

Association of Gay and Lesbian Psychiatrists

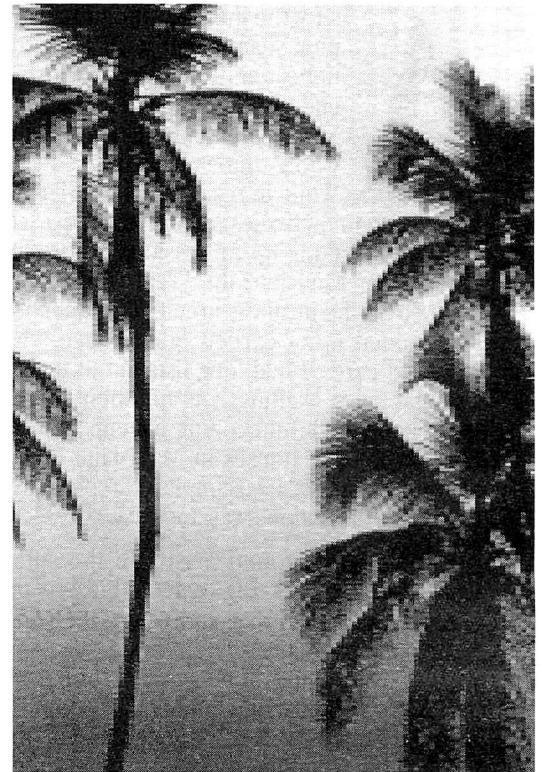
VOLUME XXI(1): FEBRUARY 1995

IN THIS ISSUE...

Annual Meeting in Miami Beach	1
Editor's Column <i>Guy Glass, M.D.</i>	2
Lesbian Health Fund Awards Research Grants <i>Elizabeth Harrison, M.D.</i>	3
President's Column <i>Margie Sved, M.D.</i>	4
Meeting Questionnaire <i>Margie Sved, M.D.</i>	5
AGLP Member runs for APA Office	5
APA Candidates Respond	6
Announcements	10
An Interview with Diana C. Miller, M.D. <i>John Gosling, M.D.</i>	12
Tentative Schedule for Annual Meeting <i>Dan Hicks, M.D.</i>	14
Membership Form	16
CLGBP Form	16



Annual Meeting in Miami Beach



Rooms will be scarce in Miami Beach, so call right away to make your reservations for the Annual Meeting. AGLP has reserved blocks of rooms in two hotels, the Raleigh and the Indian Creek. The Raleigh ((305) 534-6300) is a little more expensive, but is close to the Convention Center, and our Hospitality Suite will be located there. The Indian Creek ((305) 531-2727) is ten blocks away, but rooms are available for as little as \$85. Be sure when you call either hotel that you request the AGLP block of rooms. Our business meetings, Opening Reception, and Awards Banquet (this year to be combined with the Closing Party) will all be held at the Raleigh Hotel. Thanks to Sal Fusaro, M.D. for making these arrangements for us (and for the photos of Miami Beach scattered through this issue).

Plans are underway for an exciting Pre-Convention Program thanks to chairperson Dan Karasic, M.D. Don't forget to arrive on Friday night, May 19th if you plan to participate, because the Pre-Convention starts Saturday morning at 10! A tentative schedule for AGLP-sponsored events for the whole week can be found in this issue of the *Newsletter*, courtesy of Dan Hicks, M.D. Call Dan at (202) 483-3623 if you have additions to the schedule. In the next issue look for a complete listing of all AGLP events as well as events sponsored by the APA of interest to AGLP members. If you are participating in an APA presentation, please send the details to Guy Glass, M.D., Editor, *AGLP Newsletter*, 235 E. 13th Street, Apt. 4C, New York, NY 10003-5649 so that you can be included in that listing.

Before you vote! Be sure to read the APA candidates' replies to *Newsletter* questions in this issue...

FEBRUARY 1995

VOLUME XXI(1)

Editor's Column

Guy Glass, M.D.

As I write this column, practically on the eve of the new year, I feel as if I should be trying to be upbeat and optimistic. (Instead, I will probably end up sounding like a psychiatric Nostradamus). Yet for a psychiatrist, and for the profession as a whole, things have never been more precarious. While in residency, I lived in an ivory tower, oblivious to economic issues, immersed in my scholarly and clinical work and soaking up professional information like a sponge. When I emerged into the "real world" I felt ill-equipped to compete in the business arena. My supervisors, most of whom had trained in an earlier "golden age," had never heard of managed care. I had long listened to their legends of endless hospital stays, waiting lists for their huge private practices, improbably high-functioning patients, and had visited some of their impressive houses in Main Line Philadelphia. "Go into analytic training!" I was implored repeatedly - to question these mystical exhortations was apostasy.

Suddenly I found myself in the still more surrealistic world of New York City, a truly bizarre place where bombs explode on the subway, and where the supermarkets are currently fighting Beluga caviar price wars. New York is somewhat of an anomaly in many ways. It has always been seen as America's Sodom and Gomorrah. People who live "upstate" mention the city, if at all, in hushed, horrified yet awestricken tones. Contradictions abound: There are probably more people in psychotherapy in Manhattan than anywhere else, yet controls are few, and one does not even need a license to hang out a shingle as a "psychotherapist." The need for psychiatric services has never been greater, yet salaries for psychiatrists are among the lowest in the country, and programs are routinely slashed for lack of money (so where does the money go?). The inspiration for this column has actually come from personal experience - the hospital where I work recently announced sweeping budget cuts. This means that hundreds of people will lose their jobs: among them, social workers, nurses, some psychologists and psychiatrists. Our annual Christmas party was cancelled, and I have seen some of my

colleagues in tears. Seniority is apparently meaningless, and even some who have worked for the hospital for more than thirty years will be victims of what is called "downsizing." Things are only predicted to worsen when Governor Pataki (the anti-gay and anti-NYC candidate) steps into office shortly, and because of the Federal Government's threatened reductions of both Medicare and of funds for Graduate Medical Education. All of this leaves me wondering if perhaps I would have been better off getting my "degree" through the mail and concentrating on marketing myself like my stepsister Barbara DeAngelis, Ph.D.

Where does all of this leave us as gay psychiatrists, and why am I trying to ruin your day with all of this doom and gloom? Actually, despite the above, I am quite optimistic about our future. More and more patients and therapists are coming out of the closet and there appears to be an ever greater need for gay-affirmative mental health care. In my opinion, if we are to make a case for managed care to sponsor our services, we will have to sponsor outcome research that is not just anecdotal. This will also help to discredit the so-called "reparative therapy" people whose data is largely spurious and tainted by its religious associations. Organizing ourselves and banding together thus becomes even more crucial. This includes exerting our voting rights as members of the American Psychiatric Association to install gay-friendly candidates in office. Gay and lesbian mental health centers, like the one which recently boldly opened its doors at Columbia University, should merit our support. The stronger they become, the more we enhance our credibility as a group and our ability to provide services to a special population.

Lastly, and if I sound like a broken record it's because I intend to, it is incredibly important that the membership of AGLP continue to grow. Please encourage your unallied colleagues to apply for membership - membership can be kept confidential and you don't have to participate or attend meetings, but just having more names on our roster (not to mention more money) provides an unequivocal message that we are strong, healthy and here to stay.

Best wishes for the New Year,

Guy

The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor
Guy Glass, M.D.

Published quarterly from 235 East 13th Street, Apt. 4C, New York, NY 10003-5649.

Subscription cost: \$20.00 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 sex-

ual 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*, 235 E. 13th Street, #4 C, New York, NY 10003-5649. (Phone:(212)982-0328 or (212)982-6209). Material may also be faxed to the attention of Dr. Glass at (212)420-2047. Submissions should be clearly readable. Submission 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 work processing program was used.

Submission 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 articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is March 1, 1995.

OFFICERS OF THE ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

<i>President</i>	Margery Sved, MD
<i>President-Elect</i>	David L. Scasta, MD
<i>Vice President</i>	Daniel Hicks, MD
<i>Secretary</i>	Rochelle L. Klinger, MD
<i>Treasurer</i>	Larry M. Prater, MD
<i>Past President</i>	Marshall Forstein, MD



LGBPM

Lesbian Gay and Bisexual People in Medicine

20th Anniversary Reunion San Francisco

**The 1995 AMSA National Convention:
"Rejoicing in our Diversity: Multicultural Communities
in Medicine"
and
The Lesbian Gay and Bisexual People in Medicine
20th Anniversary Reunion**

When: March 9-12, 1995

***Where: Hyatt Regency, Embarcadero Plaza
San Francisco, CA***

***Who: All past and present LGBPMers and
AMSA members are invited to attend***

Events to include:

- ▼ **Invited keynote speaker:**
Urvashi Vaid, former NGLTF executive director
- ▼ **LGBPM task force programming:** In addition to the above keynote, LGBPM will have 2 dynamic and exciting speakers who will address lesbian and gay medical issues.
- ▼ **LGBPM cocktail party:**
Friday night mixer for students and physicians
- ▼ **Reunion banquet:**
Saturday night dinner reception with LGBPM members from the past to the present
- ▼ **Queer tour of San Francisco, Softball in Golden Gate Park, Nightclubs**

Call (800) 729-6429 for convention info and registration forms.

Donations:

LGBPM needs your help!

Our goal is to hold this event without reliance upon the pharmaceutical industry. If you would like to make a contribution toward the reunion please mail to:

**Jill Tinmouth
545 1st Avenue, #8Q
New York, NY 10016
tel. (212) 779-8848**

.....

NAME: _____

ADDRESS: _____

CONTRIBUTION:

\$20 \$50 \$100 \$500 \$1000

Other _____

Checks can be made payable to: AMSA Foundation

All contributions are tax-deductible



LGBPM

Lesbian Gay and Bisexual People in Medicine

20th Anniversary Reunion San Francisco

January 15th, 1995

Dear AGLP member:

We are the National Co-coordinators of the Lesbian, Gay and Bisexual People in Medicine (LGBPM) task force of the American Medical Student Association (AMSA). We are writing to inform you that this year, LGBPM will be putting on a *gayla* event, **The 1995 LGBPM Reunion** in San Francisco from March 9-12, 1995 in conjunction with the annual AMSA National Convention. All former and present members of LGBPM/AMSA as well as any physicians interested in medical student issues are invited to attend an exciting weekend of reunion, inspiration and mentorship in the gay Mecca of San Francisco. The weekend will feature exciting *lesbian, gay and bisexual keynote and workshop speakers*, several fabulous *evening events* as well as the opportunity to *visit San Francisco*. If you are interested in attending, please call AMSA Convention Information at 1 800 326-6601 to receive the convention registration materials.

If you were a member of LGBPM while in medical school, it was, most likely central to your survival in school. LGBPM was established in 1976, making it **one of the first gay and lesbian medical associations to be founded in the US**. Today, LGBPM continues to be a vital structure in the lives of many lesbian, gay and bisexual medical students, through projects such as *The LGBPM Residency Survey*, an assessment of more than 200 residency programs on the basis of gay-friendliness; *The LGBPM StartUp Packets*, designed to help lesbian, gay and bisexual students establish fledgling chapters at their schools; and the recently published JAMA article *Experiences of Lesbian, Gay and Bisexual Medical Students* (3/2/94, vol. 271, pp. 714-715)..

LGBPM is turning to the lesbian and gay medical community for help in financing this exciting weekend **Reunion**. Particularly if you are unable to attend **The Reunion** but would like to contribute, you can make a tax deductible donation. Please fill out the accompanying form and return it to: Jill Tinmouth, 545 1st Avenue #8Q, New York, NY 10016.

Thank you very much for your generosity and your time.

Sincerely,

Jill Tinmouth
LGBPM Co-coordinator

Gerry Hamwi
LGBPM Co-coordinator

Lesbian Health Fund Awards Research Grants

Elizabeth Harrison, M.D.

The Lesbian Health Fund (LHF) has awarded its third round of research grants to two important researchers who will be investigating factors that may impact on the physical and mental health of lesbians. LHF is the only American or Canadian funding entity solely dedicated to supporting lesbian-specific health research.

The LHF grant recipients were announced at a November 12, 1994 Washington, D.C. reception (cosponsored by the LHF and Legacy) by LHF President Joan Wurmbbrand, M.D., who said "We extend our congratulations to these dedicated researchers who are exploring lesbian health, a long-neglected area of medical research." At the reception, Legacy honored Bev Biddle of the Whitman Walker Clinic for her pioneering work in lesbian health care. Biddle is also a recipient of a prior LHF grant for her ongoing study of methods to improve access to gynecological services for lesbian and bisexual women.

The first study selected for funding by the LHF (pending contract) for calendar year 1995 is *Stress, Behavioral Risk Factors, and Physical and Psychological Health Outcomes in Lesbians*, principal investigator Joanne DiPlacido, Ph.D., City University of New York, Department of Psychology. Dr. DiPlacido notes, "A few survey studies have investigated health among lesbians. In a review of these studies, it was concluded that an urgency and necessity exists to study lesbian health because lesbians, due to particular risk factors, could be at greater risk for certain types of diseases (including cancer, heart disease, and sexually transmitted diseases, including AIDS)."

The other study selected for funding in 1995 is *Promoting Lesbian Health: Measuring Preventative Health Behaviors and Improving Health Care Access*. Its principal investigator is Audrey S. Koh, M.D., who practices Obstetrics and Gynecology in San Francisco. Dr. Koh is on the staff of California Pacific Medical Center, and is a member of the clinical faculty of UCSan Francisco. Dr. Koh states, "There are suspicions that lesbians are at higher risk for certain diseases. This study seeks to measure lesbians' practice of preventative health behaviors as compared to heterosexual women, to assess lesbians' health status and disease prevalence, and to determine what factors encourage or deter lesbians from seeking conventional health care." Dr. Koh is a founder of the Lesbian Health Cohort, conceived to provide a pool of potential participants in lesbian health research through their health and mental health care providers. Over 140 health care practitioners are already enrolled in this network.

These grants will be in addition to currently-in-progress LHF grants announced in November 1993: *The Effect of Stigmatization on the Children of Lesbian Mothers*; *A Comparison of Alternative Inseminations used by Lesbians*; and *Sexual Orientation Data Subset: The Women Physicians' Study* (this study adds a lesbian subset to the already existing longitudinal study of women physicians). Additional research funded in 1994 includes the following studies: *Understanding Abuse in Lesbian Relationships*; *Improving Access to Gynecological Services among Lesbian and Bisexual Women*; *An Exploration of Patterns of Substance Abuse among Lesbian and Bisexual Women in Central North Carolina*; *Families of the Lesbian Baby Boom: Factors related to Mental Health among Mothers and Children*; and *Curriculum for Lesbian Health Issues*.

Dr. Koh states,
"There are
suspicions that
lesbians are at
higher risk for
certain
diseases."

President's Column

Margie Sved, M.D.

Happy New Year!!! I'm sitting here on January 1st, trying to learn a little something more about my computer, hoping this will make writing President's columns easier. It's hard to believe that this is already my next to last column as AGLP President - I was supposed to become computer literate before starting this undertaking! I had really seen writing this column as the presidential duty I was least looking forward to. Partly because I really just don't like writing, and partly because I had been so impressed with the abilities of my predecessors, I didn't see how I could write anything worthwhile for our membership. But I do want to encourage anyone to write for the Newsletter!

Plans for the May conference in Miami Beach should be pretty much settled by the time you receive this Newsletter. Late changes or additions to the Hospitality Suite schedule can be coordinated through Dan Hicks. As usual, the rooms in the "AGLP Hotel" were reserved quickly! I'm looking forward to having most of our events in one place, and I'm particularly excited about an evening dinner as a combined closing party and awards presentation. More and more of us had a difficult time coming to the Awards Luncheon because of conflicts with other APA activities, and the lunch itself became more and more rushed. We still have the Opening Reception for those of us who like large cocktail parties, in addition to the other functions it serves, and the Closing Dinner will allow our members to spend more time together.

In addition to the APA Annual Meeting, plans for the Institute of Psychiatric Services (which has previously been called the Hospital and Community Psychiatry meeting) for October in Boston are also underway. The APA has asked for increasing input from us as an affiliated/allied organization. We are given space for our own meeting there, we are asked to submit workshop proposals, and we are asked for input into topics for the meeting that our membership would be interested in. For the past few years, we have relied on phone calls and last minute contacts for volunteers to attend APA planning meetings and to arrange an AGLP gathering at the October H&CP meeting. I think it would be helpful to have someone who usually attends this meeting volunteer to serve as coordinator of these activities. Please let me know if you are interested. Also, it might help if we could establish a list of members who are likely to attend this meeting, as well as figure out which other meetings a significant percentage of our membership attends. Although the response to surveys/forms/etc. placed in the Newsletter has not been good, there will be a page in this Newsletter that you can return to me with a list of other meetings you attend regularly. We probably should be arranging an AGLP gathering of some sort at any meeting that a fair number of us go to. Our social and educational events at psychiatric meetings, in addition to the May APA meeting, will continue to bring us new members, and will be of benefit to our current membership as well.

In this Newsletter are answers to questions from a variety of people running for national APA offices. Although I will not use this column for editorial comments, I do think there are differences that matter to us among some of the candidates. If you have no other way to decide how to vote, feel free to call me, or any other members who have served on committees or in the Assembly for any suggestions we may have. I hope most of you know that the February Newsletter includes statements from the major candidates, and to wait for the Newsletter before voting if you find the information helpful.

Although I will not use this column for editorial comments, I do think there are differences that matter to us among some of the candidates.

WHO GOES TO WHICH MEETINGS?

As mentioned in my President's column, it would be helpful to have a sense of which meetings how many of our members go to. Please send the following to: Margie Sved, M.D., 1100 Lake Cove Court, Raleigh, NC 27606. If you're afraid I'll ask you to volunteer to help with something, it's fine to send this back anonymously!!

1) Do you go to APA?

- every year often
- occasionally never

2) Do you go to H&CP?

- every year often
- occasionally never

3) Do you go to AAPHR/ GLMA?

- every year often
- occasionally never

4) What other psychiatric meetings do you go to? How often?

(Please include any major national, regional or state meetings.)

5) What other national gay/lesbian meetings have you gone to? How often?

6) At what meetings do you think it would make sense to have at least an AGLP reception?

OPTIONAL:

Name _____

Address _____

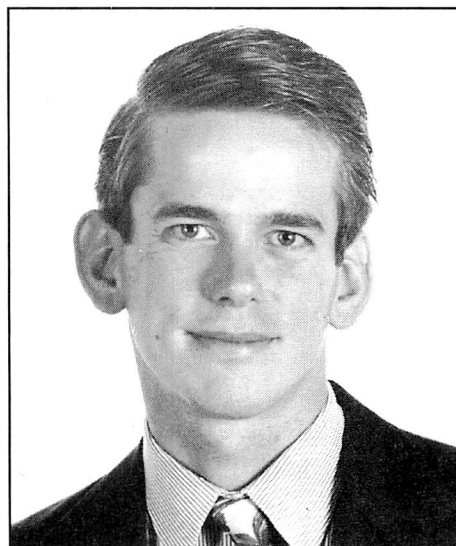
Phone/FAX _____

AGLP Member Runs for APA Office

APA members have the opportunity to increase gay representation on the APA Board of Trustees by supporting Keith Young, an AGLP member since 1992, for the office of Member-in-Training Trustee Elect in the upcoming APA national election. A third-year resident and next year's chief resident at the UCLA Neuropsychiatric Institute in Los Angeles, Keith has been actively involved in representing the concerns of members-in-training as President of UCLA's Residency Council. He has also served as Resident Representative to the Residency Education Committee and the Training Director Search Committee.

After attending college in Missouri, Keith spent two years working in politics and government, first in a U.S. Senate race, and later as Governmental Affairs director for Missouri's Lieutenant Governor, where he administered the state's ombudsman program. He then attended medical school at Johns Hopkins, during which time he twice worked for the Office of AIDS Programs at the National Institute of Mental Health, followed by a brief stint in the NIH Office for Protection from Research Risks. Keith has had fairly extensive involvement with HIV-affected populations, beginning with his coordinating role for a Baltimore-Washington area retreat program for persons affected by HIV, followed by a year's service on the program's board of directors. This month, Keith began consulting work for AIDS Project Los Angeles, where he will assist in developing a plan for establishing psychiatric services.

Keith's campaign statement appears in the January election issue of *Psychiatric News*. Members are urged to be aware of Keith's candidacy, and to consider increasing the gay voice in the APA leadership structure by supporting him with their votes.



Keith Young, M.D.

FEBRUARY 1995

VOLUME XXI(1)

APA
ELECTION
ISSUE

19
95

American Psychiatric Association The Candidates Respond

Candidates for President-Elect



Harold I. Eist, M.D.

