

[Why Does the Bible Condemn Homosexual Behavior?](#)

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Note: This review serves only as an introduction to the health concerns of homosexual behavior. As such, consultation with your doctor or other health professional is required for the latest information, diagnoses, and treatment of all medical conditions.

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1) Introduction

The propriety of homosexual behavior has been a topic of much discussion for several decades. At the bottom of the controversy in the religious community is the scriptural condemnation of homosexual behavior. This monograph argues that a major reason why the Scriptures condemn homosexual behavior is its detrimental effects on health. A review of the medical literature focusing on males documents that homosexual behavior has clear detrimental effects on health, causing scores of serious (and often lethal) diseases. As a result, persons of either sex involved in a lifelong homosexual lifestyle live, on average, only into their late 40s. Although recent effective treatment of AIDS has mitigated some of the data reported here, most of the other conclusions are still valid.

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2) Defining Homosexual

From the medical standpoint, homosexual is not a person, but rather a behavior. Many self-labeled heterosexuals at times involve themselves in homosexual behavior. Conversely, many persons self-labeled as homosexual involve themselves in heterosexual behavior. In spite of decades of research looking for a homosexual gene, no gene has been found that explains homosexual behavior, nor one for heterosexual or even bisexual behavior. As is true of all sexual behavior, both positive and negative early experiences are critical. This is especially true of homosexual behavior.

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3) The Bible Teaching

From the Biblical and the classical Christian perspective, sex is a biological drive designed to fulfill the command to “be fruitful, and multiply, and fill the earth,” and produce a monogamous bond to care for the couple’s children and for each other (Genesis 1:28; 2:18-24; 9:1-7 KJV). One of the many passages that are cited to condemn both male and female homosexuality is Romans 1:18-28 (KJV), which asserts that God opposes those who rebel by exchanging natural sex “relations for

unnatural ones. In the same way, the men likewise also abandoned natural relations with women and were inflamed with lust for one another.” This scripture concludes that persons who committed homosexual acts will receive “*the due penalty for their perversion*” [New International Version (NIV); emphasis mine]. This paper argues that part of this “penalty” is the health consequences that result from homosexual behavior. This view is widely regarded as the reason for many of the Levitical laws (Thomsen, 1974).

1 Timothy 1:9-11 adds that “men who lie with males” (some translations use the word sodomites, and others, such as the New American Standard Bible, use homosexuals) are engaging in acts “in opposition to the healthful teaching according to the glorious good news of the happy God” (Interlinear Translation, 1985. Also see Leviticus 10:11-15, 18:22, and 20:13; Deuteronomy 23:17; I Kings 14:24). Notice the term *healthful* in this translation. Strong’s Concordance states that the Greek word used here (#5198 Greek word) can mean healthful, and many modern translations use the term healthful. Other translations use the word “sound” instead of “healthful,” which would not contradict the meaning emphasized here. Jude 7 adds that after the people of Sodom and Gomorrah who lusted “after flesh for unnatural use, are placed before [us] as a [warning] example by undergoing the judicial punishment” (Interlinear Translation). The term “Sodom” is the basis for the word “sodomy,” which is used to designate homosexual behavior (cf. Genesis 19:5-7, 24, 25).

The seriousness of homosexual behavior is indicated by Leviticus 20:13, which mandates the death penalty. Strong condemnation is also taught in the New Testament. For example, 1 Corinthians 6:9 states that “none who are guilty of either adultery or of homosexual perversion” will inherit God’s kingdom (New English Bible). Note that the scriptures label these acts as behavior that can be changed: “and such were some of you” (1 Corinthians 6:11). The scriptures also teach that sexual immorality emerges from the human sinful nature, not biology (Galatians 5:19). It also teaches the human body is not constructed for sexual immorality (1 Corinthians 6:13; see also 1 Timothy 1:10; Matthew 15:19; and Romans 1:26-27). Beck translates the passage at 1 Corinthians 6:13 as follows: “the body was not made for sexual sin.”

These texts and others, plus the extensive writings of the so-called “church fathers,” have been the major historical basis for the Christian condemnation of homosexual

behavior (McNeill, 1976; Soards, 1995). The Jewish and Muslim positions have been both historically similar to the Christian view and were both based on similar reasoning.

In a survey of church positions on homosexuality, Siker notes that most church policy statements "... consider homosexual orientation as a distortion of God's design and homosexual behavior as sin" (1994). Ellis and Ames note that "in the Western world, heterosexuality was attributable to what God had ordained as natural and good," and all deviations from it were viewed as harmful (1987, p. 233). This position has been the majority view in the West for most of the last several millennia.

The Scriptures teach that God's laws were given for the ultimate *benefit* of humanity, which is why God could promise the Israelites that if they followed these laws, they would have "none of these diseases" (Exodus 15:26). Colson and Pearcey (1999, pp. 15-16) conclude that "God created our bodies and the moral laws that keep us healthy" and that "If we want to live healthy, well-balanced lives, we had better know the laws and ordinances by which God has structured creation. This understanding of life's laws is what Scripture calls wisdom." This summary argues that a major reason *why* Scripture condemns homosexuality is that it has clear adverse effects on human health. Many Biblical prohibitions (such as the quarantine laws and certain others) were plainly given for health reasons (Greenblatt, 1963; Thomsen, 1974; and McMillen and Stern, 2000).

