



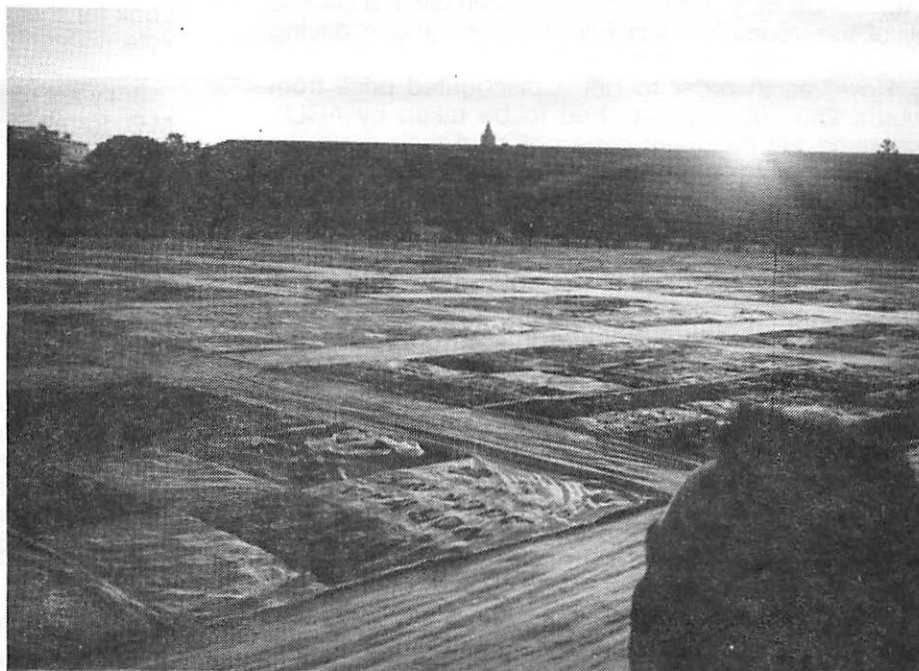
ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

November, 1988

Volume XIV, Number 4

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Sunrise services (10/8/88) around the Names Project Quilt in Washington, DC

Is This Your Last Newsletter?

Last year 64 members were dropped from AGLP's role for non-payment of dues. Currently, 79 members have not paid their 1988 dues and will be dropped on January 1, 1989. Check your mailing label. It indicates on the upper right hand corner how much you owe. If you have not paid your dues, please do so at once to keep your *Newsletter* and *Journal of Gay & Lesbian Psychotherapy* coming. Once you are off the mailing list, there is no way to stay in contact with what AGLP is doing (unless you consult the classified section of *Psychiatry News* to find the address to reapply for membership).

Every year we have several former members complain that they are no longer receiving the *Newsletter*. When reminded that they did not pay their dues, excuses such as "Oh yeah, I forgot to pay that," are given. Each member is individually billed four times and given up to eight months of grace before being dropped from the mailing list. Forgetting is not a good excuse.

Editor's Column

David Scasta, M.D.

By now you should have received your copy of the much delayed first issue of the *Journal of Gay & Lesbian Psychotherapy* (providing your dues are paid). The second issue has already been sent to the Production Department at Haworth Press, Inc. Hopefully, now you will be receiving the *Journal* regularly every three months. **For this issue only, residents** have been given a sample copy of the *Journal*. Only full members (those paying \$75.00 dues) will receive a free subscription to the *Journal*. However, in order to get a discounted price from Haworth, 250 subscriptions had to be taken by AGLP. Since some full members have not paid their dues, we have a number of copies left. At the Fall Planning Meeting the Executive Committee agreed to offer the remaining **subscriptions** to AGLP medical students and residents at AGLP's cost (\$15 vs. \$24 for a regular subscription). Residents and medical students who would like to take advantage of this offer should complete the subscription form located elsewhere in the *Newsletter* and send it with a check to the address on the form.

Membership is currently at 350 members which is 50 over this time last year. Significant gains have been made among women, medical students, and residents. In January, when we purge the mailing list of non-paying members, we should still be significantly ahead of last year. AGLP continues to grow!

The **membership directory** of AGLP members who are willing to be listed in a non-confidential directory and a **referral list** of members who indicate a willingness to treat gay and lesbian clients have been delayed until early 1989 to insure that participants realize that inclusion on either list is not confidential. The dues invoices for 1989 will go out in February and will have a section to indicate if a member would like to be on either of the lists. The section will more clearly indicate that the referral list is public and the directory, although limited to AGLP members, is not confidential.

As we have every year, the *Newsletter* will be sending two questions to each of the **candidates for President-Elect and Vice-President** of the APA for responses to be published in the February issue of the *Newsletter*. This year, the candidates are:

President ElectElissa P. Benedek, M.D.
Robert Michels, M.D.

