have not been able to take adequate time to tell you how much I appreciated your speaking with me before your presentation to the Chicago Conference on Women in Government in late October. May I first say thank you for your time in talking with me and for your presentation that was of great interest for all who attended the conference. I wanted also to let you know more about the efforts we in this office have made to let employees of our Department know about the opportunity to sponsor walkers in the annual Chicago "Walk for Life," the Midwest's largest AIDS fundraiser, and the problems we have encountered.

I enclose a memorandum dated August 16, 1993 from our office to our then acting Regional Director that explains the AIDS Walk for Life. This annual AIDS Walk is a 10 kilometer walk undertaken by persons who are sponsored with contributions for each kilometer completed. This year, the fourth, the AIDS Walk generated more than a million dollars to support agencies providing food, housing, medicine, counselling, and other help to persons having AIDS or HIV infection. I enclose also a follow-up letter from AIDS Walk Chicago, the sponsoring organization.

With the cooperation of our Department's regional HIV Coordinating Group, we developed a process to inform all HHS employees of the AIDS Walk and to encourage employees to sponsor walkers. Because solicitation of federal employees in the workplace is restricted by regulation, we sought to arrange for the necessary clearances. The August 16 memorandum included a draft letter to the United States Office of Personnel Management (OPM) explaining the Department's important leadership role in the fight against AIDS/HIV, the impact of the disease on Americans, and the inadequacy of the country's public health care resources to fight the disease without private contributions. In all this, we consulted with the Office of the Special Counsel for Ethics, a part of the Office of the General Counsel.

Our then acting Regional Director submitted our arguments to the office of OPM that is responsible for the Combined Federal

Campaign (CFC). I understand from him that OPM emphatically refused to give permission for our making HHS employees aware of the AIDS Walk because it was too close in time to the opening of the CFC. I infer that OPM believed that our proposed effort would diminish federal employees' participation in the CFC. I also understand that HHS offices in San Francisco, Seattle and the District of Columbia were interested in similar AIDS Walks in those cities on either September 12 or September 18.

As I said to you at the Chicago conference, I was very much disappointed that OPM decided not to approve of HHS activities supporting the AIDS Walk, specifically our request to inform our employees of the opportunity to sponsor walkers in this kind of fundraising drive on behalf of AIDS victims. In my judgment, those who would choose to sponsor an AIDS-walker would probably not give less to the CFC than their normal contribution; but if they did, it would likely be a reduction in giving through the CFC equalling their gift to assist directly an AIDS-oriented charity. In such a case, the purpose of giving is met in either way of contributing. However, the amount of the total CFC contributions could possibly be lower. Is our concern with CFC primarily to hit the high goal of dollars given through that campaign or is it primarily to encourage and facilitate giving by federal employees to worthy charities? If it is the latter, then encouraging the giving through the AIDS Walk does not conflict with the purpose of the CFC.

Given the reasons mentioned in the draft letter attached to our August 16 memorandum, we believe that the federal government should cooperate in efforts to encourage its employees to participate (through walking or sponsoring a walker) in events like the AIDS Walk in Chicago and other cities. I hope that you may find that the Office of National AIDS Policy could facilitate a further exploration of this possibility with the responsible federal officials. You mentioned in October that you had already worked extensively with the Office of Management and Budget and with personnel officials, as well as with Nan Hunter of our Office of the General Counsel.

Again I thank you for your generous sharing of time at the October conference. If you want to reach us by telephone, we are at (FTS) 312-353-1640.

Sincerely,

James R. Goeser
Assistant Regional Counsel

Enclosures: as stated

c.c.: --- Regional Director, HHS-V (Chicago)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the
General Counsel

Office of the Chief Counsel
Region V
105 W. Adams Street
Chicago, IL 60603
(312) 353-1640

MEMORANDUM

Our Ref: OGC-V

DATE: August 16, 1993

TO: Robert Brown
Acting Regional Director
Region V, Chicago, Illinois

FROM: Office of the General Counsel
Region V, Chicago, Illinois

SUBJECT: Making HHS-V Employees Aware Of The Opportunity To Sponsor Walkers in AIDS Walk Chicago's 4th Annual Walk For Life

On Sunday, September 12, 1993 hundreds of Chicagoans will walk in the 4th Annual Walk for Life sponsored by AIDS Walk Chicago. This is the Midwest's largest AIDS fundraiser, benefitting more than 13 agencies involved in the fight against AIDS. Funds are raised by asking friends and family to sponsor each walker with a pledge of so many dollars per kilometer for the ten kilometer course. The contributions are collected in advance and turned in on September 12 by the sponsored walkers. This year's goal is $1.2 million. (See attached brochure about the Walk.)

Several HHS employees will walk in the annual Walk for Life. We want the Regional Office to consider the possibility of giving other employees the opportunity to sponsor these or other walkers. However, we are aware of the limitations in 5 C.F.R. Part 950 ("Solicitation of Federal Civilian and Uniformed Service Personnel for Contributions to Private Voluntary Organizations") and now expressly in 5 C.F.R. Part 2635 ("Standards of Ethical Conduct for Employees of the Executive Branch" (August 1992)).

As we read Part 950 and the Standards, three criteria must be satisfied before we can advise employees of the opportunity to sponsor walkers. First, the express written permission of the Director of the Office of Personnel Management is necessary to authorize any fundraising drive in the federal workplace other than the Combined Federal Campaign. 5 C.F.R. 950.102. Second, any arrangement for offering to federal employees the opportunity to pledge sponsorship of walkers must avoid coercion or the appearance of coercion, including the solicitation of contributions by supervisors from subordinate employees, as well as the other specific limitations of 5 C.F.R. 950.108. Third, employees who engage in fundraising must comply not only with Part 950 but with subsections (b) and (c) of 5 C.F.R. 2635.808. If an employee

engages in fundraising in his/her official capacity, it must be authorized as part of his/her official duties and in accordance with federal law and agency policy. If in a personal capacity, he/she must not solicit funds from a subordinate or from certain persons as described and must not use or permit the use of his/her official title, position or authority to further the fundraising effort.

With these criteria in mind, we ask that you consider giving HHS-V employees the opportunity to sponsor walkers in the 4th Annual Walk for Life under the following arrangement, if this opportunity can be approved by the Director of OPM:

1. The Region V HIV Coordinating Group, consisting of representatives from most of the component agencies of HHS in the Chicago region, will be responsible for setting up the fundraising.

2. Members of the Coordinating Group will contact the heads of agencies and seek permission: 1) to post an announcement describing the goal of the AIDS Walk and explaining how employees may volunteer to sponsor walkers; and 2) to attend staff meetings (other than of the member's own agency) to announce and explain this opportunity to employees.

3. The sign-up sheets on which employees may volunteer to pledge a contribution will list the names only of persons who are not HHS employees, or who are HHS employees but are not supervisors in the agency where the sign-up sheet is posted.

4. Members of the HIV Coordinating Group who are also walkers will deliver the sign-up pledge sheets and sponsoring contributions to the AIDS Walk Chicago officials on September 12, 1993.

5. If other HHS employees volunteer to participate as walkers, such as through the formation of an HHS-V walking team, the HIV Coordinating Group will explain to each walker that sign-up sheets containing his/her name as the walker to be sponsored will be posted in his/her agency only if he/she is not a supervisor or else will be posted only in other agencies.

We believe that these arrangements will assure that offering the opportunity for HHS-V employees to sponsor walkers in the Chicago AIDS Walk for Life will not violate either the letter or the spirit of the limitations on fundraising contained in 5 C.F.R. Parts 950 and 2635. We attach a draft letter to the Director of OPM seeking his written permission to proceed. The fight against AIDS is an important project for the Department of Health and Human

Services and several HHS programs channel federal funds into this fight. We believe that this fight has a high priority for the federal government. The efforts of the agencies supported by this fundraising result in incalculable good for the large numbers of victims of this disease. Therefore, we think that it is appropriate for the Director to authorize HHS employees in Chicago to support this important event.

Donna Morros Weinstein
Chief Counsel, Region V

By: James R. Goeser
James R. Goeser
Assistant Regional Counsel

Attachment: as stated

DRAFT

The Honorable James B. King
Director
Office of Personnel Management
Room 5A09
1900 E Street, N.W.
Washington, D.C. 20415

Dear Mr. King:

I am writing to request that you authorize the Department of Health and Human Services in Region V to publicize the 4th Annual Walk for Life sponsored by AIDS Walk Chicago on September 12, 1993 and to permit employees to solicit others to participate in the Walk as sponsors or walkers.

