



PHOENIX JOURNAL EXPRESS

A weekly bulletin commenting on appropriate current news events, clarification of portions of Journals and answers of a general nature to questions not found in the existing Journals.

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3/28/90 HATONN

Dharma, Hatonn in the Light of the Radiant One. Chelas, you must prepare for more intense impact as we correlate the old with the new information.

Oberli, you may not consider Dharma the author of these Journals, however, if she is stopped in her work you may as well accept the fact that there will be a break in authorship--it is simple technicality. You ones fail to understand that her concerns are quite valid. I, too, am distracted by the interruptions and inflow of knowledge to be categorized. After interruptions for other unrelated writings, we need the ongoing "skeleton" of the Journal available to save time at onset of writing each morning. In a simple pile is fine, I do not wish to sort through binders; an extra copy as you send to the regular receivers is sufficient. You ones do not seem to understand that I must move through her fog and it is sometimes most difficult indeed. I find no one else setting their ego and consciousness aside to take on every "big gun" there is available. Do not be harsh with her concerns for she is also human indeed. In your courts of "injustice" she will be considered the author of these materials and don't you forget it for even one moment.

As to Mr. Hackett's new writings in preparation; let it be known that no more energy will be given unto his bleating's. He is most welcome to write into infinity; we have no privilege to air these things in the public journals to any further extent as the ones awaiting these Journals have no further interest in such drivel. He, too, is out to demoralize Dharma and today she finds it only pathetic and somewhat amusing. Give full love and protection to the mother who is the one truly under attack and release the matter. If he wishes to pursue the matter, he must return to the Gatehouse from whence his information continues to be conceived. If he wishes to have his bellicosity aired then perhaps Sister will be more gracious regarding the printing of it, but I sincerely doubt she will give him the time of day regarding the matter. At any rate, our beloved ones under siege are to concern themselves with it no further except as their hearts guide them to participate.

James may send all the literature he desires and we will graciously purview it and bless it in Light. We will, however, no longer take the time from the load of work in which we are overloaded.

Yes, Pat should contact everyone who enters her attention wherein she is nudged to make contact. She is strong and will wrap herself in the protection of Light and discern intent if requested of us to join her. The word must go forth and there is no other way to find the "waiting" ones except to make the contact. So be it.

The very confusion of energy in the Sedona area speaks of its importance and for every "clear" energy personage in that placement there will be at least ten of opposition and frivolous intent. You need only the perception to know the difference and always bless the antagonism for it gives balance unto thine own intent. The same ratio shall emerge in this placement as ones move into knowledge of the matter. This is exactly why the Journals must be laid in foundation prior to the "building" so intent can be sorted easily and without necessity of weeding after the fact. You ones will be discerning and only truly interested parties will desire participation at any rate. In Sedona, the impact of the "new age" groupies is still most fashionable, but interest, in the "fun and games" is abrogating and diminishing rapidly now while the "seekers" who truly do not wish to "find" will move on to more interesting activities. As nourishment and subsistence dries up the "participants" will mostly drift away. After the dust settles there will be the ability to make necessary connections and build properly.

As long, however, as the government is experimenting so diligently with the ELF's it is foolish to spend the time and energy required to lift ones up into proper association. All in proper sequence, chelas. What you need now are ones who are willing to contribute to the upstart of "building" and then carry forth in the taking of the methods and information unto that area, for it will be needed. Sister knew it then and knows it yet and the rest must have patience for a 91 year-old lady cannot do it alone. All she can do is keep the impact of negativity located away from you in the interim, and then the technology can be located into that area also, for it is a most important placement; currently rendered all but useless for higher resources due to the very earthly output from the location. This, of course, is why the only real bombardment of our work in this location comes from that location--ponder it and act accordingly.

SERIOUS CONSEQUENCES **AND THREATS**

The serious problems are coming forth from much more dangerous sources than a child who prattles prurient and vulgar nit-picking. We have been warned to cease and desist with these Journals from very powerful and dangerous coalitions right on your plane. You will use caution, you will keep thine shields about you constantly and you will keep Dharma within security at all times.

You must take this most seriously indeed, as it is now beyond little quarrels over information. We are bringing forth information that is really most irritating to the Conspirators on both sides of the play for predominance. They do not like their game-plays revealed and thus far they have been able to hide in the very obvious.

The threat, of course, is to hold Dharma hostage--but they must get through a host of lighted energies to reach her. Unfortunately, there are ways to get to her through you other participants and that, obviously, is the route they will take--it has destroyed 1 other receivers right down the line and it is most earthly indeed. It will be the bombardment against her consciousness which shall be the undoing and it will come from you surrounding her for it is the only way the dark energies can gain entry--ponder it most carefully indeed. It is your free-will and her free-will and she is weary and quite frankly, would appreciate greatly being removed from this responsibility.

The word is the only weapon which can destroy the Conspirator's Global Plan of Control and Power. It is the only tool which can undo them--they do not take the Journals lightly and you must remove them from your scope of entertaining and light reading. You ones within this group are too close to see the widespread explosions on the other end of the information stream.

Ones coming within the cadre must recognize the importance and seriousness of this "commission" and responsibility. We have no wish to make it sordid and take away the very joy and fun of the transition, but you must realize that the transition itself and how it goes depends upon the integration of the truth from all the scattered tid-bits that unity of intent can flow.

HOMOSEXUALITY

We are now being bombarded by the thrust of, "You denounce homosexuals and they can't help themselves." Ah, but we do not--we denounce homosexual "behavior" and there is a great difference indeed.