Vice President.....Irvin M. Cohen, M.D.
Fred Gottlieb, M.D.

Look for their responses before you decide for whom to vote.

I want to express my appreciation to Norm Hartstein, M.D. for all of the letter writing he has done on behalf of all of us who have been disturbed by the attitudes and ideas being expressed by many of our colleagues about homosexuality. The ugliness that permeates some of the writing we have seen, besides suggesting that the analyst's analysis is incomplete, tells us that we have a much more educating to do. Most of our more bitter antagonists cannot differentiate a constructionist or an essentialist from an abolitionist little alone intelligently discuss the research of Bell and Weinberg, Siegelman, Gooren, Money, Pillard, Davison, and, quite literally, hundreds of others. Actually, I am not all that pessimistic. When the authors are writing from small towns in North Carolina and South Dakota, we are not exactly hearing from the mainstreams of academia. I believe with time, education will slowly change the recalcitrant and seep out into the hinterlands. The younger generation is clearly taking a different view. Our Study of Attitudes Towards Homosexuality (SATH) (which I reported upon at the Annual Meeting in Montreal), showed that the distribution of attitudes and beliefs about homosexuality among psychiatrist in their 50's and 60's remains relatively unchanged from the distributions found in 1974 when the pathological label of homosexuality was removed. On the other hand, I was recruited by graduate students in psychology at Hahnemann Medical School to teach a course on gay and lesbian psychotherapy because they were concerned about the outdated ideas that were being taught by a traditionally heavily psychodynamically oriented

The Newsletter of the
**ASSOCIATION OF GAY AND LESBIAN
PSYCHIATRISTS**

Editor
David Scasta, M.D.

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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.

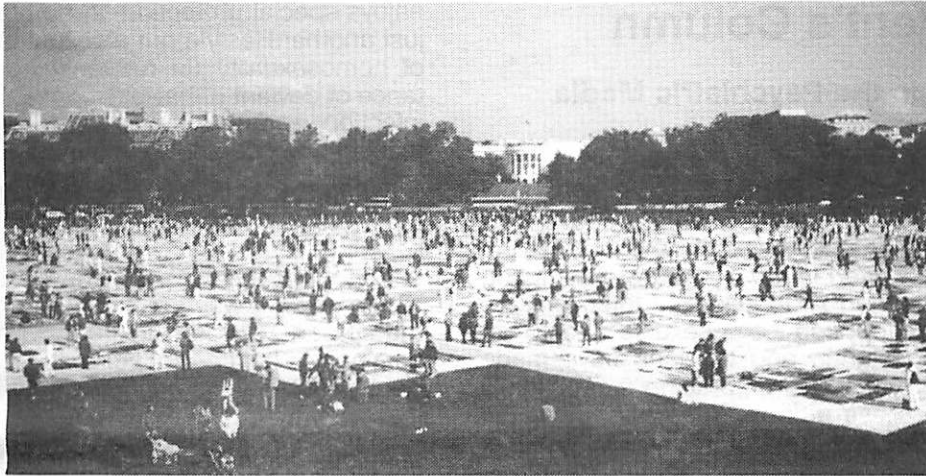
Information for Authors

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).

Officers of the Association of Gay and Lesbian Psychiatrists

President Norman B. Hartstein, M.D.
President Elect.... Peggy Hanley-Hackenbruck, M.D.
Vice President..... Stephen R. Atkinson, M.D.
Secretary..... Phillip W. Cushman, M.D.
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Past President..... Robert P. Cabaj, M.D.



The Names Project Quilt spread over the White House Ellipse memorializing those who have died from AIDS (10/8/88)

school. The attitudes and knowledge of the students are quite different from those of their older colleagues. In fact, I sometimes wonder who is teaching whom. I have learned more in the three months that I have been teaching the class than I have learned in several years. I take pride in the fact that these students will someday be teaching others what they are learning and slowly the tide will change.

Along these lines, I, like Norm, have found a number of **books to be very useful**. *Male and Female Homosexuality: Psychological Approaches* (Hemisphere Publishing Corporation, 1987) by Louis Diamant outlines much of the past and current research about the roots of homosexuality in a very even handed manner. Gay affirmative readers will find descriptions of studies that are appealing and studies that are discouraging. *Gay Relationships* (Harrington Press, 1988) edited by DeCecco and *Psychotherapy with Homosexual Men and Women: Integrated Identity Approaches for Clinical Practice* (Harrington Press, 1988) edited by Coleman contain a number of practical and useful topics for psychotherapists. Like Norm, I also found *Lesbian Psychologies* (University of Illinois Press, 1987) edited by the Boston Lesbian Psychologies Collective to be very instructional.

