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Michael Brendan Flanagan

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The Medical Abnormality of Homosexuality

by

Michael Brendan Flanagan, M.D.

The author graduated from Trinity College, Dublin, in medicine, in 1942. During World War II, he served in the Royal Navy. On release from naval service, he entered family practice in Croydon, South London. He moved to San Francisco, California, in 1953. He retired from active practice in 1981.

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Introduction

The Catholic Medical Association published a report entitled "Homosexuality and Hope" in the closing days of the millennium (*Linacre Quarterly*, May, 2001). It was the result of three years of study by a task force composed of experts in the various relevant specialties both medical and clerical. It was designed to provide the bishops with a review of the medical, scientific, and psychological studies on homosexuality and Church teaching and to serve as a source of reference for Catholic clergy, physicians, mental health professionals, educators, parents and the general public. It contains a complete bibliography with abstracts of over one hundred forty articles from the medical literature which can be downloaded from the Catholic Medical Association website (HYPERLINK <http://www.cathmed.org>).

This study will examine the pathology of homosexual behavior, where it is a danger to public health. It has been covered up in both the lay and medical press since "political correctness" has become such a dominant factor. The homosexual act of union, anal copulation, is a dirty,

unsanitary act which contravenes basic rules of hygiene. Its abnormality is self-evident.

Section I. Semen Antibodies

Inoculating semen into the rectums of rabbits has resulted in profound and easily demonstrated production of antibodies to semen and its constituents. Semen contains many T lymphocytes and other white blood cells of the immune system which are suppressed by semen antibodies.(A1) T cell suppression is also produced by intravenous inoculation of mice. Part of this immune suppression appears to be due to semen antibodies which not only attack sperm but mistake T lymphocytes and other cells of the immune system for sperm, and attack them, too. This is called autoimmunity; the breakdown of cells in the patient's immune system by the patient's own antibodies.(A2)

In the recipient partner to anal copulation, semen enters the bloodstream and the production of antibodies to the constituents of semen follows. Semen enters the bloodstream because the wall of the rectum, which is designed for the elimination of waste, is thin and lined by one layer of epithelium, allowing access to the bloodstream for semen through the numerous and easily damaged blood vessels which are just beneath the thin surface layer. The wall of the large bowel has areas of dense accumulations of lymphocytes called Payer's Patches, which provide an entrance to the blood and lymph systems for the semen's lymphocytes. The effect is the same as intravenous inoculation. The wall of the rectum is an avenue to the bloodstream.

The vagina, being a reproductive organ which must allow the passage of the full-term infant, is a thick walled muscular tube lined by twenty to twenty-five layers of skin cells. The blood vessels are comparatively far beneath the surface. The wall of the vagina is a barrier to the bloodstream.

In one New York study, thirty percent of women with AIDS had significantly high sperm antibodies suggesting that they were infected by anal copulation.(A3) In male AIDS patients, 40% had sperm antibodies and 70% had antibodies to other components of semen.(A4)

Semen itself contains immunosuppressive agents which inhibit lymphocytes and macrophages in order to protect sperm in the female reproductive system, but when in blood add to the immunosuppression.(A5)

Other investigators have reported this finding of antisperm antibodies in the recipient partner of anal copulation cross-reacting with the host's T cells and causing autoimmunity.(A6, A7, A8)

This attack on the immune system reduces the patient's defenses against HIV/AIDS and other infections and against some forms of cancer, anal cancers from human papilloma virus HPV and Kaposi's Sarcoma. It

clearly demonstrates the abnormality of anal copulation, the mode of sexual union of MSM's (Men who have sex with men), and therefore the abnormality of homosexual marriage. Human beings are not meant to have semen in their blood. It should be stressed that this is a condition due to anal intercourse, which can cause the whole array of immunosuppressive diseases and sexually transmitted diseases and infections not usually sexually transmitted.

