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Why Isn't Homosexuality Considered A Disorder On The Basis Of Its Medical Consequences?

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I worked as an RN for several years during the eighties and nineties at Stanford University Medical Center, where I saw some of the damage homosexuals do to their bodies with some of their sexual practices. As a result of that eye-opening experience, I much admire the work of NARTH in the research and treatment of homosexuality.

I have long been concerned about the serious medical consequences which result from the gay-affirming attitudes that predominate in the San Francisco Bay Area. For example, I knew personally a prominent dermatologist, a dentist, an engineer, and a hairdresser that died in their mid-forties of infectious diseases related to their homosexual behavior patterns. I know of many others that have died young as a result of living a gay lifestyle.

The co-author of my own medical reference book, Saunders Pocket Reference for Nurses, was the head of the surgery department at Stanford. She related case histories of homosexuals needing emergency surgery due to "fisting," "playing with toys," (inserting objects into the rectum) and other bizarre acts. I am certain—in light of my clinical experience, and since doing considerable amount of studying about it since that time—that homosexuality is neither normal nor benign; rather, it is a lethal behavioral addiction as Dr. Jeffrey Satinover outlines in his book, Homosexuality and the Politics of Truth.[ii]

As far as I know, there is no other group of people in the United States that dies of infectious diseases in their mid-forties except practicing homosexuals. This, to me, is tragic, when we know that homosexuality can be prevented, in many cases, or substantially healed in adulthood when there is sufficient motivation and help.

I now live in Delaware and work in conjunction with the Delaware Family Foundation to inform the public about homosexual issues. We are debating gay activists who want to add "sexual discrimination" to our anti-discrimination code. In trying to make the case that homosexuality is not healthy and should not be encouraged, we come up against the fact that neither the American Psychiatric Association, nor the American Psychological Association recognize it as a disorder. Our opponents say we are using "scare tactics."

Dr. Satinover brilliantly laid out in his book, Homosexuality and the Politics of Truth the solid, irrefutable evidence that there are lethal consequences of engaging in the defining features of male homosexuality—that is, promiscuity and anal intercourse.

It doesn't take someone trained in medicine to recognize that, as Brian Camenker of the Parent Right's Coalition said on national TV, "A lifetime of anal sex does not do great things for the body." Brian also said, "As troubling as that statement sounds, there is no logical argument against it." Thus, even lay people recognize what should be obvious, especially to those trained in medicine, and who know the basic facts about homosexuality. It seems to me that medical professionals should be more aware and concerned about the consequences of habitually engaging in promiscuous anal intercourse, and other oral-anal practices of active homosexuals.[iiia]

The risk of anal cancer soars for those engaging in anal intercourse. According to one report, it rises by an astounding 4000%, and doubles again for those who are HIV positive.[iiib]

Can anyone refute that anal intercourse tears the rectal lining of the receptive partner, regardless of whether a condom is worn, and the subsequent contact with fecal matter leads to a host of diseases?

Diseases to which active homosexuals are vulnerable can be classified as follows:

Classical sexually transmitted diseases (gonorrhea, infections with Chlamydia trachomatis, syphilis, herpes simplex infections, genital warts, pubic lice, scabies); enteric diseases (infections with Shigella species, Campylobacter jejuni, Entamoeba histolytica, Giardia lamblia, ["gay bowel disease"], Hepatitis A, B, C, D, and cytomegalovirus); trauma (related to and/or resulting in fecal incontinence, hemorroids, anal fissure, foreign bodies lodged in the rectum,

rectosigmoid tears, allergic proctitis, penile edema, chemical sinusitis, inhaled nitrite burns, and sexual assault of the male patient); and the acquired immunodeficiency syndrome (AIDS).[iv]

Can anyone refute that increased morbidity and mortality is an unavoidable result of male-with-male sex—not to mention the increased rates of alcoholism, drug abuse, depression, suicide and other maladies that so often accompany a homosexual lifestyle?[v] People with this whole cluster of behavior patterns are somehow "normal"?

My primary question is: why isn't homosexuality considered a disorder on the basis of its medical consequences alone? Dr. Satinover and others have made a solid case for why homosexuality parallels alcoholism as an unhealthy addiction. It should have a parallel diagnosis.

