



Guest Commentary A Pharmacist's View on Gay Marriage

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(AgapePress) - Having worked with AIDS patients and investigational drug studies for HIV at Johns Hopkins Hospital, I feel a lot of compassion for homosexual persons. But as a professional health care provider, I am compelled to educate people with medical facts regarding same-sex marriage.

This is not a "privacy" issue. Gay activists have brought the gay lifestyle into the public square with their demands for "marriage" or "civil union." (The public has not gone into anyone's bedroom; rather, they have brought their bedroom issues out in public.) "Gay marriage" or "civil unions" will give legal protection and government benefits to the gay lifestyle. YOU, the taxpayer, will be paying those government benefits out of YOUR pocket, so you deserve to have an opinion on the subject and you deserve to be informed about facts relating to these same-sex unions.

If marriage between man and woman has been with humanity since the beginning of time and has been the cornerstone of every culture and religion, then why is there this "new idea" of what marriage can mean? The idea of "gay marriage" or "civil union" would have been ridiculous 3,000 years ago, 1,000 years ago, 500 years ago, 50 years ago, even 10 years ago. What has changed?

The cultural "perception" of homosexuality and the gay lifestyle has changed. Two common myths have been instrumental in this change: (1) 10 percent of the population is homosexual, and (2) people are born with their homosexual orientation.

Although the secular media, Hollywood celebrities, and groups such as PFLAG (Parents and Friends of Lesbians & Gays) still might make these claims, the medical community has rejected them. Research has shown that the incidence of a homosexual orientation is closer to 2 to 3 percent of the population. More importantly, several research projects failed to find the "gay gene." [1] As a matter of fact, had they discovered the gay gene, then gay marriage would become a civil right, since it would be scientifically proved that a person has this orientation as an "inborn" trait, something that cannot be changed. [2] The gay gene would be the most important piece of scientific evidence to convince you, the taxpayer, to pay government benefits for the gay lifestyle. Had they found the gay gene, you would have read about it in newspapers and magazines and seen it on TV; you would probably still be seeing it every single day. There would be a "test" for the gay gene, just as there are tests for other genetic traits.

So if there is no gay gene, then what causes a homosexual orientation? Most scientists agree that a combination of factors influence it. [3] Interestingly, many people have changed from a homosexual orientation to a heterosexual orientation with and without therapy. [4] No matter what our orientation, we do choose our lifestyle (which is tremendously influenced by what is permissible and encouraged in our culture.) With all of this research, why is there so much confusion?

Prior to 1973, "homosexual orientation" was listed as a diagnosable mental disorder in the DSM-III-R, the Diagnostic and Statistical Manual of the American Psychiatric Association. In 1973, psychiatrists who were members of The American Psychiatric Association took a poll and voted on whether or not to remove "homosexual orientation" from this book of diagnoses. The vote was taken, and by a very slim margin, the vote sided on removing this diagnosis. There was no new information regarding the

orientation (i.e., there hadn't been any research to warrant the justification of this action); they simply took a vote. This event initiated the cultural perception that homosexual orientation and behavior is a natural phenomenon and therefore should not be "treated" but should be accepted and even encouraged – e.g., "out of the closet."

But should the gay lifestyle be encouraged? Health care professionals are familiar with the medical challenges of homosexual men living the gay lifestyle. For you, the taxpayer, to be willing to pay government benefits for gay marriage or civil unions, you should consider what lifestyle your tax dollars will be supporting.

Remember, homosexual activity began "coming out of the closet" in 1973. Just eight short years later, in 1981, we have the first reported cases of an "unknown" disease killing gay men. AIDS has arrived. Why do so many diseases target gay men? The body is not built for sodomy. "The anus opens into the rectum which is not as well suited for penile penetration as the female vagina is. Both the anus and rectum have rich blood supplies, and their walls, thinner than the walls of the vagina, are easily damaged. When penetration occurs, it's easier to tear blood vessels, which in turn increases the risk of acquiring or receiving an infection as penile skin and/or semen comes in contact with the partner's blood or semen." [5]

Another risk is caused by bacteria and other organisms present in feces; Entamoeba and Giardia can cause chronic diarrhea. Many will suffer from "gay bowel syndrome." Anal intercourse is "high risk behavior" because so many diseases can be spread from this misuse of the body, including HIV, Hepatitis A, B, and C, and a wide range of other sexually transmitted diseases.

What About Condoms and 'Safe Sex'?

Here is what we know about latex condoms from the latest research. [6,7,8,9,10]

For males who use a condom 100 percent correctly, studies have shown that latex condoms have a:

1. 13 percent failure rate against HIV (once HIV converts to an AIDS disease, it is deadly). (Would you advise your teenager to drive a car that might kill him or her 13 percent of the time?)
2. 50 percent failure rate against gonorrhea, syphilis, chlamydeous.
3. 100 percent failure rate against genital herpes and human papillomavirus (HPV), which causes cervical cancer in women. (These grim statistics are from studies where males used condoms 100 percent correctly. Does that happen in real life?)

For 20 years, condoms have been distributed extensively; now the study results on latex condom effectiveness and the CDC statistics on sexually transmitted diseases reflect how relatively ineffective they are. The NIH, CDC, and medical professionals still promote the use of latex condoms as "safer sex," especially for HIV prevention. Unfortunately, most people simply don't know the real risks that are involved when they rely on a condom.

