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In Defense of the Need for Honest Dialogue

by Benjamin Kaufman, M.D.



Six years ago, NARTH was founded by myself, Charles Socarides and Joe Nicolosi. I had recently learned an important lesson: that well-intentioned individuals acting alone--however meritorious their cause--will have very little influence on any kind of policy. One needs an association in order to get things done.

This I discovered when, as an individual, I was faced with a remarkable and very personal injustice.

On a Fourth of July weekend about ten years ago, I was driving on a busy highway between King's Beach and Truckee, California, when my wife Veronica and I came upon the scene of a horrible accident. A pickup truck had collided head-on with a motorcycle carrying two people. The motorcycle passengers were thrown into a 25-foot deep ditch alongside the road. I pulled over, and we went to help them--both were gravely injured. While Veronica drove on to get an ambulance--we had no cell phones--I began to give mouth-to-mouth resuscitation to one of the victims. His nose had been completely torn off, and my mouth came into direct contact with the blood pouring from his face. I had to continue for some 45 minutes before the paramedics arrived to take over. That was the start of a traumatic event which, to my great consternation, had only just begun.

The man died in the emergency room, and I asked the physician in charge--an old acquaintance of mine--to obtain an HIV status on him. He refused, based on his fear of legal reprisal, because it was against the law to obtain an HIV test without written consent. The victim was dead and such a consent obviously wasn't available.

Enraged, I called another friend who ran the blood bank in Sacramento and still runs it today, and who was very familiar with the HIV epidemic. He backed up the emergency room doctor, saying he had been right not to give me that information. He advised me to obtain an HIV test on myself to see if I had contracted the virus.

HIV testing is supposed to be confidential. Therefore the process involved going to a lab and asking for blood to be drawn immediately, without giving the technician any information about the purpose of the blood draw. This, of course, implies that something unusual is going on that the patient does not wish to disclose to a lab technician. Obviously, the assumption can be made that anyone asking for a confidential blood draw is worried about HIV. Being forced to present myself anonymously was an awkward, cumbersome, political necessity with no medical or even sound epidemiological justification.

This policy is a deadly one: it prevents the gathering of data necessary to track the penetration of the virus into the general population. I had seen two very well-respected physicians--whom I had known all my professional life--*cowed* by a political atmosphere designed to protect the confidentiality of the infected, but at the expense of the uninfected.

I was to learn that my two physician friends are in fact representative of the majority in the medical community who to this day, are being coerced into permitting politics to determine epidemiological and health policy in general. This policy remains unquestioningly accepted within the medical community.

Through this very frightening debacle, I learned that an individual, acting on his own, has no chance to effect change regardless of the fact that his position may be meritorious.

I complained to my medical society, and was subsequently named to a position where I *could* do some good--Chairman of the Task Force on AIDS Policy for the Medical Society of the City and County of Sacramento. Getting into the spirit of things and wanting to be absolutely fair, I included two individuals on the Task Force who were gay. They were the most active individuals on the entire committee. Unfortunately, however, they fought me tooth-and-nail on all my recommendations. At the very least, I wanted doctors who would be exposed to blood on the operating table to be able to test their patients' HIV status. The gay committee members were ardent in their refusal, and the other doctors on the committee were simply too intimidated by politics to object. Ultimately the committee chose to approach HIV testing as a civil-rights matter, not a public-health issue.

I personally have always wanted the widest possible use of HIV testing, regardless of the circumstances. At any time in a medical setting where blood and body fluids are exposed, I wanted the health-care provider to be able to order testing. Formal written consent of the patient should not be required, and neither should confidentiality always be necessary. I also strongly favored a policy of reporting HIV-positivity without the presence of full-blown AIDS.

By the time we had produced our final position paper, it looked, for all intents and purposes, like a statement straight out of the Centers for Disease Control. It was stripped of all my original recommendations. Nothing had been gained by our deliberations.

During this entire process, I learned a major principle about the power and strength of an organization, as opposed to an individual. It became

very clear that there is a need for an objective, non-politicized group to address medical issues without fear of reprisal from special-interest activism.

I also became firmly convinced that the safe-sex measures that were being advocated in the early stages of the epidemic were going to be ineffectual. With the continuing popularity of the bathhouses and alarming rate of promiscuous, high-risk sexual practices, it became clear to me that the drive for unlimited sexual expression actually outweighs the fear of suffering and death for many gay men. Yet we live in an era in which homosexuality is promoted as a natural and normal equivalent of heterosexuality.

Because of their claim to victimhood--as victims of both social discrimination and a health crisis--gay activism has made tremendous strides through the ravages of the AIDS epidemic. Activists have been able to win support for measures that overhaul school curricula, housing laws, employment, and even religious doctrine.

As mental-health professionals, we need a full and complete understanding of homosexuality. To understand anything about the AIDS epidemic, and the underlying psychological factors causing the spread of the disease, we must fully understand the homosexual condition and the factors which drive this self-destructive behavior. This will require much dialogue, and as I soon discovered, there is a lot of resistance to such an open discussion.

I saw that I could not turn to the American Psychiatric Association, or any other such professional organizations. All had totally stifled the scientific inquiry that would be necessary to stimulate such a discussion. It remains very politically incorrect--very marginalizing--to even *make the suggestion of a dialogue* that opens up the question of the normality of homosexuality.

In recent years, religious groups have been the only organizations which have had the courage to undertake this kind of discussion, but they have not been assisted in any way by psychiatric professionals. And so NARTH was founded; it became clear that we must have a credible secular organization which could move beyond the strife and misinformation.

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