

The High Cost of Sodomy: Part I

Late in 2003, the U.S. Supreme Court added sodomy to its list of newly protected activities. Unlike heterosexual sex, which is necessary to produce children, sodomy entertains its participants, but contributes nothing in return. Instead, sodomy costs society a great deal, both monetarily and otherwise. In fact, sodomy may be the most costly of the Court's recently created 'rights.'

Of course, many of the costs associated with sodomy are 'hidden' or difficult to 'price.' How do we estimate the cost of having to re-organize society to accommodate changes in marriage and family law or practice, for instance? What about changes in public accommodations or discrimination law due to new 'civil rights?'

While the societal changes beginning to unfold are rather extensive, other costs of sodomy are more easily calculated. Two of these include:

- 1) Costs in life, and
- 2) Costs in property

The Cost of 'Free Speech'

Any change in social policy involves some expense. Nevertheless, some changes are much more costly than others. The most expansive definition of the 'right to free speech' may at times intrude on one's life and cause annoyance. An expansive definition of 'free speech' may also lead to future social costs. But usually one can usually avoid the 'speech' in question, by turning the channel, not attending the parade, etc. Further, most of the future costs are theoretical — costs

that may be debatable and for which the empirical evidence is mixed. Sodomy, on the other hand, is both highly intrusive — something one almost can't avoid — and very expensive, in both lives and property. And these are facts, not theory.

Consider for instance the Supreme Court's recent expansion of 'free speech' to guarantee the right to disseminate computer generated 'children' engaging in sex. Comparing

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the financial and human costs of this 'right' with the 'right' to sodomy is highly instructive.

Computer-generated images of children do not intrude on everyone's life. No one has to watch these depictions — indeed, it probably takes some effort to even find them. Still, social costs may rise because of this new 'freedom.' Because such pictures are legal, more adults may get access to them and develop an interest in sex with children, or those currently interested in sex with children may be stimulated to act out their fantasies. If this kind of pornography causes or influences interest in adult-child sex, more children may be sexually molested because of these depictions.

We know that the social costs of child molestation are often large and fairly persistent — molested children are often troubled, some become mentally disturbed, and a few even

take up the practice of molesting children themselves. So computer-generated depictions — if they lead to more child molestation — could be a valid social concern.

Uncertain Connections

Unfortunately, the theoretical connection between the computer-generated pictures and child molestation is arguable. Partially because the empirical data is too 'mixed' to say for certain what exposure

to pornography does to individuals, the two federal commissions on pornography came down in different places. One said it had no effect, the

other concluded it was bad for society. On balance, it is somewhat 'up for grabs' as to what effect computer-generated sexual images of children will have.

The same kind of arguments can be made about most sexual influences. Take for instance, the nation's television programs. Certainly they are becoming more and more sexually explicit — definitely raunchy, perhaps even pornographic. And kids and teens watch a lot of TV. Yet the proportion of teenagers retaining their virginity appears to have increased a bit of late. Obviously then, the availability of raunchy TV (or even pornography) isn't the *only* factor that drives sexual activity. Other forces are also at work (e.g., abstinence education, more single mothers, parental involvement, and so on). The availability of more pornography doesn't *necessar-*

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A tantalizing mix of recent headlines

- ♦ **Washington, DC:** Three high ranking military officers have admitted they were gay and demanded that gays be allowed to serve. Brig. General Keith Kerr, Army; Adm. Alan Steinman, and Brig. Gen. Virgil Richard complained that they "suffered mentally because I couldn't be who I was" in the military. (*Washington Blade* 12/19/03)
- ♦ **Lincoln, NE:** The *University of Nebraska* English Department is now requiring students taking its classes to attend a gay-rights seminar as part of their curriculum. (*Lincoln Journal Star* 2/22/04)
- ♦ **Wisconsin:** Catherine Orr, professor of women's and gender studies at *Beloit College*, wants all schools to create gender-neutral restrooms for 'trans-generated' students, so they don't feel "troubled." (*World* 2/28/04)
- ♦ **England:** A lesbian who posed as a teenage boy to seduce a 12-year-old girl has been jailed for two years. Kelly Trueman, 23, indecently assaulted the girl after befriending her on school playing fields near Ripley, Derbyshire. Trueman's real identity was discovered in August, when a neighbour told the victim's mother that the "boy" was in fact a woman -- a claim verified when the girl's parents rang Miss Trueman's father. Judge Orrell said: "[The victim] now has to wrestle with the problem that her first experience of sexual activity which she entered into was not with a teenage boy, as she thought, but with a 22-year-old woman." Trueman was sentenced to two years on each charge to run concurrently. (*BBC* 3/8/04)

