

Only the gay die young?

An exchange between Warren Throckmorton, Morten Frisch, Paul Cameron and Kirk Cameron regarding the lifespan of homosexuals.

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Introduction¹

In late March, 2007, a spate of articles and news releases were released from Drs. Paul and Kirk Cameron purporting to demonstrate that the life expectancy of homosexuals is 20 to 30 years lower than that of straights. Behind this flurry of activity was a poster session presented at the March, 2007 Eastern Psychological Association convention in Philadelphia.

The first news release was titled “1.4% of Adults Homosexual?” This release carried a link to a paper presented at the Eastern Psychological Association, titled, Federal Distortion of Homosexual Footprint (Ignoring Early Gay Death?). However, according to the letter below from the president of the EPA, Dr. Phil Himeline, the title and intent of the paper referenced by the news release is different than what the Camerons told the EPA they would present.

Following the first news release, others followed from the Camerons’ Family Research Institute proposing that a reason fewer people over age 60 identify as homosexuals is because they are not alive (see Attachments for all the news releases from the Family Research Institute from March 23 – April 10). Noting in the news releases that the report was presented at the EPA convention, the Camerons based their assertions on data from Denmark and Norway.

On April 3, I received an email from Paul Cameron with the subject line: “gays die too young to permit them to adopt.” The email contained a Rocky Mountain News article quoting Paul Cameron and an April 2 news release he said he gave to the Colorado legislative committee titled, “Gays Disruptive, Die Sooner & Their Kids Complain.” It was addressed to over 40 news outlets and bloggers, with this message in the body of the email: “How about an interview?”

Claims of greatly diminished life spans have puzzled me, so I decided to examine them. I also wrote to Dr. Himeline with questions about the Camerons’ report. By permission, here is his letter of response.

Dear Warren Throckmorton,

In response to your query, the following is a statement suitable for public distribution, provided that quotations from it are not lifted out of context.

Phil Himeline

Paul Cameron and Kirk Cameron have posted for circulation a controversial and lengthy manuscript that purports, via the tagline at the bottom each page, to be the account of a presentation at the March 2007 meeting of the Eastern Psychological Association. The title of that manuscript, as well as its main emphasis, focuses upon an issue that was not present in the title nor was it in the supporting materials that were submitted by the Camerons for a poster presentation at EPA.

¹ Much of what is contained in this paper is adapted from entries to Warren Throckmorton’s blog at www.wthrockmorton.com. All materials of other authors are used by permission.

The submitted title, which appears in the EPA printed program, is: “Federal distortion of homosexual footprint.” The accompanying Abstract asserts that the proportion of the Canadian population identified as lesbian, gay and bisexual is substantially lowered if adults over age 60 are included than if they are excluded from the sample. The asserted implication is that federal agencies are exaggerating the size of the homosexual proportion of the population by excluding adults over 60 from the assessments.

In contrast, the manuscript at issue carries the title: “Federal Distortion Of Homosexual Footprint (Ignoring early Gay Death?).” Two of the three paragraphs in its accompanying Abstract focus upon the topic of the added parenthetical phrase, which is an inference — indeed a topic — that was not present in the materials submitted to EPA. Irrespective of its potential for controversy, it is highly unlikely that the augmented/altered version would have been accepted for presentation, for there clearly are many reasons other than differential longevity that could result in the under-reporting of homosexuals over 60.

Whatever its content, even the format of the manuscript to which the EPA identification has been affixed — a manuscript of more than 7000 words plus three tables and six graphs, would have been completely inappropriate as a poster presentation, which was the venue in which Dr. Cameron proposed to participate in the meeting.

To clarify the relevant history and circumstances: After putting out the call for submissions to be proposed for the EPA meeting, we typically receive over 700 submissions as was the case this year. These submissions are divided into categories (e.g. Animal Learning, Social psychology, etc ..) and each section is reviewed by a volunteer on the program committee. As each submission typically has at least two authors, vetting authors against other organizations’ lists of people with problematic ethical records is simply an impossibility, especially given the time-frame of preparations for an annual convention.

For acceptance, a work had to be complete, be methodologically sound using proper data collection techniques and/or experimental methods, the conclusions had to be derivable from the presented results, and the topic deemed to be one that could stimulate interest and discussion among those attending the meeting.

The submission by Dr. Cameron indicated that there was a possibility that the prevalence of homosexuals in the population had been overestimated by previous techniques. Data were presented, reportedly using a broader defined sample than that used by government agencies, which indicated that the prevalence of homosexuality in the population was smaller than had been previously suggested. The submission by Dr. Cameron was for a poster presentation, and it was accepted as a poster, not as a paper or address. Whatever the Camerons ultimately presented, occurred in an hour-long “poster session” among approximately 70 posters.

There was nothing in the materials submitted by the author for review by EPA that indicated that the work could, or would, be informative with respect to the longevity of homosexuals.

Sincerely,
Philip N. Hineline
President, Eastern Psychological Association

I then provided Drs. Cameron with the letter from Dr. Hineline and asked for an on-the-record response to it. The following email is Dr. Paul Cameron's reply:

Dear Professor Throckmorton:

I'm not surprised -- not even annoyed -- that Dr. Hineline has made an issue of the fact that we covered more ground in our poster than we promised in our abstract. In making this point, he implies that the rules for the presentation of posters at the EPA are as rigidly codified and enforced as procedures in a criminal trial. Such is by no means the case.

As you know, posters are probably the most informal way our profession has devised to present new information at a convention. You put up the poster and you hope people will stop and ask you questions about your research or request a copy of the findings you are presenting.

At a recent meeting, one scholar attached the word SEX to the top of his poster. When asked why did it, he smiled and said, "Just to catch people's attention." Did he seek permission from the EPA to include that Attention Grabber in his poster presentation?

Surely Dr. Hineline knows that, over the years, numerous posters have contained information not included in the abstract. So is he implying that if the organization had known what the Canadian, Norwegian, and Danish reports told us about the gay lifespan, the EPA would have rejected the proposed poster? I hope not. If so, then the EPA has sacrificed scientific inquiry to political correctness. If not, then what is Dr. Hineline's point in bringing up this matter?

Besides, what he says about the presentation is in error. He writes that there was: "nothing in the materials submitted by the author for review by EPA that indicated that the work could, or would, be informative with respect to the longevity of homosexuals." Inspection of Table 1 and the four-page abstract itself would challenge that assertion.

Table 1. Sexual Preferences In Canada: 2003 (in weighted %)

Age	N	Hetero	Homo/Bi	Unknown	Hetero/Homo
18-24	11,335	92.85	1.96	5.2	47/1
25-34	19,204	92.96	1.96	5.1	47/1
35-44	21,269	92.79	1.92	5.3	48/1
45-54	21,282	93.04	1.32	5.6	70/1
55-64	19,538	92.56	0.85	6.6	109/1
65+	28,672	86.25	0.37	13.4	233/1
All	121,300	91.81	1.43	6.76	64/1

Note: Hetero = heterosexual; Homo/Bi = homosexual or bisexual; Unknown = refused or coded as don't know; Hetero/Homo = Ratio of heterosexual to non-heterosexual

The almost 1 of 50 adults homosexual before the age of 45 plummeted to 1/233 adults homosexual after age 64. These data demand explanation. And (from the proposal)

In the Canadian database, a decline in homosexuality was evident by the fourth decade of life. Those who identified themselves as homosexual constituted a relatively stable fraction of adults only for those aged into their mid-40s (e.g., one of every 47-48 adults). Thereafter, their proportion dropped regularly, down to one of every 234 adults in old age (65+), resulting in an overall estimate of 1.4% of adults who were homosexual.

As you can see, in both the table and the abstract, we note the precipitous decline in the homosexual population following middle age. Indeed, failure to consider the reason for this decline would have constituted negligence on our part.

We extrapolated the figures on the gay lifespan after we had submitted the abstract; and since they came from Census Bureaus as the Canadian statistics, we thought they deserved inclusion. I think this incident illustrates the sad truth that if you publish research that is inconvenient to the gay rights movement, you encounter more obstacles than those whose work supports gay claims.

Given the number of typos in Dr. Himeline's email, I wonder if it was not written in haste and hence without the reflection necessary to state his case clearly and accurately. Perhaps he has read the misleading information about me that the American Psychological Association distributes and has assumed them to be a reliable indicator of my skill and diligence as a scholar. If such is the case, I understand his attitude. Few professionals whether doctors, lawyers, or psychologists — like to question the integrity

of their national organization. Yet all of these groups have become battlegrounds for proponents of various political agendas.

All the best,

Paul Cameron

Peer review: Morten Frisch

My initial interest in this topic is to provide the best information possible to those with sexual identity conflicts. Often, clients and those who attend my talks ask about the claims of shortened life span for gays. Thus, I asked Danish epidemiologist, Morten Frisch to review it.

Dr. Frisch reviewed the study and gave me permission to include his reaction on my blog, dated April 13.

Dr. Throckmorton:

Cameron and Cameron's report on "life expectancy" in homosexuals vs heterosexuals is severely methodologically flawed.

It is no wonder why this pseudo-scientific report claiming a drastically shorter life expectancy in homosexuals compared with heterosexuals has been published on the internet without preceding scientific peer-review (<http://www.earnedmedia.org/frireport.htm>). The authors should know, and as PhDs they presumably do, that this report has little to do with science. It is hard to escape the idea that non-scientific motifs have driven the authors to make this report public. The methodological flaws are of such a grave nature that no decent peer-reviewed scientific journal should let it pass for publication.

As a measure of gay individuals' average 'life expectancy at birth', Cameron and Cameron gathered information about age at death from obituaries for homosexual people in the U.S., and they obtained Scandinavian data regarding the average age at death among homosexually partnered persons who died within a period of up to 14 years after the introduction of laws on homosexual partnerships.

Due in part to reports like the present homosexual persons remain subject to stigmatization. The majority of homosexual people, even in comparatively liberal countries like Denmark, are not open about their sexuality in public. Particularly older homosexuals who grew up in periods when their sexuality was either a crime or a psychiatric diagnosis tend to remain silent about their homosexuality in public. Therefore, the higher prevalence of self-reported homo/bisexual experiences and feelings in younger than older age groups most likely reflects that young gays and bisexuals are less hesitant than older ones to provide honest answers in sex surveys.

The majority of homosexual individuals in the report by Cameron and Cameron were presumably open about their same-sex preferences. The groups studied comprised

homosexuals who had entered registered partnerships in Denmark or Norway, and homosexuals in the U.S. whose relatives considered homosexuality to be such an integrated part of their deceased loved ones' personalities that they felt it natural to mention in the publicly available obituary. Since, as noted, age is a strong determinant of openness about homosexuality, the study groups of deceased homosexuals in Cameron and Cameron's report were severely skewed towards younger people. Consequently, the much younger average age at death of these openly homosexual people as compared with the average age at death in the unselected general population tells nothing about possible differences between life expectancies in gays and non-gays in general. All it reflects is the skewed age distribution towards younger people among those who are openly homosexual.

To further illustrate Cameron and Cameron's methodological blunder, imagine a country that sets up a new register to record all cases of sexual harassment against women. After 14 years of operation the register is contacted by an advocacy group who gets access to the data to examine how sexual harassment influences women's life expectancy. Among those women who died during the maximum of 14 years of follow-up, few women will have died after the age of 50, simply because most sexual harassment cases occurred among young women. Using the same logic and methods as Cameron and Cameron, this advocacy group could arrive at the conclusion that sexual harassment reduces women's 'life expectancy' by 30 years or more. Needless to say, this would be as pure nonsense as the conclusion reached by Cameron and Cameron that heterosexuals outlive gays by 22-25 years.

In theory, despite their possession of academic degrees, the authors may have been unaware of the flawed methodology they used and, therefore, they may have been in good faith when writing their report. If so, they should promptly retract it to avoid further stigmatization of homosexual persons. However, expectations that this will happen are slim. Results simply fit too well with the views they have previously expressed.

Morten Frisch, MD, PhD, DSc(Med)
Senior epidemiologist
Copenhagen, Denmark

Kirk Cameron Responds

A week later, Dr. Kirk Cameron responded to Dr. Frisch's critique. Dr. Cameron's lengthy response is included in full here:

Dear Dr. Throckmorton,

April 20, 2007

As a psychologist interested in issues of sexuality, you are aware that science — including the science of sexuality — is chiefly advanced via competent evidence. Theories about how or why things work are important, but unless they are backed by supporting data, theories alone are relatively useless. That is why I am writing to you.

You have taken some interest in our latest research on the homosexual lifespan, a portion

of which we presented in a poster session at the Eastern Psychological Association (EPA) convention in Philadelphia last month. Obviously, our findings regarding the apparently shorter average lifespan of homosexual practitioners have stirred up a veritable hornets nest (as they have in the past). You may be aware that several gay activists were reported on the internet as claiming that my father and I weren't even at the EPA meeting, but instead made the whole thing up just to put the name of a scientific body on our paper. I was surprised at such sloppy and obviously false reporting, especially as our presentation was clearly listed on the schedule for the conference and posted to the EPA website.

