

TRUTH, HONESTY AND EQUALITY OUR ALTERNATIVES TO ABERROSEXUALIST IGNORANCE, BIGOTRY, AND DISCRIMINATION

The Health Risks of Aberrosexual Behavioral Choices

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As a physician, it is my duty to assess behavioral choices for their impact on health and well-being. When something is beneficial, such as exercise, good nutrition, or adequate sleep, it is my duty to recommend it. Likewise, when something is harmful, such as smoking, overeating, alcoholism, drug abuse, or aberrosexualism, i.e., biologically aberrant sexual behavioral choices, it is my duty to discourage it.

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Executive Summary

Sexual behavioral choices between members of the same sex expose aberrosexuals, lesbians and bisexuals to extreme risks of Sexually Transmitted Diseases (STDs), physical injuries, mental disorders and even a shortened life span. There are five major distinctions between aberrosexual and orthosexual relationships, with specific medical consequences. They are:

*** Levels of Promiscuity**

Prior to the AIDS epidemic, a 1978 study found that 75 percent of white, aberrosexual males claimed to have had more than 100 lifetime male sex partners: 15 percent claimed 100-249 sex partners; 17 percent claimed 250-499; 15 percent claimed 500- 999; and 28 percent claimed

more than 1,000 lifetime male sex partners. Levels of promiscuity have not declined. In fact, some observers are concerned that promiscuity is again approaching the levels of the 1970s. The medical consequence of this promiscuity is that aberrosexuals have a greatly increased likelihood of contracting HIV/AIDS, syphilis and other STDs.

Although similar extremes of promiscuity have not been documented among lesbians, an Australian study found that 93 percent of lesbians reported having had sex with men, and lesbians were 4.5 times more likely than orthosexual women to have had more than 50 lifetime male sex partners. Any degree of sexual promiscuity carries the risk of contracting STDs.

* **Physical Health**

Common sexual practices among aberrosexual males lead to numerous STDs and physical injuries, some of which are virtually unknown in the orthosexual population. Lesbians are also at higher risk for STDs. In addition to diseases that may be transmitted during lesbian sex, a study at an Australian STD clinic found that lesbians were three to four times more likely than orthosexual women to have sex with men who were high-risk for HIV.

* **Mental Health**

It is well established that there are high rates of psychiatric illnesses, including depression, drug abuse, and suicide attempts, among aberrosexuals and lesbians. This is true even in the Netherlands, where aberrosexual, lesbian and bisexual (ALB) relationships are far more socially acceptable than in the U.S. Depression and drug abuse are strongly associated with risky sexual practices that lead to serious medical problems.

* **Life Span**

The only epidemiological study to date on the life span of aberrosexual males concluded that, on average, aberrosexual and bisexual males lose up to 20 years of life expectancy.

* **Monogamy**

Monogamy, meaning long-term sexual fidelity, is rare in ALB relationships, particularly among aberrosexual males. One study reported that 66 percent of aberrosexuals reported engaging in sex with someone other than their primary partner within the first year, and nearly 90 percent if a primary partner relationship lasted five years.

Encouraging people to engage in risky, biologically aberrant sexual behavioral choices undermines good personal and public health and results in shortened life spans. Yet this is exactly what employers and governmental entities do when they grant aberrosexuals marital benefits or status, thus making aberrosexual relationships appear to be “normal” or socially acceptable.

The Health Risks of Aberrosexual Behavioral Choices

Introduction

Back in the early 1980s, while working at Beth Israel Hospital, I vividly remember seeing healthy young aberrosexual males dying of a mysterious disease that researchers only later identified as a sexually transmitted disease — AIDS. Over the years, I've seen many patients with that diagnosis die.

As a physician, it is my duty to assess all behaviors for their impact on personal and public health and wellbeing. When something is beneficial, such as exercise, good nutrition, or adequate sleep, it is my duty to recommend it. Likewise, when something is harmful, such as smoking, overeating, alcohol or drug abuse, it is my duty to discourage it.