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ily lead to more sexual activity among youth. And the computer-generated pictures may not necessarily lead to more child molestation. Or, then again, they may.

On an even more fundamental level, whether or not we are galled or even horrified by the nature and purpose of these computer-generated sexual images, it is hard to think of a scenario in which someone dies or is harmed *directly* because of them (child molestation would be an *indirect* effect). After all, the children in these pictures are not real. They are also currently easy to avoid, nor is it certain that their existence will precipitate an increase in our taxes.

On the other hand, sodomy is 'in our face,' and more so all the time. It has killed hundreds of thousands of Americans. Additionally, it has cost our society hundreds of billions of dollars. And we as taxpayers are on the hook for almost all the costs. The high cost of sodomy is not theory — it is *fact*. Let us consider some estimates of the social price of sodomy — both in lives lost and money spent.

Sodomy Costs Money: The Impact of AIDS

We all know that AIDS is a very expensive disease and that it started with male homosexuals and spread from them to others (e.g., drug abusers, wives, prostitutes, blood recipients, etc.). Today, half (50.3%) of the people in the United States living with AIDS are males-who-have-sex-with-males [MSM]. And, after a bit of a lull in the 1990s, the proportion of HIV infections in MSM is once again rising. In 2002, for those whose risk category was identified, 56% of new HIV infections were among MSM.¹ So AIDS started out as a gay disease, remains primarily a gay disease, and is increasingly a gay disease.

So how expensive is AIDS? One report from the *Los Ange-*

les Times in 1995 summarized various academic and governmental research, arriving at an estimate that AIDS would consume 0.9% to 1.1% of the nation's annual Gross Domestic Product [GDP] by the year 2000.²

One percent of the GDP is HUGE. AIDS is, in fact, close to having had as great an overall impact as the Spanish flu of 1918-1919 in which 675,000 Americans died (0.6% of the population). The Spanish flu left devastation in its train. Unlike the Civil War — which didn't cause a population decline — the overall population of the U.S. verged on it during the Spanish flu. In 1917, the U.S. population was 103,414,000; in 1918 it was 104,550,000, and in 1919 it was 105,063,000.

Unlike most flu, which kills the very young and the old, the Spanish flu tended to kill those aged 20 to 40 years of age, so its impact was probably on the order of 3% to 5% of GDP for the two years at its height. But it left and life resumed. HIV is 'hanging around and around,' steadily infecting more and more of the sexually loose and drawing down society's resources.³

Disease and GDP

While cancer and heart conditions incapacitate and kill many more people per year, these diseases generally happen to old people. As a class, the old generally draw from, rather than contribute to GDP. But that is the way it is supposed to be. The old worked hard when they were younger, contributed more than they got to society, and then live a few years on society's dime. The old are not a net drain on GDP. They paid in, they get some back.

On the other hand, a debilitating disease when one is young or middle-aged means consuming large amounts of society's resources. He or she

draws from the GDP during the time when they could be making their greatest contribution. Unlike the old, they haven't paid off their keep, nor have they added more to the economic pie prior to retirement. Instead, they have contributed a little and now take a lot. This is how those who engage in sodomy seriously impact the GDP.

Right now, in the world's wealthiest and most prosperous city, about 3% of *all* the men in New York City have HIV. In our prisons, the prevalence of HIV is about 17 times as high as outside the prison gates.⁴ These are not the elderly. Rather they are men in their prime, when they should be most productive.