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4) The Effect of Homosexual Behavior on Health

A review of the medical literature shows that homosexual behavior clearly has a major detrimental effect on health (Byne, 1994; Penn, 1997; Abraham, 1980; McMillen and Stern, 2000). The adverse effects of homosexual behavior on health help to explain why studies found that the median lifespan for the average male involved in a lifelong homosexual lifestyle was only about age 43, while females averaged only age 45 (corresponding to an over 30-year lifespan decrease; Cameron et al., 1994, 1998; Cameron, 2002). The major reason for early death is due to the transmission of numerous contagious and potentially lethal diseases through the practice of sodomy and other common homosexual behaviors. Until recently,

autoimmune deficiency disorder (AIDS) alone reduced an active homosexual's life expectancy by about ten percent.

Sex can, and commonly does, cause disease in both heterosexuals and homosexuals, but this topic is especially a concern for the homosexual community. Another study found the median age of death for partnered men was 45, and for non-partnered men was 46, indicating partnering was not effective in decreasing the health risk (Cameron, 2002). Violence within the homosexual community is another major problem that helps to explain the low level of life expectancy (Burke and Follingstad, 1999; Cameron, et al. 1994).

The phrase "involved in homosexual behavior" is used because the concern here is with *behavior*, whether engaged in by those who consider themselves heterosexual, bisexual, or homosexual. Sexual *behavior* produces a high risk of contracting STDs, not sexual orientation (Chrestiansen and Lowhagen, 2000). Homosexual behavior is largely a learned behavior that is influenced, as are all human traits, by genetic factors (Santino, 1996; Bagemihl, 1999). Adolescent physician Meeker noted that:

Regardless of the reason for its happening, homosexual activity, particularly between boys, is extremely dangerous, especially if they engage in anal intercourse. The anus opens into the rectum—the lower end of the large intestine—which is not as well suited for penile penetration as the female vagina is. Both the anus and rectum have rich blood supplies, and their walls, thinner than the walls of the vagina, are easily damaged. When penetration occurs, it's easier to tear blood vessels, which in turn increases the risk of acquiring or receiving an infection as penile skin and/or semen come in contact with the partner's blood or semen (Meeker, 2002, p. 152).

No clear evidence for a biological basis of homosexuality has yet been demonstrated, and the extant research does not provide evidence to support the idea of the so-called "gay gene." The LeVay and Hamer (1994) research has been widely criticized (see, for example, Byne, 1994; Horgan, 1995, p. 26; and Santino, 1996). Furthermore, these are single studies and, in medicine, until a study is replicated several times, the results are usually considered tentative at best. Research has found that humans **can** inherit traits such as certain personality characteristics, which can, in rare cases, predispose one to homosexuality, just as

height is inherited. Height helps greatly to be a basketball player, but one cannot therefore conclude that the ability to play basketball is inherited (Santinover, 1996).

Sexually transmitted diseases (STDs) usually result from intimate sexual contact but can also be transmitted by other means. STDs are caused by several dozen types of bacterial, viral, parasitic, and fungal infections. Women disproportionately suffer from their effects partially because women are less able to protect themselves from exposure to STDs. Furthermore, the long-term complications from STDs in women are more likely to be more severe than in men, including infertility, ectopic pregnancy, and cancer. Furthermore, the enormous success in treating some STDs, such as syphilis, has led to a recent decline in vigilance and concern about this problem. By the mid-1980s, though, *Chlamydia trachomatis*, *Trichomonas vaginalis*, herpes simplex virus, the human papilloma virus, and, one of the most important, HIV, now dominate the field of STDs.

For many diseases, such as HIV, the transmissibility is much higher for penile-anal intercourse than for penile-vaginal intercourse (Scutchfield and Keck, 1997, p. 291). A major reason for the continual transmission of many STDs is a core population of highly sexually active persons who serve to spread it to many different people. At the very least, lowering the number of sex partners could also be an important means of reducing the problem. The reproduction rate of bacteria and viruses must be greater than one, and if it is less than one, the disease will soon die out.

A high percentage of men involved in homosexuality engage in extremely risky behavior that puts them at a high risk for not only AIDS, but also many other STDs (McKusick et al., 1985; Lemp et al., 1995; Elford et al., 1999; Stephenson, 2000). Homosexual behavior produces a venereal disease rate as much as 22 times above the national average. Not only do gonadal-anal sexual practices produce major health risks among homosexuals, but the sexual practices in which homosexuals engage (a major one for males being anal intercourse) carries major health risks, including not only AIDS but also non-STD infectious diseases such as tuberculosis, and virus-causing warts which can spread rapidly and cause secondary infections, abnormal hemorrhaging, and even many types of cancer (Beral et al., 1992 ; Chu et al., 1992; Dooley et al., 1992; Koblin et al., 1996; Frisch et al., 1997).

Many diseases are spread by body wastes, especially fecal matter, which historically has been directly or indirectly the major cause of the spread of most major

infectious diseases. These diseases are also effectively spread by homosexual behavior, and only a few are covered here. Parasitic amebiasis and urethritis, viral herpes, pediculosis infestation, condyloma, amoebic colon infections, and anal and penile cancer are all common in the homosexual population (Rueda, 1982, pp. 52-53; Palefsky et al., 1998).

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5) Sexually Transmitted Diseases and Homosexuality

The major STD of concern today is AIDS. Although in the West, homosexual sex is a leading cause of the AIDS problem, the problem has been exacerbated by the spread of AIDS from the homosexual to the heterosexual population. This is due to many factors, such as the fact that many persons in the homosexual community do not restrict themselves to strictly homosexual behavior (Melbye and Biggar, 1992). AIDS is especially difficult to control because many infected people do not develop clear symptoms of the disease until about 5 to 10 years after they contract the human immunodeficiency virus (HIV).

