**Health Consequences of Same-Sex Health Education Curricula**

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**Introduction:**

Since sex is such a powerful and important aspect of the human experience, health education curricula must, of necessity, address the multiple topics included under the umbrella of “sex education”. These topics include, but are not limited to: sexual identity, human development and relationships, reproduction (including anatomy and physiology) and contraception, sexual attitudes, and sexual values, sexually transmitted infections, public health consequences of adolescent sexual activity, sexual orientation, and decision making. A promoter of same-sex health education, Planned Parenthood states in its article, “Implementing Sex Education”, “Comprehensive, medically accurate sexuality education covers the wide array of topics that affect sexuality and sexual health. It is grounded in evidence-based, peer-reviewed science. Its goal is to promote health and well-being in a way that is developmentally appropriate. It includes information and communication skills building as well as values exploration. Ideally, sex ed in school is an integrated education process that builds upon itself year after year, is initiated in kindergarten, and is provided through grade 12” (1). “

In this paper, we will demonstrate that same-sex health education (SSHE) curricula have deviated from the goal of promoting optimal health, are not providing information that is developmentally appropriate, and are clearly failing to utilize evidence-based science. Indeed, the SSHE curricula often fail to acknowledge the scientifically proven medical risks faced by individuals in same sex relationships. A worse offense in our opinion is that the curricula present developmentally inappropriate information to young children at a time when we are learning more and more about the negative consequences of such experiences.
Background – Impact of Kinsey research

In order to understand how same sex health education curricula have been developed and incorporated into our schools, one must first recognize the impact of the data developed by Dr. Alfred Kinsey. Trained as an entomologist who cataloged wasps, with no training in biology or psychology, Dr. Kinsey began studying marriage and sexual relationships in 1938. His “subjects” included hundreds of children as young as two months of age who were repeatedly stimulated sexually. He also studied 1400 criminals and sex offenders classifying the sexual behavior of these individuals as “normal”. His non-scientific standards for subject selection, failure to protect human subjects and flawed “research design” would make his work completely unacceptable in any modern system for evaluation or research. Paul Gebhard, an associate of Dr. Kinsey, even stated, “We simply sought out sex offenders and, after a time, avoided the more common types of offense (e.g. statutory rape) and directed our efforts toward the rarer types.” (2)

Kinsey believed that in our natural state, free from social constraints, humans would become sexually active early in life, enjoy intercourse with both sexes, indulge in a variety of behaviors and avoid fidelity. Not surprisingly, his “research” supported his beliefs. A quote from Kinsey associate and former SEICUS President Wardell Pomeroy revealed additional interests and conclusions from Kinsey “research”: “In father-daughter incest, the daughter's age makes all the difference in the world. The older she is, the likelier it is that the experience will be a positive
one. The best sort of incest of all, surprisingly enough, is that between a son and a mother who is really educating him sexually, and who then encourages him to go out with girls."  (3)

When Kinsey, Pomeroy, and Martin released their “research” in the form of the books Sexual Behavior in the Human Male in 1948 and Sexual Behavior in the Human Female in 1953, the foundation for the current same sex health education curricula was laid. Although extremely flawed, and based upon criminal acts with minors, this research is still looked upon as valid by Sexuality Education Council of the United States (SEICUS) and Planned Parenthood, two major organizations developing and promoting same sex health education. Planned Parenthood celebrated the birthday of Alfred Kinsey by stating on their website, “(Dr. Kinsey’s) groundbreaking scientific investigations...tore through the century-old veils of hypocrisy”... and made “unique contributions” to concepts of human sexuality. (4)

Thus, Kinsey and his subsequent followers have reduced human sexual behavior to that seen in the animal kingdom - a physiological act that is emotionless, without context, meaning or consequences, and that demonstrates freedom from social laws, moral constraints, and religious teachings.

Wardell Pomeroy, co-researcher with Kinsey, was a co-founder and early president of SEICUS). It is no surprise, then, that SEICUS as an organization actively promotes the introduction of sexuality education at very young ages as well as SSHE.

From the SEICUS website, we read, “Sexual feelings, desires, and activities are present throughout the life cycle. SIECUS believes that all people have the right to
education about sexuality, sexual health care, and sexual expression appropriate to their age and stage of life. Age-appropriate education and information concerning sexual feelings, attitudes, and behavior should be available to all individuals, their families, healthcare providers, and other caregivers.” These guidelines and subsequent curricula based on these guidelines have increasingly included same-sex relationships as a normal variant and expected behavioral experience for many individuals. Also from the SEICUS site, “SIECUS believes that individuals have the right to live in accordance with their sexual orientation whether they are bisexual, heterosexual, gay, or lesbian. The legal system should guarantee the civil rights and protection of all people, regardless of sexual orientation. Prejudice and discrimination based on sexual orientation is unethical and immoral.” (5)

Since the Guidelines for Comprehensive Sexuality Education were first developed by SEICUS in 1991, the Guidelines have become one of the most influential publications in the field and a trusted resource for educators, curriculum developers and school administrators. SEICUS has distributed well over 100,000 copies of this publication, and in addition, the Guidelines are downloaded from their website by more than one thousand people each month.

**Background - Goals of LGBTQ Health Education – to affirm and advocate**

LGBTQ is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning. This has been expanded to LGBTQI – the “I” for intersex. Initially this group was called the gay and lesbian alliance.