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Section II. Sexually Transmitted Diseases in Men Who Have Sex with Men

In order for one fresh case of sexually transmitted disease (STD) to occur it is necessary for an individual to transfer the causative organism from an infective source to an uninfected recipient, which requires intercourse with multiple partners. Sexual intercourse with multiple partners is called promiscuity. The sexually transmitted disease rate in any community is a measure of the promiscuity rate. It is clear from the STD rate that promiscuity is a part of the homosexual condition.(S1, S2)

There are many leading MSM who defend promiscuity as an essential part of the gay sexual revolution. Dr. Walt Odets and Gabriel Roello and others opposed closing the bathhouses at the height of the AIDS epidemic and objected to the normal public health measures of tracing and notifying contacts, that is used in all infectious disease outbreaks. They objected on

the grounds that this was restricting the sexual “freedom” gained in the revolution.(S3)(S4)

Most STDs are transmitted by skin to skin contact of the genital organs. This is the route of passage for gonorrhea, syphilis, chlamydia and two common important virus infections, genital herpes and human papilloma virus (HPV). These last two can be transmitted from skin around the genitals, an area not covered by condoms, a point rarely mentioned in sex education but should be, as these virus diseases are not curable, are present for life, and can be transmitted to a future spouse or children.(S5)

HPV virus causes venereal warts and is a common cause of abnormal “pap smears” in women. It can result in squamous cell cancer of the cervix, vagina, vulva and anus. In MSM whose immune system is compromised by semen antibodies and HIV/AIDS, cancers of the anus are common and can be of very large size.(S6) We have seen how semen entering the bloodstream can cause semen antibodies which impair the immune system in its ability to defend against infection and some forms of cancer. Lymphoma occurs with the genital herpes virus in MSM and in MSM who have herpes virus. The diagnosis of AIDS is often established by the appearance of Kaposi’s Sarcoma.(S7)(S8) Semen contains many lymphocytes (white blood cells) and in MSM lymphocytes contain many viruses. Some of these viruses give rise to diseases that are not usually thought to be sexually transmitted: e.g., Epstein-Bar virus that causes mononucleosis and cytomegalovirus (CMV) and hepatitis B and C. All are readily passed into the bloodstream by anal copulation.(S9)(S10)

Hepatitis B and C are easily contracted and this category of hepatitis is responsible for the high death rate from cirrhosis and cancer of the liver in MSM who have been advised vaccination but less than 50% of those who are hepatitis B negative, and therefore eligible, have accepted the advice. There is no vaccine for hepatitis C patients, 80% of who remain chronically infected. This is now a major cause of death in MSM and will continue to be so.(S11)(S12)

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Section III. Gay Bowel Syndrome

On July 2, 1977, an article from San Francisco appeared in the medical journal *Lancet*. It had been written by Selma Dritz, M.D. et al., of the San Francisco Health Department and was entitled, "Patterns of Sexually Transmitted Enteric Diseases in a City."

Here is a part of it:

In the previous three years there had been a fourfold to tenfold increase in the incidence of laboratory confirmed shigellosis, amebiasis, giardiasis and hepatitis A and B in the city. The small

number of cases that had occurred in the past had been water borne or food borne and had occurred equally in both sexes. In contrast in 1975 and 1976 shigellosis was found in men aged 20 to 39 in 65% and 70% respectively of cases. For amebiasis the figure was 78% and 89% and for hepatitis A 74% for both years. Hepatitis B 70% in both years. Many of these men gave a history of having had frequent oro-genital and oro-anal sexual contact with men.”(G1)

In that year, 1977, there were similar reports of amebic dysentery in homosexual men in New York (G2), and Shigellosis in Seattle.(G3). All of these outbreaks were a result of swallowing feces from anilingus or from oral copulation following ano-genital contact. In 1980 the *New England Journal of Medicine* carried a report from Seattle entitled “Sexual Transmissions of Hepatitis A in Homosexual Men.” Dr. Dritz wrote the editorial comment of this study.

