

Homosexuality: Revolution in Ruins

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"There is a way which seems right to a man, but its end is the way of death" (Proverbs 14:12).

(Editor's note: In general, in this paper, the term homosexual refers to male homosexuals. All Scripture references are from the New American Standard Bible. La Habra CA: Foundation Press, Publications, 1972.)

Where Is Homosexuality in 1987?

The 1960's were a period of tremendous social ferment in the United States of America. One of the offspring of those turbulent years was the so-called "gay revolution." Prominent in and drawing strength from coastal enclaves, the revolutionaries enjoined the battle across the land. The war is still being waged on our soil. It is a war over the place of homosexuality in our society.

"Homosexual rights" have become a major issue of the 1980's, much as abortion rose to prominence in the 1970's. The antagonists in the fray are those on the one hand who assert that homosexuality and heterosexuality should be on equal footing

as sexual alternatives; hence, homosexual individuals are just another minority group seeking to establish their place in the social/political arena. On the other hand, there are those, whether in crude or articulate fashions, who persist in assessing homosexual behavior as unnatural, abnormal.

Some would date the advent of the homosexual revolution to an incident at the Stonewall Inn in New York in 1969.¹ Since then, it is remarkable just how much territory the pro-homosexual camp has conquered. Successes have been both small and large, local and national. They have successes, to a large extent, in removing the term "homosexual" from our social parlance, substituting "gay" with its pleasant connotations. A major victory was won in 1974 when the American Psychiatric Association succumbed to pressure and expunged homosexuality as an illness entity from their diagnostic rubric. This added concrete to the homosexual beachhead, reiterating that they are not abnormal but rather "alternative." Many homosexuals view this as "the greatest of gay victories," since it has effectively transformed into official "dissidents" any

psychiatrists who would persist in assessing homosexuality as a serious psychosexual condition.²

The battle has been waged by both biologic sexes, although the lesbians and their associated feminism have perhaps not been quite as strident about homosexual "rights" as have the males. The latter also seem to have a tighter grip upon the media's attention, probably because of the acquired immunodeficiency syndrome (AIDS).

Indeed, had it not been for AIDS, one wonders how much more definitive might have been legislative, judicial and popular security at this time. AIDS has definitely hurt the homosexual cause and has given pause for many possibly sympathetic heterosexual individuals to think about the homosexual revolution.

Etiology of Homosexuality

It is customary, when considering a pathologic entity, to discuss its etiology. When considering homosexuality, such considerations bring one around to the ongoing debate between the "biologic" camp and the "environmental" camp. Apart from considerations of space, such a discussion is not judged helpful to the present paper as the Bible has nothing to say about homosexual etiology, other than with reference to man's basic rebellion against God.

The Bible classifies any misguided attempt to meet human needs, outside of God's plan, as sinful. In his helpful book, Colin

Cook has described homosexuality as a "counterfeit intimacy."³ As the homosexual first ignores, then suppresses God's design for him/her as a heterosexual creature in His image, a state of the "darkened mind" develops, as described in the first chapter of Romans. Such a darkened state leads to further sin as such a one is "given over" by God to depravity and to the lusts and passions of the heart.

Once a hidden practice in our society, homosexuality has experienced a recent trend among activists promoting a "gay lifestyle" emphasizing random, repeated and anonymous sexual contact (at least prior to AIDS). Although there is a broad spectrum of homosexual practice, from basically heterosexual/occasional homosexual to exclusively homosexual, seriously homosexual men generally find long-lasting "monogamous" relationships nearly impossible, and thus

such activist encouragements have fostered runaway promiscuity. Precise sexual contact statistics are hard to come by. Alfred Kinsey estimated the average male homosexual to have about 1,000 partners in a lifetime. The *Village Voice* has estimated 1,600 partners. One homosexual activist has stated that 10,000 partners in the lifetime of a "very active" homosexual would not be extraordinary. Such unbridled vigor, occurring in bathhouses, gay bars, public rest rooms, interstate highway rest areas, urban parks, and various other locations, boggles the mind of most heterosexuals and renders very understandable public health concern about the serious threat of homosexually

transmitted diseases currently facing our society.

