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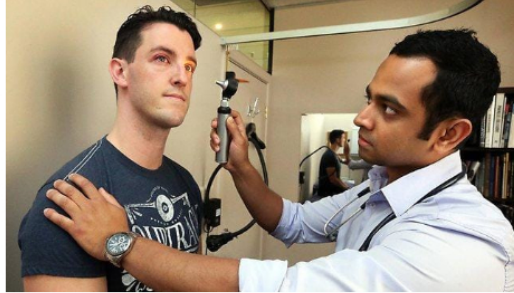
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Truth a victim in unholy row

By ADAM CRESSWELL

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GP Shiva Rayar (right) examines patient John Waters for a blood-test result at his clinic in Surferon, Queensland.

GENERAL practitioner Shiva Rayar believes there may be some truth to the notion that gay people don't live as long as the broader community, though not for the reasons that some of the country's more outspoken religious figures seem to think.

"I believe that the lifespan of a gay person is at risk of being shorter than that of a heterosexual person," says Rayar.

Rayar is better placed than many to know. He works in the inner-city Holdsworth House Medical Practice in Sydney and estimates about half his patients are gay while the rest are straight.

"The gay community is marginalised even today," Rayar continues. "This is a group of individuals who are still bullied at school, still discriminated against within the workplace and - more absurdly still - excluded by our laws from marriage, an integral milestone in many people's lives.

"Gay or straight, these experiences result in an increased risk of depression and suicide. It is these individuals who may resort to the use of cigarettes, alcohol, drugs and even unsafe sexual practices as an attempt at an emotional crutch. These factors combined would doubtless shorten the lifespan of any person."

That's not quite what Jim Wallace, managing director of the Australian Christian Lobby, seemed to have in mind when he suggested smokers were owed "a big apology" because their lives were shortened by only 10 years, whereas gay men faced up to a 20-year reduction in lifespan.

"The life of smokers is reduced by something like seven to 10 years and yet we tell all our kids at school they shouldn't smoke," he said in response to a question during a debate in Tasmania on marriage equality. "We need to be aware that the homosexual lifestyle carries these problems."

His remarks provoked outrage, and triggered Julia Gillard to cancel her planned keynote speech to the ACL's conference next month, describing the comments as "heartless and wrong".

Yet Wallace also has received some backing, with conservative Sydney Anglican Archbishop Peter Jensen adding fuel to the fire on Monday by indicating not only his broad agreement with Wallace's views but also adding to the mix a claim that "virulent censorship" was preventing the topic receiving adequate airing.

Wallace later sought to deny he was making a comparison between smoking and homosexuality, and claimed his comments were partly based on a three-year-old Canadian news article in which gay advocates had complained Canadian health authorities had developed "policies, strategies and funding initiatives for most other populations in this country but they seem unwilling to do the same for gay, lesbian, bisexual Canadians".

Jensen has also sought to distance himself from the furor. Despite initially telling viewers of ABC1's Q&A program that "I think it is true to say ... the lifespan of practising gays is significantly shorter than the ordinary, so-called heterosexual man", he later watered down his position, and insisted through a spokesman the next day that he was merely seeking to foster a discussion about what health problems might exist for gay people, "not just HIV-AIDS but rates of cancer, alcoholism and other disease".

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So what does the statistical evidence say about the health status of lesbian and gay people, often referred to by the acronym LGBTI (for lesbian, gay, bisexual, transsexual and intersex)?

Unfortunately for Wallace and Jensen, the picture is not quite as both men painted, at least as far as overall life expectancy is concerned. The truth is that we just don't know.

And as for other health risks faced by gay men, women and teens, the causes are generally linked to higher rates of stress in gay people, who in an attempt to cope turn in greater numbers to tobacco, alcohol, drugs and other unhealthy behaviours.

Warren Talbot, general manager of the National LGBTI Health Alliance, says he is "absolutely certain" that Wallace and Jensen were not drawing on any current, credible research to back up their views because "we simply don't have any information, state or national, on LGBTI morbidity or mortality".

"It's not there; it's not collected by the Australian Institute of Health and Welfare," Talbot says.

"It's one of the reasons the alliance has been established and funded by the commonwealth government, to start a process - and it will be a 10-year process - to have good data so we can make informed decisions about LGBTI health."

Life expectancy data in Australia is calculated using a combination of two pieces of data: demographic figures for the numbers of people in the general population who fall into specific age bands and information from death certificates.

The demographic data comes from census figures, but this does not ask respondents to state their sexuality, and efforts to persuade the Australian Bureau of Statistics to include a question have so far come to nothing. Neither do death certificates note the sexual practices of the deceased.

Talbot says while there have been some studies from overseas that attempt to address gay life expectancy, these were based on surveys rather than routinely collected health data and "include a fairly significant proportion of gay men with HIV in the early 1990s, before there was a treatment regime".