Others have suggested that a poster at a scientific conference is not really a presentation, since we were not listed specifically as 'speakers.' This too is surprising to hear from academicians, especially since a special emphasis is being placed on poster presentations in some disciplines (including my own specialty of statistics) as a way to allow for *greater* exposure to scientific work than is typically available during concurrent speaker sessions.

In any event, you first decided to disparage our work in a comment to a blogger, apparently on the basis of one of our press releases, and then sent our paper to a Danish epidemiologist, Dr. Morten Frisch, for review. On your blog (wthrockmorton.com) you complimented the reviewer and also praised the *Christian Post* for its "balanced reporting" when they ran a story covering Dr. Frisch's comments. I assume you are generally in agreement with Dr. Frisch on this matter, though perhaps your future thoughts will reflect differently.

The main problem with Dr. Frisch's critique is that while he espouses a theory as to why our database must be skewed toward younger homosexuals, his speculation is not supported by the available evidence, even within his native country of Denmark. Allow me to touch upon two key, interrelated points. First, Dr. Frisch's theory boils down to the following logic: older homosexuals are less likely to make their sexual preference known than younger ones; therefore, they are less likely to be observed in either sex surveys, obituaries, or registries of homosexual partners; and hence, any database of homosexuals attempting to measure life expectancy or even prevalence at older ages must be inherently skewed toward the younger. As Dr. Frisch put it,

"Particularly older homosexuals who grew up in periods when their sexuality was either a crime or a psychiatric diagnosis tend to remain silent about their homosexuality in public...."

Since, as noted, age is a strong determinant of openness about homosexuality, the study groups of deceased homosexuals in Cameron and Cameron's report were severely skewed towards younger people. Consequently, the much younger average age at death of these openly homosexual people as compared with the average age at death in the unselected general population tells nothing about possible differences between life expectancies in gays and non-gays in general. All it reflects is the skewed age distribution towards younger people among those who are openly homosexual."

As theories go, Dr. Frisch's certainly sounds reasonable. Why should anyone 'come out

of the closet' when they have spent most of their life seeing their preferred sexual behavior being stigmatized or criminalized, even in countries like Denmark that now officially recognize and legalize homosexual partnerships? Still, where is the *evidence* to support that theory? Dr. Frisch offers none. Apparently he considers it so obvious that everyone should instinctively know it to be true.

For all of Dr. Frisch's degrees in epidemiology and medicine (MD, PhD, DSc(Med), Senior epidemiologist, Copenhagen, Denmark), he does not bother to point out that several survey teams have noted anecdotally, including Kinsey himself, that interviews about sexual behavior and proclivities were more easily gotten from the sexually 'non-conforming' than from sexual 'traditionalists.' This was also true in our own nationwide sexuality survey that we conducted in the mid-1980s. Further, in that study, analysis of the patterns of missing answers among respondents showed that those with homosexual interests were *more*, and not less, likely than those with only heterosexual interests to respond to questions about sexually non-conforming behavior.

Of course, no one knows for sure how often people deliberately lie when they respond to sex surveys, or how many individuals simply refuse to respond in order to hide their sexual preferences. We also don't know whether refusals of that particular sort are more common among the older. All we know is that several well-funded research teams have not found many differences along behavioral dimensions — including items about sexuality — between the first responders and those who eventually responded after repeated visits or 'call-backs.'

It was partly because of the uncertainties in self-report that we decided to examine other kinds of data. Obviously, obituaries depend upon human reporting but are not 'self-reports.' To keep one's past sexual behavior secret after death can be difficult unless no one else knows, presumably even one's own partners. As Ben Franklin wisely said, "three can keep a secret, but only if two of them are dead." Again, neither Dr. Frisch nor anyone else knows whether in fact the older are disproportionately less often represented than the young among obituaries in gay newspapers.

The population registries of 'marital status' kept by the statistical agencies of Denmark and Norway are also not 'self-reports.' Those who choose to register as homosexual couples are indeed 'open' about their sexual preference. Further, when they die during or after those partnerships (note that 'surviving partners' are tracked in addition to those in current registered relationships), it is a matter of public record and not the report of a family member or partner. That is why it is of more than passing scientific interest that three rather different sources and kinds of data — sex surveys, obituaries, death registries — all indicate fairly similar declines in homosexual prevalence with age.

This leads to my second point. Because the death registries are a matter of public record, Dr. Frisch theorizes as to why they too must be skewed toward the younger. In this case, his logic is that since we had access only to the first 13 years (Dr. Frisch mistakenly writes 14 years) of data from the inception of official homosexual 'marriages' in Denmark, there obviously would not have been enough time for these individuals to grow old from the point at which they registered their partnership, so any deaths recorded during those years would

have to be young deaths. By implication, as time wears on, those in partnerships will look age-wise just like the married in Denmark, and the average age at death will be similar too.

This again is a nice-sounding theory, and one that would certainly make sense if all those homosexuals who decided to register their partnerships were the ages of typical newlyweds. Unfortunately, it just isn't so. Either Dr. Frisch doesn't know the vital statistics of his own country very well, or he does but has chosen to hide that fact. The example to consider is Elton John. Although he just turned 60 last month, Elton decided to publicly 'marry' his partner last year, as soon as Great Britain legalized and formalized such partnerships. It turns out that same phenomenon also happened in Denmark and Norway.

On the Statistics Denmark website (www.statbank.dk), available to the public and scientists like Dr. Frisch, data from 1999 to 2005 on the ages of homosexuals when they first got (officially) partnered shows that over a third of the gays each year were at least 40 years old when they registered. About 1 in 6 were at least 50 years old. The lesbians tended to be slightly younger overall, yet more than 25% were aged 40+ in 1999 and more than 33% were aged 40+ in 2005. In Norway, a similar pattern is seen. Not only are a significant minority of newly partnered homosexuals aged 40 and above (about 40% from 1993 to 1997, with 12% aged 50+), but they apparently register their partnerships at a *later* age on average than those men and women who enter first-time heterosexual marriages. (Average age at first-marriage from 1993 to 1997 was approximately 28 for women and 30 for men; average age at marriage for all marriages was approximately 30 for women and 33 for men; average age at homosexual partnership was approximately 38.)²

The bottom line is that although official homosexual partnerships in Denmark (and Norway) are still a fairly new phenomenon, it doesn't mean all the partnered homosexuals are young 20 or 30 somethings. Not by any stretch. Nor does it appear that only the young are publicly willing to declare their homosexual preferences by registering as partners. As a senior epidemiologist, Dr. Frisch ought to know better.

In fact, given his experience and academic training, one would think that Dr. Frisch would be capable of providing a fair review and some insight, especially since much of our latest data came straight from his country's official statistical agency. He freely criticizes us for supposedly letting our pursuit of "non-scientific motifs" drive us "to make this report public" when we should know, he claims, that "it has little to do with science." Frankly, Dr. Frisch's own 'moral agenda' is clearly on display when he writes that "Due in part to reports like the present homosexual persons remain subject to stigmatization" and "they should promptly retract it [our paper] to avoid further stigmatization of homosexual persons." In our view, the stigmatization of homosexual behavior should be subject to the same scientific and public policy debate as any behavior with medical and public health ramifications (e.g., smoking, drug abuse, etc.). Competent evidence is needed, not mere theorizing or moralizing.

In sum, it is somewhat astounding that someone with the kinds of academic credentials

² On the point of the sample being representative of gays in Denmark, Dr. Frisch told me in an email that no more than 5% of Danish gays take advantage of the marriage laws there. The sample used by the Camerons is an unrepresentative sample of a married gay Danes and not representative of all gay Danes.

Dr. Frisch claims could be so insistent in his utter condemnation of our research — “severely methodologically flawed,” “pseudo-scientific report,” “methodological flaws are of such a grave nature that no decent peer-reviewed scientific journal should let it pass for publication,” “Cameron and Cameron’s methodological blunder,” “pure nonsense” — yet not have examined or known about his own country’s registry data on this topic or how that data tends to belie his theories. It is further surprising that you would post his critique approvingly without first checking its accuracy or at least demanding that Dr. Frisch supply some empirical evidence to back his speculations.

The question as to how long on average homosexual practitioners tend to live is indeed a scientific and empirical one. Rather than being driven by “non-scientific motifs,” we have simply followed the trail of empirical evidence. Can a subpopulation that more frequently engages in tobacco use, illegal drug abuse (including intravenously), more frequently consumes excessive alcohol, is more frequently criminal, is more frequently infected with STDs, tests more frequently as mentally disturbed, commits suicide and gets into auto and other accidents more frequently, more frequently drives under the influence, etc. be reasonably expected to live as long as either the general population or the married? Is this the “pure nonsense” to which Dr. Frisch is referring? The question is not whether the homosexual subpopulation will live as long as the married, but how many years fewer. Only time and further empirical tests will tell whether the differential will average 24 years, 20 years, or something else.³

As you well know, we have been frequently criticized as being ‘non-scientific’ or for supposedly ‘misusing’ or ‘mischaracterizing’ scientific research. Almost all of our critics have had political or ideological axes to grind. Further, careful examination of our work and of the charges against us reveals that — while no one is perfect, including us — we have performed our work with scientific integrity and honesty. I would hope as a fellow scientist that you would display the wisdom and fortitude not to be led astray by those who do not wish to have the empirical spotlight shone on the effects and ramifications of homosexual behavior.

Sincerely,
Kirk Cameron, Ph.D.
Statistical Scientist
Family Research Institute

My Response to the Study and Publicity

While I believed Dr. Frisch had exposed some pertinent problems with the Cameron’s poster session paper, I decided to add some thoughts as well.

³ All of what Kirk Cameron listed as characteristic of gays (smoke more, more accidents, etc.) are assumptions based on few studies. Often studies use unrepresentative samples. In the best study of suicide there is a minor relationship between suicide and sexual orientation among men but not lesbians. In the best study of substance abuse, lesbians drink more but gay men do not. I do not deny that there may some difference in life span but we do not know what that difference is, nor do we know if the difference relates to factors that inherent to same-sex attraction or not.

April 24, 2007

Drs. Cameron:

As I approach your recent report, I will acknowledge immediately that I am skeptical because you continue to defend the integrity of your obituary study of gay life expectancy. I also acknowledge that I am not an expert in statistics. My training is clinical and my scholarly work is primarily in digesting research for use in clinical settings. That said, I think it is fair to provide an informed reaction to your paper and subsequent letters to me.

Having reviewed it, I have no additional confidence in your conclusions. As it stands, it seems to me that there are numerous assumptions and uncontrolled factors that could skew your findings to the point where any results cannot be trusted.

Your report begins by exploring Canadian survey results as presented in this table.

Table 1. Sexual Preferences In Canada: 2003 (in weighted %)

Age	N	Hetero	Homo/Bi	Unknown	Hetero/Homo
18-24	11,335	92.85	1.96	5.2	47/1
25-34	19,204	92.96	1.96	5.1	47/1
35-44	21,269	92.79	1.92	5.3	48/1
45-54	21,282	93.04	1.32	5.6	70/1
55-64	19,538	92.56	0.85	6.6	109/1
65+	28,672	86.25	0.37	13.4	233/1
All	121,300	91.81	1.43	6.76	64/1

From this chart, you calculate a ratio of heterosexual to homosexual orientation and then you note the much lower percentage of people who endorse homosexual or bisexual as their orientation. However, you fail to account for the much higher percentage of people over 65 who either refuse to answer the question or say they don't know. Actually the heterosexual percentage for those over 65 is lower than the other age cohorts (86% vs. approximately 93%). There could be multiple explanations for these numbers. Using the Cameron and Cameron approach, one could even make the statement that those who are homosexual, bisexual or unsure of their sexuality outlive heterosexuals since as a group their portion of the total population increases over time.

One of you (Paul) said to me in an email that your "conclusions [about gay life expectancy] came to light as we were preparing the report, and I included them on the assumption that those in attendance would be interested in any new information on the subject." Paul said this in defense of presenting information in your poster session on life expectancy, the bulk of which was not referenced in your proposal to the EPA. Paul also said about the Canadian data, "As you can see, in both the table and the abstract, we note

the precipitous decline in the homosexual population following middle age. Indeed, failure to consider the reason for this decline would have constituted negligence on our part.” It seems you ask me to believe that you presented a proposal to the EPA that related only to the Canadian data presented above, but then it occurred to you sometime after the proposal was submitted that the prime explanation for the decline in the number of gays over 60 might be their early demise. Then, am I to assume that you purchased the Denmark and Norwegian data and then discovered that you were correct? I cannot figure out why you did not include the life expectancy hypothesis in your proposal.

Rather, it appears to me that you already had a belief about Table 1 presented above – gays die young. You have been on record with this belief. It does not appear to me that, for you, Table 1 was an observation that required investigation. If so, isn't it negligence to avoid an explanation for the striking shift in the Unknown column?

