Intersexuality Fails to Support Homosexuality

Brad Harrub, Ph.D.

Things used to be so simple. Fifty years ago, grandmothers asserted that girls were made of "sugar and spice, and everything nice," while little boys were made of "snips and snails and puppy dog tails." But what happens when a child is born with a mixture of sugar and spice as well as snails and puppy dog's tails? A recent media explosion (such as a feature on "60 Minutes") has shined the light on what is commonly being referred to as "intersexed" people—a term used to describe a set of medical conditions that features congenital anomaly of the reproductive and sexual system. That is, intersexed people are born with sex chromosomes, external genitalia, or internal reproductive system traits that are not considered "standard" for either a male or female. Sadly, the condition exists in reality, and the victims unfortunately find themselves in both a physiological and political battle. Besides any visible abnormalities, these individuals often are sterile, lacking either a complete female or male reproductive system. Additionally, certain individuals in the homosexual community appeal to intersexed people, saying, "We are like them. We were born this way." But scientific evidence shows that intersexed people are vastly different from homosexuals.

While the term "intersexed" is not found in most current medical dictionaries, hermaphroditism is. This word—used prior to the "politically correct" era—is defined as the presence in one individual of both ovarian and testicular tissue. Current estimates indicate that 1 in 2,000-3,000 persons are born with what has been termed "non-standard gender." Of these, only small percentages are classified as true hermaphrodites. These children, frequently sterile, are born to unsuspecting parents whose dreams often are demolished as the reality of the situation sets in. Many times in these cases, a gender-identity team from a hospital is employed to further determine the actual sex of the child. Adolescents with abnormal sexual differentiation present a unique challenge to healthcare providers as they are forced to ask: should the child be surgically altered to be a male or a female? In the past, such a decision often was made immediately after birth, and any necessary surgery was performed for cosmetic reasons, the result being that the function of the genitals was compromised. Today, clinicians are rethinking such protocols.

Men and women share 22 pairs of chromosomes; only one set is different (there are two X chromosomes in women, and an X and a Y in men). People with true hermaphroditism —an extremely rare condition—usually have chromatin-positive nuclei [containing the X chromosome, or Barr body—BH], and 80% of them have a 46-XX chromosome constitution (Moore and Persuad, 1993, p. 292). As such, they generally are reared as females.

In 1999, a team of scientists in Melbourne, Australia, discovered that certain genetically male children are born with female sex organs. The researchers observed that genetically male children who were born without a gene known as DMRT1, failed to form testes (Smith, et al., p. 602). This particular gene is located on chromosome 9, which means that both men and women possess copies of it. But researchers discovered that the gene is regulated differently in men and women. They found that the gene was expressed in high levels in the developing testes, yet in low levels in the ovaries. They believe that females born with testes may have an extra copy of the DMRT1 gene. This information provides compelling evidence that the intersexed condition results from mutated genes.

Today, children should not be surgically assigned a sex until clinicians know for sure what their gender is. As we are now learning, early surgical intervention may not always be what is best for the child. Parents (and other adults involved in the counseling process) should encourage intersexed individuals to undergo genetic testing to determine what sexual chromosomes and internal organs are present.

In the beginning, God created humans male and female (Genesis 1:27). Today, however, we know that individuals are born who possess both male and female reproductive tissues. As Christians, we must tear down the veil of shame and secrecy, and deal with issues such as these that societal conditions have placed squarely on our doorstep. Intersexed people are people with souls—as well as people who may one day want to marry and rear children. As each day brings new ethical dilemmas, we must strive to look at them within the scope of God's inspired Word. And that Word—not human opinion—must remain the criterion against which new developments are measured. We must not forget that scientific evidence documents that these abnormalities are a result of humanity's mutated gene pool. Through the years, sex-determining genes have mutated as the result of people's exposure to harmful chemicals like DDT, asbestos, thalidomide, etc. Christians must be compassionate toward intersexed people, but at the same time must not fall prey to the false idea that intersexuality proves that homosexuals are simply "born that way."

REFERENCES

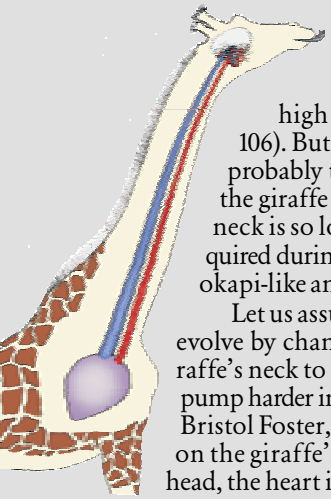
Moore, Keith L, and T.V.N. Persaud (1993), *The Developing Human: Clinically Oriented Embryology* (Philadelphia, PA: W.B. Saunders).

Smith, Craig , Peter McClive, et al. (1999), "Conservation of a Sex-Determining Gene," *Nature*, 402:601-602, December 9.