For decades about 60 thousand *new* HIV cases were reported each year in America alone. By late 1999, over 700,000 cases of AIDS had been reported in America, over 30 million in the world, and (Chin, 2000; *Statistical Abstract of the United States*, 2000). Penn (1997) claims that fully one in two sexually active promiscuous homosexual men are HIV-positive, and close to half of all new HIV infections are in this population (Wolitski et al., 2001). Since 1999 alone, a 17 percent increase in HIV diagnoses has occurred among gay and bisexual men (CDC data).

The CDC also reported that 39% of homosexual and bisexual men interviewed admitted to having unprotected sex with someone that they met over the internet. Furthermore, the AIDS epidemic was growing rapidly internationally, especially in many third-world nations, until recently (Cock and Weiss, 2000). The problem is now a pandemic, and is most serious in Africa, where up to half the teenagers living in some countries are expected to die of AIDS (Cock and Weiss, 2000; Whyte, 2000). So far in the USA, AIDS has taken an estimated 260,000 lives of men who have had sex with other men (MSM) (Wolitski et al., 2001).

Not only do their gonadal sexual practices produce a major health risk among homosexuals, but *human herpes virus 8*, the cause of Kaposi sarcoma, is also epidemic among homosexuals—primarily due to oral sexual transmission of infectious saliva (Lorber, 1996; Pauk et al., 2000). In Kampala, Uganda, Kaposi’s sarcoma associated with AIDS is now the most common type of cancer in both sexes (Wabinga et al., 2000). Persons who have homosexual sex are 20 times more likely to develop Kaposi’s sarcoma than AIDS heterosexual patients. Herpes virus, including herpes simplex, which is also incurable, is now epidemic in the gay community (Penn, 1997). Herpes can be extremely painful and often leads to other serious medical complications (McMillen and Stern, 2000).

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6) Gonorrhea

Gonorrhea is now considered epidemic in the gay population. This disease is a major problem for many reasons, especially because it can foster transmission of the AIDS virus by weakening the body’s defense system, and the bacteria act as an HIV virus carrier (Munoz-Perez, 1998; Fox et al., 2001).

Gonorrhea is the most prevalent venereal disease in history and has been known since Biblical times. Gonorrhea is also the most common STD worldwide, and the most commonly reported communicable disease in the U.S. More than one million new cases of gonorrhea are reported annually, and unreported cases are probably equal to this rate. In homosexuals, it commonly infects many different parts of the body, including the urethra (the tube in the penis), anus, mouth, throat, or vagina. Gonorrhea has almost tripled among the homosexual population from 1992 to 1999 (from 5 percent to 13 percent of all samples), and rectal gonorrhea is now a major problem in this population (Hegyi et al., 1997; McMillan, Young, and Moyes, 2000; Wolitski et al., 2001).

Gonorrhea infects only humans and is a sexually transmitted bacterial infection caused by *Neisseria gonorrhoeae*. In males, the bacteria often infect the urethra (the tube inside the penis that carries urine or semen). In women, it can infect the vagina, uterus, and fallopian tubes (Singh and Mohanty, 1999). All sexually active persons, especially promiscuous gays, are at risk (Goldstone, 2001). Symptoms usually begin two to five days after infection.

Gonorrhea is spread via anal, oral, or vaginal sexual contact with an infected person. The only sure means of prevention is abstinence or monogamous sex with an uninfected partner. During sex, the discharge can seep into the anus, urethra, or vagina. Gonorrhea is easily passed on during sex with an infected partner. Although penetration is not necessary, oral and anal sex are frequent ways gonorrhea is passed from one person to another partner. Gonorrheal infection also makes it much easier for both persons to become infected and transmit HIV (Goldstone, 2001).

In men, the most common symptom is a greenish-yellow, penile discharge. Although the discharge is usually profuse, some men notice only a stain on their underwear. The discharge is often accompanied by dysuria (a burning pain when urinating). In active homosexuals, the common early symptoms include a sore throat or soreness in the anal area. Doctors often do not think to culture these areas of the body unless they know the patient engages in anal or oral sex (Goldstone, 2001).

In women, gonorrhea infects the vagina and quickly spreads into the uterus and fallopian tubes. Symptoms include severe lower abdominal and pelvic pain, accompanied by fever and nausea, a condition known as pelvic inflammatory disease (PID).

Gonorrhea is often diagnosed by culturing body mucous, or other discharges. If the discharge is minimal, a doctor often puts a tiny swab into the urethra to obtain a sample. Because the bacteria are extremely sensitive to dry environments and require a high concentration of carbon dioxide to grow, culturing requires very strict conditions. Because of the false negative problem, doctors frequently send a swab sample to a laboratory for DNA analysis (Goldstone, 2001).

When gonorrhea infects the mouth, throat, or anus, the diagnosis is usually more difficult. Gonorrhea of the mouth, throat, and anus (common locations in gays) is often difficult to diagnose because the symptoms are often atypical and cause less pain and discharge than during penile or vaginal infections (Ahmad and Sukthankar, 1998). Throat and mouth infections resemble a typical "sore throat." The pain may be minimal and often goes away fairly quickly after the infection. Gonorrhea in the anus often causes anal discharges or bloody bowel movement, and severe pain is often present.

