

ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

February, 1990

Vol. XVI Number 1

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New York, 1990

Planning and preparations for the Annual Meeting at the American Psychiatric Association Convention in New York from May 12th to May 17th are in high gear. If you have not done so yet, plan to stay with other AGLP members by making reservations at the Hotel Macklowe, a new 52 story hotel and conference center on the site of the landmark Hudson Theater at 145 West 44th Street in Manhattan. Ask to stay in the "AGLP Block" when you call for reservations at (212) 768-4400. AGLP members will receive a rate of \$155.00 double or single. The single rate is the same as that given to the APA. The double rate for the APA, however, is \$175.00. So, if you are sharing a room with a friend, staying in the AGLP Block will give you a break on room costs. Look for schedules and the *New York Gay Guide* with your April Newsletter.

The Referral Directory Is Out

The new *AGLP Referral Directory* is enclosed with this Newsletter. To be listed in the *Directory*, you must be a full or associate member, initialed on your dues notice your willingness to be listed non-confidentially, and listed at least a current office telephone number. Residents who are interested in referrals are listed in the AGLP computer data base but are not listed in the printed *Directory*. To be listed in next year's directory, be sure to fill in all the required information on your dues notice which is included with this issue.

ASSOCIATION OF GAY & LESBIAN PSYCHIATRISTS

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EDITOR'S COLUMN David Scasta, M.D.

Last month in a square in Iran, the heads of five men, gushing blood, rolled onto the ground while three women were pounded with stones until they were no longer moving or breathing. Real - not Hollywood. Their crime? Homosexual behavior. As I watch the dramatic changes in the Eastern Block and watched the fabric of those societies suddenly unravel, I worried about what would happen if our society underwent such an unravelling.

Last year I left Center City Philadelphia for the quiet of the countryside. In the interim the city has transmitted a growing perception that crime is dramatically rising. One of my acquaintances, a newspaper man, described the night as a war zone with an increasing realization that the illusion of control is fading. Drugs play a prominent role in this assault on a civilized existence. Life is becoming devalued. As a psychiatrist, I see, however, the real impact - the destruction of future generations. Addicts and dealers have not stopped having children. In fact drug induced errors in judgment have resulted in many having child after child with no means of providing any semblance of a stable, caring supportive environment for children to develop normally. These children from all ethnic and racial groups are doomed from the start. Raised by economically and psychologically distressed young women with few examples of responsible male authority figures, the rate of violence, at least among young men, is likely to increase in coming years.

My newspaper friend remarked that the tension in the city could not go on. "Something is going to give." While he may be an alarmist in the short term; in the long term, he may not. We already have lost a major portion of a generation to a litany of personality and addictive disorders - a generation which will not be able to effectively raise their children, submit to the regimentation of jobs, or treat other people with compassion and responsibility. Something will have to give - if not today, someday.

The result could be the appearance of a rigid, puritanical society which demands stringent controls on sexuality and its expression. Sexuality outside of a traditional marriage could become the ultimate taboo in an attempt to protect future generations. In such a rigid society, gays and lesbians will only be hurt. Gays and lesbians in Iran

have no chance. They must remain closeted if they want to survive. And, in remaining closeted, their numbers are so invisible that they are no threat. They can be easily controlled, intimidated - and beheaded. Speaking for myself, I believe our only protection from a similar fate is a vocal, active, aggressive - and visible - gay and lesbian population. There is safety in numbers. If the public real knew - I mean really, truly understood - how many of their sons and daughters, mothers and fathers, fellow employees and colleagues, ministers and doctors, plumbers and secretaries, etc. are gay or lesbian, they would never perpetrate the kind of discriminatory laws and attitudes that we currently see. And, no one would dare risking the consequences of lopping off a few heads.

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

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 Psychiatrists, and do not imply sexual orientation.

Information for Authors

Persons wishing to submit articles for publication should send them to: Editor, *Newsletter of AGLP*; 1439 Pineville Rd.; New Hope, PA 19146. Submissions should be clearly readable. Submissions on electronic media (5.25 or 3.5 inch floppy disks) in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which word processing program was used. Submissions become the property of AGLP

and 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 article 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..... Peggy Hanley-Hackenbruck, M.D.
Vice-President..... Majorie Sved, M.D.
Secretary..... Phillip W. Cushman, M.D.
Treasurer..... Larry M. Prater, M.D.
Past President..... Norman B. Hartstein, M.D.

President's Column

Peggy Hanley-Hackenbruck, M.D.

I usually try to avoid using anything which has become cliché or a fad. Cliches and fads bring out my independent and still rebellious adolescent streak. To my chagrin, I find myself "looking ahead to the 1990s" and reflecting again on where we've been and where we are going. Honoring the past presidents of our group at the awards luncheon last may stirred up thoughts about where we are developmentally as a group and what has been our process to this time. We have grown in a number of ways, including size and diversity of activities. The needs of the membership have changed over the now nearly twelve years of our formal existence, and we have, I think, been quite successful in responding to changing needs. I would like to make this an explicit time of reassessing where we are; what the needs of the membership, our patients, and profession are; and what changes are called for at this time. I am going to suggest my own ideas and invite, no **urge**, members and interested others to respond.

As with most organizations, AGLP and its preceding manifestations have been powered by a relatively small portion of the membership. I think those of us who have been active have done, and continue to do, a good job. There has been a thrust for years to have **more people actively involved**. But this has been difficult to accomplish. And this is the direction which I would like to see our organization moving.

In the speeches of our past presidents at the Awards Banquet, we were given a composite picture of our development and the needs and structures and activities developed to meet them. We have progressed from a few people who took the great risk of openly identifying themselves as "homosexual psychiatrists" initially to each other only and, eventually, to others. From those tentative beginnings have emerged an organized, visible, potent, and highly active large organization with official APA recognition and acknowledged impact on the profession of psychiatry, as well as the individual lives of psychiatrists (gay, lesbian and straight), and patients (at least).