The Homosexual's Destructive Effects Upon Society

In a penetrating paper, Paul Cameron has written:

*No known human society has ever granted equal status to homo- and heterosexuality. What information do those who desire social equivalence for these two sexual orientations possess that assures them that this new venture in human social organization is called for at this time? Have cultures of the past practiced discrimination against homosexuality out of mere prejudice, or was there substance to their bias?*⁴

Cameron goes on to argue that the weight of tradition, both social and religious, is preponderately on the side of discrimination against homosexual practice. He challenges those who would "reverse" such discrimination to prove, by weight of scientific evidence, the worth of their plan, to derive more logically sound arguments than the one often implied: People ought not to be discriminated against; homosexuals are people; therefore homosexuals ought not be discriminated against.⁵

It is estimated from two fairly recent surveys that the incidence of "serious" homosexuality in our nation is less than 8% (1-2% bisexual males/0.5-2% females; 1-2% mainly or totally homosexual males/0.5-2% females).⁶ Yet, the influence

of this small minority is writ disproportionately large. The media have fostered this influence; it is estimated that today's populace is experiencing a 50-fold increase to exposure to homosexuality compared to those living 50 years ago. It can also be shown that current exposures are of a pro-homosexual tilt.⁷ Despite this relative barrage, only about one-third of 1520 individuals interviewed in 1976-78 favored social acceptance of homosexuality, whereas nearly half of those interview indicated they would discriminate against homosexual practice in some way.⁸

Cameron argues persuasively that certain psychosocial elements favor homosexuality. If one believes that sexuality is learned, homosexuality receives several developmental "boosts" beginning with the fact that early childhood is marked by "homophyllous" relationships ("I like those who are liked me"; boys play with boys, girls with girls) which leads to "homosociality (same-sex friendships). Without the proper heterosexually oriented influences occurring at the right developmental times, homosociality may lead to homosexuality. Some would argue that these heterosexual developmental influences have been weakened in a society populated by so many broken families. Also, as our society has become more self-oriented, homosexuality, with its "sex-for-sex's-sake" impersonal encounters, becomes more attractive. In its egocentric (selfish) orientation, homosexuality appeals to the adolescent who is naturally egocentric.⁹ Homosexual

gratification, often anonymous, requires much less work than heterosexual gratification which, at its best, is quite interpersonally intense and energy-requiring across gender lines.

Cameron also concludes that homosexuality is a significant threat to our social fabric. If the massive traditional cultural support for heterosexual practice were replaced (by means of pro-homosexual campaign aimed at the young) with a true choice of sexual orientation, a significant increase in homosexual incidence could be expected.¹⁰ Heterosexuality would then diminish in its effectiveness as "social glue." It can be argued that since heterosexual relationships generate human offspring, heterosexuality tends to produce others who care about one. It also provides a living example of social cohesion in that the families and multi-generational kinships it spawns provide unparalleled opportunity for humans to overcome their xenophobia ("I don't like people who are not like me").¹¹ Cameron writes therefore that "heterosexuality and its fallout provides one of, if not the most, potent socially cohesive forces in our society."¹² Homosexuality, by contrast, is a potent force for social fragmentation. While the one has the potential to produce collective social betterment, the other tends toward social individualism.

From his experience and that of other therapists, Cameron also suggests a "disproportionate loading" among homosexuals of undesirable traits such as

egocentricity, superciliousness, narcissism, hostility and irresponsibility.¹³ He notes a "personal lethality" among homosexuals, and that on the whole, far from being "gay," they are not as happy as Americans in general.¹⁴ Homosexuals have a disproportionately large incidence of suicide.

The lethality theme may be connected with one's progeny. For although homosexual practice avoids "messy pregnancies," it also bears no children. The desire to remain alive and care for and nurture one's children has been described as a powerful antidote to suicidal desires among men.¹⁵ Society must have an interest in the bearing and nurturing of children if there is to be a future. Alternatively, homosexuality fits well with "lethal complex" social policies of those intent upon population trimming.¹⁶

Medical Consequences of Homosexual Behavior

Quite apart from psychological and social consequences of homosexuality, there are many more tangible resultant problems. Several years before the outbreak of AIDS, it had been recognized that male homosexuals suffered from increased vulnerability to a number of medical problems and diseases.¹⁷ The utilization of the mouth and the rectum as sexual functionaries poses hazards for the contraction of certain diseases. These include infections with amebas, giardia (a protozoan), and bacteria (such as shigella species). A new term, "gay bowel syndrome," has been invented to describe

these types of intestinal infections in homosexuals who are often infected not with just one but with several different microorganisms simultaneously.¹⁸ A small Swedish study demonstrated that nearly 60% of homosexual subjects without symptoms (not to mention those with symptoms) harbored intestinal parasites.¹⁹ Hepatitis B can also be sexually transmitted, and it appears at a much higher rate among homosexual males; a German study has shown an incredible 81.7% rate of blood test positive for hepatitis in one group of 200 homosexuals studied.²⁰ Other infections found at higher rates in homosexual men include those of the cytomegalovirus and Epstein-Barr virus.