With the high percentage of unknowns, speculation is all that can be offered. But for some speculations, there is modest empirical basis. For instance, (and you mention this in passing), there may be some homosexually oriented people who experience a shift in their sexuality. Kinnish, Strassberg and Turner (2005) found that one-third of their survey respondents experienced a spontaneous shift in their sexual orientation category over the life-span; another one-third experienced more minor shifts. Also on point, it has been demonstrated that older people are more reluctant to disclose a non-heterosexual orientation (Johnson, Jackson, Arnette & Koffman, 2005). It does not seem plausible that older people who were certain of their heterosexuality would refuse to answer a question about sexual orientation or say they were unsure, when the socially safe answer would be to affirm heterosexuality. From my clinical experience, I can attest to this reluctance in older folks. I also know older clients who, after losing an opposite-sex partner to death participate in same-sex eroticism and are truly unsure how to view themselves.⁴

And finally, it is possible that there may indeed be some diminished life expectancy but for reasons that I provide below, one cannot sustain confidence in this singular explanation from these data. Looking at other research regarding this hypothesis, Hogg et al (1997) found lowered life expectancy for homosexual men in British Columbia. Frequently cited is this finding:

In a major Canadian centre, life expectancy at age 20 years for gay and bisexual men is 8 to 20 years less than for all men. If the same pattern of mortality were to continue, we estimate that nearly half of gay and bisexual men currently aged 20 years will not reach their 65th birthday. (Hogg et al, 1997, from the abstract)

However, Hogg's research team followed up with a letter to the editor of the *International Journal of Epidemiology* with this caution:

⁴ The opposite situation occurs as well. An older homosexual man or woman may take up with an opposite partner, with little or no sexual interest but at the same time, be reluctant to identify as gay due to the current relationship with an opposite sex person.

In contrast, if we were to repeat this analysis today the life expectancy of gay and bisexual men would be greatly improved. Deaths from HIV infection have declined dramatically in this population since 1996. As we have previously reported there has been a threefold decrease in mortality in Vancouver as well as in other parts of British Columbia. (Hogg et al, 2001, 1499).

Also, in this letter, Hogg et al (2001) demonstrated that life expectancy is a fluid construct and quite sensitive to a variety of environmental and cultural changes. In other words, taking a snapshot in time may give you one view now, but that finding could change substantially in very short order (as it has in Canada). Hogg et al conclude:

It is essential to note that the life expectancy of any population is a descriptive and not a prescriptive measure. Death is a product of the way a person lives and what physical and environmental hazards he or she faces everyday. It cannot be attributed solely to their sexual orientation or any other ethnic or social factor. (Hogg et al, 2001, 1499).

I am going to reserve extensive comments about the Danish data until I can see what you used to construct your tables. You said in your EPA paper (<http://www.earnedmedia.org/fireport.htm>) that you purchased data to construct life expectancy tables. Without seeing the data that you received from Denmark, I cannot comment beyond the substantial limitations and assumptions you note in your paper. I asked Morten Frisch whether or not data existed in his country to allow calculations of different life expectancies for homosexually vs. heterosexually partnered people. His opinion is that the existing data he has seen would not permit such calculations. The Norwegian data set is so small as to be useless for these purposes (which you acknowledge in your paper).

However, even without the actual data set, I observe that you make extensive assumptions which you outline in your paper. For those reading my letter, I want to quote extensively from your paper to demonstrate how tentative this report is and how far the authors have gone beyond their ability to interpret their data in their public statements.

From page seven, you write:

Our use of cohort life tables is somewhat unusual. For one thing, the individuals included in our computations did not all come from the same birth cohort. Furthermore, when calculating separate life tables by marital status, we had no way of determining which individuals had ‘switched’ their status (e.g., from ever-married to ever-homosexually partnered) at some point in life. Still, the data at hand allow for crude estimates. (Cameron & Cameron, 2007, p. 7)

“Crude estimates?” You essentially say, we lumped people from different cohorts together and had no way of determining their actual marital status. But despite the fact that you have no way of knowing whether you can trust this method, you can still make “crude estimates.” Your news releases make no mention of “crude estimates.” Rather the headline of one release confidently says: “Married Gays Die 24 Years Younger.”

You continue,

Of course, without the larger, surviving at-risk population included, there is undoubtedly bias associated with the cohort life table method. (p. 8)

The state of flux in these countries since the adoption of homosexual partnership registries makes it very difficult to compute reliable *current* life tables by marital status; adding to this, 2) the number of deaths among ever-homosexually partnered individuals was too small in any given year to enable precise or stable survival estimates. (Cameron & Cameron, 2007, p. 8)

While I commend you for pointing out these substantial, and to my mind fatal, limitations, I am perplexed that you proceeded with your analysis. Perhaps the most damning statement is this: “the number of deaths among ever-homosexually partnered individuals was too small in any given year to enable precise or stable survival estimates.” Your news releases make no mention of this liability. If the estimates are imprecise and/or unstable, why make them at all? Why report them as being trustworthy? Why make public unqualified estimates that are imprecise and/or unstable?

Comparing data sets, you speculate further:

When looking at males-in-general or females-in-general in Denmark and Norway, degree of bias — using the officially published life tables as the standard — is at most a year or two. Thus, although we cannot know the degree of bias associated with the much smaller data sets of, say, ever-partnered gays and lesbians, we have some confidence that differences of 20 or more years in average life expectancy are not due to bias inherent in the estimating technique. (Cameron & Cameron, 2007, p. 8)

I did not see any basis for assuming that the smaller number of people from an immature data stream (homosexual partnering has only been recognized since 1989 in Denmark) would not add significant bias to the life tables. You simply state your confidence without any rationale that I can find.

And finally,

Estimates of life table standard errors assume 1) that the population of ages-at-death is not so skewed as to make central limit theorem approximations untenable, and 2) that the sets of deaths behave statistically like a random sample of all similar deaths. (p.8)

Also, there is an implicit assumption that officially recorded deaths in Denmark and Norway comprise a random sample of ever homosexually-partnered individuals in those countries, that the obituaries from the *Washington Blade* behave as a random sample from all such MSM and WSW deaths in at least the Washington, D.C. metropolitan area, and that those from the *Washington Post* are

similarly representative of D.C.-area residents. None of these assumptions can be verified one way or the other, limiting our analysis. Nevertheless, the empirical comparisons above do not suggest that any of these assumptions has been outlandishly violated. (p. 8-9)

The sets of homosexually-partnered individuals from Norway — though including all officially recorded deaths between 1997 and 2002 — are quite small. The standard errors for these groups reflect to some degree the greater uncertainty associated with these data sets, but probably not all of it. Although the Norwegian estimates for life expectancy are generally consistent with those from Denmark, and indeed with obituaries from the *Washington Blade*, we recognize that there may be substantial additional bias associated with these figures. (Cameron & Cameron, 2007, p. 9)

Despite the fact that most of these assumptions cannot be verified, you still compute data as if you had large, random samples or had some basis for assuming randomness. Your news releases provide no indication about how sketchy these figures are and how you arrived at them. The news releases make it sound as if these countries keep data in such a way that life expectancies could be reliably calculated or simply read from a table.

If your study conclusions are based on randomness, then there can be no confidence in your findings. While I cannot comment on the Denmark data without seeing it, your own admitted limitations provide ample reason to be skeptical of your very confidently stated conclusions. About the obituary sampling, however, it stretches the imagination to think that obituaries published in any news outlet could be considered a random sample. It is hard to imagine a more skewed sampling approach. However, these limitations are not stated in your news releases. You say in your paper that your analysis is limited due to sampling limitations and yet nothing seems to limit your public statements.

To conclude, I have many objections to this study as well as the way you portrayed the results in the media. You define multiple assumptions which must be true in order to establish central tendency which I do not believe are reasonable to assume. The news releases convey a confidence in your findings which seems quite unscientific.

Further, I object to what appears to me to be your effort to establish the homosexually inclined as a distinct, monolithic group of people. It seems to me that gays and lesbians are quite diverse in their behavior and values. Being same-sex attracted tells me very little, if anything about the way one lives or the activities one chooses. One might find some small effect size for a risk factor, say depression, but that cannot say much about a “typical” homosexual. I think it fine to crusade against sexual promiscuity, risky sexual behavior, drug abuse, smoking, using seat belts, etc. You will have many people join you, both same-sex attracted and opposite-sex attracted. However, to say that being in a class of people is to expose oneself to risk via membership in that class is a misleading use of measures of central tendency, in my opinion. Hogg et al’s statement seems worth repeating here:

It is essential to note that the life expectancy of any population is a descriptive and not a prescriptive measure. Death is a product of the way a person lives and what physical and environmental hazards he or she faces everyday. It cannot be attributed solely to their sexual orientation or any other ethnic or social factor. (Hogg et al, 2001, p. 1499).

As with the other communications in this exchange, I intend to post this to my blog and agree to post any replies you care to make. I am interested in seeing the Danish data and would like to invite you to make it available for independent review.

Sincerely,
 Warren Throckmorton, PhD
 Associate Professor, Psychology
 Fellow, Psychology and Public Policy
 Grove City College

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Dr. Frisch Responds to Dr. Kirk Cameron

On the same day I posted my review of the Cameron study, I received a follow up email from Dr. Morten Frisch. Dated April 24, Dr. Frisch addresses the April 20th letter from Dr. Kirk Cameron.

Dear Dr. Throckmorton,

As sadly anticipated, Drs. Paul and Kirk Cameron were not objective when writing their report “Federal Distortion of Homosexual Footprint (Ignoring Early Gay Death?)”(1). The mission statement of their professional affiliation, the [Family Research Institute](http://familyresearchinst.org) (familyresearchinst.org), concludes as follows: “We welcome all who would join in the fight to restore a world...where homosexuality is not taught and accepted, but instead is discouraged and rejected at every level.” As a consequence, any report on human sexuality originating from this institution will by definition be devoid of objectivity and of questionable scientific value.

As a statistical researcher, Dr. Kirk Cameron must know well the inferential problems that prevail when comparing the average age at death in two study groups with vastly different age distributions. Elementary textbooks in epidemiology warn against such undue comparisons because they lead to apparently common-sense, but overtly wrong, conclusions (2). Assume for the purpose of illustration that Cameron and Cameron had restricted their study to all newly-married and all newly-partnered people in Denmark during the study window 1990-2002 (Norway 1997-2002) with the aim to make the studied groups of homosexuals and heterosexuals more comparable. In Danish men, the median age at first homosexual partnership was 4 years higher (32.6 years) than the median age at first heterosexual marriage (28.6 years) in the period 1989-2001 and, in women, the difference was about 6 years, being 32.6 years for first homosexual partnership vs. 26.5 years for first heterosexual marriage (3). Among those relatively few newly-married and newly-partnered people who actually died in the short observation period, the average age at death would likely be higher in the homosexually partnered group than in the heterosexually married group, simply because of the older age distribution of the homosexually partnered group. Using the Camerons’ flawed logic of inference such a modification of their study design would lead to the opposite conclusion; i.e., that heterosexual marriages shorten peoples’ life span. Obviously, this conclusion would be as unsubstantiated as the one reached by the authors.

Working to promote their anti-homosexual agenda, the Camerons presumably have plenty of time and resources to discuss these issues at length. As a researcher continuously fighting hard to obtain the required funding and time for my projects and those of my students I will have to stop here, leave the Camerons with their tragic parody of science, and focus on true scientific questions instead. I have previously published studies in peer-reviewed scientific journals that were warmly applauded by gay advocacy groups (4) as well as studies that made me a persona non grata in the same circles (3). I don’t have an agenda or a political mission for my scientific work, but I certainly have a different starting point than the one expressed in the mission statement of the Family Research Institute. Unlike what Dr. Kirk Cameron believes, I don’t object to the theoretical possibility that homosexual persons may have somewhat shorter life spans than heterosexuals or, for that matter, the other way around. We just don’t have meaningful prospective data available to inform us yet.

Although the Camerons’ report has no objective scientific value, the authors should be acknowledged for providing teachers with a humorous example of agenda-driven,

pseudo-scientific gobbledygook that will make lessons in elementary study design and scientific inference much more amusing for future epidemiology students.

Morten Frisch, MD, PhD, DSc(Med)
Senior epidemiologist
Copenhagen, Denmark

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I want to point out that Dr. Frisch is correct when he says he has produced research that has troubled activists on both sides of the ideological spectrum. His study on childhood family correlates of homosexual and heterosexual marriage supported environmental circumstances as correlated with the development of homosexuality. However, when he released the childhood family correlates study, Dr. Frisch indicated that he was not interested in political agendas. Furthermore, it is important to note that he was not objecting to the possibility that gay life spans might be shorter (we don't really know), but rather inappropriate use of data.

