

Teen Births Down but Out-of-Wedlock

Federal researchers are ecstatic: the number of births and the rate of births is down for the past 8 years. A success for condoms, sex education, equality, and the American way?

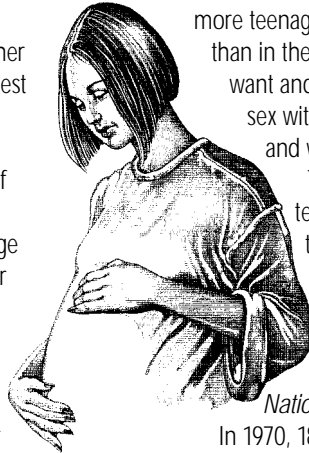
Not quite.

There is less here than meets the eye. Indeed, a coverup is underway — a coverup in “plain view.”

First, with rare exception, whether teenage mothers are married is irrelevant as far as the federal government is concerned — the government is more concerned with births per se. It points to the fact that teenage mothers are somewhat more apt to smoke than those over the age of 19 (17% vs. 13%), to have a preterm birth (14% vs. 11%), or to have a child of low birthweight (9% vs. 7%).

Yet, married teenagers are *essentially indistinguishable* from married older women along these dimensions. Marriage, rather than age, is the largest single factor in the chances of a good home for a baby. Of course, teenage mothers, like teenage drivers, are a poorer bet to “do the right thing.” But that the feds should largely ignore marriage in favor of age in their statistical analyses says a lot about its war against the family.

How does FRI know this?



Marriage in the teen years is declining rapidly, but fornication is not. Both trends are the result of more teenagers going to college than in the past, many of whom want and feel that they can have sex without getting married and without social penalty.

The net result: Far fewer teenagers are married today than were married 20, 30, or 40 years ago.

Consider these numbers extracted by FRI from a recent *National Vital Statistics Report*.

In 1970, 188,790 children were born to unmarried teenagers, while 455,918 babies were born to married

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Blood Terrorism II

Today, any male who admits to having had “sex with another man since 1977” is banned from donating blood. This ban, which recognizes that the practices of gays are biologically dangerous, is seen by many gays as injurious to their political cause. After all, if their very behavior is the reason their blood is “no good,” the implication is that that their behavior is substandard or “no good” as well.

Clearly, the blood ban is discriminatory — for all the right reasons. Not only are blood tests often unable to detect HIV-infected blood, but — and this is key — gays are a “biological sink.” Rectal sex, both penile-anal and oral-anal, coupled with promiscuity and the ingestion of semen and urine, guarantee that homosexuals will always be in the vanguard of disease-getting and

disease-spreading. Any germ will almost automatically “seek them out.” For if a disease causing organism is “out there” any place on the planet, the practices of gays and their propensity for exotic travel

... **gay rights is about to strike the blood banks again...**

almost assure that they will find it, “get it” and “spread it,” not only to each other, but also to unknowing wives, girlfriends, and health care workers.

In a word, gays have “dirty blood.” We may not know exactly what is in it, but it is probably too contaminated to use.

Well, gay rights is about to strike the blood banks again. Even as concern about the “feelings of gays” and “discrimination against gays” led the government to allow their blood into U.S. blood banks in

1976 when good evidence suggested that they should be banned, now an anti-discrimination law in D.C. and pressure on the Federal Drug Administration are about to open the gates again to the blood of homosexuals.

Charles McMoore, 32, “a library technician at the Library of Congress” was disqualified from donating blood by the Red Cross on November 24, 1998. Because Washington, D.C. has a gay rights law, McMoore filed a complaint with the D.C. Department of Human Rights and Minority Business Development, which has agreed to consider his complaint. About a year before, on December 12, 1997, the FDA’s Blood Products Advisory Committee, consisting of “experts in the field of public health and medicine, voted 12 to 1” to “call on the FDA to ‘recon-

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INSIDE THIS ISSUE...

