ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

August, 1987 Volume XIII, Number 3

In This Issue. . .

Committee Meetings in the Hospitality Suite at the Chicago Annual Meeting in May, 1987

Fall Meeting of AGLP

The Executive Committee will meet in Washington, D.C. at the J.W. Marriott Hotel on September 12th, 1987. For the past few years, we have scheduled this meeting immediately following the Fall Meeting of the Councils and Components of the American Psychiatric Association. This gathering affords us an opportunity to review and discuss the decisions made within the APA component structure that are relevant to lesbian and gay psychiatrists.

At the Fall Meeting, the Executive Committee will also review projects and activities initiated during 1987 as well as plan for the 1988 meeting in Montreal. **All members of the Association of Gay and Lesbian Psychiatrists** are invited to the Fall Meeting. Take advantage of this opportunity to become more active and more involved in AGLP and to meet informally with other gay and lesbian colleagues.

We will gather for dinner on Friday evening at Fasika's, an Ethopian restaruant (2447 18th St. NW - two blocks above V street on 18th Street next to South Columbia Road), for dinner at 8:00 p.m. In the past, many members have chosen to stay at the DuPont Plaza Hotel on DuPont Circle. On Saturday we will meet all day at the J.W. Marriott. If you plan to attend and/or wish to contribute items to the agenda, please write to:

Norman B. Hartstein, M.D.
President, AGLP
851 N. Kings Road, #309
West Hollywood, CA 90069.

Please make your plans soon as the Fall Meeting this year comes immediately following Labor Day which will be approaching more rapidly than one might expect.

ASSOCIATION OF GAY & LESBIAN PSYCHIATRISTS

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EDITOR'S COLUMN David Scasta, M.D.

Annual Meeting

The Annual Meeting in Chicago this year was a time of sharing and isolation, of camaraderie and stodginess, of quiet reminiscing and tense passion. I was intrigued by our group dynamics. The opening party was successful but formal and stiff, and dinner arrangements following meetings had a cliquish quality. By the time of the Business Meetings, the Executive Committee had met and developed an agenda to deal with the usual issues that AGLP has to contend with each year. But something happened in the Business Meeting. The agenda changed. Frank Rundle, former APA President, in a tearful and impassioned speech, touched a cord in a number of members as he charged that the old guard which had founded AGLP had somehow gotten lost and many no longer attended the Annual Meeting. He called for a celebration at the next Annual Meeting in Montreal, celebrating AGLP's tenth anniversary by making a special effort to recontact the old guard and to begin to capture our history in written form. Rather than further sever the roots with the APA, the membership chose not to follow the Executive Committee's initial recommendation to eliminate the requirement of APA membership to be a voting member of AGLP. It was a symbolic return to the old values on which AGLP had been founded.

In the meeting in Washington last year, the participants seemed to come together after an emotional group discussion on the impact of AIDS. This year the groups were well run and attended but did not seem to experience the same catharsis - retaining something of the restless feeling of the Business Meeting. We had not yet connected. But after the splendid closing party at David Ostrow's condominium, the group found itself. One of our members, Dan Hicks, on his own, reserved a room in a Greek restaurant with an open invitation to everyone. Approximately 40 members came, totally dominating a half of the restaurant. The waiters told us not order anything, instead they would bring us a little of everything. And they did - foods that I have never tried or even heard of. And the mood broke. We were loose, jocular, even silly. The group finally had bonded. I remember leaving that night knowing that I would be going home the next afternoon wishing that whatever had happened in the group would have happened when we came rather than as we left. Frank is right. Sometimes the structure gets in the way - and we forget the people. Next year let's bond first, then organize.

I was particularly pleased that Paul Fink, M.D., President-elect of the American Psychiatric Association, stopped by one of our Business Meetings on his own initiative to ask about our concerns and issues. He noted with a faint grin that we will be meeting in San Francisco when he is President and suspected that we would probably be quite active during that annual meeting. We will.

