

From Roger's desk with valuable e-mailed information from Donna Garner
America's Future: Will health insurance companies offer benefits to 'married' same sex partners? HUH?? Would that not be like looking down the barrel of a loaded gun?

“A Logical Medical Choice”

by **Donna Garner**
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Should our country be moving as fast as we can to encourage homosexual behavior? Why or why not? Some states seem to want same-sex marriage and are passing all kinds of laws that will encourage even more people to participate in homosexual activities. The debate rages on.

However, there is one way to settle the whole issue. What are the **medical** consequences of homosexual behavior? Our society uses that same standard to make decisions about whether it is healthy to smoke, use drugs, take steroids, eat high-cholesterol foods, or saturate meals with sugars and fats. Why not use that same medical standard as a tool by which to decide whether our nation should encourage or discourage homosexual behavior?

The Centers for Disease Control and Prevention (CDC) just released its latest data last week: *HIV/AIDS Surveillance Report, Volume 18: Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2006*:
<http://www.cdc.gov:80/hiv/topics/surveillance/resources/reports/2006report/default.htm>

Only one logical conclusion could possibly be drawn from CDC's report:

HIV/AIDS is still largely transmitted through the CHOSEN behaviors of male-to-male sex and/or drug use. These diseases are not caught from casual contact but are primarily spread by people who are making very bad choices that are sure to produce negative consequences not only for them but for society as a whole.

Table 17 – AIDS cases by age category, transmission category, and sex from beginning of epidemic through 2006: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table17.htm>

84% of the total cumulative cases of **male AIDS** are spread by male-to-male sexual contact and/or drug use. **Another 14%** were involved in such risky behaviors that no single risk factor could be identified.

Table 18 – **HIV** infections by age category, transmission category, and sex (cumulative from beginning of epidemic through 2006 -- 45 states and 5 U. S. dependent areas with name-based HIV infection reporting): <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table18.htm>

70% of the total cumulative cases of male HIV are spread by male-to-male sexual contact and/or drug use. **Another 29%** were involved in such risky behaviors that no single risk factor could be identified.

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Table 19 – AIDS cases for male adults and adolescents by transmission category (cumulative through 2006 – U. S. and dependent areas):

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table19.htm>

84% of the total cumulative cases of male AIDS are spread by male-to-male sexual contact and/or drug use. **Another 14%** were involved in such risky behaviors that no single risk factor could be identified.

Table 20 – HIV infections for male adults and adolescents by transmission category (cumulative through 2006 – 45 states and 5 U. S. dependent areas with name-based HIV infection reporting):

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table20.htm>

70% of the total cumulative cases of male HIV are spread by male-to-male sexual contact and/or drug use. **Another 29%** were involved in such risky behaviors that no single risk factor could be identified.

Table 21 – AIDS cases for female adults and adolescents by transmission category (cumulative through 2006 – U. S. and dependent areas):

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table21.htm>

52% of the total cumulative cases of female AIDS are spread through injection drug use, high-risk heterosexual sex with injection drug user, or high-risk heterosexual sex with bisexual male. **Another 45%** were involved in such risky behaviors that no single risk factor could be identified.

Table 22 – HIV infections for female adults and adolescents by transmission category (cumulative through 2006 – 45 states and 5 U. S. dependent areas with name-based HIV infection reporting): <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table22.htm>

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28% of the total cumulative cases of female HIV infection are spread through injection drug use, high-risk heterosexual sex with injection drug user, or high-risk heterosexual sex with bisexual male. **Another 71%** were involved in such risky behaviors that no single risk factor could be identified.

ARE CONDOMS THE ANSWER?

Are condoms the answer? They are portrayed both in the media and in the pop culture as the answer for homosexuals; but the CDC statistics indicate that even after spending millions of dollars to promote condom use among homosexuals, the STD transmission rates are soaring.

Under the best of conditions, condoms slip or break 1.6% to 3.6% of the time. Since homosexuals typically can have hundreds of sexual partners per year, their chances of contracting STD's are greatly increased.

