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*Last Updated: 04/22/2024*

THIS WAS A REAL BLOW, BECAUSE THE TWO GROUPS GOT \$72 MILLION AND \$4.1 MILLION ANNUALLY, RESPECTIVELY, TO PROVIDE SOCIAL SERVICES, SUCH AS DAY CARE CENTERS TO THE CITY.



BUT ED KOCH DIDN'T COUNT ON THE REACTION BY ARCHBISHOP O'CONNOR, WHO FOUGHT HIM IN A TOUGH MANNER! HE, IN ESSENCE SAID, FINE. WE'LL STOP DOING THE JOB. HOW ARE YOU GOING TO REPLACE US?

"PRESSURE AND FINALLY THE COURTS INTERVENED TO STOP KOCH'S HEAVY-HANDED ATTEMPT TO FORCE CHURCH GROUPS TO GO AGAINST THEIR BIBLICALLY-BASED BELIEFS AND IN SOME WAY ENDORSE THIS DEVIANT BEHAVIOR!"



IT SOUNDS TO ME AS IF ARCHBISHOP O'CONNOR JUST DOESN'T LIKE GAY PEOPLE!

**"REALLY?"**

SHORTLY AFTER WINNING THIS FIGHT, O'CONNOR ANNOUNCED HIS PLAN FOR CHURCH-SPONSORED CARE CENTERS FOR AIDS VICTIMS."



WELL, THAT  
WAS NICE  
OF HIM.

"IT'S A GOOD ILLUSTRATION OF  
ONE OF THE CENTRAL THEMES OF  
THE BIBLE.... YOU SHOULD HATE  
THE SIN ....BUT LOVE THE SINNER ."

"BUT THE GAYS NEVER  
GIVE UP! IN 1984, A GAY  
STUDENT GROUP AT THE  
ROMAN CATHOLIC GEORGE-  
TOWN UNIVERSITY, IN  
WASHINGTON, D.C., WENT TO  
COURT BECAUSE THE SCHOOL  
REFUSED TO OFFICIALLY  
RECOGNIZE THEM - EVEN THOUGH  
THE SCHOOL'S TEACHINGS  
WERE THAT THEIR SEXUAL  
PRACTICES ARE SIN!"

RECOGNIZE  
ME, OR  
ELSE!!

I DON'T SEE  
OR HEAR  
ANYONE.



"HOW DO THE PROTESTANT CHURCHES REACT?"

IT VARIES. AT THE 1985  
CONVENTION OF THE EPISCOPAL  
CHURCH, FOR EXAMPLE, THE  
BISHOPS VOTED TO ORDAIN  
HOMOSEXUALS, BUT THEY WERE  
OVERRIDDEN BY THE VOTE OF  
THE LAY DELEGATES.



"MANY CHURCHES HAVE SIMPLY NOT TAKEN A STAND ON THE ISSUE."



"OTHERS HAVE COME OUT AGAINST HOMOSEXUAL ORDINATION... SOME STRONGLY, SOME CAUTIOUSLY."

"IN 1984, THE PRESBYTERIAN CHURCH (U.S.A.) REAFFIRMED ITS STAND AGAINST ORDAINING GAYS."

"ALSO IN 1984, THE UNITED METHODISTS LIKEWISE AFFIRMED ITS STAND AGAINST HOMOSEXUAL MINISTERS."



"AND TO DATE, THE NATIONAL COUNCIL OF CHURCHES HAS WITHSTOOD THE EFFORTS OF A GAY DENOMINATION TO JOIN."

OUR NEIGHBOR'S CHURCH, THE UNITED CHURCH OF CANADA, HAS VOTED IN A SIMILAR MANNER.



GENERALIZATIONS CAN BE MISLEADING, BUT I THINK IT'S SAFE TO SAY THAT THERE IS ONE CORRELATION THAT **CAN** BE SEEN....



CHURCHES THAT HOLD TO A LITERAL, OR CONSERVATIVE INTERPRETATION OF THE BIBLE ARE GENERALLY MORE OPPOSED TO THE PRACTICE OF HOMOSEXUALITY.

"THEY HAVE TO GUARD AGAINST THE TENDENCY TO BE SO OPPOSED THAT THEY FAIL TO REACH OUT A HAND OF HEALING TO THE HOMOSEXUAL.... JUST AS THE MORE LIBERAL CHURCHES MUST BEWARE OF BEING SO ANXIOUS TO INCLUDE HOMOSEXUALS THAT THEY OVERLOOK THE NEED TO REPENT OF SIN!"

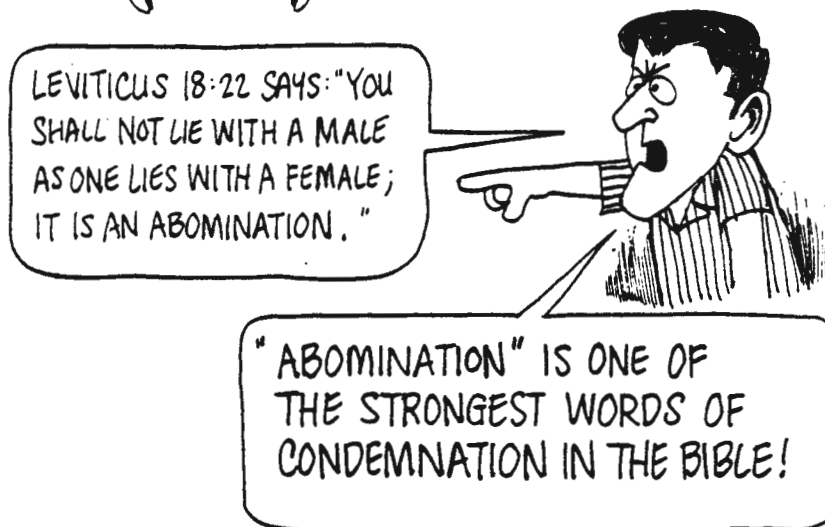
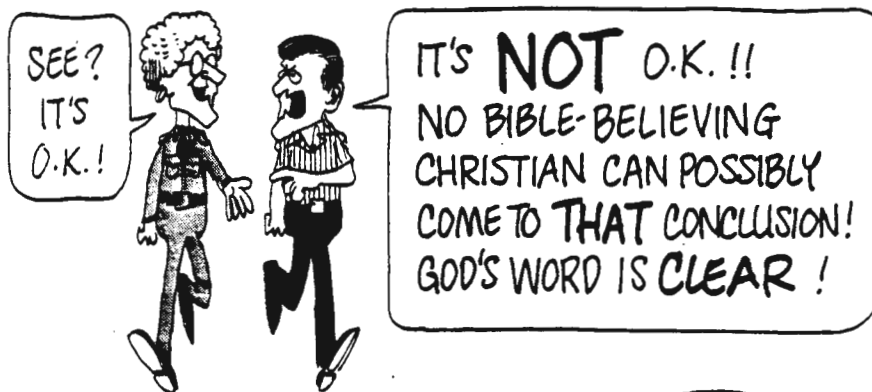


BUT WE HAVE OUR **OWN** DENOMINATION!

I KNOW.



"THE UNIVERSAL FELLOWSHIP OF METROPOLITAN COMMUNITY CHURCHES! THESE ARE SUPPOSED TO BE INDEPENDENT, BUT IN FACT, THEY WORK CLOSELY TOGETHER, BECAUSE MOST OF THEIR MEMBERS SHARE THE HOMOSEXUAL IDEOLOGY. THERE IS ALSO A CATHOLIC GAY CHURCH (WITH NO LEGAL OR OFFICIAL STANDING IN ROME) CALLED THE "NEW WAYS MINISTRY". "



"YEAH, BUT THAT'S FROM THE **OLD** TESTAMENT!"



IT'S ALL GOD'S WORD! BESIDES, IN THE NEW TESTAMENT WE LEARN THAT HOMOSEXUALITY IS A SPECIAL KIND OF SIN, IT'S NOT A REASON FOR REJECTING GOD... IT'S A RESULT OF REJECTING GOD!

"WE SEE THIS IN ROMANS 1:21-23 AND 26-27:"



GET LOST!

"FOR EVEN THOUGH THEY KNEW GOD, THEY DID NOT HONOR HIM AS GOD, OR GIVE THANKS;"

I THINK GOD'S A TREE!



NONSENSE!  
GOD'S A  
ROCK!!

"BUT THEY BECAME FUTILE IN THEIR SPECULATIONS,"

"AND THEIR FOOLISH HEART WAS DARKENED,"



BABBLE .... BABBLE ...



"PROFESSING TO BE  
WISE, THEY BECAME  
FOOLS,"

"AND EXCHANGED  
THE GLORY OF THE  
INCORRUPTIBLE GOD  
FOR AN IMAGE IN  
THE FORM OF  
CORRUPTIBLE MAN  
AND OF BIRDS AND  
FOUR FOOTED ANIMALS  
AND CRAWLING  
CREATURES..."



"FOR THIS REASON  
GOD GAVE THEM OVER  
TO DEGRADING PASSIONS,"

MY, YOU LOOK CUTE  
TODAY, SISTER.



"FOR THEIR WOMEN  
EXCHANGED THE  
NATURAL FUNCTION  
FOR THAT WHICH  
IS UNNATURAL,"





"AND IN THE SAME WAY  
ALSO THE MEN ABANDONED  
THE NATURAL FUNCTION OF  
WOMEN AND BURNED IN  
THEIR DESIRE TOWARD ONE  
ANOTHER, MEN WITH MEN  
COMMITTING INDECENT ACTS"

AAARRGH!!

"AND RECEIVING IN  
THEIR OWN PERSONS  
THE DUE PENALTY OF  
THEIR ERROR."



SEE... IT SAYS THAT "FOR  
THIS REASON" - THE REJECTION  
OF GOD - "GOD GAVE THEM  
OVER TO DEGRADING PASSIONS".  
IT IS A PUNISHMENT FOR  
THEIR REBELLION.

I KNOW THE "DUE PENALTY OF THEIR  
ERROR" MEANS SEPARATION FROM GOD,  
OR ETERNITY IN HELL, BUT....



"COULD IT SECONDARILY BE REFERRING TO THE AIDS PLAGUE AND REJECTION BY OTHERS?"



PERHAPS. AT LEAST WE SHOULDN'T SCOFF AT THOSE WHO WONDER, AS THE NEWS MEDIA DOES.

MAYBE GOD WANTS THEM TO FEEL REJECTION, AS HE DID, IN ORDER TO DRAW THEM TO HIMSELF.



AARRGH! RUN!  
QUEER!! AIDS!!



"AT ANY RATE, WE CAN SEE THAT IT'S A VERY SERIOUS MATTER TO GOD AND ANY CHURCH THAT FAILS TO TREAT IT AS SUCH (WHILE OFFERING TO LOVE THEM, COUNSEL THEM AND TRYING TO HELP THEM CAST OFF THIS IMMORAL DEATHSTYLE) IS MAKING A BIG MISTAKE."

HETEROSEXUALITY IS THE BIBLICAL "NORM"...AS CAN BE SEEN IN GENESIS 1:27.



"WE MUST DECLARE THE WORD OF GOD CLEARLY AND LOUDLY. PERHAPS SOME YOUNG PEOPLE HAVE DRIFTED INTO PERVERSION BECAUSE THEY NEVER HEARD IT CONDEMNED IN THEIR CHURCHES!"

"IF THERE IS A MAN WHO LIES WITH A MALE AS THOSE WHO LIE WITH A WOMAN, BOTH OF THEM HAVE COMMITTED A DETESTABLE ACT; THEY SHALL SURELY BE PUT TO DEATH."

"



OUR YOUNG PEOPLE **NEED** TO KNOW THESE THINGS.

RIGHT!

BUT WE CAN'T STOP THERE. GOD'S **LAW** IS NEVER COMPLETE WITHOUT GOD'S **LOVE** .... THROUGH JESUS!



## **Chapter 10**

### **The NEA and Homosexuality in Education**

LEMONADE, MISTER?



SURE! MAKE IT THREE.



RIGHT HERE ARE THE  
"GAY'S" NEXT TARGETS!

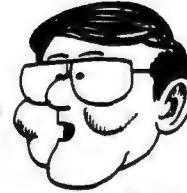


GAY ACTIVISTS  
WANT THE RIGHT  
TO TEACH KIDS  
LIKE THIS.



