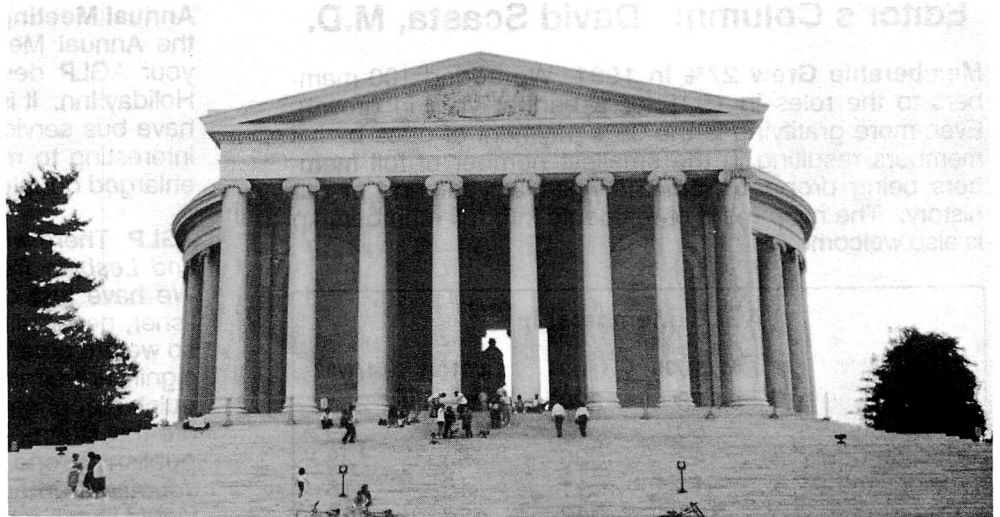


# ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

February 1992

Volume XVIII(1)



The Jefferson Memorial

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### Tentative Schedule for the 1992 Annual Meeting in Washington, DC

May 2, Sat.	<b>Preconvention</b> "The Life Cycle: Identity, Sexuality and Spirituality"	10:00-5:00 pm
May 2, Sat.	AIDS Memorial Service	6:00-7:00 pm
May 2, Sat.	Lesbian Dinner	8:00-10:00 pm
May 3, Sun.	<b>Opening Reception</b>	7:00-9:00 pm
May 4, Mon.	Lesbian Reception	7:30-9:00 pm
May 4, Mon.	Membership Meeting	5:30-7:00 pm
May 5, Tue.	Membership Meeting, CHIP	5:30-7:00 pm
May 6, Wed.	Awards Luncheon	12:45-2:00 pm
May 6, Wed.	Closing Party	7:00-9:00 pm

### Some of the Topical Groups Meeting in the Hospitality Suite:

- \* Self Disclosure in Psychotherapy
- \* Coming Out as a Professional
- \* Significant Others Group
- \* Medical Student Group
- \* Resident Group
- \* Alcoholics Anonymous
- \* HIV Positive Psychiatrists
- \* AIDS Issues
- \* Minority Issues
- \* Child Psychiatrists

The Preconvention will be held in the Governor's House Holiday Inn, 1615 Rhode Island Ave., NW (202 296-2100). The AGLP Hospitality Suite and AGLP block of rooms will be in the same hotel. The Opening Reception will be held at the Ramada Renaissance-Techworld; the Awards Luncheon, at the Grand Hyatt Washington Hotel. To make reservations for the Awards Luncheon, use the reservation form on page 6. The locations for the Memorial Service and the Closing Party have not been finalized. Look for a full schedule of events in the April *Newsletter* and drop by the Hospitality Suite or the AGLP Booth at the Exhibits Center for updates and changes. Medical students requesting travel assistance from AGLP should contact their representatives—Donna Lohmann (510 528-9360) or Kew Lee (212 889-2501)—to request assistance from available travel funds now.

**Before You Vote! Read the APA Candidates' replies to *Newsletter* questions on page 4.**

# ASSOCIATION OF GAY & LESBIAN PSYCHIATRISTS

February, 1992

Vol. XVIII(1), Page 2

## Editor's Column: David Scasta, M.D.

**Membership Grew 27% In 1991** We added 100 members to the roles in 1991 for a banner year in growth. Even more gratifying is the 95% payment of dues by full members resulting in the smallest number of full members being dropped from the roles at year end in our history. The movement of residents into full membership is also welcome.

AGLP Membership				
	12/31/90	1/1/91	12/31/91	1/1/92
Full	228	228	276	284
Residents	80	72	118	99
Med Students	42	36	54	38
Associates	14	11	16	15
<b>Totals</b>	<b>364</b>	<b>347</b>	<b>464</b>	<b>436</b>
Newsletter	27	20	23	18
Exempt	32	32	34	27
<b>Circulation</b>	<b>423</b>	<b>399</b>	<b>521</b>	<b>481</b>

**Members with AIDS** Two or three times every year, sometimes more, I receive notice either directly or obliquely that one of our members has developed AIDS. Because of confidentiality, I never pass this information along unless I am asked to do so. The consequence is that AGLP remains silent and unheeding of the difficult times our HIV infected members are facing. We have partially begun to address this problem with our support group for HIV positive psychiatrists at our annual meeting. But many of our members, particularly those who are experiencing serious health consequences from HIV, are unable to attend the meeting. I am not sure how to best reach these members and I turn to the membership for recommendations. Obviously, the *Newsletter* cannot be used directly. Perhaps a support group would be willing to contact by telephone those members with HIV who would be receptive to such contact. If you cannot bring your ideas to the Annual Meeting, write to me at the address below.

**Annual Meeting** By now I hope you have made plans for the Annual Meeting in Washington and have reserved your AGLP designated room at the Governor's House Holiday Inn. It is now an APA designated hotel, so we will have bus service. The Y across the street should prove interesting to most of our members. Look for our new, enlarged double-sized booth at the Exhibits Center.

**JGLP** There will be a double issue of the *Journal of Gay and Lesbian Psychotherapy* coming out later this year. We have just discovered that Haworth Press, the publisher, never billed us for our original group subscription so we are potentially facing two billings this year putting a significant strain on the budget. Continued growth and quick response on your new dues notices will help obviate the strain. In the meantime, I will take the liberty of publishing one of the letters I received as editor of the *Journal*. Perhaps some of our medical student members would like to respond.

Dear Mr. Scasta!

Just today I've know about your journal & about your noble work you do as editor. Thanks you a lot for your work in this way! I guess that *Journal of G/L Psychotherapy* is one of the really useful & best magazines! It's not as silly as a lot of other magazines are.

My name is Stan, I'm 23 & I'm the 5-th year student of the Khabarovsk State Institute (Pharmaceutical Department of the Medical Institute). I'm gay as well and I deals a lot with psychological problems of gayness. It's rather difficult for me as we've got no materials about homosexuality. But anyway I gonna devote my life to this kinda problems.

Mr. Scasta if you can please publish my letter as I wanna have got some friends whom share with the same things, too. Thanks in advance!

Sincerely yours  
Mr. Masaitis Stan  
Dikopoltsev St. #9-52  
Khabarovsk City 680030  
Russia

### The Newsletter of the

### ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

#### Editor

David Scasta, M.D.

Published quarterly and as needed from: 1439 Pineville Road; New Hope, PA 18938.

Subscription cost: \$15.00 per year. Subscription requests and address changes should be sent to the above address.

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 .....Marshall Forstein, M.D.  
Vice-President .....Majorie Sved, M.D.  
Secretary..... Rochelle L. Klinger, M.D.  
Treasurer..... Larry M. Prater, M.D.  
Past President..... Peggy Hanley-Hackenbruck, M.D.

## President's Column

Marshall Forstein, M.D.

As we enter 1992 we see several forces at work in our society and in our profession which require the vigilance and concern of all lesbian and gay people. The economic downturn (might we say "recession?") always brings with it an increase of intolerance for difference and anger directed at those most vulnerable in society or least "legitimate" in the eyes of the majority.

I would like to share some concerns I have that have been brought to the attention of AGLP from our membership and from others within the APA.

Of tremendous concern is the attempt in Oregon by a group known as the Oregon Citizens' Alliance to create a constitutional amendment which would essentially make homosexuality (as well as other categories of behavior: pedophilia, sadism, masochism) "abnormal" by statute, and prevent the state from enacting any bills which would protect gay and lesbian people along with other minorities. David Smith, M.D., one of our AGLP members brought this attempt to our attention and is working with other members of AGLP in Oregon to fight this initiative (See his report on page seven). Of great concern is the attempt by this group to equate homosexuality *per se* with other issues such as pedophilia, and to do so in the name of psychiatry. David wrote that the local Executive Committee of the Oregon District Branch was reluctant to become involved since it saw this as a social and not a psychiatric issue. Yet the views of psychiatrists known to be homophobic and distortions of the psychiatric literature and *DSM-III-R* were being used to support the initiative. We are happy to report that as a result of the concerted effort by a number of AGLP members, representatives of several other district branches that have faced similar resolutions, and the APA national office, Robert George, M.D., President of the Oregon Psychiatric Association, has asked AGLP to write a resolution for passage by the Oregon district branch condemning the initiative. AGLP can make a difference.

Another concern for us is the development of Practice Guidelines with the APA. I have spoken with Jack McIntyre, M.D., who is the Chair of the Steering Committee for Practice Guidelines. AGLP has been invited to participate in the review of guidelines which fall within our purview—presumably anything which would involve the treatment of people who are gay or lesbian. While the development of any practice guideline may cause concern as it begins to lay out a formulaic approach and a "Standard of Care" for the mental health profession, it also allows for the explicit exclusion of treatments which are proven to be ineffective or without scientific merit. We will be working closely with the Practice Guidelines Committee and will keep the membership informed as things progress so that as many people as possible might give feedback to the committee. Jack McIntyre has assured me that he is very concerned that

## A New Group for Members Who have Recently Completed Residency

Rob Clyman, M.D. & Roy Sanders, M.D.

In the September meeting in Washington, there was consensus about the need to establish yet another subgroup of AGLP: this one for members who are in their initial few years following residency. The purpose of the group will be to provide a specific forum through which to address the particular concerns of recent graduates. The group will meet annually in May, will communicate through the *Newsletter* and may also develop direct correspondence among its members as needed.

The primary points of focus will likely include employment issues, development of a new identity within AGLP and the APA, a support group among members and advisors to the Members-In-Training group. For employment issues, the group can act as a forum to share experiences and strategies about the process—e.g., positions available, licensing matters and coming out issues. We could choose to compile a directory of jobs of particular interest to lesbian and gay psychiatrists as well as a listing of members around the country who are willing to act as resources for specific regions or universities. The group can also act as a support group to discuss issues specific to being a junior attending. In addition, it will facilitate transition from an MIT to a more integrated role in AGLP and APA, (e.g., beginning to present papers and workshops at the Annual Meeting). Finally, recent graduates will serve, in a more organized way, as a resource to MIT's as they progress towards completion of their residency.

We will hold our first meeting this May in Washington. An initial task will be to further articulate the goals and identify priorities won which to initially focus. We hope to see you there.

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we review anything which affects our membership and seeks our thoughts, as well, on other aspects of psychiatric care such as HIV, women's issues, minority concerns, etc. In addition to AGLP reviewing guidelines, the Committee on Gay, Lesbian and Bisexual Issues will have an opportunity to do so as well.

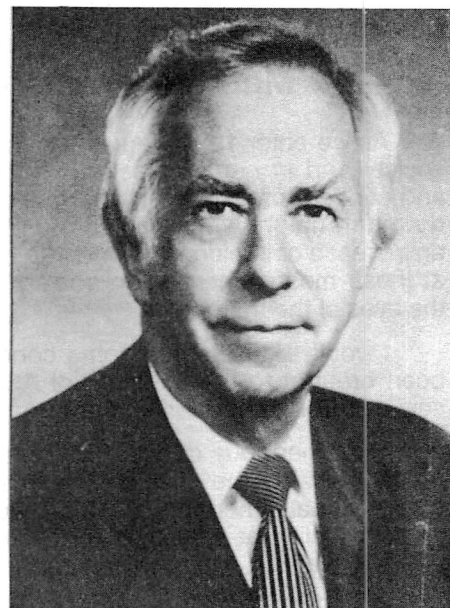
I hope that members of AGLP will continue to keep us informed of the issues that develop locally. Again, at our May meeting, we will have an opportunity for people to let others know what is going on across America and to enlist the help of AGLP as an organization or of individual members in the ongoing struggle to fight oppression. I look forward to seeing you all in May and remind you to find that new member to enlist in AGLP. Plans are firming up for the meeting, and Washington promises to be an exciting place for us to meet again. Wishing you all well in the New Year...*Marshall*.



## Candidates

### President-Elect

### American Psychiatric Association



**John S. McIntyre, M.D.**

**1. What do you expect will be the impact and ramifications of an increasing number of physicians entering the profession of psychiatry after having been forced out of other specialty areas which entail invasive procedures because of being HIV seropositive?**

An increase in the number of physicians entering into the profession of Psychiatry is clearly a plus for psychiatry and our patients. In fact, increasing recruitment into psychiatry is one of APA's highest priorities. These physicians will be an asset to the field in general and most likely in their numbers will be some who will have HIV/AIDS treatment as a focus of their work. This will be an added advantage because despite some heroic efforts of a number of individuals, this area is woefully underserved with respect to clinicians and teachers. The shortage of psychiatric educators knowledgeable about AIDS was discussed at a recent APA Board of Trustees meeting, and there was a clear consensus (including MIT members on the Board) that this is a major gap in many residency programs.

However, there is another issue we must not lose sight of. Physicians (or any professionals) being "forced out" of their primary area of interest is a very drastic step, and we must work to insure that only happens if and when there is a rational reason for such a change—in this case where there is an actual increase in risk for patients. I feel that the amount of media coverage, legislative and professional interest, and the amount of resources expended on this narrow issue far outweighs what we know about any increase in the risk for patients and diverts much needed resources from some very real, not potential, problems. In my opinion, this increased focus reflects the persistent discriminatory attitude about HIV/AIDS patients. The APA Commission on AIDS has been outstanding in formulating very thoughtful, sensitive and clear statements concerning HIV infection, testing, discrimination and treatment services. I

McIntyre continued on page 6

**Roy W. Menninger, M.D.**

**1. What do you expect will be the impact and ramifications of an increasing number of physicians entering the profession of psychiatry after having been forced out of other specialty areas which entail invasive procedures because of being HIV seropositive?**

This question is hard to answer because it is anticipatory and asks for a predictive comment

Insofar as it refers to an unstated policy of the AMA to encourage HIV seropositive medical students to enter non-invasive specialties (such as psychiatry), I do not think that an automatic recommendation that such physicians become psychiatrists is in anyone's interests: the young physicians, their patients, or the field.

I don't see that such a policy *per se* will compromise our field; whether or not a psychiatrist is HIV seropositive is not relevant to his/her psychiatric career, aside from the obvious burden it places on his/her health.

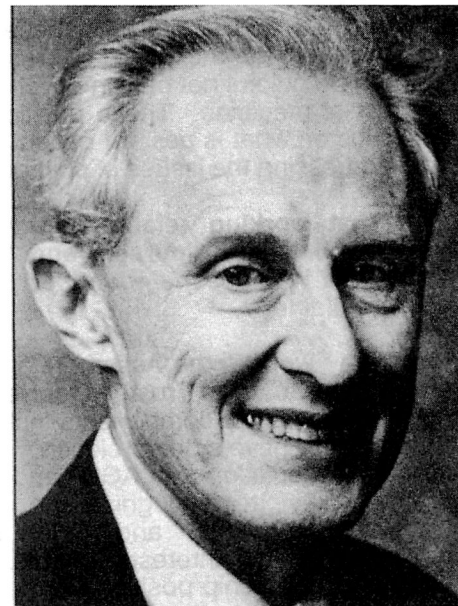
I do believe, however, that the choice to enter psychiatry ought to be based on an interest in and a commitment to the work psychiatrists do, not on one's hematologic status; that criterion is wholly irrelevant. HIV seropositive medical students ought to consider non-invasive specialties, but in the context of their talents and capacities, HIV seropositive or not, students without the special commitment that our field demands should not enter psychiatry.

I would expect that HIV seropositive physicians who make a commitment to become psychiatrists could bring an increased sensitivity to AIDS-related issues on the part of the APA. Any increased presence of HIV seropositive psychiatrist in our organization should strengthen our commitment to equitable health care treatment for all. Working to get more equitable care for psychiatric patients as well as those afflicted with AIDS is a major challenge that I would regard as the most important task our Association needs to address in the next several years.

Menninger continued on page 6



*Candidates*  
*Vice President*  
*American Psychiatric Association*



**Lewis L. Judd, M.D.**

**1. What do you expect will be the impact and ramifications of an increasing number of physicians entering the profession of psychiatry after having been forced out of other specialty areas which entail invasive procedures because of being HIV seropositive?**

To the best of my knowledge, this issue has yet to emerge as a major national phenomenon. However, should it begin to occur, I foresee no problem with otherwise qualified physicians being accepted into psychiatric residency training programs. In fact, psychiatry has benefited significantly over the years from individuals in other fields of medicine who, for varying reasons, have made career changes into psychiatry—often these individuals have made unique contributions to our speciality. There is no question that we need more well trained psychiatrists and I, for one, would welcome their participation.