Along with recognizing Kinsey’s influence, it is also important to understand the goals of LGBTQ health education and see how these goals have been incorporated
into SSHE, since a number of LGBTQ organizations have actively embraced and influenced the introduction of same-sex education. For example, during the April 1998 “Queer Politics Conference” at Harvard, Kevin Jennings (Safe School Czar, Obama Administration), expressed the goal of introducing homosexuality into the broader school curriculum, including health and history. Human Rights Watch and many LBGTQ entities have vigorously promoted the inclusion of alternative sexual lifestyles in all schools for all ages. (6) Parents and communities have expressed deep concern that many of these initiatives “affirm” adolescents who question gender issues by referring them to LBGTQ groups where they can be recruited into homosexual or alternative sexual lifestyle. According to Jim Pickett “the biennial National Gay Men’s Health Summits, promoting an inclusive, affirming, and asset-based approach to the lives and health of gay, bisexual and transgender (GBT) men. The GMHM is informative, empowering, celebratory, multicultural, and relationally focused. Within this paradigm, sexual health is not simply defined as an absence of disease, but encompasses wellness and pleasure...” (7)

Advocacy of LGBTQ relationships is also important in SSHE. Mr. Pickett goes on to affirm that goals “go well beyond condom-centered social marketing campaigns and regular HIV testing, care, and treatment. These include promoting comprehensive, accurate sex education for youth in all public schools, Gay-Straight Alliances, and other safe schools programs; fostering family acceptance and community connectedness; acknowledging gay men’s needs for love, relationships, and intimacy;” (8)
How are the goals of the LGBTQ agenda reflected in health sex education curricula?

1. **Values “neutral” education**

SSHE curricula are designed to be “values neutral”, so SIECUS teaches that all sexual and gender variations are equally healthy and that it does not matter with whom one has a romantic or sexual relationship. (9) All sexual behaviors are presented in a “values neutral” fashion as equally healthy options so long as they are “consensual” and “protected.”

Values neutral education often leads to ambiguous and inconsistent messages for adolescents. The SEICUS Guidelines recommend that 12 to 15 year olds be taught that “People may have different ideas about what constitutes abstinence, from no sexual contact of any kind including kissing, to only abstaining from sexual intercourse, and all points in between. (10)

2. **Medically inaccurate information regarding etiology of homosexuality**

SIECUS also teaches that the causes of homosexuality are unknown, that no one can change their sexual orientation and that therapy to try to change sexual orientation is harmful.

Although the LGBTQ agenda benefits when SSHE teaches students that same sex attraction is hardwired and cannot be changed, research demonstrates that gender identity and sexual attractions are primarily shaped by environmental not biological factors. (11)

Recent, high quality research such as Bearman and Brückner (2002), Francis (2008), and Frisch and Hviid (2006) demonstrate the family contributions to the development of homosexuality. (12, 13, 14, 15)
Dr. John R. Hughes of University of Illinois Medical Center reviewed 1000 articles available on Medline on male homosexuality and lesbianism up until 2006. He found that individuals often develop homosexuality because of prior sexual abuse. He also found the prevalence of homosexuality to be much less than generally reported – 3 to 5% for homosexuality and 2 – 4% for lesbianism. (16)

Dr. Francis S. Collins, one of the world’s leading genetic scientists, notes that childhood experiences as well as the role of free choice can affect behaviors. He criticizes the studies that support a sole genetic cause for homosexuality, noting most studies demonstrate genetics can only account for up to 20% of the risk for homosexual orientation, with the environment greatly affecting the expression of genes. “Sexual orientation is genetically influenced, but not hardwired by DNA, and that whatever genes are involved represent predispositions, not predeterminations.” (17)

Studies also reveal the more an environment (including the school environment) affirms, endorses, or normalizes homosexual or bisexual behavior the more those behaviors will occur in that environment.

3. Medically inaccurate information regarding permanence of homosexuality

Utilizing the extremely flawed Kinsey research, the American Psychiatry....decided to remove homosexuality from its DSM IV catalog of mental illness in .... Subsequently, the mental health organizations have gone so far as to say professionals who help homosexuals change their lifestyles are causing mental distress and should have their .

The American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation issued their report in August, 2009. The Task Force provided recommendations concerning provision of psychological care to diverse populations considering both sexual orientation and religion, and the Task Force concluded that
there is “insufficient evidence to support sexual orientation change efforts.” (18)

However, there are many studies demonstrating the ability of individuals to change not only their sexual behavior, but also their orientation. In fact, the APA Task Force on Sexual Orientation: Science, Diversity and Ethicality convened in San Diego, California in August, 2010, specifically to address the flawed analysis that led to the above conclusion. Dr. Stanton Jones carefully delineated the errors of the Task Force, including their biased exclusion of research that did not support their conclusions, and the difficulty scientists face when submitting articles to journals that refuse to publish contrary research. Dr. Richard N. Williams of Brigham Young University summarily stated, “the Task Force, as reported in this symposium is intellectually unpersuasive.” (19)

Dr. John Hughes in his previously mentioned review of 1000 studies also found that there are changes in sexual orientation over time. He stated, “Thus, it is a myth, according to these data, that once one discovers that they are gay, they always have been and will be gay.” (20)