Moreover, the more common sexually transmitted diseases (STD's) are rampant in the homosexual population. Homosexual men are infected with gonorrhea more often than heterosexual men,²¹ and they tend toward multiple simultaneous sites of infection (eg, throat, rectum) Throat and rectal infections frequently cause no symptoms, making their discovery and eradication difficult. Syphilis is currently at such a low prevalence (rate of infection) among the general U.S. population that a positive pre-marital blood test is more likely to represent a laboratory error than a true case of syphilis. By contrast, the homosexual population now harbors about 50% of total infectious syphilis among males in this country (in contrast to their small numbers among the general population).²² Making these figures more concrete, in 1979 it was estimated that a

homosexual man living in Denver, Colorado, had over 28 times the risk of early syphilis than a heterosexual Denver male.²³ An other unusual syphilis-like infection of the intestines has also been reported among homosexuals.²⁴ Lymphogranuloma venereum (usually occurring on the groin of heterosexuals) may occur in homosexuals as proctitis (inflammation of the rectum). The herpes virus can likewise cause severe infection of the homosexual's rectum and anus (opening of the rectum). Other infections more commonly seen in homosexuals include syphilitic warts and molluscum contagiosum (a bumpy skin disorder caused by a virus).

Considering non-infectious health problems, some homosexuals also suffer from an unusual type of thrombocytopenia (low concentrating of a blood clotting element called platelets).²⁵ Physical problems seen in increased numbers among homosexuals include hemorrhoids, fissures (cracks) of the anus, and various injuries resulting from insertion into the anus and rectum (for purposes of sexual stimulation) of fists, entire forearms, and a variety of foreign objects (eg, vibrators, balls, dildos). Cancer of the anus is being found in increasing incidence among male homosexuals. To be sure, some of the diseases and problems listed above are also found among heterosexual individuals, but the point is that their representation within the homosexual community is disproportionately large. And all of these predated and/or have existed in addition to AIDS.

AIDS

AIDS may well be the "New Plague." It is an epidemic that has driven fear into stolid, scientific hearts. It has stricken the wealthy and well-known as well as the poor and unknown. It has stricken the wealthy and well-known as well as the poor and unknown. In the U.S., we "discovered" the disease in 1981 when reports of unusual infections and cancers began to accumulate from major urban medical centers. AIDS is now said to be the leading cause of death among single American men aged 15 to 50.²⁶ AIDS has captured the media's and public's attention in what is perhaps an unprecedented fashion. Many wonder if our nation can cope with this disease and its victims who already strain the health care system in certain cities.

Just how bad it? As of December 12, 1986, there were over 28,000 cases (74% of whom were homosexual/bisexual: 66% homosexual/bisexual men plus 8% homosexual/bisexual men who have also used IV drugs) diagnosed in the U.S., according to the criteria of the Centers for Disease Control in Atlanta.²⁷ Cases have been reported from many countries worldwide and from all 50 states. The death rate of the disease is in the neighborhood of 50-60% of existing cases at any given time; to date, no one has ever been known to recover from AIDS.²⁷

One of the worst features of AIDS is its "latency period," that is, the period of time between an individual's being inoculated with the causative agent and later being

recognized as having the actual disease. This latency period can be in excess of 5 years, perhaps as long as 10 years. Hence, many individuals currently infected with the disease are completely unaware of their perilous status and so may pass on their affliction to others who are similarly unaware.

It has been estimated that 1 1/2-2 million Americans have been infected with AIDS. Some apparently will never come down with the full-blown disorder. Exactly what proportion of those infected will ultimately develop the overt disease is unknown, but it has been estimated that the total cases of AIDS will exceed 270,000 in the U.S. in the next five years.²⁸

The initial causative virus of AIDS was jointly discovered by American scientists (and called human T-cell lymphotropic virus, HTLV-3) and a French team (who called it lymphadenopathy-associated virus, LAV). This virus has recently begun to be referred to as the human immunodeficiency virus (HIV); it is one of a group of "retroviruses," which include HTLV-1 (which causes one type of adult leukemia in areas where the virus is endemic), HTLV-2 (which has not been related to any particular human disease), and HTLV-3.²⁹ Of further chilling interests is the recent report of a "new" retrovirus from several West African patients with AIDS; this virus has been called HIV-2.³⁰ Perhaps even more AIDS-causing viruses await discovery.

AIDS is a complex disease process

initiated, we now believe, when HIV invades the body and infects certain lymphocytes ("T-cells"), a type of white blood cells. Thereafter, the virus may go into hiding for months to years, but, in individuals destined to have full-blown AIDS, ultimately induces a breakdown in the body's immune defense system. This breakdown, which affects the very lymphocytes that the HIV invaded, allows certain bacteria, parasites, and fungi which often otherwise live peacefully within the human body to proliferate rapidly. Without the normal impedance to their growth, rampant infections develop. Similarly, certain cancers (eg, Kaposi's sarcoma), also normally destroyed by the affected lymphocytes, flourish. The hapless victim, assaulted by recurrent infections and also perhaps suffering from chronic diarrhea and other health problems such as weight loss, gradually weakens and dies. The virus is thought to have arisen in Central Africa; how it first came to North America remains speculative.