If this question was intended to explore my attitudes towards have lesbians and gay men in psychiatry, let me state for the record that the psychiatry residency program at UCSD has never been concerned about its resident's sexual orientation and, as a consequence, we have many graduates who are, or should be, members of AGLP and CHIP. Further, as the Director of the National Institute of Mental Health, I reorganized the AIDS research program to make it as responsive as possible to the nation's HIV crisis and significantly increased research into new methods of preventing HIV spread. Further, I believe I did everything I could to combat homophobia and other biases against lesbians and gay men.

**2. What working relationship would you expect to develop between yourself and both AGLP and the Caucus of Homosexual-Identified Psychiatrists (CHIP) if you are elected?**

Since one of your members (David McWhirter) and his Lewis continued on page 6

**Roger Peele, M.D.**

**1. What do you expect will be the impact and ramifications of an increasing number of physicians entering the profession of psychiatry after having been forced out of other specialty areas which entail invasive procedures because of being HIV seropositive?**

If that occurs, it will represent an enormous loss of talent for those specialties and a gross injustice for the ostracized physicians.

But what to do? As a psychiatric residency program director, I expect our department to evaluate each request for training purely on the merits of the individuals. Being HIV seropositive has never been a reason to reject an applicant for psychiatric residency training—nor should it be. As a specialty, we should offer our full support of HIV seropositive, displaced physicians who genuinely seek psychiatric residency training. We will not echo the prejudice that seropositivity in itself means the individual is dysfunctional. At the same time, psychiatry as a whole will be poorly served by any significant perception that our field is one to which physicians gravitate when unqualified for any other specialty of medicine. While there are limits on what the APA should say about the standards of other medical specialties, we should actively oppose HIV seropositivity as a disqualifying condition to practice one's specialty. The APA **must** question any assumptions by the public and by other medical specialists that imply we are a lesser field of medicine and **must** challenge other specialties not taking care of their own and trying to doge the issues by extruding them from their chosen field into psychiatry.

**2. What working relationship would you expect to develop between yourself and both AGLP and the Caucus of Homosexual-Identified Psychiatrists (CHIP) if you are elected?**

Although I am not gay, I have been a member of AGLP  
Peele continued on page 6

**John S. McIntyre, M.D. cont.**

fully support and I voted for these positions in the APA Assembly and on the Board of Trustees, and I expect that they will be helpful not only in psychiatry but as a model for the rest of medicine. These position statements maintain our focus on what is best for patient care while at the same time addressing the issues of confidentiality and privacy.

**2. What working relationship would you expect to develop between yourself and both AGLP and the Caucus of Homosexual-Identified Psychiatrists (CHIP) if you are elected?**

In my work in the Assembly of District Branches and also on the Board of Trustees, currently as Vice-President, (as well as in other components including the Membership Committee) I have worked closely with and have benefited from my association with AGLP and CHIP. I hope readers of this newsletter recognize the outstanding work the leadership of AGLP and CHIP have done both in representing the interests of members of AGLP and assuming leadership positions in the APA. On a number of occasions I have stated that I regard one of the most significant actions of the Assembly during the year I was Speaker was the action to have minority representation (including CHIP) become a more permanent part of the Assembly. As Speaker-Elect, minority/underrepresented status was a very high consideration in my appointment decisions and that would definitely continue if I become President-Elect. Whatever the outcome of the election I look forward to continuing to work closely with AGLP and CHIP as we pursue our agendas for the benefit of our members and our patients. I appreciate very much the opportunity to once again share my thoughts in this newsletter. If readers have any further questions, please call (716) 473 - 3730.

**Roy W. Menninger, M.D. cont.**

**2. What working relationship would you expect to develop between yourself and both AGLP and the Caucus of Homosexual-Identified Psychiatrists (CHIP) if you are elected?**

I would expect AGLP and CHIP to make known to me as President as well as to District Branch Assembly representatives, what special AGLP/CHIP-related issues need the attention of the APA. I would hope that a good working relationship would enable us to determine how the APA could effectively address those issues. The long social history of avoidance and non-acknowledgement of homosexuality has affected us and our organization as well as the general public; any modification of traditional attitudes and points of view will take a good deal of effort and attention by such groups as yours, in concert with officers and representations of our Association. I would personally welcome your input on any relevant matters, and would make every effort to attend any CHIP or AGLP meeting to which I was invited.

**Lewis L. Judd, M.D., M.D. cont.**

life partner (Andrew Mattison) have been on our clinical faculty for fifteen years, and both are active members of our department, I have kept abreast of the AGLP and CHIP. Drs. McWhirter and Mattison have helped keep our department alert and supportive of issues important to the gay and lesbian community. If I am elected Vice President of the APA, I would ask Dr. McWhirter to function as a personal liaison to both the AGLP and CHIP. I would also be available on a regular basis to listen carefully and to hear your needs and concerns and take actions that would effectively represent the APA and its CHIP members. I look forward to meeting many of you and attending the AGLP party at the APA convention in Washington with Dr. McWhirter.

**Roger Peele, M.D. cont.**

since 1990. I would expect an excellent working relationship. Ever since 1983 when I was involved in getting CHIP recognized in the Assembly, I have been looking for opportunities to enhance the positions of CHIP, as well as ongoing interchanges with AGLP, so as to become more sensitive to the needs of this minority—the minority that suffers the most discrimination in this country. While much of my work within the APA involves leading initiatives aimed at increasing the access of psychiatrically ill to psychiatric treatment, in the area of discriminations against gays and against lesbians (and the need to maintain a vigilance where gains have been made), I see myself as a follower of CHIP—and, if I became Vice-President, I would continue to need the guidance of the gay community and the lesbian community as to their needs. For example, I will need guidance on what further steps the APA should take in the long struggle to remove sodomy laws from the books. I will need guidance on what further actions the APA should take to remove the military's discriminations about which we have seen some recent illogical decisions. I believe my deep understandings of the APA will make me an effective supporter of CHIP initiatives.

**Awards Luncheon****Reservation Form**

**12:45-2:00 pm  
Wednesday, May 6, 1992  
Grand Hyatt Washington Hotel**

**Name:** \_\_\_\_\_

**Number of Reservations:** \_\_\_\_\_

Send this form with a check for \$30.00 for each reservation (\$15.00 for medical students) made out to "AGLP" to: Luncheon Reservation; AGLP; 1110 N. Classen Blvd., # 318; Oklahoma City, OK 73106-6808.

## Psychiatry Misused in the Service of Prejudice

David M. Smith, M.D.

Just as the gays and lesbians of Oregon were celebrating the passage of a gay right bill by the Portland City Council in September, yet another attack by right wing extremists was being launched. A group known as the Oregon Citizens Alliance (OCA) is currently attempting to gather signatures to place on the ballot an initiative which, if passed, would amend the state constitution to officially condemn homosexuality. This amendment would nullify any past or future civil rights protection for homosexuals and, further, it would require the public schools to assist in teaching Oregon students that homosexuality is "abnormal, wrong, unnatural, and perverse." As ridiculous as the proposed amendment sounds, it has a fair chance of passing due in large part to the ability of the OCA to effectively distort psychiatric issues in the mind of the public.

The proposed ballot measure is explicitly stated as an amendment to the *Constitution of the State of Oregon*. It has four provisions:

1. This State shall not recognize any categorical provision such as "sexual orientation," "sexual preference," and similar phrases that includes homosexuality, pedophilia, sadism or masochism. Quotas, minority status, affirmative action or any similar concepts, shall not apply to

these forms of conduct, nor shall government promote these behaviors.

2. State, regional, and local governments and their properties and monies shall not be used to promote, encourage, or facilitate homosexuality, pedophilia, sadism, or masochism.
3. State regional and local governments and their departments, agencies and other entities, including specifically the State Department of Higher Education and the public schools, shall assist in setting a standard for Oregon's youth that recognizes homosexuality, pedophilia, sadism and masochism as abnormal, wrong, unnatural, and perverse and that these behaviors are to be discouraged and avoided.
4. It shall be considered that it is the intent of the People in enacting this section that if any part thereof is held unconstitutional, the remaining parts shall be held in force.

The first misuse of psychiatry is the inclusion of homosexuality with pedophilia in the proposed ballot measure. This inclusion is designed to get voters to equate homosexuality with pedophilia. This stereotype is promoted in the campaign literature which the OCA distributes along with their petition.

Another distortion is the ridiculous notion that official disapproval of sexual orientation by the *Constitution* or the public schools would somehow lead to a decline in the development of a homosexual orientation in adolescents. The OCA is making use of another stereotype that contends that homosexuals recruit school children. The effect of these distortions on gay youth would be frightening.

**UCSD**

University of California, San Diego  
Department of Psychiatry

### The Cutting Edge 1992 EROTIC MYSTERIES: Intimacy, Sexuality and Gender in the '90s

Featuring:

Judith M. Bardwick, Ph.D.

Dean C. Delis, Ph.D.

Susan Forward, M.S.W., L.C.S.W., Ph.D.

Martha J. Kirkpatrick, M.D.

James W. Lomax, II, M.D.

Joseph LoPiccolo, Ph.D.

Andrew Mattison, M.S.W., Ph.D.

David P. McWhirter, M.D.

Bernie Zilbergeld, Ph.D.

International experts will examine the current issues and advances in human sexuality which have exploded on the national scene, in our courts, classrooms, churches and psychotherapy practices. Featured topics include: survivors of sexual molestation, obsessive love, power relations between women and men, male intimacy, male couples facing AIDS, and erotic transference in individual and couples therapy.

April 11-12, 1992

Omni Hotel, San Diego, California

For a brochure with further conference details, complete the coupon below and mail it to:

The Cutting Edge 1992 Conference

7916 Convoy Court, San Diego, CA 92111 • (619) 565-9921

Please send me \_\_\_\_\_ copies of The Cutting Edge 1992 conference brochure.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A serious public health ramification of the proposed amendment involves the provision which prohibits state monies from being used to promote homosexual behavior. The OCA claims that safe sex information given to gay men or lesbians is a form of promotion of homosexuality. They have stated that they will use the courts to prevent the dissemination of safe sex information if this initiative passes.

Considerable campaign material is being distributed by the OCA which invokes psychiatry. They have assembled an eight page document which gives testimonials on the need to cure homosexuality from a number of famous psychiatrists and psychologists. The authors are quoted out of context and would tell the uniformed that Psychiatry supports the cure of homosexuality. The authors who are cited include: Anna Freud, Edmund Bergler, Judd Marmor, Irving Bieber, Charles Socarides, Masters and Johnson, and others.

The OCA has made a video called, *Gay Pride?* which has footage of the San Francisco Gay Pride Parade particularly emphasizing the appearance of the National American Man-Boy Love Association (NAMBLA). They are hoping to use this image as a way of labeling all gays and lesbians as pedophiles. The video also focuses on parade marchers in S/M regalia and on scantily clad men and women on floats. Even though one could see the same thing every year at Mardi Gras, the OCA claims that these images are proof that the gay lifestyle "is dominated by unbelievable perversion, rampant promiscuity and a total preoccupation with sexual deviance."

The Oregon members of AGLP are fighting to expose the psychiatric distortions in the OCA campaign. We also are trying to educated the public about the serious public health consequences of this initiative. We have run into resistance from the local district branch of the American Psychiatric Association which claims this is not a psychiatric issue. We hope to take our concerns to the full membership of the Oregon Psychiatric Association. We further hope to enlist the support of AGLP and the APA on a national level.

The governor and most state political leaders have strongly criticized the OCA and have urged voters not to sign the petition. Still, the OCA political tactics show considerable savvy in manipulating public opinion and using the psychology of prejudice to their advantage. A broad coalition of groups has assembled to fight this campaign of hate. Hopefully psychiatry will be an active member of this coalition. Stay tuned.

*Editor's Note: David Smith, M.D. is a Geropsychiatric Fellow at the Oregon Health Science University in Portland, Oregon*

### 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 - \$15.00)

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: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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: \_\_\_\_\_

#### 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: Gail Nelson, Office of Minority / National Affairs, American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005

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





# ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

April 1992

Volume XVIII(2)

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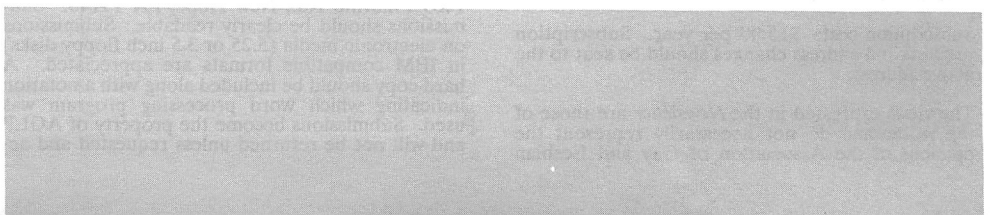
Governor's House Holiday Inn

# WASHINGTON



The Annual Meeting is only days away and AGLP is in full swing with last minute plans and last minute snafus. Be sure to stop by the Hospitality Suite for changes in the schedule (which is printed on page 4 of this *Newsletter*). The recipient of the annual Distinguished Service Award has not been finalized by press time. Marshall Forstein, M.D. hopes to complete the arrangements shortly. A reservation form for the luncheon is on page 3.

If you had not planned to come to the meeting but suddenly have the opportunity to come or changed your mind, the Governor's House Holiday Inn was still accepting reservations at press time. Call (202) 296-2100 to check on room availability. Be sure to mention that you want to be in the AGLP block of rooms. We should have a good crowd in the hotel. If you do not find anyone in the hotel, it is because everyone is across the street in the YMCA which Dan Hicks, M.D. assures us is a well-known watering hole for many local gays and lesbians. See you at the Preconvention on Saturday.



# ASSOCIATION OF GAY & LESBIAN PSYCHIATRISTS

April, 1992

Vol. XVIII(2), Page 2

## Editor's Column: David Scasta, M.D.

Dan Hicks, M.D. has done a marvelous job in getting Washington ready for AGLP. For those of you who have paid your dues and have received a convention booklet, Dan's restaurant guide is very impressive. It is the largest and most comprehensive guide we have ever printed. Even a professional critic would be hard put to have sampled and studied so many places to eat. David Cochran's review of Washington's night spots is also sure to be the subject of some intense reading by our membership.

Did you see the article on "Homosexual Sheep" in the Intelligence Report of the March 8, 1992 issue of *Parade Magazine*. *Parade Magazine* is a Sunday insert for many newspapers throughout the country. The United States Department of Agriculture has been studying "sexually inactive rams" at the U.S. Sheep Experiment Station and the University of Idaho Agricultural Experiment Station. Sexually inactive rams were housed overnight with ewes in estrus. If the rams showed no interest, they were then housed with both rams and ewes. Although some rams appeared to simply have a low libido, 8.5% of the rams were judged to be homosexual—showing a distinct preference for sheep of the same sex. The report noted that the percentage of rams which were homosexual was similar to estimates that 10% of the U.S. male population is gay. And, who said homosexuality isn't natural?

The story brings me to another thought which I am expressing as an individual and not as part of AGLP because it is politically incorrect. Those of you who read Richard Isay's wonderful article in the *APA News* about change therapy will note a growing trend among professionals in the field to attempt to label all efforts aimed at changing sexual orientation to be unethical as a minimum and perhaps even a form of malpractice. There is no question in my mind but that change therapy can be enormously destructive to a healthy psyche, seriously undermining self esteem with little chance of helping an individual to make any true changes in his or her sexual orientation. I worry, however, that the same political process that may enable us to declare change therapy un-

ethical may someday come back to haunt us when a particular therapy we espouse becomes out of favor. Twenty years ago, treating homosexuals as we do today—in a way which builds self esteem by encouraging them to be healthy homosexuals—would have been considered malpractice in many psychiatric circles. We just know too little, in my opinion, about homosexual orientation and behavior to start making absolute judgments about what is right or wrong in therapy. Twenty years ago, I went through a brief period of therapy with a therapist who encouraged change. I look back now and know that I needed to go through that step to accept my own homosexuality. If I had never tried, there would still be doubt in my mind that those who say homosexuality is a choice are wrong. Now I know. Internally. Essentially. I would rather see American Psychiatry push toward a standard of "informed consent." If a therapist recommends change therapy to a client, the therapist must inform the client that true change in sexual orientation is rare and that such therapy often is psychiatrically damaging with long lasting repercussions. If the patient still chooses change therapy after being so informed, who are we to decide no? I welcome comments or replies.

## Announcements

The Whitman Walker Clinic in Washington, DC is sponsoring a benefit for the Schwartz Housing Service (An AIDS housing agency) on Friday, May 1, 1992 entitled "**Sheltered Hearts: An Evening with Michael Feinstein.**" The Pre-concert reception starts at 7:30 pm in the Sheraton Washington Cotillion Ball Room. The concert starts at 9:00 pm. Tickets are \$125. Contact Doug Stroup (202) 797-3507 for reservations.

The University of Chicago announces the opening of a **full-time position for a psychiatrist in a new clinic for gay and lesbian patients.** The position would involve half time with the clinic and half time with the Department of Psychiatry. Women and minority applicants are strongly encouraged. For information, write to: Andy Boxer, Ph.D.; University of Chicago; Department of Psychiatry; The Breakers; 5327 N. Sheridan Road; Chicago, IL 60640.

## The Newsletter of the

### ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

#### Editor

David Scasta, M.D.

Published quarterly and as needed from: 1439 Pineville Road; New Hope, PA 18938.

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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 ac-

companied 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* ..... Marshall Forstein, M.D.  
*Vice-President* ..... Majorie Sved, M.D.  
*Secretary* ..... Rochelle L. Klinger, M.D.  
*Treasurer* ..... Larry M. Prater, M.D.  
*Past President* ..... Peggy Hanley-Hackenbruck, M.D.

