

Debunking the Myths

Myth #1

Those who oppose same-sex marriage are bigoted, ignorant, homophobes who lack compassion and seek to impose their fundamentalist religious beliefs upon others.

This argument, though effective, has little basis in fact. The tactic here is to silence opposition by imposing labels that activists know people are afraid of. No one wants to be labeled a bigot or to be thought of as an ignorant fundamentalist.

To disagree with the strategy to redefine, indeed to overthrow, the fundamental building block of 6,000 years of civilization is not an act of bigotry born of ignorance and fear, but an act of prudence based on right reason. Ask yourself the question: of those you know among your circle of friends and colleagues who oppose same-sex marriage, do they fit the description above? I don't know anyone who fits that description. In fact, those I know who do oppose it have no animus against homosexual persons and would prefer to avoid such battles altogether, but they have been forced by the gay activists themselves to take a stand to defend the institution of marriage. Some do it on the basis of religious belief, others do it because of the obvious fittedness of gender differentiation and sexual complementarity inherent in that difference. That is, they cannot bring themselves to deny the facts of nature. There is no compassion without the truth. To deny one's conscience, that is, to deny what one knows to be true in order to appease the desires of others, is to consciously act against the good of the other.

Myth #2

By denying legal recognition of same-sex marriage to homosexual partners, the state is exercising unjust discrimination toward gay couples.

The state has no compelling reason to recognize same-sex marriage. By granting legal recognition and benefits to married couples, that is, to one man and one woman joined in lifelong union, the state is acting in its own self-interest. The government exists to promote the general welfare of its citizens. The state rewards those institutions that promote that general welfare. The state recognizes in traditional marriage the best means to insure its own survival. The begetting and raising of children is a good which the state seeks to protect and promote. Studies repeatedly show that the best way to raise healthy, happy children, and to prepare them to become productive citizens is in the traditional family. No other means of raising children has proven to be as effective. In fact, statistics consistently show that all other forms of raising children are deficient in one way or another, especially when compared to the traditional family. Is the state required to promote and grant legal protection to forms of family life known to be detrimental to children?

On what basis should the state grant legal recognition to same-sex couples? If the primary purpose of the new definition of marriage is not procreation and the raising of children, but "personal happiness" and companionship, or the recognition of relationships of duration and dependence, how will the state distinguish between homosexual and non-homosexual couples who make the same claim? Or as one astute commentator put it, why should couplings have a privileged place over other relational arrangements, such as groupings of three or four people

joined together in committed relationships? Such relationships may benefit the couple or groupings personally, but how are such unions promoting the general welfare of the state?

Acting in its own self interest, and for the general welfare of its citizens, the state fulfills its responsibility by extending benefits and legal protection to couples within a traditional marriage. The Supreme Court Justice Stephen J. Field, in *Murphy v. Ramsey* (1885) recognized the unique place of traditional marriage within the state: “For, certainly, no legislation can be supposed more wholesome and necessary in the founding of a free, self-governing commonwealth...than that which seeks to establish it on the basis of the idea of the family, as consisting of one man and one woman in the holy estate of matrimony; the sure foundation of all that is stable and noble in our civilization; the best guarantee of that reverent morality which is the source of all beneficent progress in social and political improvement.”

Myth #3

Homosexuality is genetic and on that basis alone homosexual couples should be granted legal recognition in marriage if they so desire.

Despite what popular opinion, gay organizations and some media pundits may want you to believe, there has been no scientific discovery of a “gay gene” or a genetic origin for homosexuality. At best it is one factor among others. The “gay gene” is a myth that has been said enough in the press that it is now considered a fact by many.

Researcher Dean Hamer’s 1993 study which sought to find a genetic cause for sexual orientation was hailed by the press as the breakthrough that finally found the genetic source for homosexuality. Hamer never made such a claim. In an interview in *Gene* magazine he made the following statement: “We have not found the gene—which we don’t think exists—for sexual orientation...there will never be a test that will say for certain whether a child will be gay. We know that for certain.”¹

The theory of genetically determined behavior does not coincide with scientific assessment of the role of genes. As Neil and Briar Whitehead put it, “Science has not yet discovered any genetically dictated behavior in humans. So far, genetically dictated behaviors of the one-gene-one-trait variety have been found only in very simple organisms...But if many genes are involved in a behavior, then changes in that behavior will tend to take place very slowly and steadily (say, changes of a few percent each generation over many generations, perhaps thirty). That being so, homosexuality could not appear and disappear suddenly in family trees the way it does.”²

Myth #4

Homosexuality is an immutable state.

