In The

Supreme Court of the United States

JOHN GEDDES LAWRENCE AND TYRON GARNER,

Petitioners,

v.

STATE OF TEXAS

Respondent,

On Writ of Certiorari
To the Court of Appeals of Texas
Fourteenth District

BRIEF IN SUPPORT OF RESPONDENT ON BEHALF OF AMICI CURIAE TEXAS PHYSICIANS RESOURCE COUNCIL, CHRISTIAN MEDICAL AND DENTAL ASSOCIATIONS AND CATHOLIC MEDICAL ASSOCIATION

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C. Same-sex Sodomy Is More Harmful to the Public He

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DESTINY O

Under rational-basis review, the Texas legislature's motivation for enacting the same-sex sodomy law is irrelevant. Petitioners have

⁵Public Health *Amici*'s reliance upon *Weinberger v. Wiesenfeld*, 420 U.S. 636, 648 n.16 (1975), to argue that a public health concern cannot support a statute unless the interest was expressed in legislative

ally suspect," and "in most circumstances irrelevant" to any constitutionally acceptable legislative purpose.

McLaughlin, 379 U.S. at 191-92 (citations omitted). In view of the Fourteenth Amendment, there was no reason to weigh evidence about whether racial minorities should be treated differently—the United States Congress and a majority of the states had already made that determination. There is no similar constitutional determination for same-sex behavior.

Petitioners made no effort in the trial court to prove a lack of rational relationship between the sodomy law and legitimate public interests. Furthermore, they have created no record from which this Court could conclude that the Texas same-sex sodomy law is without a rational basis.

C. Petitioners Are Asking the Court to Find Facts de novo

Absent record evidence to negate every conceivable basis to support the statute, Petitioners are, in effect, asking this Court to engage in *de novo* fact finding. They are asking the Court to weigh medical

nature, it is a political question committed to the legislature because it calls for pure public-policy decisions beyond a court's competence'") (citation omitted); *see also Baker v. Wade*, 774 F.2d 1285, 1287 (5th Cir. 1985) (reversing holding that Texas sodomy statute violated equal protection clause: "The finding of the district court, to the effect that no rational basis exists for prohibiting this manner of sexual conduct, is a legislative finding and not an adjudica

⁶This brief will address only the public health interest, since the State and other *amici* are addressing the public morality interest.

⁷It is important to distinguish between incidence and prevalence of diseases. Incidence refers to "the development of new cases of a disease in a population free of the disease," while prevalence refers to "the number of persons who have a disease in a population at one point in time." Gary D.

lifelong infections." Tracking the Hidden Epidemics: Trends in STDs in the United States 2000 at 1 (citation omitted). As the CDC noted in its most recent STD surveillance report, "[a]ll Americans have an interest in STD prevention because all communities are impacted by STDs and all individuals directly or indirectly pay for the costs of these diseases. STDs are public health problems "CDC, Sexually Transmitted Disease Surveillance 2001 at v, Division of STD Prevention (September 2002) (citation omitted; emphasis added).

The CDC has identified men who have sex with men as among the groups that "are most vulnerable to STDs and their consequences" *Id*

⁸Available at www.cdc.gov/nchstp/dstd/Stats_Trends/Trends2000.pdf.

⁹Available at www.cdc.gov/std/stats/TOC2001.htm.

¹⁰Texas Penal Code § 21.01(3) defines "sexual intercourse" in a medically correct sense as "any penetration of the female sex organ by the male sex organ." Anal sex does not qualify as sexual intercourse under Texas law or medical definitions. *See* STEDMAN'S POCKET MEDICAL DICTIONARY 151 (coitus), 381 (sexual intercourse) (1987).

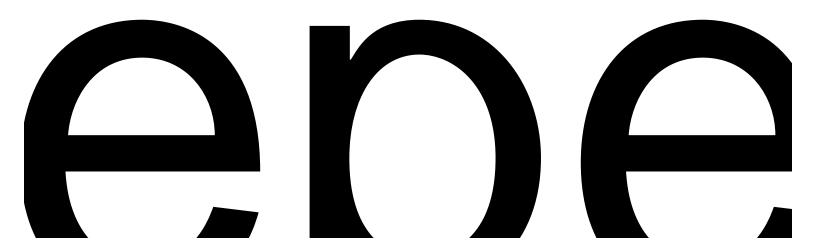
ENTED ANATOMY 385 (2nd ed. 1985). Accordingly, receptive anal sex may cause physical trauma to the anus and the rectum:

the lining of the rectum consists of a single layer of [membranous cellular tissue] with numerous goblet [mucous secreting] cells. The function of this thin layer is to promote the absorption of water and electrolytes. In spite of the limited protective capacity of secreted mucus from the goblet cells, the mucosa is incapable of much mechanical protection against abrasion. . . .