The Committee on Gay Lesbian and Bisexual Issues announced during the Business Meetings that it was working with the APA on the possibility of joining the American Psychological Association in *amicus curae* briefs as the Supreme Court continues to address constitutional issues related to sodomy laws. The Committee perseveres in its work on the ethics dilemma caused by the military's insistence that military psychiatrists violate patient confidentiality when a patient reveals that he or she is gay or lesbian. The APA Task Force on AIDS noted that a grant had been received by the APA for AIDS education and the Task Force was helping with it. More information will be published in the next issue of the *Newsletter*.

Membership Committee

The membership growth of AGLP has slowed in recent weeks. One to two inquiries are being received every two weeks in response to AGLP's classified ad in *Psychiatric News*. But the dramatic increases of the previous year and a half have tapered probably because most of the people who were previously aware of AGLP have now been taped. There are still many gay and lesbian psychiatrists who have not even heard of AGLP. To help to remedy this situation, a news release was sent to 350 gay and lesbian publications describing AGLP (along with stories about AAPHR, JGLP,

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Information for Authors

Persons wishing to submit articles for publication should send them to: Editor; *The Newsletter of AGLP*; 1721 Addison Street; Philadelphia, PA 19146. Submissions should be clearly readable and become the property of AGLP. Submissions will not be returned unless requested and accompanied by a self addressed and stamped envelope. The *Newsletter* reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged).

and LGBPM). A number of publications throughout the country have picked up the story. One of the immediate benefits of the mailing has been an increase in interest in AGLP expressed by other allied organizations such as the Lambda Legal Defense and Education Fund. If you see material about AGLP in your local gay or lesbian newspaper, I would be very appreciative if you would send a copy to me (David Scasta, M.D.; 1721 Addison Street; Philadelphia, PA 19146) so that we can thank them. In Norman Hartstein's article, *Membership Campaign*, he describes our next step to reach more gay and lesbian psychiatrists in our efforts to reach 1000 members by 1990.

Survey of Attitudes Towards Homosexuality

The Survey Attitudes Towards Homosexuality (SATH) which was given to all AGLP members generated a terrific response. 240 surveys were completed. The data have been entered into a computer data base and you will be hearing about results in future issues of the *Newsletter*. I have chosen not to include any preliminary results in this issue to avoid biasing the next part of the study. The survey has been reformatted in compliance with requests made by the American Psychiatric Association and will be given to 1000 randomly selected APA members. Since we anticipate that approximately ten of our membership will be chosen in that random selection, I do not want to bias their responses by publication of results from the previous survey. If you receive a new survey, please fill it out even though it is nearly identical to the old one so that an accurate estimation of the incidence of experiences and attitudes towards homosexuality in the psychiatric population as a whole can be measured.

New Officers

The *Newsletter* wishes to express its congratulations to our new officers. Norman Hartstein, M.D. moved from President-Elect to President. A new President-Elect will be selected at the Annual Meeting in Montreal. Taking Norman's place as Treasurer is Larry Prater, M.D., an Oklahoma psychiatrist who has been very active in AGLP. To help with the Annual Convention in Montreal, one of our active Canadian members, Stephen Atkinson, M.D. was elected to the position of Vice-President. Phil Cushman, M.D. remains our loyal and persevering Secretary and I will remain as Newsletter Editor. James Krajeski, M.D. and Robert P. Cabaj, M.D. were elected to serve as APA Assembly Representatives for the gay minority caucus, CHIP.

I want to end my column by expressing a special thanks and warm affection for Bob Cabaj who has led this organization for the last two years. He has led us through a period of rapid growth that has seen the elimination of the diagnosis of homosexuality and the coming of age of AGLP. He has done so with a gentle manner and humor that often concealed his hard work and gift for organization. Being editor of the *Newsletter*, I have seen him put in long hours that most members of AGLP never see or realize. We have all been fortunate to have him as our president. Thank you, Bob.

PRESIDENT'S COLUMN

Norman Hartstein, M.D.