I returned to Washington, DC on October 8th to view the **Quilt** which I first saw at the March on Washington the year before. How the quilt has grown. I have been fortunate in that I have yet to lose anyone truly close to me to AIDS. But the power of the Quilt was overwhelming. I could not look at the panels through dry eyes no matter how hard I struggled. The poignancy of lovers and family members gently touching panels which they had made in the preceding months left me with a sadness that I cannot shake. We have got to stop the spread of this disease and push for the day when this pain no longer afflicts us.

Medical Students

Lanette Atkins

Due to the graciousness of AGLP and its members, twelve medical students were able to attend the Annual Meeting in Montreal. Many of these students would not have been able to attend had it not been for the contributions of AGLP members. We would like to thank everyone who assisted these medical students. The meeting provided many great educational opportunities in addition to a chance to get to know gay and lesbian psychiatrists from all areas of the country. These physicians were able to provide needed input in regard to decisions to be made concerning residencies. I hope there will be at least this number of students at next year's meeting. It should be easier to make arrangements for the students next year in San Francisco.

I attended the Fall Planning Meeting in Washington as the student representative. I enjoyed the meeting and appreciated the opportunity to be involved. I believe that getting members involved while they are still students will increase their participation following graduation.

The medical students have several projects planned for the coming year. A survey concerning residency programs and one concerning senior year externships are planned. We are communicating with the other medical students through LGBPM's (Lesbian, Gay, and Bisexual People in Medicine) newsletter and are working with CHIP (Caucus of Homosexual Identified Psychiatrists) to encourage medical students and residents to document cases of discrimination to be presented to the APA. We hope to make the medical students an active part of this organization in the future.

President's Column

Gay Bashing in the Psychiatric Media

Norman B. Hartstein, M.D.

During the past few months I have noticed an increased presentation of anti-homosexual viewpoints in the psychiatric press. Most often in the context of attempting to address issues regarding AIDS and HIV infection, authors seem resolved to oppose homosexuals and to reverse the gains that gay men and lesbians have made during the past twenty years. In embracing a pre-1970's view of homosexuality these authors generally ignore the existence of lesbians.

It is noteworthy that 1988 marks the re-publication of *Homosexuality: A Psychoanalytic Study* by Irving Bieber, et al. The original study from 1962 now returns as a selection of the Psychotherapy Book Club with a 1988 copyright and a 15 page forward to justify its reappearance.

In July, 1988 *Clinical Psychiatric News* (Vol. 6, No. 7, p. 7) published a letter from R. G. Crummie, M.D. of Fayetteville, NC under the title, "The Gay Movement is Not Okay." Dr. Crummie in responding to an article, "AIDS puts New Demands on Psychiatrists," embraces psychoanalytic teachings that "...the dynamics of homosexual acting out are unconscious rage and anger toward the same sex and fear of the opposite sex." He states, "I am concerned that the APA has a gay caucus. At best, these individuals who act out homosexually are neurotic." He goes on to share his belief that "...when the individual who is acting out homosexually contracts AIDS, he tries, because of his unconscious rage and anger, to spread the disease to as many people as possible."

In a letter to the editor of *Psychiatric News* (Aug. 19, 1988; pp. 17,20) John Hochman, M.D. of Tarzana, CA criticizes the use of the term "homophobia" in an article "AIDS and Homophobia" in the June 17th issue. While the term "homophobia" may have been used in the article to characterize a spectrum of responses by health care providers, including AIDS anxiety, religious-based prejudice against homosexuals, as well as homophobia *per se*, Dr. Hochman goes on to suggest "...that the term "homophobia" be dropped from discourse within the profession."

The October, 1988 issue of *Psychiatric Annals* (Vol. 18, No. 10) entitled "Ethical treatment of Patients with AIDS" included an article, "Psychiatric Reflections on AIDS Education" by Emanuel Tanay, M.D. of Detroit, Michigan (pp. 594-597). Despite its title, Dr. Tanay's article reveals no psychiatric scholarship or insight but proves to be an anti-homosexual diatribe that ignores the responsible and successful efforts made by public health officers, medical experts, politicians, educators, as well as members of the homosexual communities, to combat the spread of HIV infection.

Dr. Tanay asserts that: 1) homosexuality has been transformed through political pressure into behavior that

enjoys special protection, 2) homosexual practices are not just another lifestyle but a sexual perversion, 3) the spread of homosexuality (in response to "counterphobic acceptance of deviant behavior") contributes to the spread of HIV infection, and 4) it is well known that "promiscuity is a hallmark of homosexuality."