So, where do we go from here? We've made large strides in structure, formal recognition and influence. But we all know that ignorance, stigma, and discrimination continue to plague us, our colleagues, friends, and patients. I believe that at this point we need a more active membership to address the complex and ubiquitous issues and ongoing prejudices. And, I believe that AGLP needs to be more responsive to the felt and expressed needs of its memberships. However, we cannot respond if we do not know the needs; so they do have to be expressed. We are already moving in this direction. The all day educational program of AGLP for our membership is one approach to addressing and identifying current needs. The Fall Planning Meeting is another excellent forum, as well as opportunity, for getting involved. The recent mailing you received from me concerning the AMA resolution on sexual orientation was the result of a member contacting me with

the information and asking about what could be done. Quite a few members have taken local action or written letters in response to learning about the AMA situation. I want to thank each of you who took some action and stress that this is what I think is our direction for the future.

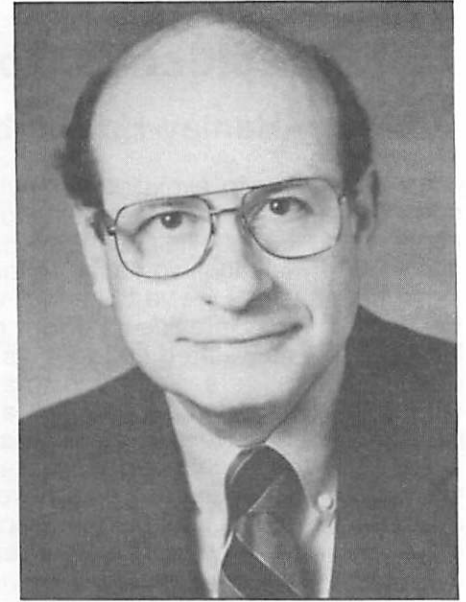
We could do more and have more impact on issues like this when we are all willing to take action in whatever ways we can. The realities of discrimination still inhibit the actions of many of our members. However, important actions can be taken, even if the member needs to remain anonymous. In rereading the AGLP Bylaws recently, it occurred to me that the Executive Committee has been functioning with less participation than the Bylaws allow and that a Bylaws change may be in order to broaden participation in the Executive Committee. The Executive Committee has been the "work group" of our organization, by and large. I would like to have its membership expanded to include the following:

1. Regional representatives - which are currently mandated by the Bylaws but have not been implemented for years. Local groups around the country would need to activate themselves and select a representative. I think this is possible now in a way it has not been except for the larger cities such as New York, Los Angeles or San Francisco. In Portland, we have recently discovered that there are about 15 of us and we have begun to meet together.
2. I would like to revitalize the committees of AGLP. We now have committees of women, MIT's, and medical students. The By-Laws call for Issues and Education Committees, but these have not been active in recent years.
3. I would like the membership to consider a change in the By-Laws to add committee chairpeople to the Executive Committee. I think that this would enhance the work of the committees.
4. At the last AGLP Business Meeting, membership shared what they individually or in groups were doing around the country. It was moving, empowering, and exciting. I am proposing to highlight these local activities, beginning in the next Newsletter, with column called, "Around the Country," for local groups or individual members to feature their activities. There are exciting things happening.

Finally, I want to request that you write to me with your ideas, needs, and suggestions for where we should be going in the 1990s. They are essential if we are going to be a member-responsive group. Along with knowing your needs, I encourage you to make a commitment to some action, personally, locally or with AGLP. The work has been gratifying for me and others and the progress is obvious, but there is always more to do.



Candidates
President-Elect
American Psychiatric
Association



Lawrence Hartmann, M.D.

The American Psychoanalytic Association has consistently held to the concept of homosexuality as a symptom of pathological development and a proper subject for psychoanalytic intervention as well as an argument for exclusion from psychoanalytic certification. What are your observations and thoughts.

There has been an unjustified and influential psychoanalytic assumption in the mid-20th century that homosexuality is fairly major pathology, and a wide *de facto* ban against homosexuals as psychoanalysts. Those positions have been less than scientific and less than wise. They may be changing. They should change. I will continue to try to help them change.

These positions probably have been bad for psychoanalysis; bad for understanding and reducing mental illness and fostering mental health; bad for understanding the fascinating complexity of sexuality and development.

I have had discussions with leading analysts on these subjects for about 40 years. I was pleased one dean of world psychoanalysis, Jeanne Lampl-de-Croot, at age 90, recently firmly agreed with my position and disagreed with most psychoanalytic institutes.

The position of a few unorthodox analysts, such as Marmor, Stoller, and now Isay, seem to me valuable: relatively modest and careful about etiology and pathology, and relatively able to incorporate not just psychoanalytic data but also important data from the many relevant fields beyond the couch. But organized and orthodox psychoanalysis has been more stuck than organized psychiatry about homosexuality; and less careful, agnostic and willing to learn than Freud was in his letter to Jones many decades ago. Jones wanted to ban a homosexual psychoanalytic candidate; Freud said no, judge him on his other qualities.

As a candidate let me add that I have contributed to

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Alan I. Levenson, M.D.

The American Psychoanalytic Association has consistently held to the concept of homosexuality as a symptom of pathological development and a proper subject for psychoanalytic intervention as well as an argument for exclusion from psychoanalytic certification. What are your observations and thoughts.

I very strongly support the position of the American Psychiatric Association that homosexuality is not a symptom of pathology and opposing anti-homosexual discrimination of any kind. What is more, I believe that it is critically important that the APA do everything in its power to promote and gain full acceptance for its positions regarding homosexuality throughout all segments of our field.