The HIV has been isolated from lymphocytes, blood, bone marrow cells, spinal fluid, brain tissue, lymph nodes, semen, saliva and tears, so that multiple body tissues and fluids must be regarded as potentially infective. Yet, HIV, is apparently not spread casually, but rather by intimate contact, usually by sexual intercourse with one who has the disease (or contact with his/her infected body fluids--such as blood and semen) or by sharing dirty needles. These modes of transmission of the disease correlate with those who have been shown in study after study to be at highest risk of contracting

AIDS. Thus far, roughly 70-75% of cases have occurred among male homosexuals (or bisexuals) and about 10-15% of remaining cases are among intravenous drug abusers. Others affected have included hemophiliacs (who have received blood products infected with HIV for treatment of their blood clotting disorder), heterosexual (especially female) sexual contacts of those with AIDS, babies born to mothers with AIDS, and a few health care workers. Thus, although homosexual activists point to cases of AIDS involving heterosexual transmission of the disease, nonetheless it seems an inescapable conclusion that there is something about the specific sexual practices of male homosexuals that predisposes of this dread affliction. Sobering, also, is the fact that extensive abnormalities of the immune system have been found among "well" homosexual men who did not have AIDS, whereas no similar abnormalities were documented among a comparison group.³¹ If homosexual practice apart from AIDS is healthy, why do these laboratory abnormalities exist?

Some would explain high risk status among male homosexuals strictly as a function of their high level of promiscuity (even as promiscuity also increases heterosexual individuals' risk for the disease). Others speculate about possible "co-factors" found in male homosexuals and that may be necessary for HIV invasion. Whatever the truth is discovered to be, there appears to be something obviously distinctive about male homosexuals as a high risk group for AIDS.

ETHICAL DILEMMAS

The treatment of AIDS may be summed up in one word: dismal. Treatment of the complications of AIDS (eg, unusual infections) is difficult enough. Even more difficult has been the pursuit of an effective treatment to stop the HIV from ever establishing a beachhead in the lymphocytes, or else to destroy it once it's there. A vaccine to prevent AIDS is being sought, but experts admit that an effective vaccine, if it can be formulated at all, will be forthcoming only in the indefinite future. A number of experimental virus-killing drugs have been tried and others await a trial. Such trials stimulate consideration of some of the ethical issues surrounding AIDS in particular and homosexuality in general.

Drug trials for AIDS have been difficult to perform because of the tremendous media awareness of the disease and the understandable terror among those afflicted with it. Who should get the treatment? Who is in-eligible? How should the National Institutes of Health respond to the pleas for therapy that tie up its switchboard when a new treatment protocol is announced? What should be done about unproven or dangerous "treatments" that circulate in underground fashion among victims?

And what about the care of those who don't respond to treatment and are dying? What about the appalling numbers of cases predicted by the end of this century? Will individuals with other health problems be able to find a hospital bed in the urban

areas where thousands of AIDS patients will reside? How shall we care for all of these terminal AIDS patients who are often otherwise "too young to die"? How much treatment is "enough" for a disease that has proved 100% fatal so far? Where shall we obtain the health care personnel (who report their own depression in caring for these dying young), the hospital facilities, the dollars? And who is responsible for the bill? It is the private health insurance companies who have responsibilities of financial solvency to their other, healthy patrons? Is it the federal government with its already massive financial deficit and its many demands from other quarters for the succor of its resources?³² Then there is the ethics of confidentiality. Confidentiality has been one of the buzz words of homosexual activist groups who apparently wish to "go public" and yet remain undistributed in their practices. In 1985 a laboratory test became available to test blood for the presence of HIV shortly thereafter, screening of all blood donations for the presence of HIV began in the U.S. Some homosexuals became very concerned lest those who were discovered to have a positive AIDS blood test might be "found out," with consequences possibly involving employment and insurance. There seems to have been much more in print documenting homosexual concern over confidentiality of blood test results than concern over the public health. And although there has been much said and written regarding results of screening tests and regarding school children with AIDS that is neither compassionate nor helpful, there are legitimate questions raised. What are the proper limits of confidentiality where a

lethal disease threatens the public health? What does one tell the individual who tests positive where a positive test does not necessarily mean he will ever contract full-blown AIDS, but for whom the precise likelihood of such an outcome cannot be calculated? What about the unsuspecting citizen with no risk factor for AIDS who tests positive when he seeks to fulfill his community duty by giving blood? Is his test truly or falsely positive? How much agony will he endure as he awaits the answer? And who should be told about positive test results? Individuals tested? Their families? Their physicians? Their dentists? Their insurance companies? Should an insurance carrier be legally forced to regard, just as any other subscriber, a homosexual who has just found out he;s positive?

