

Proposed constitutional amendment means restrictions of health care access

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Part 1: Why physicians should vote no on the constitutional amendment defining marriage

This November, the following constitutional amendment defining marriage will be on the ballot:

“Only a marriage between one man and one woman shall be valid or recognized as a marriage in this state. A legal status identical or substantially similar to that of marriage for unmarried individuals shall not be valid or recognized in this state.”

As physicians, we must oppose this amendment—regardless of your feelings about gay marriage, or homosexuality in general. The problem lies in the second sentence. Unintended consequences have caused considerable turmoil in other states that have passed constitutional amendments with similar verbiage. If followed to the letter, many men, women and children could lose their access to health care, something which, as physicians, we cannot allow. Consider these examples:

Michigan

The Governor stripped domestic partnership benefits from same sex couples in new contracts and the

Attorney General issued an opinion that local jurisdictions like school boards were prohibited from offering domestic partnership benefits to their employees.

A group filed suit against the Ann Arbor public schools to stop them from providing domestic partnership benefits to the families of their employees. The same group filed suit against Michigan State University to prohibit them from offering domestic partnership benefits to their employees and their families.

Ohio

The University of Toledo announced it would not offer domestic partnership benefits because of the constitutional amendment. Four other state universities—Ohio State University, Cleveland State, Miami University, and Youngstown State—currently offer domestic partnerships benefits, which are now at risk.

Missouri

Columbia College’s president cancelled the approved domestic partnership benefits proposal after the state’s constitutional amendment was passed.

Utah

Utah State University cancelled its proposed domestic partnership program after its attorney said that the program might violate Utah’s recently passed constitutional amendment. This decision also affects the employees in 10 other state educational institutions.

Local impact

When domestic partnership benefits

are lost, patients suffer. Two Wisconsin Medical Society members came to the Society’s July Board meeting to explain how the proposed constitutional amendment will hurt them and their families.

One was a UW pediatrician who, with his partner of 29 years, is raising two children. Because they are both men, Wisconsin law currently prohibits them from marrying. The more than 1000 federal and several hundred state protections that marriage affords to heterosexual couples are not available to their family. To compensate, they have had lawyers draw up legal documents to provide at least some of the protections their family needs, but they are uncertain if these measures will be enough if one of them is injured or dies. Will the other be able to have hospital visiting privileges, be allowed to make medical decisions, be allowed to authorize medical care for the children, or any of the many things that heterosexual couples take for granted?

The other Society member who spoke at the Board meeting has a same sex partner of 26 years who has disabilities and insurability issues. They have spent over \$6000 in legal fees to draw up legal protections for circumstances they could predict, but have no way of knowing if they covered everything. They even went to Canada to marry officially. If anything happens to them while they are visiting Canada, they will be OK, since they have all the protections offered any married couple. It is in their home country that they have worries.

Both members are very concerned

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that the Constitutional Amendment might undermine the work they've done to protect their partners and their children. They are worried about benefits being cancelled or tied up in legal proceedings. They complimented the Society for its policy of striving for the best health care of all of the citizens of the state and universal coverage. They also appreciate our policy against discrimination targeting our gay and lesbian citizens and their families.

The Society's health system reform plan advocates "high quality, affordable health care" and "universal access" available to all. These members commended this mission, and we all need to be sure that "all" does not exclude some because of the unintended consequences of the proposed constitutional amendment. We need to inform our citizens about what has happened in other states that have passed similar constitutional amendments, such as loss of domestic partnership insurance benefits for partners and dependent children. We should defeat this amendment if we want to protect ALL children and families in Wisconsin.

Part 2: Evidence for the Biological Basis of Homosexuality

There is much confusion concerning the etiology of homosexuality and for some, that makes casting a ballot more difficult. Some voters feel that everyone is born heterosexual but that some people "choose" a homosexual life style. There is little scientific evidence to support this view. In fact, there is an abundance of evidence that suggests the very opposite—that homosexuality is as biologically based as eye color or handedness. Unfortunately there is also unscientific, inaccurate information readily available.

How Many People are Gay, Lesbian, Bisexual or Transgender (GLBT)?

Quantifying GLBT is difficult. Most historic data, notably that of Alfred Kinsey¹ in the 1940s, are merely anecdotal. And even more recent data

cannot always be taken at face value. There is no one test that can prove definitively if someone is homosexual. Therefore, researchers must rely on self-reporting, which can be complex and inaccurate. For instance, there seems to be an age bias in reporting sexual orientation. Results from an exit poll² after the 1992 election showed that only 1% of the population over 60 reported being GLBT but 5% of the 18-29 year-old voters reported they were gay or lesbian. Is homosexuality becoming more common or are younger people just more comfortable in acknowledging it?

Interestingly, this age differential has similarities to that in reporting handedness. Wikipedia, a user-created on-line encyclopedia, reports that while left handedness involves about 10% of the population (5.24% of males and 4.76% of females) the numbers drop off with age of those questioned. In the United States, 12% of 20 year olds reported that they are left handed, while 5% of 50 year olds and only 1% of 80 year olds reported left handedness. These numbers reflect the active discouragement of left handedness years ago and not a changing lateralization in the brain. Society stigmatized left-handed people and therefore people learned to use their non-dominant hand and self identified as being right handed.