Harold I. Eist, M.D.:

1. *The term "family values" has been used to disenfranchise members of sexual minorities who form untraditional family units. In your view, how should psychiatrists and the APA respond to the changing definition of the family?*

Recently The New York Times carried an article indicating corporate America had become "meaner" in its relentless pursuit of profits. This meanness has been accompanied by a backlash of fundamentalism and "traditional values." Courts repeatedly release children into abusive homes and even give custody of children to known sexually abusive parents. After all, "A man's home is his castle." They will generally do this before they will allow them to be raised with gay or lesbian parents. As arbiters of values they often forget that the primary requirements of children are for loving, consistent, stable parents (there is already too little love in the world) and that these should be the critical issues in determining placement.

We need to work together to educate the public, including homophobic members of psychiatry and medicine, of the harmful effects of discrimination because of sexual orientation. This includes demonstrating over and over that it is the character of parents that determine the quality of their care, not their sexual orientation. Lack of fidelity is endemic in this society; it often leads to family violence, which is one of the major causes of mental illness. The social criteria for judging the quality of relationships of adults should be the presence of fidelity and love, and should have nothing to do with sexual orientation.

2. *If you are elected, what kind of relationship would you expect to establish with AGLP and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

I have been a passionate advocate for membership empowerment and involvement throughout my career. During my first presidency of the WPS, we increased committee membership from 120 to 460, becoming the most active District Branch in the APA. WPS was instrumental during my presidency in getting homosexually-identified psychiatrists minority group representation in APA's assembly. I look forward to meeting with and actively working with the representatives of AGLP and the Caucus to advise me and work with me in fighting this discrimination which remains the most noxious single factor in the lives of gay, lesbian and bisexual individuals. (59% of the members of the Gay and Lesbian Medical Association "...experienced professional discrimination because of their sexual orientation." JAMA, 272, 20, 1994.) Managed care discriminates against all minority physicians by not allowing them equal access to panels.

Gay, lesbian and bisexual colleagues have bravely led the fight for adequate care for patients with HIV, a disease affecting all segments of the population. This courage can inspire the rest of the APA if each and every member of AGLP



Steven S. Sharfstein, M.D.

and the Caucus work closely with me to modify the APA's stance of appeasement toward those managed care organizations that threaten to destroy our profession. We must focus all our resources to assure psychiatry's right to define itself and continue to provide compassionate, quality care to all the mentally ill including the sexually abused who do not have the time within managed care systems to develop the trust to deal with trauma, and those who have been abused because of their sexuality.

Steven S. Sharfstein, M.D.:

1. The term "family values" has been used to disenfranchise members of sexual minorities who form untraditional family units. In your view, how should psychiatrists and the APA respond to the changing definition of the family?

There are many millions of American families which form untraditional family units with children being raised by gay and lesbian parents. Efforts to disenfranchise these families are part of the religious and culturally conservative movement that is sweeping the country. The APA should resist this in a variety of ways. In the Bottoms case from Virginia, the APA should have filed an amicus brief supporting Mrs. Bottoms in that custody battle, and other similar cases must have proactive APA involvement. In addition to legal action, the APA must, through its public affairs, fight the stigma faced by gay and lesbian families, and must promote through its government relations office legislation which protects and expands the entitlements reserved for "traditional" families throughout our society. Families are defined by bonds of love and enduring relationships. Core moral values emerge from this paradigm. It's time to expand the definition of family, and fight for tolerance, acceptance, and social justice, which are part of psychiatry's humane values.

2. If you are elected, what kind of relationship would you expect to establish with AGLP and the Caucus of Lesbian, Gay and Bisexual Psychiatrists?

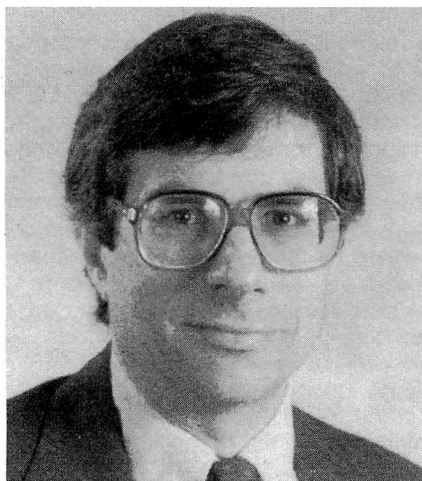
As Secretary of the APA for the past four years, I am committed to the increased diversity of our members and the need for greater participation of our members at all levels of the organization. As President-Elect, I would have the opportunity to appoint members of AGLP and the Caucus to various councils and components. Close consultation with both will help insure participation. Further, as President-Elect of the APA, I will seek your consultation and advice on many issues, including the family, gay adolescent suicide, medical research, and AIDS.

The President of the APA has an opportunity to educate the membership and the public at large on a variety of issues which confront the field. I will use that opportunity to help with the stigma and social justice issues confronting gays and lesbians everywhere. I've treated many gay, lesbian and bisexual patients, especially when I worked on the campus of the NIH, managing the first AIDS patients in the early 1980's. This experience has greatly sensitized me to the stigma confronted by and the mental health needs of gay, lesbian and bisexual patients. As President of the APA, I will need your support to provide the leadership necessary in this era of cultural conflict and economic constraint.

American Psychiatric Association

The Candidates Respond

Candidates for Vice-President



Benjamin Liptzin, M.D.

Benjamin Liptzin, M.D.

1. *The term "family values" has been used to disenfranchise members of sexual minorities who form untraditional family units. In your view, how should psychiatrists and the APA respond to the changing definition of the family?*

The term "family values" is often used as a code word which hides homophobia or other kinds of bigotry. Psychiatrists and the APA should recognize that there are many "untraditional" family units; in fact, a minority of children live in families with two parents of opposite sexes. We should treat with respect and be open-minded to those who seek our help for whatever reason. In the current climate of inflammatory right-wing rhetoric from politicians and radio talk show hosts, APA should be a voice for sanity and reason. We should acknowledge that relationships can be caring and loving or abusive and destructive whether they are between same or opposite sex partners. As a member of the APA Board of Trustees, I supported the provision of benefits to same sex domestic partners. In addition, I have advocated for the same benefits in my own institution.

2. *If you are elected, what kind of relationship would you expect to establish with AGLP and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

If elected APA Vice President, I would expect to meet regularly with AGLP and with the Caucus. As Chairman of a department of Psychiatry in Western Massachusetts, I have hired numerous gay and lesbian staff, listened to their concerns, and advocated within our institution for their interests. I would encourage any member to call, write, or E-mail me with concerns about issues APA is or should be involved with, including AIDS treatment and research, homosexuals in the military, adoption, residency curricula, etc.

Rodrigo A. Munoz, M.D.:



Rodrigo A. Munoz, M.D.

1. *The term "family values" has been used to disenfranchise members of sexual minorities who form untraditional family units. In your view, how should psychiatrists and the APA respond to the changing definition of the family?*

As a Hispanic living in California, I have a lot of experience evaluating the effects of the use of "family values" in order to discriminate against those who cannot protect themselves: A number of school systems in California deny breakfast to starving children because those making the decision contend that "family values" should forbid the school from feeding the hungry, so that the penniless parents at home can provide the food. The same "family values" were behind Proposition 187: The public clinics should deny medical services to sick children so that the parents could provide private services at their own cost. "Family values" has been used as the screen of smoke and mirrors that has distorted community values to the point that every word seems to mean the opposite. In the instances I mentioned above and many others, "family values" have been used in efforts at destroying the community. So far, I have failed to see any relationship between the "family values" of an individual who chooses a form of family living and the "family values" of another person who chooses a different kind of family. One cannot possibly be the absolute judge who may determine that only one family style is proper and all others are wrong.

Continued from previous page

2. *If you are elected, what kind of relationship would you expect to establish with AGLP and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

I am delighted to report that I have had an excellent relationship with AGLP from the beginning of the Association. Having been together in many struggles for the minorities and the underrepresented groups, I have come to count many of the gay and lesbian psychiatrists, including those in the leadership, as my very good friends and allies. We have regularly struggled for the same ideas and goals in the APA, share resources, and have supported each other in debates within the different committees and components of the APA. As APA Trustee for six years, I have been a voice for the many concepts, ideas and proposals that the representatives of the ethnic minorities, the IMGs, and the women have shared with AGLP.

John M. Oldham, M.D.:

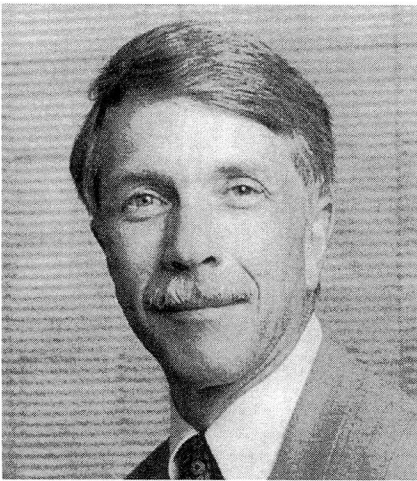
1. *The term "family values" has been used to disenfranchise members of sexual minorities who form untraditional family units. In your view, how should psychiatrists and the APA respond to the changing definition of the family?*

The term "family values" has become a political slogan, often utilized to refer only to the traditional family unit, in the context of highly judgmental, exclusionary platforms. Values are important, of course, but the values that matter are those such as respect, acceptance, dignity, caring and nurturing, that can be provided in many different types of traditional and non-traditional family constellations. Similarly, destructive and damaging experiences can occur within the family setting, irrespective of its traditional or non-traditional composition. Studies of women, for example, have indicated that women are increasingly victims of physical, psychological, or sexual abuse that is frequently perpetrated by family members.

Psychiatrists and the APA should strenuously oppose destructive influences that undermine the provision of supportive, caring environments for children. These influences include prejudicial and judgmental attitudes that exclude stable and nurturing home environments just because they are non-traditional.

2. *If you are elected, what kind of relationship would you expect to establish with AGLP and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

If elected, I would strongly advocate close partnerships between the leadership of the APA and AGLP and with the Caucus. In New York, as Chief Medical Officer of the New York State Office of Mental Health, I have advocated non-discriminatory diversity in our recruitment of clinical staff, and I initiated the development of an agency-wide clinical policy statement on patient sexuality that emphasizes the importance of sexuality, irrespective of orientation, as an ingredient of psychiatric rehabilitation. As Director of New York State Psychiatric Institute, I have encouraged research on attitudes toward sexual orientation, along with other projects such as HIV risk-reduction in many specialized populations. And as Associate Chairman of Psychiatry at Columbia, I have encouraged diversity on our faculty and have supported the recent establishment of The Columbia Center for Lesbian, Gay and Bisexual Mental Health. Within the APA, as Chair of the Scientific Program Committee, I have proactively endorsed diversity in our committee membership, and I have worked to ensure extensive coverage at each Annual Meeting of the latest information from clinicians and researchers about treatment of patients from all ethnic and cultural backgrounds and sexual orientations. In addition, as Senior Editor of the *Review of Psychiatry*, I have programmed a section in Volume 12 entitled "Changing Perspectives on Homosexuality," reviewing new developments in our understanding of homosexuality, biological theories of sexual orientation, working with gay and lesbian patients in psychotherapy, and the characteristics of gay and lesbian relationships, including issues faced by lesbians or gays who parent or adopt children. These and other issues must be sensitively and openly addressed by the APA, in close association with AGLP and the Caucus.



John M. Oldham, M.D.

ANNOUNCEMENTS.

The Society for the Scientific Study of Sex (SSSS) Western Regional Conference will be held at the Hyatt Hotel in Palm Springs, California from April 20 - 23, 1995. The Conference Program Chairperson, David P. McWhirter, M.D., is an AGLP member and was the first openly gay National President of SSSS in 1987. The topic of the conference will be the science of sexual orientation. The keynote speaker will be Anke Ehrhardt, Ph.D. from the HIV Center at Columbia. Other speakers will include Walter Williams, Vivienne Cass from Australia, Pepper Schwartz and John Gagnon. For further information, contact David Hall, Conference Chair at (209) 474-7421 or FAX (209) 474-3801.

AAPHR (The American Association of Physicians for Human Rights) has officially become GLMA (The Gay and Lesbian Medical Association) as of January 1, 1995. The change was based on a vote that was virtually unanimous, reversing long-standing opposition from within the organization. Fittingly, the new name was announced on October 11, National Coming Out Day...Also note that GLMA/AAPHR's Annual Symposium will be held in Los Angeles on August 17-19, 1995.

The American Suicide Foundation (ASF) is awarding grants for one- or two-year periods to investigators conducting clinical, biological or psychosocial research on suicide. Of particular interest are proposals on the relation of alcohol and substance abuse to suicide, schizophrenia and suicide, youth suicide, the impact of gun control on suicide, the relation of trauma-induced pain to suicide, and the link between suicide and creativity. Applications can

be obtained from ASF, 1045 Park Avenue, New York, NY 10028, or by calling (212) 410-1111.

The Journal of Gay, Lesbian and Bisexual Identity will begin publication in January 1996. It will present peer-reviewed original articles, clinical studies, and research papers that address the many factors involved in the discovery and assertion of one's sexual identity. For complete submission guidelines, write Warren J. Blumenfeld, Editor, Journal of Gay, Lesbian, and Bisexual Identity, P.O. Box 929, Northampton, MA 01061.

The 1995 Reunion of LGBPM (Lesbian, Gay and Bisexual People in Medicine) will occur in conjunction with the annual AMSA (American Medical Student Association) National Convention in San Francisco from March 9-12. The weekend will feature social events as well as keynote speaker Urvashi Vaid, former Executive Director of the National Gay and Lesbian Task Force. If you are interested in attending, call AMSA Convention Information at (800) 326-6601 or (800) 729-6429 for registration materials.

The Columbia Center for Lesbian, Gay and Bisexual Mental Health, a non-profit program of Columbia University College of Physicians and Surgeons Department of Psychiatry, has opened its doors in Manhattan. Director, Justin Richardson, M.D. (an AGLP member) is pictured below (right) with clinician Grant Stitt, C.S.W. For more information or to make appointments, call (212) 326-8441.



P sychiatrist wanted for 20 hour/week position at AIDS crisis center in San Francisco. Call Peter Goetz at (415)554-9980 for details.



Continued from page 3

LHF grant reviewers use a rigorous scientific process to select grant recipients," said Patricia Robertson, M.D., who has led the LHF's grant review committee. "We thank the community of women and men who gave donations to the Lesbian Health Fund to make these grants possible."

The Lesbian Health Fund, founded in 1992, is a project of the Gay and Lesbian Medical Association (GLMA), formerly the American Association of Physicians for Human Rights (AAPHR), the U.S. and Canadian organization of lesbian and gay physicians and medical students. If you are interested in applying for a grant, please call Deborah Romero at the AAPHR office, (415) 255-4547, for a copy of our updated granting guidelines. Tax deductible contributions made payable to the Lesbian Health Fund can be sent to GLMA, 273 Church Street, San Francisco, CA 94114.



Continued from page 13

My point is that gay and lesbian researchers have had to show that there is no more pathology in these children than in children raised in other families. Just as we have had to work to remove prejudice and notions of pathology from gay men and lesbian women, now we must work to remove the same prejudices from gay and lesbian families and their children.

The courts are only one arena in which the non-biological lesbian mother must struggle for legitimacy and definition. In the social arena, the struggle for visibility and legitimacy are just beginning. There is still very little awareness that lesbian women are parents, and even less social awareness that two women may be co-parents.

John: I understand that you and your partner, Maggie Magee, are writing a book. What is it about?

Diana: Maggie and I are both psychoanalysts. Although we enjoy our clinical work, we regret the distortions and omissions in psychoanalytic theory about lesbian women. We address some of these issues in our book, tentatively titled *Getting Down to Cases: Lesbian Lives in Psychoanalytic Treatment*.

References: Burke, P. *Family Values: A Lesbian Mother's Fight for Her Son*. Vintage Books, New York, 1993

Smith College Studies in Social Work, 1993, 63 (3). (The entire issue is devoted to lesbian families).



John Gosling, M.D. interviews Diana C. Miller, M.D. on the topic of lesbian parents with special emphasis on the non-biological mother

(Biographical note: Dr. Miller is a psychoanalyst in private practice in Santa Monica, CA. Dr. Gosling is a Jungian psychoanalyst in private practice in New York City. Both are AGLP members.)

John: What is it that drew your attention to this particular aspect of lesbian parenthood?

Diana: While preparing for a panel, "Defining and Redefining the Meaning of Family in the Psychotherapy of Lesbians and Gay Men," for the October 1994 Hospital and Community Psychiatry Conference, I read Phyllis Burke's *Family Values: A Lesbian Mother's Fight for Her Son*. Burke and her partner Cheryl are parents of Jesse, born to Cheryl through alternative insemination. *Family Values* chronicles the frustrating obstacles to Burke's attempt to adopt Jesse and the equally frustrating obstacles to her claiming parental legitimacy as the non-biological mother of Jesse. Although Burke was politically active in gay and lesbian civil rights issues, her positive sense of self as a lesbian woman did not translate automatically to self-acceptance or legal legitimacy as co-mother.

John: Can you give an illustration from your clinical practice of how the issues of legitimacy can affect the non-biological parent?

Diana: A lesbian couple similar to Phyllis and Cheryl came to me for consultation. I could see the tensions caused in their relationship by the particular closet that develops for the non-biological lesbian parent. For example, when June, the non-biological mother, proudly showed pictures of her new baby at her new job, she didn't explain to every person, each time she showed the pictures, that she was in a lesbian couple. A few months later, when her partner Mary came with the baby Betsy to pick her up at work, June worried that her co-workers might feel that she had lied to them when they saw the actual arrangements of her family.

To give another example, recently Mary asked June if she wanted to go to "parents' evening" at Betsy's preschool. Mary thought that June would want to be the parent to attend the meeting since June drops Betsy off at school every morning and talks to Betsy's teachers. June did want to attend the parents' meeting, but feared there might be some sort of parenting role she could not fulfill, for instance signing school papers as Betsy's "mother." June told Mary: "I don't know, I'm kind of busy. You go." June felt like a second-class parent, and Mary was confused and frustrated in her attempt to give June the parental recognition she though June wanted and deserved. As they related the event in their therapy session, the previously hidden issues of legitimacy became more evident, and both women were relieved to discover why they

Although Burke was politically active in gay and lesbian civil rights issues, her positive sense of self as a lesbian woman did not translate automatically to self-acceptance or legal legitimacy as co-mother

Continued from previous page

were in apparent conflict with one another.

John: What are some of the other significant issues that may emerge for the non-biological mother?

Diana: They are the same issues that the gay father and lesbian biological mother face, namely the difficulties of being closeted and the difficulties of gaining social and personal legitimacy. It is estimated that in the United States there are ten million children being raised by four million lesbian and gay parents. Most such families are closeted, the parents passing as single, widowed or divorced.

For the non-biological lesbian mother, one way to seek legitimacy is to legally adopt her child. This kind of second parent adoption takes great personal courage because there is no assurance that the petition to adopt will be accepted, and, during the adoption process, the woman must be willing and able to come out in all areas of her life. In some cases, a move for second parent adoption may reactivate prior custody settlements. For instance, when Alice and Ray divorce, he agrees to her having custody of their child, Sally. When Alice and Claudette begin to live together, Ray continues to support the custody arrangement. Alice and Claudette decide to have a child, and Alice uses a sperm bank donor to conceive. The birth of Françoise disturbs Ray, but it isn't until Claudette attempts to legally adopt Françoise that Ray files for custody of Sally. Not only may the second parent adoption of Françoise fail, but Ray may win his custody fight for Sally.

Another issue particular to the non-biological mother is what happens to her relationship to the child should the lesbian relationship dissolve. Unless she has legally adopted her child, she has no rights following the dissolution of the couple.

John: What struck you in your reading of the literature on this subject?

Diana: The paucity of writing about the specific dilemmas of the non-biological mother. Although there has been increased attention on gay and lesbian families, there hasn't yet been much addressed to the concerns of the non-biological lesbian mother.

John: What are some of the issues for gay and lesbian families?

Diana: For the past fifteen years, gay and lesbian psychological researchers have examined the prejudiced ideas that society and the legal system have about the capacities of gay and lesbian persons as parents. These prejudices have had devastating impact on child custody decisions and second parents adoptions. The courts have made various assumptions about children raised by gay or lesbian parents. Such children have been assumed to have more psychological problems, more "gender identity disturbances," and more difficulties establishing love relationships than other children. It has been feared that they would "become" gay or lesbian, be ridiculed by other children for having gay or lesbian parents, and would be more secretive, suspicious, shy, or insecure than children raised in other families. There is no evidence of any of these characteristics or consequences in children raised by lesbian or gay parents. But in several studies one thing that did distinguish such children is that they were more tolerant of difference and diversity.

*I am struck by
The paucity of
writing about
the specific
dilemmas of the
non-biological
mother.*



Tentative Schedule for Annual Meeting

Raleigh Hotel, Miami Beach
Compiled by Dan Hicks, M.D.