There is a lot of literature, including on the NARTH website, discussing the 1973 removal of homosexuality as a diagnosis. The arguments against the change in diagnosis seem to center around "societal standards," moral relativism, "subjective distress" of the client, and whether or not there is any objective standard for "psychological" normalcy (for instance, the debate between Joseph Nicolosi and Dr. Michael Wertheimer in A Clash In Worldviews: An Interview with Dr. Michael Wertheimer).

While these considerations are important, it seems like we can set aside, for the moment, the debate on whether homosexuality should be classified as a developmental disorder. Very simply, it seems, an objective person just looking at homosexuality's lifestyle consequences would have to classify it as some kind of pathology. Does it or does it not lead to a dramatically shortened lifespan? Studies say it does, some by as much as 40%; the Cameron study being only one of many other studies that suggest this.[vi]

Taken together, these studies establish that homosexuality is more deadly than smoking, alcoholism, or drug addiction. However, it appears that far too few physicians or other professionals are making arguments in favor of homosexuality as a diagnosis based on its adverse health consequences.

While doing research into the history of the 1973 decision to remove homosexuality from the diagnostic manual of disorders, I have been shocked to find out the specious reasoning upon which the decision was based, and that qualified physicians have allowed the decision to stand.

On Feb. 5, 2002, I corresponded by e-mail with Dr. Robert Spitzer of the APA and asked him to send me references for the position papers and studies upon which his committee based its decision to remove the diagnosis. He told me to read Ron Bayer's book,[vii] the "closest thing to a position paper" (American Journal of Psychiatry,130:11, 1207-1216), and he said, "There was no specific list of references, but what was influential too was the Evelyn Hooker Rorshach study and the Eli Robins community study."[viii]

I have read many of the criticisms of the Hooker study—how respondents were specifically selected rather than at random, and other methodological limitations.[ix] Dr. Charles Socarides, who was also on the Task Force on Nomenclature, informs us also that Spitzer was influenced by the Kinsey Report, which was recognized as early as 1976 by "social progressives" like Prof. Paul Robinson of Stanford as "a pathetic manifestation of Kinsey's philosophical naivete.. a mechanical contrivance, which…bore little relation to reality,"[x] and since has been discredited by the work of Judith Reisman and others.

It is clear that Dr. Socarides was right when he said that the decision to remove homosexuality as a diagnosis "involved the out-of-hand and peremptory disregard and dismissal not only of hundreds of psychiatric and psychoanalytic research papers and reports, but other serious studies by groups of psychiatrists, psychologists and educators over the past seventy years…"[xi]

It appears even more obvious that the Task Force on Nomenclature cavalierly ignored (and the APA's continue to ignore!) the substantial and unambiguous evidence that homosexuality involves a life-threatening behavior with an addictive component which has serious health implications.[xii]

That the APA's have escaped accountability for their lack of scientific and professional integrity is especially incredible since the advent of the AIDS epidemic. There are currently an estimated 900,000 people in the United States that are infected with the HIV virus, or 1 in 300 Americans. Though there has been a decrease in AIDS deaths per year due to drug therapy, (which costs an average of $12,000 per patient per year) the rate of new infections per year has remained the same, at 40,000, despite the twenty year "safe-sex" campaign.[xiii]

These facts demonstrate the failure of current policies in containing the AIDS epidemic. While drug therapy will briefly extend the life of these patients, AIDS remains the fifth leading cause of death among those aged 25-44, and 60% of new cases are contracted by men who have sex with men.[xiv] According to the Centers for Disease Control (CDC), homosexual men are a thousand times more likely to contract AIDS than the general heterosexual population[xv]

Dr. Satinover has said in an interview with NARTH:

"A recent article in a psychiatric publication informed us that 30% of all 20-year-old homosexual men will be HIV positive or dead by the age of thirty. You would think that the objective, ethical approach would be: let's use anything that works to try to take these people out of their posture of risk. If it means getting them to wear condoms fine. If it

means getting them to give up anal intercourse, fine. If it means getting them to give up homosexuality, fine. But that last intervention is the one intervention that it absolutely taboo.

"There is no doubt that a cold, statistical analysis of this epidemic would lead you to believe that this attitude of political correctness is killing a substantial proportion of these people. I think there is an element of denial, in the psychological sense, of what gay-related illnesses really mean."[xvi]

It seems to me that the APA's should be aggressively pressed to recognize the facts about the morbidity and mortality directly attributed to homosexuality, or be exposed for the recklessly irresponsible "guardians of the public health" they have become, at least on this issue.