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7) Syphilis

Syphilis is a highly contagious disease caused by *Treponema pallidum*. The bacteria can live only for a few minutes outside of the body. Therefore, they are normally transferred by sexual contact, especially anal intercourse. Transfer is most effective if a break exists in a mucous membrane, as is common in anal sex.

The Centers for Disease Control in Atlanta, Georgia, estimates that over 40,000 syphilitic infections occurred in 1999, at least *half* of which were in men who had sex with other men (most studies indicate gays are about 2% of the population) [Communicable Disease Report, 2000; Bernstein et al., 2001]. The CDC noted that syphilis is on the rise in the U.S. “largely because of outbreaks among gay and bisexual men” (CDC report, 2002, p. 12). If untreated or not treated properly, it can result in widespread damage to the central nervous system, heart, and aorta, often causing heart failure, general paresis, insanity, and, if not treated, death.

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8) Are Condoms the Solution?

Condoms are only partially effective (or impractical) for the major types of sex in which homosexuals commonly engage, and many dislike using condoms even for behaviors for which they are appropriate (Van de Ven, et al., 1997; Stephenson, 2000). Many people do not use condoms for oral sex or during foreplay, and the failure rate is estimated to be from 5 to 8 percent (Darrow, 1989; Carey et al, 1992; Duyves, 1993; d'Oro et al., 1994; Faundes, 1994; Donovan, 1995, 1995a; Feldblum et al., 1995; Bounds, 1997; Spruyt et al., 1998; Deparis et al. 1999; Macaluso et al., 1999; Mekonen et al., 1999; Sparrow et al., 1999; Stone et al., 1999; Taylor et al., 1999; Feldblum et al., 2000; Wong et al., 2000; Feldblum et al., 2001; Golombok et al., 2001). Other disease problems common among those involved in the homosexual lifestyle also pose a serious health risk, such as what is called “water sports,” which involve urination on one’s partner; and “fisting,” the insertion of the fist in one’s partner’s rectum, a practice that often causes rectum and sigmoid-colon tearing and infections that can lead to septicemia and severe complications, including death, in immune compromised persons (Day, 1991).

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9) Traditionally Non-Sexually Transmitted Diseases and Homosexuality

Many traditionally non-sexually transmitted diseases are also much more common among homosexuals than heterosexuals. For example, sperm easily penetrates the colon wall and, once inside the body, it adversely affects the immune system. This results in a greater vulnerability to a variety of diseases (Biggar et al., 1984; Mavligit et al., 1984; Meeker, 2002).

Non-self-sperm that enters the anus or urethra of a man commonly invades the delicate mucus linings and enters the bloodstream. Sperm and certain semen secretions invading a body are in some ways the immunological equivalent of its reaction to bacteria and viruses, or even the transplantation of cells or organs (Tyler, 1994). Antibodies attacking the sperm can attack the corresponding cells and organs of the host. The result may cause autoimmune diseases, including arthritis, diabetes, thyroiditis, and lupus erythematosus.

Sperm deposits in the sigmoid colon may even have a role in AIDS, urinary infections, congenital and inherited defects, and atherosclerosis. It may influence the development of many diseases, both local and systemic, including cancer (Tyler, 1994). Disease symptoms are often absent at the sperm entry site, but entry-site diseases can include mucoid and purulent discharges, often similar to gonorrhea, and nonspecific urethritis and sores, which may be similar to herpes, chancroid, or syphilis (Tyler, 1994).

The fact that male and female gonads were designed for each other leads logically to the conclusion that same-sex romantic couples will experience more conflicts. The research confirms this: Burke and Follingstad (1999), in a review of 19 studies, found that a much higher prevalence of abuse exists among both lesbian and gay populations compared to heterosexual populations. Other research has found that homosexuals are more prone to substance abuse, including smoking, higher rates of school-related violence, suicide—often from twice to four times as high—and also depression (see Herrell et al., 1999; Averbach, 2000; van Heeringen and Vincke, 2000; Rohde et al., 2001).

Homosexual behavior also commonly transmits many other non-sexual diseases that are rare among heterosexuals. For example, homosexuals as a group are far more

apt to have a wide variety of bowel diseases, which are generally lumped together under the designation “gay bowel syndrome.” Many types of infections, such as prostatitis (inflammation of the prostate gland), an often chronic and extremely painful condition, are also common in homosexual men (Penn, 1997).

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10) Hepatitis B Is Now an Epidemic Among the Homosexual Population

Much of the sexual behavior common among homosexuals is objectionable from a general health standpoint. Active homosexuals with multiple partners have a rate of infectious disease almost ten times higher than the general population. Both classical venereal diseases and other diseases, such as hepatitis, have now been epidemic among the homosexual population for decades (Christenson et al., 1982; Penn, 1997). Over 300,000 new cases of hepatitis are diagnosed annually in the U.S, and fully 80% of homosexuals have evidence of exposure to the hepatitis virus compared to only 5% of the rest of the population (Clark, 1995, p. 115).

Hepatitis can be contracted from an infected person through anal or vaginal intercourse, shared needles (including tattoo needles), toothbrushes, razors, and sex toys—all that is required is the transfer of a microscopic amount of infected blood or body fluids (Goldstone, 2001). Since the hepatitis B virus is in the blood, semen, and other bodily fluids of infected individuals—people who engage in unsafe anal or vaginal sex, or use needles, toothbrushes, razors, tattoo equipment, or sex toys that contain contaminated blood—are all at risk (Goldstone, 2001).