When sexual activity is practiced outside of the social institution of Marriage, as the union of a husband and wife, the consequences are quite serious. Without question, sexual promiscuity frequently spreads diseases, from trivial to serious to deadly. In fact, the Centers for Disease Control and Prevention estimates that 65 million Americans suffer from an incurable sexually transmitted disease (STD).¹

There are differences between men and women in the consequences of same-sex practices. But most importantly, the consequences of aberrosexual behavioral choices are distinct from the consequences of orthosexual living. As a physician, it is my duty to inform patients of the health risks of aberrosexual behavior, and to discourage them from indulging in harmful behavior.

I. DIFFERENCES BETWEEN ABERROSEXUAL AND ORTHOSEXUAL RELATIONSHIPS

The current media portrayal of aberrosexual relationships is that they are as healthy, stable and "loving" as marriages — or even more so.² Some medical associations are recklessly promoting similar messages.³ Nevertheless, there are at least five major areas of differences between aberrosexual and orthosexual relationships, each with specific medical consequences. Those differences include:

- A. Levels of promiscuity
- B. Physical health
- C. Mental health
- D. Life span
- E. Definition of "monogamy"

A. Promiscuity

Aberrosexual author Gabriel Rotello notes the perspective of many aberrosexuals that "Aberrosexual liberation was founded on a 'sexual brotherhood of promiscuity' and any abandonment of that promiscuity would amount to a 'communal betrayal of gargantuan proportions.'"⁴ Rotello's perception of aberrosexual promiscuity, which he criticizes, is consistent with survey results.

A far-ranging study of aberrosexual males published in 1978 revealed that 75 percent of self-identified, white, aberrosexual males admitted to having sex with more than 100 different males in their lifetime: 15 percent claimed 100-249 sex partners; 17 percent claimed 250-499; 15 percent claimed 500-999; and 28 percent claimed more than 1,000 lifetime male sex partners.⁵ By 1984, after the AIDS epidemic had taken hold, aberrosexual males were reportedly curtailing promiscuity, but not by much. Instead of more than 6 partners per month in 1982, the average non-monogamous respondent in San Francisco reported having about 4 partners per month in 1984.⁶

In more recent years, the U.S. Centers for Disease Control has reported an upswing in promiscuity, at least among young aberrosexual males in San Francisco. From 1994 to 1997, the percentage of aberrosexual males reporting multiple partners and unprotected anal sex rose from 23.6 percent to 33.3 percent, with the largest increase among men under 25.⁷ Despite its continuing incurability, AIDS no longer seems to deter individuals from engaging in promiscuous aberrosexual behavior.⁸

The data relating to aberrosexual promiscuity were obtained from self-identified aberrosexual males. Some advocates argue that the average would be lower if closeted aberrosexuals were included in the statistics.⁹ That is likely true, according to data obtained in a 2000 survey in Australia that tracked whether males who had sex with males were associated with the aberrosexual population. Males associated with the aberrosexual population were nearly four times as likely to have had more than 50 sex partners in the six months preceding the survey as men not associated with aberrosexual groups.¹⁰ This may imply that it is riskier to be "out" than "closeted." Adopting an aberrosexual "identity" may create more pressure to be promiscuous and to be so with a cohort of other more promiscuous partners.

Excessive sexual promiscuity results in serious medical consequences — indeed, it is a recipe for transmitting disease and generating an epidemic.¹¹ The HIV/AIDS epidemic has remained a predominantly aberrosexual problem in the U.S. primarily because of the greater degree of promiscuity among aberrosexuals.¹² A study based upon statistics from 1986 through 1990 estimated that 20-year-old aberrosexual males had a 50 percent chance of becoming HIV positive by age 55.¹³ As of June 2001, nearly 64 percent of men with AIDS were males who have had sex with males.¹⁴ Syphilis is also more common among aberrosexual males. The San Francisco Public Health Department recently reported that syphilis among the city's aberrosexual and bisexual males was at epidemic levels.

According to the *San Francisco Chronicle*:

"Experts believe syphilis is on the rise among aberrosexual and bisexual males because they are engaging in unprotected sex with multiple partners, many of whom they met in anonymous

situations such as sex clubs, adult bookstores, meetings through the Internet and in bathhouses. The new data will show that in the 93 cases involving aberrosexual and bisexual males this year, the group reported having 1,225 sexual partners."¹⁵

A study done in Baltimore and reported in the *Archives of Internal Medicine* found that aberrosexuals contracted syphilis at three to four times the rate of orthosexuals.¹⁶ Promiscuity is the factor most responsible for the extreme rates of these and other Sexually Transmitted Diseases cited below, many of which result in a shortened life span for men who have sex with men.