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A tantalizing mix of recent headlines

• **Boston:** Assoc. Prof. Mary Daly teaches at Boston College, a Catholic school. Daly has refused to admit men to her classes, and has been suspended from teaching. Daly came to the school in 1966 as an open-lesbian, ex-Catholic, and began publishing lesbian screed almost immediately. Although denied promotion to full professor, she has been granted a permanent position. Her books, — *Gyn/Ecology: the Metaethics of Radical Feminism*, *Pure Lust: Elemental Feminist Philosophy*, and *The Church and the Second Sex* — are used in women’s and gay studies courses around the world. Catholicism, which is formally against gay rights, has provided her support and a platform for essentially all of her professional life. Why send your child to a Catholic college if they get propagandized to become lesbians? (*Washington Blade* 3/5/99)

• **California:** A raft of new pro-gay bills is being offered by the openly homosexual members of the legislature. AB 222 would mandate inclusion of pro-homosexual materials in the public schools. Further, indirect government support (as through scholarships) would be *banned* at religious schools that taught *against* homosexuality. Since the Democratic party is in control of the governorship and the legislature, look for California to become a “gay mecca” before the year is out.

Gays in Nazi Germany

It is probably fair to say that the modern homosexual movement started in Germany around the turn of the century. Although there were laws against homosexual conduct in Germany, their enforcement was spotty, just as in America. However, while Hitler used gays in his early political life, he eventually turned against them in favor of other supporters.

How did the Nazis deal with homosexuals? This question is partially answered by Rudolf Hoss — who was in charge of some of these decisions — in a recently translated German book. Himmler, one of Hitler's chief lieutenants, was particularly opposed to the gay movement and had much to do with expunging homosexuals from the public social fabric. Nevertheless, German law did not make homosexual conduct a capital crime either before the Nazi regime came into power nor during it, so the real issue for Hoss and his Nazi collaborators was how to "control" those addicted to homosexuality. Since the Nazi regime could get away with just about anything it wanted — shy of execution — to suppress homosexual activity, its experience provides some insight about the "containability" of homosexuality, at least under a dictatorship.

Hoss, who gave the orders on what to do, felt that he knew how to handle homosexuals. Before the 1936 "Olympic Games the streets were cleaned of beggars and bums,... and also all the prostitutes and homosexuals were removed from the cities and bathhouses. They were to be reeducated in the concentration camps for useful work... The Kommandant and the camp commander believed that the best way to handle them was to separate them into all the barracks of the entire camp. I did not agree because I remembered them from my

years in prison. And it didn't take long for the reports about homosexual activities to flow back from all the blocks. Punishing them didn't change a thing. The epidemic spread. On my suggestion, all homosexuals were put together and assigned a block senior who knew how to handle them. They were also sent to work isolated from the other prisoners, where they pulled the big iron street roller for a long time. Some of the prisoners from other categories who were also addicted to this habit were transferred to them. With one stroke the homosexual epidemic ended. Even though now and then this unnatural activity took place, they were only isolated cases. In their barracks they were so carefully watched that it was impossible to engage in these activities" (p. 106).

Apparently Hoss considered homosexuals to be active recruiters. Indeed, his experience in the camp suggests that if left with other prisoners, the homosexuals would eventually break down the resistance of others so that they would engage in homosexual behavior. Recent experience has confirmed that homosexuals in prison often offer to "service" other men, telling them they can pretend that they are with a woman while they provide them with oral sex. The same thing occurs in pornographic movie houses.

These experiences put the lie to the whole "born that way" claim or the notion that one's sexuality is fixed after puberty. Clearly, homosexuals could and did "convert" at least some of those with whom they were housed and at a sufficient level

for Hoss to consider it an "epidemic." Hoss believed that homosexuals were so brazen that they could not be treated "like everyone else," even in prison! While most kinds of punishment did not keep some of these addicts from persisting in their homosexual ventures, if dealt with severely enough — and in isolation — even those addicted to homosexuality could be managed.

Prison official Jim Warren, who dealt with murderers in the state of Washington, also had first-hand experience with homosexual recruitment. He related how homosexuals would

seduce or rape other prisoners, and how one [now dead from execution] managed to seduce/rape every single man who was placed in his cell over a period of years.

This homosexual, who was favored by the warden, got a new "playmate" just about every week. So the volume of "converts" or victims was very large indeed. For a significant minority, homosexuality is very persistent and quite resistant to public shaming or punishment.