## President's Column

**Marshall Forstein, M.D.**

Increasingly, I find myself thinking about the connection between stigma and discrimination and the mental health of lesbian and gay people. In Boston, recently, at the St. Patrick's Day Parade, a group of 25 Irish gay and lesbian people were finally allowed to participate after a court order denied the Hiberians the right to exclude them. During the tremendous publicity prior to the parade, much was made of how the presence of gay and lesbian people would make it unsafe for those in South Boston who came out to celebrate their heritage. Once again, the only hate and violence was that done to gay people by a small group of young homophobic men. (Meanwhile, in Ireland, gay and lesbian people were welcomed into the parade without fanfare.) In the *Boston Globe* that next week, a columnist was able to summarize the real tragedy—that these young people should be so uncertain about their own sexuality that they saw fit to act on their hatred of others who were apparently less confused. He finished the column by chastising the local city council member, Kelly, who was as much responsible for the hatred and controversy as anyone. He asked if Kelly, faced with needing the services of a policeman, a fire fighter, a doctor, and EMT, etc. was planning to inquire about his potential savior's sexual orientation prior to receiving help. For me that brought home the terrible dilemma each of us faces daily, in wondering how to get on with our lives, in which our sexual orientation is but a part of who we are, when others define us for our worth and value simply on that basis. It made me think of the patients I sit with in the public sector, some of whom are terribly homophobic, who, even if they know I am gay, act and speak as if I do not hear their homophobia. Certainly, I deal with it but I have to say I am in part getting tired of it. Then, when I sit with my lesbian or gay patients, I feel a sort of usefulness and connectedness that goes beyond the spoken word.

I am writing about this because it becomes clearer each day how much more work we have to do to get our fair shake in this country. Even though in certain ways we have made enormous progress, we are facing the David Dukes, who in being so outrageous, make Pat Buchanan almost seem moderate to mainstream Americans. Yet I worry about how hate and prejudice have a way of oozing into every open pore unless we are vigilant. Increasingly, I find myself impatient with my heterosexual colleagues who are supportive of me, but do not see that the struggle for my human rights is their struggle.

In Colorado, we are facing again, as in Oregon, an attempt to make homosexuality an issue for public referendum. AGLP has served a role in helping the APA take a stand with the Oregon Psychiatric Society by passing an anti-discrimination policy which has been useful in Oregon. AGLP members, David Smith, M.D., Peggy Hanley-Hackenbruck, M.D., and others, were important players in the attempt to beat back the homophobia. Increasingly, we need to remain vigilant in our own communities and share

our knowledge and experience in helping those confronted in other areas of the country. I suspect we have not seen the last of this attempt to keep lesbian and gay people from being equals in society.

These are difficult times for our country, economically and morally. The fact that a man like Buchanan is even running for the presidency scares me to my bones. I do not scare easily, nor do I tend to the paranoid position quickly, but I am increasingly nervous about where our human rights are heading in this country. Against my will, I hear the voices of my great aunts and uncles and my grandparents, reminding me that no one thought it could ever happen in Germany either. Because I cannot bear to make such a comparison, I fear my own complacency. I remind myself of a quote I had hanging on my bedroom wall when I was in high school given to me by my English teacher (of course) Mrs. Fried, who had lost family in the holocaust:

*All that is necessary for the forces of evil to win in the World is for good men to do nothing.* Edmund Burke.

Then to my horror, I saw that very quote in a conservative Harvard newspaper referring to the need for (so called) Christian men and women to take up the cause to prevent homosexuals from having their equal rights in the Society of Harvard University. This was not Germany, not South Africa, no even the South. More disturbing, the public outcry against this was but a whisper, soon forgotten. But I cannot let it rest.

I look forward to seeing you all in Washington in May. We have increased our membership already and I thank those of you who have really made an effort to get others to join AGLP. We are aiming to double our membership so that we might accomplish more both for our membership and as players in the field of gay and lesbian organizations. We have lots planned for our Saturday program, and many interesting events and programs throughout the week. See you there!

### Awards Luncheon

### Reservation Form

12:45-2:00 pm  
Wednesday, May 6, 1992  
Grand Hyatt Washington Hotel

Name: \_\_\_\_\_

Number of Reservations: \_\_\_\_\_

Send this form with a check for \$30.00 for each reservation (\$15.00 for medical students) made out to "AGLP" to: Luncheon Reservation; AGLP; 1110 N. Classen Blvd., # 318; Oklahoma City, OK 73106-6808.

## AGLP Events

### Saturday, May 2

#### PRECONVENTION

#### The Life Cycle: Identity, Sexuality and Spirituality

Governor's House Holiday Inn  
1615 Rhode Island Ave., NW

10-12 n ..... Panel Discussions  
2-5 pm ..... Small Group Discussions

- 6-7 pm ..... **AIDS Memorial Service** in the free style of a Quaker Meeting—participants to bring their own contributions to the meeting, (Fryer), Living Room of the Friends Meeting House, 211 Florida Ave., NW.
- 8-10 pm ..... **Lesbian Dinner**, Straits of Malaysia, 1836 18th St. Call for reservations (202 344-4270).

### Sunday, May 3

10 am ..... **Hospitality Suite Opens** in the Governor's House Holiday Inn, 1615 Rhode Island Ave, NW (202 296-2100)

- 10:30-11:30 am ..... **Significant Others Organizational Meeting**, Hospitality Suite
- 1:30-3 pm ..... **Gay/Lesbian Parenting** Discussion Group (Hanley-Hackenbruck), Hospitality Suite
- 3-5 pm ..... **Video Film: Jerker** by Robert Chesley. Screening by the *Journal of Gay and Lesbian Psychotherapy*. Open to all interested members. Nudity and strong language; an AIDS story. Hospitality Suite
- 5-6 pm ..... **12 Step Alcoholics Anonymous Meeting** (other times to be arranged then), Hospitality Suite
- 7-9 ..... **OPENING RECEPTION**, East Salon, Ramada Renaissance-Techworld

### Monday, May 4

- 10-12 n ..... **Significant Others** Discussion Group, Carmichael, Hospitality Suite
- 12 n ..... **Significant Others** meet to go for lunch

- 12-1pm ..... **Gay and Lesbian Minority Psychiatrists Discussion Group** (Nakajima), Hospitality Suite
- 2-3 pm ..... **Self Disclosure in Psychotherapy** Discussion Group, Forstein, Hospitality Suite
- 3-4 pm ..... **"How to do" an APA Presentation Workshop**, Forstein & Stein, Hospitality Suite
- 4-5 pm ..... **Young Attendings** Discussion Group (Clyman & Sanders), Hospitality Suite
- 5:30-7 pm ..... **CHIP & AGLP MEMBERSHIP MEETING**, Ramada 5, Ramada Renaissance-Techworld.
- 8 pm ..... **Support Group for HIV Positive Psychiatrists and Significant Others** (Kertzner), Hospitality Suite

### Tuesday, May 5

- 10:30-12 n ..... **Couples Group** (Ross & Vockel), Hospitality Suite
- 12 n ..... **Significant Others** meet for an excursion (Paterson), Hospitality Suite
- 12:45-1:30 pm ..... **Lesbian Medical Students and Residents** Discussion Group (Atkins), Hospitality Suite
- 1:30-2:30 pm ..... **Gay and Lesbian Medical Students and Residents** Discussion Group (Atkins), Hospitality Suite
- 2:30-3:30 pm ..... **Separate Meetings for Medical Students and Residents**, (Lee and Lohmann, Atkins & Townsend) Hospitality Suite
- 3:30-4:30 pm ..... **Coming Out as a Gay or Lesbian Professional** (Cabaj), Hospitality Suite
- 5:30-7:00 pm ..... **AGLP MEMBERSHIP MEETING**, Ramada 5, Ramada Renaissance-Techworld
- 7:30 ..... **Lesbian and Gay Child and Adolescent Psychiatry** Discussion Group (Anderson & Pinney), Hospitality Suite.

### Wednesday, May 6

- 10-11:30 am ..... **Discussion Group for Psychiatrists Who Need to be Circumspect About Their Orientation**, Hospitality Suite
- 12:45-2 pm ..... **AWARDS LUNCHEON**, Independence, Ballroom A, Grand Hyatt
- 4:30-5:30 pm ..... **Open Discussion to plan for next year's Hospitality Suite events** (Sved), Hospitality Suite
- 7-9 pm ..... **CLOSING PARTY**, Embassy Row Hotel, Rooftop, 2015 Massachusetts Ave.

## APA Events

C..... Course  
 CW..... Component Workshops  
 F..... Film  
 IW..... Issue Workshop  
 L..... Lecture  
 PS..... Paper Session  
 S..... Symposium  
 V..... Video

### Monday, May 4

- 7-8:30 am.....Sunny Side Up Resident Breakfast with the experts (Stein & Hackenbruck) Holiday Inn Crowne Plaza
- 9-10:30 am.....IW7. HIV and ASIAN-Americans: Prevention and Psychiatric Issues (Nakajima) Rm. 23/24, Level 1, Convention Center
- 9-10:30 am.....IW16. Tarasoff and HIV (Rosmarin), Hart Rm; Meeting Room Level, JW Marriott
- 11-12:30 pm.....PS8. HIV Infection: Implications and Impact (Leserman, Porter, Volavka), Crowne Plaza Ballroom C, Ballroom Level, Holiday Inn Crown Plaza
- 11-12:30 pm.....IW23. Psychiatric Work With Terminally Ill AIDS Patients (Beckett), Rm. 28, Level 1, Convention Center
- 11-12:30 pm.....IW29. When the Therapist Is Female/Male, Gay/Straight (Meisler), Independence Ballroom F-G, Level 5B, Grand Hyatt
- 11-12:30 pm.....IW33. Seeing the Invisible: Gay and Lesbian Patients (Townsend), Crowne Plaza, Ballroom D, Ballroom Level, Holiday Inn Crowne Plaza
- 11-2:15 pm.....V5. Physicians with AIDS: An Interview With Peter & V6. Anders als die Anderen: Different From the Others (Nakajima), Constitution Ballroom C-D-E, Level 3B, Grand Hyatt
- 2-5 pm.....Presidential Symposium 1: Psychiatry and Human Rights (Hartmann, Roth Stover, Genefke, Gostin, Pierce, Martinez-Lara), Rm. 30, Level 1, Convention Center
- 2-5 pm.....S20. Humane Values: Ethnic and Gender Curriculum Issues (Cabaj, Foos, Lu, Canino, Clark), Crowne Plaza Ballroom A, Ballroom Level, Holiday Inn Crowne Plaza
- 2-5 pm.....S21. "HIV Organic Mental Disorders in the Emergency Room" (Levine), Crowne Plaza Ballroom B, Ballroom Level, Holiday Inn Crowne Plaza

### Tuesday, May 5

- 9-4 pm.....C88. Psychiatric Care of Dying and Bereaved Persons (Fryer, Hicks, Bluegrass, Klagsbrum, Shaffner), Rm. 11, Meeting Room Level, Ramada Techworld
- 9-10:30 am.....CW16. Gay Residents: Survival Strategies for the 1990s (Drescher) Rm. 22, Level 1, Convention Center
- 9-10:30 am.....IW37. Gender Role Behavior: The Threshold of Pathology (Winchel) Rm. 29, Convention Center

- 9-12 n.....AIDS Program, "Psychiatric Aspects of AIDS", Rm. 14/15, Level 1, Convention Center.
- 9-12:30 pm.....Review of Psychiatry, Part II, "Psychoneuroimmunology and HIV Infection" (Kertzner), Rm. 39/40, Level 2, Convention Center
- 11-1 pm.....V10. Fighting Chance & V11. This Is My Garden, (Nakajima) Conference Theater, Level 1B, Grand Hyatt
- 2-5 pm.....S44. Sexual Differentiation: Male and Female Role Dilemma (McGuire, Notman, J. Beahrs, Nilsonne, Green, C. Beahrs), Independence Ballroom D-E, Level 5B, Grand Hyatt
- 2-5 pm.....F10: Silence of the Lambs, Constitution Ballroom A-B, Level 3B, Grand Hyatt

### Wednesday, May 6

- 9-10:30 am.....Discussion Group: Working with Gay Individuals and Couples: Transference and Countertransference (Cabaj), Arlington Rm, Level 3B, Grand Hyatt
- 9-10:30 am.....IW68. Condoms and Counseling: Acceptance of AIDS Education and Prevention (Goldfinger), Crowne Plaza Ballroom A, Ballroom Level, Holiday Inn Crowne Plaza
- 9-10:30 am.....CW28. Immigrant and Refugee Mental Health (Webster), Rm. 8, Level 1, Convention Center
- 9-12 n.....AIDS Program, "AIDS and HIV Infection in Women, Adolescents, and the Chronically Mentally Ill," Rm. 14/15, Level 1, Convention Center.
- 11-12:30 pm.....CW45. Psychotherapy Supervision of the Gay Resident (Klinger), Cannon Room, Meeting Room Level, JW Marriott
- 2-3:30 pm.....L27 Cured: A Gay Man's Odyssey in Psychoanalysis (Duberman), Rm. 33, Level 1, Convention Center
- 2-5 pm.....S81. Physicians and HIV Disease (Dickstein, Myers, Stewart, Fullilove, Friedman), Capitol Ballroom D, Ballroom Level, JW Marriott
- 2-5 pm.....S84. Sexuality and Homosexuality Revisited: Update 1992 (Goldsmith, Isay, Cabaj, McWhirter, Pillard), Capital Ballroom G, Ballroom Level, JW Marriott

### Thursday, May 7

- 9-10:30 am.....CW52. The Care and Feeding of Local AIDS Committees (Fryer), Rm. 3, Meeting Room Level, Ramada Techworld
- 9-12 n.....F18. Paris Is Burning Constitution Ballroom A-B, Level 3B, Grand Hyatt
- 11-12:30 pm.....IW102. Psychiatric Treatment Approaches in Early HIV Disease (Hicks), Rm. 23/24, Level 1, Convention Center.
- 2-5 pm.....S109. Social Support and Mental/Physical Health Outcomes in HIV Infection (Ostrow, O'Brien, Lackner, Rundell, Jacobsberg, Hays, Remiem), Independence Ballroom B-C, Level 5B, Grand Hyatt

## Medical Student Column

Donna Lohmann  
Kew Lee

As the Annual Meeting draws near, we are both able to reflect on the past year. Both of us will be graduating and starting our residencies in psychiatry at the University of California at San Francisco. (No, we did not participate in the couples match!) Reflecting upon the interview process, a couple of issues come to mind.

One topic that comes to mind is whether or not to "come out" when applying or interviewing for a residency program. We began to think about this last year during the New Orleans AGLP meeting and benefitted immensely from participating in discussions with psychiatry residents and faculty. One thing became obvious—there is no one way to approach the matter. Certainly we had to consider our own comfort level discussing our sexual orientation in an interview situation. If an applicant comes out on the personal statement portion of the application, he or she must be prepared to discuss what it means for him or her to be gay. During one of Kew's interviews, his homosexuality became the main focus of the conversation. Not only did he have to expound upon several theories explaining the etiology of homosexuality, but his ability to adequately treat heterosexual couples was called into question. However, we must note that, overall, we both had very positive experiences coming out during the interview process. One should just be aware that some interviewers may take on a confrontational tone. Because of this fact, we did not always feel comfortable coming out and chose to remain silent about our sexual orientation. This choice is a personal decision, and one should not feel that there is only one right answer.

If an applicant decides not to reveal his or her sexual orientation, he or she must consider ways to evaluate a program's "gay-friendliness." There are a couple of ways to do this. First, try to find out if there are any gay residents in the program. If so, consider contacting them before or after the interview—it might be easier to ask tough questions when you are not in a pressure situation. Second, come to the AGLP meeting in Washington, DC this May! At that time we will lead discussions on this very subject. You will be able to talk with gay and lesbian residents and medical students from all over the country. You may be surprised to find out that a program in South Carolina is a very positive place for gay people to train! In addition, you will develop contacts with both residents and faculty from whom you can seek advice throughout the application process.

At the recent national AMSA convention in Washington, several LGBPMers (Lesbian, Gay and Bisexual People in Medicine) met with the APA Chair of the Committee on Medical Student Education to discuss the recent decrease in applications to psychiatry residency programs. As you may know, several of the large Northeastern programs did not fill this year. Some of the reasons that were entertained

## Residents' Column

Mark Townsend, M.D.

We cannot promise a poolside of bare torsos (torsi?) so far this year—we are working on it—but, if you will pardon the *patois*, we hope to see all y'all this year at the APA. Lanette Atkins, M.D. and I will be in town for the Saturday Pre-Convention, which always has a large resident turnout (and benefits a lot from our input) and we can talk about the week's events. At this point, I plan to stay at the Holiday Inn.

This year the Residents' Lunch will be a Residents' Brunch on the patio at Herb's Restaurant in the Holiday Inn at 10:30 Sunday morning. Some residents are interested in a canoe trip later in the day; others say they just want to relax—so we will "present some options."

The annual Residents' Meeting and the combined meeting with the medical students are at midday on Tuesday. We will be electing both men's and women's co-coordinators at that time; so, if you are interested in helping increase visibility for the group and have other ideas for the year, please join in. Gay and lesbian medical students count on your input about your residency experiences.

AGLP resident members are involved in several workshops this year addressing gay and lesbian issues in residency training—so check your schedules for times and places. I know Lanette and I look forward to seeing everybody again. Feel free to get in touch with us in the meantime. Until then, see you in DC!

