

Review:

“Take Back The Schools!” Handbook for California Parents

by Nikki Erickson

The latest addition to NARTH’s Irving Bieber Memorial Library is a handbook by Scott Lively entitled, *“Take Back the Schools.”* While aimed at the laws governing the State of California and geared primarily toward Christian parents, this handbook is filled with useful suggestions for all parents on how to limit homosexual activism in public education, while restoring a family-friendly climate for schoolchildren.

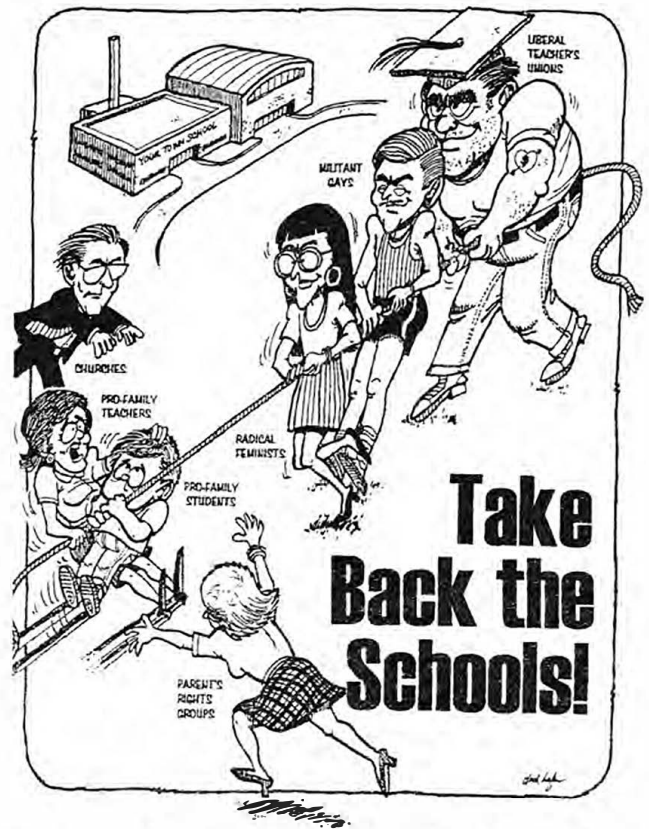
The first chapter includes a checklist on community activism and explains in great detail how to start a parent’s rights group. It then goes on to outline a strategy that will enable the parent’s group to establish a plan of action to stop gay activism in the schools. By insisting on fairness, freedom of speech, and equal time, Mr. Lively provides step-by-step instructions on how to transform the school district’s policy.

The next two chapters focus on opportunities for service in the local schools, including sponsorship of pro-family or Christian clubs for interested students on campus.

Chapter 4 covers the School District-based “Insiders Alliance” approach. The purpose of an “insider alliance” is to identify allies within the school system; once they are known, support can be obtained for a like-minded group before it is publicly announced. The pamphlet goes on to explain how to form a pro-family Association and how to restore a family-friendly climate for schoolchildren.

The “Argument From Design” Resonates with Secularists as Well as Religionists

This chapter also introduces the concept of “teleologism”—a term which is derived from Aristotle’s philosophy of teleology which teaches that the purpose of things can be known from their design and function. Teleologism is the non-religious, pro-family philosophy which offers a legally viable alternative to secular humanism as a way of understanding the homosexual issue—i.e., “normality is that which functions according to its design.”



Take Back the Schools provides practical advice and instruction for anyone interested in resisting the pro-gay agenda in the public schools. Each chapter offers numerous helpful forms and/or resources for further information. There is an entire chapter (Chapter 5) devoted to “How to Win a School Board Election.”

Chapter 6 rounds out the “resources available” section by listing the names and contact information for newsletters, manuals, tapes, videos, CDs, scientific papers/articles, books, web sites from a pro-family perspective, as well as the web sites of homosexual activism to monitor.

Determination and Persistence Win the Day

A reading of *Take Back the Schools* indicates that taking back the schools is not an easy task. It is a great deal work that will only bear fruit if undertaken by persons with enormous determination and dedication to the cause. Still, Mr. Lively has laid out in detail the steps necessary to fulfill that ambitious goal.