With regard to the view presented by the American Psychoanalytic Association that homosexuality is evidence of pathological development, the APA will have one opportunity to promote its contrary position during the process of developing *DSM-IV*. The APA must also continue to take a very strong stand against the use of homosexuality as a criterion for exclusion from any type of psychiatric or psychiatrically related training program. This latter task involves working not only with the American Psychoanalytic Association but also with the directors of residency training programs and the directors of the many subspecialty fellowship programs that are now offered in our field.

If you are elected, what role would the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexual-Identified Psychiatrists play during your term of office.

In order for the APA to be effective, consultation and input must be actively sought from all constituency groups within the field of psychiatry. What is more, this consulta-

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Candidates

Vice-President

American Psychiatric Association



Judith H. Gold, M.D.

The American Psychoanalytic Association has consistently held to the concept of homosexuality as a symptom of pathological development and a proper subject for psychoanalytic intervention as well as an argument for exclusion from psychoanalytic certification. What are your observations and thoughts.

As a psychotherapist in private practice I am aware that there is a wide range of sexual behaviours in the "normal" population. Sexual preference should lead to treatment only when an individual experiences related symptoms and requests treatment of these complaints. I do not believe that homosexuality is pathological. All psychiatrists must be aware of their own sexual feelings, beliefs and prejudices and ensure to the best of their ability that these do not interfere with their therapeutic work or the training of others.

If you are elected, what role would the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexual-Identified Psychiatrists play during your term of office.

I would welcome any comments, advice and participation in any matters which concern the membership of APA from all members. I would actively seek input from the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexual-Identified Psychiatrists on all relevant topics, and would expect to be approached and kept informed by them of their concerns. The APA has a strong tradition of responding to members' needs which I would continue if elected. Further, if invited to any of their meetings I would make every effort to attend.

John S. McIntyre, M.D.

The American Psychoanalytic Association has consistently held to the concept of homosexuality as a symptom of pathological development and a proper subject for psychoanalytic intervention as well as an argument for exclusion from psychoanalytic certification. What are your observations and thoughts.

Over the past two decades there has been an increasing consensus in American psychiatry that homosexuality is not a symptom of pathological development. This consensus has been reflected in our diagnostic classification and certainly permeates the official actions of the American Psychiatric Association. All sexuality, homosexual and heterosexual, may or may not be a proper subject for psychoanalytic intervention depending on the individual being analyzed and problems identified. Sexual orientation as a criteria for inclusion or exclusion from any type of professional certification is inappropriate (and in my opinion should be illegal). Psychiatrists, as well as our patients, suffer discrimination in a variety of ways. We should not add to that burden by criticizing or restricting each other for any reason other than professional competency and ethical behaviors. During the 10 years I have served on the APA Membership Committee, including 5 years as Chair, (as well as in other APA positions) I have attempted to be responsive to input from all of our members. One of the major strength of our Association is its capacity to listen to and respond to the diverse needs of our membership and if elected I will work to increase that capacity.

If you are elected, what role would the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexual-Identified Psychiatrists play during your term of office.

The Association of Gay and Lesbian Psychiatrists and

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what I think is some climate of change, and a gradually increasing acceptance of healthy homosexuality - e.g., by my central role in preparing the APA and getting us to get "homosexuality" out of our Diagnostic Manuals; by fighting discrimination and prejudice in countless public ways; by helping foster good structures and people in the APA to work on these issues (It wasn't easy to establish CHIP in the Assembly, or even a Committee on Gay, Lesbian, and Bisexual Issues (CGLBI), but it was successful and has been very helpful); by pushing the effort in the AMA to ban anti-gay discrimination; by pushing the (not yet quite solid) ejection of "homosexuality" from the international diagnostic manual, *ICD-10*.

If you doubt my long standing energy in these areas, please ask any leaders of AGLP or CHIP.

If you are elected, what role would the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexual-Identified Psychiatrists play during your term of office.

Concerning AGLP and CHIP: they are excellent. I have been to several meetings and have learned about and discussed many sexy and unsexy APA matters with the leaders and members of the Caucus and the Association.

Both structures are valuable in many ways - e.g., as places for discussion, focus, sharing, interchange, and development of ideas, support, alliances, pressure and action. (APA actions on AIDS have been one obvious place where AGLP and Caucus contributions have been timely, lively and powerful). Both also serve as sources of ideas and good people for the APA CGLBI and for the CHIP representatives; and for all other APA components. There is a lot of work to do. I hope and expect that AGLP and CHIP will go on with energy, alertness, and helpfulness. If elected, I will be eager to help promote AGLP and CHIP agendas even more.

AGLP Membership

	12/89	1/90	12/90	1/89
Full	213	215	220	198
Residents	64	56	65	52
Medical Students	29	39	54	36
Associate Members	9	12	13	9
Membership	325	322	352	295
Newsletter	28	32	31	27
Exempt	26	31	31	27
Circulation	279	385	414	349

Levenson cont. from page 4

tion and input must address all issues that are of relevance to each of the constituency groups. Clearly, gay and lesbian psychiatrist represent one of the important constituency groups, and consultation and involvement are vital.

As a practical matter, this means that gay and lesbian psychiatrists must play an active role in the operation of all aspects of the APA and its many components and programs. Gay and lesbian psychiatrist have important contribution to make not only in connection with issues relating to homosexuality but also (and equally) in connection with all other aspects of APA affairs and all other aspects of psychiatry.

A clear example of an APA activity that needs the input and involvement of gay and lesbian psychiatrists is the life and health insurance program. This is a program that has specific importance for the APA members who participate, for it is through the program that they obtain their insurance. In addition, this insurance program has wider significance since it can serve as a very important model for the insurance industry in general. It is now very clearly time for the APA to address the matter of recognizing gay couples and families as being eligible for coverage under these APA sponsored health and life insurance policies.