Hepatitis B is one of three common viral infections of the liver (hepatitis A and hepatitis C are the other two). Hepatitis B, a viral disease several hundred times as infectious as AIDS, induces both the chronic and acute form of hepatitis, either of which can be fatal (Clark, 1995, p. 115). It can lead to cirrhosis of the liver, a severe, irreversible scarring of the liver. Cirrhosis of the liver is a major cause of liver cancer and even death. Hepatitis B infects between 140,000 to 320,000 Americans annually, and over 1.25 million persons have chronic hepatitis B infections. Before the HIV epidemic in 1980, hepatitis B was the most dangerous sexually transmitted infection gay men faced (Clark, 1995).

Men who have sex with men are at especially high risk for hepatitis B (Remis et al., 2000). Corey and Holmes (1980) found that the annual incidence of infection of hepatitis A among homosexual men was 22%. In contrast, not a single heterosexual man acquired hepatitis A during the study. The researchers concluded that contracting the virus correlated strongly with homosexual behavior. The infection agent is a *hepadnavirus* that must enter liver cells in order to reproduce (Chin, 2000). The incubation period is usually from 45 to 180 days, depending on the amount of virus in the inoculum, the amount of transmission, and the health of the host (Chin, 2000).

Hepatitis B symptoms are extremely variable, both in severity and duration. Some people become deadly ill, while others do not realize they have been infected for some time. Most people are contagious before they know they are sick, and many patients never knew they had hepatitis until a routine blood test showed them that they have antibodies to the virus. The most common symptom is profound fatigue—sometimes to the extent that the patient is bedridden. Other common symptoms include muscle aches, nausea, and vomiting (often worsening as the day progresses), loss of appetite, fever, and a dull upper abdominal discomfort. Loss of the desire to smoke is a classic sign of hepatitis. Most people develop jaundice (their skin turns yellow, a trait most noticeable in the whites of their eyes) as a result of the liver's inability to process bile. The urine darkens, and the stool can turn a sandy color.

Hepatitis is confirmed by blood tests, which check for parts of the hepatitis B virus or antibodies that the body manufactures to defend itself. Hepatitis B virus particles and antibodies differ from those found with other types of hepatitis. Most often, the virus infects the liver, and if the patient is healthy enough, the body's own immune response wages a battle that eventually destroys the virus (Goldstone, 2001). In approximately 5 to 10 percent of infections in people with normal immune systems, the immune system cannot clear the hepatitis B virus from the liver, and the liver is gradually destroyed (chronic active hepatitis).

Hepatitis can also lead to cirrhosis of the liver, liver failure, and death. In people with HIV and other immune disorders, hepatitis B becomes chronic almost 90 percent of the time. Although hepatitis is dangerous in any form, one type, called *fulminant hepatitis*, rapidly destroys the liver. People who contract this hepatitis strain often eventually lapse into a coma and die within a week (Goldstone, 2001).

No medications exist that can effectively treat acute hepatitis. Treatment is generally “supportive,” the key components being rest, good nutrition, and monitoring to ensure that the liver heals. Because nausea is common with hepatitis, it is therefore best for infected patients to eat their larger meals early because nausea often worsens as the day progresses (Goldstone, 2001). Hospitalization is necessary if one cannot take in adequate food and water or is too weak to remain at home. All alcohol and drugs (which further tax the liver) must be avoided until recovery is complete (which must be determined by the doctor, not the symptoms). The doctor must monitor both liver function and nutritional status.

If the hepatitis B virus remains in the blood for more than six months, the infection is labeled chronic. A liver biopsy is recommended before any further treatment is undertaken. If the biopsy indicates major liver destruction has occurred, interferon injections are given to help cure chronic infection. Interferon therapy, however, carries major risks itself, including severe fevers, shaking chills, and, in many people, bouts of serious depression occur. Interferon works best in patients who are HIV free (Munoz-Perez, 1998).

Chronic hepatitis can also be treated with the oral anti-retroviral medication, Eпивir HBV (lamivudine), which targets an enzyme required for hepatitis B virus reproduction. This drug, though, has many side effects, including headache, nausea, fatigue, diarrhea, and life-threatening inflammation of the pancreas. The side effects depend on the patient’s general health and can be very severe.

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11) Anal Squamous Cell Carcinoma, Typhoid, and Dysentery

A strong relationship exists between homosexual promiscuity and the risk of anal squamous cell carcinoma, which in most cases is caused by a sexually transmitted pathogenic human papilloma virus (Frisch et al., 1997). A history of receptive anal intercourse, a history of sexually transmitted diseases, more than 10 sexual partners, and HIV infection are all common predisposing factors (Ryan et al., 2000).

Many diseases normally caused by drinking contaminated water are also common problems among homosexuals. The CDC has so far identified seven gay men

infected by typhoid through anal intercourse or oral-anal sexual contact. Typhoid, caused by *Salmonella typhi*, is usually transmitted by water and food tainted with human feces (Adams, 2001, p. 20).

The most common cause of chronic dysentery is the amoeba, *Entamoeba histolytica*. Dysentery occurs when the amoeba is in the reproducing nondormant trophozoite stage. The cyst stage is dormant, although infective. The primary way people become infected in a modern nation is by ingestion of, or by other contact, such as anal intercourse, with human feces. The disease can be lethal if chronic. In response to disease and the homosexual issue, Fox noted that the

colon and rectum are *made for* the elimination of fecal matter and not for sexual experience. Fecal matter is eliminated because it is indigestible and contains disease-causing materials. With sexual penetration, the rectal muscles are often torn or over-expanded, and the fragile lining of the colon is almost always torn. The tearing of the colon allows fecal matter to penetrate into the body, bringing with it infectious disease. (Fox, 1994, p. 2; italics in original)

In spite of the best health care system in the world, a large majority of those who engage in long-term homosexual behavior in America live close to half the lifespan of the average healthy persons (Cameron et al., 1989, 1994). The disease problem in the homosexual community is so common that many gays patronize doctors who specialize in treating homosexuals. Homosexual social networks and the homosexual press are common sources that patients use to contact such physicians.