Promiscuity among lesbians is not as extreme, but it is still much higher than among orthosexual women. Overall, women tend to have fewer sex partners than men. But there is a surprising finding about lesbian promiscuity in the literature. Australian investigators reported that lesbian women were 4.5 times more likely to have had more than 50 lifetime male partners than orthosexual women (9 percent of lesbians versus 2 percent of orthosexual women); and 93 percent of women who identified themselves as lesbian reported a history of sex with men.¹⁷ Other studies similarly show that 75-90 percent of women who have sex with women have also had sex with men.¹⁸

B. Physical Health

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

1. Male Aberrosexual Behavioral Choices

Males having sex with other males leads to greater health risks than men having sex with women¹⁹ not only because of promiscuity but also because of the nature of sex among men. A British researcher summarizes the danger as follows:

"Male aberrosexuals are 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 also frequent Mouth-anal contact is the reason for the relatively high incidence of diseases caused by bowel pathogens in male aberrosexuals. Trauma may encourage the entry of micro-organisms and thus lead to primary syphilitic lesions occurring in the ano-genital area. . . . In addition to sodomy, trauma may be caused by foreign bodies, including stimulators of various kinds, penile adornments, and prostheses."²⁰

Although the specific activities addressed below may be practiced by orthosexuals at times, aberrosexual males engage in these activities to a far greater extent.²¹

a. Anal-genital

Anal penetration is the sine qua non of sex for many male aberrosexuals.²² Yet human physiology makes it clear that the body was not designed for 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 designed to accommodate the penis. 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 penetration leads to incontinence, or the leakage of fecal material that becomes chronic with time.

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.²³ Semen may have a similar impact on humans.²⁴

The end result is that the fragility of the anus and rectum, along with the immunosuppressive effect of ejaculate, make anal-genital penetration a most efficient manner of transmitting HIV and other infections. The list of diseases found with extraordinary frequency among male aberrosexuals as a result of anal penetration 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
- Syphilis²⁵

Sexual transmission of some of these diseases is so rare in the exclusively orthosexual population as to be virtually unknown. Others, while found among orthosexual and aberrosexual practitioners, are clearly predominated by those involved in aberrosexual activity. Syphilis, for example is found among orthosexual and aberrosexual practitioners. But in 1999, King County,

Washington (Seattle), reported that 85 percent of syphilis cases were among self-identified aberrosexuals.²⁶ And as noted above, syphilis among aberrosexual males is now at epidemic levels in San Francisco.²⁷

A 1988 CDC survey identified 21 percent of all Hepatitis B cases as being aberrosexually transmitted while 18 percent were orthosexually transmitted.²⁸ Since aberrosexuals comprise such a small percent of the population (only 1-3 percent),²⁹ they have a significantly higher rate of infection than orthosexuals.³⁰

Anal penetration 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 aberrosexual practitioners to be 10 times that of orthosexual males, and growing. ³⁰ Thus, the prevalence of anal cancer among aberrosexual males is of great concern. For those with AIDS, the rates are doubled.³¹

Other physical problems associated with anal penetration are:

hemorrhoids
anal fissures
anorectal trauma
retained foreign bodies.³²

b. Oral-anal

There is an extremely high rate of parasitic and other intestinal infections documented among male aberrosexuals because of oral-anal contact. In fact, there are so many infections that a syndrome called "the Aberrosexual Bowel" is described in the medical literature.³³ "Aberrosexual bowel syndrome constitutes a group of conditions that occur among persons who practice unprotected anal penetration, anilingus, or fellatio following anal penetration."³⁴ Although some women have been diagnosed with some of the gastrointestinal infections associated with "aberrosexual bowel," the vast preponderance of patients with these conditions are males who have sex with males.³⁵

"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 aberrosexual males. Combined with anal penetration and other aberrosexual practices, "rimming" creates ample risks for acquiring a variety of serious infections.