To order a copy, contact Abiding Truth Ministries, 916-676-1057, or www.abidingtruth.com. ■

NARTH Celebrates 10-Year Anniversary

In March 2002, NARTH marked ten years since its beginning as a three-man organization. Since then, we have gained one thousand members, published two research studies, held several national conferences, provided thousands of individuals with scientific information, and challenged the mainstream mental-health associations on a variety of important clinical and scientific issues.

is an unavoidable result of male-with-male sex—not to mention the increased rates of alcoholism, drug abuse, depression, suicide and other maladies that so often accompany a homosexual lifestyle?⁵ People with this whole cluster of behavior patterns are somehow “normal”?

My primary question is: *why isn't homosexuality considered a disorder on the basis of its medical consequences alone?* Dr. Satinover and others have made a solid case for why homosexuality parallels alcoholism as an unhealthy addiction. It should have a parallel diagnosis.

There is a lot of literature, including on the NARTH website, discussing the 1973 removal of homosexuality as a diagnosis. The arguments against the change in diagnosis seem to center around “societal standards,” moral relativism, “subjective distress” of the client, and whether or not there is an objective standard for “psychological” normalcy (for instance, the debate between Joseph Nicolosi and Dr. Michael Wertheimer in *A Clash In Worldviews: An Interview with Dr. Michael Wertheimer*).

Homosexuality as a Public Health Issue

While these considerations are important, it seems like we can set aside, for the moment, the debate on whether homosexuality should be classified as a developmental disorder. Very simply, it seems, an objective person *just looking at homosexuality's lifestyle consequences* would have to classify it as some kind of pathology. Does it or does it not lead to a dramatically shortened lifespan? Studies say it does, by as much as 40%; the Cameron study being only one of many other studies that suggest this.⁶

Taken together, these studies establish that homosexuality is more deadly than smoking, alcoholism, or drug addiction. However, it appears that far too few physicians or other professionals are making arguments in favor of a homosexuality as a diagnosis based on its adverse health consequences.

While doing research into the history of the 1973 decision to remove homosexuality from the diagnostic manual of disorders, I have been shocked to find out the specious reasoning upon which the decision was based, and that qualified physicians have allowed the decision to stand.

On Feb. 5, 2002, I corresponded by e-mail with Dr. Robert Spitzer of the APA and asked him to send me references for the position papers and studies upon which his committee based its decision to remove the diagnosis. He told me to read Ron Bayer's book,^{vii} the “closest thing to a position paper” (*American Journal of Psychiatry*, 130:11, 1207-1216), and he said, “There was no specific list of references, but what was influential too was the Evelyn Hooker Rorshach study and the Eli Robins community study.”⁸

There are many published criticisms of the Hooker study—how respondents were specifically selected rather than at random, and other methodological limitations.⁹ Dr. Charles Socarides, who was also on the Task Force on Nomenclature, informs us also that Spitzer was influenced by the Kinsey Report, which was recognized as early as 1976 by “social progressives” like Prof. Paul Robinson of Stanford as “a pathetic manifestation of Kinsey's philosophical naivete.. a mechanical contrivance, which...bore little relation to reality,”¹⁰ and since has been discredited by the work of Judith Reisman and others.

It is clear that Dr. Socarides was right when he said that the decision to remove homosexuality as a diagnosis “involved the out-of-hand and peremptory disregard and dismissal not only of hundreds of psychiatric and psychoanalytic research papers and reports, but other serious studies by groups of psychiatrists, psychologists and educators over the past seventy years...”¹¹

It appears even more obvious that the Task Force on Nomenclature cavalierly ignored (and the APA's continue to ignore!) the substantial and unambiguous evidence that homosexuality is a life-threatening behavior with an addictive component which has serious health implications.¹²

That the APA's have escaped accountability for their lack of scientific and professional integrity is especially incredible since the advent of the AIDS epidemic. There are currently an estimated 900,000 people in the United States that are infected with the HIV virus, or 1 in 300 Americans. Though there has been a decrease in AIDS deaths per year due to drug therapy, (which costs an average of \$12,000 per patient per year) *the rate of new infections per year* has remained the same, at 40,000, despite the twenty year “safe-sex” campaign.¹³

These facts demonstrate the failure of current policies in containing the AIDS epidemic. While drug therapy will briefly extend the life of these patients, AIDS remains the fifth leading cause of death among those aged 25-44, and 60% of new cases are contracted by men who have sex with men.¹⁴

According to the Centers for Disease Control (CDC), homosexual men are a thousand times more likely to contract AIDS than the general heterosexual population.¹⁵

Dr. Satinover has said in an interview with NARTH:

“A recent article in a psychiatric publication informed us that 30% of all 20-year-old homosexual men will be HIV positive or dead by the age of thirty. You would think that the objective, ethical approach would be,

let's use anything that works to try to take these people out of their posture of risk. If it means getting them to wear condoms fine. If it means getting them to give up anal intercourse, fine. If it means getting them to give up homosexuality, fine. But that last intervention is the one intervention that it absolutely taboo.

