



ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

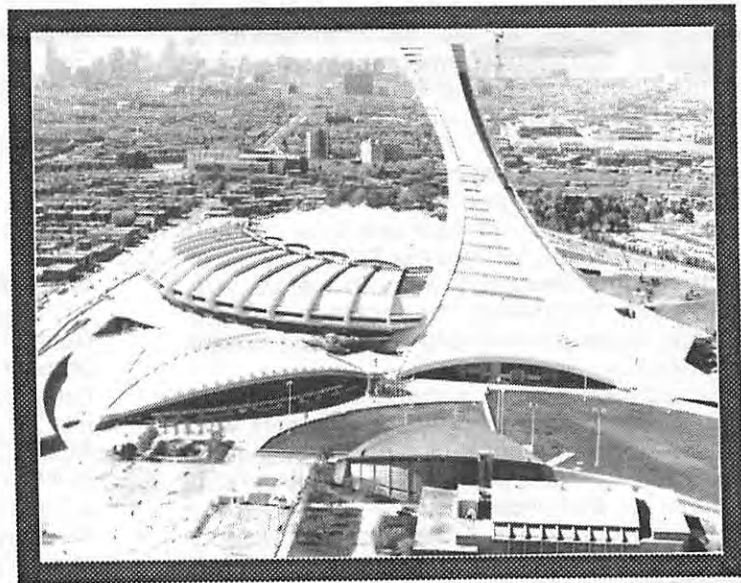
February, 1988

Volume XIV, Number 1

AGLP Invites You to Celebrate Its 10th Anniversary at the:

Annual Meeting in Montreal

May 7-11, 1988



Service des affaires corporatives - Ville de Montreal

Select Hotel La Citadelle, Holiday Inn - Centre-ville, or Delta Montreal on the Official APA Housing Form.

MONTREAL SCHEDULE

May 7, Sat.	Committee Meetings at the La Citadelle Pre-Convention Educational Conference	TBA
	Informal dining. Meet in the La Citadelle Lobby	10:30 am-6:00 pm
	Hospitality Suite opens (Sheraton Center *)	6:00-6:15 pm
May 8, Sun.	Opening Reception	9:00 am
	Business Meeting (Sheraton Center *)	7:00-9:00 pm
May 9, Mon.	Business Meeting (Sheraton Center *)	5:30-7:00 pm
May 10, Tue.	Annual Awards Luncheon honoring John Spiegel, M.D.	5:30-7:00 pm
May 11, Wed.	Closing Party	12:15-1:45 pm
		7:00-9:00 pm

The Pre-Convention is a new feature of AGLP covering multiple topics on gay and lesbian issues freeing members to attend other APA events during the week. All meetings will be held in the Bordeaux/Beaujolais Room of the La Citadelle Hotel. Topics to be covered include:

- Working with lesbian & gay teenagers
- Children in gay families
- Psychotherapy with lesbian patients
- Substance abuse and homophobia in the impaired physician
- Coming out and self disclosure in therapy with lesbians & gay men
- Taking care of AIDS caretakers
- Teaching medical students, residents, & faculty about gay & lesbian issues
- American psychiatrists' attitudes and beliefs about homosexuality

* Tentative. Consult the April Newsletter of AGLP for exact times and places and for APA sponsored courses and symposia on gay and lesbian issues. AGLP activities are open to all psychiatrists, residents and medical students.

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EDITOR'S COLUMN David Scasta, M.D.

Somebody needs to slow this year down; it is going too fast. It is only a little over three months until we will again be meeting at the **Annual Convention** in May in Montreal. If you have not made plans to attend, do so. The Annual Meeting is the only time we have to fuse as a group and to accomplish the business of the year. Perhaps, in the next issue, I will publish *12 Devious Ways to Get Your Partner to Cover the Office So You Can Attend the APA Convention Again This Year*.

Membership growth has slowed. We have 202 full members, 39 residents, 20 medical students, 22 Newsletter only recipients, and 27 courtesy names on the Newsletter mailing list. Thus, we have 261 members as of January 1, 1988. Sixty-four former members were dropped from the Newsletter mailing list at the beginning of this year for failure to pay dues or subscribe to the Newsletter over the last year. The response to the classified ad which is carried in *Psychiatric News* has been good. Each week I get from one to four inquiries from people with whom we have not had previous contact. Hopefully, the material collected from the SATH (Survey of Attitudes Towards Homosexuality) will provide us with additional marketing information to increase AGLP's recognition among those psychiatrists who would benefit most from membership.

During the last convention, a number of members asked for a **directory** composed of AGLP members who want to be in the directory and excluding the names of anyone who wanted to keep their membership confidential. They felt that those who are not concerned about confidentiality could be listed in a directory (distributed only to members) which would allow AGLP members to develop a better network of colleagues - both locally and while traveling. The membership would have to approve such a directory and allocate funds. Logistically, such a directory would not be inordinately difficult or expensive. In case the membership decides to authorize such a directory, please indicate on your Dues Invoice whether you would be willing to be listed in the directory. Do not answer "Yes" if you want your membership to remain confidential. We will have no way of limiting access solely to AGLP members once the directory is distributed.

You will also notice on the Dues Invoice, a section for indicating willingness to be on the **Referral List**. One does not have to be lesbian or gay to be on the referral list although he or she must be a member of AGLP and gay affirmative. The Referral List will be updated and sent to Phil Cushman, M.D. (see Phil's article in this issue) to provide a resource for people seeking a gay affirmative psychiatrist. The Association of Lesbian and Gay Psychologists publish a referral directory which I have found to be very useful. We may want to consider a similar project.

Speaking of **Dues Invoices**, please help me by getting your dues in promptly. Re-billing takes an enormous amount of time and takes away from other AGLP activities. All full members will be receiving a copy of the *Journal of Gay and Lesbian Psychotherapy* beginning this Spring. The first issue is being typeset this month. Good quality articles are needed for subsequent issues. If you would like to submit material to the *Journal*, write to me (David Scasta, M.D.; Editor, *JGLP*; 1721 Addison Street; Philadelphia, PA 19146) and ask for an "Information for Authors" brochure.

As you may have noticed, the number of **medical students** in AGLP has been growing steadily, thanks in no small part to Gene Nakajima, the AMSA student liaison. Gene has been very aggressive in distributing our brochures to various groups around the country. He has been concerned, however, that many medical students just do not have the financial resources to travel to the AGLP Convention which eliminates the major benefit of being a member of AGLP. During the Fall Meetings, he asked that a medical student fund be set up to help defray the travel costs of those medical students who need help to attend the Montreal Convention. He noted that most students could find friends to stay with and therefore did not need housing aid as much as they needed travel aid. On your Dues Invoice, you will find a line to indicate if you would like to donate to this fund. Since only a few hundred dollars are needed, any amount which you can give will be useful. Unfortunately, for many of our members donations may not be tax deductible since it is not an education expense and AGLP is not a tax deductible charity. But a small donation, even if not deductible, will not hurt most of us.

The Newsletter of the
ASSOCIATION OF GAY AND LESBIAN
PSYCHIATRISTS

Editor
David Scasta, M.D.

Published quarterly and as needed from: 1721
Addison Street; Philadelphia, PA 19146.

Subscription cost: \$10.00 per year. Subscription requests should be sent to: 1110 N. Classen Blvd., #318; Oklahoma City, OK 73106-6808. Address changes should be sent to: 1721 Addison Street; Philadelphia, PA 19146.

The views expressed in the *Newsletter* are those of the writer and do not necessarily represent the opinions of the Association of Gay and Lesbian Psychiatrists. The sexual orientation of any writer or any person mentioned in the *Newsletter* should not be inferred unless specifically stated. Mailing lists for the *Newsletter* are confidential, to be used only by the Association of Gay and Lesbian Psychiatrist, and do not imply sexual orientation.

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).

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PRESIDENT'S COLUMN

Norman Hartstein, M.D.

At the fall meeting of the executive committee we discussed the response of the psychiatric community and the American Psychiatric Association to AIDS. When congressional hearings were held last year on AIDS, psychologists, nurses, and physicians were called upon for expert testimony. Organized psychiatry did not play a visible role.

When I learned that the American Psychiatric Association had established an *ad hoc* committee on AIDS policy to be chaired by APA's past president, Robert Pasnau, I felt encouraged that more action and leadership from the psychiatric community would be forthcoming. I have been disappointed by the lack of publicity about this committee's work in *Psychiatric News*. *Psychiatric News* did not acknowledge that October was AIDS Awareness and Prevention Month in the October 16, 1987 issue. However, I was again disappointed that the two articles on AIDS reported on the work of a psychologist Thomas Coates and a Canadian Psychiatrist, Praful Chandrana. While these articles were informative, a reader might have concluded that no psychiatrists in the United States had any expertise in the area of AIDS.

I wondered why there had been no mention of either the *Ad Hoc* Committee or the Committee on the Psychiatric Aspect of AIDS? Each member of the latter committee certainly deserves acknowledgement and an opportunity to heighten the awareness of the psychiatric community on the important issues regarding AIDS. I wrote Drs. Campbell, Pollock, Fink, Sabshin, Gant, and Pasnau about these omissions and have received no replies.