AND THEY'VE GOT POLITICAL  
FRIENDS.... THERE'S SOME  
INDICATIONS THAT THE  
NATIONAL EDUCATION  
ASSOCIATION AGREES  
THAT THERE'S NOTHING  
WRONG WITH "GAY" TEACHERS.

WHAT DO THEY WANT TO  
TEACH THE CHILDREN IN SCHOOL?



YOU TELL  
ME WHAT  
YOU THINK.



THE NATIONAL GAY TASK  
FORCE RECENTLY CHALLENGED  
AN OKLAHOMA LAW... AND  
THE GAY TASK FORCE **WON!**

"THE LAW PERMITTED THE  
DISMISSAL OF TEACHERS  
FOR 'ADVOCATING' OR  
'ENCOURAGING' HOMOSEXUALITY.  
THE U.S. COURT OF APPEALS  
FOR THE Tenth DISTRICT STRUCK  
DOWN THE LAW AND IN MARCH  
OF 1985 - THE U.S. SUPREME COURT  
UPHELD THE CIRCUIT COURT ACTION."

GUESS  
WHAT  
I'M  
GONNA  
TEACH  
YOU  
TODAY!



GAY  
IS  
GOOD!

"THEY SAID THAT THE LAW VIOLATED THE TEACHER'S RIGHT  
OF FREE SPEECH, GUARANTEED BY THE FIRST AMENDMENT."

DOES THAT MEAN  
THEY CAN TELL KIDS  
THAT **SODOMY**  
IS ALL RIGHT?



APPARENTLY SO.

AND WHILE TAXPAYERS  
ARE FINANCING THEM.



"THEY WERE JOINED IN THE SUIT BY THE AMERICAN CIVIL LIBERTIES UNION, THE NATIONAL EDUCATION ASSOCIATION AND THE LIBERAL AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS."



WHY THAT'S NOT A "FREEDOM OF SPEECH" ISSUE!... IT'S A "CHILD PROTECTION" ISSUE!

I'D BE **OUTRAGED** IF MY GRANDCHILDREN WERE TAUGHT THAT **PERVERSION** IS NORMAL!

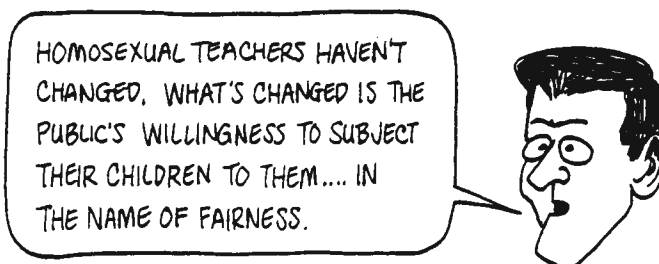
"YOU MAY BE CLOSER TO THE TRUTH THAN YOU KNOW. HOMOSEXUAL TEACHERS HAVE BEEN INVOLVED IN 80% OF RECORDED CASES OF TEACHER/PUPIL SEXUAL INTERACTIONS!"

COME ON KENNY... IT'S TIME FOR SEX EDUCATION INSTRUCTION.





"IN A STUDY REPORTED IN M'CALL'S MAGAZINE AMONG  
SCHOOL PRINCIPALS, THEY RECEIVED **13 TIMES** AS MANY  
COMPLAINTS ABOUT HOMOSEXUAL CONTACT BETWEEN TEACHERS  
AND STUDENTS THAN THEY DID ABOUT HETROSEXUAL TEACHERS."







O.K. .... I AGREE WITH YOU THAT "GAYS" SHOULDN'T BE TEACHERS .... BUT WHERE'S YOUR PROOF THAT THE FINE PROFESSIONAL ASSOCIATION FOR TEACHERS, THE NEA, IS PRO-HOMOSEXUAL ?

"FIRST OF ALL, YOUR BASIC PREMISE IS INACCURATE. THE NEA IS NOT A PROFESSIONAL ASSOCIATION. THE IRS AND A FEDERAL COURT HAVE DECLARED THE NEA TO BE A UNION... AND THE NATION'S LARGEST AND, MAYBE MOST INFLUENTIAL, UNION! THEY HAVE REPRESENTATIVES IN NEARLY EVERY CONGRESSIONAL DISTRICT IN THE COUNTRY, FOR EXAMPLE! OTHER UNIONS TEND TO BE MORE REGIONAL IN NATURE."



AND IN THE 1984-85 NEA HANDBOOK, THEY SAY THEY SUPPORT HIRING OF "MINORITIES" (INCLUDING SODOMITES) AS CLASSROOM TEACHERS, WE'VE GOT TO GIVE THEM PREFERENTIAL TREATMENT FOR PAST DISCRIMINATION.



"BUT MAYBE THE CLINCHER WAS A BOOKLET THAT WAS DISTRIBUTED TO TEACHERS BY THE NEA'S PROFESSIONAL LIBRARY, CALLED 'HOMOPHOBIA' AND EDUCATION - HOW TO DEAL WITH NAME CALLING .."



"THE BOOKLET SEEMS TO SAY THAT IT'S NOT HOMOSEXUALITY THAT'S THE EVIL.... IT'S THE FEAR OF HOMOSEXUALITY THAT'S UNNATURAL AND DAMAGING!"



BUT I THOUGHT THAT I READ THAT THE NEA'S LIBRARY DOESN'T CARRY THAT BOOKLET ANY MORE?

\* AN UNREASONING FEAR OF HOMOSEXUALITY. GAYS OFTEN CLAIM IT'S A RESULT OF LATENT HOMOSEXUALITY.

"**RIGHT!** THANKS TO THE FINE COLUMNIST JOHN LOFTON, WHO BROKE THE STORY, SO MUCH HEAT WAS PUT ON THAT THE NEA **DID** DROP IT!"



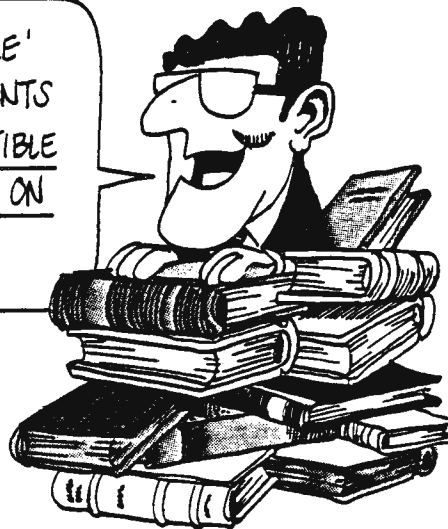
" BUT WHEN ASKED ABOUT IT, THE NEA LIBRARY WAS ONLY TOO READY TO GIVE THE NAME AND ADDRESS WHERE IT **CAN** BE PURCHASED."

" AND THE MANAGER OF THE PUBLISHING DIVISION OF THE NEA WAS QUOTED AS SAYING:"

...."IT IS INDEED 'SUITABLE' FOR TEACHERS AND STUDENTS AND.... IT IS NOT INCOMPATIBLE WITH ANY NEA POSITIONS ON HOMOSEXUALITY."



WHICH HOMOSEXUAL POSITIONS DO THEY LIKE?



HERE IS SOME OF THE NONSENSE  
FOUND IN THIS BOOKLET....



- IT'S A "MYTH" THAT IT'S UNNATURAL TO BE GAY OR LESBIAN. "IT IS NOT 'UNNATURAL' TO HAVE SEXUAL RELATIONS WITH MEMBERS OF ONE'S OWN SEX..."
- IT'S THE RESPONSIBILITY OF TEACHERS TO COUNTERACT "HETEROSEXISM" IN THEIR SCHOOLS.
- "MANY HOMOSEXUALS COULD VERY WELL SERVE AS MODELS OF SOCIAL COMPORTMENT AND PSYCHOLOGICAL MATURITY."
- "IF WE ARE TO ACHIEVE TRUE HUMAN AND SEXUAL LIBERATION, LESBIANISM AND MALE HOMOSEXUALITY SHOULD BE PRESENTED AS EQUALLY VIABLE, VISIBLE AND HEALTHY ALTERNATIVES TO HETEROSEXUALITY."
- "HOMOSEXUALITY IS NEITHER UNCOMMON, ABNORMAL, NOR HARMFUL TO ITS PRACTITIONERS OR ANYONE ELSE."



NOT HARMFUL ?!!

"MAYBE THEY'RE CONCERNED ABOUT THE WRONG SPECTRE."



## **Chapter 11**

### **Homosexuality and Child Molestation**



I'VE ALWAYS BEEN KIND  
OF EMBARRASSED BY HAVING  
**NAMBLA** ON OUR SIDE.



"NAMBLA?"



YEAH ....IT STANDS FOR  
"THE NORTH AMERICAN MAN-  
BOY LOVE ASSOCIATION".  
AIN'T THAT GREAT ?!!  
IT EVEN MAKES **ME** SICK!

"IT'S A LOBBYING  
ORGANIZATION WITH  
A 'LIBERTARIAN,  
HUMANISTIC OUTLOOK  
ON SEXUALITY'."

HI, MR. CONGRESSMAN!  
I'M HERE TO TALK ABOUT  
SEX WITH YOUNG BOYS.

WAIT!! PUT  
DOWN THAT  
LETTER-  
OPENER !!



"THEY ARGUE THAT ADULT SOCIETY  
HAS NO RIGHT TO LIMIT A CHILD'S  
SELECTION OF A SEXUAL PARTNER."

"HEAVEN FORBID."



"THE RENE' GUYON SOCIETY  
SAYS IT ALL IN ITS MOTTO:"

SEX BY EIGHT  
OR ELSE IT'S  
TOO LATE!

SPEAK FOR  
YOURSELF!



AND THE "PEDOPHILE INFORMATION  
EXCHANGE" WANTS THE AGE OF  
CONSENT DROPPED AS LOW AS **FOUR** !!

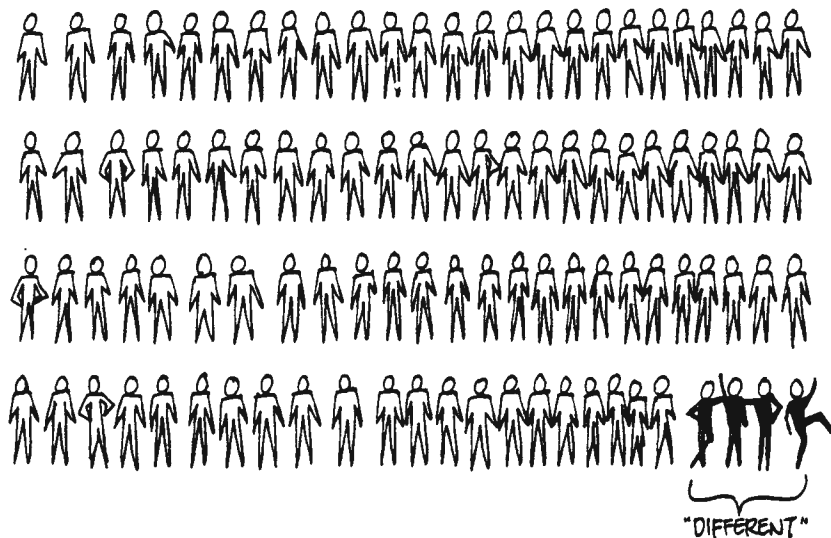
THAT'S ABOUT AS LOW  
AS YOU CAN GET.... IN  
MORE WAYS THAN ONE!



"ARE THEY ALL  
HOMOSEXUALS?"

"NOT NECESSARILY, THE  
MEMBERS OF NAMBLA  
WOULD SEEM TO BE, BASED  
ON WHAT THEIR NAME  
IMPLIES."

"CHILD MOLESTERS COME IN ALL VARIETIES,  
BUT ONE FACT IS CLEAR .... IT'S BEEN ESTIMATED  
THAT ONLY 4% OF THE POPULATION IS BI-  
OR HOMOSEXUAL.



BUT HOMOSEXUALS COMMITTED  
BETWEEN  $\frac{1}{3}$  AND  $\frac{1}{2}$  OF ALL  
RECORDED MOLESTATIONS!

THAT'S ALL  
OUT OF  
PROPORTION  
TO THEIR  
NUMBERS.





YOU'RE  
RIGHT.

CHILDREN 8 TO 12 YEARS OLD,  
AND ALIENATED FROM THEIR  
FAMILIES, ARE PARTICULARLY  
VULNERABLE TO THESE BEASTS!