The Camerons Answer Back

As expected, the Camerons responded to the critiques. First, Paul Cameron's letter:

Dear Dr. Throckmorton:

May 2, 2007

Although you claim not to be an expert in statistics nor an empirical researcher, you have already 'made up your mind' about the gay lifespan and claim a lack of "integrity" in our "obituary study of gay life expectancy." How do you *know* that the facts we have assembled do not reflect the underlying reality? No one has arisen to contest the empirical facts we assembled and to publish counter-facts in peer-reviewed journals. Nor have counter-facts been offered informally. What have been offered are outrage, personal attacks, nitpicking, and speculations. Meanwhile, over 17 years, we have assembled ever more empirical facts — facts that seem to buttress our initial theory that gay obituaries do reflect an underlying reality of a significantly foreshortened homosexual lifespan (as well as a 'tail-off' of homosexual practitioners after approximately age 35 in just about every survey from 1858 through today).

Although you impugn my credentials as a scientist, you may not be aware that I was the first scientist to document the health effects of second-hand tobacco smoke (The presence

of pets and smoking as correlates of perceived disease. *Journal of Allergy*, 1967;40:12-15). That is, I generated the first published facts that implicated exposure to second-hand smoke as a correlate of lowered health. I also was fairly active in the media — proposing social policies to diminish smoking on the basis of my research. Today you pretty-much live in my world — a world that I had a significant part in conceptualizing and bringing about.

Yet at no point has a definitive, all-questions-answered, study of the health effects of second-hand tobacco smoke been run. We can't randomly assign people to 'exposure' or 'non-exposure' categories over the length of time and in all the possible venues that would be required. Instead, we live in a world where, at best, approximations to 'the truth' can be made. At some point, society has to take the limited information assembled, interpret what has been found, and then decide what to do about it. Honorable empiricists might disagree about when 'enough is known to act,' but empiricists seldom invoke the "are you going to believe your lying eyes, or what I tell you?" argument. Instead they generate counter-facts.

As an empirical scientist, I have embarked on two major empirical quests. My research on second-hand tobacco smoke was opposed by capitalist concerns worth billions of dollars. By documenting the effects and correlates of homosexual behavior I have been opposed by homosexual activists and gay-sympathetic academicians. While the tobacco companies were well aware that I might cost them billions (and I believe I had a hand in doing so), they never engaged in ad hominem attacks, assaulted me, threatened my life or those of my family members, killed my children's pets, or lied about me or my research. Instead, they did what they could to counter my facts with other facts. The same cannot be said of my second empirical quest. Perhaps this makes sense. My first quest only involved a significant irritant and minor health risk. The second relates to whether Western Civilization will endure.

You say

"I object to what appears to me to be your effort to establish the homosexually inclined as a distinct, monolithic group of people. It seems to me that gays and lesbians are quite diverse in their behavior and values. Being same-sex attracted tells me very little, if anything about the way one lives or the activities one chooses."

Dr. Throckmorton, although you are a professional clinician/guru/counselor and a "Fellow in Psychology and Public Policy," I wonder if you understand how group comparisons work and how such comparisons play out in public policy. Smokers are at least as diverse as homosexual practitioners, yet current social policy focuses on just one thing — their smoking — not their 'diversity.' It cannot be otherwise. Under law, all smokers — even those who benefit from smoking — are treated the same since they belong to the smoker group. The same is true of murderers, thieves, or in this case, people who engage in homosexuality. Your statement perfectly illustrates why appeals to 'diversity' are obfuscatory rather than serious. Contrary to your assertion, if one knows someone is sexually attracted to kids, that is reason enough to separate him from contact

with children.⁵ Likewise, knowing someone engages in same-sex sex (or says they fancy such), tells you quite a bit about how they live and the activities they are likely to choose.⁶

It is also rather astounding that you would criticize our methodology as being ‘beyond the pale,’ yet speculate about the “modest empirical basis” for an alternate theory suggested by Kinnish, Strassberg and Turner’s (2005) finding “that one-third of their survey respondents experienced a spontaneous shift in their sexual orientation category over the life-span; another one-third experienced more minor shifts.” Your approving citation of this work leads me to question your professional perspicacity.

These investigators “hoped to secure as large (and hopefully representative) a sample of each sex” (p. 175). So what did they do? They advertised for volunteers in print publications, on the internet, and announcements to various groups! Most of their respondents were ‘bisexual or homosexual!’ MOST. Do you, does anyone, believe that MOST citizens engage in homosexuality? There is not a dog’s chance that their sample was “representative.” Yet you treat their findings seriously. They got a ‘sample from hell’ with a sampling technique worse than Kinsey’s and their respondents were like so many volunteers for sexual surveys. The authors correctly noted “where volunteers have been found to be liberal, sex-positive, sexually experienced, and more permissive than those who choose not to participate” (p. 180) but omit the oft-repeated finding (and their finding in spades) that those who engage in homosexuality are considerably more apt to volunteer for surveys. Those that engage in homosexuality seem almost *driven* to make themselves public, whether in ‘gay pride parades’ or sex research; they are far from shrinking violets, and I have seen no evidence that this characteristic changes as they age.

You treat the concept of ‘sexual orientation’ quite seriously, yet Kinnish, et al. correctly note “there is no agreed-upon definition or measurement of sexual orientation” (p. 180). Nonetheless, their article is all about this ‘whatever it is’ entity. Such confusion is a natural byproduct of not being able to specify just what it is you are studying — a confusion that is largely eliminated by concentrating on behavior, rather than on some weird mixture of fantasy, feelings, desires, and behavior.⁷

Even in this highly unrepresentative sample of those who engage in homosexual sex, by far most appear to have engaged in sex with the opposite sex. That is, while they may

⁵ Being sexually attracted to kids is not comparable to smoking or being attracted to adults. We do keep pedophiles away from kids because kids have no means to keep them away.

⁶ Smokers and homosexuals can be considered to be in a class because of what they do, but even here we must make distinctions. An ex-smoker may wish to smoke but does that make him a smoker? A person may be attracted to the same sex but never engage in homosexuality. Is such person a homosexual? I have a hard time understanding which group the Camerons are talking about and in fact they do not make these distinctions clear. Dr. Cameron here says that the law treats all smokers the same. Restaurants may forbid smoking but they do not forbid smokers. On the other hand, Dr. Cameron would like to criminalize anal sex, even in private (Legislation making penile-anal sex illegal. Engaging in penile-anal sex would be considered a felony, punishable by 1-5 years in prison, or a fine of \$2,000 per occurrence. Would he do the same thing with smoking in one’s home?)

⁷ I agree but do not think Dr. Cameron is consistent here. He says he concentrates on behavior but what kind and how much behavior? Is one homosexual partner enough to land one in the at risk category? Clearly, one occasional cigarette does not put one in the same category as a two pack a day smoker.

currently *prefer* sex with their sex (even as some *prefer* sex with children), they are not automata, but like all the rest of us, choose their sex partners, and are not ‘driven by a mysterious, impossible-to-define, orientation.’

This piece of research provides a striking contrast to our assemblage of *every* obituary we could find, *every* death in homosexual partnerships, *every* random (or near-random) sample we could locate, etc. Yet you give credence to Kinnish, et al., and slam our research.

Super Rights

A larger question goes begging in this discussion. Our methods and credentials are being impugned primarily because we have come to believe — on the basis of empirical research — that homosexual practice is injurious to society. Further, that we as a culture will pay a stiff penalty for elevating homosexual expression to the status of a powerful ‘right.’ So I ask the following question: Is it fair to give those who live parasitic lives ‘Super Rights?’

After all, it is the duty of every member of society to contribute to the commonweal. Yet the empirical evidence indicates that those who engage in homosexuality 1) contribute less and cost more in goods and services, 2) disproportionately disrupt social functioning, and 3) have few children while being more apt to harm them.¹ Thus, homosexuals not only fail to ‘pay for their keep,’ but by their negative influence on children, cloud society’s future.

Those who engage in homosexual sex seek what they term ‘gay rights.’ In reality they demand Super Rights. What do I mean by Super Rights? Being empowered to override other citizens’ unalienable rights (e.g., freedom of speech and association). These Super Rights (conferred by ‘non-discrimination,’ ‘hate crime,’ and ‘hate speech’ laws) allow homosexuals — if they so choose — to endanger or punish those who would exercise their associational rights to avoid them or protect their children from them. Thus, a principal knowing that homosexual teachers are more prone to have sex with pupils (empirical studies to date indicate that a male teacher who engages in homosexuality is the most apt to get sexually involved with pupils) may not want to hire a teacher who declares his affection for same-sex sex.⁸ But if the homosexual wants the job, his Super Rights trump the associational rights of the principal as well as the right of pupils not to experience extra risk (safety is part of their right to life). A couple renting out the other side of their duplex may not want to place their children at risk by renting to a gay couple. But if — even on a whim — the homosexuals want the duplex, their Super Rights trump the property and associational rights of the parents as well as their children’s right not to be exposed to potential molestation. The Super Rights of homosexuals also squelch others’ freedom of speech. Thus, a broadcaster may opine that same-sex sex is dangerous. But if a homosexual finds such speech ‘offensive’ his Super Rights trump the broadcaster’s freedom of speech and the broadcaster may be fined or imprisoned.

⁸ I can find nothing to support this contention.

In addition to subsidizing those who engage in homosexuality, the right of ordinary citizens to happiness is diminished by homosexuals' expropriation of beaches, restrooms, and rest areas for their sexual trysts. As if these violations of fairness were not enough, those fancying homosexuality run a large and growing 'quasi-secret society' to achieve their aims — aims often inimical to social order. Examples include the 'shadow organization' in the U.S. military, which provides illegal sexual contacts and career advantages to enlisted practitioners,² and homosexual 'guides' (e.g., *Spartacus*) that specify which rest areas, parks, and restrooms have been commandeered for gay sex.

Forcing dutiful citizens to financially support and also relinquish their unalienable rights to those who don't carry their own weight while posing a risk to children ineluctably lowers the vitality of a society. As a result, while the sun still rises on those countries that give Super Rights to homosexuals, their declining birthrates assure that it will soon warm a barren landscape. So I ask again, is it fair, is it just, to give those who engage in homosexuality — a worthless as well as dangerous amusement — 'Super Rights?' In substantial part, the fate of Western Civilization hinges on the answer.

Desiderata: As you might know, those who review for peer-reviewed journals are selected (presumably for meritorious research and publication, since reviewers are part of the quality-control mechanism) by the editors of a journal, are sent manuscripts with a request to review, and — if recipients have the time and inclination — judge them according to accepted professional standards. Starting in 2004 and continuing through this year, I have been sent and reviewed articles for the BMJ group of journals. Reviewing my emails, I see that I did not submit a reviewer's update for the BMJ as requested on September 6, 2006 believing it was unnecessary since before I got around to it I agreed to review a submission for another BMJ journal. Other than that, since one reviews only if asked and no contract is involved, I have no knowledge of the politics of the various journals for which I reviewed.⁹

Your umbrage at my using 'presented at the EPA' is misplaced. Among the four handouts I happened to pick up at the latest EPA convention poster session, two informed that they had been "Presented at the 2007 annual" meeting of the EPA (e.g., Sato, T. Confirmatory factor analysis of the Eysenck personality questionnaire-brief version; Hargenrader, JM & Slattery JM. Gender and college standing difference in marriage and childbearing intentions). Both of these 'papers' were presented at the poster session just prior to ours and neither mentioned that they were 'only' distributed at a poster session — indeed, why should they?

Since you have attacked me rather vigorously, I trust you will post this entire reply on your website. I hereby give permission to reproduce all or parts of this letter by anyone as long as they cite me and this letter as the source, and expect you agree to do the same.

⁹ I assume this explanation was in response to my disclosure that the British Medical Journal does not consider Paul Cameron a reviewer, in contrast to his claims in the series of news releases.

Sincerely,

Paul Cameron, Ph.D.
Social Psychologist and Chairman
Family Research Institute

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2. e.g., Humphrey MA, *My Country, My Right To Serve* HarperPerennial, 1988.

And then Kirk Cameron's email:

Dear Dr. Throckmorton, May 2, 2007

Thank you for your response to our rebuttals. I appreciate your willingness to dialogue over these matters and to post the discussion on your blogsite. I am sorry that you are still fundamentally skeptical of our research and that your lack of confidence in us has not changed. Perhaps I can offer some reasons for you to rethink your position.

Concerning our poster presentation at the EPA convention and the paper we wrote, it certainly would have raised fewer questions after the fact had we revised our submitted abstract to reflect our findings on estimated longevity. Like many researchers, we typically have concurrent streams of work ongoing at any given time. I was revising for submittal a much longer article on the lifespan when we realized that those results dovetailed well with the apparent decrease in homosexual prevalence at older ages. That was the reason for its inclusion in the EPA poster and paper and not some sinister plot to 'sneak' something by the EPA (after all, as my father noted, he — either singly or jointly with me — has presented scientific results on homosexuality several times to that body, including results from our very first gay obituary study).