To further complicate the issue of quantifying the number of homosexuals is the question: What does it mean to be homosexual? In 1994, The University of Chicago published a study by Edward Laumann et al³ that found that sexual orientation consists of several distinct factors:

- Same sex desires: what people think, fantasize, and dream about
- Same sex behaviors: what people have actually done sexually
- Self identification as gay, lesbian, bisexual: irrespective of what they desire, fantasize about, or do sexually, if people self identify as gay, lesbian, or bisexual

The results showed the following. Men: same sex desires 7.7%; same sex behaviors 7.1%; self identified as gay

2.8%. Women: same sex desires 7.5%; same sex behaviors 3.8%; self identified as lesbian 1.4%

Are the gay males those men with same sex attractions or desires, those with same sex behaviors, or only those men who self identify as gay?

We can better understand the psychological situation our patients find themselves in when their sexual attractions and behaviors don't agree with their self-identity based on their cultural and religious beliefs.

Same Sex Behaviors in Nature

There are many examples of same sex behaviors in nature. In 1998, Bruce Bagemihl, PhD⁴ wrote *Biological Exuberance*, and documented same sex mating behaviors in 450 species including elephants, walruses, and giraffes.

Genetic Data

There is also some genetic data that supports the idea of a biological basis for homosexuality. For instance, Bailey and Pillard⁵ studied twins and found the following:

- In 56 male identical twins, if one was gay, 52% of the time the other twin was also gay.
- In 54 male fraternal twins, if one was gay, there is a 22% chance the second twin was gay.
- In non-twin brothers, if one was gay, there was an 11% chance that another was gay.
- In identical female twins, if one was a lesbian, there was a 48% chance the second twin was lesbian
- In fraternal female twin, if one was lesbian, there was a 16% chance the second was lesbian.
- In adopted sisters, if one was lesbian, there was a 6% of another being lesbian.

(As a comparison, data shows that there is a 26% chance of being left handed if both of your parents are left handed.)

Xq28 gene—Hamer,⁶ while at the National Cancer Institute in 1993, studied families with at least 2 gay brothers and found 64% had linkages to a marker Xq28, CL 99%. In 1995, Hu, Pattatucci, and Li⁷ extended

the analysis to 2 more families to corroborate the findings for gay men, but found no relationship for lesbians.

Brain Research

There have been several studies on how the brain relates to homosexuality.

Rats—Gorski⁸ found a sexually dimorphic nucleus in the preoptic area of the anterior hypothalamus that is 5 times larger in males than females. Fetal male rats denied testosterone from 3 days prior to birth until 5 days after birth don't develop the enlarged male nucleus but keep the female pattern. Therefore, in rats at least, there is a critical period for hormone stimulation for development of the male brain.

Rams—Stormshak⁹ studied why 8%-10% of rams are not interested in females but prefer same sex partners. He found a sexually dimorphic nucleus in the preoptic area of the anterior hypothalamus that was larger in rams interested in females than was present in ewes or same sex oriented rams. He also found increased levels of aromatase in this area of the brain.

Of 584 rams studied, 12.5% were asexual, 77.6% were interested in females (55.6% only females, 22% both males and females), and 9.5% mounted only other males.

The medial preoptic area of the anterior hypothalamus is critical to the expression of copulatory behavior. Aromatase enzyme converts testosterone to estradiol and androstenedione to estrone. Estradiol is the active ingredient for causing masculinization of the fetal brain. Stormshak found lower levels of aromatase in male-oriented rams than female-oriented rams. Levels of the hormones testosterone, estradiol, and estrone were NOT different in male-oriented versus female-oriented rams.

LeVay¹⁰ found a sexually dimorphic area in the human brain, the Intersititial Nucleus of the Anterior Hypothalamus (INAH 3). This area is twice as large in men than in women. And it is twice as large in heterosexual men as in homosexual men.

Byne¹¹ also found that the INAH 3 was larger in men than in women, and that homosexual men had an INAH 3 somewhere in size between men and women but had the same number of neurons as in the heterosexual male INAH 3.

Pheromones

Another interesting approach to the biology of sexuality is through the study of pheromones. Savic¹² studied 2 chemicals that seem to work as human pheromones: a testosterone derivative 4, 16-androstadien-3-1 (AND) derived from male sweat, and an estrogen-like steroid estra-1,3,5(10),16-teraeen-3-ol (EST) from female human urine.

Using MRIs and PET scans, she found that most odors were processed in the olfactory lobe brain in both men and women. However, AND and EST were bimodal in their effect. Heterosexual men processed EST in the medial preoptic area of the anterior hypothalamus but processed AND in the olfactory brain like other odors. Thus, EST activated an area of the brain known to be involved with sexual behaviors, unlike most odors that just activate the area of the brain where we process odors.

Heterosexual women processed AND in the medial preoptic area of the anterior hypothalamus and processed EST in the regular olfactory brain. This suggests these chemicals have significance in sexual functioning.

Homosexual men's PET scans showed activation from the male chemical AND in the medial preoptic area of the anterior hypothalamus similar to heterosexual women and the gay men processed EST in the olfactory area similar to women.

Berglund and Savic¹³ studied 12 lesbian women and found that they processed AND in the olfactory brain like men and partially processed EST in the anterior hypothalamus similar to the PET scans of men.

Summary

It is difficult to read all of the current studies about sexual orientation and not

hypothesize that some combination of genetic and developmental factors must be involved. It seems likely that homosexuality is a trait like left handedness. Treating our gay, lesbian, bisexual, or transgender patients any differently than we treat our left handed patients makes no sense. And voting for the proposed constitutional amendment that would deny them access to health care doesn't make sense either.

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