Saturday, May 20th

- | | |
|------------|------------------------------|
| 10 AM-5 PM | AGLP Pre-convention Program |
| 6-7 PM | AIDS Memorial Service |
| 8 PM | Lesbians' Dinner Out |
| 8 PM | Hospitality Suite Open House |

Sunday, May 21st

- | | |
|------------|------------------------------------------------|
| 9-11 AM | Discussion Group on Analytical Issues (Lynch) |
| 11 AM-Noon | Significant Others' Planning Meeting (Duckett) |
| 1:30-3 PM | Committee on Gay and Lesbian Analysts (Lynch) |

- | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------|
| 3-5 PM | Larry King Live: Video of Shelly Klinger debating Charles Socarides and discussion about dealing with reparative therapy (Scasta) |
| 5:30-7 PM | Meeting for those living with HIV |
| 7-8 PM | Lesbian Reception |
| 8-10 PM | Opening Reception |

Monday, May 22nd

- | | |
|------------|-------------------------------------------------------------------------------------------------|
| 10 AM-Noon | Significant Others' Discussion (Duckett) |
| Noon | Significant Others' luncheon out |
| Noon-1 PM | Brown bag lunch for socialization and open discussion |
| 1-2:30PM | Being an Openly Gay Psychiatrist (Cabaj) |
| 2:30-4 PM | Self-Disclosure in Therapy (Forstein) |
| 4-5 PM | Psychiatrists, Students, and Significant Others of Color (Carter, Nakajima) |
| 5:30-7 PM | Caucus of Lesbian, Gay and Bisexual Psychiatrists (CLGBP) and AGLP business meeting |
| 7-8 PM | 12 Step Meeting |
| 8 PM | People of Color Reception for medical students, residents, psychiatrists and significant others |

Continued on following page

FEBRUARY 1995

VOLUME XXI(1)

Tuesday, May 23rd

- 10:30 -Noon Couples Group (Ross)
- Noon-4 PM Outing for Significant Others (Partners Welcome)
- Noon-1 PM Lesbian Medical Students and Residents brown bag lunch (Link)
- 1-2 PM Gay and Lesbian Medical Students and Residents (Leli, Link, Wozniak)
- 2-3 PM Separate Meetings for Students and Residents
- 3-4 PM Residents meet with early career psychiatrists (under 40 or < 5 yrs. out of training) (Clyman, Karasic)
- 4-5 PM Early Career Psychiatrists (Clyman, Townsend, Karasic)
- 5:30-7 PM CLGBP and AGLP business meeting
- 7:15PM Meet with others to go to dinner
- 7:30PM Lesbian and Gay Child and Adolescent Psychiatrists (Dabbs, Pinney)

- 2-4 PM Considering Gay Parenting (Hanley-Hackenbruck, Kramer)
- 3-4 PM Addictions Treatment for Gays and Lesbians: A Balanced Model (Mandell)
- 4-5 PM Sex clubs and bathhouses: health hazards or gay liberation? (Hicks)
- 5-6 PM Wrap-up, critiques, suggestions, plans for next year
- 7-10 PM Awards Banquet and Closing Party

Wednesday, May 24th

- 10:30 -Noon Discussions of our own experiences in therapy/analysis (Sekaer, Bernay)
- Noon-2 PM Brown Bag Lunch and case discussion (Miller)

FEBRUARY 1995

VOLUME XXI(1)

AGLP Membership Application Form

Name: _____

Degree: _____

Preferred first (nick) name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Membership Status: _____

(Full Member - \$100.00, Associate Member - \$100.00, Resident - \$25.00, Medical Student - \$5.00, Newsletter only - \$20.00)

Date membership status changes: _____

Are you a member of the American Psychiatric Association? Yes No

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

Do you want your name and address listed in a NON-CONFIDENTIAL directory of AGLP members? Yes (Initial) _____ No

Do you want to be a NON-CONFIDENTIALLY LISTED referral source? Yes (Initial) _____ No

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 Lesbian, Gay & Bisexual Psychiatrists

American Psychiatric Association

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

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

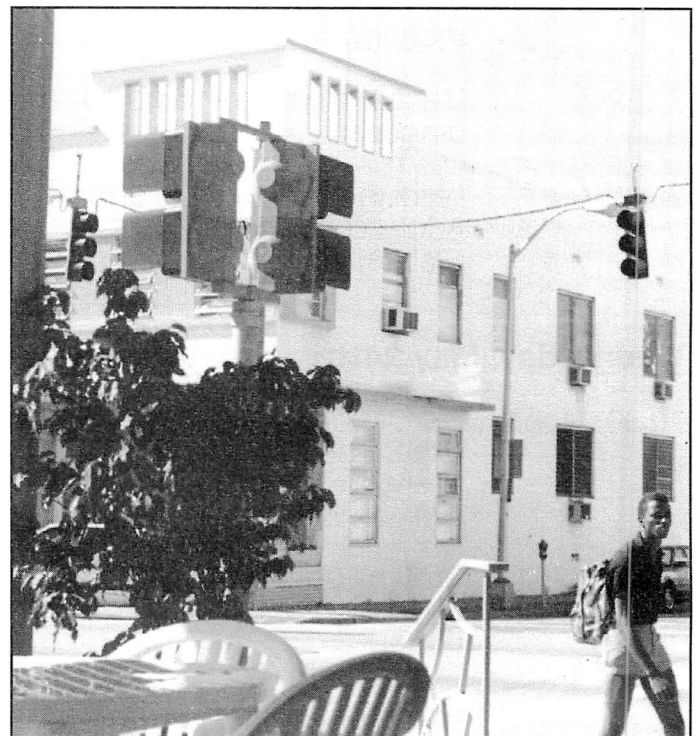
* APA Membership Status: _____

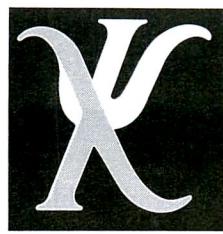
Please enroll me in the Caucus of Lesbian, Gay & Bisexual Psychiatrists.

Signed: _____ Date: _____

Send this form to: Office of Membership
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

VOLUME XXI(2): APRIL 1995

IN THIS ISSUE...

Miami Update <i>Dan Hicks, M.D.</i> <i>Gary Kramer, M.D.</i>	1
Editor's Column <i>Guy Glass, M.D.</i>	2
President's Column <i>Margie Sved, M.D.</i>	3
Vice-President's Column <i>Dan Hicks, M.D.</i>	4
Gay Psychiatrists and the Couch <i>Paul E. Lynch, M.D.</i>	5
Residents' Column <i>Ubaldo Leli, M.D.</i>	6
Announcements	8
Medical Students' Column <i>Martha Link</i>	10
Early Career Psychiatrists' Column <i>Dan Karasic, M.D.</i>	10
Saturday program features Challenges of Sexual Orientation Debate <i>Dan Karasic, M.D.</i>	10
Membership Committee Report <i>Diana C. Miller, M.D.</i> <i>Laura Bernay, M.D.</i>	11
AGLP Convention Events	12
APA Convention Events	14
Membership Form	16
CLGBP Form	16
Awards Banquet Reservation Form	16



*The Raleigh
Hotel*

Miami Update Dan Hicks, M.D.

With such a fine supporting cast, I have been fairly quiet about upcoming events in Miami, but I want to encourage everyone to join us at the Annual Meeting. It will be a tremendous advantage to have all of our programs and meetings in one space, and such a great space - right on the beach and so close to the Convention Center! Saturday programming is in the capable hands of Dan Karasic, M.D., with his report featured in this *Newsletter*. The Hospitality Suite is crammed full of programming this year, and will be very exciting. In addition, several of our members are involved in exciting presentations at the Annual Meeting, including a debate on the etiology of homosexuality (biological vs. psychological), and a forum on the effects of reparative therapy, to be presented Tuesday evening....This promises to be one of our most exciting meetings, and in a very exciting place - see you there! .

Gary Kramer, M.D.

The design of the AGLP booth for this year will endeavor to highlight the theme of the 1995 APA Annual Meeting emphasizing diversity and equity. By incorporating pictures, graphics and design, we hope to present an image of growth, diversity of members and strength of purpose. If you have pictures, preferably in color, that represent AGLP and the above concept, please call me before April 20. We might want to have your photo enlarged for display purposes.

The valued assistance of AGLP members in manning the booth provides an important aspect of our willingness to express our presence. Your contribution of time will be greatly appreciated, and it should be rewarding for you as well. You may register to participate either by calling my office at (215) 643-8696 or by contacting me in Miami at the Raleigh Hotel.

Editor's Column

Guy Glass, M.D.

Having recently returned from a trip to Europe, I am feeling rejuvenated these days (luckily, just in time to put together another exciting issue of the *Newsletter*, an activity which requires more stamina than I would ever have believed). Portugal was lovely and relaxing - a real vacation - but my visit to London had been planned as a mixture of psychiatric business and pleasure. I didn't make it this time to Freud's house in Hampstead (really worth seeing, especially for the home movies of the master with his pet chows), nor to Karnac Books, nor to Guy's Hospital (not named after me, alas) where I did a psychiatry rotation during medical school - maybe next time. But I certainly enjoyed spending some time with my cousins: one of them recently completed an analytic group therapy training program, my other cousin and her Welsh husband are both lay analysts. And I had the good fortune to spend my last full day in London with Wai Chen, whose name and number I had been given by my friend Gene Nakajima.

Dr. Chen is a physician (originally of Hong Kong) who previously trained as a general practitioner, and is currently a registrar in psychiatry (British for resident) at the renowned Maudsley Hospital. I like to visit with psychiatrists when I go abroad; for one thing, it gives me more perspective on the pros and cons of the American system. Wai, aside from being friendly and hospitable, was well-informed, and he gave me some valuable information on the queer shrink scene. Britain, in many ways, is ten years behind the U.S. in this regard. The U.K.'s equivalent of our AAPHR/GLMA is called GLADD (Gay and Lesbian Association of Doctors and Dentists), and is a resurrection of the former GMA (Gay Medical Association) which is now defunct. This functions predominantly as a social organization: there is a

membership fee, but there is no newsletter or educational programming. I understand that the membership currently stands at approximately one hundred. An informal gathering of gay psychiatrists also exists (perhaps between 30 and 50); they get together a couple of times a year for socialization, and "membership" is by invitation only.

Some things about the British system I find truly admirable, even enviable. During the two months I spent in London during medical school, I had been impressed by the greater emphasis given to preventative health care, as by the dedication to providing psychiatric home visits for patients (especially geriatrics) who are housebound. When Wai informed me that, under the British National Health care system, all consultants (British for attending) earned the same base salary, regardless of specialty (perhaps to be consistent I should say "speciality") I was certainly a little jealous: The disparity in earnings has really driven good potential candidates out of our field in the United States, but in Britain psychiatry remains a popular and competitive field.

How to explain, then, the disorganization of the British gay physician/psychiatrist scene? According to Dr. Chen, there have been conflicts between members of the above groups, some of whom want to "go public" and achieve a higher profile, while others feel that these should remain purely social organizations. (Some of this reminds me of issues that have arisen at GLPNY - Gay Psychiatrists of New York - meetings, where some of the older members opposed the idea of marching with a banner in our Gay Pride Parade). There are probably also reasons which go deeper, and which reflect profound and fundamental differences in British and American societies. There is a long tradition of the "live and let live" philosophy in Britain; doctors don't tend to get bothered about their sexuality as long as they don't make a big deal about it. There's virtually no such thing as an openly gay psychiatrist who has a gay clientele (something which is possible here now, at least in urban centers

Continued on page 9

The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor
Guy Glass, M.D.

Published quarterly from 235 East 13th Street, Apt. 4C, New York, NY 10003-5649.

Subscription cost: \$20.00 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*; 235 E. 13th Street, #4 C, New York, NY 10003-5649. (Phone: (212)982-0328 or (212)982-6209). Material may also be faxed to the attention of Dr. Glass at (212)420-2047. 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 articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is July 15, 1995.

OFFICERS OF THE ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

<i>President</i>	Margery Sved, MD
<i>President-Elect</i>	David L. Scasta, MD
<i>Vice President</i>	Daniel Hicks, MD
<i>Secretary</i>	Rochelle L. Klinger, MD
<i>Treasurer</i>	Larry M. Forster, MD
<i>Past President</i>	Marshall Prater, MD

President's Column

Margie Sved, M.D.

I hope everyone has made plans already for Miami Beach! Last I heard, there were still some rooms available at our two hotels, the Raleigh and the Indian Creek. I'm really looking forward to having all the AGLP events in one place. I also think I'm most excited about the new format for the Closing Party/Awards Banquet. I'm looking forward to having planned, non-rushed, non-cocktail party social time together.

Please look elsewhere in this issue for more information about the AGLP activities. In particular, there is information to reserve tickets for the Closing Party/Awards Banquet and to RSVP for the Saturday night Lesbian dinner. I also plan to have an Executive Committee meeting at breakfast on Saturday, and a meeting of committee chairs at lunchtime Sunday, and will be notifying the people involved with these.

I was initially delighted to see that the APA is again offering childcare this year, which last year was not provided. But then I realized that this was only for daytime hours, and even then, not-yet-toilet-trained Eliana would not be eligible. However, with adequate advance notification, the Raleigh Hotel will help to find babysitters for people staying there. I'm quite willing to be the contact for this, especially if anyone wants to try to arrange some joint babysitting during any AGLP activities. I don't want anyone to miss any of our events because of childcare issues, but I don't think we've yet reached the critical mass needed to include childcare regularly with our activities. Also, please let me know if anyone is interested in taking care of any children any time during APA, or any information about what you'd like to see AGLP offer in terms of childcare in the future.

This is my last *Newsletter* as President. I had hoped we would have an office functioning before I left, and I felt this would be the best contribution I could give to AGLP. I had also hoped to have a committee structure that allowed more members to be involved in the activity of AGLP. That is off to a good start with some committees/components working very hard, but of course there is always room for more. We continue to have an increasing presence within APA, and our issues do get heard and addressed (but we still can't change the world as much as we'd like...). I do think a serious issue for us to address over the next few years will be whether we need a conference of some sort of our own, and how to go about that. Many of us are so busy at APA that we can't ourselves benefit from AGLP activities. In addition, we can't be available as guides, friends and mentors to the new people coming each year. We also still do not know each other very well, and need to continue both informal and more structured interactions.

I've enjoyed my work with AGLP, and I'm not going away!

Margie

I do think a serious issue for us to address over the next few years will be whether we need a conference of some sort of our own...

Vice-President's Column

Dan Hicks, M.D.

Discussion on Sexuality and Intimacy

Ever since I went to the AAPHR forum on safer sex last summer, I have been rethinking the whole issue of sexuality in our community, and how queer shrinks fit in. At the AAPHR Annual Meeting, at the AGLP Fall Meeting, and even at our Annual Meeting, we never have a chance to discuss these issues, even though unsafe sex is still threatening our members and certainly our patients. I feel that the whole arena of promiscuous sexuality, supported by gay bathhouses, sex clubs, back rooms, and bookstores, suppressed in many places at the beginning of the epidemic, is becoming wide open once again - and the places I've seen don't necessarily promote safe sex. I am offering a time on Wednesday afternoon in the Hospitality Suite, from 4 to 5, to discuss this with others to try and put it into perspective without being moralistic. I think as leaders of the mental health of our community, we need to address this issue, and also look at the whole issue of its effects on intimacy, how this impacts on relationships, and the issues of open or closed relationships in the face of AIDS.

Institute on Psychiatric Services

Hospital and Community Psychiatry has changed its name to the Institute on Psychiatric Services (IPS). They have invited AGLP to attend a planning session for their Annual Meeting, which will be held October 6-10 at the Boston Marriott Copley Place Hotel. Last year, Gene Nakajima, M.D. and Howard Rubin, M.D. hosted an AGLP session and business meeting in San Diego. This year, Marshall Forstein, M.D., has agreed to take charge of this with others from the Boston area. Mary Barber, M.D., one of our fellows from New York City, is also on the planning committee, and will be presenting at the meeting on psychotherapy with lesbians.

For those who can't make it to the APA Annual Meeting, this is a great alternative. The program sounds exciting; it's a smaller, less hectic meeting, more multi-disciplinary, and more clinically oriented. I think it's a great opportunity for AGLP members to get together, and also another forum to educate our colleagues about gay and lesbian issues so that they can provide better treatment for our community.

Don't Ask, Don't Tell Revisited

The new Military policy on homosexuality has been bolted into place by Congressional action and is not likely to be altered anytime soon, especially in the current political climate. We have to wait for this discrimination to be lifted by the courts. In the meantime, there has been at least one person who raised the question of homosexual feelings with his military psychologist, who felt obligated to report this to his commander. The commander proceeded to start discharge proceedings, but this was fought successfully in court.

I feel that the whole arena of promiscuous sexuality, supported by gay bathhouses, sex clubs, back rooms, and bookstores, is becoming wide open once again - and the places I've seen don't necessarily promote safe sex.

Continued on page 9

Gay Psychiatrists and the Couch

Paul E. Lynch, M.D.

Brief History

The board of AGLP established a Task Force of Psychoanalysis in response to membership interest. Gay and lesbian psychiatrists were looking for a venue for discussion of topics common to psychoanalysis and homosexuality, including issues of clinical practice, education, theory, and the problem of discrimination against homosexuals within psychoanalytic organizations. As its first task, the group established a study or discussion group that would meet annually in addition to the semi-annual Task Force meetings.

First Meeting

Fifteen AGLP members with an interest in psychoanalysis met during the May 1994 meetings in Philadelphia. We were diverse in terms of age, experience, and level of involvement in psychoanalysis, covering much of the spectrum from third year medical student to training analyst. Dr. Ralph Roughton, who is Chairman of the Committee on Issues of Homosexuality of the American Psychoanalytic Association (the American), accepted our invitation to discuss issues that we have in common with his Committee.

From our more senior participants we heard about different paths taken. For example, one felt he'd had a very good analysis with a "good analyst," which was personally useful, although the analyst warned him that it was not possible at that time for him to become an analyst because of his homosexuality. He went on to have a very distinguished career in another area of psychiatry. One of his contemporaries described greater disappointment at being blocked from analytic training due to his homosexuality, and persisted outside the American Psychoanalytic Association, eventually becoming the first openly gay supervising and training analyst at New York's William Alanson White Institute. Several mid-career participants described affiliations with the American Academy of Psychoanalysis (the Academy), some having trained at Academy-affiliated psychoanalytic institutes. Among the early-career and resident participants were two of the first openly gay candidates at institutes affiliated with the American, as well as a few who remain interested in psychoanalysis but undecided about if or when to make it a career choice. A third-year medical student demonstrated interest in learning more about homosexuality and psychoanalysis by attending our meeting, although he hasn't yet made a decision about going into psychiatry.

In addition to hearing our stories, Dr. Roughton shared with the group some of the advances made in the American, which finally passed a non-discrimination policy in 1990. The Committee on Issues of Homosexuality is disseminating information about the policy, and fostering discussion about issues of homosexuality in psychoanalytic education at the meetings of the American and at its member institutes. Paul Lynch is a member of the Committee and would be happy to bring them our comments or concerns.

Second Meeting

Much of the Fall 1994 meeting was taken up with discussion of rage at psychoanalysts for the harm they have done us, and hope that we can participate in the evolution of psychoanalysis. This hope often comes from experiences and relationships with kind, supportive, and collegial analysts. The split among gay psychiatrists was highlighted by the comments of a gay resident interested in pursuing a career in psychoanalysis. He stated that he stopped telling his gay colleagues of this interest because they offered criticism rather than support.

Many questions came up in this discussion that warrant further discussion. For example, how can we encourage and support AGLP members interested in psychoanalysis while remaining sensitive to the feelings of those members who have been denied the opportunities we seek? Is there a way that we can formally address the anger that many feel toward organized psychoanalysis? Can we have good experi-

Residents' Column

Ubaldo Leli, M.D.

With the excitement of the holidays, I missed the deadline for the previous issue of the *Newsletter*, but here I am now to share with you my experience as a fellow of the American Psychoanalytic Association (APSA), and to update you on the stimulating program for residents at the AGLP meeting in Miami.

Being a Gay Fellow of the APSA

This year I was one of several residents fortunate enough to be awarded a fellowship by the APSA. I happen to be in psychoanalytic training, but the program is targeted primarily at residents and fellows who are not specifically planning to become analysts. Any resident interested in psychoanalysis can apply for a fellowship. The program was developed a few years ago to promote the diffusion and discussion of psychoanalytic ideas early in training. Of the 15 fellows chosen for the 1994-95 academic year, two were openly gay.