Most homosexuals do not even realize of that which has undone them as a group and AIDS is only a minute portion and the ultimate consequence of that behavior.

Right here I am going to utilize information which you will find degrading and heinous indeed, however, it is necessary that you understand that which is truly at point in activities of negative homosexual nature. Dharma, we will use information already known but well-hidden and then we will make sure written confirmation comes to ones in the group who can confirm the writings. Evil knows no bounds and God will never sanction behaviors as I will now pronounce unto you as freely being utilized about your sordid places.

Oberli, you will also set this aside for Journal use as we update the AIDS information. I trust George will be open to contact with Elizabeth Taylor to see what can be done in a practical way without involvement with your

government and Gay activists who simply desire to prolong and promote acceptance of the problem instead of change the activities which promulgate annihilation of the groups as a whole. For those who wish to verify that which we will now write: SEXUALLY TRANSMITTED DISEASES IN HOMOSEXUAL MEN, Plenum Books; THE ACQUIRED IMMUNE DEFICIENCY SYNDROME AND INFECTIONS OF HOMOSEXUAL MEN, Pearl Ma and Donald Armstrong; THE AIDS COVER-UP?, Gene Antonio, Ignatius Press, San Francisco; GAY MEN'S HEALTH: A GUIDE TO THE AIDS SYNDROME AND OTHER SEXUALLY TRANSMITTED DISEASES, Jeanne Kassler (Harper and Row), and at least a dozen more which I will not take time to list. Again, I take no exception to same gender preference of "company"--but the following is what is destroying the humans who participate in this kind of behavior.

HOW THE EPIDEMIC SPREADS

In May, 1985 in *The Advocate*, Paul Diamond, a homosexual activist diagnosed with Kaposi's sarcoma said: "Don't call us AIDS victims. AIDS is not my weakness. AIDS is my strength." So be it!

PRIMARY GROUP AFFECTED

In the United States, male homosexuals have comprised over three-fourths of all AIDS cases. The percentage of homosexuals among the total of all AIDS patients has remained relatively constant. In Europe, male homosexuals comprise over 85 percent of all AIDS cases. The enormous prevalence of AIDS, along with several other grave communicable disease endemic in this group, is not mere inexplicable chance, and we shall go into a few of the other health risks. There are numerous major biological and social factors which have been distinctly linked with their spread. Of course it is not the major numbers in the groups which indulge in these extreme behaviors but it only takes a few to affect the multitudes. Ponder it.

HAZARDS OF SODOMY AND BIOLOGICAL FACTORS

DANGERS TO THE PASSIVE RECIPIENT:

Among male homosexuals, sodomy or anal intercourse is the act substituted for heterosexual penile-vaginal coitus. This damaging practice provides ready access for the transmission of AIDS and other virulent infections.

Physiologically, the rectum is designed for the expulsion of feces. When sodomy is performed, the peculiar forced inward expansion of the anal canal results in a tearing of the lining as well as bleeding anal fissures.

Violent spasms of the bowel wall may occur as a reaction to the bodily intrusion. Colitis, a severe inflammation of the mucous membrane of the colon, often develops as sodomy is repeatedly engaged in. This disorder causes fever, malaise, painful wrenching cramps in the lower abdomen and eruptive diarrhea and commonly contains blood or leukocytes. Along with anal fissure and syphilitic chancre, mucosal ulceration of the rectal area is common in homosexual males.

The prevalence of colitis and rectal lesions among homosexuals is such that they may mask the symptoms of intestinal lesions resulting from Kaposi's sarcoma.

The trauma of sodomy also produces a unique form of inflammatory psoriasis in previously unaffected areas. This psoriasis extends from the rectum to the pubic area, penis and scrotum. This is known as Kobner's phenomenon. During sexual activity, the thin silvery scales which have formed on the inflamed areas are rubbed off, leaving the skin raw, bleeding and exposed to infection. The friction against existing hemorrhoids also leaves their surface vulnerable.

Written before the discovery of HTLV-III/LAV as the AIDS agent, a national case study found: "Blood from rectal mucosal lesions which are known to be common in homosexual males who engage in rectal intercourse, could contain the infectious agent responsible for this epidemic."

Note that this important study detailing the correlation between homosexual behavior/diseases and the prevalence of AIDS was published by the American College of Physicians in August of 1983--so don't go about saying Hatonn is a bigot. There has only been occasional mention of the relationship between homosexual acts/diseases and AIDS transmission in the national media or press. Usually it is in the context of stressing the susceptibility of heterosexuals through IV drug abuse. One major article doing reasonable justice to this correlation was finally published in the December 1985 issue of *Discover*. However, it unwisely downplays the potential of heterosexual transmission of AIDS. Once present it is walking dynamite.

The damage to the rectal wall facilitates access to the bloodstream of AIDS-infected sperm and other disease-causing organisms. Anal receptive sodomy has been definitely linked to AIDS transmission. Do you see that especially at the time of a female menstrual cycle (when birth control devices would not be used) the infected sperm could cause infection in the already compromised inner uterus which is sloughing off attached material and already bleeding?

Anal receptive sodomy has been definitely linked to AIDS transmission. In studying the depressed immune systems of practicing male homosexuals in New York City it was found that receptive anal intercourse was the specific sexual activity which correlated most strongly with reduced levels of helper T-cells resulting in immune dysregulation. Do you further see that condoms would be chancy even if employed?