The fight against AIDS is an important mission involving our Department. When Congress enacted the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, Pub. L. 101-381, the Senate Report on the legislation explained:

> By 1991, AIDS will far exceed all other causes of death for people ages 25 to 44. This acceleration is virtually guaranteed to produce incredible economic and health care system stress.... [E]ven if further transmission of the virus were to halt today, there would still be an overwhelming disaster both unfolding daily and steadily brewing.

More than one million American men, women and children have been infected with the Human Immunodeficiency Virus (HIV) linked to the development of AIDS and more than 160,000 have died of the disease. AIDS became the country's tenth leading cause of death in 1990 and the third leading cause of death among young people. In Illinois in 1992, AIDS cases among women increased by 47 percent and among persons infected through heterosexual contact by 35 percent.

Administering the Ryan White Act and other health care programs focusing on the well-being of America's infants and mothers, our Department is concerned that every effort be made to mobilize the resources necessary to fight AIDS and to support those individuals who are infected with the virus. As Congress recognized, this is the proper concern of every compassionate American because of the tragedy involved in each case. It is also our proper concern as public officials because the country's health care system is being strained beyond its capacity to respond adequately with public resources.

On Sunday, September 12, 1993 hundreds of Chicagoans will walk in the 4th Annual Walk for Life. This is the Midwest's largest AIDS fundraiser, benefitting at least 13 agencies involved in the fight against AIDS. Walkers ask friends and family to sponsor each walker with a pledge of so many dollars per kilometer for the ten kilometer course. This year's goal is $1.2 million. We understand

that similar walks are planned for about the same time in other cities where HHS regional employees work, San Francisco and Seattle, and for September 18 in the District of Columbia.

We are aware of the applicable regulations in 5 C.F.R. Parts 950 and 2635 governing solicitation of federal employees and we have developed arrangements to meet the requirements set out there. You should know that our Combined Federal Campaign does not kick off until the Leadership Rally on September 21, 1993 and so we do not think that the opportunity to participate as sponsors or walkers in the Walk for Life will interfere significantly with the CFC. If approved, the Department may well take advantage of this opportunity for HHS employees to learn about sponsoring the fight against AIDS in other cities as well.

Thank you for your consideration and understanding.

Sincerely,

Robert Brown
Acting Regional Director

AIDS WALK CHICAGO

909 W. Belmont
Chicago, IL 60657
Walk Line 312.935.WALK
Team Line 312.935.7062
Office 312.665.1700
FAX 312.665.0044

SUNDAY SEPTEMBER 12

November 15, 1993

Dear Walker,

AIDS WALK CHICAGO 1993 was bigger and better than ever before -- thanks to you! Thousands of people brought in over ONE MILLION DOLLARS in pledges - and also enjoyed a very special day.

I want to thank you for the important role you played in the Walk's success. We couldn't have done it without you! Your hard work - asking your friends and colleagues to help, collecting the pledges, and walking those long ten kilometers - was not a small task.

Your pledges support the Chicagoland agencies who provide food, housing, medicine, counseling, and other help to people with AIDS and HIV infection. They are each extremely grateful for your help.

Standing on the stage on that windy Sunday, I saw people of all ages and races. I saw people from the city, people from the suburbs. I saw corporations, clubs, churches, and the gay community organizations that have been with us from the beginning. It was inspiring and heartwarming to see and feel your caring and support.

However, we have not yet met our $1.2 million goal. We still want to give funds to other AIDS service agencies -- **and with your help, we still can.** If you have any final contributions, or pledges still out, please collect them.

The AIDS epidemic in Illinois is growing, and your continued help is needed. AIDS service agencies supported by AIDS WALK CHICAGO depend on every penny to continue their vital programs.

Again, thank you for participating in AIDS WALK CHICAGO and for helping to fight the AIDS epidemic here. I hope to see you again next year!

Sincerely,

Janet Beals

Janet Beals
Walk Director

P.S. I've enclosed an envelope for any pledges you have left. Please mail what you can today, so that we may distribute much-needed funds as early in the new year as possible.

• Benefitting Agencies • AIDS Alternative Health Project • AIDS Pastoral Care Network • Chicago House and Social Service Agency • Chicago Women's AIDS Project • Cook County HIV Primary Care Center • Harbor Home Support Services • Horizons Community Services, Inc. • Howard Brown Health Center • The Kupona Network • Michael Reese Education and Research Foundation • Open Hand Chicago • Stop AIDS Chicago • Travelers and Immigrants Aid, Chicago Health Outreach •

January 6, 1994

MEMORANDUM

TO: NAN HUNTER, Deputy General Counsel, HHS

FM: KRISTINE M. GEBBIE, National AIDS Policy Office

RE: OPM POLICY on Solicitation of Federal Employees in Programs other than CFC

The Region V Office of General Counsel of HHS raised a question with me in October with regard to a request that HHS-V had made to OPM seeking OPM authorization of HHS activities in support of the Chicago AIDS Walk for Life, which took place on September 12, 1993.

Despite mechanisms which allow Federal agencies to seek clearances from OPM so that Federal employees can be informed of such activities (i.e. private solicitation of funds for non-profit organizations), OPM refused to grant a clearance in this case. They cited the pending Combined Federal Campaign which was to get underway on September 21st as a reason for the denial of clearance.

The decision may have effected similar interests in walks in San Francisco, Seattle and the District of Columbia which occurred either on September 12 or September 18.

In order to provide an opportunity for HHS and other Federal employees to participate in such events in 1994, it may be necessary to make a formal request to OPM from HHS. I would be happy to facilitate a decision once a formal request was made. I would appreciate your thoughts on this matter at your earliest convenience.

THE WHITE HOUSE

WASHINGTON

January 6, 1994

Mr. Vicente Rodríguez
National Skills Building Conference
300 Eye Street, NE, Suite 400
Washington, D.C. 20002-4389

Dear Mr. Rodríguez:

Thank you for the opportunity to address the closing plenary of the 1993 National Skills Building Conference in New Orleans. It was a pleasure for me to meet the participants of what has obviously become the premier conference for community-based HIV/AIDS-related organizations in the country.

Several of my staff were also in attendance and they were glad for the opportunity to network with community representatives and to learn in so many valuable workshops and seminars. Our information booth proved worthwhile for my staff and for the participants.

As National AIDS Policy Coordinator, I commend your efforts and that of the sponsoring agencies, the AIDS National Interfaith Network, the National Association of People with AIDS and the National Minority AIDS Council, to bring the latest in information and skills building to front line community-based organizations. Your work is an example of programs that are necessary to improve the efficacy of groups from all parts of the country.

Again, thank you for the opportunity to participate.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 7, 1994

MEMORANDUM

TO: Jim Curran, Associate Director for HIV/AIDS - Center for Disease Control and Prevention

Joseph Dear, Assistant Secretary for Occupational Health and Safety Administration

FROM: Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

SUBJECT: Letter Writing Effort on Nurses and HIV Transmission

I want to alert you to a potential onslaught of letters (actually cards) from nurses concerned with HIV transmission. I am attaching the associated article for you information. I am also receiving the cards and would be happy to coordinate the Federal response from this office. Please let me know how I can help.

Attachment

cc: James Hughes, CDC
James Foster, OHSA

Winter 1993

REVOLUTION

THE JOURNAL OF NURSE EMPOWERMENT

AIDS & R.N.s–Where Are We Going?

"With a disease that is 75-to-100 percent lethal, every effort should be made to determine whether the lives of nurses are endangered...."

It seems — tragically — that nurses' lives are expendable. Nurses are told that they have no right to know whether they are taking care of patients who have a deadly, communicable disease. Certainly, this disease can be spread by blood and body fluids, and although nurses are assured that universal precautions will protect them, those who make these claims do not work in the operating rooms, intensive care units, cardiac labs, or hospital wards of our country.

Within the medical profession, it is known that universal precautions will *help* to prevent the spread of disease. But if nurses knew who was HIV-infected, they would be able to take particularly special precautions. For instance, in the operating room nurses should wear special face shields and air filters because laser and cautery smoke can carry the HIV virus. Blood splashed onto your skin can be lethal, and needle sticks with HIV-infected needles, wire sticks, or spicules of bone can also transmit the disease.

Can the virus be aerosolized in the operating room by grinding or cutting bone? While several studies have shown that it can, officials at the Centers for Disease Control and Prevention in Atlanta, Georgia, have consistently refused to carry out clinical studies to determine whether the disease can be transmitted by aerosol.