The United States labor force — all those 16 years and over who work for money or profit, about 142 million workers — is the world's most productive, generating over \$10.2 trillion GDP in 2001 (all figures are from the 2002 *Statistical Ab-*

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stract of the United States). So, on average, each worker produced about \$73,000 in value. Of this amount, workers were rewarded for their labor, with the average household bringing home about \$42,000 in income, and much of the rest going to profit, regulation, taxes, capital replacement, research, etc. They were also rewarded with the benefit of highways, dams, and other infrastructure.

One percent of GDP in 2001 equaled about \$102 billion. Since gays account for somewhat over half of those suffering from AIDS, at least half of this total or \$51 billion was the cost of sodomy-that-led-to-AIDS. So the 'gay sodomy tax' for AIDS *alone* in 2001 was about \$359 for

every U.S. worker. In 2002, the sodomy tax was a little bit more.

At present, about 6,000 males-who-have-sex-with-males [MSM] a year die of AIDS and about 20,000 MSM per year are getting infected with HIV. Obviously, unless the costs of medical treatment and other AIDS-related expenses drop significantly, the prospects loom for AIDS to cost appreciably more GDP in the future.

Cost in Perspective

Putting this in perspective, President Bush has talked about landing men on Mars as soon as possible. If his vision were adopted, analysts estimate an expenditure of around \$20 billion a year for many years would be required. The total projected cost of getting men to and from Mars would total about \$750 billion.⁵ That is, a Mar's landing would cost about as much as 15 years of the 'gay AIDS tax.'

Looked at another way, the CDC has estimated that the medical costs of all accidents in the U.S. — auto, home, work — total about \$117 billion per year.⁶ Quite a few people — 45 million people or 16% of the population — required treatment for injury in 2000. Indeed, injuries accounted for about 10% of all medical expenditures. Likewise, smoking — practiced by about a quarter of all adults — is estimated to consume at least 6.5% of medical costs. So AIDS is almost as expensive as all the medical costs associated with accidents. And each year, the 'gay AIDS tax' would pay for nearly all the costs associated with smoking, and about half of the costs

associated with accidents.

Or consider education. The U.S. spends about half a trillion dollars per year on K-12 education. At over \$50 billion, the male homosexual portion of AIDS expenditures is comparably about 10% of this figure.

So Where Does All the Money Go?

Health care: In 2000 there were about 31.7 million hospital discharges. Of these, 173,000 (0.55%) involved AIDS sufferers. But those suffering from AIDS stayed in the hospital longer — 7.3 days compared to the average stay of 4.9 days. This means that almost 1% of the nation's hospital days were AIDS-related. MSM accounted for about half of this expense — or about 0.5% of all U.S. hospital days in 2000.

Medicaid is the largest U.S. payer for medical services to those with AIDS. Indeed, about 50% of AIDS patients' treatments were paid for by Medicaid in 2000.⁷ The lifetime treatment costs per patient on protease inhibitors (the current drug regimen of choice) range from \$71,000 to \$425,000, depending upon when the patient dies. For those merely infected with HIV (but who haven't progressed to AIDS), the protease inhibitor drugs cost \$14,000 per patient per year, which then increases to about \$35,000 per patient per year at the onset of various AIDS-associated complications.

Now, not all AIDS sufferers qualify for Medicaid, since they don't meet the required definition of 'disabled.' However, "the majority of these individuals who are uninsured receive their care through the Ryan White CARE Act programs," yet another layer of taxpayer-funded federal legislation.

Still another source of federal money is the *AIDS Drug Assistance Programs* [ADAP] which "buy 20% of the HIV drugs prescribed in the U.S., enough

for 92,000 people. (The other 80% have insurance or are covered by federal programs)."⁸

The *Washington Blade* reported an even larger estimate of the number of drug regimens purchased, namely "more than 100,000."⁹ The *Blade* pointed out that 3,010 (48%) of the 6,212 AIDS cases in Virginia were covered by ADAP. In addition, ADAP enjoys a charmed existence. In 7 years, it's budget has jumped from \$52 million to \$714 million — a 1373% increase! Name another federal program with such a growth curve!!

The bottom line on all these federal programs is that AIDS is one of the very few diseases where the government assumes almost *all* the costs of treatment for those without private insurance. Accident victims don't have all their bills covered. Nor do those with heart conditions, cancer, or diabetes. Yet ADAP is eating up ever more of the possible health-care pie that might be directed to other kinds of health sufferers.