A new article published in *The Journal of Men’s Studies* investigated the social and psychological characteristics of men experiencing unwanted homosexual attractions who desired sexual orientation change therapy. The researchers found that men who underwent sexual orientation change therapy had improved psychological functioning. (21)

4. **Medically inaccurate information regarding timing of sexual identity**

SSHE teaches that teens should identify themselves as homosexual or transgendered as soon as they question their sexual orientation. SEICUS Guidelines state “a person is never too young to recognize his or her sexual orientation” and students are encouraged to seek out and participate in gay, lesbian, bisexual, questioning, transgender (GLBQT) affirmative organizations. (22) However, in reality, scientific research demonstrates that there is a high degree of fluidity of sexual attractions in adolescence.iii A recent large longitudinal study found
changes in adolescent sexual attractions so great even between the ages of 16 and 17 that the investigators questioned whether the concept of sexual orientation had any meaning for that age group with same-sex attractions. From ages 17-21 of those with some initial same sex attraction (this includes those with concurrent opposite-sex attraction) 75% changed to opposite sex attraction only. In sharp contrast those with opposite sex attractions overwhelmingly retained them from year to year. (23)

Teaching adolescents to affirm their homosexuality is counter to scientific research and places additional adolescents at medical risk as noted below.

**Health Consequences of Same Sex Health Education: Developmental Issues**

1. **SEICUS age-specific guidelines are developmentally inappropriate**

Although SEICUS and Planned Parenthood state their goal is to promote health and well-being in a way that is developmentally appropriate, in reality the guidelines run counter to established child development research and observation. The typical 6 year old, for example, is in the stage of development often referred to as “latency”, meaning the sexual nature of the child is not yet manifested. The child is embarrassed by romantic movies, has no sexual drives and does not experience pressure of sexual feelings, thus being able to focus attention on academics and extracurricular activities. We all recognize the “cootie factor” at this age, when children are extremely embarrassed to be viewed as friends with the opposite sex. However, promoting the Kinsey concept that children are sexual from a young age, SEICUS Guidelines for children between 5 and 8 years of age include the following items as direct quotes:

- Vaginal intercourse - when a penis is placed inside a vagina – is the most common way for a sperm and egg to join
- Human beings can love people of the same gender and people of another gender
- Some people are heterosexual, which means they can be attracted to and fall in love with someone of another gender
- Some people are homosexual, which means they can be attracted to and fall in love with someone of the same gender.
• Homosexuals men and women are also known as gay men and lesbian women.
• Many people live in lifetime committed relationships, even though they may not be legally married.
• Both boys and girls have body parts that feel good when touched
• Touching and rubbing one's own genitals to feel good is called masturbation.
• Some boys and girls masturbate and others do not.
• Masturbation should be done in a private place.
• Adults often kiss, hug, touch and engage in other sexual behavior with one another to show caring and to share sexual pleasure.

It is not necessary to be a scientist or a physician to recognize that these items indeed are developmentally inappropriate. Unfortunately, however, little research has actually been performed to evaluate the benefits or dangers of exposing young children to such sexually explicit information in an educational manner. We know, of course, that children who have been exposed to unwanted sexual encounters, including viewing internet pornography, suffer long-term emotional consequences, but what happens when a child expects to be in a safe place, such as school, and is presented with unwanted, unnecessary, and developmentally inappropriate sexual information? (24)

Donna Rice Hughes, who operates the web site, ProtectKids.org, describes there are certain critical periods of childhood during which a child's brain is being programmed for sexual orientation. “During this period, the mind appears to be developing a "hardwire" for what the person will be aroused by or attracted to. Exposure to healthy sexual norms and attitudes during this critical period can result in the child developing a healthy sexual orientation. In contrast, if there is exposure to pornography during this period, sexual deviance may become imprinted on the child's "hard drive" and become a permanent part of his or her sexual orientation. (25)

One must ask the pertinent question, “How does sexual health education differ from mild pornography in a child’s mind?”

New brain research demonstrates memories of experiences that occurred at times of emotional excitement (including sexual arousal) are imprinted on the brain by
epinephrine, a hormone secreted by the adrenal gland, and are difficult to erase. Might these memories adversely affect future sexual development and identity?

Donna Rice Hughes further states, “Sexual identity develops gradually through childhood and adolescence. In fact, children generally do not have a natural sexual capacity until between the ages of ten and twelve. As they grow up, children are especially susceptible to influences affecting their development. Information about sex in most homes and schools, comes, presumably, in age-appropriate incremental stages based on what parents, educators, physicians, and social scientists have learned about child development.” (26)

But this is assuming that the schools are indeed presenting information in an age-appropriate manner, which we have already documented does not happen with the SEICUS curricula.

Some child abuse experts have noted that sexually explicit materials, including pornography, are used by pedophiles to seduce children and decrease resistance to exploitation.

Pornography often introduces children prematurely to sexual sensations that they are developmentally unprepared to contend with. This awareness of sexual sensation can be confusing and overstimulating for children.