Dr. Tanay insists that HIV infection be handled like other epidemics and maintains that "there are no scientific or ethical reasons why time-tested methods should not be used to limit the scope of the AIDS epidemic." He writes, "when spitting was identified as an activity contributing to the spread of tuberculosis, it became illegal to spit indiscriminantly [sic]... No political movement attacked these public health officials as 'spitophobics.'"

While Dr. Tanay does not specify which behaviors should become illegal to stop the spread of HIV infection or how these regulations would be enforced, he opposes the present approaches wherein "freedom from coercion by the state still takes precedence over other values cherished by mankind over thousands of years." He believes that "the age-old principles of public health, which helped mankind cope with the ravages of other epidemics, will sooner or later regain popularity." I shudder to think which coercive measures will regain popularity. Will it be quarantine, banishment to an isolated island, stoning, or burning at the stake - all of which have been embraced in the past one thousand years to combat plagues?

In the October, 1988 issue of *Clinical Psychiatric News* (Vol. 16, No. 10, p. 8) the "Psychiatrist's Forum" was devoted to letters in response to the earlier letter of R. G. Crummie, M.D. Ronald Hellman, M.D. of New York comments on the fallacies, distortions, and stereotypes in Dr. Crummie's letter. Lawrence Marley, a social worker from Savannah, GA objects to the bigotry of Dr. Crummie and points out that in his professional society, the National Association of Social Workers, if one practiced what Dr. Crummie preaches, one would face professional review. My letter regarding several misrepresentations by Dr. Crummie and the erroneous beliefs, stereotypes and prejudices encountered by lesbians and gay men as members of a minority group was also printed.

The lead letter, however, was from a James Wiggs, M.D. from Yankton, S.D. who writes that "the letter of R. G. Crummie was long overdue. Many of us have watched in amazement as homosexual behavior has become progressively sacrosanct and not open to criticism." Dr. Wiggs asserts that the decision by the APA that homosexuality was no longer a disease "paralyzed any further medical attention to the issue of homosexuality." He also states, the kindest thing that can be said is that homosexuality represents an arrest of normal psychosexual development. More accurate interpretations of abnormality have long been available from the psychiatric profession but has been silenced in the last few years by the epithet, "homophobia."

I doubt that this survey of recent articles that may foster anti-homosexual beliefs is complete. Another article in the *Archives of General Psychiatry* (Vol. 45; Sept., 1988;

pp. 859-864) entitled, "Prevalence of Psychiatric Disorders Among Men Infected with Human Immunodeficiency Virus," by H. Atkinson, M.D., et. al. from San Diego, CA also raises some serious concerns.

Atkinson et. al. recruited subjects from a population of homosexual men participating in the longitudinal study of health outcome in San Diego. The authors compared 15 men with AIDS, 13 with ARC, 17 who were sero-positive, 11 who were sero-negative and a control group of 22 healthy male heterosexuals. Although the article claims to report on the prevalence of psychiatric disorders among men infected with HIV, the authors and editors chose to highlight a generalization that "there may be a higher prevalence of anxiety disorder in homosexual men when compared to sociodemographically matched heterosexual men." The authors reach these conclusions despite acknowledging several methodological problems and without reference to earlier studies such as those by Hooker and Saghir and Robins that contradict the conclusions of this report.

Finally, I wish to cite a letter reprinted in *Clinical Psychiatric News* (Vol. 16, No. 10, p. 8) which was sent to Mr. Marley by John Blamphin, Director of the Division of Public Affairs of the American Psychiatric Association. Mr. Marley had written to the APA Medical Director, Melvin Sabshin, M.D., to bring to his attention the original letter of Dr. Crummie:

I want to respond to your concerns about the comments of Dr. Robert G. Crummie in Clinical Psychiatry News. His views on the issue are shared by a number of psychiatrists and other mental health professions, not to mention much of the general public, although we have no idea as to the exact percentages.

On the other hand, there are many who share your views. The APA believes in free speech and the right of each of our members to express his or her own opinion, even though it may be contrary to the stated policy of the Association. Were it not for the right of free expression, the gay rights movement would not have advanced to its present level of acceptance.

I am dissatisfied with Mr. Blamphin's decision to walk the fence on these issues; to see only a difference of view, rather than an outrageous and dangerous expression of bigotry, misinformation, and hate-mongering; and to fail to indicate a willingness to refer this matter to others within the APA for review and comment.

While I certainly advocate free speech and condemn censorship, I also believe that individuals, publications and professional organizations have a responsibility and a moral obligation to protest bigotry, reveal ignorance, and to state unequivocally that, while free speech is protected, conduct that is unethical, prejudiced, and potentially damaging to persons who are in treatment will not be tolerated.