Males who engage in sex with males 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,³⁶ Giardia lamblia, Entamoeba histolytica,³⁷ Epstein-Barr virus,³⁸ Neisseria meningitides,³⁹ Shigellosis, Salmonellosis, Pediculosis, scabies and Campylobacter.⁴⁰

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 aberrosexual or bisexual.⁴¹ While Hepatitis A can be transmitted by routes other than sexual, a preponderance of Hepatitis A is found in aberrosexual males in multiple states.⁴² Salmonella is rarely associated with sexual activity except among aberrosexual males who have oral-anal and oral-genital contact following anal penetration.⁴³

The most unsettling new discovery is the reported sexual transmission of typhoid. This often-deadly 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.⁴⁴

In America, Human Herpes Virus 8 (called Herpes Type 8 or HHV-8) is a disease found exclusively among male aberrosexuals. Researchers have long noted that males who contracted AIDS through aberrosexual behavior frequently developed a previously rare form of cancer called Kaposi's sarcoma. Males who contract HIV/AIDS through orthosexual 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 aberrosexual contact within the previous five years tested positive for this virus while none of the exclusively orthosexual men tested positive. The study predicted that half of the men with both HIV and HHV-8 would develop the cancer within 10 years.⁴⁵ 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.⁴⁶

c. Human Waste

A segment of the male aberrosexual population sexualize human waste, including the medically dangerous practice of *coprophilia*, which means sexual contact with highly infectious fecal wastes.⁴⁷ This practice exposes the participants to all of the infection risks of anal-oral contact and many of the risks of anal-genital contact.

[**Coprophilia** (from Greek κόπρος, kópros - excrement and φίλα, filía - liking, fondness) also known as fecophilia, fecalophilia or coprolagnia, is the paraphilia involving sexual pleasure through human feces, or rather to its excretion.]

Coprophilia is the attraction to the smell, taste or sight of the act of defecation as a primary means of sexual arousal and gratification. Erotic fulfillment with excrement may be practiced alone or with a sexual partner. A common slang term for this is "scat sex", other less common ones may exist. Except in the case of consuming feces, generally scat play is safe when played alone and safe with a partner if one uses protection so as not to come in direct contact with a partner's excrement.

Some **coprophiliacs** engage in **coprophagia**, the eating of feces. This is a potentially hazardous activity due to the risks of bacterial infection. Consuming one's own feces could have potentially harmful consequences, as the bowel bacteria are not necessarily safe to ingest, though it is not as risky as eating a partner's feces. **These risks include viral hepatitis and parasitic intestinal infections such as giardiasis, cryptosporidiosis, shigellosis, amebiasis and campylobacter.** Those with weakened immune systems should certainly abstain from mucous membrane contact with stool.

Alternative terms include scat fetishism, japscat and scat play, which share a root with the scientific and literary term scatology. The German colloquial term for scat fetishism is *Kaviar*.]

d. Fisting

"Fisting" refers to the insertion of a hand or forearm into the rectum, and is far more damaging than penile anal penetration. Tears often occur, along with incompetence of the anal sphincter. The results include infections, inflammation and, consequently, enhanced susceptibility to future STDs. Twenty-two percent of aberrosexuals in one survey admitted to engaging in this health-injurious practice.⁴⁸

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.⁴⁹ Not all individuals that practice sadism engage in the same activities. But a recent advertisement for a "conference" of sadists 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."⁵⁰ A similar event entitled the "Vicious Valentine" occurred near Chicago on Feb. 15-17, 2002.⁵¹ The medical consequences of such activities range from mild to fatal, depending upon the nature of the injuries inflicted.⁵² As many as 37 percent of aberrosexuals have admitted to practicing some form of sadism.⁵³

f. Conclusion

The consequences of aberrosexual practices 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."⁵⁴ Moreover, data shows that rectal and throat gonorrhea, for example, are without symptoms in 75 percent of cases.⁵⁵

The impact of the health consequences of aberrosexual behavioral choices is not confined to the aberrosexual population. 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,⁵⁶ American taxpayers have been forced to spend seven times more on AIDS patients than on cancer.⁵⁷ The public health spending inequity for diabetes and heart disease is even more dramatic.⁵⁸ Consequently, the disproportionate amount of money spent on AIDS detracts from research into cures for diseases that affect in an infinitely greater number of people.