An what about the ethics of public information regarding AIDS? There has been perhaps an unprecedented attempt to prevent public panic about this disease. "Education" has been a key word from the lips of politicians and public health officials alike. It has been said that the public must be educated with the truth about AIDS. On the other hand, there are those who speculate that the public has not been told the truth, or at least the whole truth. Gene Antonio has asserted in an alarming and cogent fashion that despite assurances by officials to the contrary, there are many disturbing facts about the AIDS virus itself, its possible transmission, and the public health ramifications of AIDS that are either not known or perhaps have been suppressed.³³ In view of this extensive, documented research, such allegations are quite disturbing.

Homosexuality, and especially homosexuality, and especially homosexuality-since-AIDS, presents a sobering ethical challenge to the medical profession. In view of the impression of many that AIDS is America's premier public health problem today, one is impressed with the paucity of writing in medical literature concerning an essential element of the AIDS conundrum: Is the group from whom the majority of cases have come to be assessed just as any other risk group? Put another way, is there something about homosexual males as a high risk group for AIDS (and other diseases) that the medical community should comment upon?

To be sure, paralleling the swirl of writings in the lay press on AIDS, there has been much, much descriptive material in medical journals concerning AIDS: case tallies, new treatments, virologic studies, unusual manifestations, etc. There have even been a few articles advancing value judgments, yet these have tended toward topics such as necessity of screening blood donors, confidentiality of test results, guidelines in caring for AIDS patients, the need for more research funding, and education of high risk groups.

Education of high risk groups has focused on "safe sex" with fewer partners. Such educational efforts, of course, seem tacitly to assume that homosexual activity is basically acceptable. The message is that there is no need for radical change of sexual behavior as long as you practice "safely." To wit, if America can just get "condomized," we'll be O.K.

This is a distinctly unusual posture for the medical profession. It is difficult to imagine today's physicians counseling smoking patients to "safe-smoke," or their alcoholic patients to "safe-drink," or their drug abusing patients to "safe-shoot" (although, interestingly, some physicians faced with large populations of drug abusers at risk for AIDS have recently advocated selling sterile needles to addicts). In all of these cases, if forced to do so, a physician might grudgingly accept a reduced level of engaging in the specific pathologic behavior. Yet, given a choice, he or she advises total abstinence for cigarettes, alcohol (for alcoholics) and drug abuse. Why not with homosexual behavior? Why haven't health professionals risen up in professional outrage against homosexual behavior? We do not speak here of "gay-bashing" or of with-holding compassionate care from those afflicted with AIDS. Nonetheless, the truth is injured and society damaged when the medical profession, whether actively or passively, places its imprimatur upon homosexual practice as healthy. (And, when public voices within the visible church urge acceptance of homosexual practice as morally fit, one might add.)

But here it may be objected that it is not homosexuality that's the problem, but rather promiscuity. If a homosexual will only have fewer partners, he'll be safe and AIDS will ultimately decline. Promiscuity is the real problem.

This argument is superficially enticing. And yet, practically speaking, no one has proven that reducing numbers of partners

or even using condoms will definitely reduce the occurrence of AIDS. The efficacy of condoms as a heterosexual contraceptive device gives little encouragement; there is a significant rate of failure. How then will they perform in the physically vigorous practices of male homosexuals? Furthermore, it has been noted how difficult it is for male homosexuals to cease promiscuous behavior. The promiscuity argument loses even further persuasion when we consider the increase in the overall percentage of homosexuals infected with HIV. Consider a study of nearly 500 homosexual men begun in San Francisco in 1978; in that year the rate of positive blood tests for HIV among these men was 4.5%; by August 1985 the rate of positives had risen to 73.1%, a 16-fold increase.³⁴ If rates of presumed HIV infectivity in other areas of the nation even approach these stunning figures, one must ask: What is "safe sex"? Is using a condom or restriction to 5(10?20?) partners adequate protection against contracting AIDS?

It has also already been noted, even setting AIDS aside, that homosexuals get more than their proportionate share of several other serious and unusual disease. The medical evidence argues persuasively that homosexuality, in and of itself, is basically a pathologic behavior. Promiscuity aside, homosexual behavior is no more an "O.K. alternative" than smoking two packs of cigarettes per day. How many smokers, alcoholics or drug abusers would seriously claim that their addiction is healthy? Yet homosexuals and their sympathizers stand boldly to proclaim that pathology equals

health. What is the social and medical precedent for such deception? It is a tribute to the exponential growth of homosexual social and political power that they go about their deeds and ways with so little public and professional outcry.

