

Leahy Interview

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tax, family leave, and immigration benefits. In a letter explaining your DOMA vote you wrote "I am willing to revisit federal laws to determine whether they [marriages] should be redefined to cover other relationships or to be based on other factors." What would you propose to address gay partnerships for purposes of federal benefits?

Leahy: If we want to go into domestic partner legislation in those areas, then fine. Have the hearings, have it debated and go to it. I would look to see what the aspects are of it. What does this do to the Social Security program? Do we make it prospective or retroactive? I am perfectly willing to look at domestic partner legislation. I'd want to see what the ramifications of it are.

If I was the person setting the gay and lesbian agenda for this upcoming Congress, I'd say go back and try very much to get two more votes in the Senate on ENDA and enough votes to pass it in the House. You have a lot of opposition from some very well established and very powerful voices in some of the business community and in other groups. That, I believe, with enough effort and enough work, is achievable. You are doing a building block thing, just as civil rights legislation and other legislation did.

OITM: In spite of the U.S. Constitution's "full faith and credit clause," DOMA also allows states to refuse to recognize same-sex unions performed in other states. Do you think DOMA is unconstitutional?

Leahy: No. Nor would I have voted for it if I thought it was unconstitutional. I do not vote for things that I think are unconstitutional. It doesn't mean that I'm always right, but I never have.

OITM: Why is "gay marriage" a state issue while "partial birth abortion" is not? How do you decide?

Leahy: Case by case. On marriage, states do have and have traditionally had a significant role in determining, within equal protection, what constitutes a marriage. For example, some states will have different age levels when you can marry. Every single state, when they set their marriage laws, did not contemplate there would be same sex marriages when they were written. I think everyone would accept that. To tell those same states that under the full faith and credit clause that they would now have to accept same sex marriages from other states... I don't think the courts would hold that at all.

An early draft of DOMA would have stopped Vermont from allowing same sex marriages. That would have been an easy vote for me. It's a no brainer. I would have voted against that because Vermont has to have that right.

OITM: Employers throughout Vermont, including UVM, IBM and the State of Vermont, have extended health benefits to the same sex partners of their employees. Under federal tax law, the value of these benefits is taxable income. Would you support legislation exempting domestic partner benefits from federal income tax?

Leahy: Would I be willing to give the same tax benefit the same way it is given in a legal marriage? Yes. That's assuming that there is going to be some basic criteria of what is a domestic partner. I have no problem with that.

OITM: Do you plan to run for reelection in 1998?

Leahy: I never start my campaigns until I get to that year, and I'm not trying to duck your question. I am probably as typical as every Vermonter I know. Campaigns are too long. I always act as though I'm not running, at least as far as my votes. It's liberating. We do basic fund raising as we go along, but with the understanding that if we don't run, we'll give the money back. Usually about the year of the election I sit down with the family and we discuss it.

OITM: Do you have any final message to the readers of *Out in the Mountains*?

Leahy: I would hope that everyone would look at all my votes and realize that on a lot of these votes, I thought I had to educate a lot of Vermonters in understanding my votes. A lot of votes that you would automatically say "great; I agree with that," but you also understand that a lot of Vermonters won't. I use the D.C. one. I could use a number of others: codifying the military rule and a number of these other things. Each time people have been critical of those votes, I've gone back and tried to educate them. They're not always going to agree with me, but hopefully in doing that, I might establish more of the tolerance I was taught as a child.

The intolerance I heard most about was religious intolerance. We don't have that today in Vermont for the most part. We're a state that has far less racial intolerance than a lot of other states, but we're also a state that's 98% white. But we do have intolerance against gays and lesbians. I find that just as bad today as I did when I sent people to prison as a State's Attorney for attacking people because of their sexual identity.

I still remember one trial I had where we had a man who had beaten badly a man in Colchester. First they didn't want to bring charges against this man because he was very prominent in the community. The man he beat, he beat because he saw him walking hand in hand with his male lover. I prosecuted him under the most severe thing I could.

I remember that trial to this day, because he said he would never do such a thing. It was the gay man's word against his. That was it.

This case never would have been brought in this county or in any other county before then. I started cross-examining the person and he said he would never do that sort of thing. I watched his face get redder and redder and kept talking about how mild-mannered he was until he stood up in the witness box and took a swing at me. I turned to the jury and said 'I have no further questions.'

He was convicted. I have the same view now that I did then. I do not like intolerance. I abhor it. ▼

HIV/AIDS

A Cautious Look at New HIV/AIDS Treatments

by Susan Bell, Executive Director of the Brattleboro Area AIDS Project

(adapted from a letter to the *Brattleboro Reformer*)

Many news stories have appeared recently about new AIDS medications and their promise for extending the lives of people living with HIV/AIDS. These drugs, called protease inhibitors, have shown that they can dramatically reduce the amount of HIV in the body when used in combination with other medications.

Based on the limited information that we have today, it looks as though people living with HIV who take the drugs can expect to enjoy better health and longer lives.

Unfortunately, there is also a downside to this exciting news. First of all, needed drugs cost \$15,000 to \$20,000 per person per year, far beyond the means of most people. One solution for those who are not eligible for Medicaid or who lack adequate health insurance has been the Vermont Medication Assistance Fund; however, the cost of the new drugs is causing this program to run out of money.

Another challenge of these drugs is that people using them have to commit to disciplined therapy for a long time with the knowledge that they may become resistant to the treatment if they go off the drugs for even a short time, so that the medications will no longer work for them.

Some people cannot tolerate the sometimes severe side effects. Also, clinical knowledge of the drugs is only about 18 months old and is based on only a few people's experiences; there is no way to know how effective the drugs will be or what additional side effects may show up in the long run.

While people living with HIV here in Vermont face all these challenges and more, for most of the world's people there is no hope at all of receiving these drugs, or any other treatment for HIV infection that has been scientifically tested. From a global perspective, for 90% of the world's HIV-infected population, the new drugs are only a distant mockery.

Prevention is still the best tool we have against AIDS. Community-based prevention activities really work to keep people safe when they give clear messages with respect for the listeners, and when the people at highest risk for infection participate in developing and carrying out the prevention programs.

Paradoxically, good news about treatment may be the worst possible news for prevention. If people feel that AIDS has been "cured," they have less reason to keep themselves safe through abstinence, safer sex practices, or clean needle use. The answer to the threat of HIV infection is still healthy behavior. ▼

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