The fellowship is an open award, whose only requirements are that the recipient agrees to attend the two meetings of the APSA. The fellowship pays for transportation, food and registration to the meetings. A mentor and a sponsor are assigned to each fellow for the academic year. The mentor is a senior (usually well-known) psychoanalyst with whom the fellow is encouraged to develop an informal relationship through personal encounters. Fellows can interact with their mentors in a variety of ways. I have used my relationship with my mentor to discuss the possibility of developing a research project, to ask for advice in various areas, particularly career development, and for simple networking. The sponsor is a previous year's fellow who is willing to help with practical matters. The fellows also receive gifts from publishers of psychoanalytic books, as well as free subscriptions to *The Journal of the APSA* and the *International Journal of Psychoanalysis*. This is a particularly exciting year for this program, because the Spring Meeting of the APSA will merge with the meeting of the International Psychoanalytic Association, which will be held in San Francisco from July 29–August 4. I will participate in this meeting by chairing a seminar entitled "Forced Terminations."

I was awarded my diploma in a plenary session of the APSA. As an openly gay fellow, I was treated with the utmost respect by the members I met. Many analysts, I discovered, are not prejudiced against homosexuals. Even before the current opening to gay applicants, in certain training institutes, the homosexual bias was conveniently ignored, despite the official position of the American, which dictated, at the time, exclusion from training of "obligated homosexuals"—a sort of "don't ask, don't tell" policy. Unfortunately, other institutes are very resistant, even now, to opening their doors to gay applicants. This is especially true in New York City, where some institutes have not yet accepted any openly gay candidate.

Attending the meeting of the APSA at the Waldorf-Astoria Hotel in New York City last December was for me an honor and a challenge. I confess to being intimidated at first, realizing that members of the Association include some very conservative and homophobic analysts, such as Dr. Charles Socarides, a co-founder of the National Association for the Research and Therapy of Homosexuality, which promotes the infamous "reparative therapy" of male homosexuality. I had been invited to participate in a discussion group led by Socarides entitled "The Sexual Deviations - Theory and Therapy: The Psychoanalysis of a Homosexual Woman." The fact that such a crusader against

***Even before
the current
opening to gay
applicants, in
certain train-
ing institutes,
the homosex-
ual bias was
conveniently
ignored ...***

Continued on following page

Residents' Column (con't.)
Continued from previous page

homosexuality was chairing this session made me suspicious. Some gay analyst friends of mine warned me that the group, assembled by invitation, would all be in agreement with Socarides' assumption that one can analyze away homosexuality as a symptom. After much interior debate and consideration of how I would feel playing the lamb to the slaughter, I opted to bow out of the meeting. Although I felt a little cowardly, I also rationalized that one cannot fight a war alone, and that without the support of other people with ideas similar to mine, I would have accomplished nothing more than to have played the role of the masochistic victim before a group of unsympathetic senior analysts.

During the meeting I developed friendships and many personal contacts. I heard famous analysts speak on the most diverse topics - from attempts at treating addicts with classical analysis four times per week on the couch, to issues of termination. I participated in a seminar on how transcripts from entire psychoanalyses are evaluated for certification. I listened to reports of countertransference to patients who kill themselves and to debates on the treatment of patients with Multiple Personality Disorder.

During one of the receptions in the opulent Waldorf-Astoria Hotel, I was interviewed, together with Dr. Michael Feldman, another fellow, by the *New York Observer*. We were featured in an article in the January 2nd issue. It was interesting that a picture of Dr. Feldman and myself was sandwiched between one of Dr. Socarides and one of Dr. Robert Endleman, founder of Psyche Press, who, like Dr. Socarides, holds very conservative views on homosexuality. The author of the newspaper's column - somewhat sympathetic to the homosexual cause - offered a glimpse at the internal disagreements of the psychoanalytic world by describing the impressions of an external observer at the meeting. She illustrated her reaction through pointed reference to trays of *mixed nuts* scattered over the tables of the magnificent hall. One wonders how much this view of psychoanalysis is shared by the general public!

My point in describing my experiences as an APsA fellow is to convey the idea that "homosexual blood" is acutely needed in traditional psychoanalytic circles. This is our moment, as gay and lesbian psychiatric residents, to increase our participation in psychoanalysis. Traditionally labelled as having major character pathology associated with our sexual orientation, we have, on the contrary, much to offer the analytic community. The lack of exposure of traditional psychoanalysis to normal homosexuals with minimal or no associated psychiatric pathology has historically reinforced massive prejudice against homosexuality. But with our increasing presence there is now a

growing number of psychoanalysts who are in the process of refining their theoretical framework of sexual orientation. The time has come for homosexuals to occupy their place within the psychoanalytic community. Remember: there is not yet a single training and supervising analyst who is openly gay within the APsA.

Residents' Program at the AGLP Meeting in Miami

The specific detailed program appears elsewhere in this *Newsletter*. However, a few events deserve some special attention from the residents:

Tuesday, May 23

- 1-2 PM An informal discussion meeting for students, open to residents
- 2-3 PM A meeting for residents to process issues of therapy, supervision, coming out, and general training experience
- 3-4 PM Residents meet with early career psychiatrists

Wednesday, May 24

- NOON-2 Brown bag lunch and case discussion: This promises to be a very exciting event. It is a case conference with two discussants: Diana C. Miller, M.D., a training and supervising analyst at the Institute of Contemporary Psychoanalysis Los Angeles, and Jack Drescher, M.D., a psychoanalyst from the William Alanson White Institute in New York, and the Associate Medical Director of the HIV referral service of the same Institute.

I urge residents to volunteer for this last presentation by calling or writing me as explained in the mailing just sent to resident members. I would like to make a decision by the end of April. Any resident or fellow who has a case involving gay issues in any area - transference, countertransference, or supervision - should consider presenting. This case conference promises to be a valuable opportunity to learn much that will be useful to us when we are out working there in the community as gay psychiatrists.

Please remember also that I am running a roommate matching service for the Annual Meeting. My telephone numbers are: (home) (718) 834-1599, (work) (914) 997-4347, (FAX) (914) 997-5723. I will put in contact any two people willing to share a room, so that they can make their hotel reservations jointly.



ANNOUNCEMENTS . . .

The Harvard Medical School Department of Continuing Education will be offering a course on Psychotherapy of Lesbians and Gay Men: Across the Life Cycle, from June 16- 17, 1995. The course is being offered by the Department of Psychiatry at the Cambridge Hospital with the cooperation of Fenway Community Health Center, and is under the direction of Marshall Forstein, M.D., Rhonda Linde, Ph.D., and Judy Reiner Platt, Ed.D. For more information, please contact Dr. Platt at (617) 864-6165 or FAX(617) 876- 9760.

The American Psychological Association (APA) program on lesbian and gay concerns seeks the collaboration of other organizations in sponsoring a leadership development workshop for mental health professionals and social scientists interested in lesbian and gay issues. Possible venues for such a workshop include the National Gay and Lesbian Task Force Conference in Detroit in November 1995 or the 1996 National Lesbian and Gay Health Association Conference. This would be an excellent opportunity to work collaboratively with other mental health disciplines. Please contact Clinton Anderson, APA, 750 1st Street, N.W., Washington, D.C. 20002- 4242. Phone (202) 336- 6037, FAX (202) 336- 6040, Internet cwa.apa@email.apa.org.

Health Sciences, Heterosexism, and Homophobia," a one-day conference will take place on April 22, 1995 at the University of California, San Francisco. The conference will explore issues of professional development, research, and patient care among gay, lesbian and bisexual communities. Sponsors include GLMA (Gay and Lesbian Medical Association). For more information, call (415) 282- 9650.

A new, national independent think tank, the Institute for Gay and Lesbian Strategic Studies (I- GLSS) has been organized. The Institute's mission is to fund desperately needed research and to disseminate that information in ways that will have an impact throughout American society. It was created, in part, as a response to right- wing think tanks such as the Family Research Council and the Heritage Foundation which publish and promote lies and distortions about lesbian, gay and bisexual people. For more information and to get on the Institute's mailing list, write to Lee Badgett, Institute for Gay and Lesbian Strategic Studies, 611 Pennsylvania Avenue, S.E., Suite 352, Washington, D.C. 20003 or by email to lbadgett@puafmail.umd.edu

Call (504) 488- 9402 for information about the Women in Medicine 1995 National Conference for Lesbian Physicians. This is to be held from June 1- 4 at the Le Meridien Hotel in New Orleans.

Seeing psychiatrist, 10 hours/week, for medication clinic in lesbian/gay mental health agency. Inquiries or resumes to Director, Operation Concern, 1853 Market Street, San Francisco, CA 94103. (415) 626- 7000.

Position available for Director, Child and Adolescent Outpatient Services, Langley Porter Psychiatric Institute, University of California at San Francisco. Send application packets to Jeree Pawl, Ph.D., Search Committee Chair, c/o Mr. David Bell, Search Administrator, Langley Porter Psychiatric Institute, 401 Parnassus Avenue, Box CAS- 0984, S.F., CA 94143- 0984.

Position available for Director of Ambulatory Care Services, also at Langley Porter. Send letter of interest and C.V. to Nick Kanas, M.D., Chair, Search Committee, SFVAMC, 4150 Clement Street, S.F., CA 94121.

Position available, 20 hours a week, for psychiatrist for Team Two, an outpatient clinic serving the chronically mentally ill with a specialty focus on the gay and lesbian population. Resumes to Dr. Lipsitz, 298 Monterrey Blvd., San Francisco, CA 94131. (415) 337-4795

Margie Sved, M.D. asks if anyone is interested in serving as a liaison between AGLP and the Association of Women Psychiatrists(AWP). This might involve as little as making sure that some things of interest to lesbians are in each AWP newsletter. Contact Margie at (919) 851-8851 (home) or (919) 733-9917 (work) or at Miami.

Vice-President's Column
Continued from page 4

I have raised this issue in my position on the Committee on Military Issues, asking that the new District Branch address this in their bylaws. One of the arguments raised by our military colleagues in forming a District Branch was that they could then have more power to influence the policies which were discriminatory to our patients. I proposed the following statement to use as a model:

As a District Branch of the American Psychiatric Association, the Uniformed Services Branch agrees to uphold the principles and ethics of the APA. In cases where there may be a conflict between our roles as physicians and as members of the U.S. Military, we will attempt to protect the confidentiality and privacy of our patients, unless there is clear impairment of judgment and functioning affecting the military mission.

I believe that most people in the District Branch are supportive of this issue, but do not feel strongly enough to pursue it or feel that they can't really make a stand against the policy. I am requesting our members write letters to the APA, the Uniformed Services District Branch, and to any other appropriate committees or groups on which they serve, so that the Branch realizes that it is an important issue on which they need to act. They won't be able to get rid of the policy, but at least they will be moving in the direction of providing safe refuge and protection for gays and lesbians in the Military who need psychiatric help.



Editor's Column
Continued from page 2

like New York and San Francisco); this is true in part because most physicians have salaried jobs with the government and there's not a great deal of private practice, but another reason is surely that it's just not a British thing to talk about one's sexuality in public. When social change occurs in the U.K., it is much more gradual; activism, demonstrations and cataclysmic social upheaval are American traditions. Also, there are probably more external pressures right now in the U.S. that necessitate this kind of activism (eg. the Religious Right, reparative therapy, etc.); people in Britain tend to dictate less what others should do. I guess the price to pay for self-actualization and the pursuit of individual happiness, which are also great American traditions, is a backlash of intolerance.

In closing, I might note that the latest AGLP Membership Directory does not list a single non-North American entry. Shouldn't we try to make liaisons with gay and lesbian psychiatrists and other mental health professionals in Britain, the Netherlands, Germany and Japan, to name a few; we might be able to impart some of what we have learned in the past twenty years... and we might be able to learn something ourselves.



Medical Students' Column
Martha Link

Once again, medical student members are reminded of AGLP's travel assistance fund. Through the generosity of AGLP members who contribute to the fund, students requiring assistance for airfare are aided to attend the AGLP Annual Meeting in conjunction with the APA's Annual Meeting. Both AGLP and the APA schedule a number of events specifically for medical students. AGLP activities include discussion groups for medical students, and (with residents) on issues of concern to lesbian, gay and bisexual people in various stages of their medical training and/or professions. AGLP also hosts numerous other social and educational events, including the much anticipated Opening Reception which is always widely attended by Kinseys from zero through six (now, who are the zeros? I always forget!).

The AGLP residents' group this year is host to two events to which medical students are also invited. A support/experiential group will allow participants to share experiences of coming out, interacting with supervisors, colleagues, and patients in residency and medical school. A case conference will also be held to discuss transference, countertransference and supervisory issues arising in treatment by LGB residents. This is certain to be an interesting and educational event of interest to people at all levels of training.

Students interested in attending these meetings with travel support should contact their friendly AMSA-AGLP liaisons, Martha or Steve ASAP:

Martha Link
 40 Prospect Park W #6E
 Brooklyn, NY 11215
 (718) 832©1267
 mtha27@aol.com

Steve Wozniak
 3130 N. Hall St. #307
 Dallas, TX 75204
 (214) 922©0424
 wozniak@utsw.swmed.edu

Early Career Psychiatrists' Column
Dan Karasic, M.D.

The Early Career Psychiatrists are scheduled to meet with the residents on Tuesday, May 23 from 3-4 in the Hospitality Suite at the Raleigh Hotel, then alone from 4-5. The APA defines ECP's as under 40 or less than five years out of residency, but our group has no rigid definitions. We share commonalities in getting a private practice or academic career going, or starting work in other institutional or clinic settings where our sexual orientation may be more or less of an issue. Our meetings allow us to discuss these challenges, to network for jobs and peer support, and to advise residents. It is also an opportunity to communicate to APA and to AGLP how they can best serve our needs, and to become more involved...See you in Miami Beach!

Saturday Program Features
Challenges of Sexual Orientation
Debate

Dan Karasic, M.D.

The AGLP Saturday Pre-Convention program is an opportunity to see old friends or to get to know new ones, while discussing issues that affect us in a comfortable, relaxed environment. This year's program is May 20 at the Raleigh Hotel, from 10 AM to 5 PM. The topic is "Sexual Orientation: New Conceptual, Political and Clinical Challenges." There have been continued battles over the past year with the "reparative" therapists. With the failure of the APA to declare "reparative" therapy unethical, what course should AGLP chart in the coming year to prevent the abuse of gay, lesbian and bisexual patients in therapy? Rochelle Klinger, M.D. will speak on the actions of the Committee on Lesbian, Gay and Bisexual Issues and the APA, and will lead us in a discussion of future directions. Paul Lynch, M.D., an out gay psychoanalytic candidate, will talk about the status of lesbian and gay issues in the American Psychoanalytic Association and will give a personal view of where things stand.

Next, Diana Miller, M.D. will review the new literature on the biological versus developmental theories of the origins of sexual orientation (What causes heterosexuality anyway?) and provide a feminist critique. Donald Tarver, M.D. will speak on the relevance of this debate across ethnicities: How much of orientation is cultural construct? We will then have a large group discussion of the theories of determinants of sexual orientation and how they impact on our political positions and our clinical practice.

Following this, we take a long lunch break to continue the discussion at nearby restaurants or to get sun during prime tanning hours. When we return, Paul Lynch, M.D. will present a case from his psychotherapy practice of an elderly man, who decades ago, after a "reparative" analysis, married a woman and had children, and who now returns to therapy to reconcile his homosexuality. (If anyone has a case they'd like to present of a woman in psychotherapy with a focus on conflict over sexual orientation, please contact me: I'm looking for a second case.)

Lastly, we'll break into small groups to discuss how we, as lesbian, gay and bisexual psychiatrists, work with patients who have sexual conflicts. If you have case vignettes you'd like to discuss, please contact me ASAP, or you may bring case material to the small groups.

Some of the small groups may meet outdoors, so beachwear is encouraged. Please contact me at (415) 626-1745 or at 140 - A Eureka Street, San Francisco, CA 94114 with any input or comments.

• • •

Gay Psychiatrists and the Couch (con't.)
Continued from page 5

ences in analysis and analytic training without betraying those who have earlier suffered discrimination? How can we learn from the experiences of our trail blazers to improve the experiences of those who follow?

Coming Attractions

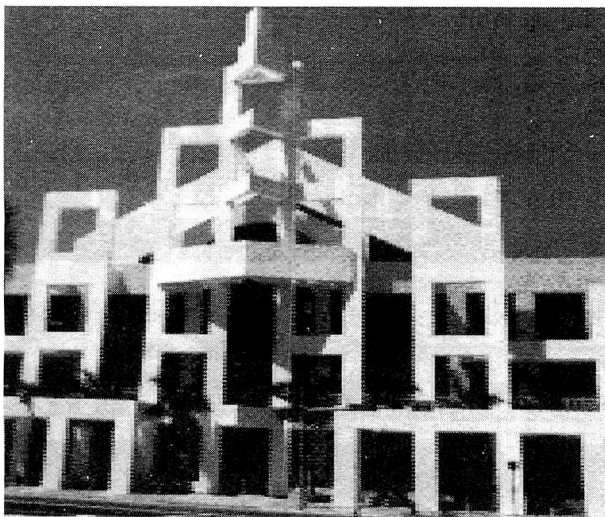
May 1995 Task Force Meeting: Agenda items include discussion about what members are doing in their local medical schools, psychiatric and psychological societies, and psychoanalytic institutes to teach about gay and lesbian issues, and/or to teach as gay and lesbian analysts, and of the particular problems faced by residents considering psychoanalytic training.

May 1995 Discussion Group:

"Where's the Beef? - How is psychoanalytic evidence presented and used in theorizing about lesbians?" Chris Sekaer, M.D. will begin the discussion. As reference, Chris recommends *Wild Desires and Mistaken Identities: Lesbianism and Psychoanalysis*, by Noreen O'Connor, Ph.D. and Joanne Ryan, Ph.D. (especially the Introduction and Chapter Six).

For more information, contact Paul Lynch, M.D. at (617) 247-0630.

Mark your calendar:
Discussion Group, Sunday, May 20, 9-11 AM
Task Force Meeting, Sunday, May 20, 1:30-3
AGLP Hospitality Suite, Raleigh Hotel, Miami Beach



Membership Committee Report
Diana C. Miller, M.D.

Our eleven-member Committee has many accomplishments to report. As of December 31, 1994, we had 547 members (361 full members, 107 residents, 54 medical students and 25 associates) and a *Newsletter* circulation of 595. Although we have had good success in gaining new members, we have also lost some and are contacting those former members to invite them to rejoin us.

In the last year, we have contacted members of other gay and lesbian organizations who would be eligible to be members of AGLP. These organizations include AAPHR (now GLMA, Gay and lesbian Medical Association), LAGCAP (Lesbian and Gay Child and Adolescent Psychiatrists), GLPNY (Gay and Lesbian Psychiatrists of New York), and LGBPM (Lesbian, Gay and Bisexual People in Medicine Task Force). We also increased the distribution of our AGLP ad by having it carried in several district branch newsletters, and we wrote to all residency program directors and chief residents informing them of AGLP. Laura Bernay, M.D. has press releases ready to go to *Psychiatric News*, *Psychiatric Times*, AMWA (American Medical Women's Association), GLPNY and the GLMA newsletter publicizing AGLP's part in the upcoming Miami APA meetings. We have been successful in having articles by or about AGLP members in local district branch newsletters as well as in *Psychiatric News*.

Plans for May are developing. We would like to be able to display AGLP members' published papers in both the Hospitality Suite and in the AGLP booth. If possible, please bring 25 copies of each paper. This display will indicate the breadth of our AGLP members' professional involvements and accomplishments, as well as providing a significant educational offering for both AGLP members and for the general APA membership.

Laura Bernay, M.D.

Yes, Jesse, we do recruit!!!! Enclosed with this copy of the *Newsletter* is a flyer about AGLP membership. Please consider posting it on the staff bulletin board at your hospital, clinic or medical school. If you can use more posters, please call Laura Bernay at (212) 447-6079.