The lack of an outcry is also a tribute to the lack of effective opposition. Although a few physicians have pointed to root moral issues surrounding the prevention of AIDS,³⁵ and a few doctors in Texas have banded together in political opposition to the spread of AIDS,³⁶ since AIDS and therefore homosexual behavior are such serious public health issues in the 1980's, why haven't many more physicians and health officials called for true metamorphosis of lifestyle in the highest risk group? Some, to be sure, have been apathetic. Others have been fearful of making waves. Some are themselves homosexual.³⁷ Others, often the influential experts, apparently believe homosexuality is an acceptable alternative and hence have no philosophical opposition.

As for the response from the general public, that which has occurred has been characterized by inconsistency, inarticulate frenzy, apathy or, above all, confusion. The public is confused. What's right? What's wrong? How can we know without a standard?

The Christian's Response and the Biblical Perspective

When we look at the United States and other countries today, we see increases in homosexuality, support for abortion on

demand, disobedience to authority, people who do not want to work, pornography, the abandonment of marriage and modest clothing, to name but a few examples. What has occurred in society to bring about this change? Why is it that many people today just scoff when we talk about Christ and the doctrines of the Gospel?

It wasn't long ago that creationism was the basis of our society. A creation basis means there are absolutes. If you accept a belief in God as Creator, then you accept that there are laws as He is the lawgiver...³⁸

There is a standard by which to assess homosexual behavior, even as there is to assess the whole of life. In our culture in the latter 20th century, the Bible is the lost standard. It has been replaced by humanism philosophically and by relativism ethically. Man is the center of the universe, and anything goes. As alluded to by Mr. Ham, homosexuality is but one example of this shift and its effects upon our societal values. Medicine has been certainly affected. Following the lead of the American Psychiatric Association, national medical organizations publish "neutral" positions that offer little if any resistance to contemporary homosexual activism.³⁹ Other physicians have taken a more stridently affirmative stance.⁴⁰

What is the biblical perspective on homosexuality? Although abandoned by most of the modern medical community as having nothing relevant to say to 20th century men and women, the Bible is

neither silent nor ambiguous about homosexual practice. and while it does not make direct, specific statements about the causation of homosexuality (except man's basic rebellion against God), neither does it suggest that homosexuality is an illness nor just another alternative sexual lifestyle. The Table is a comprehensive list of Scripture references to homosexuality.

Reference Comment

1.Genesis 1:27 God creates human in His image, **male** and 2:21-24 **female**. His pattern for conjugal relations: 4:1 one man and one woman, Adam and Eve -- not Adam and Steve or Eve and Genevieve.

2.Genesis 19:1-29 Sodom and sodomites. Only 19 chapters into Scripture mankind has perverted God's plan.

3.Leviticus 18:22-30 Homosexuality/bestiality are abominations, defilements. Death penalty to be imposed.

4.Leviticus 20:13 Death penalty for both homosexual (male) partners.

5.Judges 19:20-26 "Bisexual" sin in the tribe of Benjamin.

6.Judges 20:13 Israel makes war against tribe of Benjamin for sheltering homosexuals.

7.I Kings 22:46 Jehoshaphat drives homosexual prostitutes (sodomites) out of Judah.

8.Romans 1:18, 24-28 Homosexuality unnatural, an indicator of severe depravity.

9.I Corinth. 6:9-10 Homosexuals unrighteous and will not inherit the Kingdom of God.

10.I Tim 1:8-11 Homosexuality lawless, rebellious, ungodly, sinful, unholy, profane, contrary to sound teaching.

There is nothing anywhere in Scripture that affirms homosexuality. It is declared to be an error, a departure from God's sovereign plan for man, a sinful practice, and it is condemned.

Many evangelical Christians are familiar with and subscribe to this position. Why, then, bother citing Scripture references, or with exegesis which is straight-forward? The reason is the culture in which we find our selves and which is succinctly characterized by the bible itself: "in those days...every man did what was right in his own eyes."⁴¹ For years homosexuality was not even considered a topic for polite conversation. Yet today we have "gay pride" marches and a national political party that, during the last presidential election campaign, placed its official stamp of approval upon homosexual practice. Even clergymen from major U.S. denominations are becoming increasingly outspoken as homosexual advocates, and reports are surfacing that substantial numbers of clergymen are themselves practicing homosexuals,^{42,43} In our culture today, where secular humanism is not only preached by elitist intellectuals but has seeped down into the minds of the

common folk as well, it is unfortunately necessary to restate what should be obvious: God still means what He has had written in Scripture about homosexuality aside, God does not change.

God hates sexual immorality, be it heterosexual or homosexual. His solutions for the prevention of sexual immorality are heterosexual marriage or chaste celibacy; for the act of sexual immorality committed, He demands confession and repentance. He does not excuse sexual immorality even if we label it "alternative." The Bible clearly states that man's sexual immorality will bring forth God's judgement.