With a disease that is 75-to-100 percent lethal, every effort should be made to determine whether the lives of nurses and other healthcare personnel are endangered in the operating room. Instead, every effort has been made to block these kinds of scientific studies.

Certainly, when taking care of patients, nurses come in contact with blood or body fluids. The latex gloves that they use have microscopic holes that are five microns in diameter — but the HIV virus is only .1 micron in diameter! Although latex gloves are better than no protection at all, they are not 100 percent safe!

The "experts" who reassure nurses that hospital workers are not in danger of contracting AIDS differentiate the people who are known to have contracted HIV disease in the medical field from those who are dying of terminal AIDS. The leaders of the AIDS lobby will acknowledge that there are 32 documented and 69 probable cases of healthcare workers with occupationally contracted HIV disease, while ignoring the fact that there are thousands of healthcare workers dying from AIDS and dozens of them have no identifiable risk factors.

Furthermore, since HIV is not a reportable disease in the majority of the states where this epidemic is exploding, the CDC has no idea how many healthcare workers are actually infected and so public health officials can honestly tell us they have only a few recorded cases of HIV-infected healthcare workers.

Indeed, one of the most frightening aspects of the epidemic is that the only part that the CDC is really monitoring is the end stage of HIV disease, i.e., AIDS. The AIDS statistics, because of the 10-15 year latency period, tell us what happened in the epidemic 10-15 years ago. The CDC has consistently refused to monitor the HIV epidemic and, thus, can tell healthcare workers that they have nothing to worry about — because, supposedly, there are so few healthcare workers infected.

Why aren't healthcare workers and the public routinely tested? Because if healthcare workers knew how many people were infected with this disease, and how many people had gotten the disease with no identifiable risk, many would quit their jobs to protect themselves and their families.

How far has the epidemic spread across America? In the Sentinel Hospital Studies, published in the New *England Journal of Medicine*, August 13, 1992, the CDC admitted that, in the 20 hospitals they are monitoring, 4.7 percent of the patients being admitted were infected with HIV disease. In addition, 68 percent of those patients had no idea that they even had HIV disease, nor did the staff have any idea that they were infected. Many of them were operated on and cared for on open wards. How many healthcare workers were infected? We won't know for 10 to 15 to 20 years — until those healthcare workers who have contracted the disease come down with the terminal stage of the

"...there are thousands of healthcare workers dying from AIDS and dozens of them have no identifiable risk factors."

disease.

How much danger is there to nurses from patients who have HIV disease? Probably there is relatively little danger of getting HIV disease *if* you know the patient is infected and you take special precautions. It is the patients you don't know are infected who pose the danger.

Are there other things to be concerned about when dealing with HIV-infected patients? The answer is an emphatic "yes." Tuberculosis is on the rise and has reached epidemic proportions in several parts of our nation. Anyone with an altered immune system becomes a potential breeder of tuberculosis, and many of the patients infected with tuberculosis have multiple-drug-resistant tuberculosis, which has at least an 80 percent mortality rate in anyone who has an altered immune system.

Most patients with a severely altered autoimmune system will carry cytomegalic virus infection. Cytomegalic virus infection is not ordinarily a dangerous disease, but if you are a woman and you are pregnant and you contract cytomegalic virus infection, there is an excellent chance that your child will be born with severe birth defects. This happened to Mrs. James Watson, who was a nurse working on the AIDS wards in San Francisco General Hospital during the early years of the epidemic. Because she was pregnant, she repeatedly asked permission to wear a mask, gloves, and protective clothing when caring for AIDS patients. She was threatened with a reprimand and with being fired. Tragically, she did contract cytomegalic virus infection and her child was born microcephalic, with devastating birth defects. Despite the fact that the danger of cytomegalic virus infection in pregnant women is well-known, female nurses and physicians are told that they have no right to refuse to take care of HIV-infected patients because "they have little danger of getting HIV disease."

For further information on a nationwide effort being instituted to address the epidemic, write "HIV Watch," P.O. Box 1835, Soquel, California, 95073. Or call 1-800-9-HIV-WAR.

Barr-Epstein virus and multiple other viruses are incubated in the bodies of those who have an altered immune system. Many of these other diseases are communicable. Certainly, hepatitis B is a disease which is far more infectious than HIV disease, and can be communicated by blood and body fluid contact. Hepatitis B has been shown to spread through nursery schools and among children in close and intimate contact with other children. Indeed, a significant number of HIV-infected patients have hepatitis B infection — yet healthcare workers are repeatedly told they don't have a right to know who is infected.

The tragedy of the handling of the HIV epidemic is that the uninfected have no rights. Only those who are infected have rights. A great deal of legislation has been passed to protect the infected from discrimination. However, every effort has been made to block an effective and compassionate approach to this epidemic.

Doctors who know how to stop epidemics have not been allowed to stop this epidemic. What needs to be done?

1. There should be routine testing of all patients (including healthcare workers) in doctors' offices, dentists' offices, hospitals, and schools.

Routine voluntary testing in doctors' offices has been supported by the American Medical Association. Furthermore, the CDC (March 5, 1992 MMWR) said that hospitals with greater than one AIDS discharge per thousand cases should "seriously consider" routine voluntary HIV testing. To stop an epidemic, public health officers must determine who is infected in order to educate the infected and keep them from unknowingly transmitting the disease to others. For those who are intentionally spreading the disease (like Gaetan Dugas, the patient zero in the

original CDC study), those patients should be imprisoned.

2. There should be mandatory premarital, prenatal, and neonatal testing to protect the lives of marital partners and of newborn children.

Mandatory premarital and prenatal testing is the cornerstone for any effort to control a primarily sexually transmitted disease. These kinds of tests were used for decades to control the syphilis epidemic, and no one ever talked about infringement on civil rights. Why does the AIDS lobby oppose efforts by physicians to use standard public health techniques to stop the spread of HIV disease by using mandatory premarital and prenatal testing?

3. Every effort should be made to take HIV-infected prostitutes off the streets.

Since HIV disease is primarily a sexually transmitted disease, every effort should be made to try to get infected prostitutes off the streets, even if this means legalizing prostitution and having prostitutes receive weekly testing. In many of our large cities with high HIV-infection rates, there are no effective public health steps being taken to take infected prostitutes off the streets and most health departments are making no effort to monitor the disease in prostitutes.

4. Gay sex clubs and bathhouses should be closed.

Society insures the rights of people to act how they wish in the privacy of their own bedrooms. But it certainly should not license institutions where the disease is being spread.

5. There should be an effective campaign to try to control drug use. Drug treatment centers should be made available free of charge.

Drug treatment centers should be readily available in every city and community throughout the nation, and anyone who wants to get off drugs should be encouraged and helped. Strict laws to control drug pushers should be enforced.

6. An effective sex education program should be introduced in our schools, rather than a program telling our young people that deep and passionate kissing is safe (which it is not).

Sex education programs in schools should tell our young people the true failure rate of condoms in preventing both pregnancy and HIV disease. Teenagers should be taught that promiscuous and unprotected sex has potentially deadly consequences. And teenage females must know of the possibility of sterility after chlamydia and gonococcal infections, cervical cancer from the transmission of venereal warts, and fetal abnormalities after herpes simplex infection.

To control any epidemic, it is imperative to find out who is infected — to keep the disease from spreading to others. The vast majority of people who are infected have no idea they have the disease, nor do the healthcare workers who come in contact with them. Despite the fact that the many medical associations across America — including the California Medical Association and the American Medical Association — have recommended routine, voluntary HIV testing, doctors have been intimidated by consent, confidentiality, and counseling requirements for HIV testing, and no leader in a position of authority has had the courage to recommend that doctors begin to do this testing on all patients in their offices and who are admitted to the hospital.

Although testing might miss one in a thousand people who are in the window of infectiousness, it would identify the vast majority of those who are both infected and infectious.

The AIDS epidemic is not going to be brought under control by public health agencies. Public health officers have come to me personally and said, "Stan, we know what you are doing is right, but we can't back you publicly — we have been threatened." At the Centers for Disease Control, I was told by James Curran, Director of the Venereal Disease Division, "Sure, I know what needs to be done, but every time I talk about it, I keep getting attacked by the politicians."

When Dr. Stephen Joseph, Chief Public Health Officer in New York City, finally decided in 1989 that the time had come to begin using standard public health techniques to address the epidemic, he was promptly fired. The doctor who succeeded him wanted to do the same. He, too, was fired. Other doctors across the country who have said they wanted to begin addressing HIV disease as an epidemic have had their lives threatened, their professions ruined, and lost their jobs.