This is an extract:

An average of 10% of all patients and asymptomatic contacts who reported to the San Francisco Public Health Department because of positive fecal samples or cultures for ameba, giardia and shigella infections were employed as food handlers in public establishments.(G4)

In 1983 a study was made of homosexual men attending a San Francisco Bay Area health fair. Of 105 homosexual men, 59.1% had intestinal protozoal parasites.(G5) In another study reported by Thompson the researchers warned that “50% of homosexual patients who have amebic dysentery become asymptomatic chronic carriers of cysts that escape detection but these men are highly infectious and inadvertently infect many other individuals.(G6) The significance of Dr. Dritz’s finding that 10% of these men were employed in handling food should now be apparent. This raises a legitimate question, however politically incorrect it may be. Should an individual who opens an ice cream parlor be required to employ a man who is at high risk of carrying disease transmissible in food?

Dr. Dritz cannot be subjected to the usual charge of homophobia since the penultimate paragraph of her editorial reads:

I can comment only briefly on the important medical implications of the emotional stresses that arise from the moral and social stigmata directed toward homosexual persons by the traditional Judeo-Christian Society.(G7)

This statement does not seem to take into account her finding of 10% food handlers carrying a highly infectious disease transmitted in food.

When the California state legislature was passing homosexual antidiscrimination laws, the San Francisco Public Health Department never sent a representative to Sacramento to inform the legislators that there were cogent reasons why homosexuals should not be employed in handling food. Political Correctness took precedence over the health of the public.

It is easy to understand why the name Gay Bowel Syndrome is now politically incorrect and has been censored from press and medical journals. It is neither gay, bowel, nor a syndrome, they tell us.

On September 26, 1977, an editorial in the JAMA (*Journal of the American Medical Association*) read as follows:

With the lifting of the fog of secrecy that surrounded the gay way of life, the vulnerability of the homosexual, to diseases that are not generally regarded as venereal is becoming increasingly apparent. The inclusion of mouth and anus within the orbit of sexual activity carries with it risks of exposure to enteric (intestinal) pathogens.

This statement would appear to have been written before political correctness became sufficiently dominant to suffocate the truth. One can hardly imagine such a statement in a JAMA editorial today. It also demonstrates how recent is the social phenomenon of large numbers of men who have sex with men forming gay communities, and the subsequent emergence of widespread epidemics of diseases due to viruses, the usual venereal organisms and bowel pathogens which are the result of swallowing and wallowing in feces.

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Section IV. The HIV/AIDS Epidemic

Female Prostitutes and HIV

In Section I Semen Antibodies, supra, the wall of the vagina was described as a barrier to the bloodstream. This is clearly demonstrated in the many studies showing the absence or very low rate of HIV/AIDS in non-drug using female prostitutes. This is one of the best kept secrets of the AIDS epidemic. It demonstrates that promiscuous heterosexual intercourse (in western countries) rarely results in HIV infection.

The Third International Conference on AIDS was held in Washington, D.C. in 1987. The results of five studies on this subject were presented. The most compelling was that by Dr. Nancy Padian and her associates from UC-Berkeley. They went to the Nevada brothels and tested 535 licensed non-drug using female prostitutes and found all 535 to be HIV negative.(B1) William Darrow, M.D., gave the CDC report. They tested 707 female prostitutes in the eastern U.S. and found 5% to be HIV positive. This was the highest rate found in the papers presented. Dr. Darrow stated that sexual activity with large numbers of clients was not associated with HIV infection in their study. When it occurred in prostitutes who were not injection drug users, it was in association with hepatitis B and syphilis, resulting from sexual activities with their pimps, one-third of whom are injection drug users(IDU).(B2) Many studies have since confirmed these findings and there are none that dispute them.(B3, B4, B5)

There was the usual array of news reporters at this conference who presumably informed their editors that the consensus at the Third International Conference on AIDS was that promiscuous heterosexual intercourse rarely resulted in HIV infection. The public has yet to be informed.