2. **Health Consequences: Physical** Medically inaccurate information regarding health risks associated with homosexuality is taught

Among adolescents who claim a “gay” identity, the health risks include higher rates of sexually transmitted infections, alcoholism, substance abuse, anxiety, depression and suicide.iv

In March, 2010, the Centers for Disease Control and Prevention issued its analysis of HIV and syphilis infections. Men having sex with men (MSM) were 44 times more likely than heterosexual men to receive a new diagnosis of HIV infection. The rates of primary and secondary syphilis were 46 times higher in men having sex with men. Dr. Kevin Fenton, Director of the CDC’s National Center for HIV
AIDS stated, “...this analysis shows just how stark the health disparities are between this and other populations.” (27)

MSM is the only risk group in the U.S. in which new HIV infections are increasing. While new infections have declined among both heterosexuals and injection drug users, the annual number of new HIV infections among MSM has been steadily increasing since the early 1990s. MSM account for more than half of all new HIV infections in the United States each year, and 7.2% of young MSM aged 15 – 22 years had HIV / AIDS. There is also an obvious racial discrepancy with 21% of White and 46% of African American MSM had HIV / AIDS. (28)

SEICUS also states, “Masturbation, either alone or with a partner, is one way people can enjoy and express their sexuality without risking pregnancy or an STD/HIV.” This is medically inaccurate, since mutual masturbation with a partner can result in both a sexually transmitted infection (because Herpes virus and Human papilloma virus are transmitted by skin to skin contact) and pregnancy (if the masturbation results in semen being ejaculated near the vagina). (29)

Unhealthy sexual behaviors occur among both heterosexuals and homosexuals. Yet the medical and social science evidence indicate that homosexual behavior is uniformly unhealthy. Although both male and female homosexual practices lead to increases in Sexually Transmitted Diseases, the practices and diseases are sufficiently different that they merit separate discussion.

1. Male Homosexual Behavior

Men having sex with other men leads to greater health risks than men having sex with women (30) not only because of promiscuity but also because of the nature of sex among men. A British researcher summarizes the danger as follows:

“Male homosexual behaviour is not simply either ‘active’ or ‘passive,’ since penile-anal, mouth-penile, and hand-anal sexual contact is usual for both partners, and mouth-anal contact is not infrequent. . . . Mouth-anal contact is the reason for the relatively high incidence of diseases caused by bowel pathogens in male
homosexuals. Trauma may encourage the entry of micro-organisms and thus lead to primary syphilitic lesions occurring in the anogenital area. . . . In addition to sodomy, trauma may be caused by foreign bodies, including stimulators of various kinds, penile adornments, and prostheses.” (31)

Although the specific activities addressed below may be practiced by heterosexuals at times, homosexual men engage in these activities to a far greater extent. (32)

a. Anal-genital

Anal intercourse is the sine qua non of sex for many gay men. (33) Yet human physiology makes it clear that the body was not designed to accommodate this activity. The rectum is significantly different from the vagina with regard to suitability for penetration by a penis. The vagina has natural lubricants and is supported by a network of muscles. It is composed of a mucus membrane with a multi-layer stratified squamous epithelium that allows it to endure friction without damage and to resist the immunological actions caused by semen and sperm. In comparison, the anus is a delicate mechanism of small muscles that comprise an “exit-only” passage. With repeated trauma, friction and stretching, the sphincter loses its tone and its ability to maintain a tight seal. Consequently, anal intercourse leads to leakage of fecal material that can easily become chronic.

The potential for injury is exacerbated by the fact that the intestine has only a single layer of cells separating it from highly vascular tissue, that is, blood. Therefore, any organisms that are introduced into the rectum have a much easier time establishing a foothold for infection than they would in a vagina. The single layer tissue cannot withstand the friction associated with penile penetration, resulting in traumas that expose both participants to blood, organisms in feces, and a mixing of bodily fluids.

Furthermore, ejaculate has components that are immunosuppressive. In the course of ordinary reproductive physiology, this allows the sperm to evade the immune defenses of the female. Rectal insemination of rabbits has shown that sperm
impaired the immune defenses of the recipient. (34) Semen may have a similar impact on humans. (35)

The end result is that the fragility of the anus and rectum, along with the immunosuppressive effect of ejaculate, make anal-genital intercourse a most efficient manner of transmitting HIV and other infections. The list of diseases found with extraordinary frequency among male homosexual practitioners as a result of anal intercourse is alarming:

Anal Cancer
Chlamydia trachomatis
Cryptosporidium
Giardia lamblia
Herpes simplex virus
Human immunodeficiency virus
Human papilloma virus
Isospora belli
Microsporidia
Gonorrhea
Viral hepatitis types B & C
Syphilis (36)

Sexual transmission of some of these diseases is so rare in the exclusively heterosexual population as to be virtually unknown. Others, while found among heterosexual and homosexual practitioners, are clearly predominated by those involved in homosexual activity. Syphilis, for example is found among heterosexual and homosexual practitioners. But in 1999, King County, Washington (Seattle), reported that 85 percent of syphilis cases were among self-identified homosexual practitioners. (37) And as noted above, syphilis among homosexual men is now at epidemic levels in San Francisco. (38)

A 2010 CDC data analysis underscores the disproportionate impact of HIV and syphilis among gay and bisexual men in the United States. The data, presented at
CDC’s 2010 National STD Prevention Conference, found that the rate of new HIV diagnosis among men who have sex with men (MSM) is more than 44 times that of other men and more than 40 times that of women. The rate of primary and secondary syphilis among MSM is more than 46 times that of other men and more than 71 times that of women. (39)