In December the index issues of the *Archives of General Psychiatry*, volume 44, and the *Journal of Clinical Psychiatry*, volume 48, included no references to AIDS or HIV infection. The *American Journal of Psychiatry*, volume 144, did include two position papers, four letters, and two articles related to AIDS.

The January issue of *Clinical Psychiatry News* reported on the recommendations of the *Ad Hoc* Committee on AIDS policy which were adopted by the APA Board of Trustees. I look forward to the publication of these guidelines in the *American Journal of Psychiatry* and I hope that the publicity and associated debate provoked by these recommendation will increase awareness and concern about AIDS among psychiatrists.

I am grateful for such books as: *What to DO About AIDS*, edited by Leon McKusick, and *Working with AIDS: A Resource Guide for Mental Health Professionals*, edited by Michael Helquist. Neither book has received the publicity they merit. Unfortunately, neither organized psychiatry nor these specialized resource books address many of the questions and concerns that I have as a gay Psychiatrist.

What are the effects of knowing one is a seropositive on a therapist? How does the clinician's own decision regarding HIV-testing affect the therapist's counseling patients about HIV testing? How and when should colleagues be informed that one is HIV positive, has ARC, or has been diagnosed with AIDS? When and what should a therapist dis-

close to his/her patients? What problems are encountered by therapists whose patients are informed, discover, or fear that their therapists has AIDS? How does disclosure that a therapist's partner has AIDS impact treatment? What problems are encountered by therapists who assume responsibility for patients whose therapists succumb to AIDS? What transference issues arise when the new therapist is also perceived to be at risk? How do we survive multiple concurrent losses in both our personal and professional lives? How can AGLP respond to the needs of its members who are seropositive or who have AIDS? How should one respond to "news" or rumors about a colleague who is reported to be sero-positive or have AIDS?

These are only some of the many questions I have about AIDS. I don't expect to discover answers in the "major" psychiatric journals during the coming year. Therefore, I look forward to you, my colleagues and friends, to work together and to use the opportunities available to us to educate, to support, and to challenge one another to find the answers.

On Saturday, May 7, 1988, we will host an all-day educational meeting when we may address some of these issues. From May 8th through 12th during the Annual Meeting of the APA in Montreal we will have a hospitality suite in which small group discussion, lectures, and workshops can wrestle with topics and concerns not adequately covered in the "official" program. From July 20th through 26th, 1988 the Second International Lesbian and Gay Health Conference and AIDS Forum will convene in Boston. I hope that these meetings will be attended and that written proceedings might be generated in order to adequately disseminate information we need as concerned psychiatrists who are struggling in this age of AIDS.

APPLICATION FORM

Caucus of Homosexual-Identified Psychiatrists American Psychiatric Association

(CHIP is the official APA minority caucus for gay and lesbian psychiatrists. Membership lists are maintained by the APA; confidentiality is not assured. Membership is free.)

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

* APA Membership Status: _____

Please enroll me in the Caucus of Homosexual-Identified Psychiatrists.

Signed: _____ Date: _____

Send this form to: Carol Lehmann; APA Membership Services; 1400 K Street, N.W.; Washington, DC 20005.

* Member-In-Training, General Member, Fellow, Life Member, Life Fellow

EDITORS NOTE: The following policy and procedure was sent to me by the Philadelphia Psychiatric Center where I occasionally admit patients. PPC's Medical Director is Paul Fink, M.D., President-Elect of the APA. It is presented here for heuristic purposes. Although I did not have anything to do with it, I thought the hospital did a fairly decent job with a very difficult subject. When I wanted to admit an HIV seropositive patient, the response of PPC was quite different from that of another Philadelphia hospital, the Friend's Hospital (which was the first psychiatric hospital in the United States to treat the insane as patients). The admissions personnel at Friends breathed almost an audible sigh of relief when my patient's insurance proved to be inadequate. Before then, I was told that nursing and others raised objections and were quite concerned about having an HIV positive patient in the wards.

Policy & Procedure Philadelphia Psychiatric Center

- I. Purpose
To assure that patients are provided with the most current information regarding HIV testing.
- II. Policy
All patients who are tested for HIV should be counseled by their attending physician as to the meaning of a positive HIV test and a negative HIV test. This counseling should take place prior to HIV testing and then again after the results of the HIV test are known. Elements of counseling include helping the patient arrange appropriate medical follow-up (if necessary), information on how to avoid infecting others, and information as to how the patient can best maintain a healthy lifestyle. The disadvantages of a positive HIV test should also be carefully explained to the patient. The following procedure suggest how to counsel patients as suggested by the Center for Disease Control.
- III. Disadvantages of HIV testing
 - A. There are some possible disadvantages to being tested for AIDS. This includes:
 1. Mental stress while awaiting results.
 2. There is a risk that there could be adverse affects on insurability. Even though your medical records are confidential, the hospital cannot completely guarantee that an insurance company will not gain access to your records.
 3. If you test positive, this may affect employability.
 4. Finally, if you test positive, relationships with health care providers, family and friends may change.
 - B. The hospital will make every effort to maintain the confidentiality of your record. However, if the above is of major concern, your attending physician can give you information on centers in the city where you can receive anonymous testing.
- IV. Pre-Test Information

- A. What a Positive Test Means
In general, if you have a positive HIV antibody test result, the following are true:
 1. You have been infected with the AIDS virus (HIV).
 2. Antibodies to HIV have been produced in your blood.
 3. It is possible for you to pass the virus to others (even though you may not feel ill) if you share needles or if your semen, blood, or vaginal secretions enter another person's body or mouth.
- B. Recommendations
 1. Medical Follow-up
Those testing positive for HIV antibody are advised to have a medical follow-up. A doctor can examine you for any signs or symptoms of HIV infection and monitor any change in your health over time.
 2. Avoid Infecting Others
Because prevention is the only way to stop the spread of HIV infection, **you must avoid activities in which you may pass the virus to others:**
 - * If you use IV drugs, **you must not share** your "Works" - needles, syringes.
 - * Get help to get off drugs.
 - * If you are a sexually active male, you must use a condom (rubber) for Oral, Vaginal or Anal Sex
 - * Or **avoid** these activities. Male partners should also use condoms (rubber). You should postpone having children until more is known about HIV infection.
 - * If you are a sexually female **your partner should avoid oral sex and wear a condom (rubber) for vaginal or anal sex - or avoid these activities.** You should postpone pregnancy until more is known about HIV infection in newborns.
 - * Always use water soluble lubricants with condoms (rubbers) - not Vaseline.
 - * You must not share needles, razors, toothbrushes, sex toys, enema equipment, or douching equipment.
 - * **You must not donate** blood, organs, sperm (or milk).
 - * You should discuss your test result with present, past, and new sexual partners and/or those with whom you have shared needles. Suggest that your contacts get counseling about HIV infection and possibly get tested. Discuss the need to make changes in your sexual activity or drug use with those who will be affected. It is important for your partners to know how some activities will affect their health and the health of others.
- C. Maintaining a Healthy Lifestyle
 - * Avoid further exposure to HIV, the AIDS virus. There is some evidence that repeated exposure to virus increases your chances of becoming ill. You can avoid re-exposure by not sharing needles and always practice "SAFE SEX."

- * Avoid exposure to other sexually transmitted diseases. There is some evidence that frequent or repeated bouts of sexually transmitted disease stress the immune system enough to allow the HIV infection to produce physical illness. Use condoms (rubbers) and practice "SAFE SEX."
- * Get plenty of rest, exercise and eat healthy foods. Avoid unnecessary stress and observe what is generally considered a healthy life-style; avoid drugs and alcohol including "poppers" - they stress the immune system.
- * If you use IV Drugs, GET HELP, GET OFF.
- * Talk to people who encourage a healthy affirming attitude about sex.
- * Use the following guide to decide how you will express your sexuality in a healthy and responsible way.

SAFE SEX

Social (dry) kissing
Hugging
Body Massage
Mutual masturbation
Body to body rubbing

POSSIBLY SAFE SEX

French kissing
Fellatio-stopping before your partner ejaculates
Cunnilingus
Vaginal or anal intercourse with a condom
Urine contact on unbroken skin

UNSAFE SEX

Vaginal or anal intercourse without a condom
Swallowing semen or urine
Oral - anal contact
Sharing sex toys, enema equipment, douching equipment
Manual-anal stimulation

D. What a Negative Test Means

In general, if you have a negative HIV antibody test result, **one** of the following is true:

1. You have not been infected with AIDS virus and so no antibodies were produced, or
2. You have been infected with virus but your body has not yet produced antibodies

E. Recommendations

1. Follow-up
Depending on degree of risk and time of last possible exposure to HIV, you may wish to be retested in 3-6 months. This should be discussed with a counselor or health care professional.
2. Avoid becoming infected
Because prevention is the only way to stop the spread of HIV infection, you must avoid activities in which you may be exposed to AIDS virus and other Sexually Transmitted Disease. Remember it is your responsibility to avoid being infected

- * If you use IV drugs, **you must not share** works - needles, syringes
- * Get help to get off drugs

- * If you are sexually active with others who are at risk (people who have had many sexual partners, IV drug users, men who have sex with other men, hemophiliacs) or with someone who is already infected (some one with AIDS, ARC or a positive blood test), follow these guidelines: Do not allow your partner's semen, blood, or vaginal secretions to enter your body or mouth.
- * Use condoms; insist that male partners use condoms for vaginal, anal or oral sex - or avoid these activities
- * Decide with your partner which activities you will engage in:

SAFE SEX

Social (dry) kissing
Hugging
Body Massage
Mutual masturbation
Body to body rubbing

POSSIBLY SAFE SEX

French kissing
Fellatio-stopping before your partner ejaculates
Cunnilingus
Vaginal or anal intercourse with a condom
Urine contact on unbroken skin

UNSAFE SEX

Vaginal or anal intercourse without a condom
Swallowing semen or urine
Oral - anal contact
Sharing sex toys, enema equipment, douching equipment
Manual-anal stimulation

The more people you have unsafe or possibly safe sex with, the greater the chances that you may become infected.

