

Imp in training: John R. Diggs's
lies

by Alvin McEwen

Some of the most dangerous spreaders of anti-gay propaganda are those masquerade their distortions under the guise of being an objective medical practitioner.

While people such as Fred Phelps (God Hates Fags) declare where they stand from the first instant, these “ministers of propaganda” seek to soothe their audience, taking the form of an concerned physician while they spread their biases and lies. It is this crowd that can potentially have more of a damaging effect on how America sees the gay community.

Dr. John R. Diggs is one of these distortion artists.

He recently published a study entitled *The Health Risks of Gay Sex* and it is featured on many religious conservative web sites as a thorough analysis of homosexual sex. While Diggs is an M.D., he is also co-chair of the Massachusetts Physician Resource Council, which is a part of the Massachusetts Family Institute, another so-called traditional values organization. Despite his credentials, Diggs’s real aim is to smear gays and lesbians.

The Health Risks of Gay Sex is a distortion-ridden research propaganda piece in the vein of the *Protocols of the Elders of Zion* (the legendary piece of propaganda that claimed that Jewish people were attempting to take over the world) that seeks to exploit fears and stereotypes about gays and lesbians. Since he is taking the guise of a “concerned professional,” Diggs does not push forth any conspiracy theories, nor does he dehumanize homosexuals by calling them “radical” and the like. However, the distortions in this study just does not hold up under close scrutiny..

Twice, he includes the study done by Alan Bell and Martin Weinberg in their book, **Homosexualities: A Study of Diversity Among Men and Women**, as indicative of the entire gay population. In one passage, he even refers to it as:

“A far ranging study of homosexual men published in 1978 revealed that 75 percent of self-identified white gay men admitted to having sex with more than 100 different partners in their lifetime . . .”

The claim that this study is “far ranging” is a lie. Bell and Weinberg never said that their findings were indicative of all gay men. They actually said:

“. . . given the variety of circumstances which discourage homosexuals from participating in research studies, it is unlike that any investigator will ever be in a position to say that this or that is true of a given percentage of all homosexuals.”

And the errors keep coming. In a summary section entitled *Life Span*, Diggs says the following:

“The only epidemiological study to date on the life span of gay men concluded that gay and bisexual men lose up to 20 years of life expectancy.”

Diggs cites the study a second time and in more detail later in the study. But his citation of the

study is a mischaracterization. The six original researchers who conducted that study have gone on record saying that religious conservatives (like Diggs) was distorting their work. The researchers who conducted the original study had plenty to say about the religious right using it to denigrate gays and lesbians. In 2001, researchers **Robert S Hogg, Stefan A Strathdee, Kevin JP Craib, Michael V. O'Shaughnessy, Julio Montaner and Martin T Schechter** wrote a letter to the editor in the *International Journal of Epidemiology* in which they said that any use of their research to prove that homosexuals have a shorter lifespan is incorrect. They also had this little tidbit to say in regards to death and life spans:

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. 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. Gay and bisexual men are included in the construction of official population-based tables and therefore these tables for all males are the appropriate ones to be used.

In another section, Diggs gives another distortion about gays and sexually transmitted diseases. In the summary section entitled *Physical Health*, he claims that :

“Common sexual practices among gay men lead to numerous STDs and physical injuries, some of which are virtually unknown in the heterosexual population.”

And what are these diseases? Diggs had this to say:

There is an extremely high rate of parasitic and other intestinal infections documented among male homosexual practitioners because of oral-anal contact. In fact, there are so many infections that a syndrome called “the Gay Bowel” is described in medical literature. ‘Gay bowel syndrome constitutes a group of conditions that occur among person who practice unprotected anal intercourse, anilingus, or fellatio following anal intercourse.’ . . . the vast preponderance of patients with these conditions are men who have sex with men.”

Diggs is claiming that gay men are afflicted with “gay bowel syndrome.” But “gay bowel syndrome” is an obsolete medical term. “Gay bowel syndrome” is a term that religious conservative organizations often use in order to connote the worst stereotypes about gay sex: *gay men insert penises or whatever is handy when a penis is not available in the part of their bodies that are for waste disposal. Consequently, they are the victim to many diseases involving bacteria and feces due to this.*

However, according to the "Free Online Dictionary and Thesaurus," or <http://encyclopedia.thefreedictionary.com:>

“Gay bowel syndrome was a term first used in 1976 prior to the discovery of AIDS, to describe a

series of parasitic disorders caused by oral/anal contact and allegedly related to gay male sexual activity. The term was abandoned by the medical community in the 1980s dismissed because the problems that attributed to it were not specific to homosexuals, not confined to just the bowels, nor did it meet the medical definition of a syndrome.”