A 1988 CDC survey identified 21 percent of all Hepatitis B cases as being homosexually transmitted while 18 percent were heterosexually transmitted. (40) Since homosexuals comprise such a small percent of the population (only 1-3 percent), they have a significantly higher rate of infection than heterosexuals. (41)

Anal intercourse also puts men at significant risk for anal cancer. Anal cancer is the result of infection with some subtypes of human papilloma virus (HPV), which are known viral carcinogens. Data as of 1989 showed the rates of anal cancer in male homosexual practitioners to be 10 times that of heterosexual males, and growing. (42) Thus, the prevalence of anal cancer among gay men is of great concern. For those with AIDS, the rates are doubled. (43)

Other physical problems associated with anal intercourse are:

- hemorrhoids
- anal fissures
- anorectal trauma
- retained foreign bodies. (44)

b. Oral-anal

There is an extremely high rate of parasitic and other intestinal infections documented among male homosexual practitioners because of oral-anal contact. In fact, there are so many infections that a syndrome called “the Gay Bowel” is described in the medical literature. (45) “Gay bowel syndrome constitutes a group of conditions that occur among persons who practice unprotected anal intercourse, anilingus, or fellatio following anal intercourse.” (46) Although some women have
been diagnosed with some of the gastrointestinal infections associated with “gay bowel,” the vast preponderance of patients with these conditions are men who have sex with men.”(47)

“Rimming” is the street name given to oral-anal contact. It is because of this practice that intestinal parasites ordinarily found in the tropics are encountered in the bodies of American gay men. Combined with anal intercourse and other homosexual practices, “rimming” provides a rich opportunity for a variety of infections.

Men who have sex with men account for the lion’s share of the increasing number of cases in America of sexually transmitted infections that are not generally spread through sexual contact. These diseases, with consequences that range from severe and even life-threatening to mere annoyances, include Hepatitis A. (48) Giardia lamblia, Entamoeba histolytica, (49) Epstein-Barr virus, (50) Neisseria meningitides, (51) Shigellosis, Salmonellosis, Pediculosis, scabies and Campylobacter. (52) The U.S. Centers for Disease Control (CDC) identified a 1991 outbreak of Hepatitis A in New York City, in which 78 percent of male respondents identified themselves as homosexual or bisexual. (53) While Hepatitis A can be transmitted by routes other than sexual, a preponderance of Hepatitis A is found in gay men in multiple states. (54) Salmonella is rarely associated with sexual activity except among gay men who have oral-anal and oral-genital contact following anal intercourse. (55) The most unsettling new discovery is the reported sexual transmission of typhoid. This water-borne disease, well known in the tropics, only infects 400 people each year in the United States, usually as a result of ingestion of contaminated food or water while abroad. But sexual transmission was diagnosed in Ohio in a series of male sex partners of one male who had traveled to Puerto Rico. (56)

In America, Human Herpes Virus 8 (called Herpes Type 8 or HHV-8) is a disease found exclusively among male homosexual practitioners. Researchers have long noted that men who contracted AIDS through homosexual behavior frequently developed a previously rare form of cancer called Kaposi’s sarcoma. Men who
contract HIV/AIDS through heterosexual sex or intravenous drug use rarely display this cancer. Recent studies confirm that Kaposi’s sarcoma results from infection with HHV-8. The New England Journal of Medicine described one cohort in San Francisco where 38 percent of the men who admitted any homosexual contact within the previous five years tested positive for this virus while none of the exclusively heterosexual men tested positive. The study predicted that half of the men with both HIV and HHV-8 would develop the cancer within 10 years. (57) The medical literature is currently unclear as to the precise types of sexual behavior that transmit HHV-8, but there is a suspicion that it may be transmitted via saliva. (58)

**c. Human Waste**

Some gay men sexualize human waste, including the medically dangerous practice of coprophilia, which means sexual contact with highly infectious fecal wastes. (59) This practice exposes the participants to all of the risks of anal-oral contact and many of the risks of analgenital contact.

**d. Fisting**

“Fisting” refers to the insertion of a hand or forearm into the rectum, and is far more damaging than anal intercourse. Tears can occur, along with incompetence of the anal sphincter. The result can include infections, inflammation and, consequently, enhanced susceptibility to future STDs. Twenty-two percent of homosexuals in one survey admitted to having participated in this practice. (60)

**e. Sadism**

The sexualization of pain and cruelty is described as sadism, named for the 18th Century novelist, the Marquis de Sade. His novel Justine describes repeated rapes and non-consensual whippings. (61) Not all persons who practice sadism engage in the same activities. But a recent advertisement for a sadistic “conference”
included a warning that participants might see “intentional infliction of pain [and] cutting of the skin with bleeding . . . .” Scheduled workshops included “Vaginal Fisting” (with a demonstration), “Sacred Sexuality and Cutting” with “a demonstration of a cutting with a live subject,” “Rough Rope,” and a “Body Harness” workshop that was to involve “demonstrating and coaching the tying of erotic body harnesses that involve the genitals, male and female.” (62) A similar event entitled the “Vicious Valentine” occurred near Chicago on Feb. 15-17, 2002. (63) The medical consequences of such activities range from mild to fatal, depending upon the nature of the injuries inflicted. (64) As many as 37 percent of homosexuals have practiced some form of sadism. (65)