"There is no doubt that a cold, statistical analysis of this epidemic would lead you to believe that this attitude of political correctness is killing a substantial proportion of these people. I think there is an element of denial, in the psychological sense, of what gay-related illnesses really mean."¹⁶

It seems to me that the APA's should be aggressively pressed to recognize the facts about the morbidity and mortality directly attributed to homosexuality, or be exposed for the recklessly irresponsible "guardians of the public health" they have become, at least on this issue.

When will doctors and other health care workers demand that officers in the American Psychiatric Association respond to the clear evidence in the following: the book *Homosexuality and the Politics of Truth*; the mortality rates listed in their own "APA's Practical Guidelines for Treating Patients with HIV/AIDS";¹⁷ and other important reports, such as the Monograph put out by the Institute of Sexual Health, *Health Implications of Homosexuality?*¹⁸

Lest we think that APA officers justify their neglect of medical consequences of homosexuality on the basis that sexual orientation cannot be changed, we note that Robert Spitzer acknowledged in his original 1973 position paper on Nomenclature that "modern methods of treatment enable a significant proportion of homosexuals who wish to change their sexual orientation to do so."¹⁹

He has now offered further evidence that sexual orientation can be changed with his recent study.²⁰ We know that changing sexual orientation only became "impossible" in the nineties, as part of a political strategy by gay activists.²¹

Spitzer and his allies' rationale for removing homosexuality as a diagnosis in 1973 was that to be considered a psychiatric disorder, homosexuality—

"must either regularly cause subjective distress, or regularly be associated with some generalized impairment in social effectiveness or functioning....Clearly homosexuality *per se* does not meet the requirements for a psychiatric disorder, since,

as noted above, many are quite satisfied with their sexual orientation and demonstrate no generalized impairment in social effectiveness or functioning." (Spitzer, et.al, p. 1215).

The Task Force's reasoning fails for several reasons. First, even if we grant the validity of their stated criteria (which is questionable), the fact that *many* homosexuals "are satisfied with their sexual orientation," fails to take into account the large number of homosexuals who are *not* "satisfied" with their sexual orientation and who *do* experience "subjective distress and generalized impairment in social functioning." The removal of the diagnosis is not just unfair, but cruel to those who would seek treatment for their condition.

The Evidence for "Generalized Impairment"

Secondly, there are unambiguous reasons to think that homosexuality *per se* does cause "generalized impairment in social effectiveness or functioning." If in fact it is a lethal addiction, and the many studies documenting the behavior patterns of homosexuals are correct (that show compulsive patterns of promiscuity, anonymous sex, sex for money, sex in public places, sex with minors, concomitant drug and alcohol abuse, depression, suicide), for the APA to argue that these features do not constitute an "impairment of social effectiveness or functioning," stretches the boundaries of plausibility. To argue that *early death* does not constitute an "impairment of social effectiveness or functioning" is absurd.

The APA claims its mission is "to promote a bio-psycho-social approach to understanding and caring for patients, in all aspects of health care, including illness prevention" (APA's Strategic Goals Statement). Thus the APA violates its own goals then when it ignores evidence that homosexuality may be preventable, and denies reorientation therapy to those who want it.

A careful reading of the articles opposing reorientation therapy reveals their authors' rationale that they find such therapy to be "oppressive" to those who do not want therapy.²²

What if this logic was applied to any other lethal illness? What if doctors said, "We refuse to treat cancer (or, say, alcoholism) because we only achieve a 50% cure rate—and many people who don't want to be cured find it oppressive that we do cure the others?" Why wouldn't the lawsuits for malpractice be filed?