The myth that homosexuals cannot change their orientation has also been shown to be false. Dr. Jeffery Satinover of the National Association for Research and Therapy of Homosexuality (NARTH) testified before the Massachusetts Senate Judicial Committee in April 2004 on various issues surrounding the subject of homosexuality and the family. In his presentation he addressed the question of immutability. In his presentation he discussed the work of Dr. Robert Spitzer which I will quote here:

“Dr. Robert Spitzer, the prominent psychiatrist and researcher at Columbia University has been the chief architect of the American Psychiatric Association's diagnostic manual and he was the chief decision-maker in the 1973 removal of homosexuality from the diagnostic manual. He considers himself a gay-affirmative psychiatrist, and a long time supporter of gay rights. He has long been convinced that homosexuality is neither a disorder nor changeable. Because of the increasing heated debate over the latter point within the professional community, Spitzer decided to conduct his own study of the matter. He concluded: ‘I’m convinced from the people I have interviewed, that for many of them, they have made substantial changes toward becoming heterosexual...I think that’s news...I came to this study skeptical. I now claim that these changes can be sustained.’ When he presented his results to the Gay and Lesbian committees of the APA, anticipating a scientific debate, he was shocked to be met with intense pressure to withhold his findings for political reasons. Dr. Spitzer has subsequently received considerable ‘hate mail’ and complaints from his colleagues because of his research.”³

¹ For the source of the quotes, cf. Whitehead, *Gene*, 135,146-147.

² Whitehead, *Genes*, 209.

³ Satinover, J. [NARTH Scientific Advisory Board Member Testifies Before Massachusetts Senate Committee Studying Gay Marriage](http://www.narth.com) www.narth.com

Who's Really Getting Hurt?

The following statistics are a supplement to the essay, "Debunking the Myths," in particular the myth which asserts that those who oppose same-sex marriage are simply bigoted, ignorant, homophobes who lack compassion and seek to impose their fundamentalist religious beliefs upon others.

These health statistics have not been given adequate coverage in the debate concerning homosexuality and same-sex marriage, but they show that there is grave cause for concern for the health and well-being of those active in a homosexual lifestyle.

*"There is no compassion without the truth. To deny one's conscience, that is, to deny what one knows to be true in order to appease the desires of others is to **consciously act against the good of the other.**" Let us not be guilty of acting against the good of another, but instead act with true love and compassion, refusing to ignore the very real hazards involved in the homosexual lifestyle.*

1. Health issues

a. HIV and STDs

"In spite of all the AIDS education, epidemiologists predict that for the foreseeable future **50% of men who have sex with men will become HIV positive.**"¹

"Epidemiologists estimate that 30% of all twenty-year-old homosexual males will be HIV-positive or dead of AIDS by the time they are 30. This means that **the incidence of AIDS among twenty- to thirty-year-old homosexual men is roughly 430 times greater than among the heterosexual population at large.**"²

"Even before the AIDS epidemic a study of men who have sex with men found that **63% had contracted a sexually transmitted disease** through homosexual activity."³

b. Dual nature of problem: the **nature** and **frequency** of anal sex for many male homosexuals.

The **nature** of anal sex makes it "a most efficient manner of transmitting HIV and other infections." Following is a physiological explanation:

[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 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 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... 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... 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 and C, syphilis.⁴

The second part of the problem: the **frequency** of anal sex and the **number** of partners

Key Parameters of Homosexual versus Heterosexual Behavior

Parameter	Homosexual	Heterosexual	Ratio: Homosexual to Heterosexual
Avg. # of lifetime partners	50	4	12:1
Monogamous*	<2%	83%	41:1
Avg. # of partners last 12 months	8	1.2	7:1
Anal intercourse during last 12 mos.	65% (men)	9.5% (women)	13:1

*Defined here as 100% faithful to one's spouse or partner. 26% of heterosexuals have only one lifetime partner (recall that approximately 50% of all marriages end in divorce, and someone who is remarried would not be in this 26%, but would be in the 83%).⁵

In his analysis of the key parameters of homosexual behavior, Dr. Satinover goes on to explain why it is that male homosexuals are at such great risk. "The typical homosexual (needless to say there are exceptions) is a man who has frequent episodes of anal intercourse with other men, often with many different men. These episodes are **13 times more frequent** than heterosexuals' acts of anal intercourse, **with 12 times as many different partners** as heterosexuals."⁶

c. Substance Abuse⁷

Alcoholism affects 20%-30% of homosexual population. **35% of lesbians had a history of excessive drinking**, as compared to 5% of the heterosexual women in the sample. **Approximately 30% of lesbians and homosexual men addicted to drugs**

d. Depression, Suicide, and other pathologies

Archives of General Psychiatry: "homosexual people are at a **substantially higher risk for some forms of emotional**

problems, including suicidality, major depression, and anxiety disorder, conduct disorder, and nicotine dependence.”⁸