Related to this, our separate article on the homosexual lifespan is currently under scholarly review, so it would be inappropriate at this time to send you our Danish and Norwegian data. When the article has been accepted for publication, we may be able to oblige your request. But in answer to your question, we did not purchase the Danish and Norwegian datasets solely for the EPA presentation. Also, Dr. Frisch is correct that neither Statistics Denmark or Statistics Norway publishes this information on their websites. We had to make and pay for a specific research request to obtain it. While I can't send you our data, I can tell you exactly what they consist of. We requested and received from Statistics Denmark and Statistics Norway a series of Excel files structured almost identically and containing the following tables: for each available year, a count of the total number of deaths that occurred during that calendar year, crossclassified by sex, age at death (in one-year increments), and marital status at death (including categories for

registered partners, dissolved [i.e., ‘divorced’] partners, and surviving [i.e., ‘widowed’] partners). It was from these tables that we constructed estimates of longevity using standard life table techniques. Altogether, we utilized more than half a million deaths in our analysis (obviously, the vast majority of these were of individuals who did not have a registered partnership status at time of death).

As a side note, I believe you may have misconstrued our qualification concerning the marital status cohorts. You summarize by saying: “You essentially say, we lumped people from different cohorts together and had no way of determining their actual marital status.” Actually, we know precisely what marital status each individual had at time of death (at least to the extent that the Danish and Norwegian population registries are accurate). What we don’t know is how many of the homosexually partnered at time of death had previously been married at an earlier point in life. That is rather different from your apparent interpretation.¹⁰

An Overview

I will address your specific concerns about our methodology, but an overview is appropriate first. You are appreciative of the fact that we noted several uncertainties regarding our data and conclusions in our EPA paper, as any scientist is obliged to do, yet you wonder why we even proceeded with the analysis at all! And your skepticism is strengthened, it seems, by the fact that we put out multiple news releases on the results even though our methods were, in your opinion, so questionable and uncertain (in your words “fatal... limitations”).

As I will explain, you have apparently misread or misunderstood aspects of our methodology. Further, the ‘whole story’ about our research is not fully contained in the EPA paper, but rather in a series of separate, but related articles, each addressing a slightly different topic. Be that as it may, I do find it a bit of a double standard that you would implicitly criticize our use of the media and internet as a forum for dissemination of new information, when your blogsite is not, as far as I can tell, subject to any scholarly oversight (beside your own). As you know (perhaps even from personal experience), getting research published in psychological and social science journals that is critical of homosexual practice is extremely difficult, no matter how well done and no matter how scholarly the work. Political correctness rules with no more an ‘iron fist’ than in this particular arena. Yet we are convinced that our research must be disseminated, one way or another. You may not agree with our position or with the conclusions we have derived from our research, but I would hope you would agree that debate on this topic should be encouraged, not stifled, as it clearly has been in our case (there are even internet posts from gay activists who claim they have tried to lobby specific journal editors not to publish our material).

We continue to submit scholarly work to a variety of journals. We also post a variety of materials on our website (www.familyresearchinst.org). And we occasionally attempt to

¹⁰ I believe Cameron is correct in his reply on this point. However, this does not make this data set more representatives of homosexuals or even married homosexuals in Denmark.

get media attention to our findings. We welcome legitimate debate about our findings, our methodology, or anything else of an empirical nature.

Life Tables and Obituaries

As to your specific concerns, why did we bother to present these findings at all? In a nutshell, limitations and uncertainty do not equal falsehood. All our data was fairly and impartially gathered or obtained. Our use of that data has been clearly documented and the assumptions laid out. Yes, our estimates of homosexual longevity are preliminary and may change with additional data. But are they necessarily false or unreliable? No.

Consider these facts. First, you quote our statement about the “state of flux” since the adoption of homosexual partnerships in Denmark and Norway and cite our caveat about the small number of deaths among homosexual partners in any given year. This indeed would be a fatal limitation if we were trying to construct a current life table, a type of table built from the data of a single year. However, it was for that reason that we amalgamated the deaths over several years and constructed a cohort life table, in order to harness the tremendous power of statistical averaging.¹¹

A fascinating aspect of statistics is the ability to make important and fairly accurate statements even with relatively small samples. Case in point: many polls (e.g., Gallup, Harris, etc.) often get an accurate read on national opinions through the sampling of perhaps 1,500 individuals out of a population of more than 200 million adults. Over the years, of course, emphasis has been placed on choosing those individuals in the right way, through the use of random sampling, etc. What’s even more interesting is that sometimes the ‘correct answer’ is obtained even with a less than ideal sample. The proof is always in the ‘empirical pudding,’ and not strictly on what one surmises about a particular methodology.¹²

Such is true in this case. We did not simply claim that our estimates of longevity were reliable because the cohort life table methodology was developed and published by prominent statisticians and demographers (which it was). Because our particular use of it was non-standard, we did empirical tests of its accuracy. Obviously, no benchmark of the homosexual lifespan was readily available. But other benchmarks were, specifically, the official life tables of Denmark, Norway, and the U.S. Against these life tables, the cohort method proved remarkably accurate. Further, in specific response to your concern about the trustworthiness of a life table based on only a few hundred deaths, we noted that the cohort life table based on a few hundred consecutive obituaries from the Washington Post over a several year period matched to within 1-3 years the officially published U.S. life tables for both men and women.

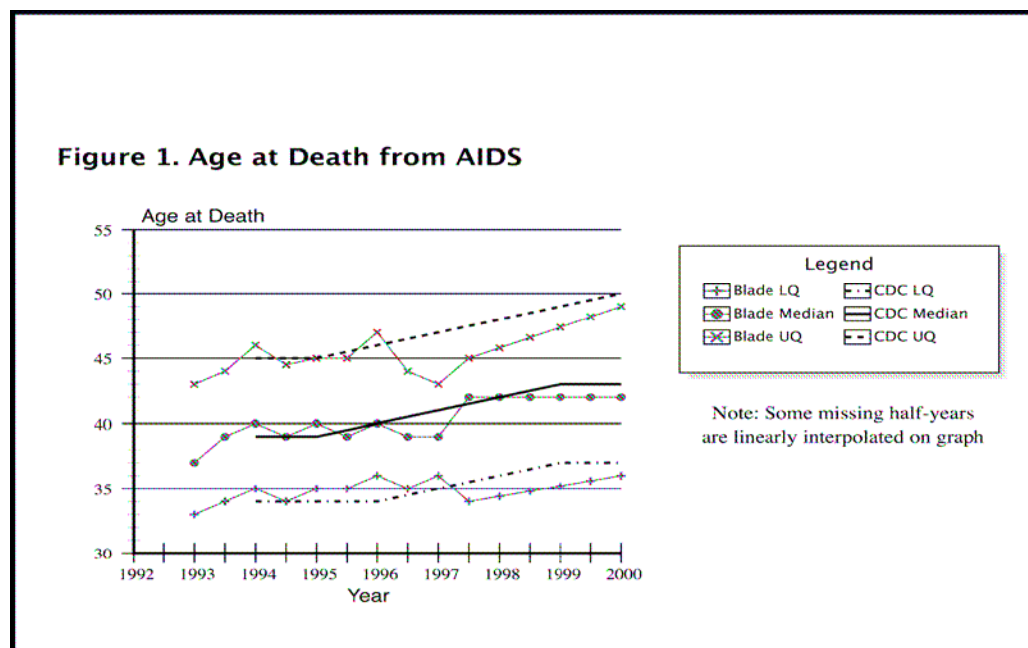
¹¹ “...constructed a cohort life table...” means they combined the small number of death in any given year and came up with larger numbers over a span of years. The fatal problem here is that one cannot make the number of deaths any more representative of the population from which they might be drawn by adding up several years of numbers. If anything, whatever error might be involved is increased.

¹² This is another way of saying, guessing is fine as long as you turn out to right.

We also noted how remarkable is this last result, given that Post obituaries are, in fact: 1) newspaper-reported obituaries and not deaths from the National Center for Health Statistics; 2) only representative, if at all, of the Washington, DC area and not the nation as a whole; and 3) only represent at best a fraction of the deaths that occurred in the DC area during the time period of collection. Given the results of these empirical tests, it was neither nonsensical nor imprudent for us to assert that the same method might generate reasonable estimates for the set of deaths in homosexual partnerships. Indeed, in my experience, this is a clear example of the power of statistical averaging at work.

And not an isolated example, either. You claim that “I am skeptical because you continue to defend the integrity of your obituary study of gay life expectancy.” And “About the obituary sampling, however, it stretches the imagination to think that obituaries published in any news outlet could be considered a random sample. It is hard to imagine a more skewed sampling approach.” I would understand your skepticism were it obvious that estimates of vital statistics compiled from the Washington Blade ‘missed the mark.’ But apparently you have not seen our empirical test of the obituary estimates, “Gay obituaries closely track officially reported deaths from AIDS” (Cameron and Cameron, 2005, *Psychological Reports*, 96: 693-697).

Against the benchmark of nationwide reports of AIDS deaths among MSM compiled by the CDC from 1994 to 2000, obituary estimates from the Washington Blade regarding median age of death and the lower and upper quartiles of this distribution were generally within 1-2 years of the CDC figures. Again, given the tremendous criticism we have received by those asserting that obituaries are so skewed as to be ‘useless’ in estimating homosexual longevity, this is a rather remarkable result. In fact, we also showed that the CDC-documented rise in longevity among those dying of AIDS, presumably due to new drug treatments and/or lower rates of HIV infection, was also paralleled by the obituaries, even though yearly Ns from the Blade ranged from a meager 81 to 277.



We concluded that article in this fashion:

“If obituaries in the gay press, at least those carried by the *Washington Blade*, so closely track what is known about deaths due to AIDS among MSM, it may strengthen the case that such obituaries also track deaths among MSM from other causes. However, no publicly accessible evidence is available for an empirical test of this notion. Regardless, for males who have sex with males with AIDS, the overall finding of previous research utilizing obituaries and other indirect lines of evidence — of a 20- to 30- yr. decrement in the average lifespan of homosexuals compared with nonhomosexuals — appears to be at least partially confirmed.”¹³

The Great Unknown

We don’t take empirical data lightly, nor do we handle it carelessly. Whether you find our research methods unconventional or perhaps not what you were taught, the proof is — at the risk of repeating myself — in the empirical pudding and not what ‘theoretically makes sense.’ This same idea relates to your criticism of our conclusions about the Canadian study data on homosexual prevalence. You noted, as we did in our paper, the uptick with age in the fraction of those who either did not answer the question on sexual orientation or said “don’t know.” You ask “isn’t it negligence to avoid an explanation for the striking shift in the Unknown column?”

Indeed it would be negligence if we had not, in fact, discussed that very issue on pages 12-13 of our EPA manuscript. There we cited the possibility that the estimates on homosexual prevalence could easily be different from those reported either by us or Statistics Canada if in fact a substantial fraction of the ‘unknowns’ were intentionally concealing their homosexual interests. However, we also offered a plausible alternative to explain the ‘unknown’ fraction, one based on empirical data and the fact that the question used by Statistics Canada forced respondents to choose only among ‘homosexual,’ ‘bisexual,’ and ‘heterosexual.’ In our U.S. sex survey from the 1980s, we offered an additional response not proffered by Statistics Canada: ‘asexual, not really sexually interested.’ A large minority of older adults chose this answer, much more so than did the younger respondents (see Table 3 from our EPA paper reproduced below).

Table 3. Sexual Desires in U.S. Urban Areas: 1983-84 (in %)

Age	N	Homo/Bi (Male)	Asexual (M)	Homo/Bi (Female)	Asexual (F)
18-29	1,809	8.0	1.3	2.9	1.4
30-39	1,276	9.0	1.1	2.0	1.7
40-49	652	7.5	0.8	1.7	4.4
50-59	513	3.0	1.3	0.7	12.8
60-69	412	1.8	7.1	0.4	30.6
70-79	154	2.6	15.0	1.4	40.5
80+	29	—	30.0	—	57.9
All	4,845	6.9	2.5	2.0	6.8

¹³ I have seen that report; the Camerons did find some consistent death ages when comparing CDC data on AIDS deaths and gay obituaries from the *Washington Blade*. I review this aspect of his reply more later in this paper on page 37.

Does this ‘prove’ one way or the other that older adults were not trying to ‘hide’ their sexual proclivities from interviewers? No, but from both our experience and that of other research teams (many of them government-funded), it seems likelier to explain the results. Frankly, I agree with your speculation that someone trying to hide their homosexual leanings would be more likely to choose the socially safer response of ‘heterosexual,’ rather than to refuse to answer the question altogether or to say ‘don’t know’ when that would leave a possible suspicion. However, it is clear that those homosexually-inclined are more, not less apt, to volunteer for sex questionnaires. We also certainly agree that sexual orientation seems to be a ‘fluid’ phenomenon at least for some over the course of one’s life. In fact, we were the first researchers to note and highlight the data on changes in self-reported Kinsey scale estimates that were ‘buried’ in the Statistical Appendix volume of the 1970 Kinsey Institute report and never discussed by any of the original authors.

Unfortunately, your criticism of our work also ignores the fact that if the Canadian study — by far the largest study ever to include questions on sex — is unreliable because of refusals, lying, or unknowns, so is every other sex survey ever conducted. Statistics Canada, in the tabulation it prepared for us, did not compute estimates for the unknown column. We documented that facet of the study results and determined from the codebook what responses were counted as ‘unknown.’ Plus, there is the issue of nonrespondents.