Disparate Couples and HIV

In the early days of the AIDS epidemic there were many married couples in which one partner was infected with HIV from blood transfusion or injection of blood products. These were ideal for the study of the heterosexual transmission of HIV because the date of infection was known, and blood tests were not introduced until 1993, so no action could have been taken to prevent the spread of infection. The most unreliable group were IDUs and their sexual partners, who were sharing needles as well as sex, and the date of infection was unknown.

Stoneburner and Peterman et al., at the CDC in 1988, reported on a study of 80 couples in which one partner was HIV+ following blood transfusion. This was a group of married couples who were followed for a mean of 31 months, which is an estimated 250 acts of intercourse per couple (Based on twice per week). Ten percent of the husbands and 20% of the wives became HIV+. Eighty percent remained uninfected. One woman stated that only one act of intercourse occurred after her husband's transfusion. This is the only recorded case of HIV transmission by one act of heterosexual intercourse.(B7)

Dr. Nancy Padian et al., at UC-Berkeley, studied 307 female partners of infected men, of whom 20% were infected, and 72 male partners of infected women, of whom one got infected. This group reckoned the risk of infection per act of intercourse to be one per 1,000 male to female, and much greater in the reverse order.(B8)

Drs. Curran and Jaffe, at the CDC, reviewed the literature on heterosexual HIV transmission in *Science* in 1988. They found 22 published papers. Nine percent of the wives of 288 hemophiliacs were HIV+. Twenty-five percent of the partners of bisexual men were infected presumably due to the practice of anal intercourse.(B9) This can be confirmed by testing for semen antibodies.

These findings show that the major threat of HIV infection in heterosexual intercourse is the monogamous relationship where one partner is infected.

Review of the National CDC Statistics

Those who still insist that HIV/AIDS is a threat to the heterosexual community and a special threat to adolescents, should make the effort to study the CDC's Quarterly Surveillance reports on HIV/AIDS.

The year-end edition for 1999, on table 9, gives the statistics for male AIDS cases divided into five racial groups. The sixth column, headed "Cumulative Totals", gives the national figures for all groups since the start of the epidemic in 1981. There had been a total of just over 600,000 male cases, 50% were white, 30% black, and about 155 Hispanic.

Under the heading "Exposure Category" are listed the sources of infection. What these statistics show is that male AIDS cases are from men having sex with men and the second group is from injecting drug use. The third smaller groups are MSM who are also IDU, about 14% of homosexual AIDS cases. This group transferred the infection from the first group to the second. Heterosexual infection is from sex with an IDU and this is over time with the same partner. Female prostitutes are not listed as a source of HIV infection. The largest group of female AIDS is from injection drug use. Heterosexual female cases are from sex with an IDU. This is the largest heterosexual group. This again demonstrates that the

infection is more easily passed male to female, because the woman gets a large dose of virus in semen. A small number of cases are from sex with a bisexual male. Under heterosexual contact in both genders there is "Sex with an HIV infected person, cause not specified." These are again in the minority population indicating IDU sex.

National Research Council Report

The National Research Council Report (1993) was in 300 pages on "The Social Impact of AIDS in the United States." The general findings and conclusion on page 7 reads: "The convergence of evidence shows that the HIV/AIDS epidemic is settling into spatially and socially isolated groups and possibly becoming endemic in them instead of spreading out to the broad American population as was feared." This report received scant attention from the media. It was another example of managing news that is politically incorrect. In AIDS education, no distinction is made between the risks of vaginal and anal intercourse. They are both included in the term "sexual intercourse." This is used in teachers' manuals, including the one used by the National Catholic Education Association. This does a great disservice to youth that should be warned of the great danger of multiple infections and diseases from anal copulation. There has been a persistent deception of the public on heterosexual AIDS because there is a large and vocal AIDS industry and bureaucracy with a vested interest in keeping the money flowing by presenting AIDS as "everybody's disease." Homosexuals, being the predominant group with AIDS, are the predominant group in the AIDS bureaucracy. It is very much in their interest that AIDS be democratized as a threat to the general population.