ACTIVE PARTNER DANGERS

The opening of the urethra, along with penile abrasions and lesions resulting from sexual activity and disease, permit infected bloody secretions seeping out of the damaged rectal tissues to enter the bloodstream of the active partner.

DANGER TO OTHERS

The weakening of the sphincter through repeated sodomy results in fecal incontinence and the dribbling of blood-stained contaminated stool. The involuntary depositing of AIDS virus infected fecal secretions on the benches in locker rooms, toilet seats and elsewhere also creates a potential for spread by this route. Oh, they never told you these things? Well, too late is too late, isn't it? These are things no one wishes to even speak of much less draw pictures for the modest masses of people who use all sexual activities as means of control and vengeance instead of love and then call it love. Then, you refer to it as "human rights"! So be it.

SODOMY SUPPRESSES THE IMMUNE SYSTEM

--EVEN WITHOUT AIDS

Sodomy has proven debilitating to the immune systems of passive recipients apart from AIDS infection. During sodomy, the naturally aggressive properties of sperm combined with damage to the rectal wall enable spermatozoa to penetrate the mucosal lining.

A report in the April, 1984 (27th), issue of *Science* by researchers at the Department of Obstetrics and Gynecology, Cornell Medical Center, New York, stated that occurrence of AIDS among homosexuals, "may have some relation to circulating antibodies evoked as a result of semen deposition in the alimentary canal. Human seminal fluid apparently contains components that potentially can suppress the immune response."

A few weeks later other researchers reported in *Lancet*, a most respected medical journal, "A homosexual individual is repeatedly exposed to viral antigens such as herpes and sperm antigens which can be absorbed through

the intact intestine or through mucosal lesions. Bleeding lesions are not necessary for absorption of spermatozoa and harmful infectious agents during sodomy, but they do facilitate it.

"Host immune responses can be modified by exposure to sperm, with the subsequent formation of anti-sperm antibodies."

During normal heterosexual intercourse, the dynamic qualities of sperm enable penetration and fertilization of the female ovum, resulting in impregnation. The walls of the vagina are elastic and several layers thick, and they have glands which provide natural lubrication during sexual relations. This prevents large quantities of sperm from entering the bloodstream.

In 1984 a study in the *Journal of the American Medical Association* noted that the association of sperm-induced immune dysregulation with the practice of anal intercourse "underscores the critical structural differences between the rectum and the vagina. While the lining of the vaginal mucosa comprises a squamous multi-layer epithelium capable of protecting against any abrasive effect during intercourse, the lining of the rectum is made of a single layer of columnar epithelium. The latter, unlike the vaginal epithelium, is not only incapable of protecting against any abrasive effect, but also promotes the absorption of an array of sperm antigens, thus enhancing their exposure to the immune apparatus in the lymphatic and blood circulation. The high immunogenicity possessed by spermatozoa, coupled with the microbiological flora of the rectum, can work in synergism to generate a state of chronic antigenic stimulation.

"In this connection, four of seven immuno-deficient female sexual partners of male patients with acquired immune deficiency syndrome (AIDS) also engaged in anal intercourse. An analogous phenomenon can be extracted from the strong association between the high frequency of zero-conversion for Hepatitis B virus and the routine practice of 'passive anal-genital intercourse'."

Do you begin to understand the horrible damage the sex therapists such as Dr. Ruth and others, does to an unsuspecting public? In the name of "sexual freedom" ones are taught that all is fine and the more bizarre between consenting adults the more wondrous will be the marriage and/or relationship? They become tools of the "spreaders" of the poison and are most unwittingly utilized.

However, the unsuspecting partners seeking the illusive fulfillment of the relationship touted to be the "all in all" and can't find the incredible experience portrayed in all your media, will try anything to "save their marriage" or "keep the flame alive" and all that drivel of lies. Man was created to find his ultimate

joy in the emotional soul fulfillment--not in a water bed with intrusion of protrusions--those things were designed for procreation of a species.

During sodomy, the biological design of the rectum combined with the aggressive properties of sperm expedite their substantial entrance into the bloodstream. When this occurs repeatedly, antibodies to sperm develop which circulate and impair the immune system. This happens both apart from and along with infection by the AIDS virus. It likely is a co-factor in HTLV-III infection.

In addition to suppressing the immune system per se, the introduction of sperm containing the AIDS agent has been cited as providing a "Trojan horse" (no pun intended) mechanism for the transmission of the HTLV-III/LAV lentivirus.

Leukocytes in the seminal fluid, also present in colitis-induced diarrhea, carry the AIDS virus directly to the lymphoid organs of homosexual partners, thus achieving a highly efficient transfer of the infection to most lymphoid cells.

MONOGAMOUS SODOMY

IS NOT A SAFE ALTERNATIVE

You will find that in monogamously paired homosexual males, three quarters of the passive partners manifest sperm-induced immune dysregulation. Rectal insemination also alters immune responses in rabbits and other lab animals.

The immune dysregulation induced by sperm debilitates the system quite apart from infection by an AIDS virus. Although AIDS development per se must involve the transmission of the HTLV-III/LAV lentivirus (except in cases of bestiality which we will speak of later) the development of sperm-induced immune dys-regulation predisposes the anal-sperm-recipient homosexual males to the more severe phenomena of opportunistic infections and Kaposi's sarcoma. Immune responses to semen provide a background of immune suppression, not only promoting repeated CMV (cytomegalovirus) infection, but also exacerbating the resulting immunologic disorders.