POPULAR PLACES FOR THE FIRST "PICK-UP" ARE BUS  
STATIONS, AMUSEMENT ARCADES AND SCHOOL YARDS.

"ESPECIALLY THE  
OLDER ONES GET  
TURNED ONTO DRUGS  
QUICKLY AND MANY  
TURN TO A LIFE OF  
HOMOSEXUAL  
PROSTITUTION.  
A FAR CRY FROM  
THE 'LIBERATION'  
WE HEAR ABOUT  
FROM GAYS!"



BUT THEY  
WOULDN'T  
**LIE**  
TO US....  
WOULD  
THEY?

CONSIDERING WHAT  
**ELSE** THEY DO  
LYING DOESN'T  
SEEM TOO FAR-  
FETCHED.

IN FACT, NOTHING ELSE  
SEEMS FAR-FETCHED!

## **Chapter 12**

### **Homosexuality and Crime**



ALL OF THIS BRINGS US TO  
THE FINAL DEGRADATION.  
THE BOTTOM OF THE BARREL,  
SO TO SPEAK.

HOMOSEXUALS ARE SO DEPRAVED,  
SO OUT OF THE WILL OF GOD, THAT  
NO ACT OF LAWLESSNESS IS  
BEYOND THEM!

THERE'S GOOD BIBLICAL BACK-UP  
FOR THAT. 1 JOHN 3:4 SAYS:  
"EVERYONE WHO PRACTICES SIN  
ALSO PRACTICES LAWLESSNESS:  
AND SIN IS LAWLESSNESS."



"THE CONSTANT, WILLFUL PRACTICING OF  
DEGRADING, GODLESS ACTS OF PERVERSION  
HAS **GOT** TO HAVE AN ANESTHETIZING  
EFFECT ON THE HOMOSEXUAL - UNTIL NO  
LAWS MEAN ANYTHING."

"ONCE YOU'VE DELIBERATELY AND REPEATEDLY LAUGHED  
AT **GOD'S** LAW, WHAT DOES MAN'S LAW HOLD?"

"HE LOVES DARKNESS  
MORE THAN LIGHT...  
AND IN HIS SOUL  
BECOMES A  
**CREATURE OF  
THE NIGHT.**



YOU MAKE IT SOUND  
AS IF WE'RE CAPABLE OF  
NEARLY **ANYTHING!**



**"THAT'S PRECISELY WHAT I'M SAYING."**



WE'VE ALREADY SEEN THAT THEY'RE  
CHILD-MOLESTERS, DISEASE-SPREADERS,  
DEVIANTS AND WHO KNOWS WHAT ELSE!  
NOW WE'RE GOING TO LOOK AT A STUDY  
THAT INDICATES THAT THEY'RE LAW-  
BREAKERS IN MANY OTHER AREAS ,...  
ALL OUT OF PROPORTION TO THEIR NUMBERS!

**"WHO DID THE STUDY?"**

"THE INSTITUTE FOR THE SCIENTIFIC INVESTIGATION OF SEXUALITY, IN LINCOLN, NEBRASKA DID A STATISTICAL STUDY OF THEIR OWN SURVEY, PLUS FOUR OTHERS."



"THEY PUBLICIZED THEIR FINDINGS IN A PAMPHLET TITLED: 'CRIMINALITY, SOCIAL DISRUPTION AND HOMOSEXUALITY.' LET ME QUOTE SOME OF THEIR FINDINGS..."

- HOMOSEXUALS WERE 52% MORE APT THAN HETROSEXUALS TO REPORT HAVING AT LEAST ONE SEXUALLY TRANSMITTED DISEASE.

THAT'S TERRIBLE, BUT IT'S NOT CRIMINAL!



YOU'RE RIGHT.... SO HOW ABOUT THIS?....

- HOMOSEXUALS ARE 414% MORE APT THAN HETROSEXUALS TO REPORT DELIBERATE INFECTION OF OTHERS!

2

NOW THAT'S MEAN!

- 62% MORE GAYS REPORTED GETTING REGULARLY HIGH ON DRUGS OR ALCOHOL!<sup>3</sup>
- 31% MORE GAYS THAN HETROSEXUALS REPORTED AT LEAST ONE TRAFFIC ACCIDENT IN THE PAST FIVE YEARS!<sup>4</sup>
- 64% MORE GAYS REPORTED HAVING TWO OR MORE TRAFFIC ACCIDENTS IN THE PAST FIVE YEARS!<sup>5</sup>

EVEN TRAFFIC LAWS ARE THERE TO BE BROKEN!



- 575% MORE GAYS ADMIT CONVICTION FOR A SEX CRIME!<sup>6</sup>
- 74% MORE GAYS REPORTED HAVING BEEN JAILED OR IMPRISONED!<sup>7</sup>



I'M GOING TO BE THROWN INTO JAIL?... WITH ALL THOSE FELLAS?

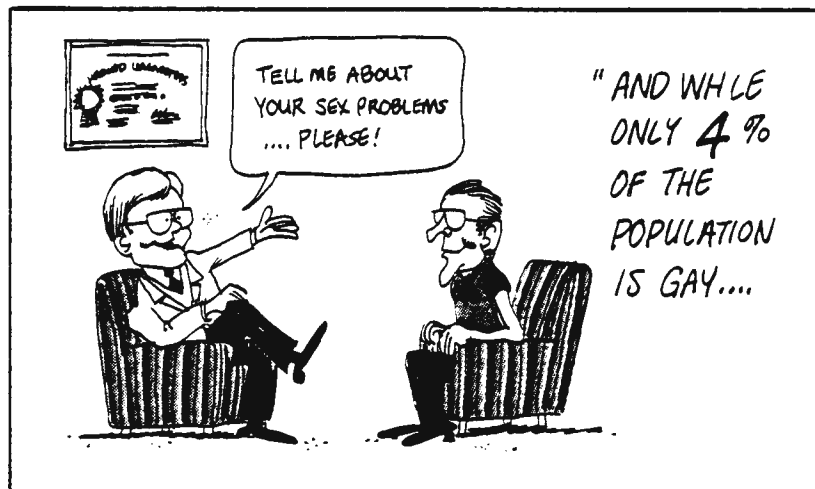
HOW TERRIBLE!



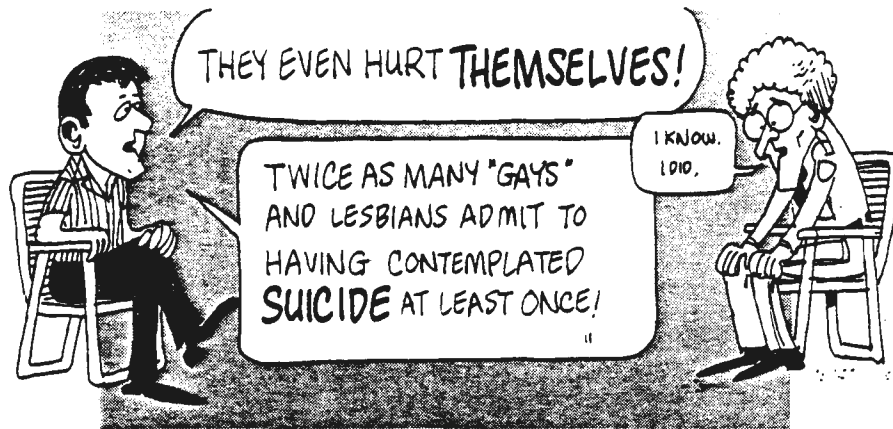
- 41% MORE GAYS THAN HETROSEXUALS ADMITTED TO SHOPLIFTING!



- 67% MORE GAYS ADMITTED CHEATING ON THEIR INCOME TAX!

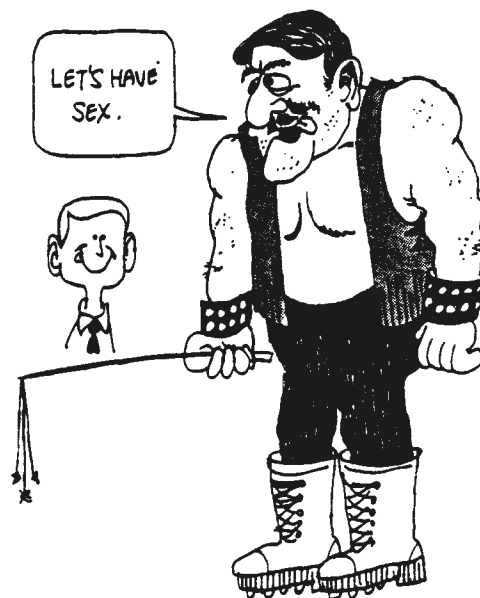


.... 15% OF SEXUAL APPROACHES AND 8% OF ACTUAL CONTACTS BY RELIGIOUS WORKERS WAS HOMOSEXUAL IN NATURE!



"AND DON'T  
KID YOURSELF....

**GAY SEX**  
IS  
DISPROPORTIONATELY  
**VIOLENT  
SEX!**



**A THIRD OF HOMOSEXUALS  
AND 12% OF LESBIANS ADMIT  
TO SADOMASOCHISM!**

"SADOMASOCHISM?"  
WHAT'S THAT?



"HURTING, OR BEING HURT  
AS PART OF SEXUAL 'FUN'."



"THIS IS A RATE AT  
LEAST 600% HIGHER  
THAN HETEROSEXUAL  
MALES!"

13

"DESTRUCTIVE OR HURTFUL OR DEGRADING ACTS  
DURING SEX IS NOT THE **EXCLUSIVE** PROBLEM  
OF THE SODOMITE .... BUT THERE'S NO QUESTION  
THAT HOMOSEXUALS DO MUCH MORE OF  
THEM."

PEOPLE WHO A SCREWED-UP  
ENOUGH TO MIX PAIN AND  
SEX ARE FAR MORE LIKELY  
TO MIX SEX AND  
**DEATH !!**



"AND THAT BRINGS US TO THE  
MOST ARLARMING STATISTIC....

AFTER EXAMINING THE SEXUALLY-  
ORIENTED **MASS MURDERS**  
OF THE PAST 17 YEARS, IT HAS  
BEEN DETERMINED THAT YOU ARE  
**15 TIMES** MORE LIKELY TO BE  
MURDERED BY A GAY THAN A  
HETROSEXUAL DURING A  
SEXUAL MURDER SPREE!"

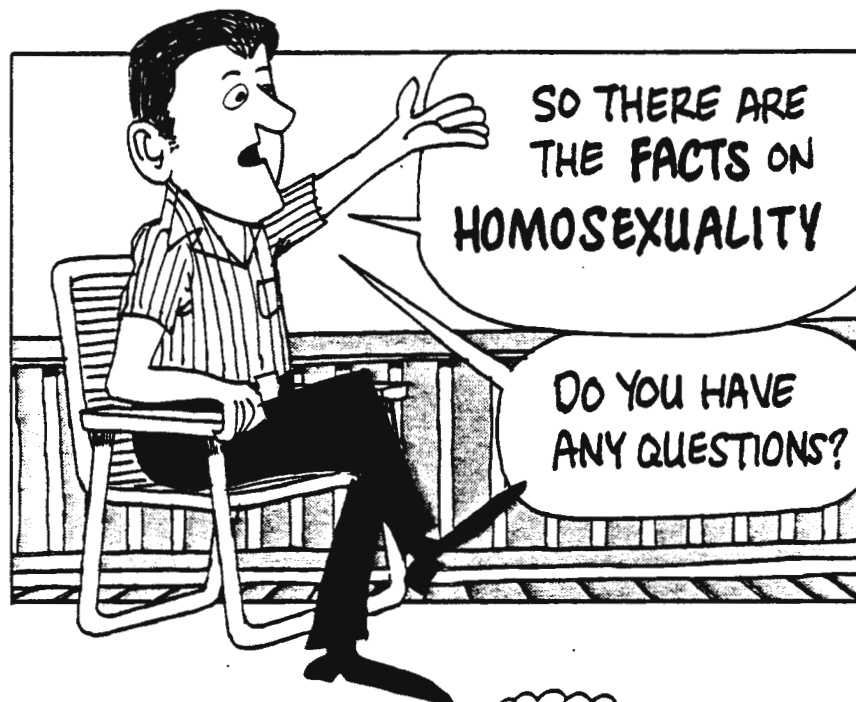


REMEMBER... 4% OF THE  
POPULATION ARE HOMOSEXUALS,  
YET THEY KILLED AT LEAST  
**68%** OF THESE MURDER VICTIMS!

