



Homosexuality - Physical Health

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 women¹ 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.”²

Although the specific activities addressed below may be practiced by heterosexuals at times, homosexual men engage in these activities to a far greater extent.³

a. Anal-genital

Anal intercourse is the sine qua non of sex for many gay men.⁴ 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.⁵ Semen may have a similar impact on humans.⁶



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
Syphilis⁷

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.⁸ And as noted above, syphilis among homosexual men is now at epidemic levels in San Francisco.⁹

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.¹⁰

A 1988 CDC survey identified 21 percent of all Hepatitis B cases as being homosexually transmitted while 18 percent were heterosexually transmitted.¹¹ Since homosexuals comprise such a small percent of the population (only 1-3 percent),¹² they have a significantly higher rate of infection than heterosexuals.¹³

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. 30 Thus, the prevalence of anal cancer among gay men is of great concern. For those with AIDS, the rates are doubled.¹⁴

Other physical problems associated with anal intercourse are:

hemorrhoids
anal fissures
anorectal trauma
*retained foreign bodies.*¹⁵



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.¹⁶ “Gay bowel syndrome constitutes a group of conditions that occur among persons who practice unprotected anal intercourse, anilingus, or fellatio following anal intercourse.”¹⁷ 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.¹⁸

“Rimming” is the street name given to oralanal 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,¹⁹ *Giardia lamblia*, *Entamoeba histolytica*,²⁰ Epstein-Barr virus,²¹ *Neisseria meningitides*,²² Shigellosis, Salmonellosis, Pediculosis, scabies and *Campylobacter*.²³ 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.²⁴ While Hepatitis A can be transmitted by routes other than sexual, a preponderance of Hepatitis A is found in gay men in multiple states.²⁵ *Salmonella* is rarely associated with sexual activity except among gay men who have oral-anal and oral-genital contact following anal intercourse.²⁶ 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.²⁷

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.²⁸ 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.²⁹

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.³⁰ 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.³¹

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.³² 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.”³³ A similar event entitled the “Vicious Valentine” occurred near Chicago on Feb. 15-17, 2002.³⁴ The medical consequences of such activities range from mild to fatal, depending upon the nature of the injuries inflicted.³⁵ As many as 37 percent of homosexuals have practiced some form of sadism.³⁶

f. Conclusion

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.”³⁷ Moreover, data shows that rectal and throat gonorrhea, for example, are without symptoms in 75 percent of cases.³⁸

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,³⁹ AIDS spending per patient is more than seven times that for cancer.⁴⁰ The inequity for diabetes and heart disease is even more striking.⁴¹ 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 heterosexuals.⁴² 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,⁴³ 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.⁴⁴ Study after study documents that the overwhelming majority of self-described lesbians have had sex with men.⁴⁵ Australian researchers at an STD clinic found that only 7 percent of their lesbian sample had never had sexual contact with a male.⁴⁶

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.⁴⁷ Consequently, the lesbians' median number of male partners was twice that of exclusively heterosexual women.⁴⁸ 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.⁴⁹ 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.”⁵⁰

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.⁵¹ Intravenous drug abuse was nearly six times as common in this group.⁵² In one study of women who had sex only with women in the prior 12 months, 30 percent had bacterial vaginosis.⁵³ Bacterial vaginosis is associated with higher risk for pelvic inflammatory disease and other sexually transmitted infections.⁵⁴

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.⁵⁵ Even women who have never had sex with men have been found to have HPV, trichomoniasis and anogenital warts.⁵⁶

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