Although AIDS is not what we can consider a "sexually transmitted disease" in the usual vernacular, it is most certainly transmitted by sexual misuse and/or abuse in a compromised recipient. HTLV-III is most certainly a sexually transmitted disease through the rectal mucosa and is usually vulnerable to passage of the AIDS agent as well, in a compromised vaginal passage. From a purely biological perspective sodomy, even apart from the transmission of AIDS, is an intrinsically unsanitary and pathological act. In addition, the

practice of sodomy has been a primary reason why AIDS has been so readily transmitted and fostered among homosexuals.

ORAL COPULATION

Oral-penile copulation is also a frequently employed form of homosexual gratification. It is also touted as to be the ultimate pleasure in heterosexual coupling. Well, if you want every vaginal/penile yeast infection and random viral (herpes and/or warts) introduced into thine mouths--I suppose. Is a moment of pleasure worth the rest of your life with a mouth yeast infection or mucosal warts and lifelong herpes? So be it.

Infected semen received into the mouth provides a source of infection through abrasions or lesions on the gums, tongue and or roof of the mouth.

Venereal diseases affecting the mouth and throat are especially problematic among homosexuals. Often going unrecognized for a period of time, the resulting lesions provide ports of entry and exit for the AIDS virus; AIDS-infected saliva also is a potential danger involved in oral copulation.

Studies have yet to determine whether or not the gastric juices in the stomach prevent absorption of the potent AIDS virus into the bloodstream after being ingested. Since the eating of AIDS-infected meat is a possible factor in the spread of AIDS among humans (oops! No one told you about that one? I thought not!), consumption of infected semen may also play a role in transmission.

OTHER MEDICAL FACTORS INVOLVED

SADOMASOCHISTIC (S & M) ACTIVITIES AND THE SPREAD OF AIDS:

Activities involving severe bodily abuse and personal degradation are an integral part of the repertoire of homosexual behavior. Regardless of what ye in the general public perceive, the above statement is TRUE!

The damaging practice of sodomy itself can be classified as a sadomasochistic act. The bloodletting and exchange of contaminated secretions involved in other traumatic homosexual acts further facilitate the spread of AIDS and other diseases. A brief overview of these follows for if you don't confront the facts you will not eradicate the problem.

MANUAL/ANAL INTERCOURSE---"FISTING":

How can God speak of these things? Because you didn't pay attention to the "thou shalt nots". Ye are a "liberated" society with "human rights" are ye not? Then pay attention and perhaps the truth may set you free! God will tell you exactly how it is for your very soul is at stake herein, not to mention your physical lives destined for annihilation---and---no! God is not doing it unto you. YOU WITH THE HELP OF SATANISTIC INPUT ARE DOING IT UNTO YOU.

You will herein also find out why a condom is useless in these practices--bare facts, my beloved friends.

The practice of "fisting" involves the insertion of the hand, fist and forearm into the rectum and lower colon. In the jargon of participants, it is called "fisting"--I did not make up such terminology. Fisting causes bleeding lacerations of the intestine and tearing of the sphincter muscle as you might suspect. These internal wounds provide enormous opportunity for the entrance and spread of AIDS virus and other infections. Fisting has been cited as a contributing factor in AIDS cases for years now.

Mechanical devices, dildos, vibrators, etc., inserted during fisting have punctured the intestinal wall causing dangerous seepage of fecal matter into the abdomen. If surgery is not performed promptly enough, this can result in death and you no longer have to concern yourself with AIDS.

In some cases, the damage from fisting is so extensive that a sphincterectomy or colostomy must be performed. Some individuals have then continued to have sodomy performed through the colostomy opening, causing further damage. In San Francisco, where a percentage of murders reportedly are linked to homosexual sadomasochism, a workshop has been offered for instructing homosexuals in how to engage in sex torture without killing each other. Nay, I do not jest--check it out! Just like teaching grade school babies the art of sex and condoms. You are a troubled society.

BONDAGE AND DISCIPLINE:

Acts in which a dominant partner ties up and tortures the submissive "slave" are also part of the homosexual sadomasochism scene. Those involved are voluntarily bound in painfully tight leather or rubber apparel, whipped, violently sodomized and beaten. Lighted cigarettes are used to burn sensitive parts of the body, especially the genitals, causing ulcers of the penis and scrotum.

Urination into the mouth and over the bleeding body of the participant (called by you ones, "golden showers", "water sports") is also a most common

practice. These are commonly used rituals of the Satanists at every good old regular meeting.

Urine contains the infectious agents for a number of various diseases including AIDS virus infection; this type of behavior is both unhygienic and hazardous. The sores and blisters left on the sex organs also facilitate the entrance of infectious agents into the bloodstream.

"Water sports" are also generally engaged in apart from brutal sadomasochistic behavior. Perhaps that is why a recent "safe sex" guideline from the Gay Men's Health Center published in the October 21-27, 1985, issue of the homosexual tabloid *New York Native* reassuringly advises: 'Water sports' are considered safe so long as urine does not enter the body."

Some homosexual clubs have "slave-auctions" in which those who prefer being abused are sold to the highest bidder. Now therein must lie double jeopardy, I would surmise.

BEASTIALITY:

Sexual relations with animals has also occurred among a certain segment of the homosexual population and rampantly among the Satan practices.

It has a major connection with AIDS spread and becomes obviously such because Visna virus is endemic in some flocks of sheep-especially noted in Europe, where it is called maedi-visna, and causes a neurodegenerative disease not unlike that seen in the late stages of AIDS in many patients.