Such judgement has entered into many recent discussions of AIDS. This writer formerly believed that AIDS represented God's judgement on homosexuals and possibly upon our culture. Others have said the same. However, after further reflection upon judgement as presented in Scripture, the writer now sees AIDS in a different light.

In many places in the Old Testament, God's judgement upon man is said to have three components: famine (starvation), the sword (war), and pestilence (disease). Thus judgement can come in the guise of health problems. And yet, when judgement fell, as in the instances of Sodom and Gomorrah, the plagues of Egypt, the Assyrian and Babylonian conquests of Israel, and the destruction of Babylon, it was widespread and unmistakable. God describes His judgements as "the chalice of My wrath",⁴⁴ and those who "drink" it are said to "stagger" as if drunk. Their

dysfunction is severe and visible to all observers. This is why when severe calamity struck western culture in earlier ages, those with a Biblical heritage were ready to attribute their misfortunes to God's judgement (eg, the Black Death in the Middle Ages).

Therefore, applying a similar interpretation to AIDS, America is probably not yet judged, since the pestilence is not yet ubiquitous and is not yet of staggering proportion. Rather, what we see in certain high-risk groups is that God is not mocked; whatever an individual sows, he reaps. Scripture, describing homosexuals, declares that they "receive in their own persons the due penalty of their error."⁴⁵ God has so ordered His universe that we may choose to sin if we wish; however, such choices are inevitably followed by consequences. Thus we currently observe in AIDS not judgment so much as wages. Why such wages appear at this particular juncture in history is an intriguing question. Professor Brown has proposed one of two possible explanations. In HIV, we may be seeing what was previously an animal virus which has recently begun to infect humans. Alternatively, perhaps HIV was previously a "minor" human virus causing unimportant human illness, and either the virus has changed in some way or else the behavior of the human host has altered.⁴⁶

Unfortunately, the consequences of the wilfully sinful often spill over upon the (relatively) innocent. And so hemophiliacs (who must receive blood products to live) and transfused babies contract and die of AIDS as a result of blood donations from

infected high-risk individuals. Thus, all cases of AIDS are certainly not matters of choice-consequence.

We should be warned by the judgments of the past recorded in Scripture. In view of growing evidence of spread of AIDS into the general public (many of whom are guilty of heterosexual immorality), it might be argued that AIDS will yet prove to be God's judgement upon America if projections regarding AIDS and its economic consequences become reality.

THE COMPLETED BIBLICAL PERSPECTIVE

God's wrath against sin and his judgments notwithstanding, he is also a God of mercy and loving kindness. Some Christians have neglected this aspect of God's nature to the extent that homosexual activists have lumped them with those depicted in unfavorable media pieces.⁴⁷ Those with anti-homosexual convictions are often maligned as "homophobics," implying that they fear homosexuals or latent homosexual impulses within themselves. Such charges are generally only a pro-homosexual smoke screen (similar to those employed by pro-abortion activists); such anti-homosexual convictions might better be analyzed not as fear but as a revulsion - a God-given abhorrence for that which is perverted and morally repugnant.

Nonetheless, Christians cannot escape the teaching of Scripture regarding compassion to the sinful. Need we be reminded that we are all sinners before a holy God? Forgiveness is preferred to those who truly

repent. Scripture is clear: where there is sin, there is a means of avoiding or escaping it. Christ provides the way out for the homosexual as for all sinners.

TREATING THE HOMOSEXUAL

"Treatment" for homosexuals has been problematic and discouraging for many health professionals, and yet treatment is possible. Treatment must be Biblical, not as some well-intentioned counselors have rendered it in affirmation of the homosexuals' "alternative" lifestyle; rather, it must be compassionate deliverance from his lifestyle; rather, it must be compassionate deliverance from his lifestyle: HE must stop. A prerequisite for cessation of any sin in regeneration. There is always hope in the Savior, for in Christ we are "a new creature; the old things (are) passed away; behold, new things have come."⁴⁸ After regeneration, the key is a homosexual motivated to change his orientation and behavior. For a homosexual claiming a saving relationship with Christ, a serious look at the Bible passages pertaining to homosexuality should provide ample initial motivation.

