

# Asking for Trouble

**How Admitting Open Homosexuals  
to the U.S. Armed Forces  
Will Undermine Military Readiness,  
Order, and Discipline**

by  
**Dale O'Leary**



**Defense Secretary Robert Gates and Joint Chiefs Chairman Admiral Mike Mullen**

**America's Survival, Inc. [www.usasurvival.org](http://www.usasurvival.org) Cliff Kincaid, President**



## Introduction

By Cliff Kincaid

Elected with the support of LGBT (lesbian, gay, bisexual and transgendered) activists, in his first State of the Union address, President Obama said, “This year, I will work with Congress and our military to finally repeal the law that denies gay Americans the right to serve the country they love because of who they are. It's the right thing to do.”

But this report argues convincingly that a change in the policy would risk the lives of our troops. In effect, a change in policy would put our soldiers in a confrontation with another deadly enemy – not the homosexuals themselves, but the health problems and life-threatening diseases associated with their lifestyles. As such, a change in policy is not worth the risk. A policy change made in the face of this overwhelming evidence will be done for political reasons, in order to appease a special interest group. It could cause lasting damage to our Armed Forces.

President Clinton, with backing from the gay rights movement, had tried to change the policy in 1993, but met strong resistance from members of Congress from both political parties. They eventually passed legislation that came to be known as “Don’t Ask, Don’t Tell” (DADT), still forbidding active and open homosexuals in the Armed Forces. The law, Section 654, Title 10, U.S.C., states that homosexuals are not eligible to serve in the military and provides the reasons why. This report provides a new and important basis for exclusion – the health hazards of the homosexual lifestyle.

After Obama said repealing the law was the “right thing to do,” Joint Chiefs Chairman Admiral Mike Mullen expressed a personal opinion favoring repeal before the Senate Armed Services Committee on February 2. However, he also said that, “...we owe him our best military advice about the impact of such a repeal and the manner in which we would implement a change in policy.”

**The impact is the key. This report makes a compelling argument based on medical and scientific evidence. It argues that the presence of such individuals of a different “sexual orientation” would present an unacceptable risk to the military culture.**

The report author, Dale O’Leary, a freelance writer and lecturer, brings evidence from medical, psychological and social science research to bear on crucial public policy issues. She participated in the U.N. Conferences in Cairo and Beijing and has lectured around the United States

and in Mexico, El Salvador, the Philippines, Ireland, Italy, Switzerland, Hungary, and Austria. She has appeared on many occasions on radio and television. She is the author of numerous articles and two books, *The Gender Agenda: Redefining Equality* (which has been translated into Spanish and Italian) and *One Man, One Woman*.

We are led to believe that homosexuals are people like us, except for their “orientation.” But it is that “orientation,” which goes far beyond just the concepts of “gay” and “lesbian,” which must be analyzed in detail. O’Leary does so in explicit terms.

**O’Leary makes it quite clear that repeal of DADT would facilitate sexual activity as well as the acquisition of sexually transmitted diseases. It would also mean more psychological disorders and substance abuse problems in the military.**

Because this report examines the sensitive subject of the practical impact and nature of homosexuality, it has information that may not be familiar or readily available to members of the military and the public.

For example, the Veterans Aging Cohort Study (VACS), built around the Veterans Health Administration (VA), already indicates that the government is caring for 19,000 HIV positive veterans. It could be that these may be mainly men who acquired HIV through sharing needles, but opening the services to gay men would certainly increase the number of HIV positive veterans, since men who have sex with men (MSM) are 46 to 86 times more likely to be newly infected with HIV. An inquiry should determine how many of the 19,000 acquired HIV through homosexual activity.

**No issue is more important than the nature and composition of the U.S. Armed Forces. Our national survival depends on it.**

Defense Secretary Robert Gates has established a Comprehensive Review Working Group in order to understand “all issues and potential impacts associated with repeal of the law and how to manage implementation in a way that minimizes disruption to a force engaged in combat operations and other demanding military activities around the globe.”

Elaine Donnelly, president of the Center for Military Readiness, has said that new Department of Defense regulations issued by Gates since Obama’s call for repeal have redefined and weakened the law. They encourage local commanders “to look the other way, pretend ignorance, or decline to act on credible information indicating that a servicemember is not eligible for military service,” she says.

Still, Gates recognizes that Congress, which is charged under the Constitution with making the rules and regulations for the Armed Forces,

has the ultimate say and responsibility. “Should Congress take this action,” referring to changing the law, he said that “strong, engaged and informed leadership will be required at every level to properly and effectively implement a legislative change.”

**The information in this report constitutes a strong argument that Congress should not make that change and repeal the law, and that Gates’ new and more lenient regulations should be reversed. Lives literally hang in the balance.**

In asking for a review of the policy and a final report by December 1, Gates said that the military should “engage Congress members,” as well as “key influencers of potential servicemembers and other stakeholder groups.”

One of the important stakeholder groups is our health community. That is why Dale O’Leary has reviewed the medical and scientific literature on the possible health impact of having homosexuals and other individuals with controversial “sexual identities” in the Armed Forces. This information is literally a matter of life and death.

Soldiers on the battlefield have to rely on their fellow soldiers for blood transfusions. The need for battlefield blood transfusions presents many different problems, many of them logistical. But what if that blood is disease-laden? What if that blood has a disease that hasn’t yet been identified and isolated and can’t be screened through various blood tests?

Interestingly, President Obama’s push for repeal of DADT was followed by liberal Senators John Kerry, Al Franken and others putting pressure on the Food and Drug Administration (FDA) into considering lifting the ban on male homosexuals donating blood. This seemed to be a recognition that it would not make sense to admit open and active male homosexuals into the Armed Forces, where they would be in a position to donate blood to their fellow troops, if they are prohibited from donating such blood under current federal law.

Kerry, Franken and 16 other liberal senators insist they want the blood supply to remain safe and that donated blood must undergo two “highly accurate” tests that make the risk of tainted blood entering the blood supply virtually or nearly zero.

But O’Leary notes that male homosexuals, or men who have sex with men (MSM), as the FDA describes them, “expose themselves to such a wide variety of pathogens that medical professionals can never be sure that they have a test to identify every one of them. There could even now be something lurking out there, hidden in the blood of apparently healthy men, waiting.”

“Senator Kerry argues that this policy is now arcane because we have tests to determine if donated blood carries the HIV, but the problem is not the diseases we know of and have tests for but the diseases which we haven't identified as sexually transmitted and blood borne and don't have tests for,” O'Leary points out.

**Clearly, the medical and health impact of admitting open and active homosexuals into the U.S. Armed Forces must be at the top of our concerns.**

It goes without saying that no issue is more important than the constitutional requirement to have a national defense and to have a fighting force second to none. The character and integrity of the U.S. Armed Forces must be of utmost concern. In that sense, approving the entry into the military of individuals with bizarre sexual identities that many consider immoral is destructive to the coherence of that fighting force.

**The nature of these “sexual identities,” as O’Leary makes clear, is also problematic. Will repeal of DADT mean accommodating transvestites? What about admitting those self-identified as being “gender queers?”**

Army Gen. Carter F. Ham, commander of U.S. Army Europe, and Jeh Johnson, the Pentagon’s top lawyer, are leading the Gates review.