WHAT GIRAFFES WILL DO FOR A DRINK

by Nathaniel Nelson

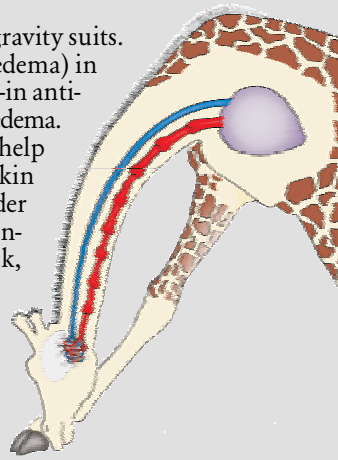
If you travel across the great savannahs of Africa, you will come upon animals of all shapes and sizes. Yet, as you look among them, none of these animals stands as tall as the giraffe. If you take a closer look, you might see the giraffe perform an amazing feat—bend down to get a drink of water. The giraffe is the world's tallest terrestrial animal, and can reach well over 12 feet in height. As the giraffe leans over to get a drink, there are some interesting features at work beneath its famously patterned skin. One of these elements is the giraffe's elongated neck. Evolutionary theory has tried for decades to explain the phenomenon of the giraffe's neck, but such conjectures cannot account to the anatomical and physiological mastery exhibited in the giraffe. William R. Corliss observed in his book, *Biological Anomalies*: "In sum, Nature is **very** anomalous or, equivalently, Nature is not yet well understood. Much remains to be done" (1995, p. v, emp. in orig.). Could there be a reason for animals such as the giraffe to be so uncharacteristically diverse?



There are other animals that have extended necks. As Corliss went on to note: "Several mammalian browsers have developed particularly long necks that help them reach high foliage; viz., the dibatags and gerenuks" (p. 106). But of all the long-necked animals, the giraffe is probably the most mind-boggling. Corliss contrasted the giraffe with other such creatures: "But, the giraffe's neck is so long that major body modifications were required during the (supposed) evolution from short-necked okapi-like animals" (p. 106, parenthetical item in orig.).

Let us assume for a moment that the giraffe really **did** evolve by chance processes over time. In order for the giraffe's neck to lengthen, the heart would need to be able to pump harder in order to push blood up the neck to the brain. Bristol Foster, writing in *National Geographic*, commented on the giraffe's heart: "To drive blood eight feet up to the head, the heart is exceptionally large and thick-muscled, and the blood pressure—twice or three times that of man—is probably the highest in any animal" (1977, p. 409). For the giraffe to survive, its heart would have to evolve concurrently with the neck.

While this change is occurring, the giraffe might want to lap up water from a nearby lake. The giraffe would spread its forelegs and bend its neck below body level to drink the water. If you have ever been upside down for any period of time, then you know the feeling of blood rushing to your head. In the same way, the giraffe's heart is so large and powerful that it normally would shoot a hefty amount of blood into the brain, causing a possibly fatal increase of blood pressure in the giraffe's head. This does not happen, though, because of specialized valves contained within the vessels of the giraffe's neck. These valves work to block the blood being pumped to the brain during the giraffe's water break. Furthermore, if the giraffe were to see a predator and try to run from it just after bending over, you would expect it to pass out because its blood pressure had dropped so low. Once again, however, the same network of valves saves the giraffe by routing the blood in a way that keeps the blood pressure constant. Where did these valves come from? And how did they evolve **simultaneously** with the heart and neck? Evolution has no answers.



Many hospitals use what are known as gravity suits. These ensembles prevent fluid retention (edema) in the lower extremities. The giraffe has a built-in anti-gravity suit that prevents blood pooling and edema. The two portions of the giraffe's body that help in the function of this system are its tough skin and its fascia (connecting tissue). So, in order to survive, the giraffe must have evolved a longer neck, a heart to push blood up the neck, special valves to maintain its blood pressure, and an antigravity suit to resist the extreme pressure that is routinely produced. Did these structures arrive by coincidence?

The list of what must have evolved "in sync" with the rest of the giraffe's anatomy is lengthy and impressive. Evolutionist Robert Wesson stated:

> The protogiraffe had not only to lengthen neck vertebra (fixed at seven in mammals), but had to make any concurrent modifications: the head, difficult to sustain atop the long neck, became relatively smaller.... Big lungs were necessary to compensate for breathing through a tube 10 feet long; many muscles, tendons, and bones had to be modified harmoniously; the forelegs were lengthened with corresponding restructuring of the frame; and many reflexes had to be reshaped (1991, p. 226, parenthetical item in orig.).

As Wesson noted, these processes had to come into existence **at the same time**! The head had to be miniaturized in order to rest on the top of a 15-foot-high giant. Plus, the giraffe's lungs are eight times the size of an average human's in order for it to breathe through a ten-foot-long trachea. And every structural support must reshape to match the new form of the neck. Any statistician (or physiologist) would balk at the probability of a creature evolving these extreme characteristics.