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the Caucus of Homosexual-Identified Psychiatrists have been very helpful to the American Psychiatric Association by effectively representing a significant group of APA members. The Caucus has been very well represented in the Assembly by its delegates who have been central to the Assembly's deliberations at all levels including on the Executive Committee. In my role as officer of the Assembly over the past 4 years, I have been fully supportive of the activities of all the minority representatives. In my Speaker-Elect and Speaker's Reports to the membership (*A J Psychiatry* (1988). 145: 1344-6; *A J Psychiatry* (1989). 146: 1379-81) I noted that over the past decade there has been substantial benefit from having minority/under-represented groups represented in the Assembly. I was especially pleased that during my term as Speaker, the Assembly acted to strengthen the position of the representatives of these caucuses. If elected, I would continue to look to the AGLP and CHIP as well as to the Council on National Affairs and its Committee on Gay, Lesbian and Bisexual Issues for input and advice on issues before the APA. In the 3 years that I have served on the Joint Reference Committee, one year as Vice-Chair, I have become very well acquainted with the work of all the Councils (including the Council on National Affairs) since all of the Councils report directly to the JRC. In whatever capacity I serve in the APA in the years ahead, I will continue to try to be responsive to all of our members and to make sure that the full range of views of the membership is adequately represented and carefully considered. Our "bottom line" goal will continue to be high quality care for all of our patients.

MINUTES OF THE FALL MEETING OF THE ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

Saturday, 16 September 1989
J. W. Marriott Hotel
Washington, DC

The meeting was called to order at 10:10 AM by President Hanley-Hackenbruck with Executive Committee members Phillip Cushman, M.D., Norman Hartstein, M.D., Nobbi Lampe, M.D. (Member-in-training), Larry Prater, M.D., David Scasta, M.D., and Margie Sved, M.D. all in attendance.

President Hanley-Hackenbruck made introductory welcoming remarks and announced that a number of guests would be dropping by to visit during the course of the meeting.

APPROVAL OF MINUTES In response to a call for acceptance of the Minutes from the Spring General Meetings, the Secretary noted that the names of members Robert Kertzner, M.D. and Gerald Dabbs, M.D. had been spelled incorrectly in the version of the Minutes published in the AGLP Newsletter although corrections had been made in the final copy sent to Executive Committee members. Jeff Akman, M.D. pointed out errors as well in the description of his elected offices in the Washington, D.C. area. He clarified his position as being President-Elect of the D.C. Chapter of the Washington, D.C. Psychiatric Society and President-Elect of the D.C. Medical Society, Psychiatry Section. (The Secretary regrets those errors). A motion was then made to accept the Minutes of the AGLP Spring General Meeting published in the Newsletter with corrections. That motion was seconded and approved by the membership.

TREASURER'S REPORT Treasurer Larry Prater, M.D. passed out a summary sheet and noted that AGLP will not be able to save any money this year due to increased expenses of the Annual Meeting. Medical Student Bob Bright thanked the membership for collecting additional money for student travel to the San Francisco meeting. David Scasta, M.D. noted that over \$1,000 was contributed to that special fund. President Hanley-Hackenbruck discussed budget planning. She commented on the great expense of the Closing Reception in San Francisco and suggested that we might consider ways of decreasing the cost of subsequent such meetings. Some examples were mentioned: sell tickets to the closing meeting as we do for the Award Banquet, have it in someone's home, perhaps let non-members pay more than members etc. Ron Winchell, M.D. has agreed to be in charge of the local planning for New York and he has said that Robert Campbell, M.D. has offered the use of his home for our Closing Reception. Stu Nichols, M.D. indicated that he felt we must still seek additional ways of decreasing costs. He suggested we consider having a cash bar. Marshall Forstein, M.D. said that a private home can be almost too cramped for conversation. We should not do anything that is going to significantly inhibit attendance but perhaps a cash bar would work.