A problem with repeated infections common in the gay community is that antibiotics can delay death, and even cure many bacterial venereal and other diseases, but they have many side effects. Eventually, resistant strains often emerge that may prove to be lethal and that can be easily communicable to others. Overuse of antibiotics is a major concern, as is the attitude that infection is not a major concern because antibiotics will take care of the problem. This attitude is irresponsible and results in behavior that, in the long run, is potentially lethal.

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12) Scabies, Crabs (Pubic Lice), and Head & Body Lice

Many non-fatal but painful diseases are so common in the homosexual population that Shalit concludes “getting scabies, crabs, or head lice is part of being a sexually active” homosexual (1998, p. 232). An example is the common sexually transmitted parasite infestation called scabies (also known as *Sarcoptes scabiei*). Scabies is an “infestation,” not an infection, because it is caused by an insect called *Sarcoptes scabiei*, not a bacterium or a virus (Chin, 2000). Doctors often diagnose the disease by skin examinations, via a skin biopsy, or by scraping. The burrowing bugs produce red or white swollen lines because they don’t crawl on the skin, but burrow beneath the skin surface in 2 to 3 minutes after skin contact (Goldstone, 2001). Scabies burrow under the skin to make a nest to rear their young, whereas crabs (pubic lice) lay their eggs (nits) in the pubic hair. Most infestations contain ten mites or fewer, and the reservoir is humans. Other species of mites can live on humans, but do not reproduce on them (Chin, 2000).

A major symptom is intense itching that worsens at night. Scabies infects the genitals, breasts, arms, lower abdomen, and between fingers (the web spaces). The primary populations at risk are the sexually active, the immunologically compromised, and those living with or in close contact with infected persons (Dauden et al., 2000). Scabies is usually acquired from a partner during sex, but any form of close contact can enable the insects to transfer from one person to another (Dauden et al., 2000). One can sometimes catch scabies even by sharing clothing, towels, or a bed with an infected person, although it usually requires more intimate contact with an infected individual than a handshake (Goldstone, 2001).

The time period before symptoms appear is usually from 2 to 6 weeks for persons not exposed previously, and from 1-4 days for re-exposure (Chin, 2000). Itching starts from several days to up to 4 to 6 weeks after the infestation. For persons previously infested, itching begins sooner because the body has previously been sensitized (Goldstone, 2001).

People with HIV or other immune-compromising conditions are at risk for a very severe form of scabies called Norwegian or *crusted scabies*, which is highly infectious because of the large number of mites in the exfoliating scales (Chin,

2000). Although scabies itself is not lethal, it often indicates infection with another, potentially more serious STD. A major concern is that scabies can be complicated by hemolytic streptococcal infection (Chin, 2000).

Lice are larger than scabies mites and require humans for survival. They are very contagious—sex with an infected partner carries a 95 percent risk of infection (Shalit, 1998, p. 232). Many of the symptoms are the same as those for scabies.

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13) The Promiscuity Problem

Not only does the type of sexual behavior in which homosexuals engage place them at a much higher risk of disease, but their high level of promiscuity also is a major contributor to their health problems (Cameron et al., 1989; Bolton, 1992; Cheong et al., 1997; Hegyi et al., 1997; Kafka and Hennen, 1999; Davidovich et al., 2000, 2001; Remis et al., 2000). One survey indicated that homosexual males have an average of over 50 sexual partners in their lifetime (Rueda, 1982, pp. 52-53). Bell et al. (1981) found that 43% of white male homosexuals reported having sex with *more than 500* partners, and 28% with *over 1,000* partners in their lifetime.

A newer study found that 28% had over 1,000 partners, 15% had 500 to 1,000, 32% had 100 to 500, and only 25% had fewer than 100 partners in their lifetime (Cone, 1994). A major text on counseling noted that gay male relationships “lack the norms built into heterosexual marriage or other long-term male-female coupling, so that infidelity is not necessarily considered a serious offense or deviation.” The text concludes that “sex with a variety of partners is a fact of life in gay male relationships ...” and therefore we “should not apply heterosexual norms” to homosexuals (Goldenberg and Goldenberg, 1990, p. 194). They suggest that counselors should accept these different norms as “normal” and acceptable. Of course, this only condones behavior that often eventually proves lethal. Goldenberg and Goldenberg then conclude that a counselor who feels “uncomfortable” with this lifestyle should “work through any internalized underlying interfering homophobic feelings” (1990, p. 199). The authors stress that the role of a counselor is to help “gay” clients “accept, and integrate a gay identity.”

The health risks of homosexuality are correlated not only with the number of partners, but are also a major problem even among those persons in long-term “monogamous” homosexual relationships (Cameron, 1998; Davidovich, et al., 2000; Meeker, 2002). Youth today are also adopting homosexual behavior sooner (often before age 14), exacerbating the problem.