The consequences of homosexual activity have significantly altered the delivery of medical care to the population at-large. With the increased incidence of STD organisms in unexpected places, simple sore throat is no longer so simple. Doctors must now ask probing questions of their patients or risk making a misdiagnosis. The evaluation of a sore throat must now include questions about oral and anal sex. A case of hemorrhoids is no longer just a surgical problem. We must now inquire as to sexual practice and consider that anal cancer, rectal gonorrhea, or rectal chlamydia may be secreted in what deceptively appears to be “just hemorrhoids.” (66) Moreover, data shows that rectal and throat gonorrhea, for example, are without symptoms in 75 percent of cases. (67)

The impact of the health consequences of gay sex is not confined to homosexual practitioners. Even though nearly 11 million people in America are directly affected by cancer, compared to slightly more than three-quarters of a million with AIDS, (68) AIDS spending per patient is more than seven times that for cancer. (69) The inequity for diabetes and heart disease is even more striking. (70) Consequently, the disproportionate amount of money spent on AIDS detracts from research into cures for diseases that affect more people.
2. Female Homosexual Behavior

Lesbians are also at higher risk for STDs and other health problems than heterosexual. (71) However, the health consequences of lesbianism are less well documented than for male homosexuals. This is partly because the devastation of AIDS has caused male homosexual activity to draw the lion’s share of medical attention. But it is also because there are fewer lesbians than gay men, (72) and there is no evidence that lesbians practice the same extremes of same-sex promiscuity as gay men. The lesser amount of medical data does not mean, however, that female homosexual behavior is without recognized pathology. Much of the pathology is associated with heterosexual activity by lesbians.

Among the difficulties in establishing the pathologies associated with lesbianism is the problem of defining who is a lesbian. (73) Study after study documents that the overwhelming majority of self-described lesbians have had sex with men. (74) Australian researchers at an STD clinic found that only 7 percent of their lesbian sample had never had sexual contact with a male. (75)

Not only did lesbians commonly have sex with men, but with lots of men. They were 4.5 times as likely as exclusively heterosexual controls to have had more than 50 lifetime male sex partners. (76) Consequently, the lesbians’ median number of male partners was twice that of exclusively heterosexual women. (77) Lesbians were three to four times more likely than heterosexual women to have sex with men who were high-risk for HIV disease-homosexual, bisexual, or IV drug-abusing men. (78) The study “demonstrates that WSW [women who have sex with women] are more likely than non- WSW to engage in recognized HIV risk behaviours such as IDU [intravenous drug use], sex work, sex with a bisexual man, and sex with a man who injects drugs, confirming previous reports.” (79)

Bacterial vaginosis, Hepatitis B, Hepatitis C, heavy cigarette smoking, alcohol abuse, intravenous drug use, and prostitution were present in much higher proportions among female homosexual practitioners. (80) Intravenous drug abuse
was nearly six times as common in this group. (81) In one study of women who had sex only with women in the prior 12 months, 30 percent had bacterial vaginosis. (82) Bacterial vaginosis is associated with higher risk for pelvic inflammatory disease and other sexually transmitted infections. (83)

In view of the record of lesbians having sex with many men, including gay men, and the increased incidence of intravenous drug use among lesbians, lesbians are not low risk for disease. Although researchers have only recently begun studying the transmission of STDs among lesbians, diseases such as “crabs,” genital warts, chlamydia and herpes have been reported. (84) Even women who have never had sex with men have been found to have HPV, trichomoniasis and anogenital warts. (85)

Health Consequences: Psychsocial Issues

This section should have a discussion of mental health concerns, incidence of depression, drug use and suicide for adolescents involved in homosexual behavior. We need to address bullying...both prevention of early homosexual experiences until maturity, and prevention of bullying behaviors.

Psychiatric Illness

Multiple studies have identified high rates of psychiatric illness, including depression, drug abuse and suicide attempts, among self professed gays and lesbians. (86) Some proponents of GLBQT rights have used these findings to conclude that mental illness is induced by other people’s unwillingness to accept same-sex attraction and behavior as normal. They point to homophobia, effectively functionally defined as any opposition to or critique of gay sex, as the cause for the higher rates of psychiatric illness, especially among gay youth. (87) Although while homophobia must be considered as a potential cause for the increase in mental health problems, the medical literature suggests other conclusions.

An extensive study in the Netherlands undermines the assumption that homophobia is the cause of increased psychiatric illness among gays and lesbians. The Dutch
have been considerably more accepting of same-sex relationships than other Western countries — in fact, same-sex couples now have the legal right to marry in the Netherlands. (88) So, the presence of a high rate of psychiatric disease associated with homosexual behavior in the Netherlands means that the psychiatric disease cannot so easily be attributed to social rejection and homophobia.