VISIT BY DRs. HARTMANN, PARDES AND ROBINOWITZ The meeting was interrupted to introduce Larry Hartmann, M.D. who currently is Vice-President of the American Psychiatric Association and is candidate for President-Elect of the APA. Dr. Hartmann noted that he has hundreds of issues important to him including gay issues; he and AGLP may differ in how high on the APA priority list we feel gay issues should be. Richard Isay, M.D. expressed appreciation on behalf of AGLP for Dr. Hartmann's efforts. Dr. Hartmann went on to describe some of his priorities if he is elected. They include Private Practice; Women, children and other minorities; trying to integrate psychiatry and not have it fall apart between biological, psychoanalytic and social psychiatry; concern about the climate of regulation around psychiatry; and research and training. Dr. Hartmann considers himself more of a social issues person. Several members expressed their various concerns to Dr. Hartmann who responded with his views. As Dr. Hartmann was concluding his remarks, Herbert Pardes, M.D. entered the room. Dr. Hartmann introduced APA President Pardes to the members and President Hanley-Hackenbruck welcomed him on behalf of AGLP. President Pardes responded to some of the questions being asked as he entered the room and acknowledged the cumbersome bureaucracy of the APA. Commenting on ways to influence residency training programs, Dr. Pardes suggested that AGLP take its concerns to the Residency Directors Association. Dr. Isay questioned the reasons for the American Psychiatric Association failing to participate where it should be heard in Amicus Briefs and Dr. Pardes advised us to consult with Joel Klein, the APA forensic consultant, in advance of the issue. He suggested that we might even touch base with Mr. Klein on a regular basis to discuss matters of interest and to determine the status of particular cases. Several members then discussed discrimination by the military against gays and lesbians with Dr. Pardes who listened but indicated that he would want to hear the rationale from the other side before taking a more specific position. Carolyn Robinowitz, M.D., Deputy Medical Director of the APA, had entered while Dr. Pardes was speaking and she was introduced by President Hanley-Hackenbruck. She clarified the situation regarding military hiring practices saying that the legal opinion seemed to be that it was beyond the ability of the APA to investigate "hiring practices" of another organization but that we could deal with what the organization did "at the exhibit." The APA will need documentation of discrimination at the exhibit in order to take action. Jim Krajewski, M.D. read the APA Policy Statement which says the exhibitor's policy is "not to discriminate in recruitment or employment on the basis of gender, race, religion, or sexual orientation" and which must be agreed to and signed by all exhibitors. The Statement has received approval and implementation will be discussed at the Committee Meetings going on this week. Larry Miller, M.D. questioned regarding homosexuality discrimination in Security Clearance matters and was advised to bring that matter to the attention of Paul Applebaum, M.D. and the APA Commission on Judicial Action. Donna Orvin, M.D. asked about the status of domestic partners insurance coverage. Marshall Forstein, M.D. commented that some gay psychiatrists might be unwilling to have an insurance company know that they are in a particular category now that AIDS is bringing insurance discrimination. Dr. Robinowitz suggested that the APA Committee on Member Benefits could be helpful. (Perhaps it would work out better for CHIP to contact the Committee as another APA component since AGLP is an outside group.) Dr. Robinowitz commented on how much more receptive the APA is to gay members compared to other specialties in great part due to the activity of gay psychiatrists within the organization and the existence of AGLP. President Pardes suggested that it might be helpful if there were more than one gay specialty group. Jeff Akman, M.D. thanked President Pardes for his earlier column in the APA Psychiatric News discussing attitudes towards HIV. Then Dr. Pardes had to leave. Dr. Robinowitz remained to discuss her role as Deputy Medical Director of the APA. Norman Hartstein, M.D. mentioned the need for more education of the APA membership on issues relating to homosexuality and some of the issues that lesbians and gay men confront on a daily basis. Dr. Robinowitz indicated that perhaps our members could get their own District Branches more involved in some of the issues important to us with that becoming an educational process. She also thought AGLP members should be aware of several specific issues of importance within the APA and she mentioned quality assurance, standards of care and ethics matters in particular. In response to a question about minorities gaining observer status on the Board of Trustees, she suggested that the Council on National Affairs would be a place to start bureaucratically. President Hanley-Hackenbruck thanked Dr. Robinowitz who welcomed our contacting her for help when needed before she had to leave.

Discussion of the guest visits and ways for our membership to influence the APA followed a brief break. Marshall Forstein, M.D. urged that we not allow the APA to drop the issue of domestic partners and insurance even if it requires the APA changing to a more expensive insurance company. Several others echoed his feelings.

RETURN TO TREASURER'S REPORT Dr. Hartstein commented on our need to increase revenues. Perhaps we need to put more effort into keeping members from being dropped from our rolls. Robert Kertzner, M.D. suggested that perhaps someone should say a few words at the Closing Reception about the benefits of AGLP membership. Several members spoke for graduated charges depend-ing on dues status etc. for activities sponsored by AGLP (and Dr. Sved reminded that she has agreed to sit at the door to collect the money).

MEMBERSHIP REPORT President Hanley-Hackenbruck announced that she had reactivated the Membership Committee by appointing member-in-training and medical student representatives as well as a representative from the women on the Committee. Anyone else interested in serving should contact her. David Scasta, M.D. reported on membership statistics as of early September 1989.

Table with 2 columns: Category and Count. Rows include Total Members (345), Full Members (215), Residents (.63), Med Students (.51), and Associates (.15).

We now have over 70 women members compared to 20 or 30 a couple of years ago. Dr. Scasta indicated that the cost of the Newsletter is probably not covered by the current Newsletter-only subscription cost. There was then a motion which was seconded and approved "to increase the Newsletter subscription cost to \$15 per year beginning in 1990." Dr. Scasta passed out a rough draft of a new AGLP membership directory. The directory is not to be shared and is not guaranteed to be confidential but is for the use of AGLP members and includes only members who have checked-off their desire to be included. Discussion ensued on how best to distribute the directory, e.g. Dr. Scasta to copy and staple or send out to professional printer to create a book. The motion was made, seconded and passed "to print the Directory as a booklet."

DISCUSSION OF POTENTIAL AGLP OFFICERS Several names were mentioned for the various AGLP offices as follows:

President-Elect	Richard Isay, M.D. and Marshall Forstein, M.D.
Vice-President	Richard Isay, M.D. and Margie Sved, M.D.
Secretary	Margie Sved, M.D. and Shelly Klinger, M.D.
Treasurer	Larry Prater, M.D.

The Executive Committee will take these names under consideration and will come up with a Slate of Officers from the suggestions.

President Hanley-Hackenbruck mentioned her desire to increase participation in AGLP by increasing the number of Committees and revising the ByLaws to include Committee Chairs in the Executive Committee.

RECENT ARTICLE IN PSYCHIATRIC NEWS Richard Isay, M.D. spoke about the recent (21 July 1989) article in the APA Psychiatric News discussing his efforts to gain non-discrimination toward persons with AIDS and homosexuals including homosexuals seeking admission to psychoanalytic institutes. Letters to the Editor of the APA Psychiatric News would be helpful with copies to Homer Curtis, M.D., President of the American Psychoanalytic Association. Dr. Isay also indicated that letters from medical students and residents would be most useful. Since a number of members committed to writing such letters, no mailing was considered necessary to request letters from the larger membership. Margie Sved, M.D. suggested that our members also might be prepared to respond with letters to Psychiatric News in response to other letters that appear regarding Dr. Isay's article.