2. Life expectancy

Average life expectancy for American women: 79 years. American men: 74 years.⁹

“In a major Canadian centre, life expectancy at age 20 years for gay and bisexual men is 8 to 20 years less than for all men. If the same pattern of mortality were to continue, we estimate that **nearly half of gay and bisexual men currently aged 20 years will not reach their 65th birthday**. Under even the most liberal assumptions, gay and bisexual men in this urban centre are now experiencing a life expectancy similar to that experienced by all men in Canada in the year 1871.”¹⁰

3. Domestic violence

- a. Homosexuals pose a greater threat of violence to other homosexuals than do heterosexuals:

Hate crimes against homosexuals. FBI statistics, 1999. **1, 317 hate crime** incidents involving homosexuals, many of which were name-calling or simple assault.¹¹

Homosexual domestic violence. National Coalition of Anti-Violence Programs, 1999. **3,120 incidents of homosexual domestic violence** reported in San Francisco, New York City, Chicago, Boston, Los Angeles, Colorado, Cleveland, and Columbus, OH.¹²

- b. Violence in homosexual relationships

Clinical Psychology Review, 1999, surveyed 19 studies on homosexual domestic violence.¹³

28% heterosexual couples reported physical violence

48% of lesbian couples reported physical violence

38% of homosexual male couples reported physical violence

In a study of only lesbian couples, psychological abuse was reported by 73%-90% of lesbians. More than 30% of lesbians had been in a relationship where at least one physical incident occurred.

National Institutes of Health, 2000. “[S]ame-sex cohabitants reported significantly more intimate partner violence than did opposite-sex cohabitants.”¹⁴

39.2% lesbians reported being raped, physically assaulted, or stalked by their same-sex partner.

15.4% of male homosexuals reported being raped, physically assaulted, or stalked by their same-sex partner.

4. Childhood abuse

The Archives of Sexual Behavior (2001):

46% of homosexual men, 22% of homosexual women had been molested by a person of the same gender.

7% of heterosexual men and 1% of heterosexual women molested by a person of the same gender.¹⁵

David Finkelhor, child sex abuse expert:

“[B]oys victimized by older men were over four times more likely to be currently engaged in homosexual activity than were non-victims...Further, the adolescents themselves often linked their homosexuality to their sexual victimization experiences.”¹⁶

¹ Diamond, E., Delaney, R., Diamond, S., Fitzgibbons, R., et al. 2004. “Homosexuality and Hope.” Catholic Medical Association. www.cathmed.org

² Satinover, J. (2003). *Homosexuality and the Politics of Truth*. Grand Rapids, Michigan: Hamewith Books. p. 57.

³ Diamond, E., et al.

⁴ May, W. (2004). “On the Impossibility of Same-Sex Marriage: A Review of Catholic Teaching.” *The National Catholic Bioethics Quarterly*. Summer 2004. 314.

⁵ Satinover. p. 54-55. (Data taken from *The Social Organization of Sexuality: Sexual Practices in the United States*, and from a series of studies in homosexual behavior and behavior change, including the Multicenter AIDS Cohort Study, 1987, based on nearly 5,00 homosexual men.)

⁶ Ibid, p. 55.

⁷ McGill University Student Health Services. 2004. “Substance Abuse in the Gay and Lesbian Community.” <http://www.mcgill.ca/studenthealth/information/gay/substanceabuse/>

⁸ Whitehead, N. “Homosexuality and Mental Health Problems.” www.narth.com/docs/whitehead.html (Citing 3 papers and accompanying commentary in *Archives of General Psychiatry*, an established and well-respected journal. One commentary includes: “The strength of the new studies is their degree of control.”)

⁹ Centers for Disease Control. 2003.

¹⁰ Hogg, R.S., et al. 1997. “Modelling the Impact of HIV Disease on Mortality in Gay and Bisexual Men.” *International Journal of Epidemiology*. <http://ije.oupjournals.org/cgi/content/abstract/26/3/657>

¹¹ Traditional Values Coalition. 2002. “Domestic Battering.” http://traditionalvalues.org/pdf_files/DomesticBattering.pdf

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Dailey, T. “Homosexuality and Child Abuse.” *Family Research Council*. Issue No.: 247. www.frc.org/get.cfm?i=IS02E3&v

¹⁶ Ibid.