We know that Ronald Gold of the Gay Activist's Alliance, an openly gay man, was a member of the committee to remove homosexuality as a diagnosis in 1973. We know that gay activists were disrupting meetings, threatening doctors, and using other strong-arm tactics to get their way at that time.²³

We also know that homosexual activists like Dr. Richard Isay in the American Psychiatric Association have pressed for resolutions to punish therapists for practicing reorientation therapy, and that threats of lawsuits appear to be the main reason the APA has not implemented his proposals.²⁴

We know homosexual advocates in the APA continue to suppress debate about Spitzer's new study offering evidence that sexual orientation can be changed (and to suppress debate about other supporting studies).²⁵ We also know that active homosexuals such as Clinton Anderson at the American Psychological Association say that NARTH can not be permitted to engage in open debate or to announce its meetings in APA publications simply because APA disagrees with the premises upon which reorientation therapy is based.²⁶

For these reasons, I do not think it is far-fetched to use the analogy that the "drunks are running the rehab center," in reference to the APA's—at least as far as homosexuality is concerned. Active homosexuals can hardly be objective about an addictive behavior they engage in themselves. In light of the medical evidence, it seems that the Galenic dictum, "physician heal thyself," should apply, as it did in the past, as Dr. Satinover suggests.²⁷

It seems to me the situation in this country will only get worse until the APA is held directly responsible for what is arguably their criminal negligence. In failing to reckon with serious medical consequences of the homosexual behavior pattern, they are harming society as a whole, and especially the upcoming generation.

The recent decision by the American Academy of Pediatrics to endorse gay adoptions is yet another disturbing example of how the decision to "normalize" homosexuality by the APA has had a broad ripple effect. Health professionals especially, should heed Dean Byrd's outcry on the NARTH website that it is time that the American people "insist on truth, not politics, from all of our professional organizations."

What will it take to insist on truth? Lawsuits? Protests? In my opinion, doctors and other health professionals must exert pressure, or share culpability.

What if every member of NARTH, and every person reading this letter sent a copy of it to the president of the American Psychiatric Association and insisted upon a response? Open debate is the least that psychiatrists owe our society—especially those whose lives and loved ones are at risk.

The following is contact information for NARTH members interested in speaking out on this issue.

American Psychiatric Association
President, Richard Harding, M.D.
RHarding@Richmed.medpark.sc.edu

President-Elect, Paul Appelbaum, M.D.
appelbap@ummhc.org

Or: American Psychiatric Association
1400 K Street N.W., Washington, DC 20005
(888) 357-7924 | FAX 202-682-6850 | apa@psych.org

Endnotes

(1) Melonakos, Kathleen, *Saunders Pocket Reference for Nurses*, Philadelphia: Saunders, 1990, (2nd ed.), with Sheryl Michelson, , 1995.

(2) Satinover, Jeffrey, *Homosexuality and the Politics of Truth*, Hamewith/Baker Books, 1996.

(3) For an eye-opening survey of the medical studies and journal reports describing the unhygienic and disease-producing practices of homosexuals, see <http://www.cprmd.org>, "Homosexual Myths—Male Homosexuals are Healthy and Have Normal Sex Lives."

(4) W.E. Owen Jr., "Medical Problems of the Homosexual Adolescent," *Journal of Adolescent Health Care* 6, No.4, July 1985, pp. 278-85.

(5) See O'Leary, Dale, "Recent Studies on Homosexuality and Mental Health," <http://www.narth.com/docs/recent.html>. O'Leary gives a summary of health findings and references for specific studies.

(6) Mr. Trey Kern, President of the Citizen's for Parent Rights, in Pasadena, Maryland has collected an impressive amount data on studies documenting the diminished life-span of active homosexuals. See www.cprmd.org, "Homosexual Myths: Homosexuals Live Long Lives, Fact Sheet. Studies include: G. Tardieu, 1858; M. Hirschfield, 1914, Kinsey, 1930's, 1940's; Mattachine Society, 1950's; Berger, 1960's, Kinsey Institute, 1969; Spada Report 1978; M. Mendola, 1979; Cameron, Playfair, Wellum, 1994; Hogg, R.S., et. al, *International Journal of Epidemiology*, 1997; Cameron, P, Cameron, K, Playfair, WL., *Psychological Reports*, 1998.