A Dutch study, published in the Archives of General Psychiatry, did indeed find a high rate of psychiatric disease associated with same-sex sex. (89) Compared to controls who had no homosexual experience in the 12 months prior to the interview, males who had any homosexual contact within that time period were much more likely to experience major depression, bipolar disorder, panic disorder, agoraphobia and obsessive compulsive disorder. Females with any homosexual contact within the previous 12 months were more often diagnosed with major depression, social phobia or alcohol dependence as compared to the control group. In fact, those with a history of homosexual contact had higher rates of nearly all psychiatric pathologies measured in the study. (90) The researchers found “that homosexuality is not only associated with mental health problems during adolescence and early adulthood, as has been suggested, but also in later life.” (91) Researchers actually fear that methodological features of “the study might underestimate the differences between homosexual and heterosexual people.” (92)

The Dutch researchers concluded, “this study offers evidence that homosexuality is associated with a higher prevalence of psychiatric disorders. The outcomes are in line with findings from earlier studies in which less rigorous designs have been employed.” (93) The researchers offered no opinion as to whether homosexual behavior causes psychiatric disorders, or whether it is the result of psychiatric disorders.

**Reckless Sexual Behavior**

Depression and drug abuse can lead to reckless sexual behavior, even among those who are most likely to understand the deadly risks. In an article that was part of a series on “AIDS at 20,” the New York Times reported the risks that many gay men
One night when a gay HIV prevention educator named Seth Watkins got depressed, he met an attractive stranger, had anal intercourse without a condom — and became HIV positive. In spite of his job training, the HIV educator nevertheless employed the psychological defense of “denial” in explaining his own sexual behavior:

“[L]ike an increasing number of gay men in San Francisco and elsewhere, Mr. Watkins sometimes still puts himself and possibly other people at risk. ‘I don’t like to think about it because I don’t want to give anyone H.I.V.,’ Mr. Watkins said.” (94)

Another gay man named Vince, who had never before had anal intercourse without a condom, went to a sex club on the spur of the moment when he got depressed, and had unprotected sex:

“I was definitely in a period of depression . . . . And there was just something about that particular circumstance and that particular person. I don’t know how to describe it. It just appealed to me; it made it seem like it was all right.” (95)

Some of the men interviewed by the New York Times are deliberately reckless. One fatalistic gay man with HIV makes no apology for putting other men at risk:

“The prospect of going through the rest of your life having to cover yourself up every time you want to get intimate with someone is an awful one. . . . Now I’ve got H.I.V. and I don’t have to worry about getting it,” he said. “There is a part of me that’s relieved. I was tired of always having to be careful, of this constant diligence that has to be paid to intimacy when intimacy should be spontaneous.” (96)

After admitting to almost never using condoms he adds:

“There is no such thing as safe sex. . . . If people want to use condoms, they can. I didn’t go out and purposely get H.I.V. Accidents happen.” (97)
Other reports show similar disregard for the safety of self and others. A 1998 study in Seattle found that 10 percent of HIV-positive men admitted they engaged in unprotected anal sex, and the percentage doubled in 2000. (98) According to a study of men who attend gay “circuit” parties, (99) the danger at such events is even greater. Ten percent of the men surveyed expected to become HIV-positive in their lifetime. Researchers discovered that 17 percent of the circuit party attendees surveyed were already HIV positive. (100) Two thirds of those attending circuit parties had oral or anal sex, and 28 percent did not use condoms. (101)

In addition, drug use at circuit parties is ubiquitous. Although only 57 percent admit going to circuit parties to use drugs, 95 percent of the survey participants said they used psychoactive drugs at the most recent event they attended. There was a direct correlation between the number of drugs used during a circuit party weekend and the likelihood of unprotected anal sex. (102) The researchers concluded that in view of their findings, “the likelihood of transmission of HIV and other Sexually Transmitted Diseases among party attendees and secondary partners becomes a real public health concern.” (103)

Good mental health would dictate foregoing circuit parties and other risky sex. But neither education nor adequate access to health care is a deterrent to such reckless behavior. “Research at the University of New South Wales found well-educated professional men in early middle age — those who experienced the AIDS epidemic of the 1980s — are most likely not to use a condom. (104)

**Protective Factors**

Adolescents who delay labeling themselves as homosexual significantly reduce these medical and psychiatric health risks. For example, researchers find that adolescents who defer “coming out as gay” decrease the risk of suicide at a rate of 20 percent for each year that they delay self-labeling as homosexual or bisexual. (105)
3. New research on brain development in adolescents is ignored

Using newer imaging technology, neuroscientists have studied the brains of normal adolescents and followed the changes over time. We now know that the brain is not mature until 25 years of age, and the adolescent years are a time of rapid growth and significant changes. The adolescent brain is more susceptible to stimuli, addictions develop more rapidly, and behaviors are more likely to become entrenched. This means that an optimal public health approach would lead educators to discourage all high risk behaviors during adolescent years.

Alternative to SEICUS Guidelines

The American College of Pediatricians is strongly committed to promoting “what is best for children”. Since we know that avoiding risks is better than simply reducing risks, and since we know that avoiding risks during adolescence can reduce adverse health and social outcomes in adults and in society, the American College of Pediatricians, in the realm of sexuality education, promotes policies that are clearly associated with the optimal health of adolescents including:

- The abstinence from or avoidance of early exposure to potentially harmful risks, including drugs, alcohol, tobacco and adolescent sexual activity
- The development of personal and family skills to refuse to engage in risk behaviors and embrace healthy choices
- Preparation for healthy, mature relationships and marriages
- Preparation for safe, healthy parenting for future generations
- Preparation for participation in a healthy, stable and productive society
The goals of the College are based on replicable research, demographic data and documented societal benefits, components of what is currently referred to as “evidence-based practice”.