When will doctors and other health care workers demand that officers in the American Psychiatric Association respond to the clear evidence in the following: Homosexuality and the Politics of Truth: the mortality rates listed in their own "APA's Practical Guidelines for Treating Patients with HIV/AIDS";[xvii] and other important reports, such as the Monograph put out by the Institute of Sexual Health, Health Implications of Homosexuality?[xviii]

Lest we think that APA officers justify their neglect of medical consequences of homosexuality on the basis that sexual orientation cannot be changed, we note that Robert Spitzer acknowledged in his original 1973 position paper on Nomenclature that "modern methods of treatment enable a significant proportion of homosexuals who wish to change their sexual orientation to do so."[xix]

He has now confirmed the fact that sexual orientation can be changed with his recent study.[xx] We know that changing sexual orientation only became "impossible" in the nineties, as part of a political strategy by gay activists.[xxi]

Spitzer and his allies' rationale for removing homosexuality as a diagnosis in 1973 was that to be considered a psychiatric disorder,

"it must either regularly cause subjective distress, or regularly be associated with some generalized impairment in social effectiveness or functioning....Clearly homosexuality per se does not meet the requirements for a psychiatric disorder, since, as noted above, many are quite satisfied with their sexual orientation and demonstrate no generalized impairment in social effectiveness or functioning." (Spitzer, et.al, p. 1215).

The Task Force's reasoning fails for several reasons. First, even if we grant the validity of their stated criteria (which is questionable), the fact that many homosexuals "are satisfied with their sexual orientation," fails to take into account the large number of homosexuals who are not satisfied with their sexual orientation and who doexperience "subjective distress and generalized impairment in social functioning." The removal of the diagnosis is not just unfair, but cruel to those who would seek treatment for their condition.

Secondly, there are unambiguous reasons to think that homosexuality per se does cause "generalized impairment in social effectiveness or functioning." If in fact it is a lethal addiction, and the many studies documenting the behavior patterns of homosexuals are correct (that show compulsive patterns of promiscuity, anonymous sex, sex for money, sex in public places, sex with minors, concomitant drug and alcohol abuse, depression, suicide), for the APA to argue that these features do not constitute an "impairment of social effectiveness or functioning," stretches the boundaries of plausibility. To argue that early death does not constitute an "impairment of social effectiveness or functioning" is absurd.

The APA claims its mission is "to promote a bio-psycho-social approach to understanding and caring for patients, in all aspects of health care, including illness prevention" (APA's Stategic Goals Statement). Thus the APA violates its own goals then when it ignores evidence that homosexuality can in many cases be prevented, and denies reorientation therapy to those who want it.

A careful reading of the articles opposing reorientation therapy reveals their authors' rationale that they find such therapy to be "oppressive" to those who do not want therapy.[xxii]

What if this logic was applied to any other lethal illness? What if doctors said, "We refuse to treat cancer (or, say, alcoholism) because we only achieve a 50% cure rate—and many people who don't want to be cured find it oppressive that we do cure the others?" Why wouldn't the lawsuits for malpractice be filed?

We know that Ronald Gold of the Gay Activist's Alliance, an openly gay man, was a member of the committee to remove homosexuality as a diagnosis in 1973. We know that gay activists were disrupting meetings, threatening doctors, and using other strong-arm tactics to get their way at that time.[xxiii]

We also know that homosexual activists like Dr. Richard Isay in the APA have pressed for resolutions to punish therapists for practicing reorientation therapy, and that threats of lawsuits appear to be the main reason the APA has not implemented his proposals.[xxiv]

We know homosexual advocates in the APA continue to suppress debate about Spitzer's new study documenting that sexual orientation can be changed (and to suppress debate about other supporting studies).[xxv] We also know that

active homosexuals such as Clinton Anderson at the American Psychological Association refuse to permit NARTH to engage in open debate or announce NARTH meetings in APA publications simply because he disagrees with the premises upon which reorientation therapy is based.[xxvi]

For these reasons, I do not think it is far-fetched to use the analogy that the "drunks are running the rehab center," in reference to the APA's—at least as far as homosexuality is concerned. Active homosexuals can hardly be objective about an addictive behavior they engage in themselves. In light of the medical evidence, it seems that the Galenic dictum, "physician heal thyself," should apply, as it did it in the past, as Dr. Satinover suggests.[xxvii]

It seems to me the situation in this country will only get worse until the APA is held directly responsible for what is arguably their criminal negligence. In failing to reckon with serious medical consequences of the homosexual behavior pattern, they are harming our whole society, and especially the upcoming generation.