Various methods of homosexual treatment have been employed including individual psychotherapy, aversion therapy (associating unpleasant stimuli with homosexual activity), and behavior modification. Group therapy can be most helpful. One Christian psychiatrist has noted how effective a group of homosexuals similarly motivated to change and pray for one another can be; fifteen of seventeen individuals in one group he

supervised were healed (ie, had their sexual lifestyle transformed); all were Christians who wanted to change.⁴⁹ Another therapist has written about the efficacy of a Christian community committed to helping homosexuals.⁵⁰ Cook has written ably about the help Christian former homosexuals may be to other homosexuals seeking help.⁵¹ Father John Harvey has founded Courage, a Roman Catholic spiritual support group for homosexuals, and has been successful in teaching Christian celibacy.⁵²

Is treatment difficult? Many with experience have attested that it can be. And yet is the possibility of failure justification for condemnation of all treatment efforts? Obviously not. And how can we not cry out for what would be preventive therapy for AIDS in the group at highest risk? We would not be so naive as to expect all homosexuals to turn away from their practice. Nevertheless, for those individuals who would change, Christians may offer true hope and compassion. And all the while, especially in this age of AIDS, let us call upon our culture to have done with the promotion of perversion, the flames of whose temple fires already lick voraciously at our society.

CONCLUSIONS

Homosexuality is pathologic as can be seen by the physical problems that those who practice it have in abundance. It is clearly immoral and sin before God; it is "exchanging the truth of God for a lie". IT brings the wrath of God upon those who

practice it and is therefore a spiritual problem. IT is both a personal problem for many individuals and a health problem for our nation. Two further things need to be said.

First although innately repugnant to most Christians, homosexuality is no more sinful than adultery, murder, theft, lying, drunkenness, fornication, or any other sin. We must never forget that God hates all sin, and without Christ's atonement, all sinners will suffer the same judgement and penalty.

So why single out homosexuality for specific consideration? Indeed, in our contemporary culture, evangelical Christians may often feel they have taken on the hydra of Hercules' twelve labors. If we're not opposing homosexuality, it's broken marriages, or the drug problem, or pornography, or teenage pregnancy, or abortion. The list seems nearly endless: for every head of social evil we lop off, two more seem to sprout from the severed stump. We do not need to be told that the days and men's deeds are evil. As we grow weary of the warfare, it is ever more apparent that what our culture requires is sweeping, penetrating revival so that we return to a consensus Judeo-Christian worldview. The hydra monster's central anatomy requires a lethal blow (revival) so that we may cease our struggle with peripheral heads (homosexuality, etc). The disease must have a radical cure rather than symptomatic treatment.

And yet, some symptoms are of such arresting severity that they must be dealt

with immediately before a comprehensive diagnosis is determined. IF a child presents to the hospital emergency room with seizures and a fever of 107@ Fahrenheit, the physician seeks effective anticonvulsant and antipyretic therapy as his first, immediate concerns. HE then seeks an underlying diagnosis and an indicated treatment.

And so it is with homosexuality. It is a pernicious symptom in our culture. Just how pernicious may be seen from its health effects coupled with the acquiescence of significant segments of religious and medical communities that it is healthy and to be left alone (or promoted) rather than pathologic and to be treated. Similarly, the power of pathology may be assessed by the social gains garnered in just a few years by militant activism on the part of those who practice homosexuality and those who encourage it (eg, our judicial system, in many cases).

Thus, the truth which sets men and women free must be told, for God has called Christians to be watchmen⁵³ and agents for cultural moral correction,^{54,55} where individuals within the culture will listen. AIDS and related issues of homosexuality, with the significant public attention accorded them, may even serve to focus the thoughts of some individuals upon eternal values and hence provide an entry point for the gospel. But truth, by its nature, is confrontational. Thus conflict with our culture should not be unexpected.

Notwithstanding, the second thing that needs to be said is that confrontation and

compassion are not contradictory. Despite the commonly circulated myth that one may not be both confrontational and compassionate, we must remember that the most poignant refutation of this deception was our Saviour's earthly life. AS someone has said, Christ's purpose for His Church is to comfort the afflicted and to afflict the comfortable. God has clearly communicated that He hates sin and that sin spawns consequences, but just as clearly has He said that He takes no pleasure in the death of the wicked. Rather should they repent and live. The Christian message is one of hope to all who will receive it; judgment is reserved for those who spurn the offer. The choice is real.

Drawing an example for the issue of abortion, as we confront homosexual behavior, we might look at one of the most effective recent Christian responses to a social evil: crisis pregnancy centers. Here, women are confronted with the truth of what abortion is, and yet are simultaneously offered compassionate support and care during their pregnancies.

Although homosexual activists have achieved a number of their political and social goals, their influence may soon wane (indeed may become negative) as the onus of AIDS grows heavier and heavier in our society. Thus, as we might expect, based upon the truth in Scripture, their pseudo-revolution seems to be faltering, perhaps beginning to grind to a halt. Yet while it is clear that homosexuality is no true revolution at all but rather a pathologic lifestyle, it is likewise clear that help and healing for homosexual individuals are

indeed possible. Possible in Christ, the consummate revolutionary.

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¹¹ Ibid. p. 34.

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