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A Submission to the Archbishop of Canterbury's Commission:

Clarity always favors truth, and unclarity always favors falsehood. In issues as vital as human sexuality and Godly morality, it is imperative that we be clear and precise. Pursuit of the eight questions which guide the Commission's objectives requires such clarity regarding the very issue at stake -- homosexual behavior.

Homosexuality is at least two things: orientation and behavior. As an orientation, it is the inclination toward sexual behavior with persons of the same sex. As a behavior, homosexuality is comprised of a set of behaviors well documented by persons on both sides of the discussion. Karla Jay and Allen Young, two very candid homosexual writers, published *The Gay Report* in 1979, 800 pages describing the nature and extent of homosexual behavior.

Homosexual advocates are asking the Church and society to mandate approval of that behavior toward which homosexual persons are inclined, so homosexual behavior must be the focal point of clarity. The issue is not abstract "love", but specific, clinically identifiable behaviors. All behaviors have consequences, yet, astonishingly, there has yet to be a public, candid discussion of homosexual behavior and its consequences.

Using Jay and Young, a list of typical homosexual behaviors, with the approximate percentage of homosexual persons engaging in them, might read, in neutral, clinical language, as follows: 99% of homosexual males engage in oral sex; 91% engage in anal sex; 82% engage in "rimming", touching the anus of one's partner with one's tongue and inserting the tongue into the anus; 22% engage in "fisting", inserting one's fist into the rectum of the partner; 23% engage in "golden showers", urinating on each other; 4% engage in "scat", the ingestion of feces, and in "mud rolling", rolling on the floor where feces have been deposited. "Fisting", for example, is being openly taught in Massachusetts public schools.

The medical consequences of these behaviors are so devastating that the average practicing homosexual person loses from 30% to 40% of his/her lifespan, typically not living beyond 50 in a culture where we average well into our 70's. Sexually transmitted diseases commonly gotten include gonorrhea, syphilis, hepatitis A and B, anal cancer, and amoebic "gay" bowel disease. Nearly 1,000,000 Americans have been infected with HIV/AIDS -- of which 400,000 have died -- from a behavior-caused, and thus preventable, disease. Homosexual behavior is lethal.

When homosexual persons are challenged to change their behavior, they typically reply, "You are attacking my identity, my personhood, not my behavior. Homosexual is who I am, not what I do." Because homosexual persons identify a behavior with their identity, they are unable to stop the behavior. Inability to stop a lethal behavior, even when warned, is evidence for a pathological, compulsive, addictive condition, not an identity.

[Further information on these issues can be found at <http://theroadtoemmaus.org> (go to the Homosexuality Library). See also <http://theroadtoemmaus.org/INET/LibSits/0SexSits.htm> for resources at other websites.]

Making decisions on issues of life and death without candid investigation of the very behaviors for which approval is sought is intellectually and morally irresponsible. I trust that the Commission will right a terrible wrong which has been continuing for decades (on both side of this discussion) -- by insisting on clarity, by asking supporters of the homosexual agenda for a public explanation of the above behaviors they wish the Church to bless, why they think God does so, and why such behavior should not be considered one of "the evil powers of the world which corrupt and destroy the creatures of God" which we renounce at baptism. Only then can honest and Godly decisions be made about homosexuality in the life of the Church.

Faithfully in Christ,

Earle Fox