Because a single unsafe or possibly safe sex act can infect you and perhaps lead to AIDS, you should always engage in safe sex.

Because AIDS can be spread by blood contact, don't share needles, razors, or toothbrushes.

Maintain a healthy lifestyle

- * Getting plenty of rest, exercise and eating healthy foods, avoiding stress, drugs and alcohol is a general prescription for a healthy lifestyle.
 - * Avoid Exposure to sexually transmitted diseases as well as HIV by practice safe sex.
 - * Express your sexuality in a healthy, responsible and affirming way.
- V. After the results of the HIV are know, Section II as appropriate, should again be reviewed and all the patient's questions answered.
 - VI. This policy should be reviewed annually and revised as necessary.

Homosexuality Beyond Disease

Terry Stein, M.D. was a guest speaker at a conference entitled, *Homosexuality Beyond Disease* on December 10, 1988 in Amsterdam. The conference was sponsored by the State University of Utrecht. Dr. Stein presented a history of the diagnostic classifications of homosexuality in the *International Classification of Diseases* and the *Diagnostic and Statistical Manual* of the American Psychiatric Association. The conference was attended by therapists and academicians from throughout Europe, the United Kingdom, and the United States and covered a wide variety of topics about the development, acceptability, and treatment of gays and lesbians. Although the conference was attended primarily by Europeans, the participants were very familiar with the status of homosexuality in the United States, the March on Washington, and the APA's declassification of homosexuality. By contrast, European concepts, events, and writers are virtually ignored in the United States. The split between the theories of Constructionism and Essentialism is one example of European concepts about homosexuality which are unfamiliar to most American psychiatrists. However, the antagonism between the two theories was so heated that a competing conference was held later in the week entitled, *Homosexuality, Which Homosexuality?*

The Essentialists feel, as do most American psychiatrists, that homosexuality is an innate component of a person's character and exists as a separate, distinct state. The Constructionists believe that homosexuality is a modern day construction or framework with which behavior is defined and understood. They believe that constructions are a product of a particular culture and a particular time and can change. Although often difficult, constructionists believe that a person can change his or her construction and move in and out of a homosexual construction throughout his or her life. The Essentialists were concerned about the political implications of the concept that homosexuality is not fixed. Both groups, however, see themselves as being gay affirmative.

The second conference was held in Amsterdam at the Free University ("free" as in "liberated", not as in "gratuitous") which is a Protestant university. It was a unique experience to view graphic gay and lesbian art and attend gay affirmative lectures at a conference supported by a Protestant university. It is hard to imagine such an event occurring in the United States. However, the level of tolerance for people who are different is far more advanced in the Netherlands than in the United States. The Dutch people take great pride in this characteristic. A demonstration of this tolerance is the presence of the Homo Monument in Amsterdam which is a monument to the suffering that gays have experienced as a result of discrimination. The monument was funded primarily by the Dutch government and the City of Amsterdam.



Terry Stein, M.D. (r) and David Scasta, M.D.(l) on the Homo Monument in the Keizersgracht (Canal) in Amsterdam, December, 1987.

APA Convention Sites and Sodomy Laws

Dear Dr. Hartstein: Thank you for your letter of November 24, 1987. I am responding to your specific questions.

First, I conveyed your concerns about holding APA Annual Meetings in states with anti-sodomy laws to the Council on Internal Organization. Since the original correspondence from your organization was copied to the APA President and President-Elect, these individuals are already aware of your concerns. The Scientific Program Committee supported holding the 1992 Annual Meeting in Washington, DC and the 1993 Annual Meeting in San Francisco, CA. The final determination of a site for an Annual Meeting is the decision of the APA Board of Trustees. To my knowledge, the APA Board of Trustees has approved both these sites. No decision has been made for 1994. I do not know which sites are being considered for 1994. I would suggest that you contact the next Chairperson of the Scientific Program Committee, Dr. Allan Tasman, in the Spring of 1988. I do not know when the APA Board will be considering this on its agenda and when it will ask the Scientific Program Committee for its input, but it will probably consider the 1994 site at the APA Annual Meeting in May, 1988.

Please feel free to contact me if I may provide additional information or if you have any further questions.

Robert E. Hales, MD
Chairperson, Scientific Program Committee

Cabaj Letter to Congressman Dannemeyer

Thank you for requesting information on homosexuality. . . As you noted, the American Psychiatric Association, in 1973, removed "Homosexuality" as a mental illness from the diagnostic manual. This change meant that homosexuality *per se* was no longer seen as a mental illness - that is, people with homosexual orientations could not be considered mentally ill just by the nature of their sexual orientation. Prior to that decision, homosexuality was considered a psychologically pathological condition.

Though the actual wording of the APA decision did not proclaim homosexuality to be "normal," the decision meant that sexual orientation - heterosexual, homosexual, or bisexual - is a basic part of a person's nature and was not due to psychological disturbances, pathological problems in the way a person was brought up, or errors or disruptions in the developmental pathways all people go through in life. In other words, sexual orientation is normal and natural to that person, and homosexuality, therefore is a normal variation of human sexual expression.

For years, prejudice and bias prevented the objective, scientific study of homosexuality; it was assumed to be a sin, illegal, or psychopathological. Beginning with the breakthrough studies of the Kinsey Institute in the 1940's, and continuing with the clear, unbiased studies in the 1950's by Dr. Evelyn Hooker, further work of the Kinsey Institute in the 1960's and 1970's, and more and more studies by other scientists, evidence was accumulating that homosexuals were just as emotionally healthy as heterosexuals and that homosexuality was more common and more widespread than had been assumed. There is increasing evidence that homosexuality, and presumably heterosexuality, is genetically and biochemically determined. There are no common or predictable childhood patterns in people who grow up to have homosexual orientations.

This last paragraph explains why the APA made the change - in the face of irrefutable evidence, the APA had to remove homosexuality as an illness, and allow it to be seen as the normal variation that it is. The changing of religious and popular beliefs and prejudices, however, has not been as simple, and many people still will see homosexuality as a sin or morally condemnable. These prejudices ignore the fact that sexual orientation is not a matter of choice or moral or personal weakness; again, people are born with their sexual orientation, and do not elect to be gay or get "recruited" into the gay and lesbian community.

Homophobia, or the fear and hatred of homosexuals and homosexuality, remains one of the greatest problems in America. It contributes to the increasingly wide-spread physical and emotional attacks on gays and lesbians; it fuels the attacks of the Moral Majority and other religious and political bodies; it continue to allow sodomy laws and legal sanctions against gays and lesbians to remain on the law books in many states; and it has played a role in the limited government involvement in AIDS research and treatment.

AIDS is the greatest challenge facing the country; it has unfortunately, been woven together with homosexuality in most people's minds. As you well know, AIDS is not a "homosexual" disease and did not arise because of homosexuals or as a punishment against homosexuals; it is a fa-

Medical Student Travel Grants

Gene Nakajima

Student membership in the AGLP has grown to 20 members, and we hope that this number will double in the coming year. Unfortunately, due to the high costs of medical school and of air travel to Montreal, many medical student members will be unable to attend the APA meeting unless they receive money to subsidize their travel expenses.

In addition to their educational value, APA meetings provide an important way for medical students to receive information about residency programs from residents and attendings throughout the country. AGLP also provides students with gay and lesbian role models sorely lacking in medical schools. AGLP activities are essential in fostering an interest in serving the lesbian and gay community in medical student members.

When filling out your membership renewal, please consider donating some additional money, even a small amount, to help lesbian and gay medical students attend the APA. We hope to be able to raise \$2000 to help 10 or more student members of AGLP with their airfares to the conference. If you have any preference for donating money to women or men or to students from a particular school please let us know.

tal, viral disease that probably entered America via the gay and Haitian population, and due to the nature of the virus, is spread by unsafe sexual contact - heterosexual and homosexual - and by sharing contaminated needles or other methods of sharing bodily fluids. It is not caused or passed along by homosexuality itself; the sexually active segment of the diverse gay community spreads it within the gay community, but not all gay men are promiscuous or sexually active in unsafe ways. The moral resistance to sexuality in general and homosexuality in particular, is preventing adequate education of children, adolescents, and sexually active adults and will - unfortunately - lead to the continuing spread of this dread disease.