Mark Townsend, M.D. (504) 861-1272  
Lanette Atkins, M.D. (803) 765-1491

included the perceptions that the patient population is becoming increasingly homeless and HIV-infected, and therefore perhaps less desirable with which to work. We also talked about the perception of psychiatry as a "soft" science with nebulous criteria for diagnosis and treatment. In addition, medical students with a primary interest in psychodynamics may be discouraged by the increasing focus on biological psychiatry. Finally, there is not enough emphasis on psychiatry in the preclinical years. There are certainly many other possible reasons for this general decline and we will continue this discussion at the Annual Meeting in May.

Most certainly, we are looking forward to exploring all of these issues in Washington. Please contact us regarding housing and travel stipends at the Annual Meeting. We hope to see you there!

Donna Lohmann (415) 821-3299  
Kew Lee (212) 889-2501

## Oregon PA Denounces Anti-Gay Ballot

David Smith, M.D.

As many of you know, Oregon is currently the center of an unprecedented political battle over a proposed ballot measure which would institutionalize homophobia by state constitutional amendment. A well-financed and manipulative right-wing hate group is trying to pass a ballot which would forever prohibit civil rights for lesbians and gays and which would compel the public schools to condemn homosexuality as abnormal and perverse. The Oregon Citizens Alliance (OCA) has cleverly worded the initiative so that it looks like an anti-pedophilia bill. The campaign literature of the OCA utilizes multiple distortions of psychiatry including stereotypes that homosexuals are pedophiles and sado-masochists and that children are recruited into homosexuality. They have also invoked the dated comments of a number of famous psychotherapists in an attempt to make the public think that homosexuality is a mental illness.

Oregon members of AGLP have mobilized to fight the abuse of psychiatry in this campaign and to help educate the public about the facts. We approached the Oregon Psychiatric Association (OPA) for a position statement, but there was some initial reluctance to become involved in a political issue. We then set out to educate the leadership of OPA and the general membership about the very serious implications of the bill. We got much needed (and appreciated) help from Marshall Forstein, M.D. and other APA leaders who lobbied the OPA on our behalf. We even got a supportive letter from APA President, Larry Hartmann, M.D.

We were set for a showdown vote at the winter meeting of the OPA in February, but by then our grass work and a dramatic speech by Peggy Hackenbruck, M.D., (in a smart lavender outfit) paid off. The OPA leadership and general membership agreed without a vote to work on a position statement.

On March 19, 1992 the OPA met in executive session and approved without dissent a strong statement of opposition to the OCA and its ballot measure (see below). The scholarly document reasserts Psychiatry's position that homosexuality is not a mental illness and that civil rights protection for gays and lesbians is needed. The OPA expressed its objection to the use of a diagnosis of mental illness based on prejudice and made, not by mental health experts, but by the instruments of the State. The position statement exposed the intentional erroneous and delusive association of homosexuality with pedophilia and remarks that the vast majority of child sexual abuse is heterosexual. The OPA also rebukes the OCA for claiming that the chronically mentally ill are another special rights group in alliance with homosexuals.

AGLP members in Oregon are thrilled to have achieved this victory. We reiterate our gratitude for the support received from the AGLP and APA leadership. Still our celebration is tempered because the chances of defeating this ballot measure are at best 50/50. The OCA has a tremendous advantage owing to funding from conservative groups outside the state and to their deceitful employment of prejudice and ignorance. The OCA has promised

to export their tactics to other states which have gay rights movements. We have recently learned that a similar campaign for a constitutional amendment is gaining momentum in Colorado. We hope to lobby the APA to issue a position statement on what promises to be a national phenomenon of abusing psychiatry in the service of prejudice. Beware—your state may be next!

## The Oregon Psychiatric Association Opposes the Proposed Constitutional Amendment of the Oregon Citizens Alliance

The Oregon Citizens Alliance's proposed amendment to the *Constitution of the State of Oregon* would prevent state or local governments from extending civil rights protection to homosexuals, labels homosexuality as "abnormal, unnatural, wrong and perverse," and mandates that public schools assist in condemning homosexuality as unnatural and perverse.

The Oregon Psychiatric Association, a medical specialty society representing over three hundred psychiatric physicians in Oregon, formally announces its opposition to the proposed state constitutional amendments and the initiative petitions of the Oregon Citizens Alliance and condemns discrimination and distortions based on bigotry and ignorance.

The Oregon Citizens Alliance unfortunately is invoking distortions of psychiatric information in an effort to win support for their proposed amendments. The Oregon Psychiatric Association, therefore, feels compelled to clarify important psychiatric aspects of these issues:

1. The public should know that the American Psychiatric Association maintains that homosexuality *per se* is not a mental illness. Our commitment to the ethical principles of medicine compels us to oppose any proposal which excludes, segregates or demeans the dignity of any person because of ethnic origin, sex, race, creed, age, socioeconomic status or sexual orientation.
2. The proposed amendments ignore standard mental health diagnoses and substitute arbitrary guidelines enforced by the State. The American Psychiatric Association has long opposed such practices. We respect the diverse moral and religious ethics of our population and strongly object to labeling those with differing views as perverse or mentally ill in the absence of any evidence supporting such a claim.
3. The proposed amendments equate homosexuality with perversions, including child sexual abuse (pedophilia). This is an intentional, erroneous connection designed to portray the amendment as an anti-pedophilia bill rather than an anti-civil rights bill. The vast majority of sexual abuse is by heterosexual individuals.
4. The proposed amendment forces public schools to present as fact statements regarding homosexuality which are not based on scientific evidence. We are concerned that the amendment will have a deleterious effect on education and will further misinformation regarding gay and lesbian citizens who are already at

- 5. risk as potential victims of hate and intolerance. The proposed amendment could prevent the distribution of information, and even teaching, regarding sexuality and disease prevention at all levels of education, even including post-graduate medical education. This policy would abandon the most effective means of preventing the spread of AIDS and raises grave public health concerns.
- 6. The proposed initiative would reverse recently enacted legislation which extends civil right protection on the basis of sexual orientation. The Oregon Psychiatric Association reasserts its support for all legislation which protect the civil rights of Oregon citizens.
- 7. The proposed amendments would adversely affect society insofar as it encourages discrimination and prejudice. The OCA has chosen to target a minority group about which there is much misinformation and unfair stereotyping already. The OCA is using distortions of psychiatric information as the linchpin of their political campaign. The OCA has also recently labeled the chronically mentally ill as another group seeking special rights. Throughout history, it has been common for minority groups to be viewed with intolerance and discrimination. Such expressions of prejudice are not logical, stem from ignorance and bias, and result in grave injustice and irrational hate.

We urge that the citizens of Oregon actively oppose these destructive measures which foster discrimination against citizens of our state.

Therefore, the Oregon Psychiatric Association joins with other professional organizations in formal opposition to this proposed discriminatory legislation.

### 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 - \$15.00)

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: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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: \_\_\_\_\_

**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: **Gall Nelson, Office of Minority / National Affairs, American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005**

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





# ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

September 1992

Volume XVIII(3)

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## WASHINGTON FALL MEETING

The annual Fall Meeting will be held on September 19, 1992 in the State Room of the J. W. Marriott Hotel (1331 Pennsylvania Ave., NW, Washington, DC 20005; (202) 393-2000) from 9:30 am to 5 pm. The meeting is open to all members and serves as a pre-convention planning meeting for the Annual Meeting which will be in San Francisco May 22-27, 1992 (Note that the date is later next year than in previous years). An 8:00 am Executive Committee Meeting for members of the Executive Committee will precede the meeting at the hotel bagel restaurant..

Jeff Akman and Steve Dixon are again hosting a dinner at their house (1936 Calvert St., NW; Washington, DC 20009) on Friday night (September 18th) for everyone attending the meeting.

**If you are planning to attend the Friday night party, please call Jeff today—(202) 483-6092—and leave a message on his answering machine indicating how many will be attending. Then send \$25.00 per reservation to the address above with checks made out to "Jeff Akman, M.D."**

To get to Jeff and Steve's house, take a cab or the Metro. Parking is virtually non-existent. To take the Metro, take the Red Line to the Woodley Park / Zoo stop. Go one block south on Connecticut and 1 1/2 blocks East on Calvert Street. 1936 is on the right.

As an option for lodging, the Governors House Holiday Inn (where many of you stayed during the Annual Meeting in May) is providing rooms for AGLP members for \$110.00 per night. YMCA privileges come with the room. For reservations, call (800) 821-4367 or (202) 296-2100. The hotel is located at 1615 Rhode Island Ave., NW; Washington, DC 20036. Make your reservations now and ask for the Association of Gay and Lesbian Psychiatrist's rate.



## Update on Military Policy on Gays

Dan Hicks, M.D.

Once again there are mounting pressures to change the military's ban on homosexuality. Individual court cases continue: Joe Steffan's case against Annapolis is now in appeals. Added to this are two new cases which have generated much publicity. Top gun Tracy Thorne "came out" publicly on *Nightline* and the *Today Show*; his arguments and reason certainly were more impressive than the histrionic ravings of Rep. Dornan. He plans to fight his discharge from the Navy. And Colonel Maragarethe Cammermeyer, the decorated and esteemed chief nurse of the Washington National Guard, became the highest ranking officer in the military to be discharged based on admitting her homosexuality, despite the fact that the National Guard wanted to keep her in. She is in process of fighting this decision.

In addition, Rep. Pat Schroeder of Colorado has introduced a bill in Congress calling for a repeal of the ban. Because it is such a hot political issue, it is unlikely this will gain enough support to be passed any time soon, just like the gay rights bill which is introduced every year. The GAO, the investigational arm of Congress, has returned their impressive report which finds no valid support of the military policy and points out the loss of a minimum of \$27 million / year in trained personnel that are discharged, not counting the money spent in investigations and administrative proceedings.

Despite all these pressures, military spokesman retreat behind their argument that this is a "military judgment," based on their belief that somehow it would interfere with morale and "combat effectiveness," thereby undermining the mission of the military. These are the same arguments used about integrating blacks, defending separate quarters and units because it would "upset" the soldiers to be mixed together and interfere with effectiveness, until President Truman issued an executive order saying there would be integration. Now the military is one of the best examples of how integration can work and help advance the cause of minorities. The same argument was used against women, but Desert Storm proved women could be used effectively

in combat without undermining effectiveness. Integration of women is still being played out, with all the recent incidents around sexual harassment and the resignation of the Secretary of the Navy over this investigation.

Arguments about gays in the military refer to homosexuals who blatantly solicit others or use their position and rank to force others into having sex. Perhaps that is because those are the only "known" homosexuals, the ones who get in trouble or call attention to themselves, not those who work quietly and efficiently side by side all the heterosexuals and keep their sex lives out of the office. These arguments are still based on fears, stereotypes and prejudice, not based on facts, so have no grounds to support them and will eventually fall.

Being on the APA's military committee has been interesting and informative. Basically, military psychiatrists are supportive of our positions and have stated so in their policies and writings, asking that the APA work to change policy in the military. However, they do not see themselves as having any power to get this policy changed, and feel betrayed by our group which has limited their access to recruiting psychiatrists into the military. Apparently, the highest military medical person, the Surgeon General, has come out in support of changing the policy in the past and was ignored, just as Surgeon General Koop's ability to impact the presidential AIDS Commission has been limited. The military shrinks advise us to pressure Congress to change the policy, especially now that a bill has been introduced; as I said earlier, there is little chance of this passing anytime soon. Our best hope to date seems to be that Clinton has gone on record stating he would change the policy with an executive order if elected. This is the strongest stand any presidential candidate has ever taken on gay rights.

I will continue to discuss and strategize with the military psychiatrists any other plans to change policy. This may include negotiation about supporting their idea of becoming a District Branch—if the military psychiatrists were more organized, they may have more power to bear on changing policy. I am also attempting to have Dr. Harry Holloway, the Acting Dean of Uniformed Services University of Health Sciences, and chairman of the APA's Committee on Military Psychiatry, speak at our fall meeting to help improve our understanding and communication.

### The Newsletter of the

### ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

#### Editor

David Scasta, M.D.

Published quarterly and as needed from: 1439 Pineville Road; New Hope, PA 18938.

Subscription cost: \$15.00 per year. Subscription requests and address changes should be sent to the above address.

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..... Marshall Forstein, M.D.  
President-Elect..... Majorie Sved, M.D.  
Vice President..... Daniel Hicks, M.D.  
Secretary..... Rochelle L. Klinger, M.D.  
Treasurer..... Larry M. Prater, M.D.  
Past President..... Peggy Hackenbruck, M.D.

## President's Column

**Marshall Forstein, M.D.**

As we near the fall meeting of AGLP, I would like to urge any AGLP members or potential members to join us in Washington September 19, 1992. Each year, more and more members appear at the Friday night dinner and the Saturday meeting, joining in the preparations for the Annual Meeting, and discussing many of the important issues that the members of AGLP bring to APA committees and components. Increasingly we are represented throughout the APA, which provides an opportunity to make the issues relevant to lesbian and gay people evident in contexts which do not traditionally consider the impact of policies and practices on our lives.

The list of people who serve on various components, committees, commissions, etc. is too long to fit in my column, but I would like to thank all of those who have served, and are now serving within the APA, for your efforts to keep lesbian and gay issues alive and noticed.

For those of you who have an interest in serving on a particular component of the APA, please let the Executive Committee know by or at the Fall Meeting. I am planning to meet with President-elect John S. McIntyre and would like to offer him some of our suggestions for appointments to councils or commissions.

Many of you have read that the Governor of Massachusetts, William Weld, (Yes, the man who said that Dan Quayle had the best political mind in the White House—scary, huh?) had established the first state-wide Commission on Gay and Lesbian Youth. Whatever else I might think about his politics and economic strategies, I have admired both him and Lt. Governor Paul Cellucci for their progressive and meaningful support of gay and lesbian youth. The first order of business will be to collect as much data as possible which illustrates the extraordinarily high rates of suicide, homelessness, and abuse among lesbian and gay teens. We are preparing presently to have public hearings and to take testimony from lesbian and gay teens who have suffered as a consequence of their sexual orientation.

The Commission has several teens, educators, mental health professionals, parents, and human service providers (including staff people from several of the state agencies). I am very excited by the opportu-

nity to make visible a problem which we have all known about for so long. Gay and lesbian youth deserve our help at every level to develop positive images of the self that can sustain them throughout their development. As psychiatrists we must be concerned about the impact of prejudice, inequality and invisibility during adolescence which contributes to self-destructive behavior, substance abuse, and suicide.

I have offered the commission in Massachusetts the support of AGLP in the effort to make lesbian and gay teens a more visible concern. Within the APA we can bring these issues up at every opportunity, wherever children and adolescents and families are discussed.

I will look forward to reporting to AGLP members the work of the Massachusetts Governor's Commission on Gay and Lesbian Youth, and I invite all of you to provide me with any input you might have on this important issue.

Looking forward to seeing some of you in Washington this September!

### 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: Gail Nelson, Office of Minority / National Affairs, American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005

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

## Medical Student Column

It is with some sadness that we write our last medical student column—however, the wonderful part is that we are now residents! We had a great time in Washington, DC. at the AGLP Annual Meeting, Approximately 14 medical students attended the meeting and most were completely funded through the generosity of the AGLP membership. We think everyone would agree that the support of medical students by AGLP makes a tremendous difference and we thank you all!

Speaking of the Annual Meeting, a few notes: Attendance was up this year, including a 100% increase in the number of lesbian medical students! (OK, OK, it was an increase of 1 to 2, but at this rate, we'll have 64 lesbians at the 1997 meeting!) . There was also representation from all four medical student classes, plus one who had not even started yet. On Sunday morning, we had a brunch with the resident group at lovely Herb's Restaurant, and a good time was had by all. We met again with the residents on Tuesday afternoon, where we discussed what direction the group should take given how large it has become. We are hoping that eventually we will be able to have formal research projects looking at such issues as the attitudes of residents and resident programs towards gays and lesbians in psychiatry. The medical students then met on their own for a discussion group that focused on coping strategies for gay and lesbian students in medical school. Informally, many groups of students got together for sightseeing activities, including a brief trip to the zoo to study the pandas' mating rituals. We think the sexual orientation of the pandas needs to be further examined, given their lack of success in producing offspring.

We are happy to announce that the new male medical student liaison between AGLP and AMSA's LGBPM task force is Salman Azhar from the Medical College of Virginia. We are confident that Salman will do a marvelous job, and wish him the best of luck. At this writing, the lesbian liaison position is still open. Anyone interested should call Salman at the number listed below.

Moving on to residency—is that something everyone is eager to do?...but where to start? When trying to decide on a program that is the right fit for you, a good place to start is setting up an advanced elective in psychiatry. There is some controversy over whether you should do away electives at programs that you are interested in. However, this is still the best way to see if a program fits your needs or interests. In addition, you will get to talk to faculty and residents and get the real scoop, as one interview day is often not enough to get a feel for the program. On the other hand, if you are really interested in a program and feel that you could be hindered by a less than stellar performance, you may wish to reconsider doing an elective there. You seldom have more than one or two chances to do away electives in psychiatry, so choose wisely! What kind of elective should you do? In general, choose an area in which you have

## Membership Tops 500!

AGLP continues to grow placing it among the major gay and lesbian organizations in the United States. As of August 10, 1992, AGLP has:

Full Members	309
Associate Members	19
Residents	130
Medical Students	62
<b>Total</b>	<b>520</b>
<b>Circulation</b>	<b>576</b>

Nearly \$25,000 in dues have been collected as the result of 82% of the membership being up to date on dues. Compared to this time last year, full membership posted a 15% gain (41 members); associate members, a 19% gain (3 members); residents, a 17% gain (19 members); and medical students, 24 % gain (12 members).