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Section V. Pedophilia and Related Conditions

The words "pedophile priest" have been in frequent use in the secular press in the past few years. The term implies sexual molestation of a child who has not reached the age of puberty. This is a "politically correct" ploy to evade the truth, which is that 95% of cases of clerical abuse in the Catholic Church have been of homosexual priests molesting adolescent boys and young men.

To examine the prevalence of the molestation of minors, we must first determine the percentage of homosexuals in the population. Kinsey in the 1940s claimed it was 10% and this figure is frequently quoted.

The US Census Bureau has conducted a survey since 1988 for the National Centers for Disease Control (CDC). 10,000 men are polled quarterly and asked since 1977, have you had: (a) a blood transfusion, (b) an injection of blood products, (c) used intravenous drugs, (d) are you a man who has had sex with another man at least once. 2-3 % answer yes to at least one question.

This strongly suggests that the prevalence of even incidental homosexual behavior is less than 2%.(M1) Paul and Kirk Cameron, authors of *The Prevalence of Homosexuality*, summarized over 30 surveys with "large plausibly unbiased samples."(M2) They included the following:

- France. A 1991-2 government study of 20,000 adults found 1.4% of men and 0.4% of women had had homosexual intercourse in the five years preceding the survey. The lifetime exclusive rates were 0.7 for men and 0.6 for women. Lifetime homosexual experience was 4.1% for men and 2.6% for women.
- Britain. A 1990-1 national survey of about 19,000 adults aged 16 to 59 reported 1.4% of men had homosexual conduct in five years. 6.1% of men had had a lifetime homosexual experience at least once.

- Smaller studies from Canada, Denmark and Norway showed less than 1% to be exclusively homosexual and this can be taken as the average figure with 3% including the bisexuals, and this should be their percentage of the sexually transmitted disease in the wider community.

Gordon Muir, M.D., found the following flaws in the Kinsey study:

(a) Twenty-five percent of Kinsey's 5,300 male subjects were present or former prisoners and many of these were sex offenders. Also, some individuals engage in homosexual activity in prison but never when free.

(b) Many respondents were recruited from sex lectures, but they had gone there to get answers to sex problems. Leaders of homosexual groups recruited others.

(c) At least 200 male prostitutes were included.

(d) There were no church attendees amongst his "carefully planned population survey" which is credited with starting the so-called sexual revolution.

Studies in Child Molestation

Men who have sex with men (MSM) claim that they are not responsible for the majority of cases of child molestation and indeed that is correct. It is also true that the majority of MSM do not molest children. It is a matter of proportion.

Paul and Weinrich et al. studied the ratio of heterosexual to homosexual assault and the ratio of girl to boy victims in 20 published reports.(M4) More girls were molested than boys in a 2:1 ratio. 30-40% of the assaults were made by MSM, who make up 3% of the male population when bisexuals are included. Bisexuals account for 18% of the molestations in J.H. Fitch(M5) and 9% in K. Nadoma et al.(M6)

A small percentage of the 97% heterosexual part of the population are guilty of molesting 60% of children victims and an unknown percentage of the 3% MSM molest 40%. MSM are therefore 12 to 18 times more likely to molest boys than the 96% who are not MSM are to molest children.

There is, therefore, a cogent reason why the Boy Scouts should not have MSMs as scoutmasters and if they do so, sound reason why parents should not allow their sons to join. This is well-known to the media, who do not consider themselves obliged to inform their readers and listeners.

Kinsey, in his second study(M7), reported that 25% of gay men admitted to sexual relationships with boys under 16 and in *The Gay*

Report(M8) 23% of the gay men admitted to sex with boys under 16. In a random British study of 15 to 19-year-old students, 35% of the boys and 9% of the girls claimed to have been approached for sex by adult homosexuals.(M9)

Homosexual Teachers

Thirty reports of teacher-pupil sexual interaction were found in the English speaking literature and 24 involved homosexuality. Therefore, homosexual teachers were more than a hundred times more likely to molest their pupils. In McCall's study homosexual teachers generate 13 times more complaints about teacher-student sexual misbehavior.(M10)

The Institute for Scientific Investigation of Sexuality analyzed a random national survey of 4,340 adults from five metropolitan areas and 4% of the teachers in the survey described themselves as homo- or bisexual. Adults were asked to report any sexual advances and any physical contact with elementary and secondary schoolteachers. Twenty-nine percent of the advances of elementary schoolteachers were homosexual and 16% of the secondary schoolteachers.