AGLP Events

(All events are at the Raleigh Hotel unless otherwise noted)

SATURDAY, MAY 20TH

- 10 AM-5 PM** **Pre-convention Meeting Room**
- 6-7 PM** **AIDS Memorial Service**
Poolside
- 8 PM** **Women's Dinner**
For details, call Laura Bernay, M.D. at (212) 447-6079
- 8 PM** **Hospitality Suite Opens**

SUNDAY, MAY 21ST

- 9-11 AM** **Discussion Group on Analytic Issues**
(Paul Lynch, M.D.)
Hospitality Suite
- 11 AM-NOON** **Significant Others' Planning Meeting**
(Doug Duckett)
Hospitality Suite
- 1:30-3 PM** **Committee on Gay and Lesbian Analysts**
(Paul Lynch, M.D.)
Hospitality Suite
- 3-5 PM** **Larry King Live: Video of Shelly Klinger debating Charles Socarides and discussion about dealing with reparative therapy**
(David Scasta, M.D.)
Hospitality Suite

5:30-7 PM **Meeting for those living with HIV**
Hospitality Suite

8-10 PM **Opening Reception: Hors d'oeuvres and cash bar**
Pooldeck

MONDAY, MAY 22ND

- 10 AM-NOON** **Significant Others' Discussion**
(Doug Duckett)
Hospitality Suite
- NOON** **Significant Others' Luncheon Out**
- NOON-1 PM** **Brown Bag Lunch for socialization and open discussion**
Hospitality Suite
- 1-2:30 PM** **Being an Openly Gay Psychiatrist**
(Bob Cabaj, M.D.)
Hospitality Suite
- 2:30-4 PM** **Self-Disclosure in Therapy**
(Marshall Forstein, M.D.)
Hospitality Suite
- 4-5 PM** **Psychiatrists, Students and Significant Others of Color**
(Debbie Carter, M.D., Gene Nakajima, M.D.)
Hospitality Suite
- 5:30-7 PM** **Caucus of Lesbian, Gay and Bisexual Psychiatrists (CLGBP) and AGLP Business Meeting**
Meeting Room
- 7-8 PM** **12-Step Meeting**
Hospitality Suite
- 8 PM** **People of Color Reception for medical students, residents, psychiatrists and significant others**
Hospitality Suite

TUESDAY, MAY 23RD

- 10:30 AM-12** **Couples Group**
(Michael Ross)
Hospitality Suite
- NOON-4 PM** **Outing for Significant Others**
(partners welcome)
- NOON- 1 PM** **Lesbian Medical Students and Residents Brown Bag Lunch**
(Martha Link)
Hospitality Suite

APRIL 1995

VOLUME XXI(2)

- 1-2 PM **Gay and Lesbian Medical Students and Residents Discussion**
(Ubaldo Leli, M.D., Martha Link, Steve Wozniak)
Hospitality Suite
- 2-3 PM **Separate Meetings for Students and Residents**
Hospitality Suite
- 3-4 PM **Residents meet with Early Career Psychiatrists (under 40 or <5 years out of training)**
(Dan Karasic, M.D.)
Hospitality Suite
- 4-5 PM **Early Career Psychiatrists Meeting**
(Dan Karasic, M.D., Mark Townsend, M.D.)
Hospitality Suite
- 5:30-7 PM **CLGBP and AGLP Membership Meeting**
Meeting Room
- 7:30 PM **Lesbian and Gay Child and Adolescent Psychiatrists**
(Gerry Dabbs, M.D., Rob Pinney, M.D.)
Hospitality Suite

WEDNESDAY, MAY 24TH

- 10:30-NOON **Discussions of our own experiences in therapy/analysis**
(Chris Sekaer, M.D., Laura Bernay, M.D.)
Hospitality Suite
- NOON-2 PM **Brown bag lunch and case discussion**
(Diana Miller, M.D., Jack Drescher, M.D.)
Hospitality Suite
- 2-4 PM **Considering Gay Parenting**
(Peggy Hanley-Hackenbruck, M.D., Gary Kramer, M.D.)
Hospitality Suite
- 3-4 PM **Addictions Treatment for Gays and Lesbians: A Balanced Model**
(Todd Mandell, M.D.)
Hospitality Suite
- 4-5 PM **Sex Clubs and Bathhouses: Health Hazards or Gay Liberation?**
(Dan Hicks, M.D.)
Hospitality Suite
- 5-6 PM **Wrap-up, critiques, suggestions, plans for next year**
Hospitality Suite

- 7-10 PM **Awards Banquet/Closing Party Buffet;**
See back page of Newsletter for reservations form: \$35 (\$20 residents, \$10 med students). May pay at door subject to availability.
West Quadrant - Poolside

Special Screening at Annual Meeting

Don't miss the screening of "Straight from the Heart," scheduled for Wednesday, May 24th at 10:30 AM. This is a 24-minute documentary which was nominated for best Short Documentary Film of 1995 by the Academy of Motion Picture Arts and Sciences. It was produced and directed by Frances Reid and Dee Mosbacher. Dr. Mosbacher is a psychiatrist who is outgoing Medical Director of the Mental Health Department of San Mateo County, California, and founder and President of Woman Vision Productions, a non-profit educational media production company. She is leaving her position to devote herself full-time to producing and directing educational media dealing with homophobia and other issues of diversity. Dr. Mosbacher is also the daughter of Robert Mosbacher, former Secretary of Commerce in the Bush administration and chief fundraiser for Bush's 1992 reelection campaign.

"Straight from the Heart" profiles parents who have come to a new understanding of their gay and lesbian children, and who now courageously wish to share their stories. It presents simple stories about real people: a police chief who talks about how proud he is of his lesbian daughter, a Mormon family whose son is believed to be the first gay man in Idaho to have died from AIDS, and a black woman and her two lesbian daughters who had been accused of "catching" their lesbian predilections from white people. The film movingly confronts the lies and distortions of the "Gay Agenda" videos churned out by the multimillion dollar political machine of the Radical Right.

"Straight from the Heart," which was called "an extraordinary documentary" by *The New York Times*, was designed for use in the diverse contexts in which gay and lesbian issues are being debated. Woman Vision Productions intends to use this film as a vital part of the ongoing process to educate Americans about lesbian/gay civil rights, gays in the military, homophobia and anti-gay violence.

"The Academy Award nomination and ensuing publicity will help spread the word about 'Straight from the Heart' and carry our message to those who most need it," said co-producer Dee Mosbacher. "It offers a unique opportunity to talk about our lives, rather than be talked about by our opponents. We hope that the simple truth will be a powerful opponent to the lies and propaganda that characterize the anti-gay videos."



APA Events

- CW** Component Workshop
- CS** Consultation Session
- CC** Clinical Case Conference
- PS** Paper Session
- S** Symposium
- M** Media Program
- W** Workshop
- D** Debate

MONDAY, MAY 22

- 9-10:30 AM **CW5**
AIDS and Suicide: Psychiatrists' Role in End-of-Life Decisions
(Ch. Marshall Forstein, M.D.)
Conv.Ctr. Rm. B211, level 1
- 9-10:30 AM **W11**
HIV and Hispanics: Clinical Considerations
(Ch. Pedro Ruiz, M.D.)
Fontainebleau, Brittany Room, level 1
- 9-10:40 AM **D**
Resolved: Sexual Orientation is Primarily a Biological Phenomenon
(Richard Isay, M.D., Dean Hamer, Ph.D., William Byne, M.D., Terry Stein, M.D., Moderator, Rochelle Klinger, M.D.)
Conv. Ctr. Rm. A202, level 1
- 11AM-12:30 **W19**
Adolescents at Risk for HIV: Determinants and Interventions
(Ch. Marshall Forstein, M.D.)
Conv. Ctr. Rm. A107, level 1

- 11AM-12:30 **W28**
Psychopharmacology in HIV Infection
(Ch. Stephen Ferrando, M.D.)
Fontainebleau, Ballroom C, level 2
- 2-5 PM **M11**
Living Proof: HIV and the Pursuit of Happiness
- M12**
Quest for Life, A Year with Petrea King
Fontainebleau, Monaco Rm., level 1
- M13**
Ikiru
Fontainebleau, Ballroom A, level 2

TUESDAY, MAY 23

- 9-10:30 AM **CC2**
Psychotherapy with Gay Men
(Scott Masters, M.D.)
Conv. Ctr., Room A205, level 2
- 9-10:30 AM **CW18**
Foundations of Gay-Affirmative Psychiatry
(Lanette Atkins, M.D., Guy Glass, M.D., Leslie Goranson, M.D., Mark Townsend, M.D., Ch. Rochelle Klinger, M.D.)
Conv. Ctr., Rm. B210, level 2
- 9-10:30 AM **W45**
HIV/AIDS Training and Rural Psychiatry
(Ch. John Aruffo, M.D.)
Fontainebleau, Lafayette Rm, level 3
- 9 AM-NOON **AIDS Program: HIV-Related Complications of the Central Nervous System**
Fontainebleau, Grand Ballroom West, level 2
- 11AM-12:30 **PS10**
HIV Issues
(Holly Skodo Wilson, Ph.D., Phillip Bialer, M.D., John Aruffo, M.D.)
Fontainebleau, Imperial Rm.4, level 3
- 11AM-12:30 **CW30**
Relationships Between Lesbians and Gay Men
(Chs. Jack Drescher, M.D. and Laura Bernay, M.D.)
Conv. Ctr., Rm. A205, level 2

Continued on next page

APRIL 1995

VOLUME XXI(2)

2-5 PM **S35**
Disease Progression and Emotion
(presentations on HIV given by Dwight Evans, M.D. and Karl Goodkin, M.D.)
 Conv.Ctr., Rms.B212/B213, level 2

2-5 PM **S46**
Diversity and Equality of Gay and Lesbian Adolescents
(Richard Pleak, M.D., Mary Jane Rotheram-Borus, Ph.D., William Womack, M.D., Sarah Herbert, M.D., S.Lev Nathan, M.D.)
 Fontainebleau, Imperial Rm.3, level 3

7-10 PM **S55**
Psychiatric Attempts to Change Sexual Orientation
(Robert Cabaj, M.D., Terry Stein, Stein, M.D., Diana Miller, M.D., Gary Kramer, Kramer, M.D., David Smith, M.D.)
 Fontainebleau, LeMans Room, level 1

WEDNESDAY, MAY 24

9-10:30 AM **W73**
Women at Risk: Psychosocial Factors in HIV Transmission
(Ch. David Brook, M.D.)
 Fontainebleau, Pasteur Rm., level 3

9AM-NOON **AIDS Program: HIV-Related Mood Disorders, HIV-Related Anxiety Disorders, Pain in HIV Disease**
 Fontainebleau, Grand Ballroom West, level 2

10:30 AM-12 **M52**
Straight from the Heart

M53
Lesbian Physicians on Practice, Patients and Power
 Fontainebleau, Monaco Rm., level 1

M54
Our Families, Our Future
 Fontainebleau, Ballroom B

2-5 PM **S57**
Diverse People, Diverse Places
(presentation on AIDS and the homeless given by Keith Cylar, M.S.W.)
 Conv.Ctr., Rm. D131

2-5 PM **S63**
Psychiatric Management in Neurological Disease
(presentation on AIDS given by Francisco Fernandez, M.D.)
 Conv. Ctr., Rm. A209, level 2

2-5 PM **S77**
Understanding Diversity in Minority Lesbians and Gays
(Debbie Carter, M.D., Phillip Hernandez, M.D., Kewchang Lee, M.D., Deborah Brome, M.D., Kenneth Ashley, M.D.)
 Fontainebleau, Imperial Rm.3, level 3

2-5 PM **S81**
The Diverse Faces of Depression
(presentation on gay, lesbian and bisexual youth given by Robert Cabaj, M.D.)
 Fontainebleau, Voltaire Rm., level 3

THURSDAY, MAY 25

9-10:30 AM **CC4**
Assessing AIDS-Related Sexual Risk among Adolescents
(Janice Hutchinson, M.D.)
 Conv.Ctr., Rm.A205, level 2

9-10:30 AM **CS7**
Psychotherapy with Gay Men and Lesbians
(Terry Stein, M.D.)
 Fontainebleau, Conf.Rm.C level 2

9-10:30 AM **CW55**
Getting Psychiatrists More Involved in HIV/AIDS
(Ch. John Fryer, M.D.)
 Fontainebleau, Brittany Rm., level 1

11AM-12:30 **CW57**
Psychotherapy and AIDS: Preparing for Life and Death Simultaneously
(Chs. Phillip Bialer, M.D. and Bertram Schaffner, M.D.)
 Conv. Ctr., Rm. D131, level 1

11AM-12:30 **CW61**
Gay and Lesbian Families: Legal and Social Challenges
(Ch. Diana Miller, M.D.)
 Fontainebleau, Imperial Rm.3, level 3

2-5 PM **S103**
Innovative Treatments of Distress in HIV
(Daniel Mierlak, M.D., John Markowitz, M.D., Baruch Fishman, Ph.D., Francisco Fernandez, M.D., Judith Rabkin, Ph.D., Robert Remien, Ph.D.)
 Fontainebleau, Imperial Rm.4, level 3

APRIL 1995

VOLUME XXI(2)

AGLP Membership Application Form

Name: _____

Degree: _____

Preferred first (nick) name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Membership Status: _____

(Full Member - \$100.00, Associate Member - \$100.00, Resident - \$25.00, Medical Student - \$5.00, Newsletter only - \$20.00)

Date membership status changes: _____

Are you a member of the American Psychiatric Association?
 Yes No

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

Do you want your name and address listed in a NON-CONFIDENTIAL directory of AGLP members?
 Yes (Initial) _____ No

Do you want to be a NON-CONFIDENTIALLY LISTED referral source?
 Yes (Initial) _____ No

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

Speciality: _____

APPLICATION FORM

Caucus of Lesbian, Gay & Bisexual Psychiatrists

American Psychiatric Association

(CLGBP is the official APA minority caucus for lesbian, gay and bisexual 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 Lesbian, Gay & Bisexual Psychiatrists.

Signed: _____ Date: _____

Send this form to: Office of Membership
 American Psychiatric Association
 1400 K Street, NW
 Washington, DC 20005

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

RESERVATION FORM

Awards Banquet/Closing Party

Raleigh Hotel
 West Quadrant - Poolside

Wednesday, May 24th
 7-10 PM

Name: _____

Number of Reservations _____

Please send a check for \$35, (Residents \$20, Students \$10) for each reservation, made out to "AGLP" to:

Larry Prater, MD, Treasurer
 AGLP
 1110 N. Classen Blvd. #318
 Oklahoma City, OK 73106-6808

Subject to availability, you may also pay at the time of the event.

Mail by May 15, 1995

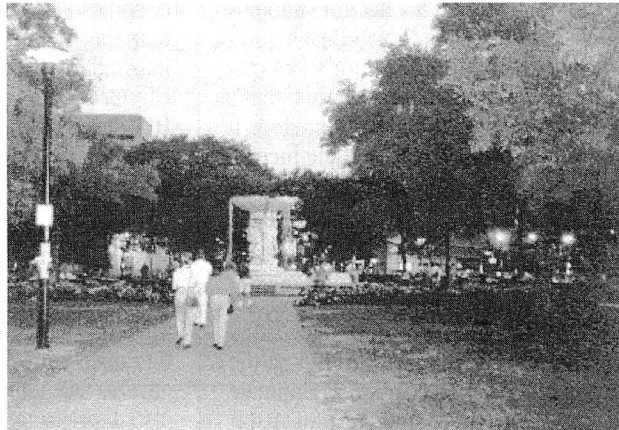


Association of Gay and Lesbian Psychiatrists

VOLUME XXI(3): AUGUST 1995

IN THIS ISSUE...

Washington Fall Meeting <i>Roy Harker</i>	1
Editor's Column <i>Guy Glass, M.D.</i>	2
President's Column <i>David Scasta, M.D.</i>	3
"We opened in Padua..." <i>Jack Drescher, M.D.</i>	6
Residents' Column <i>Ubaldo Leli, M.D.</i>	7
Membership Committee Report <i>Todd Mandell, M.D.</i>	7
Minutes of AGLP Business Meetings <i>Shelly Klinger, M.D.</i>	8
Lesbian and Gay Psychiatrists of Color <i>Gene Nakajima, M.D.</i> <i>Debbie Carter, M.D.</i>	10
AGLP Miami Convention Highlights	11
Amicus brief filed by APA in Romer v. Evans <i>Terry Stein, M.D.</i>	12
Announcements	13
Gay Inpatient Unit Opens in San Francisco <i>Orren Perlman, M.D.</i>	13
AGLP selects Director of National Office <i>David Scasta, M.D.</i>	14
Membership Form	16
CLGBP Form	16
Washington Reservation Form	16



Dupont Circle
Washington, D.C.

Washington Fall Meeting Roy Harker, National Office Director

The Fall planning meetings for AGLP are scheduled, once again, to coincide with the Fall Meeting of the APA in Washington DC. Some re-shuffling of our schedule was necessary to accommodate the last minute restructuring of the APA Fall Meeting. This year AGLP will gather at **7:00pm, Sunday, September 17, 1995**, in Capitol Ballroom C, Ballroom Level of the J.W. Marriott Hotel for an opening reception and buffet dinner. The J.W. Marriott Hotel is located at 1331 Pennsylvania Avenue, NW, Washington, DC. The cost of the buffet dinner (Breast of Chicken Dijonnaise, salad, soup or appetizer, and dessert) is \$40 (\$30 for residents and \$20 for medical students).

For those AGLP members arriving in Washington on Saturday evening, Stuart Sotsky, M.D., is arranging a get together for dinner out on-the-town. If you would like to be included in this gathering, please call at least one week ahead (before September 10) so adequate reservations can be provided. Stuart's telephone number is (202)966-5558.

A block of rooms has been reserved for AGLP members at The Governor's House Hotel, 17th Street at Rhode Island Avenue, NW, Washington DC 20036. The corporate rate of \$102.07 per evening (including all local taxes) is available to you, as an AGLP member, and parking is available for \$14 per day (plus tax). If you would like to reserve one of these rooms, call Mr. Mark Waldorf at (202)296-2100 or (800)821-4367 and ask for the AGLP block of rooms. The block of rooms is reserved from Saturday, September 16 through Tuesday, September 19. Reservations must be received by August 18 to insure the corporate rate.

Planning sessions begin Monday morning, September 18, starting at 9:00am and running until 5:00pm. These meetings will be held in Room #301/301 (3rd Floor) of the APA Central Office, 1400 K Street, NW, Washington, DC 20005. Lunch (Grilled Chicken Caesar Salad, dessert and beverage) is available at a cost of \$10.50 per person, and refreshments will be provided throughout the course of the meetings.

These sessions are crucial to the successful planning of events for the coming year, most importantly the 1996 Annual Meeting in New York. The completion of revisions to our organizational bylaws will also be a major focus.

A Reservation Form is included on page 16 of the Newsletter for those who plan to attend the meetings. Please check the appropriate boxes for the buffet dinner, and/or lunch and forward your payment to me at the National Office.

For any further information, or for help with reservations, please feel free to call me in our National Office, in Philadelphia, at (215)925-5008.

Editor's Column

Guy Glass, M.D.

Looking outside at the honeysuckle on my deck, I suddenly had an association to the palm trees of Miami Beach and I knew it was time to knock off another Editor's Column (or was it just another loose association?). This year's Annual Meeting was one of the best I have attended; somehow it managed to seem exciting without being frenetic, and the incomparable setting of the Raleigh Hotel's pool will surely pass into AGLP legend. This issue of the *Newsletter* features an inspiring "State of the Union Address" from our new President, David Scasta, M.D., and I, too, am looking forward to AGLP taking more active and proactive stands against homophobia and the misuse of psychiatry. Much is planned for the next year, and I urge those who want to become more involved to join us at the D.C. meeting in September; it is much smaller and more intimate than May, and could be a good way to "come out" in AGLP. Planning is already underway for New York in 1996, and whereas we can't promise palm trees, the Local Arrangements Committee is working on new ideas such as more women's activities and the possibility of getting pharmaceutical companies to fund events.

In addition to waxing rhapsodically over AGLP, I wanted to use this column to vent some of my frustrations and concerns over managed care. After recently leaving an academic position in a teaching hospital, I am now in full-time private practice, and I must confess that courting the managed care companies (which are the bane of many psychiatrists' existence) is a tempting way for a young psychiatrist to fill a practice. To be fair, I have phone relationships with some case managers who have integrity and clinical acumen, and not all of my experiences have been bad ones. What concerns me is the potential for abuse, and I think AGLP should consider setting up a task force to investigate this matter further. I have represented myself as a gay "provider," a tactic which I find brings me many referrals and gets me into "closed" networks. Nevertheless, I receive calls from potential patients who tell me that they have gotten the runaround when they request a psychiatrist who is sensitive to gay issues. Perhaps a network of gay-owned and operated managed care companies that will provide affirmative services is a pipe dream, but at the very least we can attempt to develop standards for the ethical

treatment of gay clients by for-profit companies as well as offer our official backing to AGLP members who have applied as specialists to treat gay and lesbian patients.

The issue of confidentiality around both sexual orientation and HIV status should also concern us. I have had patients decline to use their insurance benefits for services because of fear that their employers or others would obtain confidential information from their files. It is naive to suppose that employers cannot do so. While it may be illegal to release information about HIV status, for example, euphemisms such as "life-threatening illness" can be used to circumvent this, and when the record may contain evidence that a covered individual is taking medications such as AZT and Bactrim it doesn't take a genius to figure out what is going on. What is really distressing to me, is that I cannot, in good conscience, dissuade patients from their conviction that there is no confidentiality because I share their skepticism. Over time, these trends will serve to undermine patients' faith in their therapists and physicians, and, I fear, will ultimately lead to an adversarial atmosphere that will hinder our effectiveness. It is also depressing to see that organizations such as the APA and the AMA, which are supposed to be representing our interests as physicians and psychiatrists, are passively tiptoeing their way around the managed care companies instead of exposing them as the money-making behemoths they are and reclaiming Medicine for the doctors.