Women members are estimated at 105 breaking the 100 mark for the first time and accounting for exactly 20% of the membership.

a lot of interest. It does not make much sense to torture yourself in the psychiatry emergency room if you do not have an interest in acutely psychotic patients. You will not perform at your best, and it may end up hurting you. However, if you do a great job in an area that interests you but may not be as well-known as others, then the program will look on your application much more favorably. If you look good on paper, it may not be as important to do an away elective at a specific program in terms of improving your competitiveness, but it could still be extremely helpful to you in making your rank list decisions. Remember that it is a buyer's market for you. This year, there was a significant drop in applications to all programs in psychiatry, and, if this trend continues, you will be recruited more heavily than in years past. Enjoy the application process as much as possible, and keep in mind that it will be nothing like applying to medical school. This is our last column, but feel free to ask us any questions you may have about the residency program at UCSF (where we both happily are now) or about the application process in general. Thanks a lot. We have had a great time, and look forward to seeing you in San Francisco in May of 1993!

Donna Lohmann,	PGY-1(!), UCSF	(415) 821-3299
Kew Lee,	PGY-1(!) UCSF	(415) 647-7006
Salman Azhar,	MS IV, MC of VA	(804) 272-0826

## Resident's Column

Howard Rubin, M.D.

At the APA convention in Washington, DC in May, I was elected the male resident representative for AGLP. My name is Howard Rubin and I am currently a PGY III in New York City at NYU/Bellevue. I enjoyed meeting many of you there.

It was quite affirming to see such a large turn-out of residents at AGLP events. I have been attending APA conventions for about 4 years, and I am pleased, but not surprised, to find that the number of residents has been steadily growing. That presence at the conventions also reflects the increasing number of us who have been joining AGLP. More important, we have assumed a greater voice within the organization. Along with the students, we are the future of AGLP!

In addition to all the fabulous parties at this year's APA, one of the highlights was the group meeting of residents. If one were to process what was being discussed in that group, one would have a clear idea of what it means to be gay in psychiatric residency programs today. The residents also enjoyed meeting with the medical students to impart our "wisdom" about various residency programs and the application process. The workshop on, "Survival Strategies for Lesbian and Gay Psychiatric Residents" was also not to be missed, even if it did meet at 9 in the morning.

I would love to hear from you with suggestions for resident events in San Francisco. We are trying to arrange an outing on the Sunday before the convention to some exiting locale. Suggestions so far include Golden Gate Park, Land's End, Alcatraz, and Angel Island. My telephone number is (212) 213-1813.

Finally thanks to Mark Townsend for doing a great job before me as resident representative. Lanette Atkins, our female resident representative, is continuing her work with the group. She can be reached at (803) 765-1491.

**Kaplan and Sadock Text** How many of you have the read the section on homosexuality by Warren J. Gadpaille in the fifth edition of the Kaplan and Sadock's *Comprehensive Textbook of Psychiatry*? If you haven't had your daily dose of moral outrage and indignation, read it.

The chapter is located under the category: "Special Areas of Interest" in the Normal Human Sexuality and Disorders chapter. The other "special" area is "Rape, Spouse Abuse, and Incest." Now isn't that special? I am not amused, but it gets worse.

The chapter which has subheadings such as "Comparative Nosology," "Pathogenesis," "Casual Sex," "Homosexuals with Emotional Problems," "Differential Diagnosis," and "Prognosis," leaves no doubt that its author is writing with the disease model of homosexuality foremost in his mind. Through long contorted sentences and confused syntax, the author attempts to tread a "middle ground" between the far left in psychiatry (as represented by our own Dr. Isay, according to some!) and the Bieberites and Soccaridents (on the far right. He fails miserably. He seems much more in step with the latter.

A quick look at his references elucidates the problem. He cites himself 3 times, Bieber, Ovesey, Masters and Johnson, once each. Although he cites Kinsey, he does not mention Evelyn Hooker, Ph.D.. He lists Dorner but not Gooren.

A few choice quotations will illustrate the problem.

## Psychiatrists of Color Column

Gene Nakijima, M.D.

At the recent APA conference about 10 psychiatrists, members in training, and significant others met in the hospitality suite. Most of the faces were new, and we had the largest turnout in the four years that the group has met. We spoke of the homophobia we have felt within the ethnic minority caucuses and the racism that we have felt within AGLP. We also spoke of the difficulty that we have in choosing between lesbian/gay events and people of color events.

Next year we hope to organize a workshop for the APA. One idea is to focus on training issues of lesbian and gay psychiatrists of color. We are also hoping to organize a party during next year's APA in addition to our meeting in the hospitality suite.

We want to increase our numbers, and I encourage any AGLP members who know African-American, Latino, Asian and Pacific Islanders, Native Americans and other people of color within the APA to join AGLP and to attend our meetings. If you have any suggestions for next year's conference, please call Gene Nakajima, M.D. at (212) 213-9471.

**Hospital and Community Psychiatry Conference: Toronto, October 23-27** There are several lesbian and gay people presenting workshops and attending the H&CP conference in Toronto. We are hoping to organize a reception for lesbian and gay people attending the conference. Please contact Gene Nakajima for more information as the conference approaches.

"There are those among homosexual psychiatrists and other mental health professionals who are so offended by the implication of sickness in the very idea of treating homosexuals that they refuse to honor any homosexual's request for therapy aimed at changing orientation and similarly refuse to refer him or her to anyone who would make such a therapeutic effort....It is this author's position that such a stance is unethical—indeed a form of malpractice....Homosexuals who come into therapy for emotional difficulties other than their homosexuality present a special problem....unless the therapy is very specifically problem or behavior oriented. If the patient remains long enough in any exploratory therapy, material pertaining to sexual orientation will emerge. This emergence is generally very threatening and causes termination.... Prognosis is difficult, and the indicators are not always either clear or clearly known.... Marked effeminacy in a man or hyper masculine behavior in a woman—especially if continuous from chronic cross-gender behavior in childhood—is a poor prognostic sign for change."

When I first read the chapter, I contacted the textbook staff about changing the author for the next edition and was told that Gadpaille was already contracted for the homosexuality chapter. "No one complained about it, but people, one way or the other, are always unhappy with this chapter." My submission of a list of potential alternate authors and their selected bibliographies was met with "It's just too late."

So a modest proposal. Read the chapter; if it offends you, contact Dr. Sadock at Bellevue Hospital 22N19, 27th St. and First Ave., NY, NY, 10010 (212) 263-6210. And when the next edition appears, let's all do it again.

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# CONVENTION HIGHLIGHTS



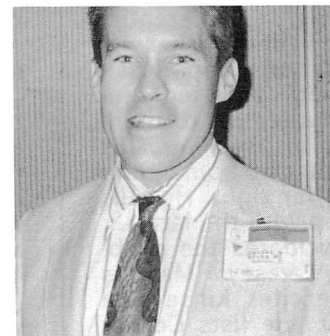
**Shelley Klinger, M.D. ,  
AGLP Secretary**



**Larry Prater, M.D. , AGLP Treasurer,  
finds more dues.**

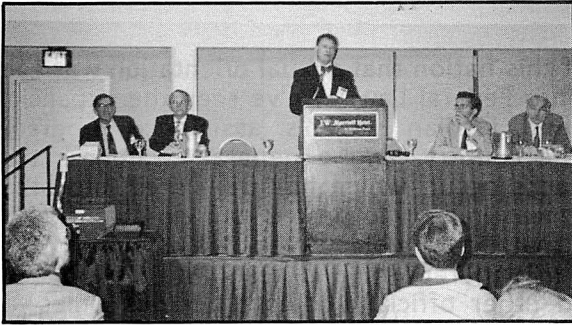


**Margery Sved, M.D., President-Elect**

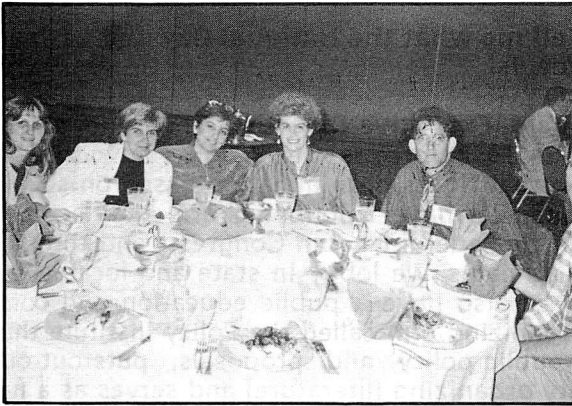


**Vice President Daniel Hicks, M.D.,  
the *Primum Mobile* of the  
Annual Meeting**

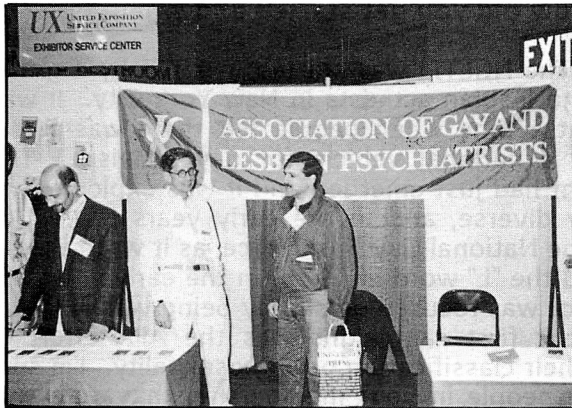
The AGLP Co-sponsored symposium on  
Sexuality and Homosexuality Revisited: Update 1992.  
(left) Isay, McWhirter, Cabaj, Goldsmith, & Pillard



The genders mix at the Awards Banquet



AGLP Exhibit Center Booth: (left) Winchel,  
O'Donnell, & Drescher



Women coalescing at the Opening Reception



Steve Atkins, M.D. and  
President Marshall Forstein, M.D.  
at the Opening Reception



Significant Others



Medical Students and Residents  
meet in joint session





Kevin Berrill (left) accepts award for NGLTF from Marshall Forstein, M.D. and Urvashi Vaid (right) accepts AGLP Distinguished Service Award from Peggy Hackenbruck, M.D.

## NGLTF & Vaid Receive AGLP's Sixth Annual Distinguished Service Award

On May 6, 1992 AGLP awarded its annual Distinguished Service Award to Urvashi Vaid, Executive Director of the National Gay and Lesbian Task Force (NGLTF) at the Awards Banquet in Washington, DC. Special recognition was also given to NGLTF as an organization for its efforts in fighting discrimination and violence against gay and lesbian people. The following is an interview with Kevin Berrill, the Anti-Violence Project Director and Urvashi Vaid.

**AGLP: Tell me a little about what your doing.**

**Kevin Berrill, Anti-Violence Project Director:** Well, I've been on the NGLTF since 1982, and much of what I've spent those ten year's doing is attempting to document, publicize and counter violence against lesbians and gay men, and we've certainly come a long way. Where this issue didn't even register on the map, it now has received some official recognition and response. We've seen some benchmarks of progress, such as the enactment in 20 states of hate crime laws based on sexual orientation. We've seen the enactment of the Federal Hate Crimes Statistics Act, which for the gay and lesbian community is a historic piece of legislation for several reasons, not the least of which is [that it is] the first time in the

history of this nation that sexual orientation was ever enacted into Federal Law. We've seen the expansion of gay and lesbian victim's assistance programs around the country, and a general awareness that these attacks occur, which has translated into other kinds of measures .... to protect our civil rights. Essentially that has involved very painstaking work, such as writing reports and testifying before Congress and other official bodies numerous times, as well as, appearing before the media and so forth. And, the [antiviolence college] campus project came as an offshoot of the anti-violence project.

**AGLP: Tell me what the National Gay and Lesbian Task Force is.**

**Urvashi Vaid, Executive Director:** The National Gay and Lesbian Task Force is a civil rights advocacy organization that fights discrimination based on sexual orientation. We have a lobbying arm that actually lobbies at the Federal level in Congress, and through our state affiliates, we lobby in state and local levels as well. We also have a public education and community organizing arm called the Policy Institute that analyzes public policy and proposals, puts out our community organizing [literature] and serves as a national resource center on gay and lesbian issues—so we do a lot.

**AGLP: How did you get started and when?**

**VAID:** [The NGLTF] was started in 1973 by a group of gay and lesbian activists in New York City. It was started at a time when people felt there was a real need for a national vehicle for gay activism. The movement had just emerged and it was exploding. It was very diverse, and in the early years NGLTF (or NGTF—the National Gay Task Force, as it was called—we added the "L" word in 1985) in the early years the Task Force was focused on simply being visible. And, one of our first campaigns was the APA effort to change their classification of homosexuality. I'm sure there are people in your membership that were part of that campaign when the Task Force was founded .

**AGLP: How did you get involved in NGLTF**

**VAID:** I've been on the staff for six years and I was a volunteer before that for a couple of more years [when I was] involved in the early 80s with the Task Force. I'd heard about [it] for [several] year., but, I think that, like many people, the combination of the emergence of the far right, the rise to power of Ronald Reagan and the emergence of AIDS—all combined to motivated me to get involved in gay and lesbian organizations. I was working in the feminist movement before that. I made more of a commitment to gay and lesbian issues in the late 70's and early 80's as a result of those forces. So, I've become involved and I've been the executive director [of



NGLTF] for the last three years and before that I was the public information director. I'm actually a lawyer by training. I was a litigator before I joined the Task Force.

**AGLP: Where do you see the NGLTF going in the future?**

**VAID:** I see our movement facing some really tough times in the next few years. There are some tough challenges ahead. We are fighting a number of state initiatives that are really going to be hard fights against the right wing in Oregon and Colorado. I think the [effect of the] continuing trauma of the AIDS crises on us personally and on our movement and on our organization is something that is just immeasurable. As psychiatrists I'm sure you think about this a lot, but as an activist, I live through it, you know, I don't even have the analysis of it, but that's only going to deepen and get more and more horrible. And, I think, depending on who wins the Presidential election, things will get either better or worse. A second Bush term would be bad for us. I just feel that—even though I think there are good people on the Republican side of the fence who support gay rights there too.

We are concentrating on is building a movement from the ground up. We're concentrating on increasing local and state participation in supporting and building local and state organizations. We don't have state organizations in every state. We have lots of gay people—people who march in gay pride, people who are willing to do more—but they're not organized even today. We are more organized than we have ever been, but we have a long way to go to make an effective political force out of our energies.

**AGLP: How does one join your organization?**

**VAID:** Membership is so cheap. It's 35 dollars a year, so that's less than a dollar a week to help insure your civil rights. Really, everyone should join. That plugs you into your first step into a network of activism. We do a lot of action of alerts and mailings to members that get involved in different projects that we are working on. There should be no shortage of local and state initiatives to work on in every corner of the country. The great news is that we have an active movement everywhere.

**AGLP: How many states do you have organized chapters in?**

**VAID:** We don't have chapters, that's been a historical quirk.

**AGLP: What is your address here?**

**VAID:** 1734 Fourteenth Street, N.W.  
Washington D.C., 20009

## Early Career Psychiatrists (ECP)

**Rob Clyman, M.D.**

Since AGLP is becoming so large, we felt a need to create a subgroup to focus on issues of particular interest to gay and lesbian members who are in their early years out of training. Twenty-one members attended an organizing meeting in Washington last May. They ranged from those just finishing training to members six years out.

We plan to meet biannually at the September and May meetings planning educational and social events. In addition, members discussed coordinating regional meetings and using the *Newsletter* to disseminate information.

A variety of interests were identified. Members viewed ECP as a social club and support group. Non-AGLP gay and lesbian psychiatrists may find it easier to plug into a subgroup, thus increasing membership. We can address issues of starting a practice and developing an identity as an attending or faculty member specifically as it pertains to being gay. We can facilitate formation of local supervision groups. ECP members can share job listings with each other and, for trainees, act as advisors for PGY-IV's. ECP can also help participants develop into leadership roles in the APA and AGLP with members also collaborating on APA presentations.

Join us in September in Washington D.C. for a soon to be planned meeting. Planning is already underway for San Francisco for educational and social events. Please direct feedback to me in New York at this address: Robert Clyman: P.O. Box 404; New York City, NY 10009 [(212) 388-0625].

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**AGLP: Tell me something about you personally .**

**VAID:** About me personally? I have no personal life. I'm owned by the Movement and the Community. Let's see, what can I tell you? Well, I'm a lawyer; I love rock n roll; my secret fantasy would be to be a punk rock musician; my role model is Patty Smith, the rock singer; [and] I have a fabulous girlfriend with whom I unfortunately have a long distance relationship. Her name is Kate Clinton. She's a comedienne. It's a great match because comedy and politics are the flip sides of each other...

**AGLP: ....Is there a difference?**

**VAID:** Is there a difference (laughing)? That's a good close!

## Minutes of the AGLP Business Meeting

May 4, 1992

Marshall Forstein, M.D. called the meeting to order at 5:35 PM and introduced the officers. Dan Hicks, M.D., M.D. was fervently thanked for local arrangements.