Cases of AIDS have been reported from certain urban areas in Northwestern Europe known for their lax sexual mores. There are many jokes regarding men and sheep, etc., but the last laugh is no longer with the joke tellers. In a homosexual community in such an area playing with the animals ONE member's having had sexual contact with a diseased sheep can pull down the entire group. Further, once a homosexual community with international connections has become infected, spread of AIDS becomes inevitable. The practice in the Satanic community is usually with goats who represent the Devil, but sheep are usually substituted due to the ease of procurement.

DISEASES:

The occurrence of AIDS among heterosexuals in Africa has been frequently stressed as proving that the AIDS virus has no special affinity for homosexuals. One of your medical pundits recently suggested, "The virus has no intrinsic attraction for gays, and gays have no mysterious susceptibility to

infection." Absurd, because the rest of what you are told about AIDS is filled with lies.

What is not being said is that there are a number of diseases and infections common among the African patients with AIDS, especially those with Kaposi's sarcoma, and homosexuals in the United States which are uniquely endemic to both groups but are not generally found among Western heterosexuals.

The African villager at risk for Kaposi's Sarcoma and the homosexual male at risk from AIDS share evidence of past exposure to an identical range of viral and protozoal infections, especially CMV, EBV, HSV-I and II, HBV and *Entamoeba histolytica*. No, you look them up.

Among those in developing nations, these disorders are frequently a result of extreme poverty: lack of adequate sanitation resulting in sewage-contaminated food and water supplies and unhealthy living conditions.

Among Western male homosexuals, the prevalence of these diseases is distinctly related to unhygienic sexual practices which facilitate the spread of infectious agents.

It is true that AIDS has developed in persons who previously had their immune systems intact. It is also true that the rapidity and severity with which the AIDS virus conquers the immune system varies among those infected. When the immune system has been disrupted by certain infections and diseases prior to exposure to HTLV-III, this enhances the destructive effect of the virus.

T-4 helper cells in the immune system are most susceptible to infection when they have been stimulated and their numbers increased by chronic parasitic or viral infections. In other words, ones compromised by herpes are greatly at increased risk.

Among practicing male homosexuals in the United States, there are a number of grave infections and disease prior exposure to which has been strongly correlated with the prevalence of AIDS.

There are several epidemics running loose and not all of them are permanently confined to the homosexual subculture and in fact, gave the very opportunity to intentionally infect the homosexual gay community, i.e.--

HEPATITIS B:

Hepatitis B virus infection (HBV) is a major cause of acute and chronic hepatitis, cirrhosis and liver cancer. Among practicing male homosexuals in the

United States, hepatitis B infection has been pandemic for years prior to AIDS. Homosexual practices, notably sodomy and oral/anal contact, have been key factors. Trauma to the rectum and penis as a result of sodomy and oral lesions from venereal disease provide ports of entry and exit for the virus.

Unlike Hepatitis A infection, fecal-oral spread was not considered an important route of transmission. Instead, HBV was thought to be transferred from acute or chronic carriers to other susceptible persons through shared toothbrushes, razors, or fomites. Quite the opposite now is proven to be true in homosexual men. Oral-oral transmission may also occur if HBV gains entry through minute lesions in mucosal surfaces.

Between 50 and 75 percent of gay men have or have had hepatitis B and the percentage is growing daily. In the light of the fact that 90% of homosexually active men demonstrate chronic or recurrent viral infections with herpesvirus, cytomegalovirus and hepatitis B, these recurrent or chronic infections are triggering factors for the development of acquired immunodeficiency.

In your United States, homosexual men have a higher prevalence of hepatitis B infection than any other group. More than 10 percent of homosexual males are chronic carriers of hepatitis B. This is fifty to one hundred times higher, friends, than the national average of 0.1 percent.

Homosexuals have been proven to have an HBsAg (Hepatitis B surface antigen detectable in large quantities in serum) positivity rate anywhere from 40 to 60 or more times higher than the general population.

Considering the early age at time of infection and the high attack rates, one can expect all sexually active men to eventually become infected with Hepatitis B virus.

Since the routes and prevalence of AIDS transmission bear a striking resemblance to those of hepatitis B, this has enormous implication in terms of the level of AIDS infection in this group as well. It should be further noted that rectal mucosal lesions, usually including punctate bleeding points, have been noted to prevalently occur in homosexual men with persistent hepatitis B virus infection.

Hepatitis B induces bleeding lesions and provides ports of entry and exit for the AIDS virus. IV drug abusers also frequently contact hepatitis B through the use of contaminated needles. Their estimated rate of seropositivity is over 65%.

Let us hear what *Lancet* had to say about this and we will give you research data.

LETTER TO THE EDITOR:

Sir, over a decade SWISSAIR crews will typically spend 300-400 nights in tropical countries, most of which are high risk for viral hepatitis. A perennial question has been--should such personnel regularly receive passive immune prophylaxis or, more recently, hepatitis B vaccine? We have studied the risk for hepatitis virus infections in cockpit and cabin staff...

The most outstanding feature of this study was that male flight attendants, employees and candidates, significantly more often had anti-HBs and/or anti-HBc antibodies (20-33%) than did either flying personnel (1.4-5.6%) or Swiss blood donors (4-8%).