JOURNAL OF GAY AND LESBIAN PSYCHOTHERAPY David Scasta, M.D., Editor, reported that the Journal is behind schedule due to his recent move. JGLP already is the largest journal on gay and lesbian psychotherapy issues. Dr. Scasta felt it was doing very well. It is being published in several countries and has a circulation of about 1,100. Because of the AGLP involvement we receive an advertisement in each issue. Dr. Scasta feels the \$3,500 expense is worthwhile and we should consider continuing it. That decision will need to be made by the Annual Meeting in May. The Journal needs articles. There is an agreement with the Journal of Homosexuality to send any articles dealing with psychotherapy issues to JGLP. Dr. Isay commented that authors often want to publish in journals that are known to be both refereed and also of recognized high quality with largest circulation and that may cause JGLP to lose some appropriate articles. Subscription is \$26/year for individuals. Full dues-paying AGLP members receive the Journal as a benefit and residents and students who pay reduced dues can receive the Journal through AGLP for our \$15 cost. Ways were discussed to increase subscriptions. Very few hospital libraries have subscribed.

REPORT FROM WOMENS' BREAKFAST The women attending this fall's AGLP meeting met over breakfast this morning. Margie Sved, M.D. reported that she has a list of women desiring more information about AGLP but so far unwilling to join. She is continuing to try to gain memberships. An ongoing constitutional Committee on Women is needed within AGLP. Discussion ensued on how to balance AGLP lesbian activities with those of the Association of Women Psychiatrists. Prior to the 1990 Annual Meeting some announcement will go out to all identifiable women within the APA covering activities of both AGLP lesbian psychiatrists and the Association of Women Psychiatrists. Hopefully this information will reach appropriate potential members. President Hanley-Hackenbruck announced that she will create a Committee on Women within AGLP and will appoint Dr. Sved as Chairperson.

MISCELLANEOUS ISSUES Dr. Sved went on to describe Abortion Rights as the biggest issue that affects all women as well as all gay and lesbian people. If women lose that right, it will amount to an assault on the privacy rights of all of us. It will come up in every state in some way. Both President Hanley-Hackenbruck and Terry Stein, M.D. suggested some action on the part of AGLP. Debbie Carter, M.D. mentioned the coming November March for abortion rights and an action item from the Committee on Women of which she is a member. The APA Council has approved a contribution to the March. There was a motion which was seconded and passed unanimously "that AGLP go on record in support of the APA Committee on Women action item to the Board of Trustees concerning reproductive choice and doctor-patient privacy." In addition, President Hanley-Hackenbruck will write APA President Pardes supporting the APA position. Norman Hartstein, M.D. pointed out that we need to be sure that the Newsletter of Women Psychiatrists receive a news release on the election of Peggy Hanley-Hackenbruck, M.D. to President and Margie Sved, M.D. to Vice-President of AGLP.

Stu Nichols, M.D. commented that the APA AIDS Commission is becoming more bureaucratic. We should not expect the Commission to do everything that needs to be done for AIDS. He spoke of a further need for various committees to work together with the AIDS Commission to achieve results.

Margie Sved, M.D. discussed some of the reasons for some lesbians not being supportive of AGLP.

President Hanley-Hackenbruck expressed the hope that AGLP can emphasize the importance which we attach to reproductive rights. In conjunction with that hope, there was a motion "that AGLP contribute \$200 to the November 12, 1989 Mobilization for Choice March on Washington and that we encourage individual members to contribute as well." That motion was quickly seconded and passed.

Treasurer Larry Prater, M.D. reminded members that he still had not received payment from all who had attended the dinner the previous evening.

The meeting broke to reconvene after lunch at 1:45 PM.

President Hanley-Hackenbruck called the meeting back to order at 2:15 PM. She called on Ron Winchell, M.D. who has agreed to head the Local Arrangements Committee for the Spring Annual Meeting in New York.

NEW YORK MEETING PLANS Ron Winchell, M.D. reported that plans are underway and the Committee is considering facilities for an Opening Reception, a hospitality suite, and a Closing Reception. Ann Campbell, M.D. will be coordinating Womens' Activities. The Committee has looked at a number of hotels. Hospitality Suites generally run \$300-600 per day in New York and rooms run \$150-180. A new hotel, Hotel Macklowe, is expected to open in early Spring of 1990 one block from the APA Headquarters Hotel, the Marriott Marquis. Since the Macklowe will have recently opened, they are willing to offer special price incentives. Courses are expected to be at the Hilton.

Various alternatives were discussed for the Opening Reception. Stu Nichols, M.D. suggested that the Gay Community Center Meeting Room might be an alternative. Leonard Rubin, M.D. felt that room is too hot with even 200 attending a function. David Scasta, M.D. felt the Opening Reception should be centrally located for the benefit of APA Officers and other dignitaries who would be invited. There seemed to be a consensus that accessibility should be a priority. Bob Cabaj, M.D. urged keeping the Opening Reception at an APA Hotel if the price is reasonably close to alternatives. A number of others concurred that the Opening Reception should be at or near an APA Hotel and that accessibility is very important.

Norman Hartstein, M.D. pointed out that someone needs to physically see the hospitality suite to assure that the space is actually useable with no large unmoveable furniture etc. Otherwise we may end up with a large but useless room.

Ann Campbell, M.D. discussed planned Womens' activities. There will be a dinner for lesbian psychiatrists probably Saturday night and probably at a restaurant. Cost will be a considered factor and there may be some subsidy for those who could not otherwise afford to go to a nice restaurant. There will be a Reception for women at Dr. Ann Campbell's home and they will need financial assistance for that. Dr. Rubin suggested that some subsidy might be available from the New York Physicians for Human Rights chapter Womens' Committee. President Hanley-Hackenbruck mentioned that some at the San Francisco meeting had suggested the need for a women's activity later in the week.

Returning to the question of whether to take a chance with a new Hotel which might not be open in time, Dr. Hartstein suggested one alternative might be to book rooms through the APA as well and then cancel if the Macklowe is clearly going to be open.