As you can gather, I very much support the APA decision. I was part of the committee that removed a confusing and prejudicial diagnosis called "ego-dystonic homosexuality" from the latest revision of the APA diagnostic manual. I am very much in support of full rights for homosexuals and for the active attempt to fight all prejudice against and barriers to homosexuals. Such activities would help the general fabric of American society by helping our society live up to its reputation of fairness and justice to all; to openly build on the great diversity, talent, and strength the gay and lesbian community offers; and, most importantly, it will allow a more scientific and more active, unbiased attack on AIDS and the saving of untold numbers of lives. . .

Respectfully,

Robert Paul Cabaj, M.D.

Instructor in Psychiatry, Harvard Medical School
Committee on Gay, Lesbian, and Bisexual Issues of the APA
Deputy Representative, CHIP

**MINUTES
AGLP FALL MEETING
WASHINGTON, DC--SEPTEMBER 11-12, 1987**

Friday, 11 September 1987, 7:30 PM, Fasika's Ethiopian Restaurant:

Dinner for those attending Fall Meeting.

Saturday, 12 September 1987, 9:00 AM, J.W. Marriott Hotel:

The meeting was called to order by President Norman Hartstein, M.D. with Executive Committee members Stephen Atkinson, M.D., Robert Cabaj, M.D., Phillip Cushman, M.D. Larry Prater, M.D., and David Scasta, M.D. In attendance. Following introductions of those attending, President Hartstein announced several changes in the published agenda to accommodate members who were attending APA Committee meetings during the day.

TREASURER'S REPORT New Treasurer Larry Prater, M.D. and his predecessor Norm Hartstein, M.D. reported on the organization's financial situation. AGLP has had no official budget thus far but last year expenses equalled income. Historically we have been spending 70% of our revenue on convention expenses. A general discussion of revenues and expenses ensued. Medical students have asked whether AGLP might pay airfare for one or more students to attend the Montreal meeting. David Ostrow, M.D. discussed an AAPHR approach of soliciting papers from the medical students and then having a scholarship for the two best papers and having an extremely low registration fee for medical students. President Hartstein did not feel it was feasible to have medical students present papers at next year's meeting but we could perhaps contribute something toward airfare. We could also have reduced fees for students at the Luncheon. Terry Stein, M.D. suggested reducing the Luncheon fee for members-in-training as well as for medical students rather than contributing larger amounts to a few.

CAUCUS OF HOMOSEXUALLY IDENTIFIED PSYCHIATRISTS (CHIP) REPORT James Krajcski, M.D. reported that CHIP membership is still between 80-100 psychiatrists. CHIP needs to increase membership and an enrollment card will be sent along with a future issue of the *Newsletter*. Currently there are no major issues before the Assembly and under consideration by CHIP. President Hartstein discussed his wish that CHIP were proactive rather than reactive. Dr. Krajcski described how an issue can be acted on by CHIP if it comes through the Assembly rather than going directly to the Board. He reminded us that it is sometimes desirable for an issue to not go before the Assembly. A general discussion followed on APA elections with members discussing their impressions of various candidates. Questions will be sent to candidates to include responses in the *Newsletter* prior to elections.

GAY, LESBIAN, AND BISEXUAL ISSUES COMMITTEE REPORT Dr. Krajcski reported that several issues had been discussed recently. Discrimination in and problems in the curricula of residency training programs were discussed and the Committee recommended that the 1973 APA Position Statement on Homosexuality and Civil Rights be sent to all Directors of Residency Training Programs and to all Department Chairs with a cover letter to the effect that the Committee will be addressing the issue. Dr. Stein reminded us that we are trying to promote our role as an educational one.

Dr. Krajcski also reported on an action paper which went through the Assembly concerning reviewing and establishing guidelines on minority issues curricula for residency training programs.

The Committee is asking the APA to place a special focus on gay and lesbian issues at the 1989 meeting in San Francisco.

The Committee spent some time with a representative from the National Gay and Lesbian Task Force discussing violence against gay men and lesbians. The APA Board in June 1987 had passed a recommendation from the Committee indicating that the American Psychiatric Association would work to foster a mutually cooperative lobbying effort between organizations such as the NGLTF, the American Psychological Association, and the APA on anti-gay violence.

The APA does not like to invest in an issue that is not going anywhere. Dr. Stein mentioned the reluctance of the APA to support our issues in contrast to the American Psychological Association which does support gay issues. Peggy Hanley-Hackenbruck, M.D. went on to say that our issues are not going to be popular issues within the APA so how hard do we push? Dr. Stein suggested that our APA be asked to assign staff to gay, lesbian, and women's issues like the "other" APA rather than always pleading a lack of staffing as a reason for not acting. Dr. Krajcski responded that his recommending action on an issue is not going to prompt a response from the APA but grass roots letters asking what the APA is doing on specific issues will get action.

President Hartstein felt that all of this pointed to AGLP's need to further question how closely affiliated we should be with the APA. He specifically mentioned our requirement that our members be members of the APA as well. He opposed the present "not very productive course." It is embarrassing to us as psychiatrists to see all of the other organizations having their names on an *amicus* brief or on other pro-gay and lesbian issues when we can get no response from our APA. Dr. Stein felt we needed to look at whether we have accomplished more by playing by the rules or by agitation.

Jeffrey Akman, M.D. related his recent experience in which someone from the American Psychological Association contacted him requesting clinical vignettes, for use by their APA President in his testimony before Sen. Kennedy's Committee considering his AIDS Bill, of any of Dr. Akman's patients who might have become suicidal upon learning of their positive HIV antibody status. When Dr. Akman offered to testify in person, his offer was declined since the list of speakers was already set. The list included representatives of virtually all the major health organizations except the American Psychiatric Association. Dr. Akman indicated that he planned to write a letter of protest to Dr. McGrath regarding the lack of psychiatrists being represented in testimony before Kennedy's Committee on AIDS. Dr. Krajcski pointed to that as an example of needed grass roots input. Marshall Forstein, M.D. suggested copying letters to sympathetic congressional representatives such as Barney Frank and Gerry Studds. Dr. Hanley-Hackenbruck suggested that perhaps AGLP needs to write letters to Congress. Dr. Forstein pointed out that there is more impact when the President of the American Psychological Association speaks on an issue than when someone from AGLP or one of the APA Task Forces testifies. David Ostrow, M.D. said that we need to educate the APA that treatment for AIDS is important in providing care for the mentally ill. Dr. Hanley-Hackenbruck pointed to the pyramidal organization of the APA as reason for our people to get busy at their district branch grass roots level and move up within the APA.

Discussion ensued on our need for more publicity for AGLP activities with Dick Limoges, M.D. mentioning the need to get the *APA News* to publish an item on what transpired at this meeting. Dr. Scasta thought that the *APA News* had a policy against reporting on subgroups. Dr. Forstein suggested submitting items merely as news releases rather than as reporting of an AGLP activity.

With continued discussion suggesting the need for more "grass roots" input to the APA leadership, Dr. Cabaj suggested that our *Newsletter* be used to list people to write on specific issues.

John Fryer, M.D. mentioned the unwillingness of a significant number of psychiatrists to treat patients with HIV infection. Dr. Forstein noted that we need to point out to the APA that it is only a short time from psychiatrists not accepting HIV patients and leaving them to be cared for by psychologists, social workers, etc. to those same therapists getting the other patients as well.

Dr. Forstein then made a motion that "AGLP study getting a full time staff person to do those things that none of us have time to do ourselves." The motion was seconded by Dr. Fryer. Dr. Forstein then amended the motion to include the charge that we "have a priority to find some way to fund the full time staff person." Discussion followed with John O'Donnell, M.D. offering to contribute \$1,000 towards the hiring of such a staff person. Dr. Limoges reminded us that we need a full sense of mission of what we want this organization to do and how we want to do it. Dr. Scasta suggested that we need an Executive Secretary to follow through, but Dr. Krajcski felt that we need a lobbyist rather than a secretary. Lobbyists do not come cheap. Dr. Krajcski also pointed to the psychologists being more tuned-in to activism than are psychiatrists.

Continuing the discussion regarding our need for a full time staff person, Dr. Forstein suggested that the staff person would "do the work that none of us have the time to do", would coordinate and would be on the telephone asking members to write letters or to make other responses. He went on to clarify his view of the staff person's function as educating psychiatrists about their needed role in AIDS and about changing psychiatrists' values.

President Hartstein suggested that someone needs to look at the issue further and determine exactly what is needed. We should look at other groups, such as AMFAR or NGLTF, which are working in the same area and see how much we could accomplish by involvement in those larger-budget organizations. Dr. Limoges agreed that we need to be working through other organizations. Dr. Forstein said that his proposed staff person would do that type of work as well. In response to President Hartstein's suggestion that we are talking about taking a "quantum leap", Dr. Fryer said that what is needed is either a quantum leap to change the nature of the organization or to stop meeting. Finally, Dr. Limoges proposed that we need to give more thought to exactly what a staff person is needed to do.