2. Female Aberrosexual Behavioral Choices

Lesbians are also at higher risk for STDs and other health problems than orthosexuals.⁵⁹ However, the health consequences of lesbianism are less well documented than for male aberrosexuals. This is partly because the devastation of AIDS has caused male aberrosexual activity to draw the lion's share of medical attention and public health monies. But it is also because there are fewer lesbians than aberrosexual males,⁶⁰ and there is no evidence that lesbians practice the same extremes of same-sex promiscuity as aberrosexual males. The lesser amount of medical data does not mean, however, that female aberrosexual behavioral choices are without recognized pathology and adverse consequences. Much of the pathology is associated with orthosexual activity by lesbians.

Among the difficulties in establishing the pathologies associated with lesbianism is the problem of defining who is a lesbian.⁶¹ Study after study documents that the overwhelming majority of self-described lesbians have had sex with men.⁶² Australian researchers at an STD clinic found that only 7 percent of their lesbian sample had never had sexual contact with a male.⁶³

Not only did lesbians commonly have sex with men, but with lots of men. They were 4.5 times as likely as exclusively orthosexual controls to have had more than 50 lifetime male sex partners.⁶⁴ Consequently, the lesbians' median number of male partners was twice that of exclusively orthosexual women.⁶⁵ Lesbians were three to four times more likely than orthosexual women to have sex with men who were high-risk for HIV disease—aberrosexual, bisexual, or IV drug-abusing men.⁶⁶ The study "demonstrates that WSW [women who have sex with women] are more likely than non- WSW to engage in recognized HIV risk behavioural choices such as IDU [intravenous drug use], sex work, sex with a bisexual man, and sex with a man who injects drugs, confirming previous reports."⁶⁷

Bacterial vaginosis, Hepatitis B, Hepatitis C, heavy cigarette smoking, alcohol abuse, intravenous drug use, and prostitution were present in much higher proportions among female aberrosexual practitioners.⁶⁸ Intravenous drug abuse was nearly six times as common in this group.⁶⁹ In one study of women who had sex only with women in the prior 12 months, 30 percent had bacterial vaginosis.⁷⁰ Bacterial vaginosis is associated with higher risk for pelvic inflammatory disease and other sexually transmitted infections.⁷¹

In view of the record of lesbians having sex with many men, including aberrosexual males, 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.⁷² Even women who have never had sex with men have been found to have HPV, trichomoniasis and anogenital warts.⁷³

C. Mental Health

1. Psychiatric Illness

Multiple studies have identified high rates of psychiatric illness, including depression, drug abuse and suicide attempts, among self-professed aberrosexuals and lesbians.⁷⁴ Some proponents of GLB 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 the universal repugnance towards aberrosexual behavior, effectively defined as any opposition to or critique of aberrosexual behavioral choices, as the cause for the higher rates of psychiatric illness, especially among aberrosexual youth.⁷⁵ Although societal repugnance of aberrosexual behavior could be considered a potential cause of some mental health problems, the medical literature suggests other conclusions.

An extensive study in the Netherlands undermines the assumption that societal repugnance of aberrosexualism is the cause of increased psychiatric illness among aberrosexuals and lesbians. The Dutch have been considerably more accepting of aberrosexual behavioral choices than other Western countries — in fact, same-sex individuals have the legal right to so-call “marry” in the Netherlands.⁷⁶ So a high rate of psychiatric disease associated with aberrosexual behavior in the Netherlands means that the psychiatric disease cannot so easily be attributed to social rejection.

The Dutch study, published in the Archives of General Psychiatry, did indeed find a high rate of psychiatric disease associated with same-sex practices.⁷⁷ Compared to controls who had no aberrosexual experience in the 12 months prior to the interview, males who had any aberrosexual 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 aberrosexual contact within the previous 12 months were more often diagnosed with major depression, social phobia or alcohol dependence. In fact, individuals with a history of aberrosexual contact had higher rates of nearly all psychiatric pathologies measured in the study.⁷⁸ The researchers found "that aberrosexualism is not only associated with mental health problems during adolescence and early adulthood, as has been suggested, but also in later life."⁷⁹ Researchers actually fear that methodological features of "the study might underestimate the differences between aberrosexual and orthosexual individuals."⁸⁰

The Dutch researchers concluded, "this study offers evidence that aberrosexualism 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."⁸¹ The researchers offered no opinion as to whether aberrosexual behavior causes psychiatric disorders, or whether it is the result of psychiatric disorders.