Even without the substantial evidence of potential harm to the military presented in this report, military leaders have already indicated serious concerns about repealing DADT. U.S. Army Chief of Staff General George W. Casey, Jr., said, “I do have serious concerns about the impact of repeal of the law on a force that is fully engaged in two wars and has been at war for 8 1/2 years. We just don't know the impacts on readiness and military effectiveness.”

General James T. Conway, the commandant of the Marine Corps, told Congress in February. “I think the current policy works. My best military advice to this committee, to the secretary, to the president would be to keep the law such as it is.”

General Conway has since told Military.com he will insist, if the policy is changed, that the Marines have the freedom to not be forced to live alongside open and active homosexuals. “We just think that our corps will not want to see it changed,” he said. “If it is changed, it’s going to require some leadership, engaging, to ensure our orders are carried out. It’s going to require some resources. Because right now we billet by twos. We’re the only service that billets by twos. We like that, we want to continue doing that. But I would not ask our Marines to live with someone who is homosexual, if we

could possibly avoid it. And to me, it means we have to build BEQs [Bachelor/Base Enlisted Quarters] that have single rooms.”

Asked why he wouldn't let Marines live with homosexuals, he replied, “I would, in this case, want to preserve the right of a Marine who thinks he or she wouldn't want to do that. Okay? And again, that's the overwhelming number of people that say that they wouldn't like to do so.”

We understand and appreciate the Commandant's concerns. However, his proposed “solution” would also be a disaster, for it could mean that open and active homosexuals would be living by themselves, free to engage in sex.

What's more, how would the homosexuals be isolated from other soldiers on the battlefield?

Lt. Gen. Benjamin R. Mixon, in a March 8, 2010, letter to *Stars and Stripes*, declared:

It is often stated that most servicemembers are in favor of repealing the policy. I do not believe that is accurate. I suspect many servicemembers, their families, veterans and citizens are wondering what to do to stop this ill-advised repeal of a policy that has achieved a balance between a citizen's desire to serve and acceptable conduct.

Now is the time to write your elected officials and chain of command and express your views. If those of us who are in favor of retaining the current policy do not speak up, there is no chance to retain the current policy.

The view that homosexuality is not “acceptable conduct” is widely shared among top leaders and in the ranks. That view, however, is usually dismissed by the media as politically incorrect or “intolerant.”

**This report is unique in that it provides the evidence that leaders of the Armed Forces and political leaders will need to maintain the current policy on the grounds of medical science and evidence.**

This is not to say that moral opposition to homosexuality is not legitimate. Back in 2007, for example, Marine General Peter Pace, then-chairman of the Joint Chiefs, stated his view that homosexuality is immoral. He declared, “I believe that homosexual acts between individuals are immoral and that we should not condone immoral acts. I do not believe that the Armed Forces of the United States are well served by saying through our policies that it's OK to be immoral in any way.”

His comments were strongly criticized by pro-homosexual media such as the Washington Post and the New York Times. What he said, however, was the traditional Christian view of homosexuality. In Romans I: 26,27, the Apostle Paul made a clear condemnation of homosexuality, saying:

Because of this, God gave them over to shameful lusts. Even their women exchanged natural relations for unnatural ones. In the same way, the men also abandoned natural relations with women and were inflamed with lust for one another. Men committed indecent acts with other men, and received in themselves the due penalty for their perversion.

**The danger that now confronts us is that our political leaders and representatives in Congress are threatening to put an official stamp of approval on such conduct and elevate it to protected status in the Armed Forces of the United States.**

Not only would such a change in policy pose tremendous health risks to our troops, it could very likely spell an end to the notion that the United States has the most powerful military in the world.

At this critical time, as our troops fight a global war against radical Islam, and face potential adversaries in China and Russia, we have to safeguard the character of integrity of the Armed Forces and protect our troops from all possible threats.

## Executive Summary

Persons who self identify as gay, lesbian, bisexual, or some other sexual minority constitute less than 3% of the population. However, the majority of these would be disqualified from military service because of psychological disorders, drug use, alcohol abuse, STDs, and conduct unbecoming a member of the military.

**Several large, well-designed studies have found significant differences between gays and lesbians and the general public -- differences that could negatively affect military readiness, order, discipline, and the ability of recruits to deal with stresses inherent in military service.**

Gays and lesbians are far more likely to suffer from a number of psychological disorders, have problems with substance abuse, and a history of suicidal ideation and attempts. In one study, 67.9% of the homosexually active reported suicidal ideation and 32.1% had made a suicide attempt. A follow up study concluded that: "Gay/lesbian participants reported more acute mental health symptoms than heterosexual people and their general mental health was poorer. Gay/lesbian people more frequently reported acute physical symptoms and chronic conditions than heterosexual people." A meta-analysis of articles on the mental health of lesbian, gay, and bisexual people found that, "LGB people are at higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self harm than heterosexual people."

Lesbian women are more likely than other women to suffer from a number of psychological disorders. According to a study done in the U.S., 43.7% of lesbian women were positive for at least one psychological disorder during a 12-month period; 33.5% had major depression. Another study found that 51% seriously considered committing suicide at some time in the past.

Gay men are far more likely than other men to be infected with one or more sexually transmitted diseases (STDs). Although they constitute no more than 1.5% of the adult population, they account for half of the new cases of HIV infection and the rate of infections among young gay men is increasing.

To self-identify or "come out" as a gay man or a lesbian has ramifications beyond sexual preference. It involves joining a community of persons with sexual mores that differ substantially from those of the military community. Adultery is prohibited by the military; however, the overwhelming majority of gay men and a significant percentage of lesbian

women have open relationships, that is the couple agrees to allow one or both partners to engage in sexual relationships outside the partnership. Gay men frequently engage in “threesomes.”

**Gay men are more likely to have multiple sexual partners even if in a “committed relationship;” to have sex with virtual strangers who are part of a community with a high rate of sexually transmitted diseases and once infected with one STD become more susceptible to other STDs; to indulge in drugs and alcohol before sex, behavior which lowers inhibition and increases risk taking; to use drugs such as Viagra so as to be able to engage in multiple sexual acts during the same evening; and to belong to a culture which sexual pleasure is the highest value.**

A member of the military, who embraces the military culture with all that entails, will be alienated from the dominant gay culture in which the desire to cruise for sexual partners on the Internet and post nude pictures of their private parts, to engage in unprotected sex with multiple partners in public places while high on drugs and alcohol, and to have “open” relationships is seen not only as the essence of what it means to be “gay” but as a model for the larger society.

Changing DADT carries other risks. Because the desire to be the other sex is considered by some to be a “sexual orientation” and because the “transgendered” are classified as “sexual minorities,” any legislation to change DADT that included references to “sexual orientation,” “sexual minorities,” “gender identity,” “gender variant,” or “gender expression,” in addition to references to homosexual and bisexual, could force the military to accept men and women suffering from Gender Identity Disorder, sometimes referred to as “transgendered.” Such men and women want to appear in public as the other sex, and may or may not have had surgery to change their appearance. “It is widely accepted that transsexualism represents a fundamental disorder in a person’s sense of self.” Dr. Paul McHugh of John Hopkins regards accommodating such persons’ demand for surgical change as “fundamentally cooperating with a mental illness.”

Given the uncontroverted evidence of the problems experienced by the majority of homosexual persons, the risks involved in admitting openly homosexual and bisexual persons in the military clearly outweigh any benefits.