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The National Institutes of Health has stated that condoms are effective 85% of the time against HIV/AIDS **if used correctly and consistently**. That leaves **15% of the time when condom users are open to the deadly diseases of HIV/AIDS**.

Unfortunately, condoms are also not very effective against the discharge diseases (e.g., HPV, genital herpes, syphilis, and chancroid) because they are transmitted through skin-to-skin contact on the parts of the body that cannot be covered by the condom.

TEN STEPS TO CORRECT AND CONSISTENT CONDOM USE

How easy is it to use condoms correctly and consistently?

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/00021321.htm>)

For condoms to be effective at all, participants must follow ten necessary steps. Is it likely that the average person will take the time to implement these ten steps while in a moment of passion?

- (1) Carefully hold the condom to avoid damaging with fingernails, teeth, or sharp objects, (2) use adequate water-based lubrication (never use petroleum jelly, shortening, mineral oil, massage oils, body lotions, or cooking oil -- they weaken the latex), (3) carefully put on the condom after penis is erect and before any genital contact with partner, (4) ensure no air is trapped in tip of condom, (5) hold the condom firmly against base of penis during withdrawal and then prevent slippage by withdrawing penis while it is still erect, (6) store condoms in cool, dry place out of direct sunlight, (7) not use condoms after expiration date, (8) not use condoms if package is damaged or discolored, (9) use latex condoms and not natural-membrane, and (10) use condoms with each and every act of intercourse.

MEDICAL PROBLEMS CAUSED BY SEXUAL DEVIANCY

<http://www.newswithviews.com/Devvy/kidd18.htm>

Devvy Kidd has formulated a list of outcomes taken from the medical literature, indicating what sexual deviancy can bring to the participants:

(Anal) Douches, Lubricants: Allergic reactions, Rectal fatty tumors Active Fellatio: Physical abrasions, Oral gonorrhea, Herpes progenitalis I and II, Nongonococcal pharyngitis (Chlamidia and others), Oral condyloma acuminatum, Syphilis, Hepatitis B, Enteric diseases, Lymphogranuloma veneered, Granola inuinale, Chancroid Passive Fellatio: Herpes type 1 and 2, Nongonococcol urethritis (Chlamidia and others), Gonorrhea, Neisseria meningitidis. Anal Intercourse, Active: Nongonococcol urethritis, Escherichia coli, Gonorrhea, Hepatitis A, B, non-A/non-B, Herpes, Warts -molluscum and condyloma, Syphilis, Trichomoniasis, Epididymitis/prostatitis, Fungal infections, Lymphogranuloma venereum, Granuloma inguinale, Chancroid, Cytomegalovirus.

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Anal Intercourse, Passive: Physical pretties, Rectal gonorrhoea, Warts -condyloma and molluscum (rare), Nonspecific proctitis (Chlamidia and others), Herpes, Syphilis, Hepatitis B, Trichomoniasis, Corynebacterium, Lymphogranuloma venereum, Granuloma inguinale, Chancroid, Cytomegalovirus, Candidiasis. Analinjection (dung-eating, "rimming"): Enteric diseases: Gay bowel syndrome (explained below) PLUS Escherichia coli and Helminthic parasites, Oral warts, Oral gonorrhoea, Syphilis, Lymphogranuloma venereum, Granuloma inguinale, Chancroid. Fist/Finger Insertion, Passive: Internal scrapes, Anal sphincter tears, Perforations of the colon, Acute abdomen, having to wear a diaper. Toys/Apparatus: Allergic reactions, Friction dermatitis, Physical torsions, Varicoceles, Peyronie's disease, Fungal infections, Lost rectal objects, Testicular strangulation ("cock rings").

Gay Bowel Syndrome is a collection of bowel diseases which lead to dysfunction of the lower bowel tract and is prevalent throughout the "gay" community. GBS requires one wear a colostomy bag. Shigellosis is an acute bacteria infection like salmonellosis, it can lead to a diarrhea-induced dehydration death in infants and the elderly. Infected individuals [HIV] should never handle food, yet how many "gays" work in restaurants and handle food?

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