President Hartstein moved to the motion on the floor which was then rephrased: "That AGLP study getting a staff person to assist with the efficiency of this organization." The motion carried. President Hartstein then appointed a study group composed of Drs. Gary Mihalik, David Scasta, Marshall Forstein, Frank Plier, and Jack Almeida to consider the matter. Dr. Stein suggested that a "secretary" may still be what we need and that should be considered by the study group.

DUES INCREASE For clarification, President Hartstein reminded us that the increase of AGLP dues to \$75 applies only to full members of AGLP; other categories of membership such as MEMBERS-IN-TRAINING and students will retain the same dues structure as before. Dr. Scasta reported on membership status indicating that we have 308 full members. We continue to be concerned about the small number of women members and we continue to pursue increasing that portion of the membership. As part of the Membership Campaign we have sent out brochures and have been placing advertisements in the *Psychiatric News*. Also we have mailed out the SATH (Survey of Attitudes Towards Homosexuality) to our membership and have received 240 replies. During the week prior to this meeting, 1000 randomly selected members of the APA were sent the SATH and those surveys will be closely analyzed upon their return. We continue to need to increase our membership and President Hartstein suggested that we may be delegating responsibility for new members to Dr. Scasta when we should individually be working for new members. Dr. Ostrow mentioned the AAPHR membership campaign which requests that each member try to gain new members and that new memberships result in a reduction in the referring member's dues. Dr. Hanley-Hackenbruck and Rochelle Klingler, M.D. both emphasized their conviction that AGLP needs to continue advertising in the *Psychiatric News* and other publications to make our organization known to those psychiatrists who have no gay or lesbian friends to solicit their membership.

AIDS TASK FORCE BECOMES COMMITTEE Dr. Forstein gave an update on changes within the APA concerning AIDS. The APA Task Force on AIDS has become the APA Committee on AIDS. Although this has some positive effects from a budget standpoint, some changes were made in the membership of the committee without consultation with Dr. Stu Nichols. With the Committee system there is a rotating term with appointments made by the President of the APA. An Ad Hoc Committee of the Board of Trustees on AIDS has also been created which is a tremendous asset. This Committee will report directly to the Board and will be composed of representatives from the Board of Trustees, the Assembly of District Branches, the APA Committee on AIDS, the Council on National Affairs, the Council on Psychiatry and the Law, the Council on Psychiatric Services and the Legal Counsel. The Ad Hoc Committee will be chaired by Robert Pasnau, M.D. and it will have the capacity to generate, at the highest levels of the APA power structure, increasing concern about what psychiatrists are going to do as a response to AIDS. In response to Dr. Hanley-Hackenbruck's question, Dr. Forstein read the charge of the Ad Hoc Committee on AIDS: "The proposed Ad Hoc Committee on AIDS Policy will coordinate activities related to AIDS; will monitor and refer items under discussion to appropriate components for comments as well as compare white papers including draft position statements and guidelines on issues related to HIV diseases. Subjects to be addressed include, but are not restricted to, confidentiality, guidelines on hospitalization and hospital care, counseling as related to the testing process and duty to warn etc." Essentially the Committee is taking the position that confidentiality is to be protected unless there are specific reasons as interpreted by law that force physicians to have the duty to warn. There is also a statement about maintaining adequate psychological and medical care for persons with HIV infection and one to the effect that HIV seropositivity is not a condition on which a decision to hospitalize or to remain in the hospital is to be made. Finally, there is a statement that quarantine of HIV seropositive patients is inappropriate for the maintenance of behavioral control. Some guidelines have been issued to psychiatric hospitals on how to implement infection control procedures. Sentiment has been expressed about the APA making only a token effort financially compared to other organizations and about needing to address at the level of the Ad Hoc Committee and the Board of Trustees the inadequacy of the current APA financial commitment to deal with AIDS. Dr. Forstein feels that we need to consider how to support the need for a growing commitment on the part of the APA and whether the Committee needs to be strengthened to a Commission. The AIDS Committee will actually do the work but will be able to push the work through the Ad Hoc Committee. The Committee has suggested that the number of meetings of the AIDS Committee be increased from two to six per year in order to accomplish the amount of work required and the number of members be increased with transportation expenses paid. Finally, Dr. Forstein indicated that the AIDS Project is well under way under John Bonnaige's direction. Dr. Krajcski briefly reported on the initial organizational meeting of the Ad Hoc Committee and the plans to meet again in about a month in order to get some material to the Board of Trustees for the December meeting. David Kessler, M.D. then added some details to the report and fell some agreement had been made between various committees. Dr. Limoges asked whether the question of testing of health care providers has been addressed and he stressed that we should be dealing with this problem now rather than later. Several members pointed out problem examples around the country. Dr. Ostrow said that CDC Guidelines do not support routine or mandatory testing of health care workers. Dr. Krajcski requested that members forward letters documenting such problems to Dr. Robert Pasnau, Chairman of the Ad Hoc Committee on AIDS Policy, and to Dr. Stu Nichols, Chairman of the APA Committee on AIDS with copies of the letter to Drs. Krajcski, Kessler, and Sabshin.

PLANS FOR 1988 MONTREAL MEETING President Hartstein turned the discussion to planning for our Annual Meeting in Montreal from Saturday, May 7th through Thursday, May 12th, 1988. Vice-President Stephen Atkinson, M.D., who lives in Toronto, had recently visited Montreal to check facilities for our planned activities. Maps were passed out showing that all APA hotels will be within a 30 minute walk of the center of the map with even peripheral hotels relatively close. Several hotels were discussed as possible sites to recommend to our membership. Since we have traditionally had difficulty gaining much cooperation from hotels that had already committed themselves to the APA, Dr. Atkinson suggested that we recommend La Citadelle which is adjacent to two of the major APA hotels and which has good accommodations at a reasonable rate. Further discussion ensued on the best way to schedule the location of lunch and business meetings, the Hospitality suite etc. Following more debate, there was a consensus to book our Hospitality Suite at the Sheraton Centre and try to obtain a block of rooms for AGLP members to reserve at La Citadelle. Dr. Atkinson mentioned that we would need at least 10 members to take rooms at La Citadelle in order for us to get a group rate.

Dr. Forstein made a motion that "AGLP hire someone to staff the Hospitality Suite from 9 AM to 5 PM Sunday through Wednesday." The motion was seconded and then amended to read that "AGLP hire someone to staff the Hospitality Suite during appropriate hours." Finally the motion was tabled until reconsideration during the afternoon session.

The meeting broke for lunch at noon and members reconvened at 1:45 PM.

COLLABORATION WITH OTHER ORGANIZATIONS Dr. David Ostrow, immediate past president of the American Association of Physicians for Human Rights (AAPHR), reported on that organization. AAPHR needs the support of AGLP as we need theirs. He described AAPHR's membership campaign and their desire to bring in more members while still residents. AAPHR would like to have a regular presence in Washington, DC and perhaps our two organizations could share some joint operation here. AAPHR currently shares an Executive Director with BAPHR (Bay Area Physicians for Human Rights) in San Francisco. The next meeting of AAPHR will be held jointly with the National Lesbian and Gay Health Foundation 20-26 July 1988 in Boston. The first half of the meeting will be primarily NLGHF and the last half primarily AAPHR.

President Hartstein discussed the Association of Lesbian and Gay Psychologists (ALGP) and other related divisions of the American Psychological Association. He described some recent publications including the separate newsletters for ALGP and Division 44 which is their APA section for study of lesbian and gay issues.

Dr. Hanley-Hackenbruck is our liaison to the Association of Women Psychiatrists but she attended the Lesbian psychiatrists dinner in Chicago and that conflicted with the AWP meeting. However, AWP has been working on opposition to the nomination of Judge Bork to the U.S. Supreme Court.

The American Medical Student Association could not provide a report but students want more time in the AGLP Hospitality Suite and they want to discuss some issues such as treating lesbian patients. Medical students are still being taught from the old DSM-III rather than DSM-III-R.

Dr. Forstein discussed our need to work with the Association of Directors of Residency Training Programs and suggested that AGLP needs to write a letter asking how they are going to implement changes in the DSM-III-R and how AGLP can be of help.

RETURN TO MONTREAL MEETING PLANNING Although we will be trying to have our Hospitality Suite at the Sheraton Centre and we will be attempting to secure a block of rooms for our members at La Citadelle, we will also notify our membership that they may choose to book a room through the APA at the nearby Delta Hotel.

Memorial Service The Healing and Memorial Service will be planned again with announcement made early. Several commented that they had felt uncomfortable with the more Christian feeling of the service last year. Dr. John Fryer will contact someone in Montreal to help set up a non-denominational service. Some suggested that the service be scheduled in an outdoor area such as a park or coupling the service with a meeting to discuss AIDS etc. Dr. Hanley-Hackenbruck suggested having the service later in the week than was done in Chicago. Sunday evening after the Welcome Reception was one of several suggestions made. President Hartstein indicated that he prefers to plan on having the Memorial Service on Saturday since Sunday is already heavily scheduled. Dr. Fryer will work with his contact in Montreal to set up the appropriate arrangements.