The recent decision by the American Academy of Pediatrics to endorse gay adoptions is yet another disturbing example of how the decision to "normalize" homosexuality by the APA has had a broad ripple effect. Health professionals especially, should heed Dean Byrd's outcry on the NARTH web site that it is time that the American people "insist on truth, not politics, from all of our professional organizations."

What will it take to insist on truth? Lawsuits? Protests? In my opinion, doctors and other health professionals must exert pressure, or share culpability.

What if every person reading this article sent a copy of it to the president of the American Psychiatric Association and asked for a response? Reasoned debate is the least that psychiatrists owe our society—especially those whose lives and loved ones are at risk.

The following is relevant contact information If interested in contacting these organizations, remember that our aim is to open up a principled, civil debate:

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Melonakos, Kathleen, Saunders Pocket Reference for Nurses, Philadelphia: Saunders, 1990, (2nd ed)., with Sheryl Michelson, , 1995.

[ii] Satinover, Jeffrey, Homosexuality and the Politics of Truth, Hamewith/Baker Books, 1996.

[iiia] For an eye-opening survey of the medical studies and journal reports describing the unhygienic and disease-producing practices of homosexuals, see http://www.cprmd.org/, "Homosexual Myths—Male Homosexuals are Healthy and Have Normal Sex Lives."

[iiib] Fenger, C. "Anal Neoplasia and Its Precursors: Facts and Controversies," Seminars in Diagnostic Pathology 8, no. 3, August 1991, pp.190-201; Daling, J.R. et al., "Sexual Practices, Sexually Transmitted Diseases, and the Incidence of Anal Cancer," New England Journal of Medicine 317, no.16, 15 October 1987, pp. 973-77; Holly, E.A. et al., "Anal Cancer Incidence: Genital Warts, Anal Fissure or Fistula, Hemorrhoids, and Smoking," Journal of the National Cancer Institute 81, no. 22, November 1989, pp. 1726-31; Daling, J.R. et.al, "Correlates of Homosexual Behavior and the Incidence of Anal Cancer," Journal of the American Medical Association 247, no.14, 9 April 1982, pp. 1988-90; Cooper, H.S., Patchefsky, A.S. and Marks, G., "Cloacogenic Carcinoma of the Anorectum in Homosexual Men: An Observation of Four Cases"; Diseases of the Colon and Rectum 22, no. 8, 1979, pp. 557-58. Also see Between the Lines, Michigan's statewide gay newspaper, reporting on the risk of anal cancer for men who have sex with men, http://www.afa.net /homosexual_agenda/ha031901.asp

[iv] W.E. Owen Jr., "Medical Problems of the Homosexual Adolescent," Journal of Adolescent Health Care6, No.4, July 1985, pp. 278-85.

[v] See O'Leary, Dale, "Recent Studies on Homosexuality and Mental Health," http://www.narth.com/docs/recent.html. O'Leary gives a summary of health findings and references for specific studies.

[vi] Mr. Trey Kern, President of the Citizen's for Parent Rights, in Pasadena, Maryland has collected an impressive amount data on studies documenting the diminished lifespan of active homosexuals. See http://www.cprmd.org/, "Homosexual Myths: Homosexuals Live Long Lives, Fact Sheet. Studies include: (G. Tardieu, 1858; M. Hirschfield, 1914, Kinsey, 1930's, 1940's; Mattachine Society, 1950's: Berger, 1960's, Kinsey Institute, 1969; Spada Report 1978;

M. Mendola, 1979; Cameron, Playfair, Wellum, 1994; Hogg, R.S., et. al, International Journal of Epidemiology, 1997; Cameron, P, Cameron, K, Playfair, WL., Psychological Reports, 1998.

[vii] Bayer, R. Homosexuality and American Psychiatry, Princeton University Press, 1987. Mr. Bayer chronicled the story of how homosexuality was removed as a diagnosis. It confirms that the APA did not officially investigate or study the issue thoroughly before it gave formal approval of the deletion of homosexuality from the DSMII.

[viii] Personal e-mail correspondence with Dr. Spitzer, Feb. 5, 2002.