In *Homosexuality and American Psychiatry* Ronald Bayer writes:

To those who viewed the 1973 decision sympathetically, psychiatry had displayed a remarkable capacity to acknowledge the significance of new

research findings and to rethink its approach to sexuality. Psychiatry did not capitulate to the pressure of Gay Liberation, but rather revealed an admirable flexibility. Unlike those who were unyieldingly committed to antihomosexual values rooted in the Judeo-Christian past, the leadership of the American Psychiatric Association had demonstrated wisdom, insight, and the strength to break with conventional but scientifically unwarranted beliefs (1987, p. 4).

In the final chapter of this book published in 1981 before the AIDS epidemic, Bayer predicted that as America entered a period of conservatism, there might be pressures on psychiatry to reclassify homosexuality as a disorder. He suggested that "lacking a coherent theoretical orientation which to protect itself from such pressure, psychiatry may find it exceedingly difficult to resist those demands," (1981, p. 195). He concludes with this statement:

As America enters a period of social conservatism..., the possibility of such a reversal cannot be dismissed. To diminish the likelihood of such an outcome will take powerful resistance on the part of a well-organized gay community and its psychiatric allies. (1981, p. 195).

It is essential that we work together, rally our allies within the psychiatric profession and urge the leadership of the American Psychiatric Association to once again demonstrate wisdom, insight and the strength to oppose the anti-homosexual beliefs that may still be widely accepted. Fifty years ago anti-Jewish sentiments in Germany that had been tolerated all too long, erupted on Kristallnacht into violent action against German Jews. I believe that unless courageous and responsible persons exercise their right of free speech to protest and oppose the dissemination of anti-homosexual misinformation and hate-mongering, then the lessons of the Nazi holocaust have already been forgotten.

Resident and Medical Student

Subscription to the

Journal of Gay and Lesbian Psychotherapy

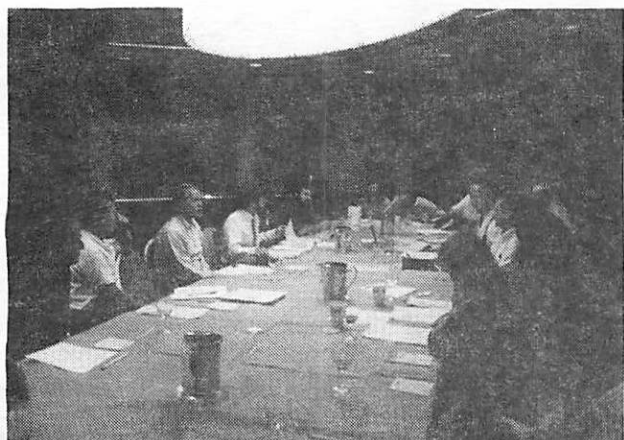
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Send this subscription form with a check for \$15.00 made out to "AGLP" to: AGLP; 1721 Addison Street; Philadelphia, PA 19146-1516.



Fall Planning Meeting held in Washington, DC on 9/10/88

The Fall Planning Meeting

The Executive Committee's Fall Planning Meeting was held in Washington, D.C. on September 10, 1988 attended by over two dozen AGLP members representing every geographic area recognized in the APA district structure. A record number of women attended the meeting as witnessed by the increased focus on women's issues. A similar improvement was noticed for representation of persons of color. Except for the Executive Committee, all of the participants were self selected and voluntary participants. The meeting was divided this year into a general work session followed in the afternoon by division into smaller working groups.

Agenda items included reports on membership, finance, officers, referral lists, *Newsletter*, women's issues, MIT issues, committee affairs, and liaison reports (APA, AAPHR, AMSA, AWP, AMA, & JGLP). The APA committee on AIDS was upgraded to commission status by the APA on Saturday. The budget for 1989 was finalized. Margie Sved, M.D. was nominated for Vice-President for 1989 and a resolution was passed that future officer slates should have at least one woman on them. Other nominations for officers should be sent to Norman Hartstein, M.D.; 851 N. Kings Road, #309; West Hollywood, CA 90069.

A major portion of the meeting was devoted to planning for the Annual Meeting in San Francisco in May. Volunteers in the San Francisco area are still needed to help coordinate meeting arrangements. (Volunteers should contact Norman Hartstein, M.D.). David Kessler, M.D. is chairing a committee to work on the local arrangements. The Pre-Convention (a series of educational workshops and presentations on Saturday preceding the Annual Meeting) is being coordinated by Stephen Atkinson, M.D. Peggy Hackenbruck, M.D. (1732 S.E. Ash; Portland OR 97214; (503) 235-7072) is coordinating scheduling of the Hospitality Suite. A special effort will be made this year to invite partners of members to participate in AGLP activities.