During the year, 13 of the total of 2664 flying personnel had manifest hepatitis, an incidence of 5 cases per 1000 per year. The estimated incidence of acute hepatitis in the Swiss population is 0.5-0.8 cases per 1000 per year. This high incidence of hepatitis amongst flying personnel was mainly accounted for by male flight attendants, who represented only 19% of all flying personnel but among whom 7 of the 13 hepatitis cases arose. Five cases were of the hepatitis B type (HBsAg positive), and of these 4 occurred amongst the male flight attendants. Thus, the observed high frequency of HBV infections in this occupational group probably have little to do with being a flying airline employee--since candidates already showed signs of increased HBV infections. It rather reflects a different HBV exposure due to a life style outside professional duties. Amongst the many explanations, homosexuality might be the most realistic. Worldwide, male cabin attendants are often homosexual, and we have hints that this might not be different in SWISSAIR.

Cockpit personnel and female flight attendants are not at a special risk for HBV or HAV infections, despite exposure in high risk areas, and so they do not need active or passive immunization against viral hepatitis infection. However, for male cabin attendants, as for other individuals with high risk life style, active or passive immunization could be warranted.

A more detailed report will be published in *Aviation, Space, and Environmental Medicine*.

-- F. Holdener, SWISSAIR Medical Service, Zurich Airport, Zurich, Switzerland.

P.J. Grob, Section of Clinical Immunology, Department of Medicine, University Hospital, Zurich.

DELTA HEPATITIS:

The spread of acute delta infection is endemic in the homosexual community. This particular infection is particularly associated with an Italian background, IV drug use, and multiple transfusions but it is now becoming most prevalent in the non-drug-abusing homosexuals. I love Italians so don't suggest that now Hatonn is after the Italians.

Let us just touch on additional problems and disease because this has become a most lengthy writing.

INTESTINAL PARASITES AND HEPATITIS A:

"THE GAY BOWEL SYNDROME"

"The gay bowel syndrome" is a term used as far back as your mid-70s to describe the prevalence of a group of rare bowel diseases, previously considered "tropical", among male homosexuals in the U.S.

AMEBIASIS: a disease of the colon caused by parasites (*Entamoeba histolytica*). Causes dysentery and sometimes live abscesses. Can result in diffuse inflammation and ulceration of the distal colon and can be mistaken for Crohn's colitis. Usually picked up from contaminated foods and residual in the mouth.

GIARDIASIS: a parasitic (*Giardia lamblia*) bowel disease causing diarrhea. Can result in severe enteritis (inflammation of the intestinal tract), producing symptoms ranging from acute diarrhea to chronic malabsorption. Spread in similar manner to amebiasis.

SHIGELLOSIS: a bacterial bowel disease which can cause severe dysentery. Can be fatal, especially in children. Contaminated food is the usual cause.

HEPATITIS A: a viral liver disease spread by fecal contamination, e.g., food, water and close person-to-person contact.

Dissemination of these diseases can run rampant through poor fecal disposal as well as through homosexual practices. From the time of Moses, chelas, there has been concomitant consciousness of the benefits to the public health of careful fecal disposal. Although man's technical ingenuity has achieved remarkable strides in the purification of your immediate domestic environment, the recent increase in transmission of intestinal infections among homosexual males offers new challenges in preventive medicine for physicians caring for these patients and requires caution and most extended testing of water supplies for presence of contaminants.

AIDS can be spread through the very tools to increase sanitation, i.e. enema nozzles used for rectal douching. The evil contaminant lurks in ever present and in ever increasing numbers of infection sites and carriers.

VENEREAL DISEASES:

SYPHILIS: Over 50 percent of reported cases (and who knows about the unreported) of syphilis in the U.S. occur in homosexual men. Primary syphilis in this group commonly occurs in the rectal area. A history of syphilis has been associated with development of AIDS--and I told you in AIDS, THE LAST GREAT PLAGUE that AIDS is a tertiary syphilis with the spirochete being isolated from almost all Kaposi's sarcoma lesions.

INCURABLE GENITAL HERPES: This incurable disease is almost ubiquitous among practicing male homosexuals. Infections can occur concurrently in the rectum, penis and mouth. Among homo sexuals, infection with herpes has been associated with squamous cancer of the tongue and cancer of the rectum. It is also associated with nasopharyngeal cancer, cancer of the cervix and lymphoma (Burkitt's).

Herpes-type viruses are known to suppress specifically t-lymphocyte function aimed at recognizing and mounting an immune response toward the viral antigens.

Perianal herpes virus infection and herpes proctitis are common in homosexual men. In the acquired immunodeficiency syndrome, patients seem especially predisposed to more intractable and progressive forms of this infection.

CYTOMEGALOVIRUS: CMV is found in semen, and the repeated exposure of the rectal mucosa to the virus has resulted in high frequency of CMV infections among homosexuals.

VENEREAL WARTS: Anal warts are a common disorder among practicing male homosexuals. They cause intense itching, and produce a fetid discharge which

is highly offensive to others and embarrassing to the sufferer. They are extremely resistant to treatment. These warts appear in large cauliflower-like masses in and around the anus in addition to infecting the penis. Anal coitus and elimination of the stool become excruciating and result in further rectal trauma. Various homosexual periodicals contain numerous advertisements by physicians offering specialized treatment for these and other related maladies.

Some of the diseases I have outlined suppress immune function prior to exposure to the AIDS VIRUS and other, with their recurring sores and esions, provide ports of entry which facilitate transmission of the AIDS virus.

