

MEMORANDUM

6 Jan 83

DMTS

HOMOSEXUALITY SEXUAL ABNORMALITY  
CFSA BENEFITS

Ref: Transcript of Mtg 20 Dec 82

1. This is an extremely interesting transcript and I feel that I must make some observations in writing, not specifically as DMTS-2 but as a military MO/Psychiatrist.
2. I think that the major issue that must precede <sup>do all</sup> ~~are~~ discussions is this: Why are these people being released? As far as I can determine the reason for release is behavior which our society (ie the Canadian Forces) finds unacceptable. The next issue of concern seems to be the issue of control. As you quite correctly pointed out on page 8, there are two aspects of control, (a) the propensity and (b) the behavior.
3. I know of no specific study to deal with control of propensities. But by definition of propensity we would have to say it is not under control.
4. The aspect of control that concerns us surely is behavior. We would have to say that anyone can control his sexual drive, if he so chooses, and therefore I cannot agree with Gen Fassold's statement at the bottom of page 5.
5. Cmdre Crickard makes what I consider to be confusing contradictions. On page 11 (top) he states that buggery on board ship does not constitute homosexuality (but surely this is "deviant" behavior) whereas on page 16 he states that speaking about being a homosexual constitutes grounds for a 5D release.
6. My opinion is as follows: Propensity is not the issue and behavior is the issue. (How one can uncover propensity, and further why one would not want to, simply escapes me). In terms of behavior, it is up to the legal/administrative people to determine what they want to do with people who perform any type of "deviant" behavior - be that thumb sucking or whatever. The point of control is impossible to answer. The defence people often make is that they experienced an irresistible drive, but in fact the drive was unresisted.

*Suggested  
CFMS  
involvement  
(change)  
see  
para 8+9*

.... /2

006021

AGC-1630\_0001

- 2 -

7. The difference between homosexuality and sexual deviation from a legal/administrative point is minor. Again the issue is behavior that the CF finds unacceptable. The same arguments in terms of control apply.

8. The involvement of the CFMS should be; does this person who has engaged in "deviant" behavior also have a concurrent medical disorder, which may explain or aggravate his "deviant" behavior. This point was eloquently made by Gen Fassold and yourself. Further, I believe that the "accused" should have the right to see a Medical Officer if he wishes and a psychiatrist if indicated. I cannot agree with Mr. Digby's statement on page 13 (bottom) regarding psychiatrists. If he wants a medical opinion he should engage a psychiatrist but if he wants a "service officer's opinion" he could see one of thousands.

9. I feel that our continued involvement is justified by paragraph 8 but that everyone must understand (including Medical Officers) that the CFMS offers medical opinions and that we are not part of an investigative team.



M.M. Lange  
LCol  
DMTS 2  
5-6209

006022

AGC-1630\_0002