My first contacts with gay and lesbian psychiatrists within the American Psychiatric Association came in 1973. I was a first year resident in psychiatry at UCLA when I attended the annual meeting in Honolulu. I left the beach just long enough to listen to the new historic debate on whether homosexuality should be removed from the *Diagnostic Manual*. The other highlight of that trip - besides discovering mai tais - was having dinner with about 20 gay psychiatrists who had managed to gather informally at the convention. I shall always be grateful to the friend who encouraged me to join him and attend that dinner.

I did not immediately affiliate with that informal network of gay and lesbian psychiatrists. Becoming a psychiatrist and coming out proved to be a slow and gradual process for me.

In 1980 when I attended the APA Annual convention in San Francisco, there was already an organization representing lesbian, gay, and bisexual members. How things had changed! The schedule of activities had expanded to include a San Francisco Bay cruise, an opening party at a major convention hotel, panels, discussions groups, a course on understanding and treating homosexuality, a luncheon, and a scientific exhibit entitled, "Homosexuality - A Decade of Research." By 1984 when Terry Stein asked me to coordinate the convention activities for the Caucus at the annual meeting, a full schedule of social and education activities as well as a hospitality suite were considered routine.

My efforts in Los Angeles were "rewarded" with a nomination to become treasurer of the Caucus of Gay, Lesbian, and Bisexual Members of the APA. I think I was selected because Bob Schwartz, who had been treasurer, had all of the financial records and banking in Los Angeles and no one else really wanted to serve as treasurer. During my three years as treasurer, I never thought I would ever regret giving up that position. However, as treasurer I felt that I had had direct contact with the membership. I heard from you when you moved, completed your training, or had a gripe.

I am hoping that as I assume the Presidency, I won't lose that direct contact with you - that you will write to me and provide feedback on important issues. I especially want to hear from those of you who have been unable to attend the annual meetings which generally have provided the primary opportunity for dialogue and mutual support.

I think that perhaps when there was no formal organization for gay and lesbian psychiatrists, each individual felt more responsible to make contacts with others. Maybe there was more personal involvement and "social" support in those "old days." I used to get quite defensive when the word "social" was used to describe a primary function of the caucus - or other gay and lesbian organization. I have decided not to apologize any more when that label is used after reviewing the various definitions of the word "social" which include:

1. pertaining to or characterized by friendly relations

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THE SURGEON GENERAL'S REPORT ON AIDS

Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans.

In addition to illness, disability and death, AIDS has brought fear to the hearts of most Americans -- fear of disease and fear of the unknown.

Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied to all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people to avoid behavior that puts them at risk for AIDS.

On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than 40 years, I have seen the devastation that follows the use of illicit drugs -- addiction, poor health, family disruption, emotional disturbances and death. I applaud the president's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties dealing with the subjects of sex, sexual practices and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind and prostitution. This report must deal with all of theses issues but it does so with the intent that information and education can changes individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start early in elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is not spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is a great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact.

Today those practicing high-risk behavior who become infected by the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients.

This country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on society is and will continue to be devastating. By the end of 1991, and estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between $8 billion and $16 billion.

However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.

AIDS Caused by Virus

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he-she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used of "shooting" drugs. Scientists have named the AIDS virus "HIV or HTLV-III or LAV." *(There are difference names given to AIDS virus by the scientific community: HIV – Human Immunodeficiency Virus; HTLV-III – Human T-Lymphotropic Virus Type III; LAV –Lymphadenopathy Associated Virus).*

These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus."

The AIDS virus attacks a person's immune system and damages his-her ability to fight other disease. Without a functioning immune system to ward off other germs, he-she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis and cancer.

No Known Cure

There is presently no cure for AIDS. There is presently no vaccine for AIDS.

Virus Invades Blood stream

When the AIDS virus enter the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, these are several possibilities. Some people may remain well, but even so, they are able to infect others. Others may develop a disease that is less serious than AIDS, referred to as AIDS-Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases" -- using the opportunity of lowered resistance to infect and destroy. Some of the most common are Pneumocystis carinii pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system causing damage to the brain.

