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Behind Hodel's Tough Antidrug Policy: The Tragic Death of a Son

BYLINE: Judith Havemann, Washington Post Staff Writer

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Interior Secretary **Donald** Hodel's son, Philip, hanged himself from a tree on the night of his 17th birthday after a long history of **drug** and alcohol abuse, a little-known tragedy that echoed yesterday in an Interior Department announcement of a new antidrug policy.

Hodel's long-ago family tragedy helps explain why the Interior Department is requiring 17,000 employees -- from top officials to forklift operators -- to be subject to urinalysis.

The program is a stark example of the civic legacy of private grief.

Hodel's unusually tough antidrug policy -- "zero tolerance" of **drugs** in public parks and one of the most extensive **drug**-testing programs in government -- is part of a broader federal phenomenon.

Only months ago, Office of Personnel Management Director Constance Horner launched an AIDS policy that was set in motion by the sensitivity with which her son's school handled the matter of a teacher dying of AIDS.

The phenomenon can also be seen in the career of **Donald I. Macdonald**, whose son's involvement with **drugs** propelled him from a Florida pediatric practice into the White House as head of its **Drug** Abuse Policy Office.

In the Hodel case, the tragedy gave the family first-hand experience with the impact of **drugs**. And although **Donald** and Barbara Hodel will never be sure what led Philip to take his life, his odyssey into the world of **drugs** has convinced them of the danger to individuals and society.

On Aug. 7, 1974, Philip Hodel failed to appear for a planned family birthday party.

"We had really been afraid all that summer there was going to be a knock on the door," said Barbara Hodel, struggling to hold back tears, "so the knock on the door came that night. There were two policemen on the porch and they asked us to sit down. And it wasn't of course that he had crashed the car, but that he had been found hanging from a tree.

"It was clear, they said, that he had intended for it to happen, that it was not a cry for help, that he intended for it to be accomplished."

He left no note, and his family does not know whether he was under the influence of **drugs** or alcohol on the night he died.

But they found a school notebook, she said, and on it was written: "Life is so painful, death could only be better."

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The Hodels said in an interview that there is no way to know whether it was **drugs**, or alcohol, or dislike of school or who knows what" that led their son to take his life.

"There is no way to say. It is impossible when you are dealing with a human to know the exact cause," **Donald** Hodel said. "But his mother and I are convinced that the chances of him not hanging himself would have greatly improved if he had not tried marijuana, hashish, LSD and we don't know what else."

Looking back, the Hodels see many warning signs.

Philip "had a little black cloud over his head all his life," according to his mother. Small for his age and slow in school, he demanded perfection from himself that he was never able to achieve.

Barbara Hodel said she believes she should have held him back in school, an action now fairly common, but she was told at the time that separating him from others his age would "create more problems than it would solve."

"Too small for football, too short for basketball," Philip was "deathly afraid of failure," Barbara Hodel recalled. "If he dropped the ball he would die of shame, if he did something well it didn't seem to stick in his mind at all."

Drug-abuse experts say family characteristics -- parental abuse of illegal **drugs** or alcohol -- can increase the risk of juvenile **drug** abuse.

But the Hodels did neither. Both parents were actively involved in the rearing of their two sons. They were college graduates and are described by friends as **straight** arrows.

When the everyday sports of the neighborhood children failed to interest Philip, rugby and skiing were tried. When he was miserable in the local schools, they enrolled him in a boarding school of his choice in British Columbia.

Philip ran away once or twice briefly "to prove he could survive," Barbara Hodel said.

When she found marijuana in the house, she was "stunned."

"He and I had some terrible scenes. I raised my voice so he would know how much I cared about him," she said. "I thought he would get it out of his system.

"At one point Philip asked me what I thought of suicide. I told him I thought it was a cop-out," she said. "If I had known then what I know now, I would have talked to him like a Dutch uncle and said, 'I know what you're thinking about, don't do it.' "

The Hodels did not seek counseling or professional help. "How stupid could we have been?" Barbara Hodel said. "I guess I had never read a description of what somebody is like when they are depressed. Each day we thought, let's try this. Maybe this will work.

"We were children of the materialist culture," she said. "We thought about things in terms of alternative life styles."

"At one point," **Donald** Hodel said, "I was counseled by a friend that the thing to do was to take up **drugs** with my son. I did not do that, and in light of what I've seen subsequently, I have no reason to believe that would have had any beneficial effect."

"If there had been no alcohol or **drugs**, we might have gotten through that vulnerable time in his life and still have him around," Barbara Hodel said. But **drugs** and alcohol were easily available and "countenanced."

"We were so green," she said. "The kids knew more about **drugs** than we did."

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Philip told his father: "If you haven't tried it, don't knock it."

The Hodels have coped with their grief by recommitting themselves to their religious beliefs. "We became active in the church we had fallen away from for quite some time," **Donald** Hodel said.

"I believe that there would have been a much greater chance that our son could have avoided **drugs** if we as his parents from the early stages had understood the significance of a moral and ethical system -- in this case, of religious values -- and been diligent in training him."

Shirley Coletti, president of Florida Informed Parents for a **Drug** Free Youth and former head of the National Federation of Parents for a **Drug** Free Youth, said it is common for the lives of parents of children involved in **drugs** to be turned upside down by the experience.

"**Drugs** literally destroy families," she said. "There has to be a way to vent grief in a constructive way. Some families become activists in the antidrug movement, some work compulsively. Others turn to religion with great evangelistic fervor. A lot of us look at our own behavior because of the tremendous amount of guilt associated with this."

"The pathological response to a **drug**-induced suicide is to feel very guilty and to withdraw and to react with shame and hide it," said Dr. Robert DuPont, former head of the National Institute of **Drug** Abuse. "The healthy way is to be open about it, and to take a tragedy and to turn it into something useful for the living."

Hodel said "it might be" the death of his son that explains why he feels so strongly about **drugs**, but there is no question that the Interior Department is in the forefront of the administration's antidrug war.

In boxes of folders containing the government's collected **drug**-testing plans for federal workers, the Interior Department's plan stands out in its rigor. It has targeted a pool of 17,000 employees for random testing, from recreation assistants to public affairs officers.

In contrast, the Agriculture Department is testing 3,354 of its 104,962 employees, although it shares management of many of the nation's public lands where marijuana increasingly is grown illegally.

Nearly one-third of the nation's land is publicly owned and 550 million of those acres are under Interior Department jurisdiction. In some states, 80 percent of the borders and coastlines are public and used frequently for smuggling.

Police last year seized \$ 1 billion worth of **drugs** on Interior Department property. In some parks, visitors have been driven out by marijuana growers and employees have discovered booby traps.

More than 4,400 arrests for **drugs** were made last year in urban parks and the National Park Service and Bureau of Indian Affairs maintain full-time undercover **drug** units.

Last year, about \$ 12 million in Interior Department funds were spent directly on antidrug activities, with many more millions diverted to related efforts.

The department intends to begin rating employees on how aggressively they attack the **drug** problem, Hodel said. By factoring this into workers' performance appraisals, a commitment to curbing illegal **drug** use will be institutionalized in a concrete way -- in employee paychecks, officials said.

Hodel is convinced that his department is merely following the mandate of President Reagan to aggressively fight **drugs**.

Furthermore, he said, public opinion has shifted. "Probably five years ago if the Department of the Interior had tried to put in place a **drug** policy like we are now trying to put in place, there would have been an outcry of opposition and lawsuits that would have been vastly greater."

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GRAPHIC: PHOTO, INTERIOR SECRETARY HODEL, ANNOUNCING NEW POLICY ON ILLEGAL **DRUG** USE, DISPLAYS **DRUG** PARAPHERNALIA FOUND IN NATIONAL PARKS. UPI

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The Muddled State Of AIDS Policy

BYLINE: Abigail Trafford, Larry Thompson, Washington Post Staff Writers

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It was smoke and mirrors time in the Ward room of the White House West Wing. Reporters from Philadelphia, Houston, St. Petersburg, a baker's dozen in all, had been summoned to hear Dr. **Donald Ian MacDonald**, the president's adviser on **drug** policy and more recently the official put in charge of coordinating the administration's response to the president's AIDS commission report.

Ostensibly, it was a background session to explain in more detail how, even in the waning days of his presidency, Reagan was doing all he could to fight America's latest and most deadly epidemic. **MacDonald** confided that Reagan was doing it without actually spending more money or seeking new laws -- such as the commission's call for anti-discrimination legislation. The reporters left disappointed: There had been no news to justify the trip.

But **MacDonald** had a message, although it had less to do with AIDS than with a Washington political tactic known as damage control. **MacDonald's** message was that the Washington media was giving the president a bad rap. It wasn't true that Reagan had rejected the recommendations of retired Adm. James D. Watkins and his Presidential Commission on the Human Immunodeficiency Virus.

"The president's and the vice president's personal feelings are that this is a wonderful report," **MacDonald** said. "I think the media tended to give the impression that the president rejected the commission's report. Not true."

And the media gave the impression that the president "would not implement them [the recommendations]. Not true."

Then **MacDonald** did some fancy math: Of the 597 recommendations in the presidential commission's report, 127 have already been implemented by the federal government and 108 are under consideration or proposed for future budgets. Some 230 of the recommendations were outside the authority of the federal government, so only 131 were actually being rejected, he said.

But no matter how the numbers are crunched, the fact is that Reagan has rejected what Watkins considered to be the major recommendations for action: federal laws to prevent discrimination against people infected with the AIDS virus, a major funding initiative to build up **drug** treatment and rehabilitation centers and the appointment of an AIDS czar to coordinate the many federal agencies that deal with AIDS-related problems.

Instead, it looks like the Reagan White House will end its days with the same muddled, one-step-forward-two-steps-backward policies it has followed throughout the rise of this most deadly and stubborn disease.

From the beginning, the Reagan administration has exhibited a kind of political schizophrenia in its handling of the AIDS epidemic.

To be sure, the federal government has called AIDS the country's No. 1 health priority and has thrown so much money into research that the AIDS budget of \$ 1.3 billion now approaches that of the War on Cancer. But it was not until 1987 -- years after scientists learned what causes AIDS and how it is spread -- that the administration mailed its long-promised pamphlet on the disease and appointed a commission to steer policy.

Another aspect of the administration's political doublespeak on the issue has been its on-and-off use of people. The White House asked a number of conservative stalwarts to carry the AIDS banner for the president, only to shoot those messengers when they came back with activist proposals the West Wing didn't want to hear.

The two prime examples are Surgeon General C. Everett Koop and Admiral Watkins. Both were touted as favorites of the conservative Republican vanguard: Koop, a pediatric surgeon with traditional values about family and strong opposition to abortion; Watkins, a **straight**-arrow naval officer who rose to be a member of the Joint Chiefs of Staff.

Contrary to expectations, Koop has been the administration's strongest advocate for explicit sex education to curb the epidemic's spread and for compassion for all those affected with AIDS. In refusing to bow to the prejudice against those testing positive for the virus, Koop said: "I am the surgeon general of the heterosexuals and the homosexuals, of the young and the old, of the moral or the immoral, the married and the unmarried. I don't have the luxury of deciding which side I want to be on."

This summer, the AIDS commission, chaired by Watkins, delivered a powerful, direct report, on time and, according to the views of public health officials and organizations sympathetic to the plight of people with AIDS, on target.

Now both men have been largely ignored by the White House.

The selection of **MacDonald** to explain the president's response to the commission's report underscores the disorder and turf battles within the administration over AIDS. **MacDonald** was brought to the White House only this year after heading the Alcohol, **Drug** Abuse and Mental Health Administration, although he had not been involved in the AIDS issue and had little expertise on the subject. His major recommendation for the job appears to be that he was seen as neutral enough to be trusted with the political hot potato of the commission's report.

As a result, the federal officials with direct responsibility for health affairs, such as Health and Human Service Secretary Dr. Otis Bowen, his assistant secretary for health, Dr. Robert Windom, and the outspoken Koop were not given the job of reviewing the report, and it has become more of a political document than a map for action.

So once again, the administration has ended up speaking with many voices on the subject of AIDS. Instead of providing presidential leadership, Reagan has largely finessed the issue.

But it is easy to find fault with the administration. The fact is that AIDS is such a loaded issue that almost no politician wants to touch it. In this summer of bands and balloons on the campaign trail, none of the candidates has shown much eagerness to talk about AIDS.

Last month in Atlanta, the Democratic platform called for protection of the civil rights of AIDS patients and carriers of the virus, and "increased support" for research and education. In accepting the Democratic presidential nomination, Massachusetts Gov. Michael S. Dukakis called AIDS "the greatest public-health emergency of our lifetimes and a disease that must be conquered" -- but has not offered specifics on new funding or programs.

In New Orleans, the Republican platform included a carefully worded section on AIDS but skirted the issue of a federal law banning AIDS discrimination, saying the AIDS patients should be "encouraged . . . to remain on the job or in school as long as . . . capable." When it came to George Bush's acceptance speech, he didn't mention the controversial subject.

Earlier in the week, right-wing evangelist politician Pat Robertson actively tried to capitalize on the AIDS issue by playing to prejudice and fear: "In the city of the Democratic Party . . . disease carriers are protected and the healthy are

placed at risk."

Only Jesse Jackson directly addressed the issue in a forthright way during the primaries, and of course it did not win him the nomination. As Atlanta Mayor Andrew Young, who sees himself as a pragmatist, later remarked: "I told Jesse, 'There's no way to politically get 51 percent of the American public committed to embracing AIDS victims . . .'"

Perhaps, but political campaigns should be more than bread and circuses. They are a time to face the serious issues, not to avoid them or pander to prejudices.

Besides, as every cancer specialist knows, a malignancy can be discovered and treated early only once; after that, the patient and doctor have to deal with it late, when there is less chance of a cure.

The AIDS epidemic -- any epidemic, really -- is the same. There is only one chance to catch it early.

For all the noisy rhetoric of the candidates, the campaign of '88 may well be remembered as the summer of silence.

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Statistics don't stack up

BYLINE: JEFFREY GOOD**SECTION:** TAMPA BAY AND STATE; Pg. 1B**LENGTH:** 1246 words

The people who urge you to "get some **straight** answers" about illegal **drugs** are having trouble getting their own facts **straight**.

The Partnership for a **Drug**-Free America made the fried egg famous with its message: "This is your brain on **drugs**." Now the group wants to show how **drug** abusers are also hurting people who don't take **drugs**.

For evidence, the group is pushing a tidal wave of statistics: **Drug** use costs American businesses at least \$ 60-billion a year. The average **drug** user first gets high at 11.6 years old. Your doctor is 50 percent more likely to be an addict than your neighbor. **Drug** users are nearly four times as likely to hurt themselves or a co-worker on the job.

Scary statistics. But public records and interviews show that they're also exaggerated, based on flimsy evidence or plain wrong.

That doesn't surprise Dr. John P. Morgan, a City University of New York medical professor and frequent critic of the Partnership.

"What this is . . . is chemical McCarthyism," Morgan said. "One of the reasons young people have no faith in what we say about **drugs** is because of lies by people like the Partnership."

This week, the Partnership began spreading its statistics in a national media tour by Dr. **Donald Ian Macdonald**, a former Clearwater pediatrician who helped lead Ronald Reagan's anti-**drug** campaign. **Macdonald** was in the Tampa Bay area Wednesday and Thursday.

When the St. Petersburg Times questioned him about the statistics, **Macdonald** acknowledged that they were "soft." But he said that doesn't alter the message: Illegal **drugs** are ruining lives and costing billions of dollars.

"It doesn't change anything," **Macdonald** said. "We all pay a big price for **drug** use."

The Partnership for a **Drug**-Free America is a group of advertising and marketing executives who volunteered their talent and time to produce a series of gripping anti-**drug** ads. Last year, President Bush credited them for contributing to a decline in illicit **drug** use.

This week, the Partnership extended its campaign beyond ads, launching a drive to generate news stories about its

work. Before **Macdonald's** visit, the group sent out a package detailing the heavy cost of **drug** abuse, using statistics the group said were based on careful research.