Everyone agrees HIV remains predominantly a danger for gay men, at least outside sub-Saharan Africa, where up to 25 per cent of the national populations have been infected - mostly, it is worth noting, via heterosexual sex, which also accounts for the most rapidly growing cause of the infection in Australia.

The infection is no longer the death sentence it was before doctors realised in the mid-1990s that combining different antiviral drugs could stop the virus replicating, without causing rapid drug resistance. Nevertheless, a study published in 2008 in *The Lancet* found remaining life expectancy in HIV-infected men aged 20 was about two-thirds of that seen in the general population.

Yet treatments are continuing to improve and, in Australia, the rates of newly acquired HIV infections among men who have sex with men - a broader group than those who identify as gay - appear to be going down, not up.

The rates of newly diagnosed HIV cases in this group fell between 2001-05 and 2006-10, from 1.2 per cent to 1 per cent, in the under-25 and over-25 age bands, according to the most recent HIV annual surveillance report produced by researchers from the Kirby Institute at the University of NSW.

Because there is not even an approximate estimate of the number of gay people in Australia, there is no vaguely credible figure for the proportion of gay people who are living with HIV infection. But small-scale surveys suggest that even in the inner-city areas of capital cities, where the rates are believed to be highest, up to 20 per cent of gay men may be affected - meaning that the infection rate among all gay people across the country would be a small minority of the total gay population.

Andrew Grulich, head of HIV epidemiology and prevention programs at the Kirby Institute, says citing life expectancy figures that are based on data drawn from North America at the height of the AIDS crisis in the late 1980s and early 90s, before the drug treatments were developed, is "like establishing male life expectancy in the general population in the middle of World War II".

"It (life expectancy) would have been dramatically decreased, but it's increased since then as the epidemic has come under control," Grulich says.

He says one of the few places in the world that has been able to rigorously compare disease rates between gay and straight populations has been Denmark, which in 1989 became the first nation to enact marriage-like partnerships for homosexual couples.

Grulich was co-author of a 2003 paper published in the *American Journal of Epidemiology*, that studied 1614 women and 3391 men from 1989 to 1997 and found "cancer rates among homosexual persons in marriage-like partnerships are similar to those prevailing in society at large".

The only exceptions were cancers related to HIV, which were higher among the 10 per cent of the sample who had AIDS, and also to anal cancer, which is very rare but caused in almost exactly the same way, and mostly by the same strains of human papillomavirus, as cervical cancer in women.

Current Australian data on the health experience of gay people is derived mostly from surveys, such as the Private Lives 2 research released earlier this year by the Australian Research Centre in Sex, Health and Society at La Trobe University.

William Leonard, director of Gay and Lesbian Health Victoria, who co-wrote the research, says it shows that gay people rate their own health at levels that are higher than similar self-reported health scores among the general population.

However, this conceals pockets of poorer health status, particularly among younger gay people, and also on scores of mental health problems, which are "markedly worse" than in the general population.

Former ACT chief minister Kate Carnell, now chief executive of the national depression organisation Beyondblue, which supported the Private Lives 2 program, says research clearly indicates that the higher levels of stress, depression and anxiety in gay people are closely linked to the constant drip-feed of discrimination, ranging from low-level negative comments to outright abuse, to which many are still exposed on a regular basis.

"Of people who suicide, 90 per cent have a mental illness at the time of their death and, of those, 80 per cent were untreated, which would tend to suggest that depression is a major factor in suicide," Carnell says.

Beyondblue notes the World Health Organisation's Commission on Social Determinants of Health recognises social exclusion "as a critical factor which negatively affects the health and wellbeing of people globally", and that "discrimination, abuse, harassment and vilification among people who are gay, lesbian, bisexual, trans and/or intersex are common".

Although this is denied by Wallace and Jensen, Carnell is not alone in detecting an ulterior motive in the comments, which she believes have less to do with a genuine concern for the health of gay people and more to do with an attempt to portray homosexuality as a "lifestyle choice" that the impressionable young can choose to avoid.

"(Beyondblue chairman) Jeff (Kennett) made the comment that he couldn't find anywhere in the Bible that says discrimination is OK," Carnell says.

"These are discriminatory comments (by Wallace and Jensen). They still seem to believe that being a LGBTI person is a lifestyle choice - that's what underpins their comments. That's just so wrong, from every perspective."

Nicolas Parkhill, chief executive of ACON, formerly the AIDS Council of NSW, says there is "nothing pathologically wrong with gay and lesbian people" and the broader environment creates the health inequalities.

"Jensen's and Wallace's assertion that you can run an anti-gay campaign in the same way you can run an anti-tobacco campaign to shift behaviour is what's absolutely wrong, looking at the evidence, as well as deeply offensive," Parkhill says. "They think it's a choice. It shows an absolute lack of understanding of human sexuality and it speaks to their motivation, which I think is based on homophobia rather than on any (concern for) public health."

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