**Asking for Trouble:  
How Admitting Open Homosexuals  
to the U.S. Armed Forces Will Undermine Military Readiness,  
Order, and Discipline**

**By Dale O’Leary**

Those promoting the admission of openly homosexual men and women into the U.S. Armed Forces scrupulously avoid talking about homosexuality. They know that they can succeed only if they hide the true nature of this condition and the problems associated with it. They are counting on the fact that many people erroneously believe that:

- 1) Human beings can be neatly categorized as heterosexual, homosexual, and bisexual.
- 2) Persons are born into one category and cannot change.
- 3) Homosexual men and women differ from non-homosexuals only in their sexual preference and in all other areas are essentially the same.

Were these three beliefs true, then barring homosexual men and women from military service might seem unnecessary, unproductive, and unjust, but none of them is true.

***Categories***

There are a wide variety of “sexual minorities.” Persons can be categorized based on the sexual attraction (SSA – same-sex attraction) or based on the behavior (MSM -- men who have sex with men, WSW - women who have sex with women); or based on their self-identification (Men who self-identify as Gay; Women who self-identify as Lesbian). In addition, there are a wide range of other self-identifications, including Queer and transgendered.

Not all persons with SSA are “out.” Some for religious or health reasons remain celibate. Such persons would probably not “come out” were the policy to change. Some MSM and WSW consider themselves heterosexual. Men who are married to women, but indulge in sex with men usually reject the label “gay.” Some black men, in particular, do not believe that the practice of sex with other men or “down low” makes them a “homosexual.” According to an article in the *New York Times*:

Rejecting a gay culture they perceive as white and effeminate, many black men have settled on a new identity, with its own vocabulary and customs and its own name: Down Low. There have always been men -- black and white -- who have had secret sexual lives with men. But the creation of an organized, underground subculture largely made up of black men who otherwise live straight lives is a phenomenon of the last decade... Most date or marry women and engage sexually with men they meet only in anonymous settings like bathhouses and parks or through the Internet. Many of these men are young and from the inner city, where they live in a hypermasculine thug culture. Other DL men form romantic relationships with men and may even be peripheral participants in mainstream gay culture, all unknown to their colleagues and families. Most DL men identify themselves not as gay or bisexual but first and foremost as black. To them, as to many blacks, that equates to being inherently masculine.<sup>1</sup>

**To self-identify or “come out” as a gay man or a lesbian has ramifications beyond sexual preference or behavior. It involves joining a community of persons with sexual mores that differ substantially from those of the general public and more importantly from those of the military community.**

Researchers recognize how difficult it is to pin down exactly who is “homosexual.” For example, some of the studies referenced in this article divided the population under study into men who had never had sex with men and those who had even one encounter in the last five years. Other studies compared persons who self-identified as gay or lesbian with those who did not.

It should also be noted that the “gay” agenda has expanded to include the “trans” community – persons who wish to appear in public as the other sex. These include male to female and female to male transsexuals and transgendered, autogynephiles, drag queens, she-males, queers, etc. Any addition of words such as “gender<sup>2</sup>,” “gender identity,” or “gender expression” to legislation would raise a range of issue for the military. Some people assume that the word “gender” is a substitute for the word “sex.” but

---

<sup>1</sup> [http://en.wikipedia.org/wiki/Down-low\\_\(sexual\\_slang\)](http://en.wikipedia.org/wiki/Down-low_(sexual_slang)), referencing Benoit Denizet-Lewis, "Double Lives On The Down Low," *New York Times* (August 3, 2003).

<http://www.nytimes.com/2003/08/03/magazine/double-lives-on-the-down-low.html>.

<sup>2</sup> Dale O’Leary, *The Gender Agenda: Redefining Equality* (Lafayette LA: Vital Issues Press, 1997); Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (NY: Routledge, 1990); Angela Argon, ed., *Challenging Lesbian Norms: Intersex, Transgender, Intersectional, and Queer Perspectives* (Binghamton, NY: Haworth Press, 2006).

for others “gender” refers to the social presentation of the person, thus a man whose biological sex is male could claim to have a female “gender.” It is important therefore that if the word “gender” is used it is clearly defined as biological sex.

### *The Ability to Change*

For public relations purposes, the gay activists have spoken about their sexual preferences as something they were born with and can’t be changed, although there is no replicated scientific studies supporting this claim.<sup>3</sup> Troy Williams on the gay positive website *QueerGnosis* admits that the “born that way” claim doesn’t correspond to reality:

The queer community has been obsessed with cultivating the idea that we all have fixed sexual identities. We’ve crafted terrific narratives and political platforms based on the notion that all gays are “born that way.” but what if sexuality is more complex.<sup>4</sup>

Lisa Diamond, author of *Sexual Fluidity: Understanding Women’s Love and Desire*, conducted a longitudinal study of women, which lasted 13 years, beginning with women 16-23 years of age. Diamond queried the women about their sexual identity. According to Diamond “...13 years into the study, about 70 percent of the sample has changed their identity label at least once since the first interview.”<sup>5</sup>

There have probably always been some adolescents who experimented with same-sex intimacy and went on to be completely heterosexual. However with the introduction of Gay/Straight Alliances in high schools, the activities of GLSEN (Gay, Lesbian Straight Education Network), and the general promotion of homosexuality in the media, there is reason to believe that more adolescents are experimenting. Some of these young men and women are encouraged to “come out” and self-identify as gay and lesbian. However, as they mature they may discover that their feelings have changed. At age 16, Noe Gutierrez was showcased in the pro-gay video “It’s Elementary” talking about how he “came” out in high school.

---

<sup>3</sup> David Parker, John DeCecco, “Sexual Expression: A Global Perspective,” in *Sex, Cells, and Same-sex Desire: The Biology of Sexual Preference*, (Binghamton, NY: Haworth Press, 1995) p. 427; Dale O’Leary, *One Man, One Woman* (Manchester, NH: Sophia Institute, 2007) p. 51-63.

<sup>4</sup> Troy Williams, “Sexual Fluidity: The Lisa Diamond Interview,” <http://queergnosis.com/2009/08/sexual-fluidity-the-lisa-diamond-interview/>

<sup>5</sup> Lisa Diamond, “Why Lesbians Switch Sexual Identities,” interview with *Big Think*. <http://bigthink.com/lisadiamond>.

At age 26, he announced that he was no longer gay.<sup>6</sup> Some university women engage lesbian intimacy during college, and then become heterosexual. The slang name for this is LUGS, "Lesbian until Graduation."

Participants in a birth cohort study conducted in New Zealand were queried at age 21, and 25. The study revealed a surprising degree of change in sexual attraction over time in all directions. The authors concluded, "Much same-sex attraction is non-exclusive and unstable."<sup>7</sup>

In addition to what appear to be spontaneous changes in sexual attraction, there are numerous studies of men and women who have undergone a change in sexual attraction after psychological therapy, religious conversion, or a combination of both.<sup>8</sup>

### ***Differences between Homosexual Men and Women and Others***

Several large, well-designed studies have found significant differences between gays and lesbians and the general public. These differences could negatively affect military readiness, order, discipline, the ability of recruits to deal with stress, and health.

### ***Psychological Disorders***

For a number of years there had been debate about the psychological health of persons with SSA.<sup>9</sup> In 1999, two well-designed studies using large samples were published. They found that persons with SSA were more likely than those without to suffer from a number of psychological disorders.

Richard Herrell and associates compared twin pairs, where one had had sex with men and the other had not. Their conclusion:

After adjustment for substance abuse and depressive symptoms (other than suicidality), all of the suicidality measures remain significantly

---

<sup>6</sup> Warren Throckmorton, "Hiding Truth From School Kids: It's Elementary Revisited" (June 16, 2004). <http://www.drthrockmorton.com/article/1450>.

<sup>7</sup> Nigel Dickson, Charlotte Paul, Peter Herbison, "Same-sex attraction in a birth cohort: Prevalence and persistence in early adulthood," *Social Science & Medicine*, 56 (2003): 1614.

<sup>8</sup> Stanton Jones, Mark Yarhouse, *Exgays?: A longitudinal study of religiously mediated change in sexual orientation* (Downers Grove, IL: Inter Varsity Academic, 2007); Robert Spitzer, "Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation," *Archives of Sexual Behavior*, 32, no. 5 (2003): 403-417; Jack Drescher, Kenneth Zucker, eds. *Ex-Gay Research: Analyzing the Spitzer study and its Relation to Science, Religion, Politics, and Culture* (NY: Harrington House Press, 2006).

<sup>9</sup> Evelyn Hooker, "The adjustment of the male overt homosexual," *Journal of Projective Technique*, 21, no.10 (1957): 1-31.

associated with same-gender sexual orientation except for wanting to die ...The substantially increased lifetime risk of suicidal behaviors in homosexual men is unlikely to be due solely to substance abuse or other psychiatric comorbidity.<sup>10</sup>

Fergusson and associates looked at data from the birth cohort study done in Christchurch, New Zealand, and concluded:

Findings support recent evidence suggesting that gay, lesbian, and bisexual young people are at increased risk of mental health problems, with these associations being particularly evident for measures of suicidal behavior and multiple disorders.<sup>11</sup>

The gay, lesbian and bisexual young people in this study were 4 times as likely as their peers to suffer major depression, almost 3 times as likely to suffer generalized anxiety disorder, nearly 4 times as likely to experience conduct disorder, 6 times as likely to suffer multiple disorders, and over 6 times as likely to have attempted suicide.

Another study using the same birth cohort found that:

Both women and men who had experienced same-sex attraction had higher risks of self-harm. The odds ratios for suicidal ideation in the past year were 3.1 for men and 2.9 for women. Odds ratios for ever having deliberately self-harmed were 5.5 for men and 1.9 for women. Men with same-sex attraction were also significantly more likely to report having attempted suicide.<sup>12</sup>

These studies were followed by one done in the Netherlands, which found that:

Psychiatric disorders were more prevalent among homosexually active people compared with heterosexually active people. Homosexual men had a higher 12-month prevalence of mood disorders... and anxiety disorders ...than heterosexual men....

---

<sup>10</sup> Richard Herrell et al., "Sexual Orientation and Suicidality: A Co-twin Control Study in Adult Men," *Archives of General Psychiatry*, 56 (1999): 867-874.

<sup>11</sup> David Fergusson, L. John Horwood, Annette Beautrais, "Is sexual orientation related to mental health problems and suicidality in young people?" *Archives of General Psychiatry*, 56, no. 10 (1999): 876-80.

<sup>12</sup> Keren Skegg et al., "Sexual Orientation and self-harm in men and women," *American Journal of Psychiatry*, 160, no. 3 (2003): 541.

Homosexual women had a higher 12-month prevalence of substance use disorders... CONCLUSION: The findings support the assumption that people with same-sex sexual behavior are at greater risk for psychiatric disorders<sup>13</sup>

In this study, 67.9% of the homosexually active reported suicidal ideation and 32.1% had made a suicide attempt. A follow up study concluded:

Gay/lesbian participants reported more acute mental health symptoms than heterosexual people and their general mental health was poorer. Gay/lesbian people more frequently reported acute physical symptoms and chronic conditions than heterosexual people.<sup>14</sup>

In still another follow up study, the authors concluded:

This study suggests that even in a country with a comparatively tolerant climate regarding homosexuality, homosexual men were at much higher risk for suicidality than heterosexual men.<sup>15</sup>

**It should be noted that the team doing the studies in the Netherlands is headed by Theo Sandfort, a well known advocate for gay rights. Some have argued that the increase in psychiatric disorders and suicidality among gays and lesbians can be attributed to discrimination, but as the Sandfort study points out, if this were true one would expect that the problems would be significantly less in a gay-accepting country like the Netherlands than elsewhere, but the results are similar.**

For example, a study done in the United States found that:

...gay-bisexual men evidenced higher prevalence of depression, panic attacks, and psychological distress than heterosexual men. Lesbian-bisexual women showed greater prevalence of generalized anxiety disorder than heterosexual women. Services use was more frequent

---

<sup>13</sup> Theo Sandfort et al., "Same-sex sexual behavior and psychiatric disorders: findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS)," *Archives of General Psychiatry*, 58, no.1 (2001): 85-91.

<sup>14</sup> Theo Sandfort et al., "Sexual orientation and mental and physical health status: Findings from a Dutch population survey," *American Journal of Public Health*, 96, no. 6 (2006): 1119.

<sup>15</sup> Ron de Graaf, Theo Sandfort, M. ten Have, "Suicidality and sexual orientation: Differences between men and women in a general population-based sample from the Netherlands," *Archives of Sexual Behavior* 35, no. 3 (2006): 253.

among those of minority sexual orientation. Findings support the existence of sexual orientation differences in patterns of morbidity and treatment use.<sup>16</sup>

**In this study, 39.8% of the gay/bisexual men and 43.7% of the gay/bisexual women were positive for at least one disorder.**

In another study done in the U.S., according to the authors:

Homosexual orientation defined as having same-sex sexual partners, is associated with a general elevation of risk for anxiety, mood, and substance use disorders, and for suicidal thoughts and plans.<sup>17</sup>

A study done in England in 2004 found that:

Of the 1285 gay, lesbian and bisexual respondents who took part, 556 (43%) had mental disorder as defined by the revised Clinical Interview Schedule (CIS-R)... Out of the whole sample 361 (31%) had attempted suicide.<sup>18</sup>

A meta-analysis of articles on the mental health of lesbian, gay, and bisexual people found that:

LGB people are at higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self harm than heterosexual people.<sup>19</sup>

In particular GLB persons were found to have “a two fold excess in suicide attempts.” “The risk for depression and anxiety disorders was at least 1.5 times higher.” “Meta analyses revealed that lesbian and bisexual women were particularly at risk of substance dependence.”<sup>20</sup>

A study of 4,159 students in Massachusetts compared the 2.5% who self-identified as homosexual with those who did not and found that 59.1%

---

<sup>16</sup> Susan Cochran, Vickie Mays, J. Greer Sullivan, “Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States,” *Journal of Consulting and Clinical Psychology*, 71, no.1 (2003): 53.

<sup>17</sup> Stephen Gilman et al., “Risk of Psychiatric Disorders Among Individuals Reporting Same-sex Sexual Partners in a National Comorbidity Survey,” *American Journal of Public Health*, 91, no. 6 (2001): 933.

<sup>18</sup> Jack Warner et al., “Rates and predictors of mental illness in gay men, lesbians and bisexual men and women,” *British Journal of Psychiatry*, 185 (2004): 479.

<sup>19</sup> Michael King et al., “A systematic Review of Mental Disorder, Suicide, and Deliberate Self Harm in Lesbian, Gay, and Bisexual People,” *BMC Psychiatry*, 8 (2008): 70.

<sup>20</sup> Ibid.

who those who self-identified as homosexual engaged in alcohol use before age 13 (verses 30.4% of the non-homosexuals); 17.3% engaged in cocaine use before age 13 (verses 1.2%), 47.6% had used inhalant recreationally (verses 18.5%); 34.7% had used drugs or alcohol during their last sexual episode (verses 13.3%); 32.5% had sexual contact against their will (verses 9.1%).<sup>21</sup>

Suicide, drug and alcohol abuse, and psychological disorders already cause significant problems for our military. It is the duty of recruiters to screen out those who will not be able to fulfill the obligations of service. Given the overwhelming evidence that persons who self-identify as gay or lesbian are at high risk for psychological disorders, substance abuse problems, and suicidality, barring them from military service would not only save the military from potential problems, it would protect those not admitted from stresses with which many would not be able to cope.

### ***STD Infection Rates***

MSM are far more likely than other men to be infected with one or more sexually transmitted diseases (STDs). Although MSM constitute no more than 1.5% of the adult population,<sup>22</sup> they account for half of the new cases of HIV infection. HIV disease is not easily transmissible. It requires fluid-to-fluid contact. With the exception of infants who acquire the infection prenatally from their mother, HIV infections are acquired only by those who engage in a limited and identifiable number of behaviors. The risk for people who avoid these behaviors is virtually zero. These behaviors include intravenous drug use, transfusion or a needle stick with contaminated blood, and various sexual practices.

Men who have sex with men are at extremely high risk for STDs because of:

- 1) the variety of their sexual practices, including receptive and insertive anal/genital, oral/genital, anal/oral, and anal/manual sex activity;
- 2) the large number of sexual partners with whom they engage in these sexual practices, many of whom are virtual strangers;
- 3) the high percentage of MSM who are already HIV-positive or infected with other STDs;
- 4) the number of other STDs, rampant in gay community, infection with

---

<sup>21</sup> Ron Garofalo et al., "The association between health risk behaviors and sexual orientation among a school based sample of adolescents," *Pediatrics*, 101, no.5 (1998): 895-903.

<sup>22</sup> Herrell, Op. cit.; Fergusson, Op. cit.; Sandfort, Op. cit. 2001; Cochran, Op. cit. 2002.

- one renders a man more susceptible to infection with another;
- 5) the use of drugs and/or alcohol during sexual encounters;
  - 6) the failure, even after extensive education, to use condoms during every sexual encounter;
  - 7) deliberate risk taking;
  - 8) the belief that HIV infection is something they can live with; and
  - 9) a conviction that being a gay man involves rejection of “homophobic moralizing, anti-sex attitudes.”

**Even before the first case of AIDS was diagnosed, MSM were in midst of an epidemic of sexually transmitted diseases. During the 1970s, infection with a STD carried no stigma within the gay community. The ritual of repeated infection and treatment had become part of the homosexual lifestyle.**

According to Randy Shilts, a gay reporter who tracked the HIV epidemic and died of AIDS:

Gay men were being washed by tide after tide of increasingly serious infections. First, it was syphilis and gonorrhea. Gay men made up about 80 percent of the 70,000 annual patient visits to the city's (San Francisco) VD clinic. Easy treatment had imbued them with such a cavalier attitude toward venereal diseases that many gay men saved their waiting-line numbers, like little tokens of desirability, and the clinic was considered an easy place to pick up both a shot and a date. Then came hepatitis A and the enteric parasites, followed by the proliferation of hepatitis B, a disease that had transformed itself, via the popularity of anal intercourse, from a blood-borne scourge into a venereal disease.<sup>23</sup>

James Fluker studied the male cases of homosexually acquired STDs at Charring Cross Hospital between 1962 and 1971 and noted "an explosive increase in case load, particularly between 1968 and 1971."<sup>24</sup> Fluker reported that MSM had a high repeat infection rate, "some patients having had 40-59 new infections over the years in the same clinic."<sup>25</sup> It should be noted that legislation legalizing homosexual practices between consenting

---

<sup>23</sup> Randy Shilts, *And the Band Played On* (NY: St. Martins Press, 1987) p. 39.

<sup>24</sup> James Fluker, "A 10-year study of homosexually transmitted infection. *British Journal of Venereal Diseases*. 52 (1976): 155-160.

<sup>25</sup> James Fluker, "Homosexuality and sexually transmitted diseases," *British Journal of Hospital Medicine*, 26, no. 9 (1981): 267-286.

adults took effect in England in 1968.

In the 1970s, doctors began grouping the large number of conditions affecting the lower intestinal tract of MSM under the classification "gay bowel syndrome." According to Shilts:

In San Francisco, incidence of the "Gay Bowel Syndrome," as it was called in medical journals, had increased by 8,000 percent after 1973. Infection with these parasites was a likely effect of anal intercourse, which was apt to put a man in contact with his partner's fecal matter, and was virtually a certainty through the then-popular practice of rimming, which medical journals politely called oral-anal intercourse.<sup>26</sup>

At one point, health officials, uneducated as to homosexual practices, were so concerned about an unexpected outbreak of dysentery in the Greenwich Village section of New York City that they ordered an inspection of the water supply, fearing contamination with raw sewage.

MSM also were diagnosed with venereal warts around and inside the genital and anorectal areas, caused by the human papilloma virus (HPV), another sexually transmitted infection. HPV has been linked to cancer of the anus and penis in men. A study of homosexual men found that 18.1% of homosexual men self-reported infections with venereal warts.<sup>27</sup> However, many infections may have been missed because it is more difficult to detect the internal warts and the cell abnormalities.<sup>28</sup> Because those infected may develop anal cancer in their late 50s or early 60s, this may be an epidemic waiting to happen. Because of the high risk of HPV infection, it is recommended that MSM be given the HPV vaccine. However, it is to be noted that the current vaccine prevents only 4 types of the 100 known varieties of the HPV virus.

Rectal inflammation caused by the herpes virus is also a problem for MSM. An article in the *New England Journal of Medicine* reported, "Acute herpes simplex virus (HSV) infection was detected in 23 of 102 consecutively examined, sexually active male homosexuals who presented

---

<sup>26</sup> Shilts, Op. cit., p.18.

<sup>27</sup> W. Darrow et al., "The Gay Report on Sexually Transmitted Diseases," *American Journal of Public Health*, 71, no. 9 (1981): 1004-1011.

<sup>28</sup> C. Surawicz et al., "High grade anal dysplasia in visually normal mucosa in homosexual men: Seven Cases," *American Journal of Gastroenterology*, 90, no. 10 (1990):1176-1178.

with anorectal pain." The doctors noted that "herpes simplex virus (HSV) was the most common cause of nongonococcal proctitis in sexually active male homosexuals." Herpes simplex is a chronic condition, although outbreaks can be controlled.<sup>29</sup>

Viral hepatitis is a contagious disease attacking the liver. There are at least 8 different types of viral hepatitis, perhaps more. It wasn't until 1966 that doctors began to suspect that the three most common types of hepatitis - A, B, and C -- are transmitted by male homosexual activity.<sup>30</sup> Vaccines, developed to prevent Hepatitis A and B, are recommended for all MSM.

Hepatitis-C (HCV) is a blood-born virus and those who practice unprotected anal sex are at risk. Many people who have the disease are asymptomatic, but infectious. There is no vaccine and no sure cure. Chronic hepatitis develops in at least 50% of those infected and at least 10% will die of associated complications. Complications of hepatitis-C are the leading reason for liver transplants. Those with chronic hepatitis can pass the disease on to others.

MSM appear to be particularly at risk. Test results from 2,523 patients in an inner city emergency room found that, of the 24 patients who admitted to engaging in homosexual sex, 21% were HCV-positive; in addition, 17% were HBV-positive and 67% were HIV-positive.<sup>31</sup>

Other sex-related diseases occurring among homosexuals include Cytomegalovirus (HCMV), Epstein-Barr virus *Chlamydia trachomatis*, chancroid, *lymphogranuloma venereum*, *granuloma inguinale*, pediculosis (pubic lice), pinworms, scabies, and fleabites. A study of men who visited a venereal disease clinic found that 94% of homosexual men were HCMV positive.<sup>32</sup>

In 1977, William Darrow and associates conducted a survey of 4,329 gay men. In a self-administered questionnaire, "66.8 percent reported previous infection with pediculosis; 38.4 percent, gonorrhea; 24.1 percent, nonspecific urethritis; 18.1 percent, venereal warts; 13.5 percent, syphilis; 9.7 percent, hepatitis; and 9.4 percent, herpes." The authors admit that self-administered questionnaires may underreport the number of infections since,

---

<sup>29</sup> Goodell et. Al., "Herpes Simplex virus Proctitis in Homosexual Men," *New England Journal of Medicine*, 308 (1983):868-871..

<sup>30</sup> Fluker, Op. cit., (1976).

<sup>31</sup> G. Kelen, et al., "Hepatitis B and Hepatitis C in Emergency Department Patient," *New England Journal of Medicine*, 326, no. 21 (1992): 1399-1404.

<sup>32</sup> L Mintz, "Cytomegalovirus infections in homosexual men: An epidemiological study," *Annals of Internal Medicine*, 99 (1983): 326-329; S. Greenberg et al., "Lymphocyte Subsets and Urinary Excretion of Cytomegalovirus Among Homosexual Men Attending a Clinic for Sexually Transmitted Diseases," *Journal of Infectious Diseases*, 150, no. 3 (1984): 330-333.

in another study, 21% of clinic patients said they had been infected with hepatitis, but a blood test revealed that 61% had actually been infected.<sup>33</sup>

Many of the men reported multiple infections with the same disease.<sup>34</sup> The researchers compared infections with behavior patterns and concluded: "the number of different lifetime sexual partners was the very best predictor of previous infections with syphilis, gonorrhea, and other sex-related infections."<sup>35</sup>

In an editorial in the *American Journal of Public Health*, H. Hunter Handsfield reviewed the results of the Darrow study:

The major risk factors -- greater numbers of sexual partners and anonymous or 'furtive' sexual encounters -- were expected. Significantly, the practice of anilingus also was an important risk factor.<sup>36</sup>

Handsfield concluded pessimistically:

Education of gay men to limit the nature and numbers of their sexual partners is unlikely to be productive on a large scale. . . traditional contact tracing is not productive in populations with large numbers of anonymous sexual contacts.

**During the 1970s, doctors who were involved with the treatment of STDs among MSM recognized the problem, but there was little they could do to halt the STD epidemic in the gay community. The general public was uninterested in the problem and there was no support for behavior change in the gay community. According to Shilts, "Promiscuity. . . was central to the raucous gay movement of the 1970s."**

By 1980 the situation was clearly out of hand:

The fight against venereal disease was proving a Sisyphean task. . . one in ten patients had walked in the door with hepatitis-B. At least one-half of the gay men tested at the clinic showed

---

<sup>33</sup> Darrow, Op. cit;

<sup>34</sup> Ibid, also see W. Ketterer "Roundtable: Medical Problems of Homosexuals," *Medical Aspects of Human Sexuality*, 17, no. 10 (1983): 55-81.

<sup>35</sup> Darrow, Op. cit.

<sup>36</sup> H. Handsfield, "Sexually Transmitted Diseases in Homosexual Men," *American Journal of Public Health*, 71, no. 9 (1981): 989-990.

H. Handsfield, J. Schwebke, "Trends in Sexually Transmitted Diseases In Homosexually Active Men In Kings County, Washington 1980-1990," *Sexually Transmitted Diseases*, 17, no. 4 (1990): 211-215.

evidence of a past episode of hepatitis-B. In San Francisco, two-thirds of gay men had suffered from the debilitating disease. It was now proven statistically that gay men had a one in five chance of being infected with the hepatitis-B virus within twelve months of stepping off the bus into a typical urban gay scene. Within five years, infection was a virtual certainty.<sup>37</sup>

Doctors worried that, given the high level of sexual activity among homosexuals, particularly in San Francisco's notorious bathhouses, there would be no stopping a new disease once it was introduced into this population.<sup>38</sup>

Dr. Selma Dritz, the infectious disease specialist for the San Francisco Department of Public Health, was concerned. In the fall of 1980, she gave a speech at the monthly meeting of STD experts, where she presented the grim statistics: Hepatitis-B, Shigella, and amebiasis had all increased dramatically during the 1970s among single men in their 30s. She warned,

Too much is being transmitted. . . We've got all these diseases going unchecked. There are so many opportunities for transmission that, if something new gets loose here, we're going to have hell to pay.<sup>39</sup>

Even as she spoke, the infectious agent Dr. Dritz feared was already spreading through the gay community. In 1981, gay men began dying from what would later be recognized as a combination of two diseases: HIV/AIDS and Kaposi's sarcoma (KS).

Human immunodeficiency virus (HIV) is not particularly easy to transmit. HIV is not an airborne virus. It requires fluid-to-fluid contact. The problem is that an HIV infection has a long latency period during which the infected person remains outwardly in good health, but is capable of infecting others. Once one hyper-sexually active homosexual man became infected with HIV and visited a commercial sex establishment, where men routinely had unprotected insertive and receptive anal intercourse with several partners in a single evening, the outcome was inevitable.

Epidemiologists trying to uncover the cause of AIDS conducted in-depth interviews with patients. They learned that homosexual men normally begin social relationships with other men by engaging in sexual activity.<sup>40</sup>

---

<sup>37</sup> Shilts, p.18.

<sup>38</sup> Shilts, p.20.

<sup>39</sup> Shilts, p.40.

<sup>40</sup> Shilts, p.96.

Among the first gay AIDS cases, the mean number of sexual partners was over 1,000.

A study conducted in the Seattle STD clinic revealed how quickly HIV infection can spread through a community. In 1983, the HIV seroprevalence among homosexual men was 14%. One year later, it had jumped to 58%.<sup>41</sup>

At the time, HIV infection was the equivalent of a death sentence. Those outside the gay community assumed that once gay men understood the risks involved in promiscuous sexual activity and, in particular, the risk of unprotected anal intercourse (UAI), they would change their behavior and the epidemic would be halted.

Initially, there were dramatic changes in behavior, however, these were not sufficient to stop the spread of the disease. In 1985 at the height of the epidemic, 30% of homosexual men surveyed in San Francisco admitted they were still participating in risky behavior.<sup>42</sup> In a sample of New York City gay men, 49.6% reported they had not changed their behavior.<sup>43</sup> In another sample, 67% of gay men admitted engaging in anal intercourse without condoms during the previous year.<sup>44</sup>

Early in the epidemic, Karolynn Siegel and associates conducted two interviews 6 months apart hoping to understand the patterns of change in sexual behavior among gay men in New York City. According to their report:

... only 30% of our respondents reported having maintained completely or probably safe sexual practices during both reporting periods, which means that 70% of the men we surveyed had regularly engaged in sexual practices capable of exposing them to HIV infection.<sup>45</sup>

During the six-month period between the two studies, 22% of the group shifted from risky to safe behavior, while 10% shifted from safe to

---

<sup>41</sup> A Rompalo, "Sexually Transmitted Causes of Gastrointestinal Symptoms in Homosexual Men," *Medical Clinics of North America*, 74, no. 6 (1990): 1633-1645.

<sup>42</sup> Research and Decisions Corporation, *Designing an Effective AIDS Prevention Campaign Strategy for San Francisco: Results from the Third Probability Sample of an Urban Gay Male Community* (San Francisco: San Francisco AIDS Foundation, 1986).

<sup>43</sup> D. Feldman, "AIDS health promotion and clinically applied anthropology," in *The Social Dimensions of AIDS: Methods and Theory* (NY: Praeger, 1986).

<sup>44</sup> C. Jones, et al., "Persistence in high risk sexual activity among homosexual in an area of low incidence of Acquired Immunodeficiency Syndrome," *Sexually Transmitted Diseases*, 14 (1987): 79-82.

<sup>45</sup> Karolyn Siegel, et al., "Patterns of Change in Sexual Behavior Among Gay Men in New York City," *Archives of Sexual Behavior*, 17, 6 (1988): 481-497.

risky. The authors commented on their findings:

It is sobering to note that the most common pattern was the persistence of risky sexual acts with multiple partners. However, one-third had chosen a compromise that preserved both an important dimension of their gay life-style as well as their health: They limited their sexual acts to those considered safe, often through the use of condoms, but had multiple (often anonymous) sexual partners,<sup>46</sup>

**It is interesting to note that multiple, anonymous sexual partners were considered to be an important dimension of the “gay lifestyle” -- so important that these men were willing to risk their lives to preserve it.**

Siegel and associates were pessimistic about the potential for change through safe sex education:

It appears, then, that some of the factors associated with the continued participation in high-risk sexual behavior are resistant to current educative intervention. Educational campaigns, however well executed and well intentioned, have been insufficient to stem the spread of HIV infections,<sup>47</sup>

and that the problem was not ignorance:

Most of the men in our sample were highly educated, mature adults. All were well informed about the transmissibility of AIDS through sexual activity and could describe the specific measures necessary to protect against infection. Yet even under these relatively ideal conditions, the large majority of these informed men did not adopt and maintain behavior to the extent necessary to prevent HIV infection in themselves or others.

The findings suggest that the mere transfer of information concerning safer sex practices is not sufficient to induce the desired behavior changes in a substantial proportion of gay men.<sup>48</sup>

---

<sup>46</sup> Ibid.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.

The authors acknowledged the "mass behavior change" necessary to stop the transmission of HIV would be difficult because gay men would have to change sexual practices that "are culturally defined interpersonal acts that have deep psychological meaning."<sup>49</sup>

**Those in the gay community consistently resisted common sense measures to stop the epidemic. Gay groups took charge of the AIDS education movement and imposed their own ethic of prevention: those who were clearly at high risk had no obligation to be tested, to discover their test results if they were tested or, if they discovered they were positive, to inform their past, present or future sexual partners. According to an article in a gay newspaper, they adopted their own version of "Don't ask, don't tell." Don't ask if your sexual partner is HIV positive, don't tell if you are.**<sup>50</sup>

The AIDS establishment defended the right of infected persons to remain ignorant of their condition and the right of infected persons to conceal their contagious condition from others, including sexual partners and health care personnel. AIDS educators insisted that universal precautions would control the epidemic. Everyone was to assume that everyone else was HIV positive and use barriers during all sexual contact and medical procedures involving the possibility of fluid exchange. They even defended keeping gay bathhouses open, although these had been identified as venues for transmission.<sup>51</sup> Any suggestion that the infected might have a duty toward others was greeted with scorn. For example:

To mark the occasion of the city's [N.Y.] 50,000th AIDS case, efforts were made to launch a prevention campaign that would focus on protecting others as well as oneself. Those efforts were aborted when AIDS specialists inside the health department denounced the proposal as "victim blaming."<sup>52</sup>

In an opinion piece in the *New England Journal of Medicine*, Ronald Bayer explains why prevention efforts have focused on self-protection rather than the duty to protect others:

It was considered crucial to articulate an ideology of solidarity,

---

<sup>49</sup> Ibid.

<sup>50</sup> Anthony Martinez Beven, "Playing it unsafe: Bareback parties, HIV, and danger in numbers," *MetroTimes* (Nov. 10, 2004).

<sup>51</sup> E. Nieves, "San Francisco again debates Bathhouses," *New York Times* (May 29, 1999).

<sup>52</sup> Ronald Bayer, "AIDS Prevention -- Sexual Ethics and Responsibility," *New England Journal of Medicine*, (June 6, 1996): 1540-1542.

one that rejected as divisive all efforts to distinguish the infected from the uninfected. Such distinctions, it was feared, would lead to "viral apartheid." Solidarity was endangered to the extent that the infected were held to have special duties... Cohesiveness could best be grounded in the concepts of universal vulnerability to HIV and the universal importance of safe sexual practices.<sup>53</sup>

**Bayer called for a re-examination of the self-protection ethic and a reconsideration of the ethic of personal and moral responsibility toward others, but his pleas fell on deaf ears.**

The strategic decision to ignore proven public-health methods for controlling an epidemic has been documented by gay writers, such as Randy Shilts and Gabriel Rotello. Among gay activists, preserving the gains of the sexual liberation movement took priority over preventing HIV infection. According to Rotello, many of the homosexual men involved in AIDS education believe: "the proper of goal of AIDS prevention is 'to defend the gay sexual revolution.'" For these men, gay liberation is founded on a "sexual brotherhood of promiscuity,"<sup>54</sup> and any abandonment of that promiscuity would amount to a communal betrayal of gargantuan proportions. Rotello summarizes this attitude:

What are gay people for? We are here to challenge the sexual hypocrisy, smugness, and repression of the heterosexual world. The fact that gay men's culture is so overtly sexual is seen as its purpose. The rest of the world would do itself a favor if it copies us. Any move to modify that transgressive stance is been by some as treason.<sup>55</sup>

In spite of the risks, gay activists complained that the ethic of universal precautions was excessive. Dr. Walt Odets criticized AIDS education programs for being too concerned with physical survival, too sex-negative, and homophobic.<sup>56</sup>

Edward King, author of *Safety in Numbers*, called on AIDS educators "to encourage condom use rather than attempt to persuade them to abandon anal intercourse." He argued that: "AIDS educators have a responsibility to

---

<sup>53</sup> Ibid.

<sup>54</sup> Rotello, p. 219

<sup>55</sup> Rotello, p. 218-219.

<sup>56</sup> Walt Odets, "AIDS education and Harm reduction for gay men; Psychological approaches for the 21<sup>st</sup> century," *AIDS & Public Policy Journal*, 9, no.1 (1994): 1-15.

aim only for the minimum necessary changes in individuals' lives which are needed to reduce the risk of getting AIDS."<sup>57</sup>

In the 1990's the revolt against safe-sex education took the form of open advocacy for "barebacking" -- unprotected anal intercourse (UAI). At a roundtable discussion, Michael Scarce, a San Francisco writer and activist, attacked those who were trying to change the gay culture:

I think that it's very dangerous for AIDS organizations or public health in general to tread that far into moralizing and prescribing particular sets of morals upon any give population, because you're going to have that segment of that population who feels differently, and who holds different shared values, who will organize in resistance and in rebellion and in retaliation to that, and I do see barebacking, in some small ways, as a manifestation of that. When barebacking folks talk about the condom police and safer sex Nazi's, and even some of the other rhetoric that really even mirrors like feminist pro-choice discourse about sort of get your laws off my bodies, I have a right to make decisions about what happens to me.<sup>58</sup>

The fear of contracting an incurable debilitating disease should have motivated homosexual men to refrain from risky sexual activity, but the gay community reacted to the crisis by romanticizing HIV infection:

A stranger to gay culture, unaware of the reality of AIDS, might believe from much of the gay press that HIV infection was a sort of elixir that produced high self-esteem, solved long-standing psychological and substance abuse problems, and enhanced physical appearance...creating the subconscious impression that infection -- the "penalty" of unsafe sex -- is really not so bad after all.<sup>59</sup>

HIV-positive status was portrayed in some homosexual publications as more fun. An editorial in *Steam*, a magazine for homosexuals, quotes a man who has been positive since the early years of the epidemic:

I'm so sick and tired of these Negatives whining about how difficult

---

<sup>57</sup> Gabriel Rotello, *Sexual Ecology: AIDS and the Destiny of Gay Men*, (NY: Dutton, 1997) p. 109.

<sup>58</sup> Michael Scarce, speaking at a HIV IN Site round table on "Bareback Sex: Implications for the Future of HIV Prevention," organized by Nicolas Sheon, *HIV InSite Prevention* editor, (May 1999).

<sup>59</sup> Rotello, Op. cit., p. 241

it is to stay safe. Why don't they just get over it and get Positive.<sup>60</sup>

According to Scott O'Hara, *Steam's* HIV-positive editor:

One of my primary goals is the Maximization of Pleasure, and just as I believe that Gay Men Have More Fun, so too do I believe that Positives have learned to have much more fun than Negatives. I'm delighted to be Positive. . .The Negative world is defined by fear, ours by pleasure.<sup>61</sup>

**Those who have died of AIDS have been memorialized as martyrs. Rather than calling for changes in the behaviors, which led to these deaths, the AIDS establishment blamed the general public for not finding a cure, funding education, or causing homosexuals' low self-esteem.**

With introduction of anti-retroviral drugs, HIV/AIDS was transformed from a near certain death sentence to a chronic, but controllable disease. The much-feared heterosexual epidemic of AIDS never materialized. In the U.S., new cases occurred almost entirely among MSM, intravenous drug users, and their sexual partners. The public assumed that the epidemic was over.

When MSM realized that HIV infection was no longer a death sentence, they were even less careful. According to a study by Sullivan and associates:

We found that nearly one in six MSM in our survey reported being less careful with sex or drugs because of treatment optimism.<sup>62</sup>

In 2005, MSM still accounted for about 53% of all new HIV/AIDS cases and 71% of cases in male adults and adolescents.<sup>63</sup> From 2004 to 2007, there was a 26% increase in estimated annual HIV/AIDS diagnoses among MSM.<sup>64</sup> In 2006, new infections in men who have sex with men aged 13-24 increased by 18 percent over the previous year.<sup>65</sup> The number of new

---

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Patrick Sullivan, Amy Drake, Travis Sanchez, "Prevalence of Treatment Optimism-related Risk Behavior and associated Factors Among Men Who Have Sex with Men in 11 States, 2000-2001," *AIDS Behavior*, 11, no. 1 (2007): 123-1219.

<sup>63</sup> Centers for Disease Control. <http://www.cdc.gov/hiv/topics/msm/index.htm>

<sup>64</sup> [http://www.cdc.gov/hiv/topics/surveillance/resources/qa/surv\\_rep.htm](http://www.cdc.gov/hiv/topics/surveillance/resources/qa/surv_rep.htm)

<sup>65</sup> *Morbidity and Mortality Weekly Review* "Trends in HIV/AIDS Diagnoses among Men Who Have Sex with Men," (June 12, 2008)

infections in New York City rose by 32% from 2001 to 2006. The city's health commissioner, Thomas Friedman, said that the increase is driven by high rates of substance abuse, in particular crystal meth and cocaine, which reduce inhibitions and lead to 'hypersexuality' – extended periods of sexual activity with multiple partners. Treatment optimism was fueled by ads for antivirals that implied that HIV positive men could lead long, normal lives.<sup>66</sup>

The situation is even worse for young black MSM. A study by the CDC found that from 2001 to 2006, the number of newly diagnosed HIV infections among black MSM 13-24 increased 93%.<sup>67</sup>

**According to the latest report from the CDC, men who have sex with men are 44 times more likely to be diagnosed with HIV. The rate of syphilis among MSM is 46 times that of other men.**

In the late 1990's, drug resistant strains of HIV began appearing.<sup>68</sup> In 2005, a rare and aggressive strain of HIV, which was highly resistant to virtually all anti-retrovirals, was detected. It was associated with a rapid onset of AIDS.<sup>69</sup> And, as if all this were not bad enough, new research predicts the spread of drug resistant strains of HIV, which will undermine the progress made in drug therapy.<sup>70</sup> According to Justin Okana, co-author of the report:

Our model showed that what is going on in San Francisco is very complicated – but in a nutshell, it is due to the bug, the drugs, and sex.<sup>71</sup>

HIV is not the only problem. Wave after wave of other STDs are still sweeping through the gay community.

---

<sup>66</sup> Lawrence Altman, "HIV study finds rate 40% higher than estimated," *New York Times* (August 3, 2008). <http://www.nytimes.com/2008/08/03/health/03aids.html>;

Kaiser Daily HIV/AIDS Report, "HIV Diagnoses among MSM ages 13-24 increased by 12% annually from 2001 to 2006," (June 27, 2008). [http://www.kaisernetwork.or/Daily\\_Reports](http://www.kaisernetwork.or/Daily_Reports).

<sup>67</sup> CDC, "Trends in HIV/AIDS diagnoses among men who have sex with men – 33 states, 2001–2006," *MMWR*, 57 (2008): 681-686.

<sup>68</sup> Thomas Maugh, "Transmission of drug resistant HIV reported" *Los Angeles Times* (July 1, 1998); S. Wegner et al., "High Frequency antiviral drug resistance in HIV 1 from recently infected therapy naïve individuals," Abstracts from the 6<sup>th</sup> Conference on Retroviruses & AIDS (1999).

<sup>69</sup> Marc Santora, Lawrence Altman, "Rare and aggressive HIV reported in New York," *New York Times*, (Feb. 12, 2005). <http://www.nytimes.com/2005/02/12/health/12aids.html>

<sup>70</sup> Robert Smith et al., "Evolutionary dynamics of complex networks of HIV drug-resistant strains: The case of San Francisco," *Science Express*, (Jan. 14, 2010). <http://www.scienceexpress.org/14Jan2010/page1>.

<sup>71</sup> Enrique Rivero, "Study predicts HIV drug resistance will surge," *UCLANews.com* (Jan. 22, 2010).

<http://newsroomucla.edu/oportal/ucla/study-predicts-hiv-drug-resistance-152122.aspx>.