Back to AGLP and the *Newsletter*, I am always interested in submissions, and the deadline for the next issue is November 1st (I may be flexible about this, if you call me first). I have had the unfortunate experience of being promised material by AGLP-ers who seem avid and zealous at the time, and then who are nowhere to be found at the time of the deadline. Lots of people had grandiose ideas for articles at the time of the Annual Meeting. Where are they during the rest of the year? Please try to remember that I am not a paid full-time employee of AGLP, and that the *Newsletter* depends on contributions from everyone who reads it. If the *Newsletter* and AGLP doesn't seem like a priority to you, maybe you will feel differently after reading the President's Column; there a lot of right-wingers out there who would like to see us out of the picture and who are willing to die for what they believe in...

The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor
Guy Glass, M.D.

Published quarterly from 67 East 11th Street, Apt. 719, New York, NY 10003.

Subscription cost: \$20.00 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: Guy Glass, M.D., Editor, *Newsletter* of AGLP; 67 East 11th Street, Apt. 719, New York, NY 10003. (Phone:(212)982-0328, FAX (212)982-1879.) 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 work 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 articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is November 1, 1995.

OFFICERS OF THE ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

- | | |
|---------------------------------------------------------------------|---------------------|
| President | David L. Scasta, MD |
| Vice President | Shelly Klinger, MD |
| Secretary | Mark Townsend, MD |
| Treasurer | Larry M. Prater, MD |
| Newsletter Editor | Guy Glass, MD |
| Past President | Margery Sveld, MD |
| President of the Caucus of Lesbian, Gay, and Bisexual Psychiatrists | Dan Hicks, MD |
| National Office Director | Roy Harker |

President's Column

David Lynn Scasta, M.D.

This begins the first of eight President's Columns. I hope that the eighth column will comment on the successful completion of a number of goals which I hope to achieve during my term of office.

I had hoped to see the new bylaws passed at the last Annual Meeting. The bylaws are an attempt to broaden the power base of AGLP and provide more input from the membership and recognition of work which is done. When AGLP was young, we had to beg people to be officers. We almost had to tie down Dr. Norm Hartstein and twist his arm to get him to be president. Now people are lined up for the presidency well into the next millennium. There needs to be a clear path for those who want to be involved in the leadership of AGLP – beginning by taking on one of the many tasks that have to be done each year and, once establishing effective skills while laboring in the trenches, move up to the Council and then to the Executive Board where most of the decisions are made for AGLP. The bylaws are complex and detailed. Members were rightly concerned about having too little time to review them, as well as feeling that some "fine tuning" changes needed to be made. The Bylaws Committee will work on this fine tuning at the Fall Meeting after a period of receiving comments from the membership. The bylaws will then be re-presented at the Annual Meeting in New York.

I suppose I should be just as happy the bylaws were not passed since the current bylaws actually give more leeway to the president to structure AGLP however he or she sees fit than would the new bylaws. I, however, have felt for a long time that our success as an organization that has grown five times since the bylaws were originally written depends on our members feeling invested in the organization. The old bylaws leave much of the operation of AGLP to a relatively few members depriving the organization of the input and skills of the vast pool of talent that is held by our membership as a whole. At the last Annual Meeting, I wanted to get the restructuring passed and done so we can move on to other tasks. Since these other tasks can be accomplished under the old bylaws I will move ahead. Two years is so little time to do what needs to be done especially given that we have only two meetings each year.

For the last ten years we have focused on increasing our membership and our membership services. Membership expansion is now in the capable hands of Dr. Diana Miller and her large and enthusiastic committee. Roy Harker, our new Office Director, will be providing new services and closer support of our membership. Hopefully checks will be processed more quickly, follow-up more dependable, and communication with the organization broadened with Roy's help. By analogy with the government, I can therefore concentrate more on foreign policy than domestic policy.

What has been done?

The APA has been dragging its feet regarding establishing a national AGLP office at the APA since Dr. Carolyn Robinowitz left. The imminent retirement of APA Medical Director, Dr. Mel Sabshin, has not helped (as the staff anxiously worries about who will replace him); nor has the tension between President Mary Jane English and President-Elect Harold Eist over managed care. I became frustrated with the delay and talked with Roy Harker of Philadelphia who has served as our graphics artist for the last three or four years for all our AGLP publications. He jumped at the opportunity to become the National Office Director. He has his own office for his graphics business saving AGLP the cost of renting an office and obtaining office equipment and furniture. We also get his graphics services as part of the deal instead of paying him for

Continued on next page

President's Column (con't.)
Continued from previous page

each job as we did in the past. We still hope to establish the national office in Washington. For now we are very fortunate to have Roy's services. Concurrently, Dr. Dan Hicks, our immediate past Vice President and now President of the Caucus, will be serving as our AGLP liaison with the APA. He is in Washington which should give us better access as we work to repair the relationship we once had with the APA and ensure that, in all of the turmoil currently going on in the APA, our issues are not pushed to the back burner.

The *Newsletter* has been structured so that, with Roy's help, the job is not so overwhelming that a working psychiatrist cannot manage it. Dr. Guy Glass took over the editorship of the *Newsletter* last year and has done a marvelous job with a seamless transition.

The *Journal of Gay and Lesbian Psychiatry* has become the official journal of AGLP by vote of the membership at the Annual Meeting in Miami Beach. A new editor (to be appointed by the Executive Board of AGLP) is being sought who hopefully, with administrative support from our national office and from Haworth Press, can get the *Journal* back on track by publishing it on a regular quarterly schedule – something I was never able to do. The *Journal* is one of the largest journals of its type and is published in six continents – which should help AGLP's visibility.

What needs to be done?

During the Annual Meeting we viewed the debate that Dr. Shelly Klinger (our Vice President and former Chair of the APA's Committee on Gay, Lesbian and Bisexual Affairs) had with Dr. Charles Socarides on the Larry King Show. The strategy of his group, NARTH (National Association for Research and Therapy of Homosexuality), is clear. The group is going after public visibility, sound bites and simplistic appeals to a public which wants to believe its views. It attempts to portray itself as "scientific" but politically silenced by aggressive gay activists who keep its studies out of the journals and ignore its science. In the show Dr. Socarides assured the public that a new study was coming out which would support all of his cherished, but long discarded theories. The "scientific study" was a selected survey of psychoanalysts in which a response was suggested in a cover letter. Such studies hardly constitute anything remotely resembling science. Nevertheless, the public, naive about such matters, assumes otherwise. It is difficult to counter such ignorance when working in a medium that traffics in "sound bites" rather than scholarly debate. We need to learn from NARTH. We need members as well-trained in media techniques as NARTH who can counter the disinformation that is being spread. I hope that we can set up such training programs beginning in May.

***We need to
get over our
antagonism
to religion.***

We need to get over our antagonism to religion. We will never gain equality and acceptance of gay and lesbian people as long as the "Christian Right" sees homosexuality as the Maginot Line against secular immorality. For many Christians, any concession on the issue of homosexuality forebodes the end of the Family and eventually the overthrow of the United States due to its immorality just as the Israel of the *Old Testament* was conquered by the Babylonians as God's punishment for Israel's "immorality." However, there are many religious leaders who would actually welcome our help. They do not need help with theology – they need help explaining what Science and Psychiatry truly say about homosexuality. The assertion that homosexuality is a choice rather than an essential characteristic from birth or early childhood is critical to the argument that homosexuality is unnatural. There are many religious scholars who are quite willing and able to rework the theology if they can be assured that lesbian and gay men are homosexual naturally. When these scholars attempt to assert that homosexuality is an immutable characteristic of a large segment of the population, they are met with pro-

Continued on next page

President's Column (con't.)
Continued from previous page

nouncements from Socarides and Cameron and other "experts" who assert that psychiatrists and psychologists believe homosexuality is an unnatural sickness. We can be immensely helpful in informing these scholars what most psychiatrists believe and the stances that the American Psychiatric Association and other organizations have taken on the issue in direct opposition to this vocal minority.

In 1985 I became the first openly gay member admitted to membership in my church, the First Baptist Church of Philadelphia. Four years later, I became the first openly gay deacon in the church and two years after that, we began the Lambda Gathering, a gay support group. The group is small but well-integrated into the hierarchy and structure of the church. We are particularly proud that this church has taken this stance. The church is nearly 300 years old and is the church where the Baptist General Convention of America started. Later the convention would split over the issue of slavery into the Southern Baptists and the American Baptists. The First Baptist Church of Philadelphia is therefore the Mother Church of the Southern Baptist Convention and, just as in the days of slavery when the church led the opposition to slavery, it now leads in the opposition to religious oppression of gay and lesbian people. We are now looking for a new pastor and I serve on the pulpit committee. I am assured that no minister will be selected by the church who feels that homosexual behavior by itself is sin. I have watched as two successive pastors wrestled theologically with the issue, and after truly intensive studies, developed theologies which were supportive. But the underpinnings of the theology are based in psychiatry's belief that homosexuality is primarily innate and therefore "part of God's plan." The psychiatric input was critical.

I was raised in a tradition that held that the Church should receive a tithe (or tenth) of one's income. If I donated that much to AGLP, the budget of AGLP would be substantially affected by my donation alone. When we attempt to counter the Christian Right, we are countering this very tradition of giving in a group that is larger than us, and because of this tradition, has financial resources that dwarf all the resources of every gay group in the country combined. As long as the Christian Right operates under the construct that homosexuality is the last battle between morality and social decay (and loss of life as Christians know it), this immense war chest will be focused on the fight to limit gay people and squelch attempts to educate tolerance and acceptance.

We need to change the construct. We need somehow to assure our heterosexual Christian sisters and brothers that we are supportive of the family. We do not want to "convert" their children to homosexuality or steal their spouses away. We do not want to eliminate heterosexual families so that children can be raised by lesbian or gay couples. I believe that we need to take public steps to be of service to straight families in need (without decreasing our aid to non-traditional families). Such steps would help straight families see gay men and lesbians in a different light and as less of a threat – particularly if such aid is given without obligation.

We also need to have off-the-shelf educational material that can be used by groups fighting the Christian Right's efforts to politically disenfranchise gay people. The Christian Right can readily call upon such slick productions as the short film, *The Gay Agenda*, which is pure vindictive propaganda. Yet we do not even have a brochure saying what Psychiatry says about homosexuality, little less, a videotape which could be used in TV advertisements countering such attempts at disenfranchisement. I pledge to see this deficiency rectified by the end of my term. As a beginning, I have asked Dr. Paul Lynch, who heads our eager committee on psychoanalysis, to prepare a brochure about what psychoanalysis says about homosexuality. I would also like help from other members to put together a video to counter the type of information which is presented in *The Gay Agenda*. If you would be interested in helping in these projects, please let me know. My home phone is (215) 598-7252 and my personal office phone is (908) 806-3834. My address is 1439 Pineville Rd., New Hope, PA 18938.

If you can come to the Fall Meeting in Washington, please do so. We need everybody we can get. There is so much that needs to be done.





Jack Drescher, M.D.

“We Opened in Padua...”

Jack Drescher, M.D.

In April 1994, I went to Verona, Italy as keynote speaker at a conference entitled “Psychosocial Aspects of HIV and AIDS.” Although there are medical conferences on HIV in Italy, there had never been any psychiatric ones. Two Italian psychiatrists I met at the 1993 APA wanted the experiences of an American psychiatrist who could speak about HIV in Italian. I had studied medicine at the University of Padova (Padua) before transferring to the University of Michigan. After the Verona invitation, I received offers to speak in Padova and Bologna as well.

Verona’s conference was hosted by Ospedale Maggiore Civile, the major public facility providing medical services to the city. A local bank and pharmaceutical companies financed the event, and more than three hundred professional and lay people attended. The morning session included a medical review of HIV, my keynote address, and a roundtable discussion. The afternoon was devoted to workshops.

There are cultural differences and similarities in treating HIV in Italy. Most reported cases are in intravenous substance abusers, but gay and bisexual men are a significant minority. Both groups are stigmatized, as is their illness. In the workshop I led, “volontari,” lay personnel who work with medical teams providing social support for PWA’s, reported their own stigmatization by other volunteers not working with PWA’s. Italian medicine is extremely patriarchal. Patients’ rights groups and consumer advocates do not exist, or if they do, they do not exert a significant impact on how treatment decisions are made. There is a schism in Italy between those who practice therapy, usually psychoanalysts, and psychiatrists who primarily do psychopharmacology. I spoke of patients treated with medication and psychotherapy, and was authoritatively told by a Milanese psychoanalyst that it was not a good idea for the same person to medicate and do therapy with a patient: “It confuses the patient; he doesn’t know what to expect from you.” I explained that we used a variety of treatment paradigms in the U.S., and that this was an accepted practice.

There was extensive print and television coverage: *L’Arena*, a conservative newspaper, condensed complex discussions of organicity, psychological issues of childhood omnipotence and reports of increased unsafe sexual activity among younger gay men. I was misquoted as saying “The American gay community has abandoned every elementary precaution. They continuously defy the virus in a sort of delirium of omnipotence. They are just like those Veronese who will pay dearly for thoughtlessly coupling

There are cultural differences and similarities in treating HIV in Italy. Most reported cases are in intravenous substance abusers, but gay and bisexual men are a significant minority.

AUGUST 1995

VOLUME XXI(3)

Residents' Column

Ubaldo Leli, M.D.

Back from the AGLP meeting, held simultaneously with that of the APA and the American Academy of Psychoanalysis, memories of Miami Beach linger. The skyline of palm trees against the blue, dotted with delicate white clouds; small groups of feral parrots chattering in the morning; the intensity of gay night life at South Beach – it all left an unforgettable trace in my mind so used to the dense concrete landscape of New York City buildings.

Considering the competition offered by so much natural, urban and human beauty, I was pleased with the attendance of gay and lesbian residents and fellows at the meetings. I remain convinced that the gay and lesbian psychiatric community is more numerous and more active than ever, and that our presence in the various training programs is steadily increasing our visibility. As facilitator of the residents' group, I perceived that we are becoming more assertive, and that, although we are far from being treated like everybody else, the problem of coming out and the difficulties implicit in interfacing with supervisors and heterosexual colleagues are felt somewhat less acutely than in previous years.

The activities in the Hospitality Suite were very well attended, which attests to the commitment and dedication of those members who renounced, in part, the lure of the beach in order to participate in sessions and gatherings. Particularly reassuring for me was the meeting with early career gay psychiatrists. The current fear of being unable to initiate a career that will satisfy one's expectations – due to the threat of managed care to more traditional psychiatric treatments – was mitigated by the experiences shared in this meeting by our more senior colleagues. After listening to several colleagues testify to full success with mixed practices in which a large part of their time was committed to either short- or long- term psychotherapy, I concluded that private practice and careers involving psychotherapy are still possible.

The fact that it was scheduled for noon on a beautiful, sunny day may have had something to do with the no- show at the residents' case conference at the Hospitality Suite. Dr. Mary Barber was to have been the presenter, with Drs. Jack Drescher and Diana Miller as discussants. The initial disappointment of those involved was tempered, however, by the realization that the gay residents may have had enough exposure to the intricacies of the treatment of gay and straight patients at the very well- attended case presentation by Dr. Richard Isay at the APA.

In closing, I would like to remind everybody that the Fall Meeting of AGLP will be held simultaneously with the APA component meetings in Washington this September. It will be a forum for new ideas and plans for next year's meeting in New York City.

• • •

Membership Committee Column

Todd Mandell, M.D.

Oh, to have all membership meetings in such a pretty setting as poolside at Miami Beach!! Two meetings were held with several new members, including a representative from the northwest area of the country as well as a Mackintosh powerbook, and lots of issues were discussed. Of major importance was a proposal to the Executive Committee that the bylaws be changed to have a representative of the Membership Committee sit on the Executive Committee. This would allow greater access of confidential membership information to the Membership Committee Chair. We also discussed the types of instructions that would be appropriate and necessary to give to Roy Harker in Philadelphia.

Of course, OUTREACH was a major area of discussion, and populations identified were women and Jungian psychiatrists. One of the most exciting ideas for outreach was the possibility of AGLP using the Internet and E-mail for recruiting, and Julie Schulman and Dr. Gene Nakajima had lots of input into this idea. Julie also proposed setting up a booth at Gay Pride and other events at some of the larger cities, and will be discussing these ideas with Dr. Bob Cabaj.

Dr. Sal Fusaro still needs names of people who would identify themselves as contact persons for each branch of the APA. He and others also felt that the *Newsletter* is underutilized and that perhaps our Committee could be more active in orchestrating and adding pertinent issues such as Dr. Klinger's having been on TV for the debate with Dr. Charles Socarides, or the needed response to the new Kaplan and Sadock book. Thus, the Membership Committee could have an expanded mission of providing PR through the *Newsletter*.

In terms of utilization of Committee members during the conference, the possibility was explored of having members and non-AGLP members easily identified at the opening and closing receptions so that Committee members could "work the crowd" and provide more specific attention to potential members. There is the possibility (hint hint) that more existing AGLP members would participate as Membership Committee members if they knew that their responsibilities were focused on event recruiting, as opposed to the need for year-round work. All interested parties can contact me or Dr. Diana Miller.

Overall, energy at both meetings was high. We plan to have members be in contact during the year to provide updates on progress toward the goals we have set up.

• • •

AGLP Business Meetings
 May 22 and 23, 1995
 Raleigh Hotel, Miami Beach, FL

Both meetings were called to order by President Margie Sved, M.D.

I. **Minutes from the Fall Meeting:** The September 1994 minutes as published in the *Newsletter* were unanimously approved.

II. **Announcements:** Howard Rubin, M.D. announced that the new Kaplan and Sadock textbook persists in seeing homosexuality as pathological. Dan Karasic, M.D. and Ron Winchel, M.D. suggested a letter-writing campaign, will have more details in the *Newsletter*.

III. **Treasurer's Report:** Was given by Larry Prater, M.D.

IV. **Newsletter Report:** Submissions were strongly encouraged by Editor Guy Glass, M.D. Dr. Glass announced his new address and fax number. He was given a round of applause.

V. **Office Update:** Dr. Sved noted that the APA is moving very slowly with providing office space due to their many changes. The Executive Committee decided to contract for one year with Roy Harker, who is already doing the *Newsletter*, to be our quarter-time Office Director as of June 1. He will maintain the mailing list, handle dues, etc. During the next year we will investigate finding a more permanent D.C.-based office space, with options including but not limited to the APA.

VI. **Membership Committee:** Chair Diana Miller, M.D. reported on the numerous projects of the Membership Committee. Projects in progress include looking for non-AGLP psychiatrists who are members of other organizations: eg. GLMA (Gay and Lesbian Medical Association), LAGCAP (Lesbian and Gay Child and Adolescent Psychiatrists), GLPNY (Gay and Lesbian Psychiatrists of New York), lesbian physicians' group, etc. Members should inform Dr. Miller of any other groups that have potential. We now have an ad in six district branch newsletters, and are trying to access more. Press releases are prepared to go out after this meeting. Members were asked to try to get AGLP's name out whenever possible. *Psychiatric News* plans to interview the AGLP President for an article. Julie Schulman, a new medical student member, will get us on the Internet. Dr. Miller was thanked and received a round of applause. Bob Cabaj, M.D. suggested a press release for the GLMA newsletter. Dr. Miller will bring AGLP brochures to GLMA this August. If members plan to go to any other meetings, they can get brochures from the office and put them out. Dr. Sved noted the controversy over whether full AGLP members need to be APA members - we will discuss this further in September - and noted that Associate Membership is an underused category.

VII. **Nominating Committee:** Presently the Executive Committee is the Nominating Committee. Election rules were explained. Slate from the Committee was as follows:

- Vice-President: Shelly Klinger, M.D.
- Secretary: Mark Townsend, M.D.
- Treasurer: Larry Prater, M.D.
- Newsletter* Editor: Guy Glass, M.D.
- President of the Caucus of Lesbian, Gay and Bisexual Psychiatrists:
 Dan Hicks, M.D.

Nominations were opened from the floor, with none coming forward.

VIII. **Caucus of Lesbian, Gay and Bisexual Psychiatrists Report:** Jim Krajewski, M.D. and Bob Cabaj, M.D. gave a Caucus report. Assembly issues were discussed: position statement on psychotherapy and APA strategic planning to consolidate and reorganize. Terry Stein, M.D. noted that there were originally no women or minorities on the subcommittee on reorganization, so one minority woman was added. APA President Mary Jane England, M.D. will convene a leadership conference in the fall to meet separately from the whole strategic planning process. This will take place when the components usually meet. Dr. Cabaj received a round of applause for his work in

Continued on following page

AGLP Business Meetings (con't.)
Continued from previous page

the assembly. He suggested a bylaws change that if any minority caucus representative is elected to another assembly office, the caucus can elect a new rep - this was approved by consensus. Dan Hicks, M.D. was elected President of the Caucus unanimously.

IX. Bylaws Revisions: Vigorous discussions were held of the bylaws revisions as presented by Shelly Klinger, M.D. and David Scasta, M.D. on both nights of the meeting. Much controversy was generated over definitions of the constituency groups and of whether the bylaws were legal according to our tax-exempt status. It was decided to redo the bylaws revision, discuss it at length in September, distribute the revisions by mail, and vote on it next year at the Annual Meeting. This was passed unanimously. The Bylaws Committee was reformed with the following members: Mark Townsend, M.D., David Scasta, M.D., Paul Lynch, M.D. and Julie Schulman.