Signs and Symptoms

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high-risk behaviors should not donate his-her blood, organs, tissues or sperm because they may now contain the AIDS virus.

ARC

AIDS-Related Complex (ARC) is an condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases.

These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and may be the symptoms of Pneumocystis carinii pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's's sarcoma.

The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

The Present Situation

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use.

Of these, an estimated 100,000 to 200,000 will come down with AIDS-Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 percent to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years.

The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually dies from their disease.

The majority of infected antibody-positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.

No Risk From Casual Contact

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

Health Workers

We know even more about health care workers exposed to AIDS patients. About 2,500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only three who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease -- its cause, its nature and its prevention. Precautions must be taken. The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

Risks

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. AIDS is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

Sex Between Men

Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. Infection results from a sexual relationship with an infected person.

Multiple Partners

The risk of infection increases according to the number of sexual partners one has, male or female. The more partners you have, the greater the risk of becoming infected with the AIDS virus.

How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening and avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

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Prevention of Sexual Transmission -- Know Your Partner

Anonymous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk.

If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk, which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with absolute certainty that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. Absolute certainty means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

AIDS: You Can Protect Yourself from Infection

Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

* If you have been involved in any of the high-risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.

* If your test is positive or if you engage in high-risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).

* If your partner has a positive blood test showing that he-she has been infected with the AIDS virus or you suspect that he-she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs, with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).

* If your partner is at high risk, avoid mouth contact with the penis, vagina or rectum.

* Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina or penis.

* Single teen-age girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say NO to sex! They have been taught to say NO to drugs! By saying NO to sex and drugs, they can avoid AIDS which can kill them! The same if true for teen-age boys who should also not have rectal intercourse with other males. It may result in AIDS.

* Do not have sex with prostitutes. Infected male and females prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.

Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe or other drug-related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements.

No one should shoot up drugs because addiction, poor health, family disruption, emotional disturbances and death could follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is to use a clean, previously unused needle, syringe or any other implement necessary for the injection of the drug solution.

Hemophilia

Some persons with hemophilia (a blood-clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

Blood Transfusion

Currently all blood donors are initially screened and blood is not accepted from high-risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion and may have become infected with the AIDS virus. Fortunately they are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should never donate blood.

Mother Can Infect Newborn

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop AIDS-related complex or AIDS, and she can pass the AIDS virus to her unborn child. Approximately one-third of the babies born to AIDS-infected mothers also will be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high-risk group or that you have had sex with someone in a high-risk group, such as homosexual and bisexual males, drug abusers and their sexual partners, see your doctor.

SUMMARY

AIDS affects certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexuals or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection and eventual death. Sexual partners of these high-risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.

What Is Safe

Everyday living does not present any risk of infection. You cannot get AIDS from casual social contact. Casual social contact should not be confused with casual sexual contact, which is a major cause of the spread of the AIDS virus. Casual social contact such as shaking hands, hugging, social kissing, crying, coughing or sneezing will not transmit the AIDS virus. Nor has AIDs been contracted from swimming in pools or bathing in hot tubs or even from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus). AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery or household furniture. You cannot get AIDS from body massages, masturbation or any non-sexual contact.

Donating Blood

Donating blood is not risky at all. You cannot get AIDS by donating blood.

Receiving Blood

In the U.S. every blood donor is screened to exclude high-risk persons and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that show exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his or her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 donations.

There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS cannot be transmitted nonsexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why you dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks that you do. He is protecting you and himself from hepatitis, common colds or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, such as wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

Children in School

None of the identified cases of AIDS in the United States is known or is suspected to have been transmitted from one child to another in school, day-care or foster-care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day-care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day-care or foster-care settings after an illness. No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individually, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be the child's parents, physician and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.

Insects

There are no known cases of AIDS transmission by insects, such as mosquitoes.

Pets

Dogs, cats and domestic animals are not a source of infection from AIDS virus.