Homosexual elementary schoolteachers were eleven times more likely to make a sexual advance and eight times more likely to molest. Homosexual secondary schoolteachers were about five times more likely to make advances and seven times more apt to molest than their heterosexual counterparts. Eighteen percent of the respondents reported having had a homosexual teacher. Eight percent of those over 55 did so and 25% of those under 25. Twenty-three percent said that the homosexual teacher influenced them to regard homosexuality as socially acceptable. Six percent said the teacher suggested they try homosexuality. Thirteen percent of the men and 4% of the women reported that the teacher made sexual advances towards them. Thirty-two percent of the men and 22% of the women reported that the homosexual teacher made advances to at least one of the students.(M11)

Homosexual teachers have not changed. What has changed is the willingness of society to entrust its youth to sexual deviants.

Homosexual Advocacy of Pedophilia

John DeCecco, San Francisco State University psychology teacher and editor of the *Journal of Homosexuality*, which advocates homosexuality, told *Newsweek* that pedophilia is not intrinsically wrong. DeCecco sits on the editorial board of *Paedika*, the Dutch Journal of Pedophilia. This is a Dutch publication that sponsors research in pedophilia. It is used also for advocacy purposes.

The *Journal of Homosexuality* in 1989 devoted a special edition to "The Pedophilia Debate," which showed the large influential segment of homosexuals which neither hides nor condemns engagement in pedophilia.(M12)

The following arguments were made:

- Pedophilia is an acceptable aspect of sexuality, particularly homosexuality.

- "Pedophilia is always considered by the population at large as being the sexual abuse of children. However, analysis of the personal accounts of pedophiles suggest that these experiences can be understood differently."

- "Contemporary concern over pedophilia and child sexual abuse usually rests upon uncritical and undertheorized conceptions of childhood sexuality."

- "The general trend has been to label intergenerational intimacy as child abuse, which has fostered a one-sided simplistic picture. Further research would help us understand the possible benefits."

Holland has a program of psychotherapy that treats the social difficulties with which pedophilia is associated. These facilitate adjustment to, not treatment of, pedophilia. Twenty males were counseled how to handle their relationships with boys. Several modalities of interaction in man-boy relationships are proposed.(M13)

The North American Man Boy Love Association promotes homosexual pedophilia. Their arguments as to the naturalness, normalcy, and ubiquity of pedophilia mirrors the arguments used to support the naturalness, normalcy, and ubiquity of homosexuality, as does their claim that the social condemnation of pedophilia is arbitrary and prejudicial. The publications of NAMBLA list places in the world where children may be molested without legal consequences.

Homosexuals have a great propensity to recruit, solicit, and molest children. Society would appear well advised to maintain its vigil against homosexual childcare givers.

In 1994, the American Psychiatric Association's Diagnostic and Statistical Manual altered its long-standing definitions of the paraphilias (sexual perversions). Paraphilias include fantasies, sexual urges, and behaviors. Since 1994 these are abnormal only if they cause significant distress, or impairment in social or occupational dysfunctioning to the perpetrator. In other words, if a man has sex with children and does so

without pangs of conscience, it's okay. But if he is unhappy about it he needs treatment.

Homosexual activists have for long objected to pathologizing any form of sexual freedom. Laws against pedophilia have come under attack. In the 1989 National Research Council report relevant to AIDS prevention, supposed sex research experts John Gagnon, Charles Turner, and others, urged the public to challenge their preconceived notions of childhood sexuality by examining the Sambia tribe in New Guinea, whose boys are initiated into homosexual activity at ages seven to ten.(M14)

Dr. Gagnon is a professor at State University of New York and the author of *Human Sexualities*. In his book he claimed that human sexuality can be made to fit any mold, and that for our children to have fulfilling sex lives, "we may have to promote sexual activity."(M15)

Alfred Kinsey held that sex is the capacity to respond to sufficient stimulus, and all forms of sex are normal and good. Difficulties arise from social restraints that are a legacy of the Judeo-Christian myths.