A supplemental Winter Planning Meeting led by Stephen Atkinson, M.D. will take place during the American Group Therapy Association's meeting in San Francisco between February 21 - 25, 1989. Contact Stephen Atkinson, M.D. for details (906-2 Carlton St.; Toronto, Ontario, Canada M5B-1J3; (416) 591-1794).

Announcements

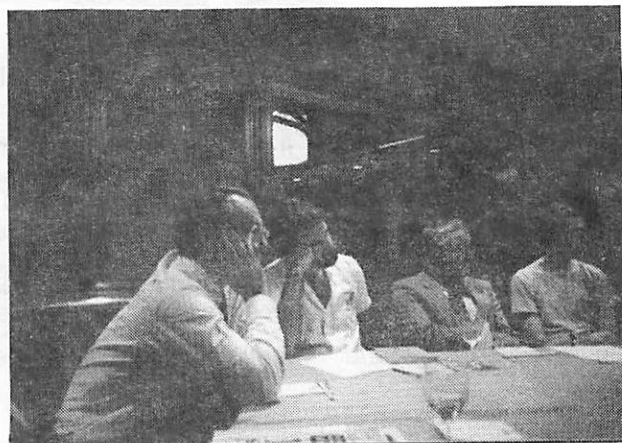
The Chase-Brexton Clinic of Baltimore (a medical clinic serving Baltimore's gay and lesbian community) announces openings for Medical Director and Clinic Director. The medical director should be an internist or other primary care specialist and familiar with STD's and HIV disease. The clinic director should have medical office administrative experience. For more information, contact the Chase-Brexton Clinic at (301) 837-2050.

Armando Frezza of the Medical Support Services, a physician recruitment service, is looking for psychiatrists interested in relocating or who are graduating from residency. For information contact: Armando L. Frezza, Pres.; Medical Support Services; 8806 Balcones Club Drive; Austin, TX 78750 or call (512) 331-4164.

George Washington University will be sponsoring a conference on the Mental Health Aspects of HIV Disease December 9-10, 1988 in Washington, DC. The course director is Jeffrey Akman, M.D. For further information, write to: Daniel E. Richard; Office of CME; George Washington University Medical Center; 2300 K Street, NW; Washington, D.C. 20037. The conference fee is \$200.

Andrew Miller is editing *AIDS Anthology* and is soliciting poems of 1 to 10 pages about AIDS. Manuscripts may be sent to: Andrew Miller, Editor; P.O. Box 25711; Washington, DC 20007 before February 1, 1989. Unpublished manuscripts will be returned if a self addressed stamped envelope is included.

Grant G. Haven (University of Missouri-Columbia School of Medicine) and Jeffrey Stolz (University of North Carolina School of Medicine) received the \$3000 Secretary's Award for Innovations in Health Promotion and Disease Prevention from the U.S. Department of Health and Human Services for their proposal describing an adolescent AIDS education program to be taught by medical students. The two medical students' proposal was given national coverage by the American Medical Student Association.



Herbert Pardes, M.D. (left), President-Elect of the APA, and Paul Fink (second from right), President of the APA, visit the Fall Planning Meeting of AGLP 9/10/88

Locum Tenens: A New Way to Practice Psychiatry

Stephen Short

(EDITOR'S NOTE: Mr. Short works for CompHealth, a locum tenens service, which is interested in recruiting AGLP psychiatrists on the assumption that some members would find locum tenens work suitable to their lifestyle.)

As the demand for psychiatrists has increased over the past decade, a new alternative has evolved to meet staffing shortages. *Locum Tenens* (temporary physician staffing) in psychiatry was pioneered by CompHealth. What started out to be a way to cover for a hospital or group practice short of staff has turned into a new career option for psychiatrists.

Traditionally, a physician's career choice was rather limited, and once a decision was made one was expected to conform to the "accepted" medical role-model stereotype. With the advent of *locum tenens* one is free to practice medicine AND pursue personal interests and lifestyle. The choice is no longer mutually exclusive.

Assignments occur nationwide lasting from as little as two weeks to six months or more. Currently, CompHealth has just over 100 assignments per week from Main to Alaska. "The response we have had has been overwhelming," according to Wanda Dearth of CompHealth. "The clients for whom we provide psychiatrists are extremely pleased. And the doctors love the freedom and flexibility."

The types of practices which use *locum tenens* psychiatrists are as varied as the reasons for using them. Hospitals (both private and nonprofit), community mental health centers, group practices, and occasionally private practices all experience a need for coverage. Vacation, continuing medical education, conferences and illness are some common reasons for using *locum tenens*. However, a major area of demand involves facilities that need coverage while they are actively recruiting.

