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PC: A/DPC 20R 2

MEMORANDUM

P.A.

5077-3-3 TD1343 (D, Surg Gen)  
222 956 682

2 Sep 82

5200-14-0

Distribution List

HOMOSEXUALITY AND SEXUAL ABNORMALITY

Refs: A. 222 956 682 (DLaw/PE) 23 Aug 82  
B. CFAO 19-20

1. The question raised in Ref A is timely since this Branch has been reconsidering the appropriateness of the medical role detailed or implied in Ref B.
2. Aberrant sexual behaviour is by definition a behavioural problem which is rarely, if ever, first identified through the medical net. Whether such inclinations/behaviour is acceptable within the military is not a medical policy decision. At present, probably the only legitimate medical concern is with those few cases where, in addition to the aberrant sexual behaviour, there may also be a medical problem, ie. a psychiatric or other illness.
3. With regards to whether or not, for the purposes under review, there is any "medical" difference between categorization as a homosexual or a sexual abnormality, I believe there can be no serious debate. There is none. We would suggest that the single term "sexual abnormality" is appropriate for all aberrant sexual behaviour, although whether or not this is so in law, we cannot answer.
4. We would suggest that with respect to disposition of such cases (under current policy), that there are three major areas of concern chronologically. First, is there sufficient evidence to support an allegation of "sexual abnormality"? Second, is there reason to conduct a medical assessment and if so, is there medical evidence of illness? Third, the disposition of a case of confirmed sexual abnormality should be dictated by such factors as current administrative policy, associated criminal acts, records of service, etc.
5. With respect to medical assessment, if a previously undiagnosed or inadequately treated illness is confirmed, the case management would include medical treatment or medical administrative processing. If it is considered that there is no psychiatric or other illness requiring medical management, medical involvement in the disposition

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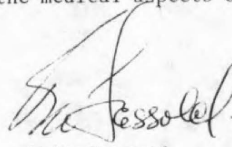
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of the case should terminate, ie. sexual abnormality is a behavioural, not a medical abnormality and the confirmation of this charge must be based on the behavioural evidence collected from non-medical sources, not on medical opinion.

6. In summary and in direct answer to your question, there is no medical reason for different disposition of cases based on whether or not they are categorized under homosexuality or sexual abnormality. In fact, in the absence of illness, there are no medical considerations involved at all. We believe CFAO 19-20 should be completely re-written and we will be pleased to assist DPLS with the medical aspects of this task.



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