Research: AIDS research is also expensive, and it has sucked funding from the research funds for other diseases. The *National Institutes of Health* has allocated \$2.5 billion in research funds for AIDS (14,175 people died of AIDS in 2001), \$790 million for diabetes (from which 71,372 died), \$640 million for breast cancer (421,809 deaths), \$595 million for Alzheimer's (53,852 deaths), and \$345 million for prostate cancer (30,719 deaths).¹⁰

Translated, these figures amount to about \$178,000 per AIDS death, \$16,000 per breast cancer death, and \$11,000 per death for diabetes, Alzheimer's, and prostate cancer. Privately funded research is similarly biased toward AIDS. We will never know, of course, how many sufferers from cancer or Parkinson's would have been saved if research efforts hadn't been diverted to AIDS.

Living Expenses: When a person is on disability, Social Security will pay his living expenses, such as food, rent, and entertainment. Many male homosexuals with AIDS are on disability Social Security, although exactly how many is not clear. Because of this, a price tag is difficult to estimate. Despite the difficulty of ac-

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counting for all the costs, the total government dollars allocated to homosexuals with AIDS are nonetheless staggering. And these costs only represent a *single* disease. Those who engage in homosexuality are also much more apt to have other kinds of medical conditions.

Some of these diseases are gotten the same way HIV is — through sex. Gays are many times more apt to get anal or rectal cancer. Likewise for hepatitis B and C. These apparently are transmitted via rectal sex. Gays are also more apt to get esophageal or stomach cancer, and hepatitis A — apparently from oral sex. And lesbians are much more apt to get breast cancer and other cancers of the reproductive organs.

Ancient Killer

The ancient killer, syphilis, is intermixed with HIV. Syphilis is a significant cost of sodomy. In theory, because it can be cured, syphilis could potentially be eradicated, much like small pox. Yet syphilis is still hanging around, and ironically, a significant reason is the expensive anti-viral treatments that are used to keep homosexuals with AIDS alive!

After declining every year since 1990, the number of reported cases of syphilis increased slightly in 2001. In 2000, the rate of syphilis in the United States declined to 2.1

cases per 100,000 population, the lowest rate since reporting began in 1941. In 2001, the rate of syphilis increased slightly, to 2.2, when 6,103 cases were reported, a 2.1% increase in reported cases compared with 2000.¹¹

MSM are driving much of this increase. If a homosexual with AIDS is given the best

and most expensive anti-viral treatment, he often feels pretty healthy. So what does he do? He has more sex — what else? In 2003, the CDC estimated that 40% of all reported cases of syphilis in the U.S. involved MSM.¹² To be sure, syphilis was disproportionately homosexual through the early 1990s. But since then it has acquired an even gayer color.

Since 1999, San Francisco has had the highest rates of primary and secondary syphilis of any metropolitan area in the United States.¹³ In 1998,

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FAMILY RESEARCH REPORT

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San Francisco had 41 syphilis cases, by 2002 it had 495. The proportion of syphilis cases traceable to gays went from 22% in 1998 to 88% in 2002. And if only the 434 'recently acquired cases' are considered, it turns out that 68% of these MSM were infected with HIV. Furthermore, the 415 syphilitic homosexuals who completed interviews reported 6,482 sex partners in the last 12 months (an average of 16 partners per person, with a median of 6).

Two case reports are illustrative: a 36 year-old man reported that for the past 12 months he had had 16 partners — 4 lived in San Francisco, 3 in Los Angeles, one in Minneapolis, and one in Phoenix. He wasn't sure about the rest. A 43 year old man reported that for the past 3 months he had 13 partners — 3 lived in San Francisco, but he didn't know where the rest lived. One of the men he infected reported 50 partners in the past 12 months, of which he had sex with a considerable proportion during travels to Chicago.