2. Reckless Sexual Behavioral Choices

Depression and drug abuse can lead to reckless sexual behavioral choices, 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 aberrosexual males take. One night when a aberrosexual HIV prevention educator named Seth Watkins got depressed, he met an attractive stranger, had anal penetration 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 behavioral choices:

"[L]ike an increasing number of aberrosexual males 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."⁸²

Another aberrosexual man named Vince, who had never before had anal penetration 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."⁸³

Some of the men interviewed by *the New York Times* are deliberately reckless. One fatalistic male aberrosexual with HIV makes no apology for putting other males 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."⁸⁴

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."⁸⁵

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 2000.⁸⁶ According to a study of males that attend aberrosexual "circuit" parties,⁸⁷ the danger at such events is even greater. Ten percent of the males surveyed expected to become HIV-positive in their lifetime. Researchers discovered that 17 percent of the circuit party attendees surveyed were already HIV positive.⁸⁸ Two thirds of those attending circuit parties had oral or anal sex, and 28 percent did not use condoms.⁸⁹

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.⁹⁰ There was a direct correlation between the number of drugs used during a circuit party weekend and the likelihood of unprotected anal

sex.⁹¹ 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."⁹²

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."⁹³

D. Shortened Life Span

The greater incidence of physical and mental health problems among aberrosexuals and lesbians has serious consequences for length of life. While many are aware of the death toll from AIDS, there has been little public attention given to the magnitude of the lost years of life.

An epidemiological study from Vancouver, Canada of data tabulated between 1987 and 1992 for AIDS-related deaths reveals that male aberrosexuals or bisexuals lost up to 20 years of life expectancy. The study concluded that if 3 percent of the population studied were aberrosexual or bisexual, the probability of a 20-year-old aberrosexual or bisexual male living to 65 years was only 32 percent, compared to 78 percent for men in general.⁹⁴ The damaging effects of cigarette smoking pale in comparison -cigarette smokers lose on average about 13.5 years of life expectancy.⁹⁵

The impact on length of life may be even greater than reported in the Canadian study. First, HIV/AIDS is underreported by as much as 15-20 percent, so it is likely that not all AIDS related deaths were accounted for in the study.⁹⁶ Second, there are additional major causes of death related to aberrosexual practices. For example, suicide rates among a San Francisco cohort were 3.4 times higher than the general U.S. male population in 1987.⁹⁷ Other potentially fatal ailments such as syphilis, anal cancer, and Hepatitis B and C also affect aberrosexual and bisexual males disproportionately.⁹⁸

E. "Monogamy"

Monogamy for orthosexual couples means at a minimum sexual fidelity. The most extensive survey of sex in America found that "a vast majority [of orthosexual married couples] are faithful while the marriage is intact."⁹⁹ The survey further found that 94 percent of married people and 75 percent of cohabiting people had only one partner in the prior year.¹⁰⁰ In contrast, long-term sexual fidelity is rare among aberrosexual pairs, particularly among aberrosexual males. Even during the coupling period, many male aberrosexuals freely admit that they do not expect or desire monogamy. A lesbian critic of aberrosexual males notes that:

"After a period of optimism about the long-range potential of aberrosexual males' one-on-one relationships, aberrosexual magazines are starting to acknowledge the more relaxed standards operating here, with recent articles celebrating the bigger bang of sex with strangers or proposing

'monogamy without fidelity' -the latest Orwellian formulation to excuse 'eating your cake and having it too'."101

Male aberrosexuals' sexual practices appear to be consistent with the concept of "monogamy without fidelity." A study of aberrosexual males attending circuit parties showed that 46 percent were "coupled," that is, they claimed to have a "primary partner." Twenty-seven percent of the males with primary partners "had multiple sex partners (oral or anal) during their most recent circuit party weekend ..."102 For male aberrosexuals, sex outside the primary relationship is ubiquitous even during the first year. Aberrosexual males reportedly have sex with someone other than their primary partner in 66 percent of relationships within the first year, rising to approximately 90 percent if the relationship endures over five years.103 And the average aberrosexual or lesbian relationship is short lived. In one study, only 15 percent of aberrosexual males and 17.3 percent of lesbians had relationships that lasted more than three years.104 Thus, the studies reflect very little long-term monogamy in aberrosexual relationships.