Margie Sved, M.D. asked for further discussion of bylaws changes. Mark Townsend, M.D. suggested that the President serve for only one year; several ex-presidents pointed out the continuity problems with this. Dr. Sved reviewed several main points that emerged in discussion of the present revisions: problems with the name for the disabled psychiatrists group, problems with wording for bisexual psychiatrists, adding the psychoanalytic group as a standing committee, putting the Membership Chair on the Executive Committee. Marshall Forstein, M.D. suggested that the conceptual framework for how council is formulated should be carefully thought out in advance. Dr. Forstein suggested that people who have a constituency group bring their statement of goals and purpose to the Executive Committee and make a proposal to justify their existence. Dr. Townsend, as new Chair of the Bylaws Committee, will get feedback, proposals, etc. and will send it to Dr. Glass to put in the *Newsletter*.

X. Nominations for officers were closed at the second meeting after none additional; slate was elected by acclamation.

XI. Journal of Gay and Lesbian Psychotherapy: Dr. Scasta stated that the next issue is being laid out now. He has given his resignation as Editor. Haworth has suggested that JGLP become the official journal of AGLP, and that we appoint the Editor. If this happens, it will cost us about \$6000 a year and Haworth will pay us \$1000 a year plus \$1000 for office expenses. The circulation is 1500. The reaction of the membership to taking over JGLP was quite positive. Terry Stein, M.D. moved to adopt the JGLP as our journal - this passed with only one opposing vote. The Executive Committee will proceed in looking for an editor.

XII. APA Committee on Gay, Lesbian and Bisexual Issues: Report was given by outgoing Chair Shelly Klinger, M.D. and incoming Chair Lowell Tong, M.D. Dr. Tong asked people who were interested in being corresponding or consultant members of CGLBI to contact him. He also encouraged people to look into joining "mainstream committees" within the APA, and explained the process of lobbying the President-Elect (Dr. Harold Eist).

XIII. Annual Meeting Planning: The Miami Beach Local Arrangements Committee (Sal Fusaro, M.D. and Herman Teagno, M.D.) was thanked and given a round of applause.

Local Arrangements Committee was set up for New York in 1996: Gerry Dabbs, M.D. (Chair), Lonny Behar, M.D., Leonard Rubin, M.D., Ron Winchel, M.D., John Gosling, M.D., Guy Glass, M.D., Laura Bernay, M.D. and Phil Bialer, M.D. Dr. Sved asked them to meet and involve anyone else appropriate. Dr. Winchel talked about involving GLPNY. Cary Friedman, M.D. noted that it was convenient having everything in one place here in Miami Beach, but this may be harder in New York. Members agreed that events that can pay for themselves would be good to keep costs down in New York. The APA component meetings are September 15-17 this year, but the committee meetings will be Friday, Saturday and Sunday. It was suggested that AGLP be either Sunday afternoon and Monday morning or go late on Sunday until the evening. Dr. Akman can have his usual dinner on Saturday night. This was opened for discussion. People were agreeable to a late meeting on Sunday night, committees will also have meetings. Mark your calendars for September 17-18!

Continued on following page

AGLP Business Meetings (con't.)
Continued from previous page

XIV. Committee Reports:

A. **Military District Branch** (Dan Hicks, M.D.): The Military Committee is helping the District Branch to try to get confidentiality for gays into their bylaws. Clinton Anderson from the American Psychological Association is trying to coordinate an effort to do a national educational conference about mental health and gay and lesbian issues - let Dr. Hicks know if you are interested in taking part.

B. **Psychiatrists of Color** (Gene Nakajima, M.D.): Refer potential members to him. They are going to submit to the International Conference in Madrid in 1996 and submit a symposium on historical aspects of homosexuality for next year's APA.

C. **Psychoanalysis** (Paul Lynch, M.D.): They will report projects in the *Newsletter*. They want to include other depth therapists including Jungian analysts, etc. Want to come up with a reference list of gay-affirmative psychodynamic articles. Submit suggestions to Dr. Lynch or John Gosling, M.D.

D. **LAGCAP** (Rob Pinney, M.D.): They reviewed their history and activities, noted that they sponsored a presentation at APA that was successful. They are meeting in Puerto Rico this winter.

E. **Early Career Psychiatrists** (Dan Karasic, M.D.): They have published a resource list to help people starting out or restarting. They have suggestions for bylaws. They will have brunch at next year's APA at Dr. Glass's, discussed people transitioning out and need for new members.

F. **HIV** (John O'Donnell, M.D.): Chair Mark Cooper, M.D. is ill and is not here. The Committee would like to expand their scope for all HIV-affected individuals - don't have to be positive to be part of it. They would like to get word out that dues can be reduced for people on disability. They are continuing to monitor discrimination based on HIV status, will advocate for people if needed.

G. **Residents** (Ubaldo Leli, M.D.): Dr. Leli reported good group discussions today re: isolation in training, supervision and coming out, questions re: disclosure. They will use the directory to help find other residents. Next year's directory will include academic affiliations to help with this. They are looking for a female resident to co-chair.

H. **Women** (Laura Bernay, M.D.): Dinner went well. Dr. Bernay has some ideas about getting more women into the organization, she is also on the Membership Committee where getting more women is a high priority. Will have an additional women's event next year (a Tuesday reception?).

I. **American Group Psychotherapy Association** (Jerry Polansky, M.D.): Dr. Polansky is the liaison - will be more active.

Dr. Sved turned over the gavel to new President Dr. David Scasta. Dr. Sved's main goals were to get an office and a more functioning committee structure, she is pleased that these things are happening. Barbara Dill volunteered to make an official AGLP gavel. David stated two major goals for his office: 1) to continue to increase the number of people involved in tasks and in the organization and 2) to become a national organization with a national presence independent of the APA - eg. being available to the general public: brochures, library of video soundbites about what psychiatry really says, training groups for media exposure, etc. Dr. Scasta thanked Dr. Sved and the entire Executive Committee for all they have done. He asked for feedback and hard work from all the membership.

Respectfully submitted,

Shelly Klinger, M.D., Secretary

Convention Highlights



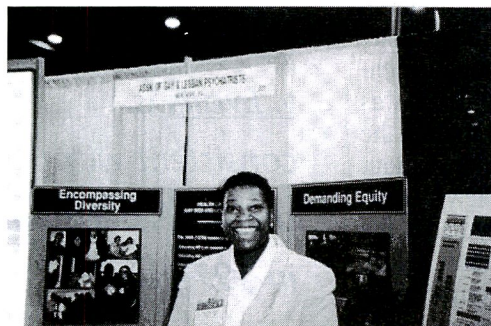
Substance abuse at the closing party: from left to right, Ubaldo Leli, M.D., John Gosling, M.D., Margie Sved, M.D., Lowell Tong, M.D.



The Executive Board deliberate at the Business Meeting: from left to right, Treasurer Larry Prater, M.D., Newsletter Editor Guy Glass, M.D., Vice-President Dan Hicks, M.D., President-Elect David Scasta, M.D., Secretary Shelly Klinger, M.D., President Margie Sved, M.D.



Carolyn Robinowitz, M.D., poses with her Annual Distinguished Service Award at the closing party.



Our wonderful new booth at the Convention Center. Perhaps Debbie Carter, M.D., is smiling at the delegates from the Christian Medical Society across the way.



Some AGLP members (you know who you are) participated in interesting unscheduled extracurricular events ... See you next year in New York!



APA Debate on whether homosexuality is biological: from left to right, Shelly Klinger, M.D. (moderator), Terry Stein, M.D. (con), William Byne, M.D. (con), Richard Isay, M.D. (pro), Dean Hamer, Ph.D. (pro)

***Amicus* Brief Filed by APA in Romer V. Evans Supreme Court Case**

Terry Stein, M.D.

In June 1995, the American Psychiatric Association submitted its first *amicus* brief dealing with the subject of homosexuality to the United States Supreme Court. The brief was filed jointly by the APA, the American Psychological Association, and the National Association of Social Workers, and deals with the Romer V. Evans case now in the U.S. Supreme Court on review from the Colorado Supreme Court. The background for the case is that in 1992, the voters of Colorado passed an amendment to their state constitution, Amendment 2, that prohibited either the State or any local government from enacting any measure that grants protected status on the basis of homosexual orientation or conduct. In 1994, the Colorado Supreme Court, in Evans v. Romer, struck down Amendment 2. The Colorado District Branch, with APA funding support, had signed on to an *amicus* brief when the case was in the Colorado Supreme Court. Roy Romer, the Governor of Colorado, has now petitioned the U.S. Supreme Court to overturn this finding.

The brief was developed, in conjunction with psychologist and social worker colleagues, by Richard Ciccone, M.D., Chair of the APA's Executive Action Group, consisting of Mel Sabshin, M.D., Medical Director, Mary Jane England, M.D., President, and Richard Harding, M.D., Assembly Speaker. The brief was described in a memorandum from Dr. Ciccone to the Executive Action Group as an "information" brief that presented in "objective terms the relevant professional (mental health) research on homosexuality." The "information" brief was distinguished from an "advocacy," or political, brief in order to limit the scope of the presentation to an account of scientific thinking about homosexuality and about the mental health impact of society's treatment of gay men and lesbians. Dr. Ciccone further stated that the Commission believes it is important to place such information before the Court "because a good deal of popular thinking about homosexuality, and the support for Amendment 2, rests on misconceptions that a responsible brief can correct."

The filing of an *amicus* brief by the APA in Romer V. Evans is consistent with the APA's decision in 1973 to remove homosexuality from its list of mental disorders and to develop a number of antidiscrimination position statements dealing with lesbians, gay men and bisexuals since that time. Dr. Ciccone consulted with Dr. Richard Green, with me, and with others in developing the brief, and the Chair of the APA's Committee on Gay, Lesbian and Bisexual Issues, Lowell Tong, M.D., was apprised of this action as well. If AGLP members wish to obtain a copy of this brief, please contact either me or Lowell Tong. My address is: Terry S. Stein, M.D., A233 East Fee Hall, Department of Psychiatry, Michigan State University, East Lansing, MI 48824. Lowell can be reached at: Lowell Tong, M.D., UCSF Psychiatry Care Clinic-ACC, Box 0348, 400 Parnassus Avenue, San Francisco, CA 94143. I think all of us should be appreciative of Dr. Ciccone's and the APA's strong effort on behalf of the rights of lesbians, gay men and bisexuals.

***The filing of an
amicus brief by
the APA in Romer
v. Evans is
consistent with
the APA's decision
in 1973 to
remove
homosexuality
from its list of
mental
disorders ...***

ANNOUNCEMENTS . . .

The X World Congress of Psychiatry is being held in Madrid, Spain, August 23-28, 1996. 10,000 registrants from around the world are expected, and a rich scientific, social and cultural program is planned. If any AGLP members are interested in putting together a scientific program for the Congress, contact Gene Nakajima, M.D. at (310) 825-1988 or Guy Glass, M.D. at (212)982-0328. People of color and gay or lesbian psychiatrists from countries other than the U.S. or Canada are particularly encouraged to get involved.

Gene Nakajima, M.D. is also interested in organizing a symposium for next year's APA in New York on historical perspectives on psychiatry and homosexuality. If you have a paper that might fit, call him at the above number as soon as possible.

Margie, Grace, and Eliana announce with great happiness the arrival of Sara Yessenia Jeannette Atira Prez Abzun Sved. Born on May 2, 1986, Ipala, Chiquimula, Guatemala. Came home on June 10, 1995, Raleigh, North Carolina, USA.



Sara
Yessenia
Jeannette
Atira Prez
Abzun Sved

Gay Inpatient Unit Opens in San Francisco

Orren Perlman, M.D.

The award-winning psychiatric inpatient services at San Francisco General Hospital comprise five locked units; each has developed an ethnic/minority focus which reflects the cultural diversity of its patients, including specialized services for African-Americans, Asians, Latinos, and women. Now the Gay/Lesbian Focus Unit, 7B, the only one of its kind in the public sector, has finally arrived.

Housed with the HIV/AIDS Focus Unit, which opened in 1985, the Gay/Lesbian Focus provides special services to those patients who identify as gay, lesbian, bisexual and transgender. These include twice-weekly support groups, gay-affirmative family meetings, a community referral board and a library of gay-oriented books and periodicals. Future programming includes gay-affirmative substance abuse treatment and gay-affirmative aftercare programs.

Our inpatients, often burdened with the triple stigmas of mental illness, HIV, and their gayness, have described feeling afraid of the repercussions of coming out in previous hospitalizations. In the support groups, many have voiced feeling relieved to be acknowledged in so encompassing a way. The groups have also given non-gay patients a chance to learn about all the varieties of homosexual life and to begin working through homophobic feelings and beliefs.

Many of the staff are openly gay as well. We can be fully out as gay caregivers, and affirm our unique contribution to the community. We offer weekly seminars in which we discuss issues relevant to the care of gay, lesbian, bisexual and transgender people, and to people with HIV and AIDS. Topics have included "HIV Prevention in the Gay Latino Community," "Pharmacotherapy with the Transgender Population," and "The History of Homosexuality and American Psychiatry."

Staff meetings have been lively centers for debate and discussion around issues of personal disclosure and support for non-gay identified staff. Psychiatry residents, medical students, occupational therapy students, and social work interns have uniformly described their rotations on 7B as being refreshing, stimulating and fun. Gay trainees in particular have gained solid support for both their personal and professional identities during their all-important first experience in psychiatry.

Students or residents interested in rotating through SFGH Unit 7B can apply through UCSE, or call Orren Perlman, M.D. at (415) 206-5158.

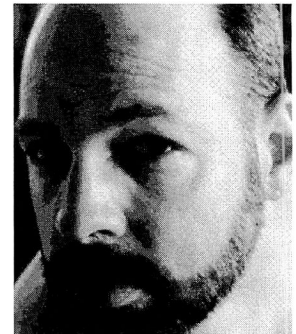
• • •

AGLP Selects Roy Harker as Director of the National Office

David Lynn Scasta, M.D.

Since 1987, Roy Harker and his company, **Engraphics**, has served as the graphics designer for AGLP's *Newsletter* and increasingly for the other publications produced through AGLP. He is best known for his design and production of the wonderful maps that are included each year with the Annual Meeting guide. When it became clear that the process of setting up an office within the APA in Washington was going to be a long drawn-out affair with an uncertain outcome, discussions were held with Roy to set up the office temporarily in Philadelphia. Since Roy already has an office and most of the equipment needed by AGLP, a win-win solution quickly materialized in which Roy would provide AGLP with an office and a quarter FTE (full-time equivalent) as National Director. Roy already knows AGLP's operations from the inside, saving time training a new director.

Roy, 39, grew up in Palmyra, NJ, the oldest of two boys and two girls. His father worked as a liquor store manager and his mother as a graphics artist. With the urging of his parents and relatives, he went to Drexel University in Philadelphia and obtained a degree in engineering in 1976. In that same year, he came out, and, in the process, decided to pursue his own career aspirations rather than those pre-ordained by his relatives. He returned to school and received a Bachelor of Music degree from Temple University in Organ Performance, serving as the organist for St. Stephen's Episcopal Church, in Philadelphia, upon graduation. His first full-time job, however, was working in the design department of an engineering firm where he quickly moved up to the position of director of the firm's graphics department. In 1985 he became the Arts Director of St. Asaph's Episcopal Church in Philadelphia, and continues in that part-time capacity, leading its music and arts programs. After traveling to China with a group of friends in 1986 (developing the interest in Oriental furnishings and design which he has today), he decided to leave the engineering firm and set up his own graphics company, which he called Engraphics. Engraphics specializes in providing graphics for lawyers – particularly of the type that we are seeing in the infamous O.J. Simpson trial. He was tapped by the First Baptist Church of Philadelphia in 1989 to become its part-time Church Administrator and lead its historical restoration project which recently came to fruition with the restoration of the Church's architecturally significant Byzantine sanctuary.



Roy Harker

Roy worked on his first *Newsletter* for AGLP in 1987 and published his first convention guide map in 1989 for San Francisco. His role with AGLP continued to expand such that, by 1993, he had taken over all of the layout and production duties for the *Newsletter*, the *Directory*, the *Referral Guide* and the convention guides.

Roy lives with Robert Ranando, his lover of six years, who manages a *Sharper Image* store in Ardmore, PA. Roy raises rare tropical fish and is an avid historical preservationist having worked with the Philadelphia Historical Society. He has supervised the design and refurbishing of two historic churches. His book, *Historic Ethnic Architecture in the Philadelphia Area*, will be published by the Pew Trust in December of this year. He is a member of the American Guild of Organists and serves on its Executive Board for Special Events. Roy volunteers time with Manna (providing food to persons with AIDS) and the Habitat for Humanity. AGLP is fortunate to have such a talented and diverse Director and looks forward to the direction Roy will provide professionalizing AGLP's office and operations. Welcome aboard, Roy.

Jack Drescher (con't.)
Continued from previous page

with prostitutes." Either to their credit or because of their prurient sensationalism, they published my letter exhorting the citizens of Verona to have as much sex with prostitutes as they wanted as long as they avoided unsafe sexual practices and used condoms.

I was invited to Padova by the University's Department of Psychiatry. I had the nostalgic thrill of speaking in a hall situated across the historic Piazza della Frutta from the apartment where I lived during my last year as a student there. The meeting was attended by psychiatrists from the University's consultation services, infectious disease specialists and students. In keeping with the medical, patriarchal tone of these presentations, the senior physicians asked questions, but no one else felt comfortable doing so. My long-term colleagues in Padova who work with PWA's in extra-mural agencies were reluctant to come into that medical environment, so I later spoke at the local ARCI-Gay headquarters to a more intimate group.

ARCI-Gay is a national gay rights group, and my final stop was at their headquarters in Bologna. Situated within a medieval fortification is a thriving social center with meeting rooms, a print and video library, and even a fully stocked bar. I was surprised when a number of straight psychiatrists came to ask clinical questions about treating HIV-infected patients. Their presence underscored the absence of other venues where they could exchange psychiatric information about HIV with colleagues. Discussion focused on how the Church discouraged disseminating information about safer sex in an attempt to promote abstinence. When asked if it was true, as the Italian newspapers were reporting, that American gay men were abandoning safer sex, I read the *L'Arena* article and its "quote" of the paper they had just heard. That got a big laugh. We discussed how conservative forces used statistics to portray gays as immoral reprobates who were therefore responsible for their own suffering. Unfortunately, this is a practice that operates across cultures.

Overall, it was a rewarding and stimulating experience. My paper "Psychoanalytic Attitudes Toward Homosexuality," will be published in Italy this fall, and I look forward to some lively debates as I present it there next year.

• • •

Lesbian and Gay Psychiatrists of Color Column

Gene Nakajima, M.D. and
Debbie Carter, M.D.

We had our annual discussion group and party during the Miami Beach APA. We discussed how to conduct better outreach to people of color who either don't know about AGLP or who don't identify strongly with AGLP. We have decided to start our own mailing list which will include both AGLP and non-AGLP members. We will use this list to send people information about lesbian and gay psychiatrists of color events prior to the APA meeting, in order to allow for better networking and mentoring. If you would like to be on this list or know people who would like to be on this list, please call Ken Campos, M.D. (619) 692-8270 (work) or 232-6761 (home) or Debbie Carter, M.D. (503) 274-0927.

Next year we will plan a party on Tuesday night as well as a discussion group on Monday afternoon. We will also invite local gay and lesbian physicians of color to the party. Prior to the party, we will hold an informal get-together for the lesbian psychiatrists of color.

In our discussion group, we also discussed the wish for our members to be more involved in presentations that AGLP organizes. We also discussed the inherent difficulties of using the term "psychiatrists of color," and we want everyone to know that we welcome all African American, Hispanic, Asian/Pacific Islander, Native American and other psychiatrists of color to our events.

• • •

AUGUST 1995

VOLUME XXI(3)

AGLP Membership Application Form

Name: _____

Degree: _____

Preferred first (nick) name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Membership Status: _____

(Full Member - \$100.00, Associate Member - \$100.00, Resident - \$25.00, Medical Student - \$5.00, Newsletter only - \$20.00)

Date membership status changes: _____

Are you a member of the American Psychiatric Association?
 Yes No

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

Do you want your name and address listed in a NON-CONFIDENTIAL directory of AGLP members?
 Yes (Initial) _____ No

Do you want to be a NON-CONFIDENTIALLY LISTED referral source?
 Yes (Initial) _____ No

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:
 Roy Harker, 209 N. 4th St., D-5, Philadelphia, PA 19106

Speciality: _____

APPLICATION FORM

Caucus of Lesbian, Gay & Bisexual Psychiatrists

American Psychiatric Association

(CLGBP is the official APA minority caucus for lesbian, gay and bisexual 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 Lesbian, Gay & Bisexual Psychiatrists.