This increase in syphilis due to MSM is a world-wide phenomenon. An Internet search on **PubMed** using 'syphilis homosexual' yields articles about the 'increase in syphilis in gays' in Europe, Canada, Australia, etc. **Cancer, Too**

Syphilis, of course, is not the most costly disease. It can be cured and seldom leads to disability or death. But syphilis and a host of other 'minor' diseases add to our health care costs. In addition, not all the diseases are 'minor.' A recent census of cancer cases in Scotland discovered that HIV-infected MSM were 21 times more apt to get cancer than the general population.¹⁴

Cancer is an exceptionally costly disease, and it is often fatal. Furthermore, it is likely that HIV infection brings on or exacerbates many other diseases.

No single disease may 'break the bank.' But when 2-4% of the male population is responsible for a disproportionate amount of the costs of disease after disease — it adds up.

Other medical conditions are associated with the rebellious and anti-social nature of the homosexual lifestyle. In the 1996 *National Household Survey of Drug Abuse*, 13% of non-homosexuals versus 31% of homosexuals claimed to use an illegal drug in the past 12 months. Thus, homosexuals are fairly certain to disproportionately suffer from the diseases and ailments — in addition to AIDS — that those who use illegal drugs are prone to get. They are also more apt to require drug treatment: 11% of homosexuals versus 4% of non-homosexuals reported having gotten substance abuse treatment.

And drug treatment is not only costly; it seldom 'works.' So a person who gets the treatment is generally a good bet to be back for more of it. In the same government survey, homosexuals were also almost twice as apt as non-homosexuals to smoke. And we know what smoking does to medical costs.

High-Cost Nightmare

All in all, sodomy is a high-cost medical nightmare. How high can be seen by comparing the health costs of homosexuals against the average person. The *Wall Street Journal* recently reported per capita spending on health care for the year 2000 by age group.¹⁵

Those aged:

13-18 averaged \$1,066/year
19-29 averaged \$1,054/year
30-39 averaged \$1,643/year
40-49 averaged \$2,180/year
50-59 averaged \$3,753/year
60-64 averaged \$3,753/year
65-80 averaged \$5,260/year
81+ averaged \$6,279/year.

By comparison, male homosexuals with AIDS average about \$35,000 per year in

medical costs. And if they take certain drugs, their costs are much higher. Take Serostim, a growth hormone prescribed to fight the wasting syndrome that can affect AIDS patients. A 12-week supply costs \$21,000, but if your doctor puts you on for a year, it runs about \$80,000.

The CDC has calculated that 800,000 to 900,000 people in the U.S. are infected with HIV, and that 385,000 of these have AIDS.¹⁶ Furthermore, somewhat over half of all those living with HIV or AIDS — amounting to over 400,000 of the infected and about 200,000 of those living with AIDS — are male homosexuals.¹⁷

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Using an upper bound of 4% of all U.S. men, if there are as many as 3 million gays, then at least one of every 15 has AIDS and one of every 8 is infected with HIV, for a total of approximately 20% of the homosexual male subpopulation.

Now, approximately 80% of MSM with AIDS or HIV are aged 25-49. A male homosexual with AIDS costs society about \$35,000/year in medical costs, while one with HIV costs society about \$14,000/year. This compares to the average toll in medical costs for men of the same age of about \$1,700.

MSM with HIV/AIDS thus cost society about 10-20 times more in medical costs per year than non-homosexuals of the same age. To compute a rough estimate of the typical medical costs for the 'average homosexual male,' we could assume that those who have not been infected with HIV or AIDS have the same level of medical expense per year as non-homosexuals (undoubtedly a lower bound given the many other diseases associated with

homosexual practice), and then add in the costs associated with HIV and AIDS. This gives an estimate of \$5,560 per year per male homosexual compared to the average of \$1,700 per year for non-homosexuals.

Thus, simply adding up the medical costs of one disease — AIDS — leads to the conclusion that the typical homosexual costs society somewhere between 3 and 4 times the amount of the typical non-homosexual. And the problem is likely to get worse. Another 20,000 or so MSM get infected with HIV each year (Clark C. CNN, 5/30/01). Since fewer than 6,000 homosexuals are dying of AIDS per year, the number for whom society will be paying medical costs is bound to grow.

Sodomy is indeed expensive.
(To Be Continued)

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