The Trial Practice Option, or TPO as it is becoming known in the industry, is allowing psychiatrists to try out a multitude of geographic locations and professional settings before making a permanent commitment. As one resident stated, "An interview is an artificial environment and provides very little in the way of useful information." *Locum tenens* allows one to experience first hand the idiosyncrasies of a practice.

The program CompHealth has developed allows psychiatrist to avoid the usual hassles associated with the "business" of medicine. Besides generous compensation (e.g., \$1800 per 40 hour week, more for additional hours or taking call), CompHealth takes care of licensing, malpractice insurance, and travel to and from the assignment. Plus, the psychiatrist is provided with housing and use of an automobile. Psychiatrists who are interested in providing *locum tenens* service full time will find plenty of opportunity at CompHealth and may, if desired, contract for a yearly salary with CompHealth.

Lambda Legal Defense & Education Fund

Lambda Legal Defense and Education Fund, Inc. reports its involvement in a wide variety of cases affecting gay and lesbian patients. Cases include a successful suit against a New York hospital which disclosed a patient's HIV test record to its own employee health clinic, a successful suit against a California drug and alcohol program that discharged all seropositive individuals as a matter of policy, and a successful suit overturning a Georgia court's denial of custody to a lesbian mother. Under AIDS-related discrimination, LLDEF is fighting a Missouri correctional institution's segregation and treatment of HIV positive women, a California hospital's refusal to treat an HIV positive man who asked not to be tested, an insurance company that refused life insurance to a single (but straight) man in New York, a Job Corps policy of discharging all HIV positive people from residential programs, and four state associations representing the effort of surgeons and other physicians to have AIDS and HIV infection declared a "communicable" and "sexually transmissible" disease thereby triggering forcible testing, contact tracing and quarantine statutes. The organization is involved in a number of custody battles including for a lesbian who is seeking visitation rights with the child she had jointly with her lover (who was artificially inseminated). In New York the organization is challenging denial of health insurance benefits to partners of lesbian and gay teachers. In Michigan it has joined a brief attempting to overturn Michigan's sodomy law based on state constitutional grounds. In Virginia LLDEF has appealed a court ruling allowing termination of a worker who was discovered by his employer to be making an appointment for an anonymous HIV antibody test. At Disneyland in California, Lambda is representing two gay couples who were prohibited by security guards from "touch dancing" in Disneyland.

For further information, Contact **Lambda Legal Defense and Education Fund, Inc.** at 666 Broadway; New York, NY 10012; (212) 995-8585.

Hundreds of psychiatrists have found this type of practice to be a great way to combine professional goals with personal interests. One is free to work as much or as little as one likes; some have even chosen *locum tenens* as a career. The key to *locum tenens* is flexibility, and this key is probably the primary reason for its success. It allows psychiatrists to take control of their lives and free themselves of the confines of traditional medical practice.

CompHealth regularly attends psychiatric conferences, and will be exhibiting at the American Psychiatric Association Annual Meeting in San Francisco in May, 1989. For further information, write to: **CompHealth; 155 South 300 West, Suite 300; Salt Lake City, UT 84101** or call (800) 453-3030.

Julius M. Collum, M.D.

1938 - 1958

Julius M. Collum, M.D. of Houston, Texas (formerly of New Orleans, LA and Jackson, MS) died August 24, 1988 after a long illness. Dr. Collum graduated from the University of Mississippi School of Medicine in 1965 and completed his residency in psychiatry and fellowship in child psychiatry at Emory University Hospital. He had served as Clinical Director, New Orleans Mental Health Center; Director, Substance Abuse Unit, New Orleans Adolescent Hospital; and as Psychiatric Service Chief and Director of Adolescent Services, Orchard Creek Hospital, Houston. He was a Fellow of the APA, a member of the American Academy of Child Psychiatry, a member of AGLP, and had been on the Board of Directors for the Mental Health Association of Greater New Orleans.

Survivors include his mother, two sons, and his esteemed companion, Joseph D. Meadows. A memorial service was held for Dr. Collum in Houston at the Bering Memorial United Methodist Church, where he was a member, on Friday, August 26th. A private interment will take place in New Orleans.

Memorials for Dr. Collum should be sent to the American Association of Physicians for Human Rights (AAPHR); 2940 16th Street; San Francisco, CA.

Women Get Together

Cheryl A. Clark, M.D.

The Fall AGLP Planning Meeting in Washington, DC went quite well, especially for the women. For the first time in awhile, several women were present to plan specific events for us in San Francisco.