The St. Petersburg Times took a sampling of the statistics in five categories money, youth, medicine, work place issues and crime and researched the sources cited by the advertising group.

From that sample, the Partnership had one correct statistic: one in three state criminals said they were on **drugs** when they committed their crimes. But the others exaggerated the documented damage of **drugs**.

Here are some of the Partnership's claims and how they differ from what the experts say.

Drug use costs American business at least \$ 60-billion each year, and possibly two or three times that.

Sixty-billion dollars is a lot of money enough to nearly halve the federal budget deficit, build 500 Florida Suncoast Domes or give every Tampa Bay area resident a check for \$ 20,000.

The number comes from a 1983 federal study finding that illegal **drugs** cost society \$ 60-billion each year in death, crime, health care costs, social programs and lost productivity. The portion of that figure linked to business productivity accounted for nearly \$ 34-billion.

The study's author, economist Henrick J. Harwood, says that the Partnership is wrong to use even that lower figure as the "cost to business." It accounts mostly for earnings lost by the workers themselves.

"There are advocacy groups that hear things and think they understand exactly what it means," Harwood said. "Once it gets into common parlance, nobody has much control over it."

The average **drug** user first tries an illegal **drug** at 11.6 years old.

That's the age of many sixth-graders. Ginna Sulcer, Partnership senior vice president, said: "It's incredible, isn't it?"

It's also wrong, experts say.

"We have encouraged them not to use that figure," said Aaron Black, project administrator of the Gordon S. Black Corp., the Partnership's pollster. "We have been beating them over the head about using this, but they still are."

Black's research on teen users shows that the majority first try cocaine after their 14th birthday. And a federal study cited by the Partnership shows the average teen user first tried marijuana at 13.4 years.

That study, apparently, was the source of the 11.6-years figure: It's the age at which **drug**-using teens first puffed a cigarette.

"We trust our health and safety to professionals whose judgment may be hampered by **drug** use," the Partnership says. "The rate of **drug** addiction among doctors and nurses is 50 percent higher than that of the general population.

Partnership vice president Sulcer said that statistic came from Newsweek magazine, although she said she didn't know Newsweek's source or the date of the article.

Times' researchers found a 1983 article, in which the magazine quoted Chicago nurse Evelyn Perkins as the source of a similar statistic. Contacted at home this week, Perkins said she hasn't worked on **drug** issues for four years and can't understand why the Partnership would use her research.

Perkins said she found the health care professionals were 30 to 40 percent more likely to have **drug** problems not 50 percent. The Partnership would be wrong to use even that figure, she said, because it was based on skimpy research and is outdated by seven years.

Professional associations representing nurses and doctors say there is little solid research on the issue of **drug** use by their members. They say doctors and nurses have **drug** problems, but not at a greater rate than the general population.

"Their messages run far and wide and reach a large segment of America," said John Hammarley, science news editor with the American Medical Association. "To make a headline-grabbing statement like that is irresponsible; it's scary."

Drug users are 3.6 times more likely to injure themselves or another person in an on-the-job accident and five times more likely to file a worker's compensation claim.

The Partnership is only one of several anti-**drug** crusaders to quote that statement. In a 1988 article in The University of Kansas Law Review, Dr. Morgan traced its origins to an informal study of alcoholics.

"The statistics generated . . . have nothing to do with (illegal) **drug** users," Morgan wrote.

Macdonald, the Partnership's representative, agreed: "He's probably right."

Macdonald did not generate the disputed statistics; he works with the Partnership as a volunteer and left the number crunching to its staff.

He doesn't dispute the flaws in the statistics but warns against letting debate about them obscure the cost of **drug** abuse. It's a cost tallied not only in numbers, but in the faces of **drug** users, **Macdonald** said.

"You look in their eyes, and you see their sadness."

Times library researchers contributed to this article.

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GRAPHIC: BLACK AND WHITE PHOTO, (2); a photo of the fried egg ad "This is your brain on **drugs**" from a Partnership campaign along with statistics that exaggerate the **drug** problem; Dr. **Donald Ian Macdonald**

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