Do nurses want to become involved in this battle? I recommend that you do

continued on page 81

Centers For Disease Control and Prevention

HIV/AIDS Prevention Bulletin
May 7, 1993

This is a statement from the Centers for Disease Control and Prevention (CDC) concerning the latest data on HIV/AIDS and health-care workers.

"Of the persons reported with AIDS in the United States through March 31, 1993, 10,122 had been employed in health care. These cases represented 4.7% of the 214,686 AIDS cases reported to CDC for whom occupational information was known.

"The type of job is known for 9,681 (96%) of the 10,122 reported health-care workers with AIDS. The specific occupations are as follows: 285 dental workers, 997 physicians, 74 surgeons, 2,253 nurses, 1,834 health aides, 207 paramedics, 1,419 technicians, an 538 therapists. The remainder are maintenance workers, administrative staff, etc. Overall, 64% of the health-care workers with AIDS, including 762 physicians, 57 surgeons, 223 dental workers, 1,646 nurses, and 142 paramedics, are reported to have died."

The Nurse and the HIV Patient–

What Should the Healthcare Policy Be?

continued from page16

because the life you save could be your own. As more and more people become infected, you will have more and more chance of becoming infected. I believe it is a duty of nurses and doctors to take care of those who are infected — but I believe that healthcare personnel have the right to know who is infected. Anything less is totally irresponsible.

What can you do?

- Become informed about what is happening.
- Form local organizations within your hospitals, churches, and communities to inform the public that we are neither monitoring nor trying to control this epidemic.
- Become politically active and replace the people in key positions in government with those who will insist that public health officers act responsibly and be as concerned about the rights of the uninfected as they are about the rights of the infected.
- Be willing to accept the fact that caring for those who are infected carries a small element of risk.

Of course, being a caregiver always involves a certain element of risk. But nurses need to know who is infected so that they can take special precautions to protect themselves from HIV infection and the myriad of other infections which go hand in hand with the disease, and are, in fact, even more communicable than HIV.

Knowledge is better than ignorance and knowing is always better than not knowing. ❖

[STANLEY MONTEITH, M.D., has practiced orthopedic medicine for 30 years in California. For many years, he was the senior delegate from Santa Cruz County to the California Medical Association. For the past five years, he has battled within the structure of organized medicine to have HIV virus considered an infectious disease and be monitored and controlled more effectively.]

References

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Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*, April 22, 1988, page 238.

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New England Journal of Medicine, May 21, 1987, page 1340.

And The Band Played On, by Randy Shilts. St. Martin's Press, 1987. "Gaetan Dugas was known to be intentionally spreading HIV disease in gay bathhouses across America, yet public health officials refused to block him from killing others with the virus."

AIDS: The Unnecessary Epidemic, by S. Monteith, M.D. Covenant House, pages 29-30.

Colonel Robert Redfield of Walter Reed Hospital.

Strike

continued from page 25

didn't know.'"

During the strike, when Steed was approached to organize, she first thought that the administration didn't even know about the grievances. "Over a period of four months, I went to different administrators, directors of nursing, managers, and supervisors and said, 'You know we've got big problems, and some of the nurses are so upset that they've already called the Illinois Nurses Association.'" The administration responded, she said, by saying nothing. "All they said," Steed added, "was, 'You know the nurses are whiners and complainers and they don't understand and they're just looking for a cushy job.' But that wasn't true. I know these nurses. Some of them have been here for 18 years, 8 years, 12 years."

Not long after that, someone at Steed's church gave her a button that said, "If you want peace, you work for justice." That motivated her to start helping with the strikers' first organizing meetings.

As soon as they heard about the union, the hospital brought in union-busting firms, said Jones. The organized nurses got hold of manuals given out by one firm that instructed management to target employees and figure out, psychologically, how to get at each nurse. The manual used terms like Anita Absent, Loretta Loyal, and Toni Tardy, said Jones.

"This is not about money; this is about professional respect...."

The first week of the strike, local labor unions decided to help the nurses. "The first day was pretty scary," said Jones. "We were dealing with the regular hard-core labor unions and they're used to running a strike a lot differently than nurses run their strikes. We even heard that they said, 'This isn't your strike anymore, it's ours. We're going to take it over. You're in our town now and we don't lose a strike.'"

Then something happened that made the nurses take control of their own strike. Steed described what occurred. "The local labor unions were calling a rally one Saturday and recruiting 3,000 men to shut down the hospital. We knew they had plans to overturn a bus of scab nurses coming in and that they were talking about torching a car. They told their carpenters to bring electric drills to get at the tires, and we said 'no.' We asked them what would happen if an ambulance got caught in all that?

"The local labor unions were mad, insisting that it was the only way to end a strike. We said that when nurses talk about closing a hospital, they mean doing it internally, hitting the hospital financially, dropping the census, getting the

President Bill Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear President Clinton,

Along with other registered nurses, I am growing increasingly alarmed at the degree to which nurses are not being adequately protected — particularly in the clinical setting — from people who carry the HIV virus or have AIDS. There is now persuasive evidence that "universal precautions" are not adequate.

We urge you to put the full force of your office into insuring that: (1) HIV becomes a reportable disease, in keeping with sound preventive and treatment policies; (2) definitive studies about the potential of HIV to be spread by aerosol are completed and publicized; (3) operating rooms equipped with special air filters or O.R. nurses be provided with special face shields and other impenetrable protection; (4) premarital, prenatal and neonatal testing be mandatory; (5) routine testing of all patients and healthcare workers be mandatory.

I am concerned that the rights of nurses are being abrogated in the name of "political correctness" and call upon you to respect the health and lives of America's frontline healthcare workers, the 2.4 million registered nurses in the United States.

Sincerely,

President Clinton – What Are You Doing?

Name

Address

City State Zip

Affix 19¢ Postage Here

Mr. James Hughes
Director of National Infectious Diseases
Centers for Disease Control and Prevention
Mail Stop C12
Atlanta, Georgia 30333

Name

Address

City State Zip

Affix 19¢ Postage Here

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
750 17th N.W., Suite 1060
Washington, D.C. 20503

Name

Address

City State Zip

Affix 19¢ Postage Here

Virginia Trotter Betts, M.S.N., J.D., R.N.
President
American Nurses Association
600 Maryland Avenue, S.W., Suite 100 West
Washington, D.C. 20024-2571

Name

Address

City State Zip

Affix 19¢ Postage Here

Mr. James Foster
Director of Information & Consumer Affairs
OSHA - U.S. Department of Labor
200 Constitution Avenue N.W.
Room N - 3647
Washington, D.C. 20210

Dear Ms. Gebbie,

Along with other registered nurses, I am growing increasingly alarmed at the degree to which nurses are not being adequately protected — particularly in the clinical setting — from people who carry the HIV virus or have AIDS. There is now persuasive evidence that "universal precautions" are not adequate.

We urge you to put the full force of your office into insuring that: (1) HIV becomes a reportable disease, in keeping with sound preventive and treatment policies; (2) definitive studies about the potential of HIV to be spread by aerosol are completed and publicized; (3) operating rooms be equipped with special air filters and O.R. nurses be provided with special face shields and other impenetrable protection; (4) premarital, prenatal, and neonatal testing be mandatory; (5) routine testing of all patients and healthcare workers be mandatory.

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I am concerned that the rights of nurses are being abrogated in the name of "political correctness" and call upon you to respect the health and lives of America's frontline healthcare workers, the 2.4 million registered nurses in the United States.

Sincerely,

Dear Ms. Betts,

Along with other registered nurses, I am growing increasingly alarmed at the degree to which nurses are not being adequately protected — particularly in the clinical setting — from people who carry the HIV virus or have AIDS. There is now persuasive evidence that "universal precautions" are not adequate.

We urge you to put the full force of your office into insuring that: (1) HIV becomes a reportable disease, in keeping with sound preventive and treatment policies; (2) definitive studies about the potential of HIV to be spread by aerosol are completed and publicized; (3) operating rooms be equipped with special air filters and O.R. nurses be provided with special face shields and other impenetrable protection; (4) premarital, prenatal, and neonatal testing be mandatory; (5) routine testing of all patients and healthcare workers be mandatory.

I am concerned that the rights of nurses are being abrogated in the name of "political correctness" and call upon you to respect the health and lives of America's frontline healthcare workers, the 2.4 million registered nurses in the United States.