Meeker concludes that teens are today

“coming out” at earlier ages. A few years ago, gay boys and girls tended to announce their sexuality between the ages of 18 and 22. Today, kids as young as 12 are declaring they’re gay. I have two serious concerns about this trend. First, kids at 12 or 13 are still in the process of identity formation. How can they possibly know yet what their sexual orientation will be? Second, and more importantly, younger adolescents, no matter what their sexual orientation, are at high risk for having multiple partners and more diseases if they start having sex at an early age. Gay or straight, these kids are running a great risk. (2002, p. 153)

Cooper (2000) found that, of the groups he studied, homosexual men are also at the highest risk of becoming “cybersex compulsives,” meaning they spend more than 11 hours per week on their computer for sexual purposes. The conclusions of surveys in this field depend upon the sampling population, sample size, and specific questions asked, but they all document that an enormous amount of promiscuity is a common part of the gay lifestyle (Cone, 1994). Also, the level of the disease problem can be debated, but there is no question that the problem is serious (with, until recently, AIDS being the most-publicized example).

This promiscuity clearly is contrary to the Biblical injunction that a man and woman marry and “not defile the marriage bed.” Although promiscuity among heterosexuals also carries many dangers, they are generally far fewer than those associated with homosexuality. Infections caused by sexual relations are rare in monogamous couples who practice appropriate hygiene and normal sex. One reason is that vaginal secretions contain high levels of germicides that successfully minimize the chances of infection as a result of heterosexual sexual relations.

Conversely, similar secretions are not produced during either anal or oral intercourse. The major anatomical problems associated with homosexual sex

(tearing of mucosa and lubrication problems, the latter often overcome by the use of various jellies) generally are not a problem in heterosexual relationships. One would expect equal protection for both homosexual and heterosexual acts if both were created by God.

Another problem is that many self-identified homosexuals engage in heterosexual sex, and, as a result, spread disease to the heterosexual population. One study of 498 self-identified lesbians found that fully 81% reported involvement in heterosexual behavior (Lemp et al., 1995). Furthermore, Masters and Johnson's scientific studies of persons labeled homosexual found that both groups consistently listed heterosexual encounters as highly erotic, actually at the top of a list of their erotic fantasies. In one study, both male and female homosexuals listed a "heterosexual encounter" as their *third* most common sexual fantasy! (McCutcheon, 1989).

This finding also supports the conclusion that most persons self-labeled as gay are, at best, in varying degrees bisexual—especially in view of the fact that many also have heterosexual relations and many were once married and had families. Psychiatrist Emmanuel Rosen concluded that "all people have both heterosexual and homosexual drives. What varies is how one deals with those drives. To have a homosexual impulse or fantasy has nothing to do with your sexual orientation (1998, p. 56). Many people become involved in a homosexual lifestyle after they are married and have children. Disease transmission among non-promiscuous heterosexual couples is extremely rare and is almost always due to poor hygiene or infidelity.

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14) A Case History. Glamorizing Immoral, and Illegal Behavior. .

A *New York Times* obituary of Edmund White, III, (Edmund White, Pioneer of Gay Literature, Is Dead at 85) a man driven by sex who claims he has had thousands of lovers. The author, Fred A. Bernstein, in his June 4 2025 article, lauded White's long life and success as a multiple best-selling fiction and nonfiction author. His long list of awards includes a nomination for the Pulitzer Prize for Biography, a National Book

Critics Circle Award for Biography, a Lifetime Achievement Award from the National Book Foundation, and many others. White drew heavily from his own life and the lives of other gay men for his work in both fiction and nonfiction. With a body of work spanning more than 30 books and hundreds of articles, he was called "the godfather of queer lit" by the Chicago Tribune for helping establish the modern LGBTQ+ movement. White's writing glorified his promiscuous life with many, often well-known, homosexual men. His death was confirmed by his husband, Michael Carroll, who said White, a morbidly obese man, collapsed while weakened by "a vicious stomach bug," adding that the cause of his death was unknown. The article, titled "Edmund White, Pioneer of Gay Literature, Is Dead at 85" described his many honors which included "his vast and varied catalog of sexual experiences, in more than 30 books of fiction and nonfiction and hundreds of articles and essays, becoming a grandee of New York literary life for more than half a century." Although raised in the Church of Christ, he later identified as an atheist.

White was given countless major literary awards for his writing on his sexual escapades. He taught writing at several universities, including Brown and Princeton, where he was on the faculty from 1999 to 2018. One of his highly acclaimed books chronicles his first 65 years, with chapter titles including "My Shrinks," "My Hustlers," and "My Blonds." His frequent companion was the young French architect, Hubert Sorin, whom White called "the love of my life." He died of AIDS in 1994.

White was born in Cincinnati, the second child of school psychologist Delilah White and chemical engineer and "famous womanizer" Edmund Valentine White, II. His mother was a school psychologist who, in Mr. White's telling, practiced on her son, administering a series of Rorschach tests and diagnosing him as "borderline psychotic." When White was seven, his father left his mother for a younger woman. As an adolescent, a psychiatrist labeled White "unsalvageable."

Although accepted to Harvard, his Detroit psychiatrist insisted that he continue psychiatric treatment with him. So he attended the University of Michigan, graduating in 1962. White then moved to New York to work for Time-Life Books while writing his own books at night. In 1970, he worked as an editor for the *Saturday Review*.

He often found sex by cruising the streets, but told *T Magazine* in 2024, "to make myself stay in and write, I would hire hustlers." He observed, "we had all thought

that homosexuality was a medical term. When he saw that we could be a minority group — with rights, a culture, and an agenda” he began working to expand the movement. In 1995, he began a relationship with Michael Carroll, a writer 25 years his junior, but White had no intention of being monogamous.