15

"**MASS** OR **SERIAL** MURDERS  
HAVE INCREASED SHARPLY IN RECENT  
YEARS.... WHILE HOMOSEXUALITY HAS  
BEEN GIVEN MORE  
'APPROVAL'!"





## **Chapter 13**

Can  
Homosexuality  
be Cured ?



"SOME STUDIES INDICATE THAT UP TO **ONE THIRD** OF THE HOMOSEXUALS HAVE ALREADY BEEN 'CURED'! MANY EX-GAYS ARE INVOLVED IN HOMOSEXUALS ANONYMOUS AND OTHER GROUPS."



HOW'S IT WORKING?

WELL, LIKE "ALCOHOLICS ANONYMOUS", SOME ARE CURED AND SOME AREN'T. YOU KNOW REFORMED DRINKERS MUST TOTALLY REFRAIN FROM ALCOHOL.

IN THE SAME MANNER, "CURED" GAYS MUST **NEVER** RETURN TO THEIR OLD SODOMITE PRACTICES!



NOW WAIT A MINUTE!  
BACK WHEN WE BEGAN  
THIS CONVERSATION, I  
WAS TALKING ABOUT THE  
NEW HOMOSEXUAL HIGH  
SCHOOL IN NEW YORK CITY!

I'VE GOT THE ARTICLE RIGHT HERE!....



"NOW LISTEN TO THIS... A. DAMIEN MARTIN, FROM  
THE INSTITUTE FOR THE PROTECTION OF LESBIAN  
AND GAY YOUTH (WHICH OPERATES THE GAY SCHOOL,  
IN CONJUNCTION WITH THE NEW YORK CITY BOARD  
OF EDUCATION) RECENTLY SAID THAT, 'THERE HAS  
NEVER BEEN A SINGLE DOCUMENTED CASE OF  
CHANGE IN SEXUAL ORIENTATION.' "

2



WHOA! READ WHAT  
**ELSE** IT SAYS: "DAN  
VON BERGEN, A FORMER  
HOMOSEXUAL WHO SERVES  
AS AN ELDER AT THE  
NEIGHBORHOOD CHURCH  
(OF GREENWICH VILLAGE)...



..... SAYS 'THESE PEOPLE  
DON'T KNOW THE TRUTH OR  
THE POWER OF GOD. JESUS  
CHRIST HAS TRIUMPHED  
OVER THE POWER OF  
HOMOSEXUALITY IN MY LIFE.'"



"JESSE LEE, PASTOR OF THE 'NEIGHBORHOOD CHURCH',  
SAYS STRAIGHTFORWARDLY, 'THIS SCHOOL SHOULD NOT  
EXIST. RATHER THAN SEGREGATING TEEN-AGERS  
WITH TEMPORARY HOMOSEXUAL INTERESTS, WE MUST  
SHOW THEM THAT THEY CAN BE SET FREE BY JESUS CHRIST.'"

EVEN CONVENTIONAL  
PSYCHOTHERAPY HAS  
CLAIMED A 30% CURE  
RATE, BUT THE BEST  
CURES ARE BEING  
REPORTED WHEN THERE'S  
A SPIRITUAL INVOLVEMENT.



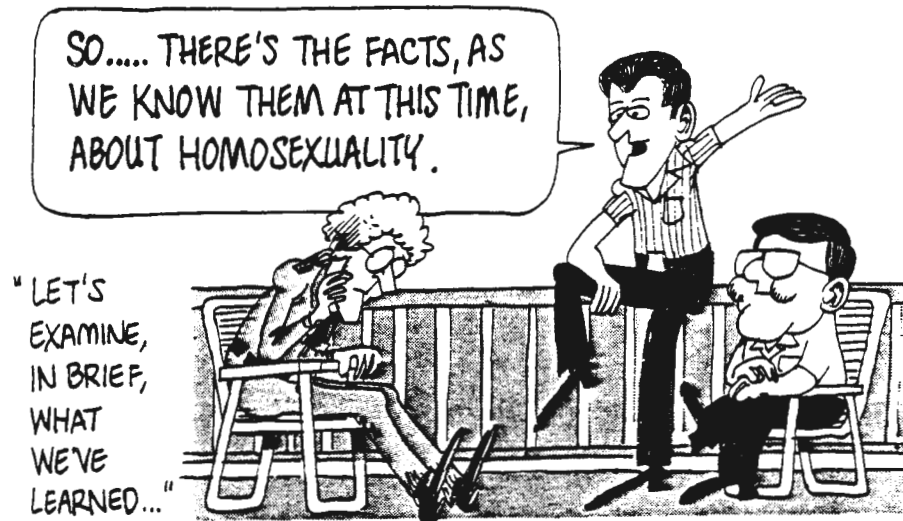
I'D GO  
TO A  
CHURCH...

...IF I  
HAD A  
CHURCH.

"SO TAKE HEART .... HOMOSEXUALITY  
CAN BE CURED WITH EFFORT AND  
WITH HELP."

# **Chapter 14**

## **Conclusions**



- "WE'VE LEARNED THAT IT'S **NOT** 'JUST ANOTHER LEGITIMATE LIFESTYLE'!- BUT THAT MILLIONS OF AMERICANS CONSIDER IT AN UNGODLY AND PERVERTED WAY OF LIFE.
- WE'VE LEARNED THAT SODOMITES HAVE HUNDREDS OF PARTNERS, GENERALLY, AND THAT THESE PHYSICAL ACTS DOMINATE HIS (OR HER) LIFE.
- HOMOSEXUALITY APPEARS TO BE A 'LEARNED' ACTIVITY.
- WE'VE LEARNED THAT HOMOSEXUALS HAVE GAINED A POLITICAL IMPORTANCE ALL OUT OF PROPORTION TO THEIR NUMBERS BY CLAIMING 'MINORITY' STATUS AND THROUGH SYMPATHETIC LIBERAL POLITICIANS AND MEDIA."

- WE'VE SEEN THAT THEIR "DEAD-END " LIFESTYLE LEADS ONLY TO DEATH.... EITHER BY DISEASE OR BY A LONELY OLD AGE WITHOUT HEIRS....TRULY A "DEATHSTYLE" BY ANY REASONABLE STANDARD.
- WE'VE SEEN THAT YOU CANNOT TELL WHO IS A HOMOSEXUAL BY HIS OR HER APPEARANCE.
- WE'VE EXAMINED THE EXTRODINARILY BRUTAL AND UNNATURAL PHYSICAL ACTS MOST ENGAGE IN.
- WE'VE SEEN THAT AIDS COULD RIVAL ANY PLAGUE THE WORLD HAS SEEN AND THAT GAYS ARE PRIMARILY RESPONSIBLE.
- IT'S CLEAR THAT MANY OTHER DISEASES ARE THE RESULT OF THEIR INHERENTLY UNHEALTHY ACTIONS.
- WE'VE MET SOME OF THEIR POWERFUL FRIENDS, LIKE THE ACLU AND THE NEA WHO ENCOURAGE THEM.
- WE'VE SEEN STUDIES THAT SHOW SODOMITES TO COMMIT FAR GREATER NUMBERS OF SEX CRIMES AND CHILD MOLESTATIONS THAN THEIR NUMBERS WOULD SUGGEST.
- AND.... WE'VE SEEN THAT BEING "GAY" CAN BE CURED.

IT'S CERTAINLY UNLIKELY,  
BUT "AIDS" **MAY** BE CURABLE,  
OR PREVENTABLE BY THE  
TIME YOU READ THIS.  
BUT DOES THAT **REALLY**  
CHANGE ANYTHING?



"IF AIDS DISAPPEARED TOMORROW, WOULD  
THE SODOMITE'S ACTIONS BECOME LESS OF A  
HEALTH HAZARD? WHAT NEW STRAINS OF  
DISEASES MIGHT BURST FORTH AS A RESULT  
OF THEIR INSANE PATHOLOGICAL RUSSIAN  
ROULETTE?"

"PEOPLE ARE WORRIED ABOUT AIDS, IN  
SPITE OF THE EXPERT'S REASSURANCES."

"AND LITTLE  
WONDER, WHEN  
YOU SEE THE  
WORDS AND  
TERMS THE  
"EXPERTS" USE TO  
RE ASSURE THEM..."



"PEOPLE **DO** FEAR THE UNKNOWN... AND **MUCH** REMAINS UNKNOWN ABOUT AIDS."



"**EASY** .... IF GAYS WERE ALL RESPONSIBLE !"

"DR. GEORGE D. LUNDBERG, THE EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION SAID IN 1985, THAT AN 'END TO SEXUAL PERMISSIVENESS' WOULD STOP THE SPREAD OF AIDS. HE CALLED FOR AIDS BLOOD TESTS BEFORE MARRIAGE, SAID THAT WOMEN WHO ARE CARRYING THE VIRUS SHOULD NOT BECOME PREGNANT AND SUGGESTED TOTAL AVOIDANCE OF SEXUAL ACTIVITY WITH ANYONE INFECTED WITH THE VIRUS."



"WHICH BRINGS US TO  
A **DUAL** PROBLEM."

"FIRST, NOT ALL GAYS ARE  
RESPONSIBLE .... IN FACT, IF  
**ANY** GAY WERE RESPONSIBLE,  
HE WOULDN'T BE A GAY!"



VERY FEW GAYS ARE MONOGAMOUS.  
IT USUALLY MEANS THEY HAVE ONLY ONE  
LOVER AT A TIME .... WITH THE "TIME" OF  
MONOGAMY LASTING 9 TO 60 MONTHS.

"AND SECONDLY, SINCE PENILE/RECTILE CONTACT IS  
THE PRIME SUSPECT IN DEVELOPING AIDS, MONOGAMOUS  
'COUPLES' ARE AT VIRTUALLY THE SAME RISK AS  
UNRESTRAINED GAYS."

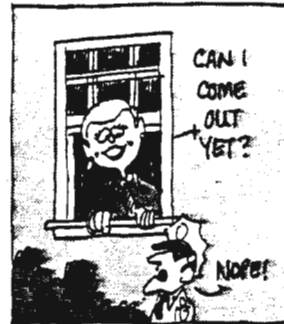
**"SO WHAT CAN WE DO? WHO CAN STOP THEM?"**

**"MOST IMPORTANTLY... GET INVOLVED!"**



"LET YOUR ELECTED  
REPRESENTATIVES  
(AND THE NEWS MEDIA)  
**KNOW** HOW YOU FEEL,"

"WHAT **SHOULD** BE  
DONE TO PREVENT THE SPREAD  
OF SODOMITE-BORNE DISEASES?"



"PROBABLY A TOTAL QUARANTINE  
OF ALL HOMOSEXUALS AND BI-  
SEXUALS (AS WELL AS INTRAVENOUS  
DRUG USERS AND PROSTITUTES) IN  
THEIR HOMES. AT LEAST UNTIL  
THEY CAN BE DIAGNOSED AS  
DISEASE-FREE."

**BLOODY MURDER!!**



"BUT WE ALL KNOW THE CHANCES OF  
STRONG MEASURES SUCH AS THAT!"



COME HERE  
GAYS.... MY  
LITTLE CHILD  
GOT AIDS....

AND I  
WANNA  
THANK YOU  
PERSONALLY.

"IN TRUTH, IT  
MAY BE KINDER  
THAN OTHER  
POSSIBILITIES."

"BUT THERE **ARE** SOME THINGS THAT WE **SHOULD**  
DEMAND FROM THOSE ELECTED TO PROTECT US...."