For the Canadian study this was relatively low — around 20% — but clearly still large enough to dramatically change the prevalence estimates were non-response correlated with a concealed homosexual orientation. This did not prevent Statistics Canada from asserting publicly that only 1.7% of the Canadian population was bisexual or homosexual. Were they professionally negligent in doing so? And what about the research teams from Great Britain, France, and the U.S. that have also reported low estimates of homosexual prevalence despite even larger refusal rates? Are you also criticizing them in the same vein, or is it only us in whom you have no confidence?

Ad Hominem Logic

My overriding concern here is that because you disagree with our public statements summarizing our findings, since in your view they ‘overstate’ our case and are not adequately tempered with qualifications, that our results or methodology really can’t be trusted. Needless to say, Dr. Frisch agrees with your assessment, seeing as he quotes from the mission statement on our website (www.familyresearchinst.org) to argue that “any report on human sexuality originating from this institution will by definition be devoid of objectivity and of questionable scientific value.” And yet, the truth of the matter is that when I was in high school, my (naïve) opinion was that gay rights was merely the next wave of civil rights. Blacks had been unfairly and prejudicially treated, and so, I thought, had homosexuals. It was only when I began to examine the empirical evidence in detail that I came to see the large number of correlations between homosexual practice and unhealthy and/or dangerous behavior. There was an empirical, scientific case to be made for why homosexuality should not be encouraged or endorsed by our culture. That is the reason for our mission statement — not because we desire to fit the data to our

preconceived beliefs, but instead because that is the conclusion to which the data have so far led.

Furthermore, despite Dr. Frisch's assertions to the contrary, I have yet to meet any researcher in any field with any length of experience who is merely a 'disinterested observer.' Humans simply don't study things about which they hold no opinions or in which they have no specific interests or objectives (see Press and Tanur [2001] *The Subjectivity of Scientists and the Bayesian Approach*, for instance, to get a fascinating glimpse at several well-known historic scientific figures). Some scientists are publicly more quiet about their beliefs than others, but that doesn't make them 'objective.' Nor is it a simple dichotomy of scientists on one side and activists on the other. All of us have to weigh our own expectations about how a study or experiment will turn out against the actual empirical results. In my view, a 'reasonable' scientist is one who is willing to consider the data and arguments put forth by those opposed to him or her without having to resort to name calling or attacks on their character. An 'objective' scientist is one that is willing to report data contrary to his or her notions of the 'way things are' and to alter their conclusions if need be in order to accurately describe the empirical reality. We have done so in the past (e.g., on the lack of measurable health consequences of abortion) and will continue to do so in the future.

I also note that despite Dr. Frisch's protestations of his 'lack of an agenda' regarding gay rights, his first review explicitly noted his concern that our work would further stigmatize gays and lesbians.' You had no criticism of this obvious statement of belief on his part. Nor have you criticized Dr. Frisch for excerpting our organization's mission statement in his critique of our research methods (see below). Are we the only scientists with stated beliefs? The *Journal of Homosexuality* is described in Wikipedia as a "highly respected forum for research into same-sex desire" and yet among its stated aims are: "In addition to being a vehicle to bring together scholarly research on homosexuality and to support the growing number of lesbian and gay studies programs, the journal aims 'to confront homophobia through the encouragement of scholarly inquiry and the dissemination of sound research.' The contributors are professionals with an open and positive outlook toward sexual variations."

Are all studies from this journal therefore inherently biased and methodologically flawed? Using your and Dr. Frisch's logic, the answer would seem to be yes. Indeed, with rare exceptions, only authors who are openly gay publish there, so we are talking about an 'advocacy journal' — not quite a 'scientific journal.' What about the letter to the editor you excerpted approvingly from Hogg, et al. (2001, *International Journal of Epidemiology*, 30: 1499)? Why didn't you note their stated belief that "These homophobic groups appear more interested in restricting the human rights of gay and bisexuals rather than promoting their health and well-being"? Or "we do not condone the use of our research in a manner that restricts the political or human rights of gay and bisexual men or any other group." Do these statements not arouse your suspicion of a possible agenda when they assert that "life expectancy... cannot be attributed solely to their sexual orientation or any other ethnic or social factor..."? Are you not troubled by their assertion that "If estimates of an individual gay and bisexual man's risk of death is truly needed for legal or other purposes, then people making these estimates should use

the same actuarial tables that are used for all other males in that population,” when 1) they have provided no specific data to support this claim, and 2) their earlier article specifically and explicitly assumes in its methodology (without buttressing) that the only difference in mortality risk between homosexuals and non-homosexuals is due to HIV/AIDS?

You seem much like the kettle calling the pot black. Perhaps your agreement with Dr. Frisch and Hogg, et al. justifies your giving them a ‘pass’ but not us. For the record, our professional view is different: every study stands or falls on its own merits, no matter who the researcher or what their ideological stance. It does not appear that you have taken the same tack.

You are clearly correct that homosexual practitioners as a group are not ‘monolithic.’ But neither are smokers, drug users, prostitutes, drunk drivers, etc. Our society does not base public policy on individual differences, but rather on identifiable and consistent statistical tendencies associated with particular behaviors. It is an interesting fact that perhaps 10% of all smokers seem to accrue health and longevity benefits because of their smoking habit. Yet should we cease to discriminate against smoking because of that minority? I, and most others, would say the dangers to the majority of smokers outweigh the benefits to the few. The same logic applies to regulation of homosexual behavior.

Dr. Frisch Redux

As to Dr. Frisch’s response from April 24th, I find it interesting but unfortunate that his first line of defense is an attempt at character assassination: because we have expressed a belief that homosexuality appears to be injurious to its participants and to society, we therefore by default cannot be ‘objective’ or ‘scientific.’ I’m afraid I simply disagree. The heart of his response is more interesting, because he acknowledges the possibility that a longevity differential associated with sexual preference might be a legitimate scientific question. Also, his argument that we don’t yet have enough data or experience with homosexual partnerships to say one way or another is a reasonable question, one that we have tried to answer in our full write-up of the longevity study.

Nevertheless, Dr. Frisch’s argument is somewhat lacking in logic. He repeats his contention that, to paraphrase you, the ‘data stream’ on homosexual partnerships is too ‘immature’ to be of any use in estimating life expectancy. And he sets up a hypothetical scenario to suggest how we could have found lower life expectancy estimates for newlyweds as compared to newly-partnered individuals, all to demonstrate why our research is a “humorous example of agenda-driven, pseudo-scientific gobbledygook.”

What Dr. Frisch ignores or does not grasp is the following:

1) He does not dispute the fact that individuals who register homosexual partnerships tend to be significantly older than heterosexual newlyweds; in fact, he uses that bit of evidence to set up his hypothetical. In turn, however, what this means is that the homosexual ‘data stream’ is not so ‘immature’ after all. Indeed, as of 2006, 10% of all the registered male partners in Denmark were aged 65+ (oldest = 92) and 10% of all the

registered female partners were aged 60+ (oldest = 92). This despite the fact that the partnership registry was only begun in 1989. It is therefore incorrect, and somewhat ingenuous, to say that all the deaths we observed among the partnered were necessarily young. Or that it is obviously the case that the current age distribution of those in partnerships is far younger than the ‘true’ (i.e., stable, long-term) age distribution.

2) He criticizes me specifically for failing to understand “the inferential problems that prevail when comparing the average age at death in two study groups with vastly different age distributions. Elementary textbooks in epidemiology warn against such undue comparisons because they lead to apparently common-sense, but overtly wrong, conclusions.” But suppose, strictly for the sake of argument, that homosexuals do tend to die about 20 years sooner than non-homosexuals. What then would the ‘elementary textbooks’ say? By Dr. Frisch’s logic, the age distributions of homosexuals vs. nonhomosexuals would never become comparable — due to the higher proportion of early deaths among the former — and thus one would never be justified in reporting a differential in life expectancy!¹⁴

My point is that we are not dealing here with an ‘elementary’ kind of comparison, nor does our analysis fit within the ‘standard’ epidemiological framework. Only time will tell, of course, whether the age distribution of partnered homosexuals ‘catches up’ with that of the ever-married or with males and females in general in Denmark and Norway. If it does, we will stand corrected. What we do know at this time is that while the total number of registered partners has increased more than ten-fold since the inception of legal partnerships, the age distribution has shifted upward only modestly since the early 1990s and by about the same amount as the aging of the ever-married. Further, surveys over the past 60 years from across the Western world — both random and non-random — have found a similar paucity of older homosexuals, and quite independently of the sympathies of the researchers.

As we have stated in another submitted article specifically geared to the Canadian study: “the apparent drop in homosexual prevalence with age is suggestive of three possible mechanisms: 1) an increased propensity for older individuals to ‘hide’ their non-heterosexual impulses from researchers; 2) a decrease in the relative proportion of non-heterosexuals among older adults, due either to a) a shorter lifespan, and/or b) changes in sexual preference away from homosexuality and bisexuality.”¹⁵

While the first possibility may seem the ‘obvious’ answer to some, no systematic empirical evidence has yet been put forward to support it. By contrast, we have assembled evidence supportive of both the latter mechanisms. Both may indeed be at play. Time will tell. Perhaps at that point our research will not seem so ‘amusing’ to future epidemiology students after all.

¹⁴ In reviewing this, I am stunned by the circular reasoning of Dr. Cameron. He is essentially saying in this paragraph that one starts with the conclusion (gays die 20 years early) and then construct a novel or unorthodox means of demonstrating that. Dr. Frisch raises a basic problem of making inferences based on bad samples and Dr. Cameron complains that if we follow the rules then we will never find what we want to find!

¹⁵ The FRI news releases should have noted the three possibilities.

Sincerely,
 Kirk Cameron, Ph.D.
 Statistical Scientist
 Family Research Institute

Concluding Observations

After these two letters from the Camerons, I decided to wind up the exchange on my blog with some final thoughts which I will summarize here. For the most part, Paul Cameron's letter did not address my critiques of his study. He claimed that he and his son have "amassed empirical facts" which no one has countered. I will confirm that he has published a variety of papers but if the methods are faulty then the data may be as well. His papers are full of caveats and qualifications, many of them appropriate, which make the conclusions speculative. However, the Family Research Institute news releases are anything but speculative or tentative.

The content and tone of his letter convinced me that he has his mind made up about those who lead as he put it "parasitic lives." He wanted to make a conceptual link between the risks of second hand smoke and the risks of homosexuality. I personally do not believe he made a convincing case. His argument seemed to be based more on animus toward homosexuals than on data which have been replicated, on sound inferences or accepted methods.

Kirk Cameron's note was more substantial but I still need to see their data before I will comment very much on the Denmark component of their study. If I have to choose credible scientists, I lean more toward Dr. Frisch who knows the Danish statistical world from the inside. His conclusion is that there is no current data capable of rendering anything more than biased speculation regarding lifespan. Kirk Cameron says the scientific paper is in peer review and so he cannot make the data available. He had various replies to Dr. Frisch's critiques as well, none of which were especially convincing to me. Also, as I read through the letter, I learned that the entire methodology was not included:

As I will explain, you have apparently misread or misunderstood aspects of our methodology. Further, the 'whole story' about our research is not fully contained in the EPA paper, but rather in a series of separate, but related articles, each addressing a slightly different topic.

I am at a loss to know how readers would know that there are missing pieces unless they are told in the paper. This is not at all clear. Then, Dr. Cameron comments on my criticisms of their news releases:

Be that as it may, I do find it a bit of a double standard that you would implicitly criticize our use of the media and internet as a forum for dissemination of new information, when your blogsite is not, as far as I can tell, subject to any scholarly oversight (beside your own).

Yes, our estimates of homosexual longevity are preliminary and may change with additional data. But are they necessarily false or unreliable? No.

The Family Research Institute news releases say dogmatically straights outlive gays by 20 plus years.¹⁶ My criticism is not that the Camerons used news releases; it is that they claim that they are providing “new information” to the public. Note in the above two quotes from Dr. Cameron, he first says the news releases are a means for “dissemination of new information.” Then he says their “estimates of homosexual longevity are preliminary...” If these are preliminary estimates, then why are these propositions stated dogmatically to the public? Given the assumptions needed to even arrive at the “preliminary estimate,” it is extremely misleading to portray these conclusions to the public.

In his final letter Kirk Cameron spends much time attempting to make an analogy (benchmark) between estimates of longevity for the general population and estimates for gays. However, this assumption cannot be verified. One can take a representative sample of a known population, but using the same methods with an unknown population may not lead to the same results. I am skeptical that he has properly sampled homosexuals (or their deaths) in order to satisfy the assumptions needed to make the analogy reasonable. In other words, the assumption of representative sampling is a shot in the dark. There is really no way to know if the deaths sampled in the Danish and Norwegian samples represent the universe of gays in these countries.