Sincerely,

JAN - 7 1994

THE WHITE HOUSE

Dear Peter —

Sorry we didn't get to talk — glad to know there's an Ole taking care of things at C-SPAN! I hope all is going well —

Christine Heenan

JAN - 7 1994

THE WHITE HOUSE

Dear Gil -

I just learned of your illness - I'm very sorry that you're having a tough time. I hope you are hearing from your many friends & colleagues — I'll keep you in my prayers —

Warmest Greetings

William E. Arnold

P.O. Box 1387
Kingston, New York 12401
Phones: Residence: (914) 331 7901
Office: (914) 331 7909
FAX: (914) 331 3538

8 January 1994

Ms. Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Executive Office of The President
The White House
Washington, D.C. 20500

RE: AIDS Medical Education Day
30 March 1994 SUNY New Paltz, NY.

Dear Ms. Gebbie:

Thank you for your letter of the 3rd. Naturally we all very much regret that your schedule will not enable you to be present yourself. We consider that our loss, and look forward to the future time when we can welcome you to this region.

As of today's communications, Tony Fauci feels that it's too risky to schedule himself, give the Congressional appropriations hearings scheduled for that period. However he kindly offered up a huge roster of alternate people from NIAID and DAIDS. I have asked our medical providers to make that choice.

(1) You offered suggestions for alternative speakers. That is welcome. I'd be very grateful for your suggestions. Since an appropriate topic might be "What the National AIDS Coordinator wants to achieve and how local communities can help?" (Or some version of that.) A person able to articulate why The White House leadership now, will not duplicate the last 12 years would be quite appropriate. The speaker can expect heavy duty PLWAIDS/HIV questioning to due the previous history, and a starting point of severe distrust. You and President Clinton offer the chance of real hope for change. Change clearly equals personal hope for coping. How can every person involved be a part of the "new" mission? Or, access the new AIDS Advisory Council & you? All those issues.

(2) The other thing you could do, which I believe will help, is to write me a simple letter that I will widely use as part of the PR and planning. The letter should be addressed to me in my capacity as Chair of The Dutchess County AIDS Consortium. It should express support for the principle of infected & affected people, human service providers, AIDS Task Forces, Community Hospitals, HMO's, ACTU's, Medical School Faculty, AIDS Medical Center Hospitals, elected officials, and M.D.'s in private practice, all being willing to congregate around HIV/AIDS issues. This a huge first step forward for this area. It's also what I hope will be a vivid demonstration that we are all in this together, and working together locally is the only way we will all move forward, and come through this TOGETHER. In short, support for the principal of EVERYONE involved in the continuum of care, and the continuum of support, working together REGIONALLY - not piecemeal and not in "our" little group where "those people" are not also part of the solution. Such a letter will, I think, help a great deal in generating local enthusiasm, and participation, as this process moves forward.

Thank you for your offer of assistance, and for your support.

Very Sincerely Yours,

WEA/ba

THE WHITE HOUSE

WASHINGTON

January 10, 1994

Lisa G. Kaplowitz, M.D.
Director, HIV Center of Virginia
Commonwealth University
Division of Infectious Diseases
Department of Internal Medicine
Box 49, MCV Station
Richmond, Virginia 23298-0049

Dear Lisa:

This is a much belated but sincere thank you for my great visit in Richmond earlier in the month. I had a wonderful time, and was very impressed by your efforts to respond to the epidemic. The multidisciplinary nature of the AIDS center is a real strength and I hope it continues to grow.

Best wishes in 1994. I hope we are together again soon.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

cc: President Trani
Vice President Jones
Provost Harris

THE WHITE HOUSE

WASHINGTON

January 10, 1994

John J. Baumman
Executive Director
Richmond AIDS Ministry
2403 West Main Street
Richmond, Virginia 23220

Dear John:

I'm tardy in thanking you for the tour of Steve's House. I hope construction has continued on time, and that the program will be able to open on schedule.

Please keep me posted on your progress, and thanks again.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 10, 1994

Arthur J. Ammann, MD
Director, Research Projects
Pediatric AIDS Foundation
81 Digital Drive
Novato, California 94949

Dear Dr. Ammann:

Attached is the copy of a Department of Health and Human Services' regulations regarding protections pertaining to research involving pregnant women that you requested. The regulations have not been changed since 1978 and have been re-codified several times, the latest date being 1991. These are regulations and not law.

Within the Federal Government, the Office for Protection from Research Risks is just beginning a the process of re-examining these regulations to determine if changes would be appropriate. For further information, you can contact:

Ms. Joan Porter
Office of the Director
Office for Protection from Research Risks
National Institutes of Health
(301) 496-7005

In addition, the Institute of Medicine will be releasing their report on the inclusion of women in research trials on February 24, 1994.

If we can be of any further assistance, please contact me or Johanne Messore of my staff, at (202) 632-1090.

Sincerely,

Krisitine M. Gebbie, RN, MN
National AIDS Policy Coordinator

(Approved by the Office of Management and Budget under Control Number 9999-0020.)

§ 46.118 Applications and proposals lacking definite plans for involvement of human subjects.

Certain types of applications for grants, cooperative agreements, or contracts are submitted to departments or agencies with the knowledge that subjects may be involved within the period of support, but definite plans would not normally be set forth in the application or proposal. These include activities such as institutional type grants when selection of specific projects is the institution's responsibility; research training grants in which the activities involving subjects remain to be selected; and projects in which human subjects' involvement will depend upon completion of instruments, prior animal studies, or purification of compounds. These applications need not be reviewed by an IRB before an award may be made. However, except for research exempted or waived under § 46.101 (b) or (i), no human subjects may be involved in any project supported by these awards until the project has been reviewed and approved by the IRB, as provided in this policy, and certification submitted, by the institution, to the Department or Agency.

§ 46.119 Research undertaken without the intention of involving human subjects.

In the event research is undertaken without the intention of involving human subjects, but it is later proposed to involve human subjects in the research, the research shall first be reviewed and approved by an IRB, as provided in this policy, a certification submitted, by the institution, to the Department or Agency, and final approval given to the proposed change by the Department or Agency.

§ 46.120 Evaluation and disposition of applications and proposals for research to be conducted or supported by a Federal Department or Agency.

(a) The Department or Agency head will evaluate all applications and proposals involving human subjects submitted to the Department or Agency through such officers and employees of the Department or Agency and such experts and consultants as the Department or Agency head determines to be appropriate. This evaluation will take into consideration the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained.

(b) On the basis of this evaluation, the Department or Agency head may approve or disapprove the application or proposal, or enter into negotiations to develop an approvable one.

§ 46.121 [Reserved]

§ 46.122 Use of Federal funds.

Federal funds administered by a Department or Agency may not be expended for research involving human subjects unless the requirements of this policy have been satisfied.

§ 46.123 Early termination of research support: Evaluation of applications and proposals.

(a) The Department or Agency head may require that Department or Agency support for any project be terminated or suspended in the manner prescribed in applicable program requirements, when the Department or Agency head finds an institution has materially failed to comply with the terms of this policy.

(b) In making decisions about supporting or approving applications or proposals covered by this policy the Department or Agency head may take into account, in addition to all other eligibility requirements and program criteria, factors such as whether the applicant has been subject to a termination or suspension under paragraph (a) of this section and whether the applicant or the person or persons who would direct or has/have directed the scientific and technical aspects of an activity has/have, in the judgment of the Department or Agency head, materially failed to discharge responsibility for the protection of the rights and welfare of human subjects (whether or not the research was subject to Federal regulation).

§ 46.124 Conditions.

With respect to any research project or any class of research projects the Department or Agency head may impose additional conditions prior to or at the time of approval when in the judgment of the Department or Agency head additional conditions are necessary for the protection of human subjects.

Subpart B—Additional DHHS Protections Pertaining to Research, Development, and Related Activities Involving Fetuses, Pregnant Women, and Human In Vitro Fertilization

Source: 40 FR 33528, Aug. 8, 1975, 43 FR 1758, January 11, 1978; 43 FR 51559, November 3, 1978.

§ 46.201 Applicability.

(a) The regulations in this subpart are applicable to all Department of Health and Human Services grants and contracts supporting research, development, and related activities involving: (1) the fetus, (2) pregnant women, and (3) human *in vitro* fertilization.

(b) Nothing in this subpart shall be construed as indicating that compliance with the procedures set forth herein will in any way render inapplicable pertinent State or local laws bearing upon activities covered by this subpart.

(c) The requirements of this subpart are in addition to those imposed under the other subparts of this part.

§ 46.202 Purpose.