**CHIP Meeting:** Marshall Forstein, M.D. was re-elected president of the Caucus of Homosexual-Identified Psychiatrists of the American Psychiatric Association. Bob Cabaj, M.D. and Jim Krajewski, M.D. were renominated as assembly representatives. No new nominations came from the floor. The ballots for the new term will be cast in February of 1993. The meaning of CHIP membership was explained and people were encouraged to join. Only one fourth of AGLP members are CHIP members.

Bob Cabaj, M.D. presented the CHIP report. The major issues discussed in the Assembly of the APA were managed care, ethics, filling deputy director position for minority affairs, and the Goodwin matter. Bob noted negative votes on the issues of racist personality in *DSM IV* and making the military a separate district branch. The Assembly voted to change its name to the Assembly of the APA. The Board of Trustees approved our statements on the right to privacy, immigration, HIV/AIDS position statements on substance abusers, and the rights of HIV infected. Jim Krajewski, M.D. noted initiatives passed condemning harassment in the workplace, and a checkoff on dues statement for a fund for psychiatrists with severe illness (e.g., AIDS)—Robert E. Jones Memorial Fund.

The meeting concluded with a discussion about changing the name of CHIP, culminating in the unanimous vote to change to Caucus of Lesbian, Gay, and Bisexual Psychiatrists. The CHIP Meeting was closed at 6 PM.

Marshall Forstein, M.D. opened the AGLP meeting with a story about Dr. Mel Sabshin's (Executive Director of the APA) moving introduction of Larry Hartmann, M.D. (President of the APA) and his life partner. Marshall will send letters of thanks to Mel and Larry about this, noting that AGLP has contributed to setting the tone. The record high attendance at the business meeting was noted.

**Local Arrangements:** Dan Hicks, M.D. introduced and thanked the members of the local arrangements committee, and David Scasta, M.D. for the brochure. Marshall Forstein, M.D. noted the need for a local arrangements committee for San Francisco for next year and asked for volunteers. The Vice President will take on the task of coordinating the local arrangements committee and program for annual meeting.

**Election nominations:** Marshall Forstein, M.D. encouraged new people to become active, either as officers or in the Fall Meeting).

### Nominating committee report:

President-elect - Margie Sved, M.D.  
Vice President - Dan Hicks, M.D.  
Secretary - Shelly Klinger, M.D.  
Treasurer - Larry Prater, M.D.  
Newsletter Editor - David Scasta, M.D.

No new nominations were obtained from the floor. Nominations will be left open until May 5, 1992 in case anyone decides to run.

**Treasurer's Report:** Larry Prater, M.D. reported on the budget and presented a profit/loss statement.

**Membership Report:** David Scasta, M.D. reported that membership success continues with 478 members as of April 30th, 1992 consisting of 295 Full Members, 15 Associate Members, 113 Residents and 55 Medical Students. 73% of members were paid up. On the basis of first names, 91 members of AGLP are women. Peggy Hackenbruck's contribution in recruiting women was acknowledged. Medical student travel contributions reached a new record of \$2465.00.

**Minority report:** Gene Nakajima, M.D. reported that eight people met on May 4, 1992 and planned a reception for next year. The Rodney King incident (beaten by Los Angeles police) and the Goodwin issue were noted as important. AGLP in general will talk about them.

**Women's Committee:** Margie Sved, M.D. reported that more than 40 lesbians attended Saturday's dinner and this event continues to grow in number.

**Partners Report:** Chris Carmichael reported that 25 people were at the May 5, 1992 meeting. Jerry Patterson thanked Chris for his work in SO's (significant others) group over the years. Chris is going to medical school next year and will become an AGLP member.

Marshall Forstein, M.D. utilized the last half hour of the meeting with the ever-popular request for people to introduce themselves and talk about what's going on in their hometowns. Details are not included for brevity's sake.

Marshall adjourned the meeting at 7 PM.

### May 5, 1992

The meeting was called to order by Marshall Forstein, M.D. at 5:40 PM, with another record crowd. Marshall acknowledged AGLP members who became life members and life fellows.

**Residents Report:** Mark Townsend, M.D. noted that the group is getting larger and now needs 2 meetings. The new coordinators are Howard Rubin, M.D. and Lanette Atkins, M.D. Increasing the role of women is a major goal.

**Medical Student Report:** 14 students, including 3 women attended the Annual Meeting. Salman Azhar,

the new medical student representative, presented the idea of a new mentoring program and asked for volunteers. David Scasta, M.D. will put this in the *Newsletter*. Kew Lee thanked AGLP for medical student financial support.

**Early Career Psychiatrists:** Rob Clyman, M.D. announced that this new transition group had their first meeting with 21 people. They will provide professional and social support for young attendings and PG-4's in transition. The group will have business and social meetings in September and at the Annual Meeting, with summaries in the *Newsletter*.

**HIV Positive Psychiatrists:** Mark Richardson, M.D. reported on the previous night's support group. People strongly endorsed formal recognition of the group, and that the group need not be limited to HIV positive psychiatrists nor be called a support group. Mark volunteered to be the chairperson of the committee on HIV and AIDS for AGLP. The group will meet at the fall and annual meetings, and information will be in the *Newsletter*. A discussion on how to reach out to people with AIDS, SO's, and SO's of those who have died of AIDS was held, especially the issue of reaching out without disturbing people's privacy. Norman Hartstein, M.D. noted that officially having the committee will help. Marshall Forstein, M.D. charged Mark with filling out his committee and letting us know what he needs. Drs. Bob Kertzner and Bert Schaffner's contributions were noted. Ron Marcus, M.D. volunteered for the new committee.

**Women's Report:** Margie Sved, M.D. noted more than 40 women attended the previous night's reception. Margie summarized the Martha Gay, M.D. case in terms of its relevance to all of us, and discussed the increased publicity around boundary violations. The high level of secrecy around the case maintained by the APA was questioned. Marshall Forstein, M.D. noted that next year's Saturday program may focus on boundary violations in psychiatry, and raised a possible joint program with Association of Women Psychiatrists. Margie and Debbie Carter, M.D. will help think this through before the Fall Meeting.

**Medicine Expertise and Retention Program (MERP):** Marshall Forstein, M.D. described MERP and data from Ben Schatz, Esq. He noted that Larry Prater, M.D. is the new president-elect of American Association of Physicians for Human Rights. Ben noted that we need more volunteers in small cities and rural areas for short term, *pro bono* crisis work, as well as financial support. About 35 referrals have been made so far and requests are increasing. A confidential sign-up sheet was circulated.

**Committee on Gay Lesbian and Bisexual Issues:** Richard Isay, M.D. chair of the committee, summarized issues of interest, including domestic partner insurance, the American Psychoanalytic Association, and success on confronting the reparative therapy issue with a news release from Mel Sabshin, M.D.. David Scasta, M.D. will put material from the committee in the *Newsletter*. Current committee members are Mar-

gie Sved, M.D. Bob Kertzner, M.D. Kenn Ashley, M.D., Debbie Carter, M.D. and Mark Townsend, M.D. (to be replaced by Lanette Atkins, M.D. next year).

**AIDS Commission:** Marshall Forstein, M.D. has been chair of the Commission since September, 1992. He noted documents on children, adolescents, contact tracing, HIV and the chronic mentally ill, and the emergence of resistant TB strains possibly increasing stigma against HIV positive people had been prepared.

**Elections:** The slate was announced and no new nominations were received. AGLP will encourage multiple candidates for next year. Bob Schwartz, M.D. suggested that the nominating committee come up with two names for each office, and that non-officers be on the nominating committee, chaired by the immediate past president. The by-laws would have to be changed.

The slate of officers was elected unanimously.

Next year's local arrangements committee was announced: Dan Karasic, M.D. (chair), Sharon Abramowitz, Kew Lee, Don Fennell, M.D., Robin Dea, M.D., Ron Marcus, M.D., Mark Richardson, M.D., Graeme Hanson, M.D., Bob Cabaj, M.D., Carlos Greaves, M.D., Ellen Haller, M.D., Donna Loehman, Don Tusel, M.D., and Jim Krajeski, M.D. Dan Karasic, M.D. will bring preliminary report to the Fall Meeting. Dan Hicks, M.D. will be in charge of the AIDS Memorial Service which will be rescheduled for a different day of the week next year. There was discussion regarding this year's and next year's Saturday program and hospital-ity suite program. Suggestions were strongly urged to be forwarded before the Fall Meeting.

**Other Business:** The importance and power of attending the Fall Meeting was emphasized. It is open to the whole membership, not just the Executive Committee. Interest in "district branch" AGLP's was discussed. Jeff Akman, M.D. noted National Lesbian and Gay Health Foundation convention in Los Angeles would be held in July and noted that several of our members would be presenting papers.

Marshall Forstein, M.D. asked that everyone interested in presenting at next year's APA let him know so that AGLP can be a clearinghouse for ideas and people available. Deadline for submissions is September 5, 1992.

Norman Hartstein, M.D. noted the growing AGLP presence at H&CP (Steve Atkinson, M.D. to coordinate next year's activities) and child and adolescent psychiatrists meeting.

Deadline for next newsletter issue: July 15, 1992

The meeting was adjourned at 7 PM.

Respectfully submitted,  
Rochelle L. Klinger, M.D.  
Secretary, AGLP

## Women Petition the APA Regarding Dr. Gay Case

Members of the Association of Women Psychiatrists and a number of women in AGLP distributed a petition addressed to the American Psychiatric Association questioning the APA's handling of the defense of Dr. Jason Richter, who admitted sexual contact with a patient, and its refusal to cover the legal costs of Dr. Martha Gay, a psychiatrist who treated Dr. Richter's patient and testified in her behalf. The "Call for Support" stated:

"Many psychiatrists remained concerned by the issues raised by the case involving Dr. Martha Gay and disappointed by the position taken by the APA. This is not Dr. Gay's personal problem. Any practicing psychiatrist is vulnerable to the kind of attack mounted against Dr. Gay and supported by the APA.

The facts of the case are not disputed:

1. A patient treated by Dr. Gay charged her former psychiatrist with sexual impropriety. The offender, Dr. Jason Richter, admitted sexual contact with the patient.
2. Dr. Richter's defense strategy consisted of relentless, vicious personal attacks on both the patient and her subsequent therapist, Dr. Gay.
3. Both Dr. Richter and Dr. Gay were insured through the APA. The insurance carrier and the APA came down clearly on the side of the perpetrator.
4. Both the patient and Dr. Gay were slandered and demeaned in what the APA would only characterize as a "zealous defense" for Dr. Richter. This zealous defense included a suit filed against the patient for taking undue advantage of her psychiatrist. It also included an investigation by the defense into Dr. Gay's personal sexual history and attacks on her character. Subsequently, Dr. Gay lost her practice and has since moved out of the state. Dr. Richter continues to practice in the same city.

A strong stand must be taken against this type of harassment and action must be taken by the APA to address matters of policy raised by this case."

At the Annual Meeting, the APA sponsored a special viewing of a Public Broadcasting Station *Front Line* program on the case which provoked a firestorm of criticism of the APA. Additional information was presented by several women at the AGLP Business Meeting who further encouraged AGLP members to support the petition.

## 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 - \$15.00)

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: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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: \_\_\_\_\_



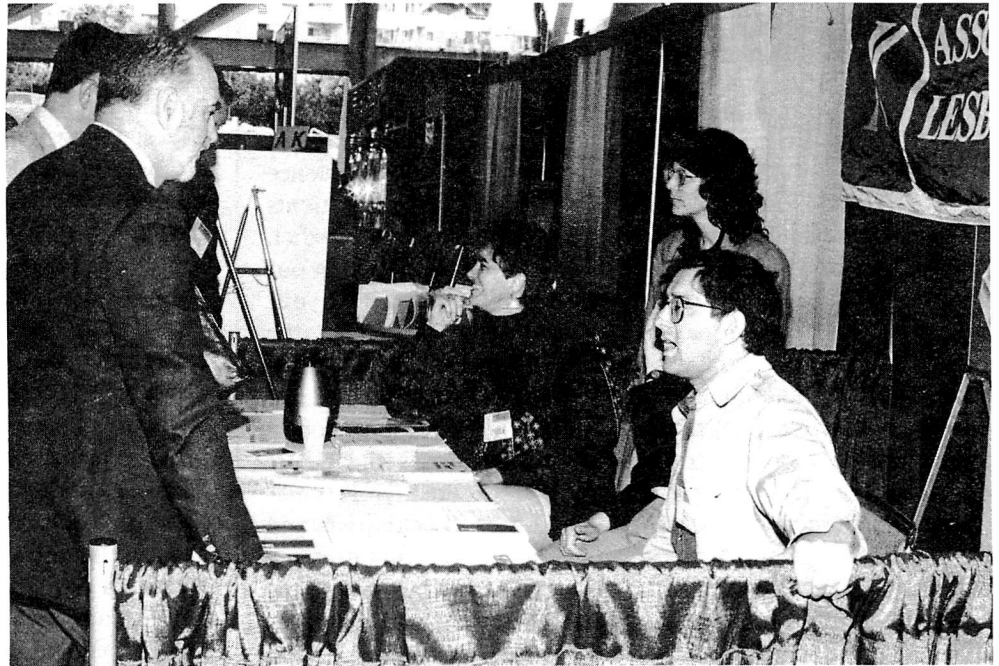
# ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

January 1993

Volume XVIII(4)

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AGLP Booth at the Mascone Center; San Francisco, 1989

## San Francisco '93

It is only five short months until the Annual Meeting, May 22-27, 1993, in San Francisco California and is already time to make room reservations. AGLP will be housed at the Holiday Inn - Union Square. The AGLP rate for a single room is a \$110.00 per night plus tax. Up to three additional guests may stay for an additional \$20.00 per night. Medical students, residents and others on short budgets will be able to share rooms for about \$45.00 per night per person by putting four to a room.

**Make your reservations now.** Only 80 rooms are reserved for AGLP, and they tend to fill rather quickly. Do not make your reservations through the APA Housing Bureau. Instead, make your reservations directly by calling the hotel at 1-800-243-1135 and ask to be placed in the AGLP block of rooms.

The hotel is located at 480 Sutter Street, San Francisco, CA 94108. The Saturday Pre-convention and Hospitality Suite will be located in the same hotel. See Dan Karasic's article on page 4 for further details on local arrangements.

# ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

JANUARY, 1993

VOL. XVII(2), PAGE 2

## Editor's Column: David Scasta, M.D.

**The Dangers of Being Politically Correct.** AGLP has grown dramatically in only a few short years. It has well over 500 members—a fifth of whom are women. AGLP's influence on the APA and on issues affecting gay and lesbian patients reaches even beyond what our growing numbers would predict. We have had this influence because we are well organized in our structure, polished in our presentation and devout in our purpose. As the organization continues to grow, the homogeneity of the membership is being lost. We have responded to this heterogeneity by dividing into special interest subgroups. Active subgroups include, the traditional ones: medical students, residents and women, as well as the newer ones: Child & Adolescent Psychiatrists, HIV Positive Psychiatrists, Early Career Psychiatrists, AA 12-Step Psychiatrists and even a tenuous attempt at organizing a group for cross dressing psychiatrists. The diversity of interests of the various subgroups will undoubtedly pull the organization in several different directions at once, trying our uniformity of approach and singleness of purpose. I believe that there will always be pressure to preserve our unvarying focus by developing a politically correct dogma or creed to which all true members give allegiance. In pursuit of conformity we may lose the value of our diversity—seeing ourselves from different perspectives dialoguing and glorying in our differences. After all, we were born out of difference and we have demanded that society tolerate and accept that difference. Can we demand less of ourselves? Issues such as: whether a therapist can, should or must come out; whether AGLP should be involved in the support of women's issues which are not directly related to lesbian issues; whether there should be more or less boundaries on the expression of homosexual sexuality; whether HIV affected psychiatrists need more or less peer review, all have proponents of anyone of a number of different views. These

issues do not have an AGLP approved creedal view; but, it would be easy to be drawn into developing one since so many of our members lean predominantly to one side on each of the issues. Opposing views then are lost. They do not disappear but are held in secret). The discussion stops; views are no longer rigorously evaluated and explored; and growth ends. We need our diversity. We need our Devil's advocates. We need continuing exegesis. I hope that we never fall prey to the trap of politically correct thinking.

If you paid your dues for 1992, you should have received a copy of the AGLP membership *Directory* and *Referral Guide*. To be listed in the *Directory*, you must initial the appropriate line on your membership application or dues invoice. You must initial your intention every year. The same is true for being listed in the *Referral Guide*. Additionally, to be listed in the *Referral Guide*, you must list at least an office telephone number and be a member of AGLP. It is always distressing to have to remove a name from the referral list because the member did not give any indication regarding how patients are to reach him or her. You will note that both guides have grown dramatically this year as more and more members are choosing to be included.

Dues invoices for 1993 will go out with the next Newsletter. Each year we weed the non-paying members from the membership list thereby losing all further contact. Each year the percentage of members dropped has dropped. To make sure that you are not in the dropped category, pay your 1992 dues immediately. If you look at the upper right hand corner of your mailing label, you will find a number listing how much you owe in current dues. If the number is "0.00" or a minus number, your dues are paid up. (Parenthetically, in February, a year is added to everyone's listed age. You need not write to me to tell me that you are one year younger for several more months yet. Time will catch up with you and our records will be correct before you know it.)

## The Newsletter of the

ASSOCIATION OF GAY AND LESBIAN  
PSYCHIATRISTS

### Editor

David Scasta, M.D.