On the subject of "curing" homosexuals, Hoss relates that some "were put to work in the clay pit of the... brick factory, separated from the other prisoners. This was hard work and everyone had to produce a certain quota... regardless of the weather... [this had] visible results with... the male prostitutes who wanted to earn their living in an easy way and absolutely avoid even the lightest work.... The strict camp life and the hard work quickly reeducated this type. Most of them worked very hard and took great care not to get into trouble so that they could be released as soon as possible.

They also avoided associating with those afflicted with this depravity and wanted to make it known that they had nothing to do with homosexuals. In this way countless rehabilitated young men could be released without having a relapse....

Some men were homosexual because they became weary of women through overindulgence or because they looked for new highs in their parasitic life.

These men could also be reeducated and turned away from their vice. But those who... had become addicted to their vice could not be reeducated.... they were slaves to their vice.... Since they would not or could not give up their vice, they knew that they would never be free again. This most effective mental pressure accelerated the physical decay in these sensitive characters."

"If in addition to that they lost a 'friend' through sickness or perhaps through death, one could predict the future. Many committed suicide. In this situation the homosexual's friend meant everything. It happened several times that two friends decided to commit suicide together [the same phenomenon was noted among the homosexual prisoners while Australia was being settled, Ed.].... If there was doubt that they were completely cured, the homosexuals were inconspicuously brought together to work alongside whores and were closely observed. The whores were told to approach the homosexuals quietly and to excite them sexually. Those who were cured immediately took advantage of this opportunity and they hardly had to be seduced. The incurables didn't even notice the women. If the women were too obvious in their approach, the incurables shuddered with loathing and disgust. After this procedure, those who were about to be released were once more given

the opportunity to get together with other men. Almost all spurned this opportunity and absolutely refused any advances by the true homosexuals. But there were also borderline cases who took advantage of both opportunities" (p. 109).

Clearly, in Hoss' opinion, most who engage in homosexuality can be "cured." When push comes to shove, most will simply "give it up" (and probably when out on the street again, could switch back if sufficient money were offered). There are also some who are so "into" homosexuality that they simply will not stop. As far as they are concerned, life means engaging in homosexuality. They are so addicted that they "are" homosexual. Enslaved to their habit, they are more willing to die than "give it up."

But what proportion of homosexuals are "hard core" to this degree is difficult to determine. Hoss gives no estimates. With alcoholics and drug addicts it appears that at least a third are "hard core." Perhaps the estimate for homosexuals is similar.

We can certainly feel sorry for those who are so trapped by their vice that they cannot get free. On the other hand, if society were forced to accommodate the behavior of hard-core homosexuals, how many other lives would be damaged, perhaps irreparably? True compassion dictates that we not only attempt to keep those who are bent on self-destruction from reaching their demise, but more importantly, that we protect others who might get caught in the same wake of misfortune.

Reference:

Death Dealer: the memoirs of the SS kommandant at Auschwitz, Hoss, Rudolf, 1900-1947, translated by S. Paskuly from Komandant in Auschwitz, Prometheus Books, Buffalo, NY, 1992.

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teens.

In 1997, 379,730 babies were born to unmarried teenagers, but only 109,481 children were born to married teenagers.

The *real* result of sex education, condom education, and the philosophy of equality-of-sexual-lifestyles has been **disaster** for the lives of many American children. Indeed, after a quarter of century of "non-discrimination," "acceptance of sexual diversity" and the like, every year at least twice as many children are being born into unmarried homes, the very homes with the poorest life-chances for a new baby. Further, even with the availability and tremendous spread of abortion, an extra 200,000 children are born into "high risk" environments every year!

The net effect of all the social changes has been to decrease the expression of teenage sexuality in marriage and increase teenage sexuality outside of marriage.

HOW IS THIS A VICTORY FOR SOCIETY? Or, to put it another way, just *whose* victory is it?

In about a generation — 27 years — the teenage mothers of the United States have gone from mainly delivering their children within marriage to mainly delivering them outside it.