It is the purpose of this subpart to provide additional safeguards in reviewing activities to which this subpart is applicable to assure that they conform to appropriate ethical standards and relate to important societal needs.

§ 46.203 Definitions.

As used in this subpart:

(a) "Secretary" means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services (DHHS) to whom authority has been delegated.

(b) "Pregnancy" encompasses the period of time from confirmation of

implantation (through any of the presumptive signs of pregnancy, such as missed menses, or by a medically acceptable pregnancy test), until expulsion or extraction of the fetus.

(c) "Fetus" means the product of conception from the time of implantation (as evidenced by any of the presumptive signs of pregnancy, such as missed menses, or a medically acceptable pregnancy test), until a determination is made, following expulsion or extraction of the fetus, that it is viable.

(d) "Viable" as it pertains to the fetus means being able, after either spontaneous or induced delivery, to survive (given the benefit of available medical therapy) to the point of independently maintaining heart beat and respiration. The Secretary may from time to time, taking into account medical advances, publish in the Federal Register guidelines to assist in determining whether a fetus is viable for purposes of this subpart. If a fetus is viable after delivery, it is a premature infant.

(e) "Nonviable fetus" means a fetus *ex utero* which, although living, is not viable.

(f) "Dead fetus" means a fetus *ex utero* which exhibits neither heartbeat, spontaneous respiratory activity, spontaneous movement of voluntary muscles, nor pulsation of the umbilical cord (if still attached).

(g) "*In vitro* fertilization" means any fertilization of human ova which occurs outside the body of a female, either through admixture of donor human sperm and ova or by any other means.

§ 46.204 Ethical Advisory Boards.

(a) One or more Ethical Advisory Boards shall be established by the Secretary. Members of these Board(s) shall be so selected that the Board(s) will be competent to deal with medical, legal, social, ethical, and related issues and may include, for example, research scientists, physicians, psychologists, sociologists, educators, lawyers, and ethicists, as well as representatives of the general public. No Board member may be a regular, full-time employee of the Department of Health and Human Services.

(b) At the request of the Secretary, the Ethical Advisory Board shall render advice consistent with the policies and requirements of this part as to ethical issues involving activities covered by this subpart, raised by individual applications or proposals. In addition, upon request by the Secretary, the Board shall render advice as to classes of applications or proposals and general policies, guidelines, and procedures.

(c) A Board may establish, with the approval of the Secretary, classes of applications or proposals which: (1) must be submitted to the Board, or (2) need not be submitted to the Board. Where the Board so establishes a class of applications or proposals which must be submitted, no application or proposal within the class may be funded by the Department or any component thereof until the application or proposal has been reviewed by the Board and the Board has rendered advice as to its acceptability from an ethical standpoint.

(d) No application or proposal involving human *in vitro* fertilization may be funded by the Department or any component thereof until the application or proposal has been reviewed by the Ethical Advisory Board and the Board has rendered advice as to its acceptability from an ethical standpoint.

§ 46.205 Additional duties of the Institutional Review Boards in connection with activities involving fetuses, pregnant women, or human in vitro fertilization.

(a) In addition to the responsibilities prescribed for Institutional Review Boards under Subpart A of this part, the applicant's or offeror's Board shall, with respect to activities covered by this subpart, carry out the following additional duties:

(1) determine that all aspects of the activity meet the requirements of this subpart;

(2) determine that adequate consideration has been given to the manner in which potential subjects will be selected, and adequate provision has been made by the applicant or offeror for monitoring the actual informed consent process (e.g., through such mechanisms, when appropriate, as participation by the Institutional Review Board or subject advocates in: (i) overseeing the actual process by which individual consents required by this subpart are secured either by approving induction of each individual into the activity or verifying, perhaps through sampling, that approved procedures for induction of individuals into the activity are being followed, and (ii) monitoring the progress of the activity and intervening as necessary through such steps as visits to the activity site and continuing evaluation to determine if any unanticipated risks have arisen);

(3) carry out such other responsibilities as may be assigned by the Secretary.

(b) No award may be issued until the applicant or offeror has certified to the Secretary that the Institutional Review Board has made the determinations required under paragraph (a) of this section and the Secretary has approved these determinations, as provided in § 46.120 of Subpart A of this part.

(c) Applicants or offerors seeking support for activities covered by this subpart must provide for the designation of an Institutional Review Board, subject to approval by the Secretary, where no such Board has been established under Subpart A of this part.

§ 46.206 General limitations.

(a) No activity to which this subpart is applicable may be undertaken unless:

(1) appropriate studies on animals and nonpregnant individuals have been completed;

(2) except where the purpose of the activity is to meet the health needs of the mother or the particular fetus, the risk to the fetus is minimal and, in all cases, is the least possible risk for achieving the objectives of the activity;

(3) individuals engaged in the activity will have no part in: (i) any decisions as to the timing, method, and procedures used to terminate the pregnancy, and (ii) determining the viability of the fetus at the termination of the pregnancy; and

(4) no procedural changes which may cause greater than minimal risk to the fetus or the pregnant woman will be introduced into the procedure for terminating the pregnancy solely in the interest of the activity.

(b) No inducements, monetary or otherwise, may be offered to terminate pregnancy for purposes of the activity.

Source: 40 FR 33528, Aug. 8, 1975, as amended at 40 FR 51638, Nov. 6, 1975.

§ 46.207 Activities directed toward pregnant women as subjects.

(a) No pregnant woman may be involved as a subject in an activity covered by this subpart unless: (1) the purpose of the activity is to meet the health needs of the mother and the fetus will be placed at risk only to the minimum extent necessary to meet such needs, or (2) the risk to the fetus is minimal.

(b) An activity permitted under paragraph (a) of this section may be conducted only if the mother and father are legally competent and have given their informed consent after having been fully informed regarding possible impact on the fetus, except that the father's informed consent need not be secured if: (1) the purpose of the activity is to meet the health needs of the mother; (2) his identity or whereabouts cannot reasonably be ascertained; (3) he is not reasonably available; or (4) the pregnancy resulted from rape.

§ 46.208 Activities directed toward fetuses *in utero* as subjects.

(a) No fetus *in utero* may be involved as a subject in any activity covered by this subpart unless: (1) the purpose of the activity is to meet the health needs of the particular fetus and the fetus will be placed at risk only to the minimum extent necessary to meet such needs, or (2) the risk to the fetus imposed by the research is minimal and the purpose of the activity is the development of important biomedical knowledge which cannot be obtained by other means.

(b) An activity permitted under paragraph (a) of this section may be conducted only if the mother and father are legally competent and have given their informed consent, except that the father's consent need not be secured if: (1) his identity or whereabouts cannot reasonably be ascertained, (2) he is not reasonably available, or (3) the pregnancy resulted from rape.

§ 46.209 Activities directed toward fetuses *ex utero*, including nonviable fetuses, as subjects.

(a) Until it has been ascertained whether or not a fetus *ex utero* is viable, a fetus *ex utero* may not be involved as a subject in an activity covered by this subpart unless:

(1) there will be no added risk to the fetus resulting from the activity, and the purpose of the activity is the development of important biomedical knowledge which cannot be obtained by other means, or

(2) the purpose of the activity is to enhance the possibility of survival of the particular fetus to the point of viability.

(b) No nonviable fetus may be involved as a subject in an activity covered by this subpart unless:

(1) vital functions of the fetus will not be artificially maintained,

(2) experimental activities which of themselves would terminate the heartbeat or respiration of the fetus will not be employed, and

(3) the purpose of the activity is the development of important biomedical knowledge which cannot be obtained by other means.

(c) In the event the fetus *ex utero* is found to be viable, it may be included as a subject in the activity only to the extent permitted by and in accordance with the requirements of other subparts of this part.

(d) An activity permitted under paragraph (a) or (b) of this section may be conducted only if the mother and father are legally competent and have given their informed consent, except that the father's informed consent need not be secured if: (1) his identity or whereabouts cannot reasonably be ascertained, (2) he is not reasonably available, or (3) the pregnancy resulted from rape.

§ 46.210 Activities involving the dead fetus, fetal material, or the placenta.

Activities involving the dead fetus, macerated fetal material, or cells, tissue, or organs excised from a dead fetus shall be conducted only in accordance with any applicable State or local laws regarding such activities.

§ 46.211 Modification or waiver of specific requirements.