Disease spread in gay/bisexual men is especially problematic because this lifestyle almost always includes multiple sexual partners. More partners means more disease. (Remember, condoms offer little or no protection against the spread of many diseases.) In addition, homosexual men living the gay lifestyle have a higher rate of depression, pornography use, alcoholism, drug abuse and suicide. [11,12] We all need to be compassionate toward those men trapped in this unhealthy lifestyle. But legitimizing homosexual marriage or civil unions will undoubtedly encourage experimentation in this lifestyle. From a medical and ethical perspective, this will have tragic consequences for individuals as well as society.

What About AIDS?

From 1981 through 1999, there were 751,965 cumulative reported cases of AIDS in the U.S. At least 56 percent of the AIDS diagnoses occurred in gay or bisexual men. In other words, two percent of the population had at least 56 percent of those reported AIDS diagnoses. The second largest group was IV drug users. What about heterosexual sex? In the U.S., persons who have been infected with HIV through heterosexual contact have usually had vaginal or anal intercourse with someone in one of the high-risk categories – a bisexual male or someone who is an IV drug user. [13]

In the past 17 years, medications to combat HIV have been developed, which has decreased the numbers of persons with HIV progressing to an AIDS disease. A person diagnosed with HIV will be put on a complicated drug regimen (three or four drugs). The patient will be on these drugs, which have very unpleasant side effects, for life. However, one catastrophic problem combating HIV is that a person who is HIV-positive and receiving medication is still able to infect other people. The number of people in the U.S. that are HIV-positive has continued to grow. There are approximately 42,000 Americans infected with HIV each year (74 percent men, 26 percent women). The CDC estimates that 25 percent of persons who are HIV-positive are unaware they are infected, and 50 percent of all new diagnoses occur in persons younger than 25 years. Persons who have other sexually transmitted diseases (with sores) have a two-to-three times greater risk for becoming infected with HIV. It is now estimated that there are between 900,000 and 1,000,000 persons in the U.S. who are HIV-positive (included in that estimate are 400,000 to 450,000 gay/bisexual men). The medical community anticipates that there will soon be a large increase in AIDS; in the first three months of this year, there have already been 8,910 new cases diagnosed.

In addition to the physical, psychological, and emotional devastation of HIV/AIDS is the high cost of treatment. The wholesale cost for the combination drug therapies treating HIV is about \$14,000 annually per patient. (Medication costs can be much higher depending on the drugs included in the regimen.) A study completed in 2002 estimated that costs treating patients who had progressed to an AIDS disease were around \$34,000 annually per patient. [14] Variations in this approximation include medications, hospitalization, diagnostic costs and clinic costs. The health care costs of AIDS diseases and drugs for treating HIV have impacted your health insurance premiums tremendously. The direct costs of HIV/AIDS are similar to other very serious illnesses; however, the indirect costs are higher since HIV affects predominantly working-age persons. [15]

In recent years, the media has influenced public opinion about the gay lifestyle with emotion, but not with facts. When was the last time you read about the negative consequences of the gay lifestyle, including current epidemiological information about HIV or AIDS in the U.S.? Homosexual women do have different issues from homosexual men. This letter limits the discussion to men because the obvious public health threat from the lifestyle of gay men provides legitimate reasons for taxpayers to form an educated opinion against gay marriage and civil unions.

Some states allow gay couples to adopt children even though there are many studies which confirm that children do not "thrive" as well in households parented by a single gender. Government programs such as Big Brothers Big Sisters were developed because we know that children need gender identification. Today some people claim that the children of gay couples do just as well as the children being raised by a father/mother. Sociologists Stacey and Biblarz reviewed the research studies currently available on same-sex couples raising children. Their review article in the *American Sociological Review 2001* found that children of lesbian couples were "more likely to engage in homosexual behavior and less likely to conform to traditional gender norms." An additional significant finding was that daughters of lesbian couples were "more sexually adventurous and less chaste." The review also determined that lesbian "co-parenting relationships" have a higher incidence of breaking up than heterosexual ones. (We know that family structure has profound effects on children. For years people proclaimed that children weren't hurt by divorce, and now a multitude of studies, books, and testimonials prove that hypothesis was false.)

What can we learn from countries where gay marriage is legal? On May 3, 2004, a study was released from Sweden, which compared married gay couples to married heterosexual couples. Results showed that gay male couples were 50 percent more likely to divorce and lesbian couples were 167 percent more likely to divorce than heterosexual couples

On May 27, 2004, Australian Prime Minister John Howard announced plans for Australia to ban gay marriage and to prohibit gay couples from adopting children from foreign countries. Based on the scientific data available from the past 30 years, this logical and practical decision is confirmed by human nature, natural law and common sense.

This is not a "privacy" issue. Without prompt action, YOU, the American taxpayer, will be paying for government benefits for gay marriage or civil unions out of YOUR pocket. Exercise your voice on this issue facing our country right now. Gay activists have used emotion and intimidation to distract us from

the facts, and they are depending on taxpayer ignorance or apathy toward this situation to accomplish their goal. We will all live with the consequences of what happens with this issue.

Speak now ... or forever hold your peace! Support the Federal Marriage Amendment. Contact your state senators who will be debating and voting on this issue during the week of July 12. You can sign a petition and send an e-mail to your senators via the website NoGayMarriage.com.

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Scripture texts supporting marriage or warning against homosexual behavior:

Genesis 1:27-28, Genesis 19:1-29, Leviticus 20:13, 1 Corinthians 6:9-10, Genesis 2:21-24, Leviticus 18:22, Romans 1:27, 1 Timothy 1:9-10

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