The site also says the term is still commonly used by anti-gay organizations, as a reason supposedly why homosexuality has a negative effect. This is true, because when one searches online via yahoo or google, he will find a litany of anti-gay websites, which go into detail as what gay men supposedly do sexually. Details, not to prove any facts but to spark a negative reaction by exploiting whatever stereotypes exist about gay men and anal sex.

No credible researcher or physician uses the term and those who once did are quickly getting rid of it.

In March, 2001, the Canadian Association of Gastroenterology (CAG) deleted all references to gay bowel syndrome from its medical textbook. On April 12, the Southern Voice reported:

“Gay bowel syndrome” is an outdated term from the 1980’s that appeared accidentally in the textbook, First Principles of Gastroenterology: The Basis of Disease and An Approach to Management, according to a CAG official. “It slipped into this [edition] purely by accident,” said Dr. Eldon Shaffer, head of the Department of Medicine at the University of Calgary and the textbook’s co-author. “I didn’t even know it was still in there; I had to find it... It’s gone.”

Also, according to Centers for Disease Control spokesperson, Jessica Frickey, the term is informal and has since gone out of use.

If one was to look at the endnotes of Diggs’ study, he would find that two of the sources he quoted concerning “gay bowel syndrome” were from articles published in 1976 and 1983, which is consistent with the years that the term existed. One last source was a letter to the editor printed in 1994 but Diggs does not make it clear as to what were the circumstances surrounding it. One thing is clear, however. Diggs is using an obsolete medical term and obsolete sources to denigrate gay male sexual habits.

And this is not the only time he does commits this error.

One of Diggs’s source for his “statistics” on gay sex, **The Gay Report** was published in 1979. Yet, Diggs uses it time and time again as statistical proof of the current sexual practices of gay men. In a section about fisting, he claims that 22 percent of homosexuals in “one survey” (his exact words) have admitted to practiced fisting. According to his study’s endnotes, he received this statistic from **The Gay Report**. He does the same gymnastic leaping in a section concerning “sadism,” Diggs talks about the practice of bondage and sadism and refers to a bondage workshop that nearly took place in 2002. He then

refers to another event that took place in the same year. Diggs allows the reader to assume that the events in question were for homosexuals. He also uses the **Gay Report** yet again to say “as many as 37 percent of homosexuals have practiced some form of sadism.”

In addition to using an out-of-date source, Diggs engages in dishonesty to attack gay men. There is a strong possibility that the articles Diggs referred to were talking about bondage workshops attended by heterosexuals, as well as homosexuals. One article (*Hotel Ties Noose Around 2-day Bondage Meeting*) was published by the Detroit Free Press and did not contain any information as to the sexual orientation of the participants of the bondage workshop.

Diggs’ second article (*Ramada to host “Vicious Valentine” Event*) was published by the *World Net Daily*. Again, there are no references to this “conference” as being a “gay event.” One of the places where the article attempts to link homosexuals to the event is when it says that the Howard Brown Health Center, which the article claims as “self described as the ‘Midwest largest lesbian, gay, and bisexual health organization’” will give free Hepatitis A/B vaccinations at the conference.

Diggs’ line of thinking seems to be if this “gay” clinic is volunteering to give free vaccinations, then this event must be gay-oriented.

However, according to the same article, part of an announcement for the event put out by the Howard Brown Health Center reads as follows:

“Those in the BDSM community are at risk for Hepatitis A and B infection. For Hepatitis A, any oral-fecal exposure puts one at risk. Sadly the CDC bulletin only mentions ‘Men having sex with Men,’ leaving out an entire community which participates in anal intercourse.”

Now if this was only a gay themed event, why would the brochure from the group giving out Hepatitis A and B vaccinations at the conference even mention the fact that other groups besides men having men are at risk for catching Hepatitis A and B?

Diggs’ line of thinking is also wrong when one also takes a look at the website of the group sponsoring the event, Leatherquest. Leatherquest is not a gay-oriented organization. It is an organization for people who are interested in the bondage community, whatever that may be. Its members and affiliate organizations are both homosexual *and* heterosexual. However, no one can honestly say that any of these organizations are indicative of the gay and straight community at large.