Evolution suggests that nature would have "selected" these long-necked mutants over those that could not reach higher foliage (see Corliss, p. 106). But male giraffes (who are around two feet taller than females) would survive, while the shorter females would die off. Yet we still see both males and females alive today. Additionally, fossils that could provide evidence as to the evolution of the giraffe remain elusive. Francis Hitching mentioned: "There are no intermediate fossils showing a quarter-length giraffe neck" (1982, p. 30). The evidence inexorably leads away from evolution. The giraffe's coordinated innovations are a testament to design in the animal kingdom. From its long neck to its anti-gravity-suit skin, the giraffe's diverse nature flouts the theory of evolution, and instead embraces the opposite concept—design.

REFERENCES

Corliss, William R. (1995), *Biological Anomalies: Mammals I* (Glen Arm, MD: The Sourcebook Project).

Foster, Bristol (1977), "Africa's Gentle Giants," *National Geographic*, 152[3]:402-417, September.

Hitching, Francis (1982), *The Neck of the Giraffe* (New York: Ticknor and Fields).

Wesson, Robert (1991), *Beyond Natural Selection* (Cambridge, MA: MIT Press).

R&R RESOURCES

QUESTION & ANSWER

Q Is a homosexual lifestyle safe?

A Living a homosexual lifestyle is far from "safe." In fact, homosexuals experience a shorter lifespan than heterosexuals—a fact that is not often reported in the national press. In an effort to estimate the life expectancy of homosexuals, Paul Cameron and his colleagues reviewed 6,714 obituaries from sixteen United States homosexual journals (1993). They then compared those results to obituaries from two conventional newspapers. Cameron and his colleagues reported the following results:

Median Age of Death

Heterosexuals	Homosexuals*
married men **75**, 80% died old	**39** if AIDS was the cause (1% died old)
unmarried men **57**, 32% died old	**42** in non-AIDS cases (<9% died old)
married women **79**, 85% died old	
unmarried women **71**, 60% died old	

* In the 6,714 homosexual obituaries

Yet, according to the Center for Disease Control, the average life expectancy rate in the United States is 77.2 (according to 2001 data). Thus, the average homosexual (without AIDS) dies 35.2 years earlier.

Cameron, et al., also demonstrated that if the person had not died of AIDS, homosexuals faced a great deal more violence than their heterosexual counterparts. They discovered that homosexuals died:

- 10 times more often in accidents
- 17 times more frequently in traffic
- 26 times more often from suicide
- 87 times more from murder
- 23 times more often from heart attacks (compared to white men aged 25-44).

Cameron and his colleagues presented their findings at the Eastern Psychological Association, concluding that homosexuals do not live to old age, when compared to non-homosexual counterparts. Their study clearly established that homosexuals experience shorter life spans compared to heterosexuals.

REFERENCES

Cameron, Paul, William L. Playfair, and Stephen Wellum (1993), "The Homosexual Lifespan," paper presented at Eastern Psychological Association, April 17.

Brad Harrub & Bert Thompson

IN THE NEWS

Earlier this year, the American College of Pediatricians took a bold step. This national medical association of licensed physicians and healthcare professionals spoke out—strongly—against the idea of homosexual parenting. The concept they addressed concerned the argument that children reared by two individuals of the same sex are as well adjusted as children reared in families with a mother and a father. The pediatricians observed: "Policymakers, social scientists, the media, and even physician organizations, however, are now asserting that prohibitions on parenting by homosexual couples should be lifted" (See American College of..., 2004). At the conclusion of their position statement, however, they noted:

> The environment in which children are reared is absolutely critical to their development. Given the current body of research, the American College of Pediatricians believes **it is inappropriate, potentially hazardous to children, and dangerously irresponsible to change the age-old prohibition on homosexual parenting**, whether by adoption, foster care, or by reproductive manipulation. **This position is rooted in the best available science** (2004, emp. added).

The ACP position statement is supported by no less than **thirty-six** references representing the very latest scientific studies. The ACP acknowledged: "**...there is sound evidence that children exposed to the homosexual lifestyle may be at increased risk for emotional, mental, and even physical harm.**" The pediatricians went on to document that children reared in homosexual households are more likely to experience sexual confusion, practice homosexual behavior, and engage in sexual experimentation.

This information comes hot on the heels of additional studies which document that homosexual partnerships are significantly more prone to dissolution than heterosexual marriages. Given these documented studies, how can anyone advocate that homosexual parenting is a responsible and beneficial choice for a child?

REFERENCES

American College of Pediatricians, (2004), "Homosexual Parenting: Is It Time For Change?," Position Statement, [On-line], URL: http://www.acpeds.org/index.cgi?cat=22&art=50&BISKIT=1407183102&CONTEXT=art.

Bert Thompson & Brad Harrub