VISIT BY DR. LEVENSON Alan Levenson, M.D. who is a candidate for APA President-Elect dropped in to visit and was introduced by President Hanley-Hackenbruck. He discussed several areas which he feels the APA has not yet addressed adequately. He supports the banning of advertising and recruiting by groups that discriminate even if finances are a consideration. Other "burning issues" include improving reimbursement in various areas while also improving accessibility to care and the position of psychiatry in relation to the public at large (who we are, what we can do, and how well we can do it). Dealing with those areas will also get us into other issues as well. Marshall Forstein, M.D. mentioned the issue of domestic partners insurance and Dr. Levenson discussed that issue pointing out his involvement in insurance decisions. He pledged to look further into the matter. Dr. Forstein urged that the APA adopt a philosophy of not sponsoring any insurance that does not support inclusion of gay/lesbian partners. Larry Miller, M.D. asked about the APA bringing a greater influence into the Residency Training Programs and Dr. Levenson agreed but is concerned about how to do that effectively. Jeff Akman, M.D. pointed out the need for accessibility to care by those patients who are HIV+ and those who have addictions. The APA needs to be heard on those matters. Dr. Levenson discussed some of his feelings regarding the APA taking a stronger stand on both addictions and HIV illness. Ron Winchell, M.D. questioned Dr. Levenson's opinion of the National Survey on Sexual Attitudes which Congress had recently been attacking. Dr. Levenson feels the APA should support the survey. Following thanks for his visiting with us, Dr. Levenson went on to other

appointments.

RETURN TO NEW YORK PLANS Robert Campbell, M.D. has given a firm offer for the use of his home for the AGLP Closing Reception but details have not been worked out. We should plan for at least 300 attending. Margie Sved, M.D. noted that someone offering their home for a reception might not be comfortable with a charge being made. President Hanley-Hackenbruck asked the Local Arrangements Committee to look into finding some source of contributions to help fund the Closing Reception and to consider charging for some items etc. in accordance with discussion so far.

Dr. Winchell went on to describe some of the other areas being looked at by his Committee. They are working on a booklet. Significant others in New York are working on plans. For the Memorial Service they are looking for a site with a larger room that is not designated "religious" but that has a warm, comfort-able atmosphere. Several names were mentioned as people who could help in the planning. There will again be a Support Meeting for those psychiatrists who are HIV+ and the New York group may be invited to participate as well. Norman Hartstein, M.D. pointed out that the Award Luncheon is usually at some site close to the Courses to facilitate attendance but that is negotiable. Several suggested that more of a pitch be made during the Opening Reception to encourage memberships but others felt the Opening Reception was not the appropriate time for that. Donna Orvin, M.D. suggested that the Committee try to arrange to have non-alcoholic drinks available at some price less than that of alcoholic drinks. Dr. Hartstein pointed out that at some sites such prices are not negotiable.

There was discussion of having a Booth in the Exhibit Area versus having an Information Table similar to that which we had in San Francisco. The members generally favored having an Information Table.

President Hanley-Hackenbruck has proposed names of three potential speakers for the APA lectures: Daniel Yates Rist, Merlin Stone, and Carter Heywood. We should be collecting names now for speakers to propose for New Orleans and those names should be presented immediately after the Annual Meeting. Larry Prater, M.D. urged that AGLP try to get some of the speakers available in New York for our own activities.

There was a suggestion that students might help staff the local hospitality suite as a repayment of sorts for AGLP helping them with travel expenses to the meeting. The Hospitality Suite would be open Saturday to Thursday.

Plans for our traditional Saturday education day were discussed. Several topics were mentioned for consideration including minorities within a minority, recovering psychiatrists, gay and lesbian parents etc. Robin Dea, M.D. requested some education on helping patients deal with AIDS while our friends are dying around us. This could be done in the Hospitality Suite. "Bridging the Gap--Diversity Among Gay Men and Lesbians" was eventually favored as the theme for the Saturday education day. A Committee coordinated by Marshall Forstein, M.D. (Coordinator) with Margie Sved, M.D., Gene Nakagima, M.D., Larry Miller, M.D., Steve Atkinson, M.D., and Debbie Carter, M.D. will follow up to complete plans for the Saturday program. Dr. Forstein suggested having small group discussions getting into frank discussion of sexuality. Dr. Scasta thinks men have trouble with intimacy and women have trouble with eroticism. Dr. Atkinson spoke of the difficulty he had talking about relationships during our last educational program. Each of the other Minority Committees should be notified of our educational day.

For the Wednesday Awards Luncheon we must decide whom to honor. The honoree should be a major contributor to psychiatry and homosexuality. Stu Nichols, M.D. thought we might be able to honor someone who was not able to attend, having another person speak. Evelyn Hooker, PhD. was the first choice of those attending. There was a consensus that, if Dr. Hooker cannot attend, the speaker should be someone who knows her and her work well. Perhaps a portion of a video showing Dr. Hooker would be possible. If problems develop in honoring the first choice, simply leave the selection to the Executive Committee.

REPORT FROM AIDS COMMISSION Stu Nichols, M.D., Chairperson of the APA AIDS Commission, reported that they are establishing an active AIDS liaison with the rest of the APA. The Commission's number one priority will be "manpower" since too few psychiatrists are working with AIDS. They have received permission to seek outside funding in order to provide all members copies of the APA AIDS Education Project HIV Primer. The Primer is currently having several chapters revised and some new chapters added. Jim Krajeski, M.D. has prepared a position paper opposing HIV+ name reporting and that will likely pass. The Commission is concerned that there are no mental health services for HIV+ individuals beyond pre- and post-test counseling. The Commission reviewed an AMA video on AIDS on which the APA name appears in credits. The video is mediocre from a psychiatric standpoint and they will try to force removal of the APA name.

REPORT ON DISCRIMINATION BY EXHIBITORS Jim Krajeski, M.D. said that certain language had been worked out regarding exhibitors but a snag later developed. Wording initially had required discrimination on-site. Larry Hartmann, M.D. and APA Legal Consultant Joel Klein met and worked out wording to require a pattern of past discrimination or some similar phrasing. This will be considered later in the week.