Tears and Saliva

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

AIDS comes from sexual contacts with infected persons and from the sharing syringes and needles. There is no danger of infection with AIDS from casual social contact.

Testing of Military Personnel

You may wonder why the Department of Defense is currently testing its uniformed services personnel for presence of the AIDS virus antibody. The military feels this procedure is necessary because the uniformed services act as their own blood bank in a time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from receiving live-virus vaccines that could activate the disease and be potentially life-threatening to the recruits.

What Is Currently Known

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavior research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the potential discovery of factors that may better explain the mechanism of AIDS infection.

Why are the antibodies produced by the body to fight the AIDS virus ot able to destroy that virus?

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man's immune system.

AIDS is no longer the concern of any one segment of society; it is the concern of us all. No American's life is in danger if he or she or one's sexual partners do not engage in high-risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body.

People who engage in high-risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS -- for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health-care delivery system.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships, and to avoid injecting illicit drugs.

Looking to the Future

An enormous challenge to public health lies ahead of us and we would do well to take a look at the future. We must be prepared to manage those things we can predict, as well as those we cannot.

At the present time there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

Information and Education Only Weapons Against AIDS

It is estimated that in 1991, 54,000 people will die from AIDS. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from deaths by AIDS.

AIDS Will Impact All

The changes in our society will be economic and political and will affect our social institutions, our educational practices and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

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Be Education -- Be Prepared

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, you local public health officials and your family physician will be able to help you.

Concern About Spread of AIDS

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state, and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

Special Education Concerns

There are a number of people, primarily adolescents, who do not yet know they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

High-Risk Get Blood Test

The greatest public health problem lies in the large number of individuals with a history of high-risk behavior who have been infected with and may be spreading the AIDS virus. Those with high-risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. Call your local health department for information on where to get the test.

Anger and Guilt

Some people afflicted with AIDS will fell a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS, and how to prevent it.

Confidentiality

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contact that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts - as is the practice with other sexually transmitted diseases - those infected with the AIDS virus go underground, out of the mainstream of health care and education. For this reason current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his or her health records.

State and Local AIDS Task Forces

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health joined by others who can speak broadly to issues of access to care, provision of care and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not infected with the AIDS virus. The responsibility of state and local task forces should be far-reaching and might include the following area:

* Ensure enforcement of public health regulation of such practices as ear piercing and tatooing to prevent transmission of the AIDS virus.
* Conduct AIDS education programs for police, firemen, correctional institutions workers and emergency medical personnel for dealing with AIDS victims and the public.
* Ensure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool and vomitus have adequate equipment for cleanup and disposal and have polices to ensure the practice of good hygiene.

School

Schools will have special problems in the future. In addition to the guidelines already mentioned, there are other things that should be considered such as sex education and education of the handicapped.

Sex Education

Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The treat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental behavior. Because of the right to special education of the handicapped and mentally retarded, school boards and higher authorities will have to provide guidelines for the management of such children on a case-by-case basis.

Labor and Management

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

AIDS Education at the Work Site

Offices, factories and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients before the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

Strain on the Health Care Delivery System

The health care system in many places will be overburdened, as it is now in urban areas with large numbers of AIDS patients. It is predicted that during 1991 there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time-honored systems but will also have to investigate alternate methods of treatment and alternate sites for care including home care.

The strain on the health system can be lessened by family, social and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers and volunteers to

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2. living or disposed to live in community, rather than in isolation
3. pertaining to activities designed to remedy or alleviate certain unfavorable conditions of life.

When I was preparing this column. I decided to review the brochure describing AGLP. I am proud to be serving as President of this Association. I hope to continue the many worthy and meaningful activities that my predecessors have initiated. I also hope that with your help we can see to it that the Association of Gay and Lesbian Psychiatrists will not only educate and advocate for the lesbian, gay, and psychiatric communities, but will also serve to enhance the well-being of its members. I think that we as psychiatrists often tend to function in isolation, and this organization can promote warm, friendly, and meaningful relations. I hope that through AGLP, we can work to remedy and alleviate unfavorable conditions not only in the lives of those we serve but also in our own lives.