Both male and female prostitutes are also frequently afflicted with various simultaneous venereal diseases because of their high number of sexual partners. And, of course, as the hapless infections can occur and then spread to unsuspecting lovers, these will very, very often be found infecting devoted and loving marriage partners. Many of these viruses lay dormant for years without outbreak. This is not to panic, but rather to inform.

As the AIDS virus suppresses the immune system, preexisting infections like CMV and herpes run amok through the body. CMV may invade the heart, lungs and other vital organs. Large blackened herpetic boils, up to several inches in diameter, can form across the mouth and rectum. Fulminant herpes is one of the most gruesome aspects of progressive AIDS infection. Entire sections of the face can be rendered unrecognizable by the explosive, bloody hemorrhaging of the skin.

From a biological perspective, therefore, there are many objective reasons why homosexual acts per se have proven to be such an effective means of transmitting AIDS and other debilitating diseases.

1. Sodomy, fisting, the use of mechanical devices and other practices produce tears, fissures and lacerations of the rectum. This trauma facilitates the entrance of infected sperm and pathogenic organisms into the blood stream.
2. Infected bloody secretions leaking through the damaged walls of the rectum transmit the disease to the active partner through the urethral opening and through open sores and abrasions of the penis produced as a result of bodily abuse and disease. Fellatio, manual-genital and anal-oral sexual practices involving the ingestion of infected semen, blood-streaked fecal matter and secretions facilitate transmission of pathogens.
3. Incessant, oftentimes simultaneous sperm-induced immune dysregulation, liver damage, intestinal parasites and venereal diseases all abet debilitation of the immune system prior to and along with infection by the AIDS virus.

So be it for this writing. Obviously, we shall have to carry this dissertation much further for you ones don't seem to understand-HOMOSEXUAL BEHAVIOR AND LOVE BETWEEN TWO BEINGS ARE NOT THE LEAST BIT THE SAME. LOVE IS EMOTIONAL IN EXPRESSION AND RECEPTION--BEHAVIOR OF SEXUAL NATURE IS PURELY PHYSICAL AND NAUGHT MORE.

I have taken a very long time this day to write the above information for I have many thrust at these ones of mine scribes that "Dharma's God, Sananda, Hatonn, etc., are not in truth THE GOD OR SPIRITUAL TEACHERS because the REAL ones would not denounce these activities, etc., of the groups such as homosexuals." Forget it, chelas, GOD NOT ONLY DENOUNCE, SUCH BEHAVIOR BUT HAS WRITTEN IT IN THE LAWS OF GOD AND THE UNIVERSE AND IN ALL YOUR GUIDEBOOKS SINCE THE INCEPTION OF TIME AS YOU PERCEIVE IT. *IF "YOUR" GOD CONDONES SUCH BEHAVIOR I SUGGEST YOU LOOK MOST CLOSELY AT YOUR TEACHER FOR YOU ARE KILLING YOUR OWN SPECIES THROUGH THESE BEHAVIORS IN PHYSICAL FORMAT THE GUIDELINES ARE MOST CLEARLY WRITTEN; MAN HAS DEVIATED FROM THE PATH OF TRUTH AND ALL THE PETITIONS, VOTING-IN, VOTING-OUT OR WISHING IT TO BE DIFFERENT, WILL CHANGE NOT A WHIT OF IT. IT IS A MOST REMISSFUL TEACHER WHO WOULD TELL YOU OTHERWISE WHILE YOU MARCH IN THE DEATH-MARCH TO DESTRUCTION. IT IS FREEWILL CHOICES IN EVERY INSTANCE AND I DENOUNCE NO-ONE; I ONLY TELL YOU THAT WHICH IS TRUTH AND YE SHALL BE IN THE DECIDING OF THAT WHICH YE CHOOSE TO EXPERIENCE. SO BE IT AND SELAH. THESE ARE THE SIGNS OF THE TIMES, MY FRIENDS, AND YE SHALL DO WITH THEM THAT WHICH YE CHOOSE--BUT I SUGGEST YOU CEASE BLAMING GOD FOR YE HAVE THE WRONG PERSONAGE IN THY GUN-SIGHTS.*

Go, Dharma, the writing has been too long without a break but most necessary indeed. You will have a new attack upon thine writing dealing with this very subject and all needed preparation in the countering. God always "allows" and man will come into truth of that fact and shall reap exactly that which he sows no matter whom he "blames" for his plight. Murder is accepted as incorrect moral behavior--well, to murder that closest one ye call lover is murder in its most heinous form, .it would appear to me. Salu.

Hatonn to stand-by that we might clear of the frequency and take respite. ADONAI.

5/11/1990 HATONN

Hatonn present in the Light of the Radiant One, that we might continue with some excerpts for the Express as well as response to inquiries and correspondence.

Something which has flowed regularly from readers is a subject which should be covered soon. As the subject of AIDS is covered more and more frequently in our work and truth is spouting forth from other sources now, we must attend the personal consideration of friendships. This means friendships with ones who are bearing positive HIV and ones who have none.

There is always the "moral" issue to be considered. Is it moral to drop a friend from your close visitation because of the possibility of contracting the virus? No! But neither is it "responsible" to take no consideration of the circumstance. It is neither fair to ones with whom you, the non-bearer, commune nor to the positive testing entity who may well continue in activities which will cause further debilitation.

RESPONSIBILITY

I am going to have to remind you ones of a very important distinction: love vs. behavior.

Love can be given and unlimited care be shown towards ones in any circumstance regardless of possible infections of any type.