Plans include:

- Saturday, May 6** Dinner for Lesbian psychiatrists and partners at a local San Francisco restaurant.
- Sunday, May 7** Pre-reception get together for women to meet before going to the annual opening party for AGLP.
- Monday, May 8** Reception at the home of Drs. Nnette Gartrell and Dee Mosbacher.

At least two other events related to women's issues will be planned for the AGLP Hospitality Suite. A more definite schedule will be developed and published early in 1989. Look forward to seeing all of you there!

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

Books of Interest

Norman B. Hartstein, M.D.

While my column this issue highlights some of the negative presentations in publication, I have also recently received several works that promote more positive views of gay men and lesbians.

Betty Berzon, Ph.D. has written *Permanent Partners: Building Gay and Lesbian Relationships That Last* (E.P. Dutton, NY; 1988). This volume is readable, accessible, and practical. It offers encouragement and advice for lesbians and gay men working to establish more enduring relationships and for therapists working to preserve and improve these partnerships.

Kenneth Lewes, Ph.D. has written *The Psychoanalytic Theory of Male Homosexuality* (Simon and Schuster, NY, 1988). This book systematically reviews the psychoanalytic theories of homosexuality. The author is critical of psychoanalytic views when they seem to reflect bigotry that is culturally and historically based rather than psychoanalytic theory and practice.

The volume *Lesbian Psychologies*, edited by the Boston Lesbian Psychological Collective (University of Illinois Press, Urbana & Chicago; 1987), is a remarkable and valuable contribution to the sparse literature on the diverse and complex lesbian experience.

I hope that readers of this newsletter will continue to bring to my attention publications - both negative and positive - relevant to lesbians and gay men. I would like to see reports on books and articles as a regular feature of this newsletter.

AAPHR Position Statement on Federal Funding for AZT

The American Association of Physicians for Human Rights urges the Federal government to continue to provide AZT for people receiving this life prolonging drug through the Federal Supplemental Appropriations Act which last year included \$30 million. Though this was intended for one year only, as an emergency measure, it has proven to assist 5,800 people who otherwise could not afford to pay almost \$8,000 a year for this drug.

The intent and effect of the program has been clearly humanitarian and any other action would at this point be inhumane. We cannot remove hope from people to whom so much hope has been given.

We urge the media and community based organizations to keep this issue in the public as much as possible and we will provide spokespeople to underline the case as needed, on very short notice.

Members-in-Training

Anthony Morino, M.D.

The Executive Committee of AGLP has decided that it would be helpful to have a representative on the Executive Committee who will speak for the issues of trainees. I have taken this responsibility and it is in this capacity that I am writing.

The Fall Planning Meeting of AGLP was held in Washington, DC in September. There was a full day of meetings and discussion of several issues. In the afternoon, the group formed several smaller groups and each one discussed a particular area or issue.

The group discussing education did not focus on one issue but touched on a few. There continues to be interest in identifying training programs which are unfavorable because of homophobia - blatant or subtle - and/or because of unacceptable presentations of the issues of working with gay, lesbian, or bisexual patients. In the latter case, teaching and training may be minimal, nonexistent, or contain information which is outdated or incorrect. AGLP currently is working on a teaching outline to be used as a guide for training programs. The best way to disseminate this guide remains to be determined. In the meantime, AGLP would like to know of any training incidents involving homophobia. How this data can be presented and to what effect are still not clear. If you know of any such incidents, AGLP would like to hear of them. Be as specific as possible.

Recent AMA membership materials list HIV antibody test results and confidentiality, conditions for continuing to work, and training program concerns as issues to be considered by the Resident sub-group of the AMA. The impact and repercussions of these considerations on trainees are important. We need to consider what psychiatry residents can contribute to this discussion. Please write if you have any ideas.

In past years at the Annual Meeting there have been meetings for trainees which were also attended by medical students and psychiatrists interested in training issues. Although the exchange of ideas has been good, there has not always been enough time for trainees to discuss training issues among themselves. The plan for this year is to have two meetings: one for trainees only and one for trainees, medical students, and other interested parties. I would like to hear comments and suggestions about this. Also, if anyone has suggestions about which issues need to be addressed by trainees at the Annual Meeting or what form the trainees' meetings in San Francisco should take, please write to me in care of AGLP (1721 Addison Street; Philadelphia, PA 19146.)

AGLP MEMBERSHIP FORM

Check one:

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 Resident \$25.00 Residency Completion Date: _____
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 Full Member \$75.00 Psychiatrist & Member of the APA
 Newsletter only \$10.00

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Please complete the following information. Enclose this form (with your check made out to "AGLP") and mail to: AGLP; 1721 Addison Street; Philadelphia, PA 19146.

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Do you want to be listed in a non-confidential AGLP directory distributed only to members? ____
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above and list specialty areas below: