Homosexuality: the health risks

Warning: this article contains some explicit descriptions.

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VoxBrief
August 2012
FamilyVoice AUSTRALIA

In 1994, a NSW regional newspaper published a letter to the editor from a doctor who outlined medical problems disproportionately linked with male homosexual activity. They included HIV/AIDS and anal cancer.

Some homosexual activists then lodged a complaint of homosexual vilification with the NSW Anti-Discrimination Board. The Board accepted the complaint. It demanded that the doctor and the newspaper editor justify the publication of the letter.[1]

The doctor represented himself. The newspaper editor sought legal advice.

The doctor then went to some trouble to document every statement in his letter with articles from peer-reviewed journals – but the Board was not satisfied. It told the doctor that he should have included all these references in his original letter.

The doctor responded that if he had done so, the letter would have been so long and complex that no editor would have published it. Finally, after many months of deliberation, the Board dismissed the complaint.

But the stressful investigation took its toll. The doctor, despite his qualifications and experience as a general practitioner, had been forced to prove his innocence by providing extensive documentation. The legal advice obtained by the newspaper editor did not come cheaply. Since that time no similar letter seems to have been published in the mainstream Australian media.

Have major newspapers concluded that publicising health risks associated with homosexual activity can lead to stressful, time-consuming and expensive litigation, regardless of the outcome? The process itself is the penalty.

Whatever happened to our right to know the truth?

Basic anatomy

Even a brief study of male and female anatomy shows that their genital organs fit together. The male penis and the female vagina are designed to unite – like male and female parts in carpentry joints and electrical connections, or a nut and a bolt.

The female vagina is a flexible tube with three layers of cells in its wall – mucosal, muscle and elastic fibres. It is lubricated naturally, in part by mucus-secreting glands near the vaginal opening.[2]

Basic anatomy: male and female organs fit together

The vagina is strong and elastic. It can stretch to fit the male penis. Later it can stretch further to accommodate the head of a baby as it travels through the vagina during birth. Where there is no birth injury or sexually transmitted infection, the vagina is not readily breached.

The rectum is very different. It has a much thinner and more fragile wall. Most homosexuals engage in anal intercourse and use the rectum as a vaginal substitute. This practice is sometimes called sodomy or buggery. The small percentage of heterosexual couples who practise anal intercourse incur the same health risks as male homosexual couples.[3]

The rectum is a tube containing bacteria-laden faeces at the end of the food canal, without significant natural lubrication. The thin rectal wall is much more easily damaged than the vagina.[4] Micro-tears, causing bleeding from the tiny blood vessels lining the rectum, are believed to occur during every act of anal intercourse.[5]

It therefore follows that any harmful faecal bacteria, viruses and other pathogens in the rectum can directly enter the bloodstream of the person receiving anal intercourse – putting that person at high risk of various diseases. These include HIV/AIDS if no condom is used, or if the condom breaks or slips off. The immune response of the receptive partner may also be affected. Research on rabbits and another study on mice have found that sperm deposited in the rectum have a negative impact on the immune system.[6]

The insertive partner in anal intercourse is at increased risk of disease unless a condom is used. But condoms used during anal intercourse are more likely to break[7] – and the act of removing the condom, unless protective gloves are worn, puts the user in contact with faecal matter and its associated pathogens.

A 2012 study of Australian homosexual men found that only 10% had positive feelings about condoms – the other 90% were neutral or negative, despite widespread health campaigns promoting their use. Only half of the men used condoms consistently with casual partners, and less than 30% did so with regular partners.[8]

Not surprisingly, diseases disproportionately associated with anal intercourse include syphilis, gonorrhoea, hepatitis A, B and C, shigella, human papillomavirus, HIV [9] and anal cancer.[10]

Faeces link: the new taboo

The link with faeces and disease may partly explain why anal intercourse or sodomy has attracted social stigma in most cultures throughout history.

But times are changing – possibly because an explosion in hardcore pornography is promoting anal intercourse for all couples, including heterosexuals and lesbians.[11]

As the GP mentioned earlier discovered, the disease risk associated with anal intercourse is no longer common knowledge, even among Anti-Discrimination Board members. More recently, another doctor sent a letter to the *VoxPoint* editor on this subject, but asked to remain anonymous in order to protect his career. He wrote (in part):

We go to great lengths to encourage people to wash their hands after using the toilet. We even put up signs in public toilets, telling people how to wash.

Yet the government is proposing to give honour to the insertion of a penis into an anus. You just cannot do this. We need to care for our citizens, including homosexuals. But it does not mean we celebrate what they do, just as we do not celebrate what drug users do to themselves, while caring for them and providing medical treatment.