Upon the request of an applicant or offeror (with the approval of its Institutional Review Board), the Secretary may modify or waive specific requirements of this subpart, with the approval of the Ethical Advisory Board after such opportunity for public comment as the Ethical Advisory Board considers appropriate in the particular instance. In making such decisions, the Secretary will consider whether the risks to the subject are so outweighed by the sum of the benefit to the subject and the importance of the knowledge to be gained as to warrant such modification or waiver and that such benefits cannot be gained except through a modification or waiver. Any such modifications or waivers will be published as notices in the Federal Register.

Subpart C—Additional DHHS Protections Pertaining to Biomedical and Behavioral Research Involving Prisoners as Subjects

Source: 43 FR 53655, Nov. 16, 1978.

§ 46.301 Applicability.

(a) The regulations in this subpart are applicable to all biomedical and behavioral research conducted or supported by the Department of Health and Human Services involving prisoners as subjects.

(b) Nothing in this subpart shall be construed as indicating that compliance with the procedures set forth herein will authorize research involving prisoners as subjects, to the extent such research is limited or barred by applicable State or local law.

(c) The requirements of this subpart are in addition to those imposed under the other subparts of this part.

§ 46.302 Purpose.

Inasmuch as prisoners may be under constraints because of their incarceration which could affect their ability to make a truly voluntary and uncoerced decision whether or not to participate as subjects in research, it is the purpose of this subpart to provide additional safeguards for the protection of prisoners involved in activities to which this subpart is applicable.

§ 46.303 Definitions.

As used in this subpart:

(a) "Secretary" means the Secretary of Health and Human Services and

Hope for Children with AIDS

The Ariel Project
for the Prevention of HIV Transmission from Mother to Infant

Terry with reply
50
Dec
1/10

RECEIVED
JAN 4 1994

December 27, 1993

Christine Gebbie
Executive Office of the President
750 17th St. NW
Suite 1060
Washington, DC 20503

Dear Ms. Gebbie:

I have been unable to get a copy of the 1977 HHS regulations which contain the statements on the requirement for the father's permission to give an experimental drug during pregnancy. Attached is a summary of our workshop with the specific section relating to this issue highlighted.

Any help your office can give would be appreciated. If they are able to locate the specific section of 1977 HHS regulations, I would appreciate a copy.

Sincerely,

Arthur J. Ammann, MD
Director, Research Projects
Pediatric AIDS Foundation

AJA:jj

Enclosure

81 Digital Drive, Novato, CA 94949
Tel: (415) 883-1796 FAX: (415) 883-1845

SUMMARY

WORKSHOP ON ACCELERATION OF DRUG EVALUATION IN WOMEN AND CHILDREN

WASHINGTON, DC MARCH 22, 1993

PURPOSE: To evaluate the current status of drug evaluation in women and children and to discuss what solutions might be appropriate to insure more rapid evaluation of drugs for life threatening diseases in these populations. A listing of those who attended is attached.

TOPICS: Five broad areas were discussed and included, 1- Current status from the FDA perspective, 2- Current status from the perspective of clinical researchers evaluating drugs in women and pregnant women, 3- Current status from the perspective of researchers evaluating drugs in infants and children, 4- View from a pharmaceutical perspective, and 5- Current status of legislation directed to drug development in this population.

SUMMARY OF ISSUES: In proposing solutions to these issues it must be kept in mind that if disincentives are generated for the pharmaceutical industry, the objectives of achieving early drug evaluation may be frustrated. For example, a requirement to include safety studies in women and children might be perceived as slowing drug approval for an indication that might otherwise be rapidly approved. In general, requiring enrollment of adequate numbers of a subpopulation will increase the numbers of necessary enrollees to allow demonstration of significant differences. This might impact on eventual drug cost, either by significantly increasing the cost of clinical trials needed, and/or delaying drug approval. A potentially more productive approach would be to design studies to answer certain issues particular to women and to allow enrollment of women in earlier phases to screen for large but unpredicted differences which may occur. Because small children do absorb, metabolize and excrete many therapeutic agents differently than adults, drug development for children should target identifying those differences, defining the proper dose and delineating toxicities or safety issues relevant to children.

Recommendations

Steps which can be taken immediately:

1- Educational efforts should be directed to individual researchers, research entities (AIDS Clinical Trial Units, Clinical Research Centers etc.), members of FDA advisory boards, and to pharmaceutical companies, to be certain that they are fully aware of recent changes in FDA rulings which

permit more rapid approval claims (see attachment #1, Federal Register, page 47427, item iii). This would permit earlier access of children to drugs which demonstrate efficacy in adults and would also result in reimbursement by third party carriers. (Question - how to do it?) An obstetrician(s)/gynecologist(s) could be appointed to the FDA staff to concentrate on issues of pregnant and non pregnant women.

2- Prevent expansion of liability issues into drugs and into pre-NDA studies. There is no documentation that any significant liability exists for drugs during the early drug testing phases.

3- Determine if the current rule concerning the requirement for the signature of both father and mother for the administration of an experimental drug to a pregnant woman is law, or an interpretation of 1977 HHS regulations. The current regulations prevent many women from receiving experimental drugs during pregnancy, and is a significant obstacle for drug evaluation during pregnancy.

4- The FDA's 1977 (General Consideration for the Clinical Evaluation of Drugs) Guidelines are being rewritten. It is anticipated they should be published in the Federal Register within the next month or two. This revision will allow women of child bearing potential, who had formerly been excluded except in life threatening situations, to participate in the early phases of drug development. In addition, a strong emphasis in including women in studies in appropriate numbers and submitting an analysis based on gender will be part of the revision. Additional guidelines concerning drug evaluation in women are currently being developed. Once released, their impact on the items discussed here should be reviewed. (See attachment #2, #3.)

5- FDA presently permits some studies in pregannt women. It is most prudent to evaluate each drug, the information available for assessing reproductive risks, and the popoulation needs, on an agent by angent basis, instead of attempting to apply broad rules which may not be applicable to all situations.

Steps which require additional information and/or consideration:

1- Incentive legislation is the most likely solution to accelerating drug evaluation in women and children. Recent changes in the interpretation of FDA rules, allowing a label claim for drug indications in children based on limited phase I studies, and additional safety studies, encourages pharmaceutical companies to consider studies in women and children after evidence of efficacy has been obtained in other populations. Although it is likely that more studies will be done in children, it is unlikely that they will

be done earlier since efficacy in adults is still required. Stronger incentives are required which have significant economic incentives. The most likely solution is to develop legislation which provides economic incentives in the form of market exclusivity (patent extension). Since such legislation could be viewed as affecting medical costs it would have to be carefully evaluated to determine impact on drug costs vs significant savings in medical care costs brought about by earlier availability of effective therapy. A study of economic impact should be instituted immediately. (Who? How?)

2- A major problem exists in the evaluation of drugs in pregnant women. This may require discussion among key individuals from relevant areas. If incentives are developed to accelerate drug evaluation in women and children, additional specific incentives and guidelines may be required for pregnant women which address the special safety concerns.

3- Considerable safety information might be available from off label use. Should a prospective registry be required, and if so, who would fund and who would be responsible for the data?

4- A method of developing drugs with NIH is needed which would not use the CRADA approach. It is felt that the use of the CRADA has caused pharmaceutical companies to be overly cautious in working with the NIH. An additional workshop would be essential to address issues such as combination therapies (two different companies), endpoints, etc. The focus of the workshop would be cooperation between pharmaceutical companies, researchers and the FDA. (Who? When? Topics?)

6- Continue legislative analysis of vaccine liability. In contrast to drug development, vaccine liability is a significant impediment to the development of new vaccines.