Why is our federal government delighted with these figures? Because there were fewer births and fewer children in 1997 than there were in 1970. Regardless of what kind of home is involved and whether or not the mother is married, our government is gladdened when fewer children come into the world. In the bureaucratic mind, a disaster for children is counted as a victory! And a victory for sexual irresponsibility as a victory for society!

Reference:

National Vital Statistics Reports, Vol 47, No. 12, December 17, 1998.

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sider' the current policy involving Gay men. Members of the committee noted that the policy — which bars any man from donating blood if he has had sex with another man just once since 1977 — may be too broad, based on new developments in the testing of the blood for the HIV virus. The FDA has yet to act on the committee's recommendation" (p. 6).

The complaint by McMoore is still in its early stages. Likewise, the FDA has not yet lowered the ban against gay blood. But the handwriting is on the wall and the threat is real. Homosexuals come in all colors, shapes, and sizes. They are defined by their sexual practices, nothing else. The *Washington Blade* complained that "None of the questions seek to differentiate between the type of 'sex' between men, such as anal intercourse or so-called 'safer- sex' practices, such as mutual masturbation or other sexual actions between seronegative and monogamous same-sex couples, which AIDS activists say pose no danger of transmitting HIV."

Notice this last point — that some gays are at almost no risk of HIV. It is true that about 5-10% of gays do nothing or almost nothing but consume homosexual pornography, and another 5-15% only engage in oral sex (substantially minimizing their risk of either getting or giving HIV to others). But who is to know who these relatively "safe" gays are? Should we take their word for it? In the homosexual world, "monogamy" is no safeguard. Those who are "monogamous" are in fact the most likely to get HIV, since they often "cheat" on their partners and also tend to practice riskier sex with their partners in an attempt to share greater biological intimacy.

Over the past few years, at least two Canadian universities were confronted with gays suing

to donate at the schools' blood drives. Given Canada's gay rights laws, both universities canceled the blood drives rather than take gay blood. In the current climate, "rights" often trump public health.

Logically, it is impossible for our government officials to equate homosexuality with heterosexuality, provide gays special rights in regard to housing, employment, etc., but then also deny homosexuals the "right" to donate their blood. As it stands today, AIDS is still primarily a gay disease, a disease the general population is paying for out of pocket (e.g., homosexuals get social security disability, special governmental help with their medical bills, etc.). But the homosexual lobby will not rest until every last vestige of discrimination against them is eradicated. They want to share their lifestyle and themselves with the world, and be affirmed in doing so.

Watch out! The FDA is crumbling on this issue. As is ever the case, politics in the name of radical egalitarianism is trumping genuine public health.

Reference:

Washington Blade, 2/5/99

FAMILY RESEARCH REPORT

Family Research Report critically examines empirical data on families, sexual social policy, AIDS, drug addiction, and homosexuality, digging behind the 'headlines' and breaking new scientific ground.

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Cameron's Corner

The Dirty Secret of Deliberate Infection

FRI has warned about the strange behavior of gays who are HIV infected. A significant number of HIV infections are deliberately caused or deliberately sought, and even more are due to "carelessness." Early this year the *San Francisco Chronicle*, hardly an anti-gay organ, sounded an alarm about "barebacking." In this practice, condoms are abandoned so that the "excitement" of possibly getting or giving the virus — among a mixture of anonymous homosexuals — is promoted.

In a Castro Street 'bareback house,' the "act of seeking HIV" is called "bug chasing" and seeking to infect others with the virus is "giving the gift." Said Michael Scarce, 28, "who now works at a resource center for homosexuals and lesbian students at the University of California at San Francisco," "homosexual men need to recognize the appeal of unprotected sex in order to come to terms with it. We have to stop kidding ourselves that safer sex is hotter sex. It's just not. There is a particular appeal to barebacking because it is sexier. It is hotter. It amazes and impresses me that gay men value their sexuality, and that they find such meaning in it that they are willing to take certain kinds of risks. That is an important and beautiful thing, although it can have harmful and damaging consequences."

Important?!! How utterly worthless gay sex is. It does nothing for society in either the short or long term.