In several places, it seems to me that Dr. Cameron does not really understand my criticisms of his approach. For instance, in the following passage, he suggests that I should be critical of prior research with large representative samples regarding prevalence of homosexuality, saying

Plus, there is the issue of nonrespondents. For the Canadian study this was relatively low - around 20% - but clearly still large enough to dramatically change the prevalence estimates were non-response correlated with a concealed homosexual orientation. This did not prevent Statistics Canada from asserting publicly that only 1.7% of the Canadian population was bisexual or homosexual. Were they professionally negligent in doing so? And what about the research teams from Great Britain, France, and the U.S. that have also reported low estimates of homosexual prevalence despite even larger refusal rates? Are you also criticizing them in the same vein, or is it only us in whom you have no confidence?

The reports from Canada and other countries do not extrapolate claims beyond their data so there is no need to criticize. The researchers involved note their limitations and report their work carefully limiting the scope of the conclusions that can be drawn. However, the Camerons have read into what is essentially a black box and promoted their guesses in the press as settled fact, even to the point of testifying under oath to a state legislature regarding their “preliminary estimate.” Along with Dr. Frisch, I don’t care what the facts turn out to be. However, it is very clear to me that Camerons care very much and have already determined the results.

The estimate that straights outlive gays by 20-30 years has been quoted in many public policy contexts. I believe this to be a misuse of data and very likely to be inaccurate. Some will point to the one mainstream research team who also found shortened longevity for gays as a group, Hogg

¹⁶ "The life span of gays is 20-plus years shorter than the life span of heterosexuals." Gays Die Sooner: Implications for Adoption, News release, www.familyresearchinst.org. March 27, 2007.

et al and their study from Canada. However, Hogg and his group, just four years later, revised their longevity predictions. The relevant section from my critique of the Cameron's recent report bears repeating:

And finally, it is possible that there may indeed be some diminished life expectancy but for reasons that I provide below, one cannot sustain confidence in this singular explanation from these data. Looking at other research regarding this hypothesis, Hogg et al (1997) found lowered life expectancy for homosexual men in British Columbia. Frequently cited is this finding:

In a major Canadian centre, life expectancy at age 20 years for gay and bisexual men is 8 to 20 years less than for all men. If the same pattern of mortality were to continue, we estimate that nearly half of gay and bisexual men currently aged 20 years will not reach their 65th birthday. (Hogg et al, 1997, from the abstract)

However, Hogg's research team followed up with a letter to the editor of the *International Journal of Epidemiology* with this caution:

In contrast, if we were to repeat this analysis today the life expectancy of gay and bisexual men would be greatly improved. Deaths from HIV infection have declined dramatically in this population since 1996. As we have previously reported there has been a threefold decrease in mortality in Vancouver as well as in other parts of British Columbia. (Hogg et al, 2001, 1499).

While rough, one might estimate a commensurate change in the life span predictions based on the "threefold decrease in mortality" among gay men to perhaps 3 to 7 years less than for all men. Keeping in mind these are estimates and require assumptions regarding relatively constant prevalence of homosexuals, the newer life span estimates are less ominous and are in the direction of more closely approximating heterosexuals as a group. While group differences may persist indefinitely in the U.S. due to the higher number of AIDS cases among gay men, it is important to remember Hogg et al's cautions about how to use estimates of life expectancies.

It is essential to note that the life expectancy of any population is a descriptive and not a prescriptive measure. Death is a product of the way a person lives and what physical and environmental hazards he or she faces everyday. It cannot be attributed solely to their sexual orientation or any other ethnic or social factor. (Hogg et al, 2001, 1499).

I believe Hogg et al are correct. Life span estimates are predictions based on current circumstances and not intended to set limits for members of a class. Instead, they are descriptive measures and subject to change.

Older Gays Found?

To conclude my thoughts, I want to examine two points raised by Kirk Cameron in his final letter of this exchange. At one point, he makes a startling revelation about older partnered gays. He says:

Indeed, as of 2006, 10% of all the registered male partners in Denmark were aged 65+ (oldest = 92) and 10% of all the registered female partners were aged 60+ (oldest = 92). This, despite the fact that the partnership registry was only begun in 1989.

Note that 10% of all male partners in Denmark were over 65 with the oldest being 92. That Dr. Cameron noted this is surprising because the point of his original article was that gays were not represented among the elderly because they were not alive. And yet, here he notes that 10% of the gay partnered population is 10-20 years older than the Cameron's estimated life expectancy. By comparison, 12% of the American population is over 65.¹⁷ Ten percent is not an insignificant figure. However, this observation is not integrated into their report.

Obituary study: Empirical Support from the CDC?

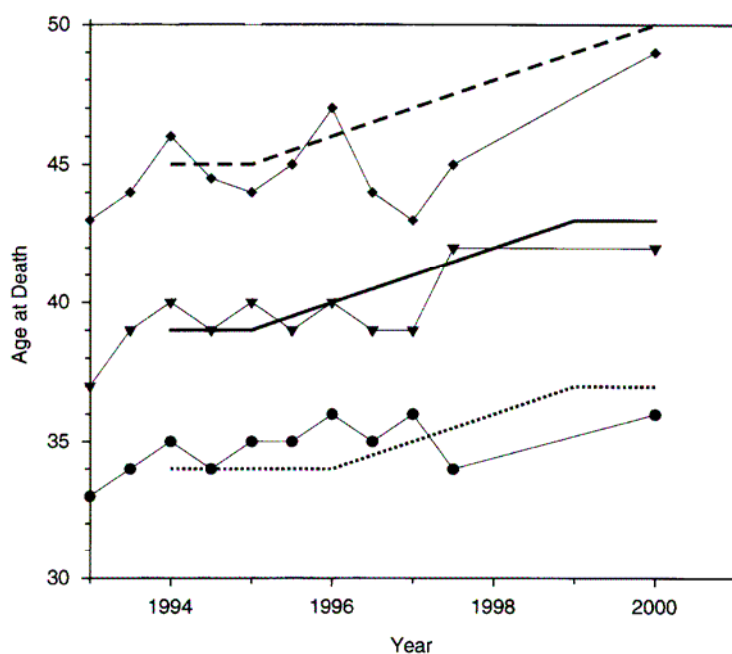


Fig. 1. Age at death from AIDS: Blade lower quartile (●), Blade median (▼), Blade upper quartile (◆); CDC lower quartile (◆◆◆◆), CDC median (—), CDC upper quartile (---). Note.—CDC figures were reported and graphed by year for 1994–2000. *Washington Blade* figures were compiled and graphed by half-year for 1993–mid-1997; the last *Washington Blade* figure represents the compilation of cases for 1999–2001, plotted at Year 2000.

Second, Kirk Cameron raises what he believes to be empirical confirmation of the Cameron's estimates regarding life span. He cites a 2005 article in the journal *Psychological Reports* where he and the elder Cameron compare CDC reports of deaths from AIDS and their compilation of ages from obituaries derived from the *Washington Blade*, a gay newspaper.¹⁸ They note that the ages of death as reported by the CDC compare favorably with the ages reported in the *Blade*. They show the median age of death from AIDS is about 39 in 1994 and increases to 43 in 2000. The Cameron's obituary numbers are quite similar, from near 40 to 42 over the same period (see

¹⁷ http://www.census.gov/Press-Release/www/releases/archives/facts_for_features_special_editions/001626.html

¹⁸ Cameron, P., & Cameron, K. (2005). Gay obituaries closely track officially reported deaths from AIDS. *Psychological Reports*, 96, 693-697.

the figure above). From this analysis of trends over 6 years, the Camerons claim empirical support for the validity of their use of obituaries to estimate the life span of gays.

The Camerons' attempt to use CDC data in this way reminds me of a wise undergraduate professor who gave one of my friends very little credit for a wonderful essay: "Everything you said was true, but it doesn't answer the question." The CDC data are reported accurately, and the Camerons provided some numbers they apparently retrieved from a gay newspaper but these numbers do not answer the question of how long gays as a group are likely to live. The CDC reported on AIDS deaths; the obituaries report deaths of a non-representative fraction of gays living in the Washington DC area. Perhaps, some (many?) of these men died of causes other than AIDS, but no one really knows. In their 2005 article, the Camerons use CDC data which are probably good but then make an inappropriate comparison to obituaries which are clearly a non-random, non-representative sample of gay men. The data sets cannot be reasonably compared. That they are roughly similar may mean something, or it may mean nothing at all, a pure coincidence.

Reflections: What is the point of life span estimates anyway?

Why are we interested in life span differences and health consequences? If it is argued that opposition to same-sex attraction and behavior is based on pragmatic concerns about health and welfare, then it seems to me that efforts would be made to discourage risky behavior, not attribute the risk to being same-sex attracted. What if we discouraged membership in other groups due to differences in health risks? For instance, a large study of physician suicide indicates that the suicide rate among male doctors is twice that of men in general. The rate among female doctors is four times higher than for all women.¹⁹

Furthermore, opposing homosexuality on the basis of group outcomes alone fails to recognize that not all homosexuals engage in risky behavior. To repeat, Hogg, et al are correct to note that membership in a group does not force someone to do risky things or dispose someone to a lifestyle. The issue is how one lives which is where the public health emphasis should be. If the point of using unflattering estimates is to generate public animus for homosexuals, I do not see any measure of public opinion that would demonstrate any impact from this approach, nor would it ethical.

The use of such estimates should cease, not because they are stigmatizing, but because we do not have a research basis for them. Life expectancy estimates should be based on solid research, using conventional methods. The public health need is to discourage all persons, gay, straight and in-between, from promiscuous, risky sexual practices. We should encourage HIV/AIDS prevention programs that put emphasis on abstinence, risk/partner reduction and delayed sexual initiation. Gay and straight people alike agree on these principles.

¹⁹ Miller, M.N., & Ramsey, K. (2000). The Painful Truth: Physicians Are Not Invincible. *Southern Medical Journal*. 93(10) 966-972.

Attachments: News Releases

(The Eastern Psychology Association report is no longer available at the website links below)

1.4% of Adults Homosexual?

Contact: Dr. Paul Cameron, Chairman, [Family Research Institute](#), 303-681-3113, 303-886-1947 cell

PHILADELPHIA, Mar. 23 /[Christian Newswire](#)/ -- According to two researchers, the largest random sex survey ever conducted has reported that only 1.4% of adults engaged in homosexual behavior. Analyzing a 2003 Canadian Community survey of 121,300 adults, Drs. Paul and Kirk Cameron told attendees of the Eastern Psychological Association Convention that 2% of 18-44 year olds, 1% of 50 year olds, and only a third of a percent of subjects 60+ considered themselves homosexual. Thus homosexual activity was *much* more common among younger adults.

What happened to the older homosexuals? "Some may have ceased to be sexually active," said Paul Cameron, "or they may have died. Recent reports from Scandinavia indicate that the life expectancy of homosexuals is 20+ years shorter than that of heterosexuals."

Among other questions (read to respondent by interviewer), the Canadian study asked: "Do you consider yourself to be: heterosexual? (sexual relations with people of the opposite sex)/ homosexual, that is lesbian or gay? (sexual relations with people of your own sex)/ bisexual? (sexual relations with people of both sexes)."

"No one can say that this statistic is 'the bedrock truth,'" Paul Cameron said, "but even with attempts to increase the percentage of active homosexuals – which *Statistics Canada* appears to have done by reporting only the results of those under the age of 60 – the 1.4% is a figure that has to be taken very seriously.

"The US government survey of 12, 381 adults in 1996, reported that 1.3% of men and 1.1% of women under the age of 60 said they'd had homosexual sex in the last 12 months. It also found few older homosexuals. The oldest male who engaged in homosexuality was 54 and the oldest female+ 49. So it appears that homosexuality is a young person's activity – one that may contribute to an early death."

Paul Cameron, Ph.D. & Kirk Cameron, Ph.D., presented "Federal Distortion Of The Homosexual Footprint." Paul Cameron, a reviewer for the *British Medical Journal*, the *Canadian Medical Association Journal*, and the *Postgraduate Medical Journal*, has published over 40 scientific articles on homosexuality. The EPA is the oldest regional Psychological Association in the United States. At its Philadelphia convention members presented the latest advances in scientific work to colleagues.

The full report can be accessed at <http://www.earnedmedia.org/frireport.htm>

Gays Die Sooner: Implications for Adoption

"The life span of gays is 20-plus years shorter than the life span of heterosexuals." -- Dr. Paul Cameron of the Family Research Institute

Contact: Dr. Paul Cameron, [Family Research Institute](http://www.familyresearchinstitute.org), 303-681-3113, 303-886-1947 cell

PHILADELPHIA, Mar. 27 /[Christian Newswire](#)/ -- "The life span of gays is 20-plus years shorter than the life span of heterosexuals," states Dr. Paul Cameron of the Family Research Institute, a Colorado-based think tank. "This shortened lifespan," he warned, "has profound implications for adoption. On average, in Norway and Denmark -- where same-sex marriage is legal -- married lesbians lived to age 56 and married gay men to age 52. So the chances that a gay-adopted child will lose one or both parents before graduating from high school are much greater than they would be with a married man and woman."

Cameron's remarks were based on a report he gave at the Eastern Psychological Association convention at its annual meeting in Philadelphia.