... One of the commonest problems associated with anal sexual activity is tearing of the anal canal. The external anal sphincter is biologically intended to have insertion of objects into the rectum, may cause irritation of the rectal mucosa and produce a variety of anorectal problems. Symptoms may include anorectal pain, diarrhea, overproduction of mucus, flatus, purulent discharge, intestinal cramps, painful defecation, fecal leakage, hemorrhoids, anal or rectal ulceration and fissures, pruritus ani, or varying degrees of rectal prolapse.

Agnew, 12 Journal of Homosexuality at 90-91. A study of incontinence among men who practice receptive anal sex "revealed an excess of minor anal incontinence amongst anoreceptive homosexual men. Over a third of AR subjects reported some degree of anal incontinence or urgency of defaecation [sic]." A.J.G. Miles, et al., *Effect of Anoreceptive Intercourse on Anorectal Function*, 86 Journal of the Royal Society of Medicine 144, 146 (March 1993). The study also found a cumulative effect from repeated anal sex: "The correlation between maximum resting pressure and estimated number of partners suggests that the damage to the internal sphincter is a cumulative effect." *Id.*; *see also* Goldstone, INNS AND OUTS at 19 ("Repeated injuries cause cumulative damage and, in later life, may lead to incontinence").

The nature of the anus and rectum and the trauma that may



virus and enteric [intestinal] pathogens, including giardiasis, shigellosis, amebiasis and hepatitis B. *Id.* at 514; Anne Rompalo, M.D., *Sexually Transmitted Causes of Gastrointestinal Symptoms in Homosexual Men*, 74 Medical Clinics of North Am. No. 6, 1633, 1634-35 (November 1990); William F. Owen, Jr., M.D., *Sexually Transmitted Diseases and Traumatic Problems in Homosexual Men*, 92 Annals of Internal Medicine 805 (1980). The enteric pathogens historically have not been transmitted sexually, but have become somewhat common among men who have sex with men: "These infections are [usually] associated with the ingestion of fecally contaminated food or water. Certain sexual practices, especially analingus, may allow direct exposure to these pathogens

12.11 However, the point of the concept of the "gay bowel syndrome" was that physicians were b

 $^{^{11}\}mathrm{Scarce}$ attacked the concept of "gay bowel syndrome" as "blatant medical homophobia." $\emph{Id}.$ at 2.

"[i]n New York City, the prevalence of infection with giardiasis and/or amebiasis ranged from 30 percent to 40 percent in homosexual men." *Id.* at 400 (citations omitted). Moreover, "[i]n San Francisco, Seattle and New York, from 30 percent to 70 percent of the patients with shigellosis were homosexual men." *Id.* at 401 (citations omitted). Hepatitis B virus ("HBV") was also more prevalent in men who have sex with men:

Serologic surveys of groups of homosexual men have shown that 50% to 75% have evidence of previous or current infection with HBV, and it has been estimated that in the United states alone more than 100,000 homosexual men are carriers of hepatitis B surface antigen (HbsAg). Only parenteral drug users have comparable rates of infection. *Prevalence rates for homosexual men exceed those for heterosexual partners of HbsAg-positive persons*, suggesting that the sexual activities of homosexual men lead to a greater frequency of exposure to infectious virus or provide more efficient routes of transmission.