Another prominent homosexual, Richard Goldstein, editor of *The Village Voice*, in an article in that paper entitled "Faith, Hope, and Sodomy," wrote, "until AIDS, it was possible to imagine promiscuity as the essence of gayness."

The late Lester Kirkendall was a founding board member of Sex Information and Education Council of the United States (SIECUS) and former professor in the Department of Family Life at Oregon State University. He wrote in the *Journal of Sex education and Therapy* (Spring/Summer 1985) that sex education programs in the future "will probably find acceptable sexual expression with same-sex partners and even across generational lines." His colleague Wardell Pomeroy, Kinsey co-author and another founding board member of SIECUS, wrote in *Forum Variations* in 1977, that "incest between adults and younger children can prove to be a satisfying and enriching experience" and in 1993 still believed that.(M16) SIECUS plays a major role in providing sex education programs in the schools of this country.

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Section VI. Change in Sexual Orientation

The evidence supports the observations of many counselors that persons with same gender sexual orientation have been able to change through a variety of counseling methods. The surveys and collected data show that approximately 30% of those who enter therapy and persist can change orientation. Change is easier for those who are treated when young, before the formation of habit, for those who are motivated religiously, for those who wish to have a family life and have had some heterosexual exposure.(C1, C2, C3)

Before 1976, behavior modification techniques were in common use for those wanting to rid themselves of unwanted thoughts and behavior.

Therapists were confident that they could effect change and had the cases to prove it.(C4) The recognition and treatment of sexual identity disorder in childhood can prevent the development of homosexual orientation.(C5)

No therapists have claimed that everyone that seeks treatment will be changed. Some will change self-identity and behavior, but not arousal and fantasy. A smaller number will change all four. Those who ask for change should not be refused.(C6)

Critics of Change Therapy

Such critics assert that only behavior is changed in published reports and the orientation or sexual attraction remains untouched. But all those providing this treatment ask their patients about fantasies and attractions. Patients are not regarded as fully changed unless these are exclusively heterosexual. The greatest threat to the homosexual political movement is the very existence of "ex-gays." Their existence is denied and every effort is made to suppress it in the media. A number of critics admit that change is possible, but condemn treatment even when it is requested "because it oppresses homosexuals who don't want to change."(C7, C8, C9)

Psychotherapists who regard homosexuality as a normal orientation insist that there is no excess psychopathology among homosexuals but discuss at length the psychological problems associated with "internalized homophobia," a condition that they say affects most homosexuals. Those who assert that homosexual orientation is normal must and do claim that promiscuity and sadomasochism are normal since homosexuals commonly engage in these practices.

There is overwhelming evidence that homosexual men in early childhood had negative relationships with their fathers and that their mothers did not support the development of their masculine identity.

Religion and Change

If treatment for change is considered unethical or illegal, Catholics and others whose religion or code of conduct opposes extramarital intercourse would be denied their right to obtain treatment which would be consistent with their faith.(C10)

Those who oppose treatment to change sexual orientation invariably support therapists who try to change their patients' religious beliefs. This includes telling their patients that homosexual activity, even with multiple partners, is not regarded as sinful in Christian teaching.

Those providing treatment for patients who implore their help in changing orientation are under constant pressure from the APAs which have now got dominant homosexual power and numbers in the officers of both Associations. Of course, those giving treatment are under constant attack from the various homosexual organizations. The National

Association for the Research and Treatment of Homosexuality (NARTH) is the best hope for these practitioners and their patients. The public and all homosexuals have a right to know that successful treatment is available and those who want treatment have a right to the best treatment.

Bibliography – Section VI

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