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deal with AIDS. Such support is particularly critical to the minority communities.

Mental Health

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness and dying. Dealing with these individual and family concerns will require the best effort of mental health professionals.

Controversial Issues

A number of controversial AIDS issues have arisen and will continue to be debated largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine and identification of AIDS carriers by some visible sign.

Compulsory Blood Testing

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost-prohibitive. It can be expected that many who test negatively might actually be positive due to recent exposure to the AIDS virus and give a false sense of security to the individual and his-her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high risk behavior.

Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

ANNOUNCEMENTS

AGLP members wishing to donate money to the Institute for the Protection of Gay and Lesbian Youth in honor of Emery Heterick, the AGLP member who was the principal founder of the Institute and who died this year, should send their donation to:

Institute for the Protection of Gay and Lesbian Youth
In Memory of Emery Heterick, M.D.
112 E. 23rd Street
New York, NY 10091

Keith D. Vrhel, M.D., Medical Director for the Park Center for Health in San Diego, is looking for a **full-time psychiatrist** to join his practice which specializes in treating gay and lesbian patients. He has nutritionists, exercise physiologists, and health educators on his staff oriented towards general and preventative medicine, particularly with regards to AIDS, and is looking for a psychiatrist who takes a metaphysical approach to his or her counseling. If interested, write to:

Keith D. Vrhel, M.D.
Medical Director
Park Center for Health
4067 Park Boulevard
San Diego, CA 92103

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Identification of AIDS Carriers by Some Visible Sign

Those who suggest the marking of carriers of AIDS virus by some visible sign have not thought the matter through thoroughly: It would require the testing of the entire population, which is unnecessary, unmanageable and costly. It would miss those recently infected individuals who would test negatively, but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

Updating Information

As the Surgeon General, I will continually monitor the most current and accurate health, medical and scientific information and make it available to you, the American people. Armed with this information, you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children's health and the health of the nation.

C. Everett Koop, M.D.
Surgeon General
United States of America

AGLP MEMBERSHIP FORM

Check one:

___ Medical Student	$ 5.00	Date of Graduation: _____
___ Resident	$25.00	Residency Completion Date: _____
___ Associate Member	$50.00	Not a Member of the APA
___ Full Member	$50.00	Psychiatrist & Member of the APA
___ *Newsletter* only	$10.00	

Amount Enclosed $_____

****

Please complete the following information. Enclose this form (with your check made out to "AGLP") and mail to: **Larry Prater, M.D.; 1110 N. Classen Blvd., #318; Oklahoma City, OK 73106-6808.**

First Name _____ Middle Name _____

Last Name _____ Degree: ___

Preferred first (nick) name: _____

Line one of Mailing Address _____

Line two of Mailing Address _____

City _____ State __ ZIP _____ (-____)

Country (if other than U.S.A.) _____

Special mailing instructions (e.g., mark "Personal"):_____

Approximate year you first joined AGLP: 19 __ APA Member? ____

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OPTIONAL INFORMATION

Home Phone (___) ___-____ Office Phone (___) ___-____

Office Address Line one: _____
Office Address Line two: _____
City _____ State __ Zip _____(-____)

Home Address Line one: _____
Home Address Line two: _____
City _____ State __ Zip _____(-____)

Age __ Gender _____ Do you want to be on AGLP's referral List? ____
If so, list speciality areas:

NOTES FROM THE PRESIDENT

Norman Hartstein, M.D.

Membership Campaign

In 1986 a membership campaign was inaugurated and goal of 1000 members by 1990 was set. We are about one third the way to that goal. Thanks to the efforts of David Scasta, M.D. who chairs the campaign fund and sends you dues notices repeatedly, we have a significantly higher rate of dues payment. The next task is to attract new members. We each probably know one or more lesbian and gay colleagues who would enjoy the benefits of membership in AGLP if only we took the time to invite them to join. I know from personal experience that I needed gentle encouragement and some not too gentle reminders to take my steps to join the Caucus. We need to remember that personal contact makes a difference and is necessary if we are to achieve our goal of increasing membership.