Neil E. Reiner, M.D., et al., Asymptomatic Rectal Mucosal Lesions and Hepatitis B Surface Antigen at Sites of Sexual Contact in Homosexual Men with Persistent Hepatitis B Virus Infection: Evidence for de facto Parenteral Transmission, 96 Annals of Internal Medicine 170, 170 (1984) (citations omitted; emphasis added). Although rates of HBV have decreased, the CDC recently reported that men who had sex with men (1-2)

percent)12 accounted for nearly one-third of the sexually-trans-

¹²A 1993 report from the Alan Guttmacher Institute found that only 1.1% of 3,321 men surveyed were exclusively homosexual, and only 2.3% had engaged in sex with another man *in the prior ten years*. John O.G. Billy, et al., *The Sexual Behavior of Men in the United States*, Family Planning Perspectives, Alan Guttmacher Institute (March/April 1993). Another random survey found that about 2 percent of the men surveyed had sex with a man in the prior 12 months. Robert T. Michael, et al., SEX IN AMERICA: A DEFINITIVE SURVEY 175 (1994). A survey of 34,706 students in grades 7-12 found that 1 percent reported any homosexual experience. Gary Remafedi, et al., *Demography of Sexual Orientation in Adolescents*, 89 Pediatrics No.4, 714, 719 (1992). No <u>random</u> survey has found significantly higher percentages of men who have sex with men on a regular basis.

¹³Forty percent of acute HBV infections "were attributed to high-risk heterosexual practices-more than one partner in the prior six months, history of other STDs-and 18 percent were associated with homosexual activity." *Id.* The rest of the HBV infections were not transmitted sexually.

Disorders, 351 The Lancet 1833, 1836 (June 20, 1998). A history of anal sex appears to increase the risk of

 $^{^{21}} Available\ at\ www.cdc.gov/od/oc/media/pressrel/r020710.htm.$

 $^{^{22}\}mbox{Available}$ at www.cdc.gov/hiv/stats.htm. Of the total of 141,048 cases of AIDS in females, 57,396 are from heterosexual contact.

 $^{^{23}\}mathrm{African}$ men are more likely than American men to acquire HIV from females because of the prevalence of un

Sexual Transmission of HIV, the Virus that Causes AIDS: What You Should Know about Oral Sex, HIV/AIDS Update (December 2000).²⁴ A number of the diseases associated with men who have sex with men, particularly the enteric pathogens, are most likely transmitted through an oral/anal or penile/anal/oral route. Marino & Mancini, 58 Surgical Clinics of North America at 514 ("Sexual transmission of [enteric pathogens] is a possible consequence of oro-anal, ano-genital, and genito-oral contact either separately or in sequence"). One study expressed surprise at finding that oral-anal sex "was the s

²⁴Available at ftp://ftp.cdcnpin.org/Updates/oralsex.pdf. The CDC defines "oral sex" as oral-penile, oral-vaginal or oral-anal contact. *Id*.

Rectal Surgeons, 1999 Core Subjects (1999);²⁵ Rompalo, *Diagnosis and Treatment of Sexually Acquired Proctitis and Proctocolitis: An Update*, 28 Clinical Infectious Diseases at S84; Voeller, *AIDS and Heterosexual Anal Intercourse*, 20 Archives of Sexual Behavior at 264-65; Rompalo, *Sexually Tra*

²⁵Available at www.fascrs.org/coresubjects/1999/std/std.html.

²⁶Public Health *Amici*

health implications of female homosexual conduct are not as well documented as for men. Kathleen M. Morrow, Ph.D., Jenifer E. Allsworth, A.B., *Sexual Risk in Lesbians and Bisexual Women*, 4 Journal of the Gay and Lesbian Med. Ass'n No. 4, 159 (2000). Nevertheless, female same-sex conduct does impact public health. "Although the risk of transmission of certain STDs between women remains unclear, it has been reported

³²The STDs reported include "crabs," gonorrhea, chlamydia, genital herpes, genital warts and syphilis. *Id.* at 161, Table I.

³⁹It may b

quoted by the Public Health *Amici* may have relevance for Saudi Arabia, but not for Texas. For example, Dallas County has made "a

(approximately 60 percent of cumulative AIDS cases in men are MSM) with San Francisco Dept. of Pub. Health, *HIV/AIDS Epidemiology Annual Report 2001* at 9, HIV/AIDS Statistics and Epidemiology Section (over 94 percent of cases in men and 90 percent of all AIDS cases are MSM).⁴¹ Furthermore, as

⁴¹Available at www.dph.sf.ca.us/Reports/STD/HIVAIDSAnnlRpt2001 .pdf. The percentages include men who have sex with men and inject drugs (7.5% in Texas and 13% in San Francisco).