Beautiful?!! Two or more men having sex in ways violative of any semblance of hygiene and without regard to the medical consequences is hardly "beautiful." Disgusting, yes, nauseating, perhaps... beautiful, never.

Dr. Tom Coates, director of the USCF AIDS Research Institute, and himself HIV-positive, asked in the same article, "how sympathetic will be the public, which has coughed up a lot of money for services and research, if we don't have responsibility?"

Indeed. What exactly constitutes "responsible" sex between men? And why should all taxpayers subsidize gay sex and gay diseases? Recent CDC reports from San Francisco and other gay centers find that condom use is decreasing among younger gay men. Likewise, the rate of HIV infection among them is increasing. What utter madness!

Dr. Coates, an open homosexual, is one of the "researchers" that taxpayers support. Without taxpayer funding it is uncertain just what Dr. Coates would do for a living. But we all get to support him now as he "struggles" with the disease he got through gay sex and tries to tell other gays how to avoid his fate! Of course, we will have to support him in the future with expensive drugs, blood products, and treatments as he dies of AIDS.

Reference: Sabin Russell, *San Francisco Chronicle*, 1/29/99

Who Is Getting AIDS Today?

AIDS began as a white, gay disease, but — like gonorrhea and syphilis — is slowly becoming a black and brown disease. The patterns for the races differ, however. For white men in the past year, of the 13,727 AIDS cases for which the mode of transmission was known, 83% were among gays, 15% among IV drug shooters, and 4% among heterosexuals. Similarly, for those states that record positive HIV infections, of 3401 cases whose mode of transmission was known, in the past year, 84% were among gays, 11% were among drug shooters, and 5% were among heterosexuals.

Of the 12,259 blacks whose mode of transmission was

known, 48% of the cases were among gays, 38% among drug shooters, and 13% among heterosexuals. Of the 3035 cases in those states that record HIV infections, 49% were gay, 54% were shooters, and 23%

"AIDS education" among whites, the most educated portion of the U.S. population, has obviously "bombed"

were heterosexuals.

For the 6742 hispanic men whose mode of AIDS transmission was known, 51% were gay, 38% were shooters, and 10% were heterosexual. For the known HIV infections among hispanic men, 41% were gays, 13% were shooters, and 6%

were heterosexuals.

Since it is relatively certain that almost all of those with full-blown AIDS were infected before those who were newly-registered as HIV-infected, consider what the following

comparisons tell us: white gays with AIDS (83%) vs. white gays with HIV (84%); white shooters with AIDS (15%) vs. white shooters with HIV (11%); white heterosexuals with AIDS (4%) vs. white heterosexuals with HIV (5%). Clearly there has been little if

any change in the modes of HIV transmission. "AIDS education" among whites, the most educated portion of the U.S. population, has obviously "bombed." Among whites, AIDS is still very much a gay disease.

For the same comparisons in blacks, gays ran 48% vs. 49%, shooters ran 38% vs. 54%, and heterosexuals ran 13% vs. 23%. For hispanics, gays ran 51% vs. 41%, shooters ran 38% vs. 13%, and heterosexuals ran 10% vs. 6%. The only possible "success" one might point to would be among hispanic drug shooters.

From another angle, consider the absolute numbers of new HIV infections for men recorded during all of 1996 vs. the period from mid-1997 through mid-1998:

1996 vs. 1998

white gays: 2,638 vs. 2,851
white shooters: 359 vs. 361
white heterosexuals: 108 vs. 155

black gays: 1,563 vs. 1,628
black shooters: 837 vs. 701
black heterosexuals: 416 vs. 687

With the exception of drug-shooting blacks, the numbers are up in every case. How is this an educational success? If you spend billions of dollars on "education" to prevent something and you get more of it, isn't that a failure?

The same statistics for adolescents are no more encouraging. For those aged 13-19 who were newly recorded as HIV-infected:

1996 vs. 1998

gays: 105 vs. 113
shooters (boys + girls): 23 vs. 20
heterosexuals
(boys + girls): 143 vs. 185

AIDS education is a waste of time and money!

References:

Vol 8, No. 2 vs. Vol 10, No. 1
HIV/AIDS Surveillance Report,
Centers for Disease Control.