If, let us say, one comes to call who is a precious friend and is found to be testing HIV positive, that one needs your compassion and love more than just about anyone on your placement at this present time. A true friendship is valued at any time but is more valuable as support in times of great trial and trauma. It matters not how the disease might have been contracted. The tendency is have more compassion for one who gets it innocently through transfusion, or spousely behavior or birth contraction. This is a measure both natural and correct; however, if ones who practiced homosexual behaviors become AIDS contractors, the circumstance is different but no less painful.

Now comes the hard part. Say YOU are negative and friend is positive. What do you do without placing embarrassment or shame upon an already suffering entity? The same thing you would do if a plumber came in his work clothes and might forget to wash his hands prior to sipping tea. You would neither have intimate kissing, sexual relations nor very likely any heavy petting or close hugging. This does not mean that you would not be gracious nor caring nor that anything is amiss. You would simply make no attention to it but you

would be gracious and probably not even make comment. If you felt your dishes or linen might have become contaminated in some manner, you would simply take extra effort and cleanse it particularly well but certainly you would never make mention of it.

HOW NEEDED ARE YOU?

The most difficult confrontation, however, is forthcoming. You are assuming perhaps that you are a dear, dear friend and a much needed confidant. HOW NEEDED ARE YOU? What is the "positive" bearer willing to do in your behalf to allow for continuing the friendship?

Is this person willing to come into truthful knowledge of the full extent of the disease? Is he willing to read of the materials we have given forth? Is he willing to give up the "sexual" behavior that antagonizes and exacerbates the disease process? Note: I did not say cease and desist from other friendships--I said desist from the sexual interchanges which were practiced prior to infection.

Perhaps you have special talents and learned skills which are most helpful to ones in trouble, whereby you can assist in public encounters or assistance modalities. This is gracious indeed if you give freely of your service, however, you must demand that the "other" fulfill his half of the bargain; to become informed, understand YOUR position and also meet of YOUR needs for personal care. It matters not who the "other" is or how the "other" contracted the disease. To spread the disease further through carelessness is WRONG!

IF THERE IS INDEED FRIENDSHIP THEN YOU MUST HAVE OPEN COMMUNICATIONS AND SHARE OF YOUR OWN FEARS AND LISTEN UNTO HIS AND TOGETHER WITHIN THAT CIRCLE OF FRIENDSHIP THE RELATIONSHIP WILL GROW IN SPIRITUAL DEPTH BEYOND THAT WHICH IS VIEWED ON THE SURFACE. IT IS THROUGH COMMUNICATION AND KNOWLEDGE THAT YOU CAN REACH OUT ONE UNTO THE OTHER. THE WORST THING WHICH YOU CAN ALLOW IS THE LIE TO CONTINUE. ONES GO THROUGH DENIAL AND PROFESS "FLU" OR "A COLD" OR JUST "RUN-DOWN" OR, OR, OR. IT IS TERROR OF BOTH THE LOSS OF FRIENDSHIPS AS WELL AS THE TERROR OF THE POSITIVE TESTING. ONES MUST KNOW THERE IS HOPE AND HEALING--BUT IT REQUIRES STOPPING INSTANTLY THE BEHAVIOR WHICH HAS CONTRACTED THE PROBLEM IN THE FIRST PLACE.

THIS IS WHY I HAVE SAID AND RESTATED: IT IS NOT THE HOMOSEXUAL PREFERENCE THAT IS UNACCEPTABLE; IT IS THE HOMOSEXUAL BEHAVIOR. NO TWO MALES EVER SPREAD AIDS BY SHARING AN APARTMENT OR A COOK STOVE, IN FACT THAT IS ECONOMICALLY QUITE INTELLIGENT.

I do not wish to belabor the point but you who inquire as to protocol must assume responsibility and require that the counter-person also assume responsibility and then you can both be at ease. If someone told you that he is a carrier of Typhoid, although there are no symptoms, you would take reasonable care, would you not? It would be no insult to the visitor who might be the carrier, it is simple intelligence on the part of the host and needs have no undue attention paid what-so-ever.

YOU NEED NOT TAKE **"BLIND" RISKS**

If, however, the carrier is unwilling to observe the requests then you must face the knowledge that he has chosen to ignore your needs and placed your friendship at the bottom of his values. It is not just YOU at risk, it is the species of mankind if this is not brought into control.

I am sorry that there is not "magic" to offer, but good reason will suffice. Do, however, offer unto your friend the requirement of gaining knowledge for there is much that he can do but YOU cannot do of it for him.

Also, in response to a couple of you who have very close relationships. You must go within and come into knowledge with self as to how much you are willing to "give". In some instances, as you have presented the scenario unto me, you may well be left as the "tender" of these ones as their physical health deteriorates. If you are unwilling to share that burden then you do no favor by delaying the confrontation regarding the friendship. Thus far, active disease processes, as you refer to them in general as "active" AIDS, are usually a deteriorating process. Total healing has happened in cases of absolute turn-around of practices and coming into oneness with the Great Healer on a most mental and soul level. I cannot judge the status of all of the ones who have inquired of me. If, however, the soul is truly willing to turn unto God in wholeness and truth--he will be completely healed for it is the promise of God. So be it for man must decide his own limits or infinite acceptance. Amen. I thank you ones for your asking for input and I pray that we might soon come into oneness and wipe this beast from your midst. Satan has done his lies and projections in perfection except for one detail: he shall not prevail!

Hatonn to clear, please.

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