These facts bring up a two new dynamics: how many heterosexuals participated in the events that Diggs used to demonize homosexuals and what is the ratio of heterosexuals who participate in bondage and “sadism” as opposed to homosexuals.

Diggs does not even address these two new dynamics.. In fact, he does not even make clear that

the articles he used to criticize gays and lesbians for sadism was also talking about heterosexuals. His misplaced priorities is even more galling when one takes into account what he says at the beginning of his report:

“ . . . the consequences of homosexual activity are distinct from the consequences of heterosexual activity.”

Diggs also continues to show an anti-gay bias in his section regarding the promiscuity of gays and lesbians in comparison to that of heterosexuals. This is what he says for heterosexuals

“The most extensive survey of sex in America found that ‘a vast majority of (heterosexual married couples) are faithful while the marriage is intact.’ The survey further found that 94 percent of married people and 75 percent of cohabiting people had only one partner in the prior year.”

First of all, what does the phrase ‘while the marriage is intact’ mean? Diggs is hinting the possibility that some heterosexuals do not stay married. But he does not further explain this point.

So how does Diggs compare GLBT couples to this? Diggs does a extremely poor job comparing the monogamy/promiscuity levels of heterosexual and homosexual couples.

His first citation is neither facts nor figures about gay couples, but a quote from a “lesbian critic” of gay males. The critic is Camille Paglia, a woman who, while brilliant in some of her observations, has been considered spacey and hard to follow by many (including this author). In any case, one cannot take just her quote as a correct assessment of the monogamy/promiscuity levels of GLBT couples. For one thing, she is not a researcher, but a critic or a theorist. For another thing, she does not quote any facts nor figures, but goes off on one of those bizarre tangents that she is famous for. Clearly Diggs cited Paglia not because of her intelligence or expertise in the matter, but because she is a lesbian. He is clearly exploiting the paradox of a lesbian chastising gay men on their alleged sexual behavior.

Now when Diggs does quote figures regarding gay men’s alleged sexual behavior, his example is extremely suspect. He says the following:

“A study of gay men attending circuit parties showed that 46 percent were coupled, that is, they claimed to have a ‘primary partner.’ Twenty seven percent of the men with primary partners ‘had multiple sex partners (oral or anal) during their most recent circuit party weekend.’”

Circuit party attendees is not a good representation of the gay community, but Diggs does not make any type of comparison as to the ratio of gay men who attend circuit parties to the ratio of men who do not. Nor does Diggs say how many men were included in the circuit party survey.

Diggs also cites two out of date book; **Gay Couples**, published in 1984 and **Male and Female Homosexuality: A Comprehensive Investigation**, published in 1973 as correct assessments of the

current sexual habits of gay men.

In addition, Diggs says this about gay men and syphilis:

“A study done in Baltimore and reported in the Archives of Internal Medicine found that gay men contracted syphilis at three to four times the rate of heterosexuals.”

A look at the endnotes gives the entire story. The title of the article clearly states *Characteristics of patients with syphilis attending Baltimore STD Clinics*. By the way he cites the study Diggs makes it seem that the researchers in Baltimore studied the syphilis rate of gay men nationwide. The study only talked about a rate of syphilis in one city, Baltimore. In fact, an abstract of the study reads the following:

“Medical records of 341 patients with syphilis seen at a health department sexually transmitted clinic . . .”

This study is not a correct assessment of the rate of syphilis infection of gay men nationwide.

Diggs also makes wild claims about lesbians. According to him:

“Australian researchers at an STD clinic found that only seven percent of their lesbian sample had never had sexual contact with a male. . . They were 4.5 times as likely as exclusively heterosexual controls to have had more than 50 lifetime male sexual partners. . . Lesbians were three to four more times likely than heterosexual women to have sex with men who were high-risk for HIV disease-homosexual, bisexual, or IV drug-abusing men.”

The researchers of the study were from the Alice Springs Hospital in Australia, which according to their webpage “provides a wide range of diagnostic and therapeutic services for both inpatients and outpatients.” This includes cardiology, oral surgery, and pain relief. The hospital also contains an institute devoted to sexual health. Diggs makes it sound as if the hospital is entirely an STD clinic, clearly linking lesbians to irresponsible sexual behavior and influence the reader’s mind before he even makes his case.

He was not so forthcoming as to the details of the study. The researchers compared clinical and survey findings over a period of seven years (1991-1998) of 1,408 women who identified themselves as WSW, or women who have sex with women. They were compared to a control sample of 1,423 women who denied ever having sex with a woman. This is how they received their results.