There is no "Local Committee" in Montreal for us to depend on for so much of the necessary work such as preparing a guidebook and scheduling a Farewell Party. Dr. Scasta suggested that we plan to have another large dinner group (such as that set up so well in Chicago by Daniel Hicks, M.D.) early in the meeting so that the all will feel welcome.

Since no local home presently seems a likely choice for the traditional Farewell Party, alternatives were discussed with a local bar considered more appropriate than a hotel or restaurant.

Discussion turned to the Awards Luncheon. There was agreement to hold the luncheon in an official APA hotel. Wednesday seemed most likely to be the best date. Several suggested that the award go to John Spiegel, M.D., who was President of the APA at the time of the APA decision to remove Homosexuality from the DSM, and who took a lot of heat at that time and was very supportive of our cause. It was moved, seconded, and approved that the award be given to Dr. Spiegel. Bert Schaffner, M.D. will introduce Dr. Spiegel and perhaps Dr. Marmor, last year's awardee, would return. There was some discussion about future awards and the possibility that an award eventually might go to "one of our own." Reservations will be made in advance of our arrival in Montreal and we will try for a luncheon in the \$25-30 (U.S) price range with residents and students half price. Dr. Limoges suggested that AGLP needs to have a large banner as a background and for pictures etc.

There was some brief discussion returning to the budget. If we are to continue spending some 70% of our budget on the Annual Meeting and if we plan to have a salaried Director in the future, we must find more income. Perhaps more of the meeting activities will eventually have to pay for themselves as does the luncheon but most members seem satisfied as things presently stand.

Action to hire Hospitality Suite staff Discussion resumed on the earlier motion regarding hiring someone to staff the Hospitality Suite. After further amendment, the question was called, moved, seconded, and approved that "AGLP hire someone to staff the Hospitality Suite during appropriate hours Sunday through Wednesday."

Sodomy laws and future meeting sites Jack Almeleh, M.D. brought up the issue of whether the APA should hold meetings in states with sodomy laws. Dr. Cabaj indicated that he had written to Dr. Robert Hales of the Program Committee in regard to the sodomy law issue and that Dr. Hales had been in agreement. The first conflict will be in 1991 when APA returns to New Orleans. Dr. Forstein pointed out that the APA AIDS Committee will be traveling to New Orleans and he raised a serious question as to whether that should also be pursued. Dr. Krajewski urged against spur-of-the-moment actions and emphasized that we need to use strategy in dealing with the APA. Different approaches to strategy were discussed. Dr. Krajewski felt that the Program Committee would need to make a favorable response in order for the APA to do so. As a first step, President Hartstein said that he would write to the current chairperson of the Program

Committee questioning where the issue presently stands. Dr. Almeleh will write to *Psychiatric News* and others can write follow-up letters.

MARCH ON WASHINGTON FOR LESBIAN AND GAY RIGHTS Dr. Stein suggested that AGLP might help the March with a financial contribution. After some discussion, Dr. Hanley-Hackenbruck suggested the wording of a motion which was then made by Dr. Stein, seconded, and approved that AGLP contribute \$100 or more to support the related charitable and educational work of the March. A number of AGLP members plan to attend the March on October 9-11, 1987. Allan Valgemae, M.D. will handle local arrangements and Dr. Scasta will take care of getting an appropriate banner and sending out a special mailing to the membership regarding March plans.

MODEL CURRICULUM Dr. Terry Stein will have a model residency curriculum assembled by February 1988 for the APA. He requested that anyone who is teaching a course send information to him. Dr. Stein considers "curriculum" to extend across the entire medical school and residency training. Dr. Akman sent a questionnaire to 222 residency programs and although he has not yet written the data up he has shared the data with Dr. Stein. Of the 98 programs which responded, there are four formal seminars on gay and lesbian issues, two elective seminars, and twenty-four seminars that address issues of homosexuality. Many of those are probably still teaching homosexuality as pathology. The Residency Review Committee is difficult to influence. Dr. Stein will contact the Directors of Residency Training Programs to discuss the subject. Dr. O'Donnell suggested that residents be asked to comment to the Residency Review Committee on their programs.

Dr. Forstein announced that the Cambridge Hospital course in Gay and Lesbian Psychotherapy has been elevated to become a Harvard Continuing Ed course and it should be offered on 3-4 June 1988. Dr. Forstein has been asked to supervise the course.

EDUCATION AND ISSUES COMMITTEE NOTES Dr. Cabaj presented an extensive outline of what he perceived as having happened during the meetings of the Education and Issues Committees during the Annual Meeting in Chicago last May. These committees generate events for the Annual meeting, events for the Hospitality Suite, future topics which might involve coordinating with other groups and things such as residency education. Dr. Cabaj went on to detail some of the proposals which have been made for the APA Annual Meeting in Montreal in 1988. In addition, a number of suggestions were made for use of the AGLP Hospitality Suite. Other topics covered were Gay/Lesbian issues at training institutions, long-term issues and issues for the Awards Committee.

MORE ON MONTREAL Dr. Limoges would like to arrange a showing of the movie of E. M. Forster's *Maurice* during the 1988 Annual Meeting. Unfortunately it is already too late to add programs unless it is a Component presentation.

Dr. Atkinson suggested using the Hospitality Suite for presenting all the AGLP programs on Saturday and then using the Suite for resting and socializing the remainder of the week. This would protect us from having to choose between AGLP activities and APA programs during the meeting. He also thought La Citadelle might provide us with an all-day conference room on Saturday. Dr. Cabaj commented that this would provide a good opportunity for us to get to know each other early in the week. A number of different formats for the day were discussed. President Hartstein indicated, however, that he wants some activities to continue in the Hospitality Suite through the week. Dr. Cabaj also suggested that Saturday be used to focus on education and the sharing of material. President Hartstein would like to set aside time after major APA Symposia for interested individuals to get together for discussion. Dr. Forstein requested that the time be scheduled in the Hospitality Suite for such talks after the Symposia.

Dr. Stein mentioned that the Significant Others Group last year requested that time be set aside to meet as a group of partners instead of just individually.

Starting time for the Saturday activities was debated with Dr. Hartstein pointing out that 8 AM is too early, particularly for those coming in from the West Coast. Dr. Forstein suggested opening the Hospitality Suite with a typed list of possibilities and then just seeing what develops. Perhaps some sort of time schedule could be listed so that people could come back when a topic of interest was coming up. Dr. Limoges thought a retreat model might be good for Saturday.

The Component Presentation had not yet been set and Dr. Hanley-Hackenbruck suggested the topic of Anti-gay Violence. This will be in a workshop format of 5-10 minute presentations. A number of members quickly volunteered to present different topics for the workshop. Dr. Klinger felt that lesbian rape survivors must be included in such a program and she was persuaded to present some material collected by her significant other who is a nurse clinician.

There was a suggestion that we schedule the Issues and Education Committee meetings for an 8-10 AM breakfast.

President Hartstein said that he would see if Margie Sved, M.D. would coordinate Lesbian use of the Hospitality Suite. Men would like to be included if women can teach men on lesbian therapy issues. Dr. Hanley-Hackenbruck suggested that a discussion group might be scheduled on Saturday with men included. She also suggested that there be an hour during the week for a lesbian only discussion.

There were some final housekeeping and miscellaneous announcements. Dr. Scasta gave a goal of February 1988 for the first issue of the *Journal of Gay and Lesbian Psychotherapy*. President Hartstein also pointed out that Dr. Hanley-Hackenbruck had indicated a willingness to be President-elect when he queried her.

The meeting was adjourned at 5 PM.

Respectfully submitted,

Phillip W. Cushman, M.D.
Secretary

Association of Gay and Lesbian Psychiatrists

An Editorial Comment on Robert Gould

In the January issue of *Cosmopolitan Magazine*, Robert Gould, M.D. authored an article which said, in essence, that AIDS is not transmitted via heterosexual sex as long as the genital epithelia is intact. He subsequently went on ABC's *Nightline* and suggested that the primary reason that heterosexual transmission of AIDS has been posited is to procure financing for AIDS research. He felt that the funding would be greatly diminished if AIDS was believed to affect only gays and IV drug abusers. He said that the anxiety created, particularly in heterosexual women, by the AIDS scare was more damaging than the risk of the disease. In the *Nightline* program, he was presented as a member of the American Psychiatric Association's AIDS committee.

I was very disturbed by what Dr. Gould had done and was particularly disturbed to hear that he was a member of the APA Task Force on AIDS. However, Stu Nichols, M.D., Chairperson of the APA Task Force on AIDS, informed me that Dr. Gould is a member of a local, New York City Branch APA committee and not the Task Force. Apparently, Dr. Gould has been on a number of APA national committees, but none specifically connected with AIDS. Nevertheless, he made no effort to correct the impression that he was speaking as a member of the APA Task Force on AIDS.