CHIP The position paper on HIV+ name reporting will go before the Assembly in November. Problems are not expected. Bob Cabaj, M.D. reported that the Assembly seems to be more sensitive. Jeff Akman, M.D. mentioned several areas for CHIP to consider.

COMMITTEE ON GAY, LESBIAN, AND BISEXUAL ISSUES Bob Cabaj, M.D. reported that the Committee had met with liaisons from several other committees and they will continue to strive for closer liaisons in the APA. They want to make sure the APA backs up the AMA resolution that says medical schools and residency programs cannot discriminate because of sexual orientation. The Committee is working on a curriculum in gay and lesbian issues for residents and they will jointly sponsor a workshop at the January meeting of the Association of Directors of Residency Training Programs. The Committee would also like to change its name to the Committee on Gay and Lesbian Issues if that is possible.

MEMBERS-IN-TRAINING Nobbi Lampe, M.D. reported that those MIT's who are already members of AGLP are working to get colleagues to join. They are planning to meet with residents to determine how homosexuality is being taught in programs around the country. They want to provide support for those residents who are in less liberal institutions. Dr. Lampe requested documentation of adverse experiences related to teaching about homosexuality in training programs. Gene Nakagima, M.D. questioned whether there should be a separate meeting for female residents since none showed up at the regular MIT meeting in San Francisco. Dr. Lampe prefers to keep the women integrated with the male residents. He expressed his thanks to AGLP for its financial support.

MEDICAL STUDENTS Medical Student Bob Bright will replace Keith Courtney, M.D. who was formerly the male student representative. He will investigate how homosexuality is looked at in other schools. A female medical student will be needed next spring to replace Lanette Atkins who will be graduated. Those attending the meeting were invited to a party being hosted by student Jim Slayton who is also national President of the American Medical Student Association. Gene Nakagima, M.D. announced that he is seeking Preceptors for gay and lesbian medical students.

EDUCATION COMMITTEE Bob Cabaj, M.D. will chair this committee.

President Hanley-Hackenbruck will take on as her Presidential Project the job of trying to get committees functioning once again.

No further business being brought to the floor, the meeting was adjourned at 4:35 PM.

Respectfully submitted,
Phillip W. Cushman, M.D.
Secretary,
Association of Gay and Lesbian Psychiatrists

Student Liaison Report

It is the time of year once again when everyone needs to begin to make arrangements to attend the Annual Meeting. This year it will be held in New York. Fortunately, we have students in the area who have offered to assist us in arranging student housing. Any students interested in attending should contact Bob Bright or me. When you contact us, let us know your travel costs and whether or not you would like for us to arrange housing. Each year physicians in the organization contribute funds which are used to assist students with their travel expenses. We are very grateful for these funds which allow many students to attend who might not otherwise be able to attend the meeting.

This is my last year as liaison. I graduate in May. I am very happy to say that we already had a response from someone interested in taking my place this spring. If there are any other interested students, please contact Bob or me.

Lanette Atkins
1203 Decoy Ct.
Mt. Pleasant, SC 29464
(803) 88-3791

Bob Bright
127 Coleridge Ct.
Carrboro, NC 27510
(919) 933-9672

ANNOUNCEMENTS

The Lesbian, Bisexual, Gay Studies of Harvard University announces a call for papers for the Fourth Annual Lesbian, Bisexual and Gay Studies Conference entitled "Pleasure / Politics. For further information, write to: **Lesbian, Bisexual, Gay Studies; Harvard University; University Hall, B-5; Cambridge, MA 02138** or call (617) 547-2197.

Stephen G. Schoen of MDResources, Inc. announce a opening in a community health center in New York City for an **internist** to provide primary medical care needs of HIV positive patients. For further information, contact Mr. Schoen at (800) 327-1585.

The **Lambda Legal Defense and Education Fund, Inc.** announced that two "skinhead" gang members were convicted for assault with intent to kill and armed robbery for a September, 1988 gay bashing of a Washington, DC gay man. For further information, contact the Fund at: **666 Broadway; New York, NY 10012; (212) 995-8585.**

Memorial Sloan-Kettering Cancer Center is seeking patients for **two AIDS studies**. Karen Somogyi is seeking patients for a study of the safety and efficacy of a new anti-retroviral drug ddI (dideoxyinosine). She may be contacted at (212) 639-7162. Susan Krown, M.D. is seeking patients to participate in a study of the antiviral potential of combination low-dose therapy with AZT and interferon-alpha 2a in patients with AIDS. For referrals call (212) 639-7163. For information call (212) 639-7426. The address of the center is 1275 York Avenue; New York, NY 10021.

AGLP Membership Application Form

Name: _____

Degree: _____

Preferred first (nick) name: _____

Address: _____

City: _____

State: _____ ZIP _____

Country: _____

Membership Status: _____

(Full Member - \$75.00, Associate Member - \$75.00, Resident - \$25.00, Medical Student - \$5.00, Newsletter only - \$10.00)

Date membership status changes: _____

Are you a member of the American Psychiatric Association? _____

Special Instructions: _____
(e.g label "Personal")

Do you want your name & address listed in a **NON-CONFIDENTIAL** directory of AGLP members? _____

Do you want to be a **NON-CONFIDENTIALLY LISTED** referral source?
If yes, fill in office address and phone number and list specialty information below.

OPTIONAL:

Age: _____ Gender: _____

Home Phone: _____

Office Phone: _____

Home Address: _____

City: _____

State: _____ ZIP _____

Office Address: _____

City: _____

State: _____ ZIP _____

**Make check out to "AGLP" and mail to:
AGLP; 1439 Pineville Rd.; New Hope, PA 18938**

Specialty: _____