CONCLUSIONS

Same sex health education (SSHE) curricula utilize information that is developmentally inappropriate and scientifically inaccurate in order to promote the LGBTQ agenda of affirming and advocating alternative lifestyles. There are significant medical risks for adolescents who identify themselves as LGBTQ, and additional research is needed to evaluate the impact of SSHE on individuals and our society. Until that research is available, it is important that organizations promoting public health policies, including medical and educational institutions, understand that promoting SSHE curricula places additional adolescents at risk.

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38. Heredia, “Big spike in cases of syphilis in S.F.: Gay, bisexual men affected most.”


49. Rompalo, p. 1640.
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Transmission of Typhoid in U.S.,” Associated Press, April 25, 2001. A representative of the Foodborne and Diarrheal Diseases Branch, Division of Bacterial and Mycotic Diseases at the CDC in Atlanta, Georgia, confirmed this report and provided a link to the AP story on October 4, 2002.


60. Jay and Young, pp. 554-555.

61. Sade, Marquis de, Justine or Good Conduct Well Chastised (1791), New York: Grove Press (1965).

62. Michigan Rope internet advertisement for “Bondage and Beyond,” which was scheduled for February 9-10, 2002, near Detroit, Michigan. The explicit nature of the advertisement was changed following unexpected publicity, and the hotel where the conference was scheduled ultimately canceled it. Marsha Low, “Hotel Ties Noose Around 2-Day Bondage Meeting,” Detroit Free Press, January 25, 2002.


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68. As of January 1, 1999, the National Cancer Institute (NCI) estimated the cancer prevalence in the United States to be 8.9 million. “Estimated US Cancer Prevalence Counts: Who Are Our Cancer Survivors in the US?,” Cancer Control & Population Sciences, National Cancer Institute, April 2002. In 1999, the American Cancer Society (ACS) estimated 1,221,800 new cancer cases in the US and an estimated 563,100 cancer related deaths, “Cancer Facts and Figures 1999,” p. 4, American Cancer Society, Inc., 1999; in 2000, the ACS estimated 1,220,100 new cancer cases and

The federal spending for AIDS research in 2001 was $2,247,000,000, while the spending for cancer research was not even double that at $4,376,400,000. “Funding For Research Areas of Interest,” National Institute of Health, 2002.


71. Michael, et al., p. 176 (“about 1.4 percent of women said they thought of themselves as homosexual or bisexual and about 2.8% of the men identified themselves in this way”).

72. See Appendix A.


75. Ibid., p. 347.

76. Ibid.

77. Ibid.

78. Ibid.

79. Ibid., p. 348.


81. Fethers, et al., p. 347 and Table 1.


85. Ibid., p. 159


90. Ibid.

91. Ibid., p. 89.

92. Ibid., p. 90 (emphasis added).

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95. Ibid.

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99. “A uniform definition of a circuit party does not exist, partly because such parties continue to evolve. However, a circuit party tends to be a multi-event weekend that occurs each year at around the same time and in the same town . . . .” Gordon Mansergh, Grant Colfax, et al., “The Circuit Party Men’s Health Survey: Findings and Implications for Gay and Bisexual Men,” American Journal of Public Health, 91(6): 953-958, p. 953 (June 2001).

100. Ibid., p. 955.

101. Ibid., p. 956.
Examples of SEICUS guidelines and curricular application

After 40 plus years of CSE implementation, which experts and the media claim have been scientifically proven effective² it seems fair to ask – why are things so bad? Is it possible that the positive scientific evaluations of CSE are structurally flawed?

Consequently, promotion of the gay lifestyle is clearly included in the public policy and educational arenas. Goals 5 and 6 from this

5. Embrace a "big tent" vision of community, respecting diverse ways of organizing sex and relationships. Shame and guilt are the health hazards, rather than specific sex practices and sex cultures.

6. Launch only efforts that are neither overtly or covertly sanitizing, sanctimonious, fear-based nor moralistic.

The Sexuality Information and Education Council of the United States (SIECUS) and Planned Parenthood have been the leading providers of comprehensive sex education (CSE) materials since the 1970s.⁶,⁷ Despite the progressive availability and use of CSE materials and programs since then, America’s youth have experienced an explosive and generally unrelenting four-fold epidemic of teen pregnancy, sexually transmitted infections, mental illness and dating violence.⁸ Additionally, a significant percentage of youth are experiencing confusion over their perceived sexual orientation.⁹ This paper will explore the hypothesis that the temporal correlation between the increasing prevalence of CSE and the aforementioned epidemics reflects a cause and effect relationship rather than evidence of a need for more CSE services as SIECUS and its affiliates claim.¹⁰

For many generations, we have recognized that exploitative, abusive or traumatic sexual experiences can create confusion, distress and even disease. However, we now know from medical, neurological and psychosocial research, that early experiences have the power to mold and direct behavioral patterns.
i Ibid. pp. 211-223.

ii www.traycehansen.com

iii http://factsaboutyouth.com/posts/what-you-should-know-about-sexual-orientation-of-youth-as-a-school-official/


v Ibid.


x www.siecus.org and www.plannedparenthood.org