I believe that what Dr. Gould did was harmful and unethical. The experience in Africa and the research to date in this country indicate that AIDS can be transmitted heterosexually. This view is held by most researchers, especially internists. Dr. Gould's contention that reported cases of heterosexual transmission are erroneous reports by people who are lying to conceal homosexual activity and/or drug abuse is conceivable, but hardly likely, and a theory does not constitute scientific evidence that AIDS is NOT transmitted heterosexually. One could as easily argue that the number of heterosexual transmissions is underestimated because anyone who is bisexual or an IV drug abuser has been assumed to have contracted AIDS because of homosexual activity or IV drug abuse. For these individuals, heterosexual transmission automatically and erroneously would be attributed to their homosexual activity or drug abuse.

I have no doubt in my mind that there will be deaths because of Dr. Gould's statements. Women who read *Cosmopolitan* who want to believe his message will do so in the face all advice and scientific information to the contrary. It is one thing to engage in debate within scientific arenas about the transmissivity of AIDS; but, pandering to the Public in the lay press must always be suspect. In Dr. Gould's case, he sold his medical degree to *Cosmopolitan Magazine* rather than subjecting his theories to the critical analysis and tempering influence of the scientific community. Even if someday he is proved right - that all reports of heterosexual transmission of AIDS are lies, he is not in a position to say so at this time. And, he is probably wrong. *Primum non nocere* - First, do no harm.

I call upon the APA Task Force on AIDS and the American Psychiatric Association to publicly condemn Dr. Gould's actions and unequivocally state that Dr. Gould's ideas do not represent the American Psychiatric Association.

David Scasta, M.D.

Lesbian & Gay Psychiatrists of Color

During the Saturday Pre-convention before the upcoming APA convention we are planning to show a video about Lesbian and Gay Asians in Toronto produced by Richard Fung called *Orientations*. This video has been shown in video festivals throughout the world. Stephen Woo, MD, Gene Nakajima, and, hopefully, other Asian AGLP members will lead a discussion following the video about issues involving lesbians and gays in the Asian Community. If other Asian members of AGLP, particularly women, are interested in joining our panel, please contact Gene Nakajima at the address listed below.

We also hope to have a meeting of Black, Hispanic, and Asian members of AGLP during the convention to discuss how we can make minority issues more visible within AGLP. If you are interested in helping us with this meeting, please contact: **Gene Nakajima; 333 E 90th, Apt. 4J; NYC, NY 10128; (212) 876-3883.**

AGLP Referral List Information

Psychiatrists, regardless of sexual orientation, who are comfortable working with gay and lesbian patients have long been encouraged to make their availability known to AGLP for inclusion on our Referral List. The list is maintained at the office of the AGLP Secretary, Phillip W. Cushman, M.D. We currently have nearly 130 psychiatrists scattered around the country available as referral resources. The greatest numbers are congregated in the larger cities such as San Francisco, Los Angeles, and New York City. A number of states do not have a single psychiatrist on the list. If you are comfortable and capable working with gay and lesbian patients and are willing to accept referrals in your area, please check the appropriate box and fill out the section on your membership renewal form indicating your areas of interest, office phone number, etc. Or, send the same information directly to the Secretary if you failed to check off the box on your membership form. To obtain referral information, you may contact Dr. Cushman's secretary, **Betty Parkinson**, during office hours (call {904} 372-0387 Monday through Friday between 8:30 am - 5:00 pm Eastern time) and she will get back to you with the information as soon as possible. You may also write, if time is not urgent, to **Phillip W. Cushman, M.D., 2830 N.W. 41st Street, Suite B, Gainesville, FL 32606.** Please participate by allowing your name to be on the AGLP Referral List and utilize the list when you need to refer a patient to another community.

ANNOUNCEMENTS

German Gay Physician's Conference: The Bundesarbeitsgemeinschaft Schwule im Gesundheitswesen (BASG) (National Federation of Gays in Health), the gay physician's organization in West Germany, will be holding their first conference, *Homosexuality and Health*, in Frankfurt in early June. The Federation encourages gay physicians in the United States to present workshops and attend the conference. Workshop translators will be provided if necessary. For information, contact **Juergen Graffe, Warendorfstrasse 133 D-4400 Muenster West Germany.**

Harvard Medical School/Cambridge Hospital will be offering a course entitled, *Women's Issues - 1988* (April 22-23, 1988), and a course entitled, *Psychotherapy: Treating Gay & Lesbian Clients* (June 3-4, 1988). The course on Women's Issues includes Phyllis Chesler, Jean Baker Miller, Avodah K. Offit and Lillian B. Rubin as speakers. The course on psychotherapy for gay and lesbian clients will be lead by: Carolyn Dillon, LICSW, Marshall Forstein, M.D., Rhonde Linde Ph.D., Terry Stein, M.D. and over 20 other clinicians covering such topics as parenting, substance abuse, AIDS, minority concerns, family issues, and homophobia. For information about the workshops contact: **Judy Reiner Platt, Ed.D.; Department of Psychiatry; The Cambridge Hospital; 1493 Cambridge Street; Cambridge, MA 02139; (617) 864-6165.**

Grant Applications on the role of behavioral factors in the prevention of AIDS in children and adults are being solicited by the National Institute of Mental Health. The aim is to develop behavioral techniques for preventing AIDS in children and for intervening in high risk groups of adolescents. Inquires may be directed to: **Norman A. Krasnegor, Ph.D. or Sarah L. Friedman, Ph.D.; Human Learning and Behavior Branch; National Institute of Child Health and Human Development, Room 7C-18; Landow Building; 7910 Woodmont Avenue; Bethesda, Maryland 20892; (301) 496-6591.**

Evergreen State College and the Kinsey Institute for Research in Sex, Gender and Reproduction will be sponsoring the **First Annual International Convocation on Cross-Cultural Sexuality** on August 28-30, 1988. Special topics will include Third World and "minority" sexual practices. A field trip to the Skokomish American Indian Reservation is planned and there will be extensive involvement of Native American tribal peoples. For information contact: **Terry Tafoya, Ph.D.; ICCCS Coordinator; Department of Psychology; Evergreen State College; Olympia, Washington 98505; (206) 866-6000 ext. 6424.**

The **Northeast Regional Conference on Prejudice and Violence** will be held March 3-4, 1988 at the Omni Park Central - New York City. For information, contact: **National Institute Against Prejudice and Violence; 525 West Redwood Street; Baltimore, Maryland 21201; (301) 328-5170.**

AIDS Information Sourcebook, ISBN 0-89774-419-5, serves as guide to AIDS facilities, treatment centers, and educational resources. It is published by Oryx Press, 2214 North Central at Encanto; Phoenix, Arizona 85004-1483. Call toll free 1-800-457-ORYX (in Arizona, Alaska, and Hawaii, call (602) 254-6156.)

The Florida Society of Adolescent Psychiatry, a Chapter of the American Society of Adolescent Psychiatry, is sponsoring a conference entitled, **Adolescents in Search of Identity in an Age of AIDS and in a Realm of Aggression** April 8-10, 1988 in Miami. Participants include Damien Martin, Ed.D., Co-Founder of the Hetrick-Martin Institute for the Protection of Lesbian and Gay Youth, and Robert Pinney, M.D. and Paul Adams, M.D. from U. T Medical Branch at Galveston. For information, write to: **Keith Haynes, M.D.; 180 S. E. 5th Ave.; P.O. 2557; Delray Beach, Florida 33447; (305) 272-3838 or 276-8977.**

In June of 1988, the **International Gay and Lesbian Association** will be sponsoring its annual convention in Oslo, Norway. For information about the conference or other IGLA activities, write to: **c/o RFSL; Box 350; S-101 24 Stockholm, Sweden or call 46-8-84 80 50 or 84 55 76.**

From the Legislative Newsletter of the APA

1) **AIDS:** While over 40 bills relating to AIDS have been introduced this session, as the adjournment date approaches, the only legislation likely to pass is the AIDS research appropriations bill. The APA is following closely Representative Waxman's (D-CA) and Senator Kennedy's (D-MA) legislation to encourage AIDS counseling and testing; examine confidentiality of test results; and protect against discrimination on the basis of antibody testing. The APA also stands ready to nominate qualified psychiatrists to the not-yet enacted Congressionally-authorized National Commission on AIDS and on er advisory bodies.

2) **Hate Crime Statistics Bill:** The APA - independently and as part of a coalition effort is supporting legislation (H.R. 3193) introduced by Congressman John Conyers (D-MI) to require the collection of data on crimes based on race, religion or sexual orientation. Opposition is expected by some members on the House floor to the bill's inclusion of "sexual orientation" (which was not in the bill when originally introduced). The APA is contacting members of the House to encourage them to both cosponsor and vote for H.R. 3193.

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Association of Gay & Lesbian Psychiatrists

February 3, 1988

EDITOR'S NOTE: The February Issue of the Newsletter will arrive too late to be useful to members in helping them to decide who to vote for President and Vice-President of the American Psychiatric Association. As a result, candidates responses to two questions posed by the Newsletter are being distributed to all members in this abbreviated form. Please read the candidates' responses (they are interesting and informative) before completing your ballot.

For President

HERBERT PARDES, M.D.

1. A number of psychiatrists in the APA feel that the removal of the diagnosis of homosexuality from *DSM-II* and removal of the diagnosis Ego Dystonic Homosexuality from *DSM-III-R* was a political rather than a scientific decision. Please comment.