Years ago, a man being interviewed on radio observed that "sodomy is like swimming

in a sewer".[12] Today, those words would probably not be allowed to go to air. Yet the separation of human excrement from contact with people – for example from swimming pools, food and water supplies – has long been seen as essential for public health.

Sewerage saves lives

Thousands of years ago the ancient Hebrews were commanded to observe strict sanitary standards: *Designate a place outside the camp where you can go to relieve yourself. As part of your equipment have something to dig with, and when you relieve yourself, dig a hole and cover up your excrement.*[13]

The ancient Romans developed extensive sewerage systems in the cities of their vast empire. At Roman bath houses, such as the one in Bath, England, the lead pipes bringing in clean water and earthenware pipes for carrying away waste water may still be seen. With the fall of the Roman Empire about 500 AD, this technology was lost.

Many growing cities in the Middle Ages discharged sewage into streams and rivers. London Bridge was a favourite residence because of its convenience in this respect.

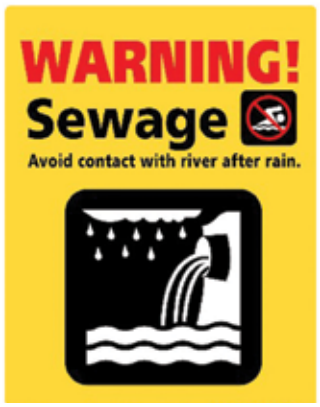
Not surprisingly, these crude sanitary arrangements contributed to the spread of epidemics. A 19th century London physician called John Snow compiled a list of outbreaks of cholera and traced an outbreak in 1854 to a public well contaminated by leakage from nearby privies.

The subsequent construction of extensive sewerage systems in Britain and other Western countries in the mid to late 19th century made enormous improvements to public health, largely eliminating cholera and other epidemics. More lives have been saved by 19th century sewerage engineering than by modern antibiotics.[14]

Public health implications

When the worldwide AIDS epidemic hit in the 1980s, some US researchers called it GRID, for Gay Related Immune Deficiency, because most cases occurred among homosexual men, particularly those with numerous partners.[15] The vast majority of Australian cases were also in men who had anal sex with men. A much smaller percentage of victims were injecting drug addicts.

Some were in neither group. They had diseases such as haemophilia and relied upon blood transfusions to stay alive. Tragically, some of the blood they received had been donated by homosexual men or drug addicts infected with the HIV virus. Australian writer Bryce Courtenay's best-seller *April Fool's Day* told the tragic story of his son Damon, a haemophiliac who had received donated blood products for most of his life. Damon died of AIDS on 1 April 1991, aged 24.[16]



'Sodomy is like swimming in a sewer'

In early 1985 – too late for Damon – the Australian Red Cross acted to prohibit blood donations from men who have had sex with other men.[17] The number of groups banned from giving blood has since grown. It now includes those who have, in the past year, had man-with-man sex; injected an illicit drug; had sex with someone from a country with a high prevalence of HIV; had sex with a prostitute; had a blood transfusion; had a tattoo, acupuncture, or piercing with an unsterilised needle.[18] The common factor is that people in these groups have taken part in activities which could allow HIV and other viruses to pass directly into their bloodstream.

Africans from countries below the Sahara are a case in point. Women as often as men from these communities may carry the HIV virus, transmitted via the vagina in heterosexual intercourse. Why is it so, when the vagina is much less easily breached than the rectum?

This apparent anomaly may be explained by the presence of open sores from sexually transmitted infections in the genital area, or vaginal injuries from a difficult birth, both of which would provide a direct route to the woman's bloodstream. These conditions are far more common and less likely to be treated in third-world countries, where health services are woefully sub-standard. A World Health Organisation review found that clinics in 74% of developing nations re-used needles for injections at least half the time without sterilisation, compounding the problem.[19]

In Western nations like Australia, anal intercourse among homosexual men remains the most common method of HIV transmission.[20]

Red Cross blood battle

The Red Cross prohibits many different groups from giving blood (see examples above) – but only homosexual activists have condemned their exclusion as unjust "discrimination".

On 2 August 2005, Michael Cain lodged a formal complaint against the Australian Red Cross with the Tasmanian Anti-Discrimination Commission.[21] He said that his homosexual activity was lawful. He said the Red Cross had unlawfully stigmatised and discriminated against him by refusing to accept blood from any man who has had sex with another man during the previous 12 months.

Mr Cain claimed that the HIV/AIDS risk is not associated with homosexual men per se, but with those (including heterosexuals) who engage in unsafe practices. He said that monogamous homosexual couples who always use condoms should be allowed to donate blood.