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### 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. Sub-  
missions 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 ac-  
companied by a self-addressed and stamped envel-

ope. 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 .....Marshall Forstein, M.D.  
President-Elect..... Majorie Sved, M.D.  
Vice President..... Daniel Hicks, M.D.  
Secretary ..... Rochelle L. Klinger, M.D.  
Treasurer..... Larry M. Prater, M.D.  
Past President..... Peggy Hanley-Hackenbruck, M.D.

## President's Column

**Marshall Forstein, M.D.**

Each year at the Fall Meeting we are joined by new members who come to be more involved with AGLP. Medical students, residents and early career psychiatrists who have landed with their feet on the ground after residency are increasingly present and active in the fall as well as annual meetings. The minutes of the September meeting are printed in this issue of the *Newsletter*, and I urge all members to read them to appreciate the issues which we have been discussing.

As I round the turn into the second year of my presidency of AGLP, I tend towards more fantasy, imagining a time when after the flurry of the fall or annual meetings and throughout the year, ideas and projects could be turned over to a staff person for continued work and implementation. With the events happening in Oregon and elsewhere, it seems more urgent than ever to have an ongoing presence in Washington as an organization of lesbian and gay psychiatrists. When psychiatry is used to support the notion of homosexuality as deviant or abnormal behavior, we have an obligation to have our voice heard and to work with other professional mental health organizations to set the record straight (pardon the expression.)

As Chair of the APA Commission on AIDS this past year, I have had the experience of working with staff people who have made a tremendous difference in the level of activity and capacity of the Commission to be effective. Perhaps I have been spoiled, but it has made me realize that AGLP is really at a point where we MUST have staff support to accomplish more than we have, especially if we are to reach outside of the APA. Thus, I have continuously cajoled, chided, and pleaded with each AGLP member to take on the goal of inviting and/or persuading our lesbian and gay colleagues to become full members of AGLP. We have grown a good deal over the last year, particularly by increasing our numbers of women, residents and early career psychiatrists. The message has to get out that we do more than throw a good party!

So once again I plead with each of you to reach out to a colleague within the next month and make the case for supporting AGLP, not just because we provide a lot of activities and fun at the Annual Meeting, but because the work we do between meetings, within and outside the APA has an effect on all of our lives. I would like to announce at the Annual Meeting in San Francisco that we have grown large enough to be able to support at least a half time staff person as Margie Sved takes over as President in May, 1992. If we can increase our membership to 750 members and slightly increase our dues, we could support a qualified, energetic half time staff person to work for AGLP throughout the year, and still cover our expenses at the Annual Meeting. If there are about 40,000 psychiatrists in the APA, and we take the ten percent statistic, we need to enroll two or three hundred more of the 4000 lesbian and gay APA members in AGLP.

Each time I sit with a new patient who is struggling to come out, to negotiate the painful journey of self awareness and fulfillment, of becoming comfortable and proud in his/her outlaw status, I am reminded that our work as lesbian and gay psychiatrists is far from over. Every time I hear colleagues talk about how they feel passed over for promotions because they were gay or lesbian, I am reminded of the price we pay for being out, or for not being out.

I am writing this particular column after having returned from a meeting called by the Department of Mental Health in Massachusetts to discuss and plan for the needs of sexual minorities within the mental health system. Sexual minorities include lesbian, gay, bisexual and transgender people. The meeting was attended by 50 or 60 people with major mental illnesses who have been consumers of the public sector mental health system. Two other providers and myself showed up to support and help make the case for special attention to those who are doubly stigmatized by severe and persistent mental illness and by their sexuality. I was heartbroken, and embarrassed, to hear story after story about how our profession continues to treat people who are "sexual minorities." Neglect, ignorance, outright abuse and abandonment of patients by non-gay or lesbian mental health clinicians was more the rule than the exception. The experience of patients finding clinicians who were themselves gay or lesbian, but too frightened to be "out," reminded me of the awful price we pay for being different. I was particularly saddened to hear of the stories told by patient after patient about doctors who said that their homosexuality was a symptom of their mental illness, or that all they needed was a good, corrective heterosexual experience. In 1992, in Boston, Massachusetts—my home—I feel ashamed of those in my profession with non-heterosexual orientations who remain aggressively ignorant and destructive in their work.

We have our work cut out for us in our own profession, much less the rest of society. Perhaps as I get older I get less patient, more unwilling to wait it out, less tolerant of the harm, carelessness and unprofessional behavior of those who swore to do no harm. I left the meeting saddened and angry that so many people have been, and will continue to be so hurt and damaged by the prejudice and self righteousness of others. One young woman, quite disorganized and psychotic, ambled up to me as though she knew I was really upset, and very gently told me that she was glad I had come to the meeting and had spoken about how being a gay psychiatrist was also difficult within the mental health system. She said it made her feel like she was not so alone being lesbian and crazy. I thanked her for reminding me of what the good fight is all about, and why I do what I do. Then she looked at the cookie I had grabbed on the way out of the meeting and said that I shouldn't eat it because it had poison in it and they were trying to kill us all. Then she smiled and said I was too fat anyway. I gave her my cookie and never looked back to see if she saved my life or just my waistline. For either, or both, and much, much more, I was already grateful.

## Report From the AGLP Local Arrangements Committee

Dan Karasic, M.D.

Plans for the 1993 AGLP meeting, concurrent with the APA Annual Meeting in San Francisco, are well underway. As the twentieth anniversary approaches of the APA's decision to remove homosexuality from the list of mental disorders, controversies remain in American Psychiatry about the boundaries of "healthy" and "pathological" sexuality. The Saturday Program, to be held on May 22, 1993 at the Holiday Inn Union Square, will provide AGLP members a lively forum to share our opinions. Bisexuals, transgenders, and members of the leather community are pressing for recognition as part of our community. Psychiatry labels all transgenders as having a mental disorder. People who have acted on sadomasochistic or fetishist fantasies are also considered to have mental disorder, whether or not the practitioners are distressed by the fantasies. Recent journal publications advocated serotonin uptake inhibitors to treat "unconventional sexual fantasies." When is changing our patient's sexual fantasies or practices a reasonable goal of therapy? How does our own sexuality affect our views of "healthy sexuality?" The Saturday Program will include new formats: small group discussion of clinical case vignettes, and a "Donahue" style panel discussion. Plan to come to San Francisco Friday night or early Saturday morning so you can be part of the dialogue.

Saturday evening will be the AIDS memorial. This year it is being coordinated by the Local Arrangements Committee People of Color Committee and will emphasize ritual, with a multicultural perspective. Saturday night is the Lesbian Dinner. Plans for Sunday include a brunch for the medical students and residents as well as a brunch for the Early Career Psychiatrists. Sunday evening is the Opening Reception, and Wednesday is the Awards Luncheon and Closing Party. Plans for these events, as well as the Lesbian reception and the People of Color Reception, are well underway. Through the week, of course, will be an array of events at the plush Hospitality Suite at the Holiday Inn—Union Square.

Coming this spring is the *Pink Shrink's Guide to the Golden Gate*, which will give AGLP members the inside scoop on the happening places in the city, as well as listing of AGLP events and APA events of queer interest.

The Local Arrangements Committee would appreciate your input. If you have a case vignette for the Saturday program, have ideas for mourning rituals for the AIDS memorial, have other suggestions or comments, or would otherwise like to offer input or assistance, please write c/o Dan Karasic, 140-A Eureka Street, San Francisco, CA 94114.

See you in San Francisco. It'll be *fabulous*.

## Impressions of A Support Group Meeting

Marshall Stiles, M.D.

Psychiatrists with HIV met on Monday May 4, 1992, in the AGLP Hospitality suite. The contrast was poignant: two older (but not too old) psychiatrists who had just closed their practices in the last year—and six or seven younger ones at first did not want to hear about closing down or stopping—they were just starting! The "veterans" likewise did not want to shake up the "rookies," but needed not only to be heard but also to receive empathy and support. They were in transition from the identity of a practitioner to that of a retired practitioner; their identity as a productive professional had ceased! The rookies still had yet to establish a firm professional identity, and they wanted and needed emphatically to be allowed to do so. They hoped their health would allow them to.

Herein lay the crux of the situation: both groups had wants and needs, and desired recognition of and support for them; each could give some of what the other wanted to the other. It was a set-up for a win-win situation, and that's exactly what happened. Both groups, and each individual, received a lot of what they wanted.

These descriptions are far too simplistic to do this process much justice. There truly was not a split in the group at large. There were also two life partners present with their positive spouses, both of whom had unique perspectives on the situations. The group facilitator, Bert Schaffner, was exquisitely sensitive to the needs of all present, and made certain that all present had sufficient opportunity to be heard. In my opinion, all present left the gathering just a little better off than they were when they entered.

The other thing which happened was that the support group spawned the formation of an AGLP committee on HIV-Positive Psychiatrists, whose purpose initially is to focus attention on this oft-ignored issue, to provide support to AGLP members who may have to leave practice in the future due to HIV disease, and to provide continuing support to those within our organization who are coping with HIV disease. One need not be HIV positive in order to serve on this committee. Indeed, we hope there will not be any stigma attached to membership on this committee, and encourage anyone with sufficient interest to join.



## Anti-Gay Ballot Measure Defeated in a Landslide!!!

David Smith, M.D.

The voters of Oregon strongly rejected a homophobic referendum measure in the recent general election. Final tallies showed that Ballot Measure Nine lost 58% to 42%. The measure would have amended the State *Constitution* to declare homosexuality abnormal, unnatural, wrong and perverse. It would have prevented gays and lesbians from using certain public facilities. It would have required that teachers who were openly gay be terminated or relocated. The initiative would have made dissemination of any safe sex information besides abstinence illegal. It would also have required the public schools to develop a curriculum to teach students that homosexuality was perverse and to be avoided.

Psychiatry figured prominently in the debate surrounding this initiative because the supporters of the measure repeatedly claimed that homosexuals were pedophiles, that militant gays and lesbians were bent on gaining special rights and that school children were being indoctrinated into homosexuality in an aggressive recruitment effort. The Oregon Citizens' Alliance (OCA) distributed hundreds of copies of videos depicting footage of sado-masochistic pornography which they said represented the behavior of all homosexuals. They remarked in the video that since gays and lesbians regularly place ads in *The Advocate* requesting sado-masochistic sex that gay bashing is what homosexuals want.

The most offensive tactic of all was an argument which the OCA placed in the official Oregon Voters' Pamphlet which claimed that "leading research" showed that 46 percent of homosexuals were pedophiles, 37 percent regularly pierced or beat sexual partners, 92 percent regularly licked the rectum of sexual partners, 42 percent drank the urine of sexual partners, and that homosexuals are eight to twelve times more likely to molest children than heterosexuals. The argument contained references to *Psychological Reports*, *the Lancet*, and *Nebraska Medical Journal* and gave the impression that legitimate research backed up statements. The references were misleading because they were all the work of Paul Cameron, a psychologist who was expelled from the American Psychological Association because of his use of biased and fabricated data meant solely to advance an anti-gay stance.

The American Psychiatric Association joined the Oregon Psychiatric Association in condemning this ballot measure and educating the public about homosexuality. The APA and OPA sponsored an opposing argument in the Voters' Pamphlet which stated that homosexuality is not a mental illness and that the OCA was intentionally and erroneously linking homosexuality to pedophilia in spite of the fact that 95 percent of pedophilia is perpetrated by heterosexual men. Multiple OPA members spoke to TV, radio, newspapers, and other public forums to clarify psychiatric issues and to expose Paul Cameron as a fraud. The Department of Psychiatry at Oregon Health Sciences University sponsored a special Grand Rounds on Psychiatry and Prejudice which played to a sellout crowd. The department was swamped with requests for a videotape of the lecture for distribution around the state. The

chairman of the department of psychiatry called a press conference to condemn the measure as an assault on academic freedom since it would have censored the department's curriculum on homosexuality which teaches residents and medical students that homosexuality is normal and not a perversion. Finally OPA President, Fred Fried, and Former APA President, Larry Hartmann, were both quoted in a formal analysis of the measure which appeared in the statewide newspaper immediately prior to the election.

This victory was achieved at a great cost in both personal and financial terms. A month before the election a lesbian and gay man who were roommates got into a shouting match with a group of skinheads. When the two attempted to avoid confrontation and went into their apartment, the skinheads returned and threw a molotov cocktail through the window. Both Hattie Mae Cohens and Brian Mock perished in the fire. There were many reports of assaults, hate mail, hate faxes, slashed tires and even sabotaged brake lines. A Roman Catholic church which opposed the OCA was vandalized with swastikas and slurs against gays, Catholics and Hispanics were spray painted above the altar. The emotional toll was also heavy as gays and their supporters had to endure a daily barrage of insults and character assassination in the media and in person. The coalition which formed to stop the OCA had to raise over \$2 million to successfully counter the shameless lies which the OCA used in TV and radio ads in the waning days of the campaign. Much of the time and money used to fight the OCA would otherwise have been spent fighting AIDS and other serious community problems.

A heartening effect of this campaign was the way that straight people adopted the pink triangle as a symbol of opposition to prejudice. In the Portland area thousands of heterosexual men and women donned pink triangles and anti-OCA buttons in a show of solidarity which fellow gay and lesbian citizens.

One note from a Geropsychiatric standpoint is that pundits on both sides of the issue had predicted that the elderly were rigidly homophobic and that they would strongly support the ballot measure. I was even told in a TV debate that geriatric psychiatry was a bad profession for me to be in since older people would not go to a gay psychiatrist. Exit polls however indicated that it is as foolish to stereotype the elderly as it is to stereotype homosexuals. Voters over the age of 60 defeated Measure Nine by the widest margin of any age group. Almost half of the margin of victory (200,000 votes) came from elderly voters. My feeling is that life experiences and wisdom enabled older Oregonians to see through the lies of the OCA.

We were saddened to hear that a homophobic ballot measure had passed in Colorado. As soon as it was known that the Colorado measure had passed, the OCA promised to rewrite a new measure to match the one in Colorado and resubmit it in Oregon next year. Needless to say we are not dissembling our coalition any time soon. I reiterate my earlier warning that this phenomenon will be spreading to other states and I urge all AGLP members to work with AGLP, APA and local district branches to counter the abuse of psychiatric information on which these homophobic initiatives are based.

## An Open Letter to AGLP Members

**Peggy Hanley-Hackenbruck, M.D.**

Thank you for your generous contributions to the Campaign for a Hate Free Oregon No on 9 Campaign. It made a difference! Without the financial and moral support of friends like you around the country, we would not have succeeded in defeating the Oregon Citizens Alliance (OCA) campaign of lies, hate and fear. But we did it—and that includes you. I want you to know that I am personally grateful to you for your support.

As I am sure you are aware, in Colorado and Florida, assaults on gay rights succeeded. I think that we in Oregon were aware of the strength of our opposition after losing to them four years ago (with a more limited proposition.) This time, we were prepared for the extensive battle and we knew we needed help from all our friends and supporters, both inside and outside Oregon.

Unfortunately, the OCA has pledged to present another bill (more like the one that passed in Colorado) in the next year or two. So, our fight will continue. Ongoing strategies to fight the OCA are being developed and we are gearing up for the long haul. Perhaps images of battle are incorrect at this point. What I envision for myself and for my colleagues, is to embark on extensive educational efforts to reach the citizens, especially in rural Oregon. The OCA disseminated a lot of misinformation about homosexuality and gay men (They didn't mention lesbians much,) in pseudoscientific garb. This is what we need to address. We need to become experts in the psychology of prejudice (especially homophobia) and in effective means for changing attitudes in order to devise programs which really will have an impact.

AGLP members in Oregon, Colorado and Florida have all been affected by these anti-gay/lesbian measures. I hope that, as an organization, we will be active in all these states plus at a national level. So, you may be hearing from us again. If you have ideas about the sorts of educational programs or strategies I have mentioned, please let me know.

Thank you again for your contributions and moral support.

## Announcements

The American Association of Physicians for Human Rights announced that it has moved its offices to: **273 Church Street, San Francisco, CA 94114**. The Association's telephone number is **(415) 255-4547** and its fax number is **(415) 255-4569**.

The American Association of Physicians for Human Rights has written a position paper on the topic of **tuberculosis and the HIV infected health care provider**. Among its recommendations were that HIV infected health care providers who are potentially exposed to multi-drug resistant tuberculosis strongly consider changing job setting or career. For full details, contact the American Association of Physicians for Human Rights (above).

**Dr. Kenneth B. Everts**, a founding member of the Bay Area Physicians for Human Rights and co-founder of the International Transactional Analysis Association, died of cancer at the age of 73 in San Francisco on April 3, 1992. He is survived by Rado Gre-

gorich, his companion of many years. Memorial contributions may be made to the BAPHR Foundation, P. O. Box 15005, San Francisco, CA 94115.

**David. R. Kessler, M.D.**, former president of the AGLP, has provided major funding for the **Center for Lesbian and Gay Studies** at the Graduate School and University Center of the City University of New York. The first annual David R. Kessler lecture on lesbian and gay studies was given by Joan Nestle in a presentation entitled, "I Lift Up My Eyes to the Hill: The Life of Mabel Hampton as Told to a White Woman" on November 20, 1992 at the City University Graduate Center.

**Congratulations to Bertram Schaffner, M.D.** who celebrated his 80th birthday on October 24, 1992 at the New York Athletic Club along with 350 of his closest friends at a sit down dinner. Dr. Schaffner donated the *Khmer Torso of a Male Divinity* to the Brooklyn Museum as a centerpiece of the Asian Art Department. The four foot headless statue is a major acquisition for the museum and was unveiled at a reception prior to his birthday party. Dr. Schaffner is the oldest member of AGLP (among members who will admit their age). He is an active, practicing analyst and clinical supervisor for the William Alanson White Institute, a member of the editorial board of the *Journal of Gay and Lesbian Psychotherapy*, and chair of the Committee on Human Sexuality for the Group for Advancement of Psychiatry (GAP).