Thank you for the opportunity to comment on the questions raised in the *Newsletter of the Association of Gay and Lesbian Psychiatrists*.

I am delighted for the increasing openness with which the APA is approaching the issue of homosexuality. I think it is tragic that many of our colleagues have had to live with the burden of extraordinary stigma and am pleased that this stigma is decreasing.

In response to the specific question, I feel there are political aspects to any issues handled by an association as large and heterogeneous as ours. My understanding, however, is that the Board of Trustees in approaching the issue of the removal of the diagnosis of homosexuality from *DSM-II* and of the diagnosis of Ego Dystonic Homosexuality from *DSM-III-R* tried to set the political issues aside. I cannot be certain they were entirely successful, but I gather they did try to address the question on a substantive and scientific basis. While I was not at the Board Meetings for these decisions, I support the Board of Trustee's actions on substantive grounds.

2. What role do you feel that the Caucus of Homosexual-Identified Psychiatrists should play in the APA during your term of office?

With regard to the role the Caucus of Homosexual-Identified Psychiatrists should play, my feeling is that they should play a vigorous role as members concerned with the full range of issues as well as those of particular concern to homosexual-identified psychiatrists. It is my intention if elected to draw widely on the breadth of opinion and expertise of members in the APA. Further, I would like to see the APA take advantage of the large number of members who are willing to help to move the organization forward.

One of the most attractive features to me regarding psychiatry is its liberal and understanding attitude regarding social issues generally. While our record has not been universally admirable on homosexuality, I feel pleased that the bulk of the membership is enlightened, understands that people are different and shows not only tolerance but also genuine encouragement and positive response to people with different perspectives. I prefer that we come together and not view each other as different and alien, but rather as one large group of professionals who understand and respect each others individuality.

At Columbia I have been pleased with the Psychiatry Department's leadership in beginning a large new NIMH supported center for AIDS. This is one of the most formidable problems of the day. It is certainly of concern to homosexual-identified psychiatrists, but must be a concern for all psychia-

HAROLD M. VISOTSKY, M.D.

1. A number of psychiatrists in the APA feel that the removal of the diagnosis of homosexuality from *DSM-II* and removal of the diagnosis Ego Dystonic Homosexuality from *DSM-III-R* was a political rather than a scientific decision. Please comment.

I feel that the removal of the diagnosis of homosexuality from *DSM-II* and, further, the diagnosis Ego Dystonic Homosexuality from *DSM-III-R* were not, in my analysis, a political decision. At the time that the diagnosis of homosexuality was removed from *DSM-II*, I served as Secretary of the American Psychiatric Association and on the Board of Trustees. There were, of course, statements made at the time, as there are now, that this decision was not scientific. The diagnosis, however, and its placement within the diagnostic categories did not seem to me scientific then, or now.

I need not tell your membership about the homophobic responses and the prejudices related to such accusations; and furthermore, we do know that there are related stresses to such prejudices and hostile responses. We can assess the damage to individuals who are victims of such prejudices. That can be done scientifically. I think the APA, in its diversity, will debate such issues often and extensively. However, I am pleased that they do arrive at careful professional decisions and I endorse them.

2. What role do you feel that the Caucus of Homosexual-Identified Psychiatrists should play in the APA during your term of office?

This group of our members represents a point of view specific to their interest and to their knowledge which must be incorporated into the broad management of our professional organization. The group represents opinions both as practicing psychiatrists and as individuals identified with choice of life style. Both of these representations (i.e., the practice of psychiatry and the life-style practices) are useful for the decisions, policies and practices of our organization. I would welcome them as I would any other group of specially-interested psychiatrists invested in making contributions to the management of our organization.

trists. Still, in shaping APA policy on the complicated AIDS issues, I would seek help from the Caucus of Homosexual-Identified Psychiatrists in advising the APA leadership to ensure a balanced and sensitive APA position. This is true of other issues in which all psychiatrists may be interested, but in which the Caucus has particular interest and knowledge.

I very much appreciate your interest in my views and I am grateful for the opportunity to comment.

For Vice-President:

LAWRENCE HARTMANN, M.D.

1. A number of psychiatrists in the APA feel that the removal of the diagnosis of homosexuality from *DSM-II* and removal of the diagnosis Ego Dystonic Homosexuality from *DSM-III-R* was a political rather than a scientific decision. Please comment.

I think removing homosexuality from *DSM-II* in 1973 was important, and was a reasonable scientific decision, as was removing Ego-Dystonic Homosexuality from *DSM II-R*. But these were reasonable scientific decisions carried out in a lively political climate, and bringing them about took political work. I have been an active part of that work, over a long time, and at many levels. Among other involvements, I was the chairman of the Social Issues Committee of the Northern New England Psychiatric Society which, in 1971, thought the time was ripe, and asked Richard Pillard to prepare a draft proposal for removing homosexuality from *DSM-II*, which he did. I edited his work, and helped shepherd it up through the NNEPS and the APA, and then helped it withstand a challenge by referendum (which was initiated by Dr. Socarides and others). I also helped nominate and elect outsiders John Spiegel and Judd Marmor to be APA Presidents at a time useful for this activity. I also helped the APA Council on National Affairs enlarge its focus to include gay issues; and, in the APA Assembly, as gadfly, chair of various committees, and then Speaker, helped establish a gay representative and deputy representative as members of the Assembly. For the past eight years, as a member of the APA Board of Trustees and in my other roles, I have tried to be routinely and creatively helpful to Drs. Kessler, Krajeski, and Cabaj. If you have any doubts about my commitment or ingenuity in the service of this issue, please consult Drs. Pillard, Kessler, Krajeski, or Cabaj.

2. What role do you feel that the Caucus of Homosexual-Identified Psychiatrists should play in the APA during your term of office?

The Caucus of Homosexual-Identified Psychiatrists should continue to be a discussion ground, and advocate, an educator, a sensitizer. It should continue to be an intelligent and articulate addition to the mix of varied psychiatrists that makes up the APA. As one example of usefulness, the existence of the Caucus - and of the Committee on Gay, Lesbian, and Bisexual Issues, and the two committees on AIDS - has already helped the APA and psychiatrists and other physicians and professionals think about, and respond reasonably to, some of the major problems of AIDS. On further roles of the Caucus, as on any other issues, I'd be very glad to hear suggestions or questions.

ROGER PEALE, M.D.

1. A number of psychiatrists in the APA feel that the removal of the diagnosis of homosexuality from *DSM-II* and removal of the diagnosis Ego Dystonic Homosexuality from *DSM-III-R* was a political rather than a scientific decision. Please comment.

As one who was party to the decision (on the *DSM-III-R* Work Group and Vice-Chairman of the *DSM-III-R* Ad Hoc Committee), I know that it was a scientific decision. At no point was information presented that there was any scientific basis to continue the term "ego-dystonic homosexuality." Since I had been cautioned by some APA leaders that "now is not the right time" to abolish the term, I was doubly pleased that the vote was unanimous with the AD Hoc Committee and Work Group. Later, we had no trouble championing that view with the Assembly or with the Board of Trustees. No one openly objected! While obviously many psychiatrists still do not share my view that homosexuality is like left-handedness (non-pathological behavior of about one out of ten), there is simply no scientific basis to continue to have such a psychiatric diagnosis.

We want to watch the development of the *International Classification of Diseases, Edition #10*, scheduled for 1992. They have a category "F66, Psychological and Behavioral Problems Associated with Sexual Development and Orientation," under which they include four categories: heterosexual; homosexual; bisexual; and uncertain or prepubertal. There is also an identity, "F66.1, Ego-dystonic Sexual Orientation," defined as "The gender identity or sexual preference is not in doubt but the individual wishes it were different and may seek treatment in order to change it." As most of you know, Mr. Ronald Bayer has warned us that our recent victories are likely to be temporary when one reviews the history of mankind. Thus, it is important to be vigilant.

2. What role do you feel that the Caucus of Homosexual-Identified Psychiatrists should play in the APA during your term of office?

In the early 1980's, thanks to the persuasive arguments by Washington Psychiatric Society gay leaders, I became the "point" person to push the concept that homosexual identified psychiatrists have representatives in the Assembly through the Washington Psychiatric Society, then Area III, and finally the Assembly. More recently, I initiated a motion by the Assembly's Committee of Planning that, for the time being, the Assembly cease asking "minority" representation to justify themselves until the Assembly rethought some general principles as to non-geographic representation. That motion passed the Assembly this past November. While President Hartstein is very correct in saying that "There are some within the APA who would abolish all of the minority or underrepresented groups," the motion passed by the Assembly last November gives us several years before the issue arises again. I think we should pursue a less tentative, more permanent, sense of homosexual representation in the APA. I would prefer a term like "Division" or "Section" rather than "Caucus."

I would like to formally thank the Association of Gay and Lesbian Psychiatrists for the opportunity to speak to these issues and to go on record to state my admiration for the courage of your leaders over the past 20 years in having made the APA relatively a beacon of light and concern in the face of so much ignorance and hate.