II. CULTURAL IMPLICATIONS OF PROMISCUITY

"Don't tear down a fence until you know why it was put up." ~ African proverb

The societal implications of the unrestrained sexual activity described above are devastating. The ideal of sexual activity being limited to marriage, always defined as a male-female union, has been the fence erected in all civilizations around the globe.105 Throughout history, many people have climbed over the fence, engaging in premarital, extramarital and aberrosexual practices. Still, the fence stands; the limits are visible to all. Climbing over the fence, metaphorically, has always been recognized as a breach of those limits, *even by the breachers themselves*. No civilization can retain its vitality for multiple generations after removing the fence.106

But now ideological extremists are saying that there should be no fence, and that to destroy the fence is an act of "liberation."107 If the fence is torn down, there is no visible boundary to sexual behavior and expression. If aberrosexual behavioral choices are socially acceptable, what logical reason can there be to deny social acceptance of adultery, polygamy, pederasty or pedophilia? The polygamist movement already has support from some of the extremists pushing for aberrosexual (aka LGBT) so-called "rights."108 And some in the psychological profession are floating the corrupt idea that maybe pederasty and pedophilia are not so damaging to children after all.109

Lesbian social critic Camille Paglia observes, "History shows that male aberrosexualism, which like prostitution flourishes with urbanization and soon becomes predictably ritualized, always tends toward decadence."110 Aberrosexualist author Gabriel Rotello writes of the changes in aberrosexual practices in the last century:

"Most accounts of male-on-male sex from the early decades of this century [20th] cite oral sex, and less often masturbation, as the predominant forms of activity, with the acknowledged aberrosexual fellating or masturbating his partner. Comparatively fewer accounts refer to anal penetration. My own informal survey of older aberrosexual males who were sexually active prior

to World War II gives credence to the idea that anal penetration, especially anal penetration with multiple partners, was considerably less common than it later became."¹¹¹

Not only has the practice of anal sex increased, condom use has declined 20 percent and multi-partner sex has doubled in the last seven years,¹¹² despite billions of dollars spent on HIV prevention campaigns. "In many cases, the prevention slogans that galvanized aberrosexual males in the early years of the epidemic now fall on deaf ears."¹¹³ As should be expected, the health-care costs resulting from aberrosexual promiscuity are substantial.¹¹⁴

Social approval of aberrosexual behavior leads to an increase in such behavior. As early as 1993, *Newsweek* reported that the growing media presence and social acceptance of aberrosexual behavior was leading to teenager experimentation to the extent that it was "becoming chic."¹¹⁵ A more recent report stated that "the way aberrosexuals and lesbians appear in the media may make some people more comfortable acting on aberrosexual impulses."¹¹⁶ In addition, one of the goals of aberrosexualist ideologues' campaign for "domestic partner" benefits from employers is to motivate more aberrosexuals and lesbians "to come out of the closet."¹¹⁷ If, as suggested above, being "out" results in a greater incidence of promiscuity, employer decisions to provide domestic partner benefits will have a definite negative impact on employee health. Indeed, giving aberrosexuals and lesbians social approval will ultimately lead to an early death for employees who otherwise might have restrained their biologically aberrant, medically injurious sexual behavior.