In his 60s, after a sadomasochistic relationship with an actor half his age ended, he was diagnosed HIV positive but never developed AIDS. One wonders how many people he infected; four of the seven male members of his gay writers group succumbed to the disease, as did his two closest friends, literary critic David Kalstone and Bill Whitehead (White’s editor at Dutton, his publishing group), and scores of other friends and lovers. In 2000, White told *The Guardian* (a British daily newspaper) about his guilt in living to an old age while so many gay men he knew died young.

My thought after reading this article was, “Why was a man who lived a life filled with promiscuity and deception highly rewarded by academia and the major media? Do we really want young people to look up to, and imitate, this man? Men who live virtuous lives and love their wives and kids should be upheld as examples, not men who live a life totally contrary to Judeo-Christian values.

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15) Do More Than Two Different Genders Exist?

The many anatomical, physiological, and psychological differences between the two genders, male and female, are a major part of all college anatomy courses. An individual woman may be taller than some individual males, but the average male is taller than the average female. So, it is with every other known human trait. In fact, for every trait so far examined, the average male is anatomically and physiologically different from the average female. On average, women have a wider field of peripheral vision than males, meaning they can see more around the sides of their direct vision than men. Men, on the other hand, have higher visual acuity and spatial resolution, meaning, on average, they can more effectively track moving objects and see fine details at a distance than females.

I once had a client at the psychological clinic where I was working then who loved masculine outdoor activities, such as chopping wood and mowing the lawn. She had

no interest in most activities that females enjoyed, such as cooking, knitting, sewing, needlework, and quilting. Consequently, she did not fit in with her female peers, who thought she was strange. We helped her realize that part of her problem was she needed to find some new friends. She attended various single get-togethers at local churches and met a male who enjoyed many of the activities that she did. She is now married and doing well, enjoying many outdoor activities with her husband.

Although the above resolution may be obvious to most readers, it is not obvious to a teenage girl attending a small country school facing open rejection from her peers. It is also not obvious to many in the transgender movement who ignore the many well-documented differences between males and females. If a male has a few traits that are close to a female, he is not a female because the vast majority of his traits are male traits. Society has accepted this fact since Adam and Eve.

Thus, we have girls who are tomboys and boys who enjoy typical female pursuits, such as crocheting, knitting, and quilting. Girls who are tomboys are not boys. Some people in the transgender movement appear to be aggressively pushing the idea that only two genders exist is a myth. An example is Theis, a licensed clinical social worker who filed a lawsuit against an Oregon school district recently after officials banned him from displaying behind his desk two children's books titled *He is He* and *She is She*.

The books are about God's design for males and females. They explain to children ages 2-8 how they can embrace the way God made them. Theis exclaimed that the books offer a positive and encouraging message to children teaching it's good to be a boy, and it's also good to be a girl. He noted that kids need this affirmation at a time when there are a lot of other confusing messages existing in society.

Three weeks after he displayed the books, the middle school's principal informed Theis that an employee complained the books were "transphobic." The principal noted he did not find anything offensive or inappropriate in the materials, but the employee filed a bias incident complaint against Theis requiring the district to investigate to determine if the books were "a potential bias incident relating to another person's gender identity."

Officials ultimately determined the books were "a hostile expression of animus toward another person relating to their actual or perceived gender identity." The problem was that the books "promote a binary view of gender, which excludes and

invalidates an understanding of gender diversity.” They ordered Theis to remove the books or face termination. Officials justified their actions by a school district policy that allows them to censor expressions they deem target a certain group, in this case transsexuals. Theis’s appeal was denied, so he filed a lawsuit to support his free speech rights.

His attorney believes the school speech policy unconstitutionally limits speech, because the district allows other employees to decorate their spaces with other political and cultural messages. Theis has a First Amendment right to display books that exhibit his views. The school library has books on display that include opposing viewpoints, including on homosexuality a back-cover image of two boys kissing.

His attorney added that the school encourages teachers to express messages about gender that the school agrees with, but censors opposing views. The Supreme Court ruled that the government can’t punish employees for expressions that officials disagree with. The fact is, many schools allow staff members to express *only one view* on gender. An Indiana high school music teacher was forced to resign due to his religious beliefs on gender. Specifically, he requested a religious accommodation to refer to students by only their last names to avoid referring to them by names or pronouns that didn’t match their biological sex.

Two female educators in Oregon argued before the 9th U.S. Circuit Court of Appeals for their right to express views on gender in an organization that operated outside school hours. School officials fired the educators after several staff members labeled them “anti-trans.” The problem is that students today are being told that their environment or their feelings determine who they are rather than their biology. This issue is most acute in sports, specifically involving biological males competing in women’s sports in violation of the President’s order that only biological women are allowed to compete in women’s sports. This is another example of another problem that has now ensued from ignoring settled science and the core teachings of Judaism, Christianity and Islam.

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16) Conclusions

One reason for many of the scriptural prohibitions (e.g., cleanliness, quarantine rules, etc.) was to help protect physical health. Likewise, the evidence indicated that a major reason why Scripture condemns homosexual behavior is also due to its detrimental health effects. The medical literature demonstrates that homosexual behavior has a clearly detrimental effect on health, causing a variety of serious and eventually lethal diseases. While this review focuses on males, persons of both sexes involved in lifelong homosexual practices are at risk, as shown by the fact that both male and female practicing homosexuals live only into their late-40s (Cameron, Cameron, and Playfair, 1998).

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