The voters from the state of Colorado approved a measure which prohibits the legislature and every city in Colorado from passing anti-discrimination protection for homosexuals. It **repealed the gay rights ordinances** in Denver, Boulder and Aspen, Colorado. Gay activists from around the country have called for a boycott of travel to Colorado.

Johns Hopkins University Press announced that the September, 1992 issue of *American Imago* will break new ground by exploring and challenging prevailing ways of thinking and analyzing AIDS and homophobia in the psychoanalytic community. Edited by special editor, Donald Moss, the issue is entitled, **AIDS and Homophobia**. The special issue may be ordered for \$8 by calling 1-800-537-JHUP. A full year's subscription to the journal is \$28.

Larry Prater, M.D. announced that physicians wishing to join a **group in support of RU-486**, (the day-after abortion pill) founded by Daniel Stone, M.D., can do so by sending a business card to: **Physicians for RU-486; 1226 McClellan Drive, #5; Los Angeles, CA 90025**. A \$35 contribution is suggested.

The **Lambda Legal Defense and Education Fund** reported that the **Kentucky Supreme Court** ruled **sodomy unconstitutional**, raising to 27 the number of states for which homosexual behavior is no longer illegal. The organization also reported the United States Supreme Court, in a review of the case of *Greenberg vs. H & H Music Co.*, said that **employers are free to arbitrarily reduce the insurance coverage of workers with catastrophic illnesses such as AIDS or cancer** the moment the employee files a claim for reimbursement. The Court gave its backing to an employer which slashed a worker's coverage for AIDS related care from one million dollars to five thousand dollars after the employee filed for reimbursement of HIV related claims. The ruling puts insurance coverage for HIV infection in jeopardy for everyone. For more information, contact the **Lambda Legal Defense and Education Fund; 666 Broadway, #12; New York, NY 10002 (212) 995-8585**.

## Minutes of the AGLP Fall Meeting

September 19, 1992  
Washington, DC

The meeting was called to order at 9:40 AM by Marshall Forstein, MD starting with introductions. Marshall announced the upcoming visitors for the day. The minutes from last meeting were accepted as distributed in the *Newsletter*. Larry Prater, MD then presented the Treasurer's report. Marshall disclosed the Executive Committee's motion to set an upper limit on this year's annual meeting of \$14,000 and the appointment of a finance committee, consisting of Larry Prater, MD, Dan Karasic, MD, Dan Hicks, MD, David Scasta, MD, Lanette Atkins, MD, and Graeme Hanson, MD.

David Scasta, MD reported a membership of 531, with a steady increase in women (105) and residents (136). David also noted that residents are staying on as full members after graduation. He continued to encourage submissions to the *Newsletter*, particularly on diskettes. Early submission is key. The *Directory* and *Referral Guide* will be going out in the next few months. Members need to initial their dues invoice and send it to David to be included.

Marshall underlined our need to increase membership. He noted that we are too large to be an informal group and too small to be politically powerful. He raised the issue of a part time staff person here in Washington. We need to raise membership or find alternative ways to fund this. Larry Miller, MD suggested subcontracting for another organization's staff time a few hours a week—e.g., PFLAG. Marshall felt that this was sub-optimal.

### REPORTS

**Members-in-training:** The representatives for the residents are Lanette Atkins, MD and Howard Rubin, MD. They discussed strategies to increase membership: articles in *PRN* and *Psychiatric News* and possibly a letter to residency training directors. A joint party with medical students is planned in San Francisco.

**Medical Students:** Salman Azhar is the representative for the medical students. He noted that a female representative is still needed. He discussed work with AMSA on Measure 9 in Oregon and described plans to publicize AGLP at the AMSA convention in March in Oregon.

**Early Career Psychiatrists:** Representative, Rob Clyman, MD, indicated that a lunch meeting was scheduled for later in the day to plan educational and social programs in San Francisco. He noted that the category, ECP, is self-defined.

**Minority Members:** Representative, Gene Nakijima, MD, said that a party is planned for the Annual Meeting next year. The group plans to change its name to Psychiatrists of Color in AGLP. A workshop was submitted to APA regard-

ing training issues for gay and lesbian psychiatrists of color.

**Significant Others:** No representative reported for this group.

**Women:** Margie Sved, MD indicated that the women would meet for lunch later in the day.

**HIV infected psychiatrists:** A report was received by mail from Mark Richardson, MD. The group plans to continue its support group and have made it more cohesive via an up-to-date phone list. They also plan to continue to reach out to lovers of HIV positive professionals. A workshop regarding issues for HIV positive psychiatrists is a possibility for the future. Most importantly, they hope to continue to encourage the group to grow and provide regular opportunities to "come out" to AGLP, which they feel was quite valuable at the spring meeting.

**Committee on Lesbian, Gay, and Bisexual Issues:** The committee brought a variety of issues to the Council: reparative therapy, a district branch by the military, action papers on international psychiatry, domestic partnership, and the impact of Louis Sullivan's nomination. The present members of the committee were introduced. Margie Sved, MD noted the need for names of people interested in other APA committees to be given to Bob Cabaj, MD or Jim Krajeski, MD. Margie gave a preliminary sketch of APA structure (CHIP and the CLGBI vs. AGLP). Terry Stein, MD noted the unanimous support of the APA Council against Sullivan's nomination. Marshall Forstein, MD indicated that AGLP will forward a letter of support for the Council in its position.

**AIDS Commission:** Marshall Forstein, MD, noted an increased liaison with the AIDS Education Project. The Commission is dealing with tuberculosis and its effect on HIV discrimination and working with the Council on Children and Adolescents and the Joint Commission on Government Relations. The AIDS Commission will co-sponsor a pan-American Conference on AIDS in Puerto Rico on March 3-5, 1993. The AIDS Education Project is starting to put together curricula which will be available when finished.

### ANNUAL MEETING ARRANGEMENTS:

Dan Karasic, local arrangements chair, presented us with comprehensive comparison charts and fact sheets. After some discussion, the Holiday Inn - Union Square seemed like the best choice, but the final choice will be left up to the committee.

Jerry Weiner, MD, candidate for president-elect came in at 10:35 AM. Marshall Forstein, MD introduced him as a supporter. He is currently Chairman of Psychiatry at George Washington University, Trustee-at-Large in the APA and has a long history of service on components and committees, most recently the Council on Psychiatric Education. He is past president of the American Academy of Child and Adolescent Psychiatry.

Marshall then opened the meeting for questions. Margie discussed APA's strategic planning initiatives, Dr. Wiener is in support of this. This plan involves economics, media image, and recruitment noting that all three are interrelated.

Various members discussed the perception of psychiatry as hostile to gays. Marshall discussed concerns we have been working on—e.g., a military district branch. The Oregon issue was discussed and Dr. Weiner underlined APA's strong negative stand against this. Marshall explained that we have not endorsed anyone as a candidate for our organization, but there would be a chance to interview him through the Newsletter. Stuart Sotsky, MD strongly endorsed Jerry (he has worked with him for 15 years), stating he's actively addressed discrimination issues for the gay and lesbian faculty, has fostered their promotion into senior positions, and has been involved with development of HIV policies since the early 80's.

Leah Dickstein, MD, the other candidate for president-elect came in at 11:12 AM. Dr. Dickstein presented her personal and professional background. She is presently Director of Faculty and Staff Advocacy at the University of Louisville School of Medicine. She noted a longtime interest in gay, lesbian, and women's issues, and in educating medical students about homophobia. She has been very active in her district branch and APA at the national level, and has links with the minority / underrepresented caucuses. She described herself as outspoken and not afraid to fight for what she believes in. Peggy Hackenbruck, MD addressed the question of strategic planning and the dearth of women in this process. Dr. Dickstein acknowledged that much work remains to be done and this is why she is running. Terry Stein, MD raised the issue of combining National Affairs and Psychiatric Services Deputy Medical Director positions and our concerns about an appropriate person being hired. Jim Krajieski, MD raised the issue of the military district branch. Dr. Dickstein assured us that she was strongly against this. She feels she could change things as president by appointing minorities and women to posts.

The meeting reconvened at 1:00 PM after lunch. Dan Hicks, MD from the Committee for Military Psychiatry, introduced two visitors: Harry Holloway, MD, chairman of the committee and former Dean of the Uniformed Services Health Sciences School of Medicine, and Ron Koches, MD, chair of the Association of Military Psychiatrists, and an active duty military psychiatrist.

Dr. Holloway gave some background on the military policy. In the late 1930s and early 40s Harry Stack Sullivan advocated to the U.S. government that gays and lesbians should be excluded from the military. All three Surgeon Generals have stated in written documents that there is no reason for exclusion of gays and lesbians. They know that they are present in the military in the same percentage as in the general population. Gays in the military are closeted and when discovered are discriminated against. The only reason remaining for the ban is political. Dr. Holloway felt that only the President or Congress could change this. There are about 450 military psychiatrists, only 100 belong to APA. He asked for support for a military psychiatrists' district branch to increase their APA membership, address their concerns, and monitor them ethically.

Dr. Koches talked about the Association of Military Psychiatrists and their opposition to the gay / lesbian policy and to psychologists' prescribing and admitting privileges (which they are presently mandated to do).

Terry Stein, MD noted that the National Council had unanimously voted against the military district branch because of open discrimination against gay and lesbian APA members. Dr. Holloway countered that they would work toward this goal more effectively if they were a district branch. A vigorous discussion of this issue ensued. Dr. Holloway noted that military psychiatrists are oppressed by these same laws that oppress gay and lesbian people in the military. Margie Sved, MD wondered why we should support a military district branch before the policy is changed rather than first change the policy then bring the military district branch in. Jim Krajieski, MD noted that this would probably not even be a discussion if the issue were race, religion, or gender. Marshall Forstein, MD expanded on Jim's point that just having this discussion is intrinsically conflictual for us, thanked them for their personal and individual support, noting that we cannot move past this issue as it now stands just by discussing it. David Scasta, MD noted that we, as gay and lesbian psychiatrists have felt excluded in the past, and expressed concern that AGLP not do the same to military psychiatrists. Marshall felt that we need to work together, but remain true to our own ethical principles, and that this was a good first step. The guests were thanked for coming. Terry Stein, MD asked for a poll to advise the CHIP representatives that an organization that defies the basic non-discrimination policies of the APA should not be admitted. Bob Cabaj, MD noted that the discussion had been very helpful for Jim Krajieski, MD and him (CHIP Assembly Representatives).

The discussion then returned to Annual Meeting plans. Dan Karasic, MD discussed possibilities for the Saturday program, including discussion about diversity in gender, sexuality and political beliefs with some outside speakers. Another option raised was gay and lesbian psychiatrists as a political force. Marshall noted that the Saturday program is usually a day to share and get closer within AGLP. Margie Sved, MD and Mark Townsend, MD noted that we have much diversity within AGLP itself. Margie noted that often new people come to the Saturday program. Dan Hicks talked about expanding outward what we do in our own lives and communities—i.e., getting to know each other better. After more discussion, Marshall Forstein, MD suggested some of the morning time be spent to get to know each other followed by a topical program on the San Francisco arrangements in the afternoon. Don Fennell, MD noted that small groups work well. Gene Nakijima, MD suggested revising the preconvention topic to one on "masculinity / femininity: perceived gender roles." Marshall then suggested that the local arrangements committee go back and work on this, if people have further thoughts, they should forward them to Dan Karasic, MD.

The AIDS Memorial Service was then discussed raising questions regarding time, whether to open it to the APA and location (outdoors vs. gay religious space.) The Arrangements Committee will make the final decision. Marshall noted that the AIDS Commission is trying to get APA to display the quilt in one room at the APA which could serve as a site for a memorial service.

Discussion then turned to the Annual award. Marlen Riggs, the maker of "Tongues Untied" and other significant

African-American films is being considered. He is in San Francisco and, in addition, four or five of his videos have been submitted for the annual meeting. Marshall Forstein, MD raised the idea of an AGLP Achievement award for people who have been very helpful in the APA, which could be given in years when there are worthwhile recipients. He had Jeanne Spurlock, MD and Mel Sabshin, MD in mind. Marshall suggested calling it the Dr. John Spiegel award although this needs careful consideration. There was much support for some kind of internal APA/AGLP award. It was noted that the awards are ultimately the past presidents' decision.

Dan Hicks will be in charge of the Hospitality Suite program. Ideas and requests should be in to him by February 1, 1993. Since no SO's were present, we will need to hear from them regarding their plans. Times of greatest availability are all day Sunday and weekday evenings, while Monday is overbooked. The MIT / student and couples meetings were too big for the room last year. Dan Karasic, MD suggested getting an extra meeting room for Monday only.

David Scasta, MD discussed the exhibit booth. We will have a double booth again next year, maybe next to the American Association of Physicians for Human Rights (AAPHR).

Submissions to the APA were discussed. Kenn Ashley, MD noted the need for knowledge of what other people are submitting. This could be coordinated in the summer newsletter. David Scasta, MD noted that he also should be informed about accepted submissions so that he can be sure to include them in the Newsletter and various schedule sources.

Some discussion of the opening party ensued. We need to meet and greet new people and urge them to join AGLP. Margie Sved, MD suggested that women wear helium balloons and big pink triangle name tags for members. We can also give out booklets. Dan Karasic, MD and his committee were thanked for their efforts.

## NEW BUSINESS

Peggy Hackenbruck, MD discussed the Oregon Citizens Alliance initiative and handed out forms. Donations were strongly encouraged. Marshall Forstein, MD suggested a letter to *Psychiatric News* asking the APA membership for donations.

Margie Sved, MD asked for volunteers to go present at AADPRT (Paul Lynch volunteered) and the medical student education meeting in June.

The April 25, 1993 March on Washington for gay rights will have an AGLP presence. Dan Hicks, MD and Rochelle Klinger, MD will coordinate the arrangements. People are urged to contribute to their local or national committees for the march.

Margie Sved, MD raised the question of a committee structure, particularly of a nominating committee structure as discussed in May. Topical vs. meeting based committees were discussed. No nominating committee volunteers were forthcoming.

Marshall Forstein, MD discussed the changes in Deputy Medical Directors of the APA and the implications for us.

The issue of raising dues was suggested by Marshall Forstein, MD and David Scasta, MD. Larry Prater was in agreement, as this year's annual meeting will essentially exhaust our annual budgeted income. There was some discussion of alternatives (e.g., charging at the opening reception or a registration fee for the week of the Annual Meeting). Larry Miller, MD spoke out strongly for charging non-members for the opening party. Jim Krajewski, MD noted, however, that AGLP gets great publicity from the party (e.g., from APA officials who come). The sentiment was against any charge for the opening reception. We will try to strongly encourage people to join at the opening reception and Marshall will make an announcement there. He noted that every member is a membership committee member. People were OK with a small raise in dues (\$90 - \$100 for full member). This will need official approval at the annual business meeting.

Margie Sved, MD took over the meeting due to Dr. Marshall Forstein's departure. We concluded with the traditional ending of people talking about what's happening in their communities. The meeting was adjourned by Margie Sved, MD at 5:00 PM.

Respectfully submitted,  
Rochelle L. Klinger, MD

### APPLICATION FORM

#### Caucus of Homosexual-Identified Psychiatrists American Psychiatric Association

*(Chip is the offician 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 : Gail Nelson, Office of Minority / National Affairs, American Psychiatric Association, 1400 K Street, NW, Washington, DC 2005

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

# AGLP MEMBERSHIP FORM

Check one:

- Medical Student \$ 5.00..... Date of Graduation: \_\_\_\_\_
- Resident \$25.00..... Residency Completion Date: \_\_\_\_\_
- Associate Member \$75.00..... Not a Member of the APA
- Full Member \$75.00..... Psychiatrist & Member of the APA
- Newsletter only \$15.00

Amount Enclosed \$ \_\_\_\_\_

\*\*\*\*\*

Please complete the following information. Enclose this form (with your check made out to "AGLP") and mail to: **AGLP; 1439 Pineville Road; New Hope, PA 18938.**

First Name \_\_\_\_\_ Preferred first (nick) name: \_\_\_\_\_

Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree: \_\_\_\_\_

Line one of Mailing Address \_\_\_\_\_

Line two of Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ (- \_\_\_\_\_)

Country (if other than U.S.A.) \_\_\_\_\_

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

Are you an APA Member?  Approximate year you first joined AGLP: 19 \_\_\_\_

If you want to be listed in a **non-confidential AGLP Directory** distributed to members only, please initial: \_\_\_\_\_. **Leave blank if you do NOT want to be listed.**

If you want to be **non-confidentially listed as a source** to refer gay and lesbian patients for gay affirmative treatment, please initial: \_\_\_\_\_, briefly describe any specialty areas at the bottom of this sheet, and fill in office information below. **If you do NOT want to be listed, do NOT initial.**

\*\*\*\*\*

## OPTIONAL INFORMATION

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address Line one: \_\_\_\_\_

Home Address Line two: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (- \_\_\_\_\_)

Office Address Line one: \_\_\_\_\_

Office Address Line two: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (- \_\_\_\_\_)

Age \_\_\_\_ Gender \_\_\_\_\_ Ethnicity (African American, Asian, Hispanic, White, Other) \_\_\_\_\_

Referral specialty information (see above):