" THEY INCLUDE:

- A BAN AGAINST HOMOSEXUALS WORKING AS FOOD HANDLERS, BARTENDERS, DOCTORS, DENTISTS, NURSES AND MEDICAL TECHNICIANS, TEACHERS AND AIDES IN DAY CARE CENTERS FOR INFANTS AND YOUNG CHILDREN.
- CRIMINAL SANCTIONS AGAINST AIDS CARRIERS WHO KNOWINGLY TRANSMIT THEIR LETHAL DISEASE TO NON-CARRIERS.
- A DEMAND THAT OUR TAX-SUPPORTED PUBLIC SCHOOLS STOP BEING TOLERANT, OR OUTRIGHT SUPPORTIVE OF "ALTERNATIVE LIFESTYLES" AND THAT TEXTBOOKS REFLECT THIS NEW ATTITUDE.
- CLOSE, OR MONITOR TIGHTLY, HOMOSEXUAL MEETING PLACES, SUCH AS RESTROOMS, PARKS, BATH HOUSES, GAY BARS, ETC. .
- MAKE PRACTICE OF SODOMITE ACTS A CRIME.
- SUPPORT THE TESTING OF BLOOD DONORS AND ACCURATE RECORD-KEEPING.
- DEMAND THAT BLOOD DONORS SWEAR TO ABSENCE OF HOMOSEXUAL ACTS OR INTRAVENEOUS DRUG USE DURING THE PREVIOUS FIVE YEARS - AND ARREST PERSECUTORS. "

WOW! THOSE ARE  
SERIOUS STEPS! CAN'T  
WE GO A LITTLE EASIER  
ON THEM?



NO. HOMOSEXUALITY EXACTS A  
TERRIBLE PRICE FROM OUR SOCIETY  
ALREADY! SERIOUS STEPS ARE THE  
ANSWER TO SERIOUS PROBLEMS!

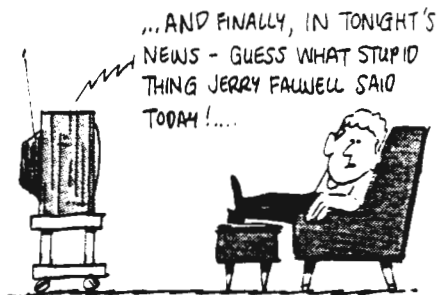
"MAYBE ONE OF THE **BEST**  
THINGS YOU COULD DO IS TO  
PUT **THIS BOOK** INTO THE  
HANDS OF YOUR YOUNG  
TEEN-AGER. MAYBE ITS  
STORY WILL DETER HIM (OR  
HER) FROM EXPERIMENTATION  
AND A LIVING HELL."

BARF!!



"PREVENTING YOUNG PEOPLE FROM ENTERING  
INTO THIS DEATHSTYLE IN THE FIRST PLACE  
MAY BE OUR BEST HOPE FOR THE FUTURE."

"I REALIZE THAT IT'S FASHIONABLE THESE DAYS FOR THE 'LEARNED' AND 'SOPHISTICATED' MEDIA, EDUCATORS, POLITICIANS, ETC. TO SCOFF AT THOSE WHO MIGHT SUGGEST THAT GOD MAY BE SENDING A JUDGEMENT AGAINST THOSE WHO ENGAGE IN THE MORAL AND BIBLICAL DEPRAVITY AND ALSO THOSE WHO CONDONE OR ENDORSE IT."



BUT GOD DID SAY:

".... AND ALTHOUGH THEY KNOW THE ORDINANCE OF GOD, THAT THOSE WHO PRACTICE SUCH THINGS ARE WORTHY OF DEATH, THEY NOT ONLY DO THE SAME, BUT ALSO GIVE HEARTY APPROVAL TO THOSE WHO PRACTICE THEM."

ROMANS 1:32

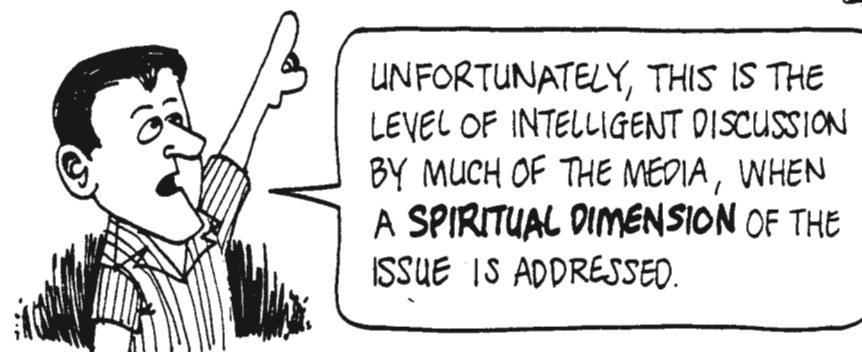
*and....*

"DO NOT BE DECIEVED, GOD IS NOT MOCKED."

GALATIANS 6:7



CAN YOU SAY FOR SURE THAT AIDS IS NOT A JUDGEMENT ON OUR SOCIETY?



"ON ANY OTHER SUBJECT, THE EMPIRICAL EVIDENCE WOULD AT LEAST BE CONSIDERED. FOR EXAMPLE...."



THE STATEMENT + THE EMPIRICAL EVIDENCE = CONSIDERATION

"WHY THEN DOES THIS SAME SPIRIT OF THOUGHTFUL  
CONSIDERATION LAPSE WHEN GOD ENTERS THE PICTURE?"



THE STATEMENT + THE EMPIRICAL EVIDENCE = ~~CONSIDERATION~~  
MOCKING DENIAL!



IT WOULD SEEM THAT  
INTELLECTUALLY HONESTY  
**ALONE** WOULD DEMAND  
EXAMINATION OF THE  
EVIDENCE.

I DON'T **KNOW** THAT THIS  
IS A JUDGEMENT ON THE  
SODOMITE ACTIONS (AND  
OUR ACCEPTANCE)... BUT  
THE EVIDENCE TELLS ME  
THAT THIS IDEA CAN NOT  
BE EASILY DISCARDED.



THE STORY MAY JUST BE BEGINNING.

# Epilogue



YOU'VE CONVINCED ME, BUT  
NOW I'M LEFT WITHOUT **HOPE!**  
AT LEAST BEFORE, MY HOMOSEXUAL  
SOCIETY HAD CONVINCED ME THAT I  
WAS JUST LIKE ANYONE ELSE.  
JUST AS MORAL.... NO WORSE  
THAN ANYONE ELSE.

LOOK.... SUPPOSE I COULD  
ASSURE YOU TODAY THAT  
I HAD A CURE FOR AIDS...  
OR ALL OF THE OTHER  
"GAY" DISEASES... AND  
GUARANTEE THAT YOU'D  
LIVE TO BE 95! HOW  
WOULD YOU FEEL?



PRETTY  
GOOD,  
I GUESS.

"**WHY?** ALL IT WOULD MEAN IS THAT  
YOU WOULD **POSTPONE** HELL AND ETERNAL  
SEPARATION FROM GOD FOR ANOTHER 20, 40  
OR 60 YEARS. WHERE'S THE VICTORY IN THAT,  
WHEN YOU THINK IN TERMS OF ETERNITY?

"GOD ASKS, IN HIS WORD, WHAT DOES IT PROFIT  
A MAN TO GAIN THE WHOLE WORLD AND LOSE HIS  
OWN SOUL ?" (MATTHEW 16:26)

BUT I DON'T  
WANT TO GO  
TO HELL!



"NO ONE DOES, BUT THE PLAIN TEACHING OF  
GOD'S WORD IS THAT ALL HOMOSEXUAL ACTIVITY  
IS SINFUL! AND YOU WILL NOT BE A PART OF  
GOD'S HEAVENLY KINGDOM IF YOU PERSIST IN  
BREAKING HIS LAW! JUST LOOK AT SOME OF  
THE THINGS HE SAYS...."

- "OR DO YOU NOT KNOW THAT THE UNRIGHTEOUS  
SHALL NOT INHERIT THE KINGDOM OF GOD? DO NOT  
BE DECIEVED; NEITHER FORNICATORS, NOR IDOLITORS,  
NO ADULTERERS, NOR EFFEMINATE, NOR  
HOMOSEXUALS, NOR THIEVES, NOR COVETOUS, NOR  
DRUNKARDS, NOR REVILERS, NOR SWINDLERS,  
SHALL INHERIT THE KINGDOM OF GOD."

1 CORINTHIANS 6:9-10

- "YOU SHALL NOT BRING THE HIRE OF A HARLOT OR THE  
WAGES OF A DOG\* INTO THE HOUSE OF THE LORD YOUR GOD  
FOR ANY VOTIVE OFFERING FOR BOTH ARE AN ABOMINATION  
TO THE LORD YOUR GOD."

DEUTERONOMY 23:16

\* MALE PROSTITUTE, SODOMITE



GOD DOESN'T EVEN **WANT**  
ME IN HIS CHURCH! I'VE  
SINNED TOO MUCH! I'M  
TOO **BAD** TO BE SAVED!

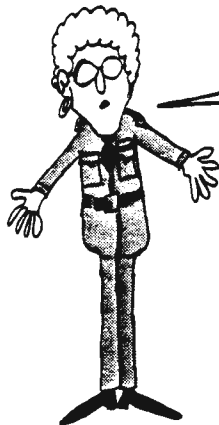


SO IF YOU WERE TO DIE TONIGHT,  
DO YOU THINK YOU WOULD GO  
TO HEAVEN?"

**OF COURSE NOT !!**  
I'M A HOMOSEXUAL ....  
AND GOD SAYS THEY'LL  
HAVE NO PLACE IN HEAVEN!



"O.K. .... O.K. .... JUST BEAR WITH ME A MINUTE,  
IF YOU **WERE** TO DIE TONIGHT AND YOU  
FOUND YOURSELF AT HEAVEN'S GATE AND  
MET GOD .... AND HE ASKED YOU **WHY**  
HE SHOULD LET YOU IN .... WHAT WOULD  
YOU ANSWER?"



OH, I SUPPOSE I'D SAY SOMETHING LIKE:  
"WELL, I'VE ALWAYS TRIED TO LIVE A  
MORAL LIFE.... I GIVE TO CHARITY....  
I'M NO WORSE THAN A LOT OF OTHER PEOPLE  
(INCLUDING SOME HYPOCRITE 'CHRISTIANS')  
.... I WAS GOOD TO MY MOTHER....  
I NEVER DRANK.... I.... I.... "

I... OH, WHO AM I KIDDING!  
I DON'T **DESERVE** TO GO INTO  
HEAVEN! YOU'VE LAID DOWN  
THE GROUND RULES AND I JUST  
DIDN'T FOLLOW THEM! THE ONLY  
WAY I COULD COME IN IS IF YOU  
TOOK PITY ON ME AND SHOWED ME  
THE MERCY I HAVEN'T EARNED!"



**THERE  
IS NO  
HOPE!**



**NOW** YOU'RE ON THE RIGHT TRACK!  
I HAD TO GET TO THAT POINT  
TOO, WHEN I REALIZED I DON'T  
**DESERVE** HEAVEN!

"FOR ALL HAVE SINNED AND FALL SHORT OF THE GLORY OF GOD."

BUT YOU ALWAYS TALK LIKE YOU'RE GOING TO BE SAVED! IF ALL FALL SHORT... THEN HOW?....



"IT'S EASY. REMEMBER A MINUTE AGO WHEN YOU SAID THE ONLY WAY YOU'D GET IN IS IF GOD SHOWED YOU THE MERCY YOU DIDN'T DESERVE?"

"YEAH."

"WELL.... **JESUS CHRIST** WAS GOD'S WAY OF SHOWING US THAT MERCY."

"FOR GOD SO LOVED THE WORLD THAT HE GAVE HIS ONLY BEGOTTEN SON THAT WHOSOEVER BELIEVES IN HIM SHOULD NOT PERISH, BUT HAVE EVERLASTING LIFE."

JOHN 3:16

"FOR BY GRACE YOU HAVE BEEN SAVED THROUGH FAITH; AND THAT NOT OF YOURSELVES, IT IS THE GIFT OF GOD; NOT AS A RESULT OF WORKS, THAT NO ONE SHOULD BOAST."

EPHESIANS 2:8,9

"JESUS SAID TO HIM, 'I AM THE WAY, AND THE TRUTH AND THE LIFE; NO ONE COMES TO THE FATHER, BUT THROUGH ME.'"

JOHN 14:6



JESUS DIED FOR US, BUT THAT CROSS IS **EMPTY**, BECAUSE HE ROSE FROM THE DEAD AND BEAT DEATH ...AND HE BEAT IT FOR US, TOO! AND HE'S COMING AGAIN FOR US... TO LIVE WITH HIM **FOREVER!**

"THERE'S **NO** SIN THAT'S SO BIG OR BAD THAT GOD WON'T FORGIVE US, BECAUSE OF JESUS' SACRIFICE .... AND IN RESPONSE TO THIS GRACE, WE SHOULD BE TRULY SORRY AND PLEDGE TO TRY TO CHANGE."



BUT HOW....HOW DO I GO ABOUT IT?

" IF YOU CONFESS WITH YOUR MOUTH THAT JESUS IS LORD;  
AND BELIEVE IN YOUR HEART THAT GOD HAS RAISED  
HIM FROM THE DEAD, YOU SHALL BE SAVED. "

ROMANS 10:9

"JUST PRAY THIS PRAYER...."

"OH FATHER, I AM A LOST  
SINNER. I'M GUILTY OF THE  
SINS THAT YOU WARN AGAINST-  
INCLUDING HOMOSEXUALITY -  
AND I DESERVE NOTHING BUT  
YOUR PUNISHMENT, BOTH HERE AND  
IN ETERNITY. BUT I AM SORRY FOR MY ACTIONS AND  
THOUGHTS AND I WILL TRY TO DO BETTER. I WILL  
TRY TO GIVE UP THIS PERVERTED WAY OF LIVING. I ASK  
YOUR FORGIVENESS....NOT BECAUSE OF ANYTHING I'VE  
DONE, BUT SOLELY BECAUSE OF THE INNOCENT DEATH,  
RESURRECTION AND COMING AGAIN OF YOUR SON,  
JESUS CHRIST. AMEN. "



WELCOME TO THE FAMILY!



DEAR READER,

THIS BOOK WAS MEANT AS AN  
INTRODUCTION TO THE SUBJECT OF  
HOMOSEXUALITY AND IS NOT MEANT  
TO BE AN EXHAUSTIVE TREATMENT.  
IF YOU WANT ADDITIONAL INFORMATION,  
THE FOLLOWING SOURCES MAY BE ABLE  
TO HELP. SIMPLY CUT OUT THE COUPON  
YOU CHOOSE AND MAIL TO THE  
ADDRESS SHOWN.

THANK YOU.

*Dick Hafer*

THE INSTITUTE FOR THE SCIENTIFIC INVESTIGATION OF SEXUALITY  
2940 SOUTH 74TH STREET, LINCOLN, NEB. 68506

GENTLEMEN:

I READ ABOUT YOUR ORGANIZATION IN DICK HAVER'S BOOK,  
DEATHSTYLE. PLEASE SEND ME YOUR SERIES OF PAMPHLETS ON  
THE HOMOSEXUAL THREAT.

☐ PLEASE SEND ME YOUR NEWSLETTER FOR ONE YEAR. I ENCLOSE \$10.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ I'VE ALSO ENCLOSED A TAX-DEDUCTIBLE CONTRIBUTION OF \$ \_\_\_\_.

## Appendix

Where Can  
I Get More  
Information?

CHRISTIAN MANDATE FOR AMERICA  
P.O. BOX 2500, CULPEPPER, VA. 22701

GENTLEMEN:

I READ ABOUT YOUR ORGANIZATION IN DICK HAFFER'S BOOK,  
DEATHSTYLE. PLEASE SEND ME MORE INFORMATION ON YOUR  
FIGHT AGAINST HOMOSEXUALITY AND AIDS.

☐ I'VE ENCLOSED \$25 FOR MEMBERSHIP AND A FREE SUBSCRIPTION  
TO YOUR MONTHLY NEWSLETTER.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ I CANNOT JOIN, BUT I'VE ENCLOSED A TAX-DEDUCTIBLE  
CONTRIBUTION OF \$\_\_\_\_\_.

THE COMMITTEE TO PROTECT THE FAMILY  
5881 LEESBURG PIKE, SUITE 204, FALLS CHURCH, VA. 22041

GENTLEMEN:

I READ ABOUT YOUR GRASS-ROOTS LOBBYING ORGANIZATION  
IN DICK HAFFER'S BOOK, DEATHSTYLE. PLEASE SEND ME MORE  
INFORMATION ON THE ANTI-FAMILY HOMOSEXUALITY.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ I'VE ENCLOSED A TAX-DEDUCTIBLE GIFT OF \$\_\_\_\_\_ TO ASSIST YOU.

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MORAL MAJORITY FOUNDATION  
305 6th STREET, LYNCHBURG, VA. 24504

GENTLEMEN:

I READ ABOUT YOUR ORGANIZATION IN DICK HAFFER'S BOOK,  
DEATHSTYLE. CAN YOU PLEASE SEND ME ADDITIONAL MATERIAL ON  
YOUR FIGHT AGAINST HOMOSEXUALITY AND AIDS?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ I'VE ENCLOSED A TAX-DEDUCTIBLE GIFT OF \$\_\_\_\_\_ TO ASSIST  
YOUR ORGANIZATION.

THE CONSERVATIVE CAUCUS RESEARCH, ANALYSIS & EDUCATION FOUNDATION  
450 MAPLE AVENUE EAST, VIENNA, VA. 22180

GENTLEMEN:

I READ ABOUT YOUR ORGANIZATION IN DICK HAFFER'S BOOK,  
DEATHSTYLE. CAN YOU PLEASE SEND ME MORE INFORMATION ON  
THE NATIONAL SCOURGES OF HOMOSEXUALITY AND AIDS?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ I'VE ENCLOSED A TAX-DEDUCTIBLE GIFT OF \$\_\_\_\_\_ FOR YOUR ORGANIZATION.

"STARBOARD"

P.O. BOX 464, MANASSAS, VA. 22110

IF YOU FOUND THIS BOOK WORTHWHILE, YOU MAY BE INTERESTED IN THE MONTHLY NEWSLETTER, "STARBOARD." DICK HAFFER IS THE ASSOCIATE EDITOR AND YOU'LL LEARN ABOUT SOCIAL AND POLITICAL TRENDS AND CONSERVATIVE NEWS. HOMOSEXUALITY IS JUST ONE OF THE ISSUES THAT ARE MONITORED,... OFTEN THROUGH THE COMICS COMMANDO'S CARTOONS.

☐ PLEASE ENTER MY ONE-YEAR SUBSCRIPTION TO "STARBOARD." I ENCLOSE NOT THE \$25\* REGULAR PRICE - BUT THE SPECIAL INTRODUCTORY PRICE OF \$15\* - FOR READERS OF "DEATHSTYLE".

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OR**... IF YOU WISH TO KNOW MORE ABOUT SODOMITES FROM A PRO-GAY POSITION, WRITE TO :

- NATIONAL GAY TASK FORCE  
2335 18th ST. N.W., WASHINGTON, D.C. 20009
- GAY RIGHTS NATIONAL LOBBY, INC.  
P.O. BOX 1892, WASHINGTON, D.C. 20013
- NATIONAL ORGANIZATION FOR WOMEN,  
LESBIAN RIGHTS COMMITTEE  
1401 NEW YORK AVE. N.W., WASHINGTON, D.C.

## WANT MORE COPIES OF THIS BOOK?

"DEATHSTYLE" MAY BE ORDERED BY SIMPLY FILLING OUT  
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CREDIT CARD

NO. (ALL DIGITS)

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PLEASE SEND ME "HOMOSEXUALITY: LEGITIMATE, ALTERNATIVE DEATHSTYLE."

(MAILING ADDRESS (PLEASE PRINT))

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



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CALL TOLL-FREE **800-528-0559**

8 A.M. - 5 P.M., MTN. STD. TIME • IN ARIZONA, CALL 252-4477 COLLECT

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## FOR INFORMATION ON HOMOSEXUAL DISEASES ONLY:

- NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, OFFICE OF RESEARCH REPORTING AND PUBLIC RESPONSE, AIDS, BUILDING 31, ROOM 7A32, BETHESDA, MD. 20892. PHONE 301/496-5717 (8:30 A.M. - 5 P.M., MON. - FRI.).
- CENTERS FOR DISEASE CONTROL
  - 24-HOUR TAPE-RECORDED MESSAGE: CALL 1-800-342-AIDS.
  - HOTLINE, OPEN 9 A.M. - 7 P.M., MON. - FRI. . CALL 1-800-447-AIDS.
- UNITED STATES CONFERENCE OF MAYORS, 1620 I STREET N.W., FOURTH FLOOR, WASHINGTON, D.C. 20006. CALL 202/293-7330.
  - PUBLISHES A DIRECTORY OF AIDS-RELATED SERVICES THROUGHOUT THE COUNTRY.
- JOHNS HOPKINS HOSPITAL, DIVISION OF INFECTIOUS DISEASES, ANSWERS QUESTIONS ABOUT AIDS. CALL 301/955-3150.

## FOR COUNSELLING:

- CONTACT A LOCAL, BIBLE-BELIEVING CHURCH AND ASK FOR THEIR HELP ON WHAT'S AVAILABLE IN YOUR AREA.
- CONTACT YOUR STATE'S PUBLIC HEALTH SERVICE.

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*Carl  
thought you  
shared  
this.  
Don't see  
Don't see  
etc  
etc*



Congress of the United States

House of Representatives

Washington, D. C. 20515

David S. Monson  
Second District  
Utah

November 21, 1985

Dr. James O. Mason  
Assistant Secretary  
Public Health Service  
Department of Health  
and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Jim:

While reading the newspaper this morning I came across an article in the column written by Jack Anderson which caused me great distress. I've enclosed a copy of this article so that you will be sure to know which article I'm referring to.

I'm hopeful that you can write back and tell me that this article is inaccurate. If it is not, then I must join with many others who I'm sure would strongly protest such a response. It is difficult to believe that this is the best way to deal with this issue and hope that you will either reassure me that this in fact is not a correct assessment of what is happening or provide me with an adequate explanation of this.

While my respect for you has not in any way diminished, after the hearing held by the Republican Study Committee I am becoming more concerned myself that this issue is not being dealt with in the best interests of the American public. I am hopeful that this in no way reflects on my good friend from Utah.

Enclosed also is a copy of a letter being circulated in Congress right now that is being sent to the President regarding you and the handling of this issue. I have chosen not to sign this letter because of my respect and friendship for you. However, many of the points that are made in this letter are points that I am finding myself coming into agreement with.



I did want you to be aware of this though. I'm concerned when feelings get this high and I hope that I do not over-react myself. I have debated all day long as to whether or not to send this letter and finally felt that it was necessary in hopes that adequate explanation can be given to the questions I've raised.

As I've sat through the meetings with you I've been most impressed by your competence in dealing with this issue. I am also well aware of your background and your own standards. That is why it is difficult to understand what I see as the policy that is emanating. I look forward to hearing from you and wish you the best in all of your endeavors. If I can be of assistance, please do not hesitate to let me know.

Most sincerely,



David S. Monson  
Member of Congress

DSM/kgH

**JACK ANDERSON and JOSEPH SPEAR**

## Explicit Anti-AIDS Campaign Debated

**F**ederal health officials can't decide whether to put duty ahead of embarrassment in handling sexually explicit materials they had sought for an educational campaign to reduce the spread of acquired immune deficiency syndrome (AIDS).

The problem is how to get the message across to the highest-risk group—homosexual men—in an explicit enough way to be effective, without appearing to give the government's seal of approval to sexual practices that are offensive to many.

Officials are afraid Congress and the public may get the idea that they are encouraging gay sex.

So the Centers for Disease Control has put "on hold" the funding of 14 proposals submitted in response to the agency's request for "Innovative Projects for AIDS Risk Reduction." The applicants, including Gay Men's Health Crisis Inc. and the Sloan-Kettering Cancer Institute, were notified of the delay in a letter last month.

The CDC review process "has raised certain concerns about the explicit content of some proposed written and audio-visual materials," wrote Dr. Michael Lane, head of the agency's preventive services.

Here are some of the proposed information projects that led to the letter:

- Sloan-Kettering's package, for which it would receive \$185,793, includes video scenarios for "safe sex." One "will show two gay men soon after meeting in a gay bar," the proposal explains. "The men negotiate a contract of low-risk sexual behavior and leave the bar together." In another segment, "two attractive gay models will be shown in a bedroom scene that depicts certain techniques

(focused on caressing and hugging) which are presented as desirable sexual behavior."

- Gay Men's Health Crisis Inc., of New York City, proposed a \$280,638 project that has the support of Reps. Ted Weiss (D-N.Y.) and Bill Green (R-N.Y.). It would include a "safe sex video" demonstrating that "there are healthy, satisfying and erotically appealing sexual alternatives" to practices that spread AIDS. The proposal also includes a "sexual enrichment program" consisting of "a one-hour graphic series of sexually explicit visual images that emphasizes the eroticization of safe sexual practices," and a 15-month calendar featuring "appealing and tastefully explicit photographs which portray images of healthy sex."

Participants would also be asked to fill out an "inventory of preferred sexual practices" ranging from "social or dry kissing" to "S&M [sado-masochistic] activities . . ."

"You need to tell people what sex acts represent a particularly heightened risk," explained Richard Dunne of Gay Men's Health Crisis. "How else can people change their behavior patterns?"

Lane said in his letter to applicants: "We are carefully considering how explicit the message must be in order to educate risk groups. Clearly, AIDS is a problem which requires bold and unprecedented approaches. However, every aspect of AIDS activity receives intensive public scrutiny, and accountability for the appropriate use of public funds . . . must be kept in mind."

Officials have suggested that local citizens' panels review the material to see if it violates community standards.

COMMITTEES  
ENERGY AND COMMERCE  
JUDICIARY



DISTRICT OFFICE  
1730 NORTH HARBOUR BOULEVARD  
SUITE 100  
BURBANK, CA 91502  
(818) 992-0141

# Congress of the United States

House of Representatives

Washington, DC 20515

November 26, 1985

The President  
The White House  
Washington, D.C. 20500

Dear Mr. President:

As Members of Congress, we feel the actions taken by the the Department of Health and Human Services and the Centers for Disease Control to control the AIDS epidemic have been completely inadequate. Dr. James Mason, as Acting Assistant Secretary for Health and Acting Director of CDC is responsible for both the determination and administration of public health policy within these parameters. In this capacity, Dr. Mason has failed to exhibit the requisite degree of competence in responding to the AIDS epidemic.

It is imperative to recognize that AIDS is unlike other epidemics such as measles and Hong Kong flu because it is an invariably fatal disease for which there is no cure and the transmission of which has escaped precise definition. Since there is neither the means for inoculation nor cure, the only recourse is for HHS and CDC to take whatever measures are necessary to protect the public health. In this regard, Dr. Mason has failed to meet the obligations of his office by taking any responsible actions in handling this public health crisis.

First, the guidelines promulgated by CDC and the U.S. Public Health Service are imprudent at best and fail to address imperative dilemmas faced by every sector of society in dealing with this epidemic. Some specific examples follow.

On February 14, the U.S. Public Health Service (PHS) issued guidelines on AIDS and the donation of blood. At this time they recommended that intravenous drug users be prohibited from donating blood and that male homosexuals who had been monogamous since 1979 should refrain from donating blood. This recommendation blatantly ignored available medical data and common sense. At the time these guidelines were issued PHS knew that male homosexuals comprised 73% of known AIDS cases yet the guidelines merely suggested these individuals refrain from donating blood while prohibiting donation by intravenous drug users who are only 13% of identified cases. PHS knew that the incubation period for AIDS may be as long as 8 years, and yet the recommendations only mentioned promiscuous gay relationships within the past 6 years. Finally, PHS was aware that the

Kinsey Institute had released a study indicating that the longest relationships between homosexuals averaged 1 to 3 years and that these relationships were generally not monogamous. Following the release of these guidelines, PHS reported that they were a product of a compromise between the homosexual community and public health authorities. Clearly, actions needed to protect the public health and the integrity of the blood supply should not be a matter of compromise between political entities.

On August 8 Congressman Dannemeyer wrote to HHS suggesting all homosexuals be placed in the same category as intravenous drug users, namely, that they be prohibited from donating blood. On September 6 his recommendation was partially implemented and all "males who have had sex with another male since 1977" were requested to refrain from donating blood. In October the Red Cross began affixing a sticker to its blood donation pamphlets which reads "males who have had sex with other males since 1977 must not donate blood." It should not have been necessary for a Member of Congress to take appropriate action to protect the nation's blood supply but rather should be a matter of course for the appropriate public health authorities at FDA and HHS. AIDS should have been handled like any other health threat of epidemic proportions, with prompt, common sense guidelines that address the problem and ignore the politics.

Secondly, the August 30 guidelines promulgated by CDC to deal with the problem of school children with AIDS failed to provide any rational recommendations to districts actually faced with this problem. The guidelines advocate that each child be dealt with on a case-by-case basis and that confidentiality be accorded a high priority. It is appalling that a child with measles, flu, chicken pox, or any other non-fatal disease is kept away from school for the protection of that child and others, while the child with AIDS, which is currently 100% fatal and heralded as a disease which remains a mystery, is not only encouraged to attend school but to do so anonymously so that the other children are precluded from taking appropriate precautions to protect themselves should they come into contact with the child's blood or body fluids.

The most recent guidelines, issued by CDC on November 15, represent yet another example of useless, irresponsible suggestions from the Public Health Service. These guidelines recommend no serologic testing for health care workers, food handlers or personal service workers based on the rationale that the disease poses no risk to co-workers, customers or patients. This decision appears particularly irresponsible in light of the results of a recent experiment published by The Lancet which indicates that the AIDS virus can live up to 10 days outside the body. CDC has continually cited that the virus is fragile and cannot live outside the body as a rationale for stating the disease cannot be casually transmitted. Although we do not question the judgement of the medical experts at CDC, it appears that blanketly advising hospitals and restaurants to refrain from testing personnel for AIDS and failing to prohibit AIDS

victims from working in these areas is cavalier in light of this recent evidence and the magnitude of the disease.

The November 15 guidelines also recommend not testing patients for the presence of the antibody or the virus. This recommendation directly contradicts the testimony of three registered nurses at a Republican Study Committee hearing earlier this month. These nurses unanimously agreed that patients exhibiting any signs of AIDS should be tested for presence of the virus and that these results be disseminated immediately to health care personnel so that nurses and others charged with their care may be on notice of their condition. These nurses related horror stories of circumstances in which they were not told that a patient had AIDS and were required to perform procedures which required contact with blood and body secretions without the benefit of protection. These guidelines callously encourage continued anonymity of the AIDS victim at the risk of the protecting our health care professionals.

All CDC guidelines have ignored historical medical data which illustrates that AIDS is a virus and that viruses have been found to change in virulence and therefore in possible modes of transmission. Studies already exist which show that the AIDS virus changes form and may disappear altogether during the course of the illness. Such medical data suggests to the layman that all practical measures should be pursued to guard against possible means of transmission as well as proven forms. CDC has rejected this premise and erred on the side of optimism to "prevent public hysteria." Public hysteria is better prevented by taking all possible precautions to protect public health rather than adopting a wait-and-see attitude.

In addition, it is evident that persons with AIDS are very ill individuals and have a number of attendant diseases which are themselves infectious. A 1983 article by Pat Buchanan entitled Gay Times and Diseases regales the diseases harbored by a large part of the gay population. Among these diseases are amebiasis, giardiasis and shigellosis which are conditions attendant to "gay bowel syndrome" which is present in 39% of the homosexual population and can be transmitted by unclean hands in contact with food or water. Another disease common to AIDS victims is dementia, which invades the brain and causes the victim to lose control of his mind and body functions. Therefore even if AIDS itself is not casually transmitted, these attendant diseases most certainly are and should be sufficient cause to test workers in high risk fields for signs of the disease.

In addition to poor guidelines, CDC overlooked the most obvious means of curtailing the spread of this disease when it failed to recommend that public health authorities shut down bathhouses. This blatant omission is notable since historically public health officials have taken a fire hose to the source of the fire rather than abdicating these traditional responsibilities to other sectors of governments. In this case again, Congress was forced to take the

matter into its own hands. On October 2 Congress passed an amendment, 417 to 8, to give the Surgeon General the power to close public bathhouses. At a Republican Study Committee hearing following that vote a spokesman from CDC said they planned to issue guidelines suggesting that public health officials close bathhouses. The guidelines have still not been issued.

CDC, HHS and PHS have failed to take any prudent steps to ensure that AIDS will not spread to the population at large. In addition to closing bathhouses, we feel that steps such as encouraging direct donations of blood, mandating reporting of AIDS and ARC to CDC, and encouraging local public health services to notify partners of AIDS victims as is done with other venereal diseases, would be positive steps to discourage the spread of this deadly disease.

Several Members of Congress have written and spoken to Dr. Mason about this issue to no avail. When pressed for answers, Dr. Mason fails to respond or does so evasively and refuses to have CDC release all pertinent information relating to reported cases of AIDS and the circumstances of transmission. When questioned about the 6% of cases which do not fit into any high risk group, Dr. Mason assures Congress and the public that they are probably part of a high risk group, but he has no data to back up his statements. Calming hysteria is a noble goal but one which will never be reached through this means.

Dr. Mason has performed beyond the call of duty in protecting the sensibilities of the victims of AIDS but has fallen far short of protecting the public health and well-being of the public at large. His competence and judgement in dealing with this virulent disease has been tried and proven inadequate. The facts we know are alarming and frightening; but what we don't know is even more so. Unavailable information needs to be unearthed and addressed not swept under the rug.. This is not a time for half-hearted action. The best way to avoid public hysteria and combat this epidemic is to be open, honest and vigorous in our pursuit of a cure for AIDS as well as our pursuit of a means to halt this disease. Dr. Mason has the authority to proceed, but lacks, in our estimation, the determination and reasoned judgement to do so.

We are not calling for the resignation of Dr. James Mason at this time. What we are asking you to do is to promptly meet with him and change the course of your administration on this issue. At this moment, between 500,000 and 1 million Americans have the AIDS virus in their blood. Within 5 years, between 25,000 and 250,000 of this group will have AIDS. The projected loss of life is tragic and the prospective cost to the taxpayer is awesome. At current standards of care, each of these patients consumes \$150,000 of health care, mostly comprised of taxpayer dollars. The choice for your administration is to be part of a solution aimed principally at protecting the public health and incidentally protecting the sensitivities of those tragic victims of AIDS or to continue pursuing a reversal of these goals, which is the chosen course of your administration at this time.

Sincerely,

Bill Sammons

Robert F. Dorman

John W. Fitch

Ed. Allen





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control  
Atlanta GA 30333

December 4, 1985

The Honorable David S. Monson  
House of Representatives  
Washington, D.C. 20515

Dear Dave:

Thank you for sharing your thoughts with me on matters relating to acquired immunodeficiency syndrome (AIDS). I appreciate the candor of your letter.

The Jack Anderson column entitled "Explicit Anti-AIDS Campaign Debated" was not complete as published in the Washington Post. I'm enclosing a letter from Tony Capaccio which includes the entire article. The first paragraph of the article suggests that "Federal health officials can't decide . . . ." In reality there was an immediate decision.

Several months ago the Centers for Disease Control (CDC) submitted a request for "Innovative Projects for AIDS Risk Reduction." The intent was for universities and other public and private organizations to identify potentially powerful new information and education programs aimed at deterring the transmission of AIDS. When the funding proposals were received and reviewed by CDC, many included unacceptable explicit information. CDC felt that it should not fund these proposals. I was alerted and fully supported CDC's decision. Decisive action was taken by the Public Health Service (PHS) before the Department or Congress was aware of the problem. I've been castigated by several groups for not funding the explicit proposals. That's the substance of the "debate."

The position of PHS is sound. We want to encourage innovative approaches to reducing the transmission of the AIDS virus, but explicit, erotic materials which encourage the gay lifestyle should not be produced or distributed using public funds.

I have more than a few comments on the Dannemeyer, et al letter to the President. Over the past weeks I've kept a Domestic Policy Council Working Group on AIDS chaired by Dr. William Roper informed of what PHS is doing about AIDS. Secretary Heckler and I have been to the White House to brief the Domestic Policy Council on two occasions on guidelines.

The following is a paragraph-by-paragraph comment on the letter.

Paragraph (1): The chronology of events and steps taken by HHS, PHS, and CDC should be better understood by those responsible for the letter. Although I agree with decisions made by my predecessors, I did not arrive at CDC until November 1983 and did not become Acting Assistant Secretary for Health until February 1985. I take no credit for the good judgment of those who preceded me.



Paragraph (2): The analogy of AIDS to measles and influenza is inappropriate since the latter two diseases are transmitted by the respiratory route. AIDS is a blood-borne, sexually transmitted disease. Its transmission is well characterized. Once classic AIDS disease develops, it is invariably fatal, but most persons with HTLV-III (the etiologic agent) infection are not ill. Numerous guidelines and recommendations have been published; fortunately, many were initiated by the PHS in 1982 and 1983 even before the etiologic agent (AIDS virus) was identified or the AIDS antibody test became available. Recent guidelines represent no change in the basic message about AIDS that PHS has been conveying all along. The AIDS virus is not transmitted by casual contact. I've appended several clippings indicating recent reports supporting lack of casual transmission of the AIDS virus. They include a report by U.S. Medicine and two recent newspaper reports on lack of transmission in children. Not only are U.S. scientists convinced that AIDS is not spread by casual person-to-person contact, but the Pasteur Institute in Paris is convinced as well.

Paragraphs (4) and (5): We're unable to find a February 14 (1985?) recommendation on blood donation. The PHS and the Nation's blood collecting organizations consider the exclusion of all high-risk groups as vital and do not regard the methods now used or previously used as being less stringent for homosexuals. The intent has always been to use procedures that would result most reliably in exclusion of high-risk groups. These procedures must remain flexible, of course, so that new high-risk groups can be excluded as soon as they become identified. These groups include several categories other than homosexuals, such as wives of men with hemophilia, sexual partners of IV drug abusers, recent Haitian immigrants, etc. With the single exception of IV drug abusers, where the arms of the donor are examined for needle marks, all high-risk donor exclusion relies to a great extent on the education of the individual to self exclude. Accordingly, the Food and Drug Administration (FDA) has worked with organizations representing the blood services since the onset of AIDS to develop the most effective means of providing such public and blood donor education.

Dannemeyer, et al imply that the first guidelines on AIDS and the donation of blood were issued February 14 (1985?) and were changed because of Mr. Dannemeyer's August 8, 1985, letter. Several blood-related guidelines have been issued since 1983. The first guideline was issued March 24, 1983, before the causative agent had been identified to educate blood banks about high-risk groups. The next set of guidelines came out in late 1984 to further educate the blood establishment on donor self exclusion. On February 19, 1985, PHS issued guidelines to explain the soon-to-be approved antibody test. Finally, in September of this year, we issued guidelines to revise the definition of those people who should self exclude from blood donations. These latter revisions were based on scientific studies which became available in late July using the FDA approved antibody test.

Dannemeyer, et al imply that there has been some sort of compromise between PHS and gay organizations in drawing up guidelines on the safety of the blood supply. No such compromise was ever made. Establishment of the 1983 guidelines was based on facts available at that time. Subsequent changes were the result of further evidence on route of infection and growing knowledge of the natural history of disease which the new AIDS antibody test provides. The

initial guidelines on donor deferral were the result of a decision by PHS agencies (FDA, CDC, NIH) after consulting with blood banks, scientific, medical, and public health authorities and risk groups.

Paragraph (6): The American Academy of Pediatrics has promulgated guidelines which are very similar to the August 30 CDC guidelines on education and foster care of children infected with AIDS virus. The guidelines were issued at the request of State and territorial health officials who were receiving inquiries from local school districts. The guidelines are based on evidence that the presence of a school age child infected with AIDS in a school poses no risk to other children or adults at the school. If the child is neurologically impaired or of preschool age, a more restricted environment was recommended. It was recommended that persons providing care to infected children where exposure to body fluids could occur (e.g., diaper changing) be informed of the child's infection status. It was not recommended that school and care providers be kept unaware of a child's AIDS virus status--only that the child's right to privacy be respected. Were AIDS transmitted by the respiratory route as are measles, flu, or chickenpox, it would make sense to exclude children infected with AIDS virus.

Paragraph (7): The fact that the AIDS virus can apparently survive outside the body does not have a direct relationship to transmissibility. The basis for stating that the infection is not casually transmitted is not "fragility of the virus" but rather the results of prospective studies of health workers and household members who have close contact with AIDS patients. No epidemiologic data exist to suggest that food handlers or personal service workers can transmit the disease to clients. Recommendations for health care workers stress application of appropriate infection control precautions when the potential exists for contact with blood or body fluids from any patient, whether or not they are known to be infected with AIDS virus. Specific recommendations for surgeons and dentists are now being considered, and this was announced when the workplace guidelines were promulgated. The guidelines contain no recommendations against testing health care workers, food service workers, etc.--only that testing is not indicated to prevent transmission to clients.

Paragraph (8): The November 15, 1985, guidelines represent a document which has had input from a number of organizations. I am enclosing a list of examples of support for the workplace recommendations, including the American Nurses Association. The guidelines (copy enclosed) state that "Routine serologic testing of all (hospitalized) patients . . . is not recommended to prevent transmission of HTLV-III/LAV infection in the workplace." They further state "this . . . should not be construed as a recommendation against other uses of the serological test, such as for diagnosis or to facilitate medical management of patients . . . some hospitals in certain geographical areas may deem it appropriate to initiate serological testing of patients."

Paragraph (9): There is no evidence to suggest that viruses, including the AIDS virus, change their routes of transmission over time.

Paragraph (10): State and local health departments already have policies on screening food handlers for infectious diseases, including enteric diseases,

as well as policies to exclude from work those with certain conditions. The November 15 recommendations state that food service workers known to be infected with HTLV-III need not be restricted from work unless they have evidence of other infections or illness from which any food service worker should be restricted. Such infections or illnesses include the enteric infections mentioned and dementia. With AIDS, as with other very serious diseases, by the time "dementia and loss of bodily functions" occur, individuals would not be working. State and local health departments need to be encouraged to enforce appropriate food sanitation standards to prevent transmission of enteric infections from all workers, including those infected with the AIDS virus.

Paragraph (11): CDC supports local decisions to close bathhouses. In a memorandum dated November 7, 1985, to State and Territorial Health Officials, Dr. Donald R. Hopkins, Acting Director, CDC, made the following statement: "CDC endorses State or local public health action to regulate or close these establishments (bathhouses or similar establishments that may facilitate random or anonymous sex) when taken on the basis of information indicating that these facilities represent a risk to the public health. If these establishments facilitate behaviors, such as anonymous contacts and/or having intercourse with multiple partners, this clearly could lead to transmission of HTLV-III as well as other sexually transmitted diseases."

Paragraph (12): Direct blood donations involve policy decisions of national and local blood collecting agencies. In the past, such agencies generally opposed directed donations. FDA and the blood agencies have encouraged autologous donations (from self) when feasible (e.g., elective surgery). The authority to mandate reporting of AIDS or AIDS-related complex rests with State/local governments. Forty-five of fifty States require AIDS reporting. All 50 States voluntarily report to CDC. PHS has recommended that "testing for HTLV-III antibody should be offered to persons who may have been infected as a result of their contact with serologic positive individuals (e.g., sexual partners, persons with whom needles have been shared, infants born to seropositive mothers)" (January 11, 1985, MMWR). This recommendation preceded licensing of the test by 2 months.

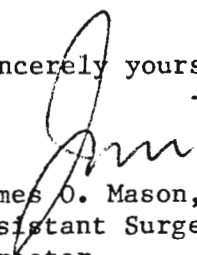
Paragraph (13): Although as of today 6 percent of reported cases are not in a defined risk group, no pattern has emerged suggesting modes of transmission other than sexual intercourse, sharing of IV needles, transmission through blood or blood products, and/or perinatal transmission from mother to newborn. Casual contact, food, or arthropod vectors have not been implicated. Among that remaining 6 percent, approximately 2.6 percent of reported cases were born in Haiti or Central Africa, where studies suggest heterosexual transmission is a major risk factor. Of the remainder, approximately one-third died before interview, one-third have investigations pending by local health departments, and one-third have been interviewed. Of those with investigations pending, approximately one-half will be found to fall into one of the current risk groups. Of those who have been interviewed, 20 to 30 percent of the men give a history of sexual contact with prostitutes and/or a high-level of heterosexual promiscuity.

AIDS is a difficult problem. We are still in the midst of an epidemic of fear. This is both good and bad. Two kinds of fear are at work here. One is reasonable fear among people who have already become infected or whose behavior may put them at risk for AIDS. For the latter, fear may accomplish what knowledge alone will not--fear may cause people to change the behavior that puts them at risk. On the other hand, fear among people who are not at risk is unwarranted and counterproductive. People who are frightened of friends, coworkers, and family members who are infected or have AIDS are suffering unwarranted fear, and that fear doesn't produce worthwhile outcomes. It diffuses our Nation's efforts to deal with the real transmission risks. This is the fear we need to do away with.

I can assure you that PHS and CDC have but one overriding responsibility and that is to protect the public health. We agree that the sensitivities of those victims of AIDS must be considered, but placed secondary to the health of the Nation as a whole.

Although there is yet a long way to go, we have made a good start. I'm proud of the leadership that has been provided by PHS in combating this dreadful disease.

Sincerely yours,



James O. Mason, M.D., Dr.P.H.  
Assistant Surgeon General  
Director

Enclosures

JACK ANDERSON  
1401 16th Street, N.W., Washington, D.C. 20036

Nov 22, 1985

Dr James Mason  
Acting Asst Sec for Health  
200 Independence Ave SW  
Wash DC 20201

Dear Dr Mason:

It occurred to me that you might like to see the full version of our recent AIDS column. The version in the Post was shortened quite bit. I've enclosed the piece as it ran in Newsday.

Best Wishes,

*Tony Capaccio*  
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JACK

# ANDERSON

## The Feds Are Wary Of Explicit Projects For AIDS Relief

**F**EDERAL HEALTH officials can't decide whether to put duty ahead of embarrassment in handling sexually explicit materials they sought for an educational campaign to reduce the spread of AIDS.

The problem is how to get the message across to the highest risk group — homosexual men — in an explicit enough way to be effective, without appearing to give the government's seal of approval to sexual practices that are offensive to millions of Americans.

Officials are afraid Congress and the public may get the idea they are encouraging gay sex.

So the Centers for Disease Control has put "on hold" the funding of 14 proposals submitted in response to the agency's request for "Innovative Projects for AIDS Risk Reduction." The applicants, including Gay Men's Health Crisis Inc., AID Atlanta and the Sloan-Kettering Cancer Center, were notified of the delay in a letter last month.

The center's review process "has raised certain concerns about the explicit content of some proposed written and audiovisual materials," wrote Dr. Michael Lane, head of the agency's preventive services.

Here are some of the proposed information projects that led to the letter:

- Sloan-Kettering's package, for which it would receive \$185,793, includes scenarios for "safe sex" in its video component. One segment "will show two gay men soon after meeting in a gay bar," the proposal explains. "The men negotiate a contract of low-risk sexual behavior and leave the bar together."

- In another proposed segment, "two attractive gay models will be shown in a bedroom scene that depicts certain techniques (focused on carressing and hugging) which are presented as desirable sexual behavior."

- AID Atlanta's proposed \$227,407 "Play Safe Atlanta" project hinges on the use of video presentations and "safe sex parties" where a "trainer" will give quizzes and demonstrate the contents of a "safe sex survival kit."

- Gay Men's Health Crisis Inc. of New York City, proposed a \$280,638 project that has the support of Reps. Ted Weiss (D-Manhattan) and Bill Green (R-Manhattan).

It would include a "safe sex video" demonstrating that "there are healthy, satisfying and erotically appealing sexual alternatives" to practices that spread AIDS.

The proposal also includes a "sexual enrichment program" consisting of "a one-hour graphic series of sexually explicit visual images that emphasizes the eroticization of safe sexual practices," and a 15-month calendar featuring "appealing and tastefully explicit photographs which portray images of healthy sex."

Participants would also be asked to fill out an "inventory of (22) preferred sexual practices" ranging from "social or dry kissing" to "S&M (sado-masochistic) activities that result in piercing skin or bleeding."

"You need to tell people what sex acts represent a particularly heightened risk," explained Richard Dunne of Gay Men's Health Crisis. "How else can people change their behavior patterns?"

But Lane explained delicately in his letter to applicants:

"We are carefully considering how explicit the message must be in order to educate risk groups. Clearly, AIDS is a problem which requires bold and unprecedented approaches. However, every aspect of AIDS activity receives intensive public scrutiny, and accountability for the appropriate use of public funds is a responsibility which must be kept in mind."

Officials have suggested that panels of local citizens review the AIDS material to see if it violates community standards.

"We are looking very closely at the proposal," Dr. James Mason, acting undersecretary for health at the Department of Health and Human Services, told our associate Tony Capaccio. "You can get good educational materials without being too explicit. We don't think that citizens care to be funding material that encourages gay sex lifestyles."