[ix] Socarides, Charles, W., "Sexual Politics and Scientific Logic: The Issue of Homosexuality," The Journal of Psychohistory, 10:3, 1992, p. 309 Dr. Socarides explains that a task force within the APA itself concluded in 1973 that Hooker's study was full of methodological errors, and did not warrant her conclusions. See also, Joseph Nicolosi, "Clash of Worldviews: Interview with Michael Wertheimer", http://www.narth.com/.

[x] Socarides, p. 324.

[xi].Socarides, p. 315

[xii] Spitzer, R.L, et. al, in "Symposium: Should Homosexuality Be in the APA Nomenclature?" American Journal of Psychiatry, 130:11, 1973 make no mention whatsoever of any health implications of homosexuality. Also, I asked Dr. Spitzer in an e-mail correspondence April 4, 2001, whether there was any chance the APA might change its policy in light of evidence that sexual orientation can be changed and the negative impact of homosexual practices upon lifespan. He acknowledged nothing about shortened lifespan, but gave a one-sentence reply that said there was no possibility that APA would change its policy on homosexuality at that time.

[xiii] "APA's Practical Guidelines for the Treatment of Patients with HIV/AIDS," Epidemiology, Clinical Features Influencing Treatment, sections, www.psych.org/aids/

[xiv] Ibid, Anti-Viral Treatment section.

[xv] The HIV/AIDS Surveillance Report, U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Infectious Diseases, Division of HIV/AIDS, January, 1992, p. 9.

[xvi] Satinover, Jeffrey, "Reflections: Interview with NARTH," Feb. 5, 2001, http:www.narth.com/docs/satinover.html.

[xvii] See American Psychiatric Association website, www.psych.org/aids/, or obtain bound copy of report available from American Psychiatric Publishing, Inc., 1-800-368-5777, or http://www.appi.org/.

[xviii] Monograph is available from The Institute of Sexual Health, P.O.Box 162306, Austin, TX 78716, ph (512) 328-6268, fax (ph) 538-6269.

[xix] Spitzer, R.L, et. al, "Symposium: Should Homosexuality Be in the APA Nomenclature?" p.1215.

[xx] Spitzer, R.L, "Two Hundred Subjects Who Claim to Have Changed Their Sexual Orientation from Homosexual to Heterosexual," presentation made at the American Psychiatric Association, May 9th, 2001, in New Orleans, available from NYS Psychiatric Institute, New York, NY, 10032, phone (212) 543-5524.

[xxi] Rev. Dr. Earle Fox, former president of the chapter of Exodus Intl. whose members picketed the 2000 APA convention to protest the denial of therapy to those who want it (which resulted in Dr. Robert Spitzer's 2001 study on reorientation therapy), tells in "Homosexuality Wrongly a Civil Right," Delaware State News, January 13, 2002, how no one was disputing that sexual orientation could be changed until gay activists, Kirk and Madsen, in After the Ball: How America will Conquer It's Fear and Hatred of Gays in the 90's, Doubleday, 1989, outlined their plan to convince America gays were "born that way," and "beyond the realm of moral choice," p. 189.

[xxii] For an extensive survey of the articles promoting the view opposing reorientation therapy, see Diamond, Eugene, et.al, Homosexuality and Hope, the results of a two-year study, published by the Catholic Medical Association, p. 14, obtainable at P.O. Box 757, Pewaukee, WI, 53072 or http://www.cathmed.org/ . Some of the articles quoted are Davison, G., 1982; Gittings, 1973; Begelman, 1975, 1977; Murphy 1992; Sleek 1997; Silverstein, 1972; Smith, 1988. See also, "Psychiatrists Reject Therapy to Alter Gays: Efforts aimed at Turning Homosexuals into Heterosexuals are Harmful, Professional Board Declares, Even for Those Not Being Treated," Los Angeles Times, Dec. 12, 1998.

[xxiii] Socarides, p. 310. See also, Satinover, p. 31-40.

[xxiv] See Satinover, p. 36,180-182, and Stern, Mark, E, "The Battle Against the A.P.A. Resolution", http://www.narth.com/, Interviews/Testimonies.

[xxv] Rev. Dr. Earle Fox, Delaware State News, Jan. 13, 2002.

[xxvi] NARTH Bulletin, Vol. 10, No. 3, Dec. 2001, Letter from Clinton W. Anderson to Drs. Nicolosi and Byrd, p. 16.

[xxvii] Satinover, p. 47.