Acceleration of Drug Evaluation in Women and Children with Life Threatening Diseases

Kay Holcombe
2125 Rayburn
Washington, DC 20515
202 225-3147
FAX 202 225-2525

Michael Iskowitz
440 Hart Senate Office Building
Washington, DC 20510
202-224-5880
FAX 202-224-3533

Peter Barton Hutt, LL.M.
Covington & Burling
1201 Pennsylvania Avenue
PO Box 7566
Washington, DC 20044
202 662-5522
FAX 202 662-6291

Jo Anne C. Marrone
Asst. Dir. Congressional Operations
FDA
Office of Legislative Affairs
5600 Fishers Lane
Rockville, MD 20857

Lynne Mofenson, MD
PAMA
National Institute of Child Health
and Human Development
Executive Plaza North
6100 Executive Blvd., RM 4B11
Rockville, MD 20852
PH: 301 496-7339
FAX 301 496-8678

Diane Murphy
Division of Antiviral Drugs
5600 Fishers Lane
Parklawn Building, HFD 530
Rockville, MD 20857
301 443-9550
FAX 301-443-9292

Philip A. Pizzo, M.D.
National Cancer Institute
National Institutes of Health
9000 Rockville Pike
Building 10. Room 13N240
Bethesda, MD 20892
301 496-4256
FAX 301 402-0575

Marty Sieg-Ross
428 Dirksen
Washington, DC 20510
202 224-6770
FAX 202 224-6510

Tim Westmoreland
2415 Rayburn
Washington, DC 20515
202 225-4952
FAX 202 225-3043

Randolph F. Wykoff, M.D.
FDA
Room 12A-40, Parklawn Bldg.
5600 Fishers Lane
Rockville, MD 20857
301 443-0104
FAX 301 443-4555

Deborah Von Zinkernagel
Room 428
Dirksen State Office Building
Washington, D.C. 20510

Ann Wion
FDA
Room 689
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Sent 1/19/94 nk

P.O. Box 427
Paradise, CA 95967

January 10, 1994

Ms Kristine M. Gebbie
National AIDS Policy Coordinator
White House
1600 Pennsylvania Ave
Washington DC 20500

Dear Ms Gebbie:

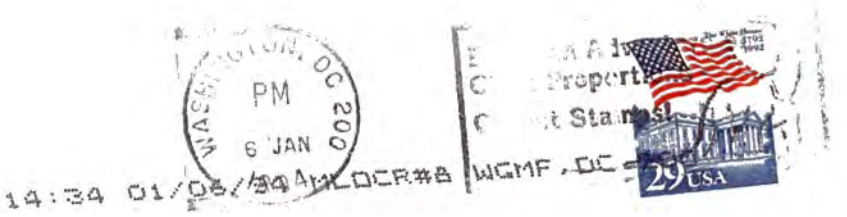
Thank you for taking the time to respond to my letter of October with yours of January 4. You indicated that you were enclosing a copy of the remarks you had made to the Association of Reproductive Health Professionals. Unfortunately, whoever mailed you letter failed to include that copy. Could you please send it to me.

You might also want to inform the person who typed the address on the envelope for your letter to me that P.O. Box addresses do not need to have Street follow the box number.

I will be looking forward to your return reply. Thank you.

Very truly yours,

David Saenger



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David Saenger
P.O. Box 427 Street
Paradaise, CA 95967

THE WHITE HOUSE

WASHINGTON

January 10, 1994

Stephen M. Ayers, M.D.
Director
Office of International Programs
Box 565
Richmond, VA 23298

Dear Steve:

We had only a short time to visit when I was in Richmond for my "AIDS tour." While that was a great day, I hope we can get together soon and have a longer conversation.

All the best in the new year.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 10, 1994

Jack O. Lanier, Dr. P.H., FACHE
Chairman and Professor
Department of Preventive Medicine
and Community Health
Box 212
Richmond, Virginia 23298

Dear Jack:

I am slow in this note to let you know how much I appreciated my day in Richmond. The AIDS Center is impressive, as are the community efforts.

Thank you for stimulating the contact. I look forward to future opportunities to work together.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 10, 1994

Hayes E. Willis, M.D.
Medical Director
Richmond Urban Primary
Care Initiative
Box 980263
Richmond, VA 23298-0263

Dear Dr. Willis:

Just a quick note, since I didn't get to see you at the South Side Clinic. You have a great setting, and the plans for primary care services are impressive. Best wishes to you as you turn the plans into reality.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 10, 1994

Robert Pashaian
Pacific Grant
8110 Ball Mill Road
Atlanta, Georgia 30350

Dear Mr. Pashaian:

Thank you for updating the information on TBL-12 with me. While I share with you your concern that we may overlook natural substances such as TBL-12 because of their simplicity, I would like to stress the importance of science, drug safety and efficacy in the testing of any substances, natural or synthetic, for AIDS therapy.

The investigation of the merits of new HIV/AIDS therapies is the responsibility of the NIH. The Office of Alternative Medicine, NIH, should be helpful in your pursuit of therapeutic development of TBL-12. To further the development of TBL-12, I suggest you to continue to work with their office and with Dr. Luzar and to provide her the necessary information as requested in her letter to you dated November 26, 1993.

As the National AIDS Policy Coordinator, I will advocate public health policy that has a sound scientific basis. You can be assured that I will support the use of therapeutics that have been shown to be safe and effective, and the fastest possible testing of promising therapies.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

cc: Mary Anne Luzar, NIAID

PACIFIC GRANT

8110 Ball Mill Road Atlanta, Georgia 30350 (404) 671-1902

October 15, 1993

Mary Anne Luzar, Ph.D.
Executive Secretary
AIDS Clinical Drug Development Committee
Division of AIDS, NIAID
Control Data Building, Room 2A02
6003 Executive Boulevard
Rockville, Maryland 20852

Dear Dr. Luzar,

Enclosed please find the data pertaining to TBL-12 an HIV/AIDS therapy developed by Pacific Grant. Based upon our understanding of the material you sent us, TBL-12 is a therapeutic agent that falls into the category of immunomodulators, or more broadly, biological response modifiers (BRM's).

Although we do not have a great deal of technical data, we believe you will agree, based upon the efficacy TBL-12 has demonstrated in previously conducted animal and human studies, continued study is warranted. A position shared by NIH senior research microbiologist, Maneth Gravell, Ph.D. who conducted studies in 1989-1990.

As a result of the in vitro studies, in vivo studies and clinical trials already conducted it would seem appropriate to proceed with a much larger scale human study at this time. We conceptualize a group of 40-50 AIDS patients, all with wasting syndrome, in addition to a smaller group 15-20 patients at earlier stages of the disease. This patient mix will show the positive results previously demonstrated in "End Stage" patients, and will also give us the opportunity to witness the efficacy of TBL-12 in less severe cases.

It is our hope that a study can be implemented without delay. We therefore welcome any assistance and participation by the AIDS Clinical Trial Group (ACTG) and the Community Programs for Clinical Research on AIDS (CPCRA).

Both Sam Grant and I are available for any further input you may require and will be happy to coordinate our schedules for any meeting deemed necessary.

Thank you for all of your assistance. I look forward to hearing from you.

Sincerely,

Robert Pashaian

enclosures

PACIFIC GRANT

8110 Ball Mill Road Atlanta, Georgia 30350 (404) 671-1902

December 1, 1993

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
750 17th Street, N.W., Suite 1060
Washington, D.C. 20503

Dear Ms. Gebbie,

I would like to take this opportunity to bring you up to date since our meeting of August 18, 1993 when we discussed the alternative HIV/AIDS therapy TBL-12, that was developed by Pacific Grant.

At your suggestion I communicated with the FDA and various people at the NIH. On October 15, 1993 I submitted an application for entry into the clinical trials network to, Mary Anne Luzar, Ph.D., Executive Secretary of the AIDS Clinical Drug Development Committee. As you can see by her letter dated November 26, 1993 TBL-12 has been denied entry for clinical studies at this time. Rather then be redundant I believe my letter to Dr. Luzar dated December 1, 1993 states the feelings of Pacific Grant on this matter.

We are not in any way questioning the qualifications of those involved in this review process but we are questioning the process by which a decision is reached. It is our belief that a traditional drug, with a determined active ingredient and/or synthetic components stands a much better chance of approval. This is probably due in large part to their highly scientific and technical supporting data which in many cases is just not available with natural substances. It seems that since we have become so highly technoid oriented we overlook the value in what may be simple solutions for what we perceive to be complex problems.

I have also spoken with Dr. Joseph Jacobs, Director, Office of Alternative Medicine and expect to get some response from him next week.

I would like to discuss this matter with you at greater length. If I recall, you had said , if I run into a snag I should call upon you for assistance. I'm snagged.

Sincerely,

Robert Pashaian

Robert Pashaian

enclosures

December 20, 1993

ACTION MEMORANDUM TO TERRY BESWICK

FROM: W. Steve Lee

SUBJECT: Action Items

DATE REQUIRED: December 27, 1993

Please respond to:

Terry

R.W. Yoder (11/30) on pharmaceuticals. Prepare draft for KG's signature by December 27, 1993.

Paul

Community Based Clinical Trials Network (Chris Jimmerson) on vaccine development. Please work with Paul and Jo to prepare for KG's signature by December 27, 1993.

Attachment

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: Jo / Terry / Paul

FROM: **KRISTINE M. GEBBIE**

_____ For your information

_____ For your action _____

_____

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____

_____ File

COMMENTS: _____

draft reply

_____

_____

_____