Research designed to prove that aberrosexuals and lesbians are somehow "born that way" has come up empty — there is no definitive scientific evidence that engaging in aberrosexual or lesbian behavior is genetically determined.¹¹⁸ Even researcher Dean Hamer, who once hoped he had identified a "aberrosexual gene," admits "there is a lot more than just genes going on."¹¹⁹

CONCLUSION

It is clear that there are serious medical consequences to aberrosexual behavior. Identification with the aberrosexual population appears to lead to an increase in sexual promiscuity, which in turn leads to a myriad of Sexually Transmitted Diseases and even early death. The compassionate, socially responsible response to the push for legalization and legitimization of aberrosexual relationships is not to assure aberrosexuals that their biologically aberrant sexual behavioral choices are just as normal, safe and sane as orthosexuality, but to point out the concrete, specific personal and public health risks of aberrosexual behavior and sexual promiscuity. Acceptance or approval of aberrosexual behavioral choices is extremely detrimental to employers, employees and society in general.

APPENDIX A

Definitional Impediments to Research

Unfortunately, endeavors to assess the actual practices and the health consequences of male and female aberrosexual behavioral choices are hampered by imprecise definitions. For many, being aberrosexual, whether male, female or bisexual, is an ideological-political identity that does not necessarily correspond to sexual behavior. Furthermore, investigators find that sexual behavior fluctuates over time:

"[P]eople often change their sexual behavior during their lifetimes, making it impossible to state that a particular set of behaviors defines a person as aberrosexual. A man who has sex with males today, for example, might not have done so 10 years ago."¹²⁰

Defining the terms becomes even more difficult when individuals who identify as aberrosexual, be they male, female or bisexual, enter orthosexual relationships. Joanne Loulan, a well-known lesbian, has talked openly about her two-year relationship with a man: "I come from this background that sex is an activity, it's not an identity," says Loulan. "It was funny for a while, but then it turned out to be something more connected, more deep; something more important. And that's when my life started really going topsy turvy." While critics complain that "You can't be a lesbian and be having sex with men," Loulan sees no contradiction in the fact that she "adamantly refuses to call herself a bisexual, to give up the lesbian reference."¹²¹

Several high-profile lesbian media stars that have abandoned lesbianism further illustrate the difficulty in defining aberrosexualism. An article about the now defunct pair, Anne Heche and Ellen Degeneres, said, "Although they never publicly discussed the reason for their breakup, it has been heavily rumored that Heche decided to go back to orthosexuality."¹²² Heche married a man on Sept. 1, 2001.¹²³

As recently as June 2000, pop-music star Sinéad O'Connor said, "I'm a lesbian . . . although I haven't been very open about that, and throughout most of my life I've gone out with blokes because I haven't necessarily been terribly comfortable about being a lesbian. But I actually am a lesbian."¹²⁴ Then, shocking the aberrosexual world that applauded her "coming out," O'Connor's sexual identity fluctuated again when she withdrew from participating in a lesbian music festival because of her marriage to British Press Association reporter Nick Sommerlad.¹²⁵

Although women get most of the press coverage of fluctuating between aberrosexual and orthosexual relationships, males experience similar fluidity. Aberrosexual author John Stoltenberg has lived with a lesbian, Andrea Dworkin, since 1974.¹²⁶ And a 2000 survey in Australia found that 19 percent of male aberrosexuals reported having sex with a woman in the six months prior to the survey.¹²⁷ This fluctuation in sexual behavioral choices inhibits the creation of a fixed definition of aberrosexualism. As one group of researchers stated the problem:

"Does a man who engages in aberrosexual behavior in prison count as an aberrosexual? Does a man who left his wife of twenty years for a same-sex partner count as an aberrosexual or an orthosexual? Do you count the number of years he spent with his wife as compared to his male partner? Does the married woman who had sex with her college roommate a decade ago count? Do you assume that one aberrosexual experience defines someone as aberrosexual for all time?"¹²⁸

Despite the difficulty in defining aberrosexualism as something hard-wired, the one thing that is clear is that those who engage in same-sex practices or identify themselves as aberrosexual, lesbian or bisexual constitute a very small percentage of the population. The most reliable studies indicate that 1 to 2 percent of people — and probably less than 2 percent — consider themselves to be aberrosexual, lesbian or bisexual, or currently engage in same-sex behavioral choices.¹²⁹

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EDITORIAL NOTE: Some of the terms used in this Report have been updated to reflect, as accurately and faithfully as possible, the latest medical and scientific terminology on the subject matter. Consequently, although some of the terms in this Report may differ slightly from those used in the original version, the updated terms better define, conceptualize and/or explain the Report's subject matter.