The Commission upheld Mr Cain's complaint. The Red Cross then appealed to the Tasmanian Anti-Discrimination Tribunal, which finally handed down its decision on 27 May 2009.[22]

The Tribunal's 120 page decision[23] quoted evidence from expert witnesses and noted that:

- Condoms do not guarantee "safe sex" and are only about 80-90% effective.
- While all blood donations are tested for HIV, there is a period of time after infection when the test is unreliable.
- Unprotected receptive anal intercourse is responsible for by far the greatest number of HIV infections in Australia. The insertive partner is also at risk, but to a lesser extent.
- A homosexual man may believe his relationship is monogamous, but he cannot guarantee his partner's fidelity.
- A homosexual man who always uses condoms in an apparently monogamous relationship is nevertheless still at risk of HIV because condoms do not give 100% protection and there is a relatively high prevalence of HIV (5-10%) in the Australian homosexual community.
- Men who have sex with men are at higher risk from other blood-borne diseases such as syphilis and hepatitis B and C.
- The Red Cross does not accept blood from other groups at higher risk of blood-borne diseases such as HIV.
- The estimated incidence of HIV per year in Australian homosexual men in general is between **60 - 121 times greater** than for Australian heterosexual men in general.
- The HIV incidence for monogamous homosexual men who always use condoms is nearly twice as great as for heterosexual men who never use

condoms.

- Australia has one of the safest blood supplies in the world. The blood supplies in Spain and Italy, where homosexual men are allowed to donate blood in some circumstances, are less safe than in Australia.

The complaint determination lasted nearly four years, at great cost to the taxpayer. But despite the ruling, the homosexual lobby is not giving up.

Mr Cain says he will continue to fight for the homosexual "right" to give blood[24] even though the evidence clearly shows that blood banks need to discriminate in the interests of public health and safety.

Other risky activities

A minority of homosexual men do not practise anal intercourse. They prefer other sexual activities such as mutual masturbation (which carries no physical health risk unless there are cuts or open sores on the body) or oral sex, where the penis is placed in the mouth of the partner.[25] More dangerous homosexual practices include rimming (mouth-anal contact) with the obvious danger of faecal ingestion, and fisting (inserting the whole hand or even the forearm into the anus and rectum), which risks significant tears in the rectal wall and leakage of faeces into the abdomen. Some activities, including "bondage and discipline", can involve direct injury which may occasionally prove fatal.

According to ACON, Australia's largest community-based gay, lesbian, bisexual and transgender health and HIV/AIDS organisation, almost all homosexual men have tried anal intercourse at least once. About 80% say they have had anal intercourse in the last six months, while 95% have had oral sex and over 60% have taken part in rimming during that time.[26]

Oral sex is far less risky than anal intercourse but may still transmit pathogens to the receptive partner unless the insertive partner wears a condom. Gum infections, cold sores and mouth ulcers leave the receptive partner vulnerable to infection.

Lesbian risks

Lesbians are at much lower risk of infection compared with homosexual or bisexual men – but lesbian sexual activities are not risk-free.

ACON notes that lesbian practices include kissing, mutual masturbation, rimming, vaginal penetration with fingers or dildo (a life-size model of a penis, sometimes worn attached to a harness) and anal penetration with fingers or dildo.[27] Dildos and other "sex toys" can transmit infections unless carefully sterilised. Anal penetration and rimming also carry significant health risks associated with faecal contamination.

Multiple partners risk

True monogamy is rare in homosexual communities,[28] with promiscuity increasing the risk of sexually transmitted infection. Many same-sex attracted men and women prefer variety in their sexual relationships, even though they may cohabit with one particular partner.

Prominent Australian homosexual activist Dr Dennis Altman said on an ABC1 *Compass* program on 10 July 2011: "I am enormously proud of the fact that I am in a [20 year] relationship that has been all the things you want from a relationship, with the exception of sexual fidelity which I think is crap for most people…"[29]

A study of 156 US males in homosexual relationships found that only seven couples claimed to be in relationships that were sexually exclusive – and these monogamous partnerships were of less than five years' duration.[30]

The link between increased acceptance and increased promiscuity suggests that "anti-homophobia" campaigns are unlikely to lower health risks.

The *Gay Community Periodic Surveys* conducted by the National Centre of HIV Social Research in the University of NSW show that 26% of Australian homosexual men reported more than ten sex partners in the six months prior to the 2009 survey. However in Sydney and Canberra – the largest homosexual group, which also enjoys more public acceptance – the figure was over 30%, compared with only 20% in Perth, Adelaide and Queensland.[31] The link between increased acceptance and increased promiscuity suggests that "anti-homophobia" campaigns are unlikely to lower health risks.

Homosexual women, or lesbians, are much less promiscuous than male homosexuals but still tend to have many partners. One study found that 55% had between one and ten partners in their lifetime, while 35% had between ten and 100 partners.[32]

In comparison, male-female couples are much more faithful than homosexual couples. One study found that 83 per cent of heterosexual couples maintained a monogamous relationship, in comparison with fewer than 2 per cent of homosexual couples.[33] A US survey found that women aged 15 to 44 reported a median of 3.2 male partners in their lifetime, while men reported a median of 5.1 female sexual partners[34] – compared with some 100 to 500 sexual partners in their lifetime for older male homoxesuals.[35]

The relatively high rate of promiscuity, particularly in male homosexual communities, inevitably multiplies the infection risks associated with homosexual practices. The proportion of homosexual men living with HIV in Australia is 13%: highest in Sydney (19% in 2009) and lowest in Perth (4% in 2008).[36] In comparison, the overall proportion of people living with HIV in Australia is 0.1%,[37] showing that of the over 97% of Australians who identify as heterosexual,[38] very few are infected with the HIV virus.

Homosexual men account for the majority of new cases of sexually transmitted diseases in developed countries.[39] Lesbians are also more likely to contract HIV and other sexually transmitted diseases and infection than their heterosexual counterparts because of sexual contact with high risk men.[40] Homosexual men are at increased risk of contracting HIV, syphilis,[41] human papillomavirus,[42] hepatitis A, B and C,[43] gonorrhoea[44] and other sexually transmitted infections.

Drug abuse and violence

Lesbians are twice as likely as heterosexual women to be obese,[45] making them at higher risk of heart disease.[46] Homosexual men are twice as likely to develop cancer as heterosexual men and are 1.9 times more likely to have it diagnosed ten years earlier.[47] Lesbians also have the highest number of risk factors for many of the gynaecological cancers.[48] Older homosexual and bisexual men aged 50 to 70 years reported higher rates of high blood pressure, diabetes and physical disability than their heterosexual counterparts.[49]

Many of these health problems are linked with behaviour characteristic of the homosexual lifestyle, such as increased drug, alcohol and tobacco use.[50] A 1997 Canadian study found that life expectancy at age 20 for homosexual and bisexual men was eight to 20 years less than the average life expectancy for other men.[51]

Same-sex attracted people tend to use tobacco, alcohol and drugs as a coping mechanism for mental health problems, which are significantly greater in their community. Domestic violence is also rife.[52] Domestic violence among homosexual men is nearly double that in the heterosexual population,[53] while verbal, emotional or physical abuse within lesbian relationships is estimated to range from 11% to more than 75%.[54]

Mental ill-health

Homosexual men are at an increased risk of developing eating disorders such as anorexia and bulimia,[55] possibly because of the strong emphasis the homosexual community places on physical appearance. Depression and anxiety affects homosexual and bisexual men and lesbians more than the general population.[56]

Older homosexual and bisexual men were 45% more likely to report psychological distress than equivalent heterosexual men.[57]

Other studies have shown that there are more suicides and attempted suicides among homosexual individuals than heterosexual. A recent Denmark study found that completed suicides are nearly eight times more likely among homosexual men in registered domestic partnerships than for married men, and nearly two times more likely than men who had never married.[58]

True compassion would encourage young people to refrain from harmful homosexual activity as they explore a healthier future.

It is sometimes argued that homosexual mental ill-health including suicide is caused by discrimination and stigma, but the facts do not support this conjecture. In countries like the Netherlands and New Zealand where there is high acceptance of sexual diversity, the rates of homosexual mental ill-health are as high as in countries where the stigma is strong.[59]

Studies of identical twins show that homosexual men and women are not born that way. Life experiences, far more than genes or hormones, contribute to homosexual attraction.[60] It is likely that sexual abuse or family dysfunction, sometimes linked with later homosexual orientation, may also lead to mental ill-health.

Conclusion

Male homosexual practice, usually involving anal intercourse, is inherently unhygienic due to contact with bacteria-laden faeces. It is associated with serious health risks including sexually transmitted infections and anal cancer. Condoms lower these risks, but do not eliminate them.

Many lesbians also engage in unhygienic practices and suffer negative health outcomes.

The health risks are multiplied by the promiscuous behaviour of most homosexuals.

These facts are often denied by the homosexual lobby, which instead attacks those reporting the unwelcome information as "homophobic". Thus young people today are being deceived by the media and at school, when told that homosexuality is a valid and safe alternative to heterosexuality and equally worthy of government recognition and honour.

True love does not hide truth, even when the truth hurts.

People with same-sex attractions are not helped by encouraging them to explore same-sex activity which may endanger their health and even their lives, and the lives of others. Many people with same-sex attractions find their outlook changes over time. True compassion would encourage them to refrain from harmful homosexual activity as they explore a healthier future.

On public health grounds, governments should not encourage or honour homosexual behaviour in any way.

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