The March on Washington

A march on Washington for Lesbian and Gay Rights is scheduled for October 11, 1987. The planners of this historic event are hoping to attract a quarter of a million people to Washington, D.C. This demonstration in the nation's capital will demand an extension of full civil rights for lesbians and gay men and an increase in federal money for AIDS research and care.

Related events planned between October 9th and 13th will include:

Fri., Oct. 9	*	March Against Death and Violence at the White House
	*	National Lobby Day on Capitol Hill
Sat., Oct. 10	*	The Wedding: Mass ceremony for gay and lesbian couples
	*	Lesbian and Gay Bands of America Concert
Sun., Oct. 11	*	March and Rally
	*	Veterans Memorial Service in Arlington Cemetery
	*	AIDS Memorial Names Project on the Mall
Mon., Oct.12	*	National Lesbian and Gay Rights Congress Planning Meeting
Tue., Oct 13	*	Non-violent Civil Disobedience at the Supreme Court

The success of these events depends pure and simply on our participation. In numbers we have strength.

Program Submissions for the APA 141st Annual Meeting in Montreal, Canada (May 7-13, 1988)

The theme for next year's convention will be *Opportunities and Challenges for Psychiatrists and Psychiatry: 1988-2000.* The deadline for submitting proposals is September 5, 1987 - so we will have to submit applications **before** the Fall Meeting of the Executive Committee. If you are interested in participating in a course, workshop, or other program, please contact Bob Cabaj, M.D., Chair of the Education Committee, who coordinates educational programs for AGLP. Any proposals not accepted by the APA will be considered for AGLP sponsored sessions to be held in the AGLP Hospitality Suite.

At the meeting of the Education Committee during the recent convention in Chicago, considerable interest was expressed in an all day education meeting to precede the APA convention. Members of AGLP are encouraged to let the officers know whether they would be interest in AGLP sponsoring such a conference.

Amendment of Bylaws

On May 12, 1987 three amendments to the by-laws of the association were approved.

A new office, Newsletter Editor was created. At the discretion of the Executive Committee, the Newsletter Editor may in fact hold another office. The changes in by-laws will also permit an officer of AGLP to hold two office concurrently. An officer may, for example, be both president-elect and hold another office or be secretary and treasurer.

A proposal was discussed at the business meeting on May 11, 1987 to amend the by-laws to remove the requirement that membership in the American Psychiatric Association is necessary for becoming a voting member of AGLP. Presently, a psychiatrist who is not a member of the APA can join as an Associate Member without voting privileges. This proposal provoked heated and impassioned debate. The proposal was tabled so as to permit further discussion of this important and controversial issue. Please let the Executive Committed know how you feel about this issue.

AMENDMENTS TO BYLAWS:

Art. III, Sec. 1. The officers of the society shall consist of president, vice president, president-elect, secretary, treasurer, and newsletter editor. The offices and/or functions of one or more offices may, at the discretion of the Executive Committee, be invested in one person.

Art. III, Sec. 2, Par. G. Newsletter Editor: Edits and distributes a newsletter at least four times per year. Edits and distributes other mailings as directed by the Executive Committee.

Art. III, Sec. 5, Par. B. The President and President-Elect shall not hold office for more than two consecutive terms.

The History of Gay and Lesbian Psychiatrists Associating.

At the Chicago Annual Meeting of the Association of Gay and Lesbian Psychiatrists, several of the founding members volunteered to compile a history of the gay and lesbian psychiatrists. We are interested in gathering documents, anecdotes, accurate chronologies, and any other relevant information. It is hope that we will be able to reconstruct our story of both informal and formal gathering over the recent past.

Please write down your earliest recollections of meeting other gay and lesbian psychiatrists and forward to: **David Scasta, M.D.; Newsletter of AGLP; 1721 Addison Street; Philadelphia, PA 19146.**

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