In this first report on deaths in same-sex marriage in Denmark and Norway, married gay men and lesbians lived about 24 fewer years than their conventionally married counterparts.

In Denmark, the country with the longest history of gay marriage, between 1990-2002, men married to women died at a median age of 74, while the 561 partnered gays died at a median age of 51. In Norway, men married to women died at a median age of 77 and the 31 gays at a median age of 52. In Denmark, women married to men died at a median age of 78 as compared to a median age of 56 for the 91 lesbians. In Norway, married women died at a median age of 81, as compared with 56 yr. for the 6 married lesbians.

"Given these figures -- generated by the census bureaus of Denmark and Norway -- a gay couple of 35 is, roughly speaking, as close to death as a married heterosexual couple of 55. Divorce is twice as frequent among married homosexuals in Norway and Denmark (even more frequent if kids are involved). It doesn't make much sense to take vulnerable children and place them in the risky situation generated by homosexual couples," Cameron commented.

Paul Cameron, Ph.D. & Kirk Cameron, Ph.D., presented "Federal Distortion Of The Homosexual Footprint." Paul Cameron, a reviewer for the *British Medical Journal*, the *Canadian Medical Association Journal*, and the *Postgraduate Medical Journal*, has published over 40 scientific articles on homosexuality. The EPA, is the oldest regional Psychological Association in the United States. At its Philadelphia convention members presented the latest advances in scientific work to colleagues.

The full report can be accessed at <http://www.earnedmedia.org/frireport.htm>

Discrimination Doesn't Drive Gays to an Early Grave

Contact: Dr. Paul Cameron, [Family Research Institute](http://www.familyresearchinstitute.org), 303-681-3113, 303-886-1947 cell

PHILADELPHIA, Mar. 29 /[Christian Newswire](http://www.christiannewswire.com)/ -- New evidence about gay and lesbian lifespans presented at the Eastern Psychological Association Convention suggests homosexuals do die young – but not, as activists have often argued, because they are victims of discrimination or "homophobia."

Dr. Paul Cameron, of the Family Research Institute, a Colorado-based think tank, said "there was essentially no difference between the average age of death for homosexuals in accepting societies – Norway and Denmark – and the United States, which, according to gay rights activists, is still "a homophobic society" since it still bans them from the military and giving blood. Canada's census bureau also registered a sharp decline in the numbers of gays in old age."

The facts were these:

- In the U.S. the median age of death in obituaries was 52 yr. for 710 gays who ostensibly did not die of AIDS, 42 yr. for those 1,476 who supposedly did; 55 yr. for 143 lesbians; 75 yr. for 550 ever-married men; and 77 yr. for 272 ever-married women. For U.S. partnered gays who didn't die of AIDS, the Md age of death was 53 – 22 yrs. less than ever-married men, and lesbians' at 55 yr. was likewise 22 years shy of the 77 yr. for ever-married women
- In Denmark, ever-married men outlived the 561 ever-homosexually-partnered by 23 years (74 yr. v. 51 yr.), and ever-married women outlived the 91 ever-homosexually-married by 22 (78 yr. v. 56 yr.).
- In Norway, ever-married men outlived the 31 ever-homosexually by 25 years (77 yr. v. 52 yr.), and ever-married women outlived the 6 ever-homosexually-married by almost 25 years (81 yr. v. 56 yr.).
- In the Canadian census, the proportion of gays went from almost 2% of adults under the age of 40 to about a third of a percent over the age of 60.

Paul Cameron, Ph.D. & Kirk Cameron, Ph.D., presented "Federal Distortion Of The Homosexual Footprint." Paul Cameron, a reviewer for the *British Medical Journal*, the *Canadian Medical Association Journal*, and the *Postgraduate Medical Journal*, has published over 40 scientific articles on homosexuality. The EPA, is the oldest regional Psychological Association in the United States. At its Philadelphia convention members presented the latest advances in scientific work to colleagues.

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Homosexuality More Dangerous Than Smoking

Contact: Dr. Paul Cameron, [Family Research Institute](#), 303-681-3113, 303-886-1947 cell

PHILADELPHIA, Apr. 3 /[Christian Newswire](#)/ -- Studies have shown that years of smoking shortens the lifespan of the smoker from 1 to 7 years. But analysis of the age of death in Norway and Denmark for gays who are legally married suggests that engaging in homosexual behavior reduces the lifespan by 24 years!

So reported Drs. Paul and Kirk Cameron at the annual convention of the Eastern Psychological Association on March 23.

"What justification is there for condemning smoking and endorsing homosexuality?" asked Dr. Paul Cameron, of the Family Research Institute, a Colorado-based think tank. "Today, all across the Western world, school children are being taught the acceptability of homosexuality and the wrongness of smoking.

According to the Cameron research, married gays and lesbians lived 24 fewer years than their conventionally married counterparts.

In Denmark, the country with the longest history of gay marriage, for 1990-2002, married heterosexual men died at a median age of 74yr., while the 561 partnered gays died at an average age of 51.

In Norway, married heterosexual men died at an average age of 77 and the 31 gays at 52 yr. In Denmark, married women died at an average age of 78 yr. compared to 56 yr. for the 91 lesbians. In Norway, women married to men died at an average age of 81. v. 56 for the 6 lesbians.

"The consistency of reduced lifespan for those engaging in homosexuality is significant," said Dr. Cameron. "The same pattern of early death turned up whether we looked at obituaries in the U.S. or deaths in marriage. Given the greatly reduced lifespan for homosexuals, school children should be strongly and consistently warned about the dangers of homosexuality even more so than smoking. Those school districts which are introducing pro-gay curricula need to rethink their priorities."

Paul Cameron, Ph.D. & Kirk Cameron, Ph.D., presented "Federal Distortion Of The Homosexual Footprint." Paul Cameron, a reviewer for the *British Medical Journal*, the *Canadian Medical Association Journal*, and the *Postgraduate Medical Journal*, has published over 40 scientific articles on homosexuality. The EPA, is the oldest regional Psychological Association in the United States. At its Philadelphia convention members presented the latest advances in scientific work to colleagues.

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Married Gays Die 24 Years Younger

Contact: Dr. Paul Cameron, [Family Research Institute](#), 303-681-3113, 303-886-1947 cell

PHILADELPHIA, Apr. 5 /[Christian Newswire](#)/ -- Marriage between a man and woman seems to result in longer life for both. Does it work that way for gay marriage?

"No," says Dr. Paul Cameron of the Family Research Institute, a Colorado-based think tank.

Researchers Paul and Kirk Cameron reported at the Eastern Psychological Association convention that married gays and lesbians lived about 24 fewer years than their married heterosexual counterparts.

In Denmark, the country with the longest history of gay marriage, for 1990-2002, married heterosexual men died at a median age of 74, while the 561 partnered gays died at an average age of 51.

In Norway, married heterosexual men died at an average age of 77 yr., the 31 gays at 52. The lifespan of same-sex married lesbians was 20+ years shorter than the lifespan of married heterosexual women. In Denmark, married heterosexual women died at an average age of 78 yr. as compared to 56 yr. for the 91 same-sex married lesbians; in Norway, married heterosexual women died at an average age of 81 v. 56 for the 6 same-sex married lesbians.

"These are the ages of death as reported by the census bureaus of Norway and Denmark," said Dr. Paul Cameron. "While the internet is filled with debate about our previous findings -- largely based on obituaries -- these deaths were recorded by governments. The obituaries we assembled over the same time period in the US were similar: an average lifespan of 52 for 710 gays who ostensibly did not die of AIDS, 42 yr. for those 1,476 who supposedly did; and 55 yr. for 143 lesbians. So the findings from Scandinavia are not much different from figures derived from U.S. obituaries."

Paul Cameron, Ph.D. & Kirk Cameron, Ph.D., presented "Federal Distortion Of The Homosexual Footprint." Paul Cameron, a reviewer for the *British Medical Journal*, the *Canadian Medical Association Journal*, and the *Postgraduate Medical Journal*, has published over 40 scientific articles on homosexuality. The EPA is the oldest regional Psychological Association in the United States. At its Philadelphia convention members presented the latest advances in scientific work to colleagues.

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Are Governments Misreporting To Advance Gay Rights?

Contact: Dr. Paul Cameron, [Family Research Institute](http://www.familyresearchinstitute.org), 303-681-3113, 303-886-1947 cell

PHILADELPHIA, April 10 /[Christian Newswire](http://www.christiannewswire.com)/ -- According to Drs. Paul and Kirk Cameron of Family Research Institute, a Colorado think tank, governments in three countries have exaggerated the percentage of homosexuals in the general population.

In 2003, *Statistics Canada* examined a random sample of 121,300 adults and reported that 1.7% were bi/homosexual. Yet because of a decline in incidence from about 2% of adults aged in their 20s and 30s to a third of one percent among the old, inclusion of respondents aged 60+ yields an estimate of 1.4% who engage in homosexual behavior.

In 2005, the *US National Center for Health Statistics* interviewed a random sample of 11,571 younger adults, but misreported the findings. The question asked respondents about "ever having" had a same-sex experience. According to the analysis, "[a]bout 6.5 percent of men 25-44 years of age have had oral or anal sex with another man... 11 percent of women 25-44 years of age reported having had a sexual experience with another woman."

These statements were inaccurate: the questions that generated these statistics were about lifetime same-sex sexual activity, not merely sex with adults (e.g., for men "ever done any of the following with another male" [6% 'ever', but 2.9% in last 12 months -- only 1.6% exclusively with men], and for women "ever had any sexual experience of any kind with another female" (p. 9) [11.2%; 4.4% in last 12 months -- only 1.3% exclusively with female(s)]). Thus most 'homosexuals' also had sexual relations with the opposite sex.

In 2005, the *British Department of Trade and Industry* said "a wide range of research" indicated "lesbian, gay and bisexual people constitute 5-7% of the total adult population." Yet surveys which include adults of all ages put the prevalence closer to 1-2%.

Dr. Paul Cameron, of the Family Research Institute, a Colorado-based think tank, said these were "Curious mistakes and omissions for well-funded bureaucracies charged with reporting the truth, but certainly in harmony with activists' attempts to swell their numbers and hide their early average age of death."

Paul Cameron, Ph.D. & Kirk Cameron, Ph.D., presented "Federal Distortion Of The Homosexual Footprint." Paul Cameron, a reviewer for the *British Medical Journal*, the *Canadian Medical Association Journal*, and the *Postgraduate Medical Journal*, has published over 40 scientific articles on homosexuality. The EPA is the oldest regional Psychological Association in the United States. At its Philadelphia convention members presented the latest advances in scientific work to colleagues.

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Attachment 2 – Christian Post article

New Study Finds Early Death in Gay 'Marriages'

By Linda Zhang

Christian Post Contributor

Thu, Mar. 29 2007 03:53 PM ET

“Gay-adopted” children may be placed in vulnerable family situations, suggests a new report released amid an on-going debate over whether homosexuals experience shortened life spans. Psychologists and conservative scientists who analyzed the life spans and census registries from Denmark and [Norway](#) found that gay couples lived about 24 years less than heterosexual couples.

“On average, in Norway and [Denmark](#) – where same-sex marriage is legal – married lesbians lived to age 56 and married gay men to age 52,” said one of the study’s presenters, Dr. Paul Cameron of the conservative Colorado-based think tank Family Research Institute, in a press statement. The findings suggest that the children of same-sex couples are placed in vulnerable situations as they are more likely to experience the death of one or both parents earlier on in life than they would with a married mother and father.

“A gay couple of 35 is as close to death as a married heterosexual couple of 55,” commented Cameron. “Divorce is twice as frequently among married homosexuals in Norway and Denmark [even more frequent if kids are involved]. It doesn’t make sense to take vulnerable children and place them in the risky situation generated by homosexual couples.”

Cameron’s remarks were based on a report delivered at the oldest regional psychological association in the [United States](#) - the Eastern Psychological Association - which released a comprehensive 27-page report at a four-day annual meeting in Philadelphia, March 22-25.

In the study, Denmark, a country with the longest history of gay marriages, reportedly recorded that men in heterosexual marriages between the years 1990 and 2002 died at a median age of 74 while the 561 gay-partnered men documented a median age of death of 51. In Norway, men married to women died at a median age of 77 while the gay-partnered men died at a median age of 52.

Furthermore, Denmark women married to men died at a median age of 78, compared to a median age of 56 for the 91 lesbians recorded. Married women in Norway died at a median age of 81, compared to a median age of 56 years for the 6 lesbian partners.

Besides early death being linked to homosexual lifestyles, the study claimed that health problems resulting from feelings of homophobia were likely to make gays and lesbians feel depressed and lead to frequent excessive drinking, illicit drug abuse, smoking, suicide, and acquisition of HIV and other sexually transmitted infections (STI).

Cameron and his son, Dr. Kirk Cameron of the Family Research Institute, noted that most pro-gay research has excluded older adults, those aged 60 and above, thus increasing the size of the sample population and exaggerating the reporting of homosexual prevalence as well.

Because the study relied on long-term data instead of a one-time survey, it did not have a sampling margin of error.

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