continued

- (7) Bayer, R. *Homosexuality and American Psychiatry*, Princeton University Press, 1987. Mr. Bayer chronicled the story of how homosexuality was removed as a diagnosis. It confirms that the APA did not officially investigate or study the issue thoroughly before it gave formal approval of the deletion of homosexuality from the DSMII.
- (8) Personal e-mail correspondence with Dr. Spitzer, Feb. 5, 2002.
- (9) Socarides, Charles, W., "Sexual Politics and Scientific Logic: The Issue of Homosexuality," *The Journal of Psychohistory*, 10:3, 1992, p. 309 Dr. Socarides explains that a task force within the APA itself concluded in 1973 that Hooker's study was full of methodological errors, and did not warrant her conclusions. See also, Joseph Nicolosi, "Clash of Worldviews: Interview with Michael Wertheimer," www.narth.com.
- (10) Socarides, p. 324.
- (11) Socarides, p. 315.
- (12) Spitzer, R.L., et. al, in "Symposium: Should Homosexuality Be in the APA Nomenclature?" *American Journal of Psychiatry*, 130:11, 1973 make no mention whatsoever of any health implications of homosexuality. Also, I asked Dr. Spitzer in an e-mail correspondence April 4, 2001, whether there was any chance the APA might change its policy in light of evidence that sexual orientation can be changed and the negative impact of homosexual practices upon lifespan. He acknowledged nothing about shortened lifespan, but gave a one-sentence reply that said there was no possibility that APA would change its policy on homosexuality at that time.
- (13) "APA's Practical Guidelines for the Treatment of Patients with HIV/AIDS," *Epidemiology, Clinical Features Influencing Treatment*, sections, www.psych.org/aids/.
- (14) *Ibid*, Anti-Viral Treatment section.
- (15) *The HIV/AIDS Surveillance Report*, U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Infectious Diseases, Division of HIV/AIDS, January, 1992, p. 9.
- (16) Satinover, Jeffrey, "Reflections: Interview with NARTH," Feb. 5, 2001, <http://www.narth.com/docs/satinover.html>.
- (17) See American Psychiatric Association website, www.psych.org/aids/, or obtain bound copy of report available from American Psychiatric Publishing, Inc., 1-800-368-5777, or www.appi.org.
- (18) Monograph is available from The Institute of Sexual Health, P.O.Box 162306, Austin, TX 78716, ph (512) 328-6268, fax (ph) 538-6269.
- (19) Spitzer, R.L., et. al, "Symposium: Should Homosexuality Be in the APA Nomenclature?" p.1215.
- (20) Spitzer, R.L., "Two Hundred Subjects Who Claim to Have Changed Their Sexual Orientation from Homosexual to Heterosexual," presentation made at the American Psychiatric Association, May 9th, 2001, in New Orleans, available from NYS Psychiatric Institute, New York, NY, 10032, phone (212) 543-5524.
- (21) Rev. Dr. Earle Fox, former president of the chapter of Exodus Intl. whose members picketed the 2000 APA convention to protest the denial of therapy to those who want it (which resulted in Dr. Robert Spitzer's 2001 study on reorientation therapy), tells in "Homosexuality Wrongly a Civil Right," *Delaware State News*, January 13, 2002, how no one was disputing that sexual orientation could be changed until gay activists, Kirk and Madsen, in *After the Ball: How America will Conquer It's Fear and Hatred of Gays in the 90's*, Doubleday, 1989, outlined their plan to convince America gays were "born that way," and "beyond the realm of moral choice," p. 189.
- (22) For an extensive survey of the articles promoting the view opposing reorientation therapy, see Diamond, Eugene, et.al, *Homosexuality and Hope*, the results of a two-year study, published by the Catholic Medical Association, p. 14, obtainable at P.O. Box 757, Pewaukee, WI, 53072 or <http://www.cathmed.org>. Some of the articles quoted are Davison, G., 1982; Gittings, 1973; Begelman, 1975, 1977; Murphy 1992; Sleek 1997; Silverstein, 1972; Smith, 1988. See also, "Psychiatrists Reject Therapy to Alter Gays: Efforts aimed at Turning Homosexuals into Heterosexuals are Harmful, Professional Board Declares, Even for Those Not Being Treated," *Los Angeles Times*, Dec. 12, 1998.
- (23) Socarides, p. 310. See also, Satinover, p. 31-40.
- (24) See Satinover, p. 36,180-182, and Stern, Mark, E, "The Battle Against the A.P.A. Resolution", [www.narth.com, Interviews/Testimonies](http://www.narth.com/Interviews/Testimonies).
- (25) Rev. Dr. Earle Fox, *Delaware State News*, Jan. 13, 2002.
- (26) *NARTH Bulletin*, Vol. 10, No. 3, Dec. 2001, Letter from Clinton W. Anderson to Drs. Nicolosi and Byrd, p. 16.
- (27) Satinover, p. 47. ■