Diggs’ first mistake comes with how he identifies the women in the study. He calls them lesbians, but in the study, they are called WSW, or women who have sex with women. Based upon this description, there is no certainty that these are lesbians or bisexual women. In fact, articles reporting the study are not even sure. One article by Q Online contained the headline, *Lesbians not immune to sexually transmitted infections*, while another article from **Curve** magazine say *Lesbian and Bisexual Women at*

Risk for Sexually Transmitted Diseases.

The point is that Diggs identifies all of the women as lesbians, all the better for him to make his point, even if it distorts the actual survey. There is a difference between lesbians and WSW in terms of identification.

His second mistake is, of course, over generalization. Diggs does not give enough details for anyone to glean that it was a study of women who attended the Australian clinic over a period of seven years. What about the women who did not attend the clinic?

Furthermore, he says this:

“Study after study documents that the overwhelming majority of self-described lesbians have had sex with men.”

What about these studies? Just like the Australian study, one is a convenience sample studies that cannot be taken to mean the lesbian population at large. The other does say that some lesbians have had past experiences of sexual encounters with men. But again, it is not a study that is indicative of the larger lesbian population. Diggs is making a general statement then using little evidence to quantify it.

Probably the most egregious fact about Diggs’s study is that he claims:

“There are five major distinctions between gay and heterosexual relationships, with specific medical consequences.”

He goes on to name the five distinctions as: levels of promiscuity, physical health, mental health, lifespan, and monogamy.

However, for a study that is supposed to prove how homosexual relationships are bad in comparison to heterosexual relationships, Diggs spends more time castigating gay sex than actually comparing the two dynamics that he claiming to compare. He spends 12 pages of his study (the rest of the 17 pages give his footnotes) giving out all sorts of anecdotal evidence as to the supposed harm of “gay sex.” In matters of levels of promiscuity, physical health, mental health, lifespan, and monogamy, statistics as to how heterosexuals differ from homosexuals are virtually nonexistent in his study.

In other words, Diggs is saying that heterosexuals rank higher than homosexuals in five distinctions, but gives little evidence as to how heterosexuals rank at all. While his study is full of horror stories about gays and STDs, nothing is said about heterosexuals and STDs except for an insignificant blurb that is just one sentence. While he distorted the Canadian study to claim that gay men have shorter lifespans, he says nothing about heterosexual lifespans. This also goes for mental health. He picks out a Dutch study to claim that gays are naturally mentally challenged and the discrimination they may face does not cause this, but there is nothing said concerning heterosexual mental health. The only comparison

that is made has to do with levels of monogamy and even then, he cites only one study concerning heterosexuals, while citing several studies of gay couples; some of which he has taken out of context and others which only can be considered at best, anecdotal and not indicative of the entire community at large.

And Diggs attempts to link his study to any legislation giving GLBT couples equality in their relationships. He says this:

“Encouraging people to engage in risky sexual behavior undermines good health and can result in a shortened life span. Yet that is exactly what employers and governmental entities are doing when they grant GLB couples benefits and status that make GLB relationships appear more socially acceptable.”

Now that is just silly. No one could possibly say that when the state grants couples (be they heterosexual or homosexual) benefits, it is encouraging them to have sex.

The fact of the matter is that Diggs is not interested in making scientific comparisons. While he attempts to castigate gay relationships under the guise of being a medical professional, his sloppy and blatantly biased work gives him away. Anyone citing Diggs’s study as credible plainly has an agenda. And it does not include being fair or moral.

How can morality exist in a place of lies?

Other articles utilized by this report include:

‘Gay Bowel Syndrome’ Struck from Textbook, Gay Health News, April 16, 2001

Activist fights outdated medical phrases: Effort to debunk ‘gay bowel syndrome’ may face new challenge, Washington Blade, April 5, 2005

Lesbian and bisexual women at risk for sexually transmitted diseases, Curve Magazine

Lesbians not immune to sexually transmitted infections, Q Online, October 24, 2000

Hostage ties noose around 2-day bondage meeting, Detroit Free Press, January 25, 2002

Ramada to hose ‘Vicious Valentine’ event, World Net Daily, February 14, 2002

Characteristics of patients with syphilis attending Baltimore STD Clinics, Archives of Internal Medicine, March 1, 1991

Gay life expectancy revisited, International Journal of Epidemiology, May 2001