Signed: _____ Date: _____

Send this form to: Office of Membership
 American Psychiatric Association
 1400 K Street, NW
 Washington, DC 20005

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

RESERVATION FORM

Washington Fall Meeting
 September 17-18, 1995

Name: _____

Opening Reception/Bufferet
 \$40 (Residents-\$30, Medical Students-\$20)

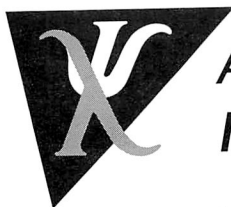
Monday Luncheon
 \$10.50

I prefer vegetarian

Please send a check for total amount, made out to "AGLP" to:

Roy Harker
 National Office AGLP
 209 North 4th Street, Suite D-5
 Philadelphia, PA 19106

Mail by August 18, 1995



Association of Gay and Lesbian Psychiatrists

VOLUME XXI(4): DECEMBER 1995

IN THIS ISSUE...

New York Annual Meeting <i>E. Gerald Dabbs, M.D.</i>	1
Editor's Column <i>Guy Glass, M.D.</i>	2
President's Column <i>David Scasta, M.D.</i>	3
Membership Committee Column <i>Diana Miller, M.D.</i>	5
Medical Student Column <i>Steven Wozniak</i>	5
Residents' Column <i>Ubaldo Leli, M.D.</i>	6
Lesbians and Gays no longer ill in Japan <i>Gene Nakajima, M.D.</i>	8
Caucus Preseident's Column <i>Dan Hicks, M.D.</i>	8
Psychiatric Textbooks Update <i>Howard Rubin, M.D.</i>	9
For Lovers Only <i>Douglas E. Duckett</i>	9
AGLP Fall Meeting Minutes <i>Mark Townsend, M.D.</i>	10
AGLP Fall Meeting Highlights <i>Guy Glass, M.D.</i>	12
Announcements	13
Job Description: Editor JGLP	14
Psychiatric Institutes Questionnaire <i>Marshall Forstein, M.D.</i>	15
Membership Form	16
CLGBP Form	16
1996 AGLP Directory Listings	16



AGLP Executive Board at Fall Meeting, Washington, DC: (left to right) Roy Harker, National Office Director; Larry Prater, M.D., Treasurer; Shelly Klinger, M.D., Vice-President; Guy Glass, M.D., Newsletter Editor; Margery Sved, M.D., Past-President; Mark Townsend, M.D., Secretary; David Scasta, M.D., President; Dan Hicks, M.D., LGB Caucus President

Think Reservations for AGLP in NYC May 1996 E. Gerald Dabbs, M.D.

It's the time of year when everyone's attention is focused on planning for the Holidays, but it is also time to plan for the AGLP/APA Annual Meeting which will be held in New York, May 3-9, 1996.

A block of rooms has been reserved for AGLP at the Warwick Hotel, 65 West 54th Street. The Warwick is a relatively small (325 room) European-style hotel which was built in 1926 by William Randolph Hearst as an elegant residential hotel retreat for his Hollywood "friend," actress Marion Davies. The Hotel has recently undergone major restoration and renovation, and services include room service, concierge, valet parking, fax, photocopying, and privileges at Prescriptive Fitness, a health and fitness center two blocks away. The Warwick is located on the corner of West 54th Street and Avenue of the Americas (6th Avenue), and is diagonally across the street from the Hilton which will be the site of many APA functions and a stop on the shuttle bus service to the Javits Convention Center. The Hotel is also a few blocks from Central Park, the Museum of Modern Art, theaters, Carnegie Hall, Rockefeller Center, and major shopping.

Reservations for the 125 rooms in the AGLP block are available at the following rates:

Standard single/double:	\$135
Superior single/double:	\$145
Deluxe single/double:	\$155

Rates are subject to 13.5% NY tax plus \$2 occupancy tax per room. Reservations can be made by calling (212) 247-2700 or (800) 223-4099 (Continental USA) or (800) 522-5634 (New York State). Be sure to mention the AGLP affiliation.

Many exciting events are being planned for our meeting, but more about that later. For now, THINK RESERVATIONS!

Editor's Column

Guy Glass, M.D.

With this issue, Holiday Greetings are in order to those of you who celebrate them (although as I write this, we have not even experienced our first frost in New York). With this issue, I also commence the second year of my tenure as Editor, and I must say I have less and less been experiencing putting the *Newsletter* together as a daunting and onerous task, made possible, in no small part, by the excellent work of Roy Harker who does layout, and by colleagues who have contributed quality, thought-provoking material. One thing that I now realize goes along with the territory as Editor is that I have become default archivist for AGLP (I didn't even own a camera before I became Editor, and my last camera was a Kodak Instamatic more than 20 years ago). I consequently would really welcome any material (written or photographic) of historic relevance to AGLP that could be printed in future issues; there may be some interesting and little-known pearls! Imagine my surprise, for example, when I read in Lawrence Mass' new book *Confessions of a Jewish Wagnerite* that he served as an editor of this very *Newsletter* in the very early days of AGLP (Mass, an internist, I believe, and a founder of Gay Men's Health Crisis, claims that the job fell to him despite his not being a psychiatrist. Does anyone remember this?)

Onto other matters: Did some of you read Katherine O'Hanlan, M.D.'s piece in a recent issue of *The Advocate* with bewilderment? Dr. O'Hanlan, a gynecologist at Stanford and former president of GLMA, urged readers to bombard the APA with letters urging that they soften their views on homosexuality (the APA, of course, has already adopted an official supportive stance towards homosexuality), and espoused some strange views on Gender Identity Disorder. Numerous readers, myself included, contacted Dr. O'Hanlan, who informed me that she plans to run a retraction in a later issue of *The Advocate*. Dr. O'Hanlan, who claims that her "heart was in the right place," has been an important "advocate" herself for lesbian and gay health, and she deserves our respect, and our tolerance for her honest mistake.

Also, with regard to *The Advocate*, some of you may remember that our meetings in Miami Beach were "covered" by a reporter. Alas, chances that we make it into print now seem remote. This could have given us valuable publicity, but I fear we were not deemed "newsworthy" (read "dishy") enough.

My final agenda in this column is to mention a number of recent books which will be of great interest to our members. (I have found that one of the few benefits of being Editor is that I do get the occasional reviewer's copy.) Ellen Herman's *Psychiatry, Psychology and Homosexuality* (Chelsea House Publishers, 1995) is part of a new series of "Issues in Lesbian and Gay Life" and has an introduction by Martin Duberman. It tells the story of how homosexuality was pathologized, then depathologized, by the mental health community. The book is well-written and engaging; particularly good is Herman's recounting of how the DSM was changed in 1973. Some of the flaws include many irrelevant photographs (lots of parades and demonstrations, but few photos of important figures mentioned in the text) and inadequate documentation (a meager bibliography and no footnotes). Also, the role that gay psychiatrists have played in the development of gay-affirmative treatments is not well-documented: AGLP is not even mentioned (although its psychological counterpart is cited several times) and Dr. Richard Isay, one of our members, is described as a "gay physician," but not as a psychiatrist. One is left with the impression that the APA lags way behind other professional organizations and that gay psychiatrists have played an insignificant role in the changes of the last twenty years.

I am also mentioning another book which recently came my way, but which, admittedly, I have not yet had time to read in detail: *Psychopharmacology from a Feminist Perspective*, edited by Jean A. Hamilton, M.D., Ph.D., Margaret E. Jensvold, M.D., Esther D. Rothblum, Ph.D., and Ellen Cole, Ph.D. (Haworth Press, 1995). Published by the same folks responsible for our own *Journal of Gay and Lesbian Psychotherapy*, this book is a collection of essays, whose purpose is to promote "women-centered pharmacotherapy." It will be on my reading list, just as soon as I get a free moment!

Guy

The Newsletter of the
**Association of
Gay and Lesbian Psychiatrists**

Editor
Guy Glass, M.D.

Published quarterly from 67 East 11th Street, Apt. 719, New York, NY 10003.

Subscription cost: \$20.00 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: Guy Glass, M.D., Editor, *Newsletter* of AGLP; 67 East 11th Street, Apt. 719, New York, NY 10003. (Phone:(212)982-0328, FAX (212)982-1879.) 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 work 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 articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is January 2, 1996.

OFFICERS OF THE ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

<i>President</i>	David L. Scasta, MD
<i>Vice President</i>	Shelly Klinger, MD
<i>Secretary</i>	Mark Townsend, MD
<i>Treasurer</i>	Larry M. Prater, MD
<i>Newsletter Editor</i>	Guy Glass, MD
<i>Past President</i>	Margery Sved, MD
<i>President of the Caucus of Lesbian, Gay, and Bisexual Psychiatrists</i>	Dan Hicks, MD
<i>National Office Director</i>	Roy Harker

AGLP National Office
209 North 4th Street, Suite D-5
Philadelphia, PA 19106

Voice: (215)925-5008
Fax: (215)925-9309
e-mail: AGLPNAT@aol.com

President's Column

David Scasta, M.D.

APA After meetings with Mel Sabshin, M.D., Medical Director of the APA, Bob Trachtenberg, CEO of the APA, Mary Jane England, M.D., President of the APA, and visits by Harold Eist, M.D., President-Elect of the APA and the two candidates for President-Elect of the APA, Herb Sacks, M.D. and Harvey Bluestone, M.D., I feel that our communication with the hierarchy of the APA has improved markedly. I was pleased at the support we are getting and am hopeful that we will be able to contract with the APA to establish our office in Washington by the time I leave office. I am also heartened that we have one of our members, Gene Nakajima, M.D., on the Search Committee for a new Medical Director of the APA to replace Mel when he retires year after next.

Institutes of Psychiatry Another one of our APA-connected members, Steve Goldfinger, M.D., will be responsible for the scientific program at the annual meeting of the Psychiatric Institutes (formerly Hospital and Community Psychiatry) in Chicago in October of 1996. He approached me about AGLP having a part in that program. It quickly became apparent that this meeting will give us the opportunity to design an APA-sanctioned course on psychotherapy with gay and lesbian patients which eventually will lead to certification of completion of a specified curriculum (not as a board certification, but as a course certificate). Such certification will become increasingly important as managed care companies seek therapists who declare themselves to be specialists in the area of gay and lesbian psychotherapy. There currently is no mechanism to insure that therapists have any training in that area or that they have a broad based educational experience. One has only to review the chapter on homosexuality by Gadpaille in Kaplan and Sadock's *Comprehensive Review of Psychiatry, Sixth Edition* to discover how little some "experts" know about treating gays and lesbians. Cass's stages of coming out, McWhirters & Mattison's and Cunis's coupling stages, constructionist vs. essentialist debates, etc. - basic material which any therapist treating gay or lesbian patients should know - is totally ignored. Instead statements are made such as: "The fact that the families of most homosexual persons have a common dysfunctional pattern." (p. 1326) Having at least some passing knowledge of the literature in the field, I was certainly surprised to find that this common dysfunctional pattern is "fact." Without specific references it is impossible to know where this "fact" was gleaned. Bell & Weinberg's studies to the contrary are referenced but ignored. Yet this is a basic text that will be used by many psychiatrists as a reference standard to treat gay and lesbian peoples. **(Please do not buy this book or allow your departments to buy it.)** It is clear that American psychiatrists need to be more broadly educated. Old cherished theories need to undergo the scrutiny of new research and new theoretical models. The two-day course at the Psychiatric Institutes will begin this process of broadening the educational base for psychiatrists treating gays and lesbians and insuring that they have the full picture. Marshall Forstein, M.D. has agreed to design the course, having designed a similar one for Harvard. Take a few minutes to fill out his questionnaire in this Newsletter to insure that the course covers all that it should. Our collective knowledge surpasses our individual knowledge.

The Journal of Gay and Lesbian Psychotherapy, the official journal of AGLP, will undoubtedly become a major tool in the process of educating therapists, gathering new information and proposing new theoretical models. We need a top-notch editor who is organized, grammatically gifted, obsessive about time schedules and committed to quality in research. Although the position does not pay anything, it is a pivotal position for much of the development

It is clear that American psychiatrists need to be more broadly educated. Old cherished theories need to undergo the scrutiny of new research and new theoretical models.

Continued on next page

President's Column (con't.)
Continued from previous page

of belief systems about lesbian and gay people. If you are so gifted and want to play this pivotal role, please send the Executive Board your curriculum vita by March 1, 1996 in care of me at the address below. The Board can be expected to make a final decision shortly afterwards.

Anti-Anti-Gay Initiatives Dan Hicks, M.D., our AGLP liaison in Washington and President of the APA gay caucus, has been meeting with the American Psychological Association's Office of Gay and Lesbian Issues and the National Gay and Lesbian Task Force to discuss combining forces to counteract the disinformation embraced by the Radical Right in anti-gay initiatives. I was delighted to hear that there was mutual enthusiasm. Dan informs me that AGLP could be most helpful by putting together fact sheets and brochures to correct misperceptions such as: homosexuality and pedophilia are related concepts, exposure to gay or lesbian people or ideas will cause children to become homosexual, homosexuals are tragic figures who will never have truly fulfilling relationships and are doomed to a life of AIDS- filled promiscuity and loneliness. As those of you who attended the Fall Meeting in Washington know, I talked with Dee Mosbacher, M.D. (a lesbian psychiatrist-turned film maker whose last work was nominated for an Academy Award this year) about producing 30- to 60-second public service-type announcements to be used in campaigns against anti-gay initiatives. She referred me to her videographer, Joan Biren, for help. Joan was similarly enthused about the project. She advised me that to do the job right - professionally - the cost would be in the neighborhood of \$10,000. When I presented the concept at the Fall Meeting, I think the cost caught people by surprise. Margery Sved, M.D. expressed the view that the APA should be telling the public what Psychiatry says about homosexuality rather than AGLP which has a biased agenda. After I thought more about the matter, I believe that AGLP needs to be on the frontline telling people what the research says. We need not apologize for having an agenda - the Radical Right certainly does. And while I do not think that raising \$10,000 for a video is an impossible job (it really isn't), Dan indicated that some of the other organizations felt that the written material (which is cheap to produce) may actually be more useful because of the cost of buying air time for a video spot. Many of the grassroots organizations may not have the funds to buy air time for the video. It is clear the concept needs more discussion; I am not ready to give up on it yet. In the meantime - help! We need people who are willing to write and edit fact sheets. If you are willing to do so, please contact me at the address or telephone number below.

Media Training Along this same line, John Blamphin, Director of the Public Affairs Division of the APA, at my request, had his staff put together an "AGLP Project" to help train our members in coalition building, message development and P.R. strategy. He will be offering a course to 12 of our members at the Annual Meeting in New York which will include audience and media targeting, on-camera training, media training, and conflict/confrontation management when dealing with adversaries and media. Although a majority of the training spots will go to our current officers and program leaders, there will be a few open to AGLP's membership at large. If you would like to get involved in "going into the lions' den" to speak to those who are disinclined to think as we do, let me know that you want to be a part of the training program.

New York And speaking of the Annual Meeting, our New York Local Arrangements Committee is hard at work under the leadership of Gerry Dabbs, M.D., with Shelly Klinger, M.D. working on the schedule for the Preconvention and the Hospitality Suite. See Gerry's article about their current efforts. As expected, New York expenses are in the stratosphere. The cost of the Closing Reception and Awards Banquet is the equivalent of 60% of our annual budget - little alone the cost of the Opening Reception (the hotel is forcing us to pay for their bartenders at their cash bar!), the Hospitality Suite and the Preconvention meeting rooms. Janssen Pharmaceuticals has come to our rescue. Janssen will be sponsoring a Janssen / AGLP award for service to the gay and lesbian communities in the area of pharmacology and has tentatively agreed to subsidize the Closing Reception so that tickets do not cost more than \$40 apiece to our members. This five-figure grant will be the largest grant ever given to AGLP. We are exploring additional corporate support of the Opening Reception and the Hospitality Suite. I am thankful to Drs. Gene Nakajima, John Gosling and Jack Drescher for their help behind the scenes in getting this additional support. I am excited; AGLP is well on its way toward developing a truly national status.

Florida APA President Congratulations to our former secretary, Phil Cushman, M.D., who has been serving as the Vice President of the Florida Psychiatric Society. Phil has been nominated for President of the Society. As he and several other gay members provide leadership roles in the Florida Psychiatric Society, we are reminded how important the grassroots are for having an impact within the APA.

Contact Finally, to reach me, write: David Scasta, M.D., 1439 Pineville Rd., New Hope, Pa 18938, call: office - (908) 806-3834, home (215) 598-7252 (say hello to Robert, he can always get a message to me), fax: (215) 598-7253, email: GTBX42A.prodigy.com.

Membership Committee Column

Diana Miller, M.D.

Our committee has fifteen members, and our projects expand as our numbers increase. Seven of us met during the September 18, 1995 AGLP meeting in Washington, D.C. to brainstorm and organize.

General goals remain: keep current members, find lost members, do outreach to new members, and keep AGLP's name out there. Cynthia Sortwell, M.D. is heading up the effort to personally contact members who have wandered off in the past four years and members who have neglected to pay their 1995 dues. Todd Mandell, M.D. will join her in this telephone outreach, and they may be asking you to help out and make a few calls to local colleagues. If you know of anyone who has "lapsed," please encourage them to rejoin us.

Our medical school representatives are very active this year. Steve Wozniak and Julie Schulman were in Washington and have agreed to carry out many projects. Steve has created a time line of specific outreach efforts to medical students, and Julie will head up housing efforts for medical students during the May New York meetings.

Ubaldo Leli, M.D. has agreed to repeat his resident representative activities of last year and will manage the major mailing to residency directors and chief residents informing them about AGLP. He will also continue to write resident columns in various newsletters.

Laura Bernay, M.D. has agreed to create a time line spread sheet for all of the Membership Committee's activities so that we can run a little more smoothly. She will also continue to manage the press releases to various publications letting readers know about AGLP's activities during the May 1996 meetings. If there is a specific newsletter you would like a press release sent to, contact Laura Bernay at lber-nay@aol.com.

Our most difficult project has been to find a way to promote AGLP's existence in the district branch newsletters. Sal Fusaro, M.D. has been working on this project and has had a number of successes, but we need your help. If you would be willing to facilitate the placement of a small AGLP announcement in your local DB newsletter, please call Sal Fusaro at (305) 442-4022 or email Laura Bernay. Although gay, lesbian and bisexual concerns are well-represented at the national level through AGLP, at the local DB level there is little activity. The New York, Southern California and Northern California Gay, Lesbian and Bi Issue Committees are quite active, but we need to duplicate these efforts throughout the country.

Another possibility is to have articles that feature gay and lesbian issues appear in DB newsletter. Ellen Haller, M.D., for example, had two recent articles in *The Northern California Psychiatric Physician*. One announced the formation of the Lesbian, Gay, Bisexual Issues Committee in Northern California and the other was an article entitled "Gay and Lesbian Issues in Psychiatry." The Membership Committee is also looking forward to the May New York meetings and has plans brewing to invite new members during the opening and closing parties. All good ideas are welcome! Please email me at dcmmm@ucla.edu.

Medical Student Column

Steven Wozniak

Greetings! I am Steven Wozniak, a fourth year medical student at the University of Texas Southwestern Medical Scholl. This year, Julie Schulman (Cornell U Medical College, New York) and I are the medical student representatives to AGLP. I am also the liaison between the Lesbian, Gay and Bisexual People in Medicine Task Force (LGBPM) of the American Medical Student Association (AMSA) and AGLP. As this entire *Newsletter* updates you on AGLP activities, and on the recommendation of Diana Miller, M.D., Chair of AGLP's Membership Committee, I shall devote the remainder of this column to introducing AMSA and LGBPM.

The American Medical Student Association is the largest organization of medical students in the United States. The last estimate I've heard placed total membership at more than 35000. Size, however, despite some misconceptions on this point, is not everything. AMSA supports numerous activities for its members ranging from educational and community-oriented projects, political advocacy, social events and more. And since its separation from the American Medical Association in the 1970's, many of these have been politically liberal and very pro-gay. Medical students from around the nation become involved with the organization at their individual medical schools, within their region, and at the national level through membership in AMSA's various task forces and standing committees. Analogous to AGLP's committees, these task forces and standing committees focus their attention on areas of interest to the membership. Some examples include the Task Force on Health Through Peace, the Standing Committee on Humanistic Medicine, and, of course, the Task Force of Lesbian, Gay and Bisexual People in Medicine.

LGBPM is one of the most active of AMSA's task forces. The objective of LGBPM is to improve the lot of gay, lesbian and bisexual medical students in particular, and of society in general. To that end, the group sponsors LGBPM chapters at all medical schools where there is enough local interest to create one. Cities like New York and Philadelphia, where there are several medical schools, often combine the resources of their LGBPM chapters to have impressive speakers, fabulous parties and vigorous activism. Chapters in places like San Antonio and Indianapolis, where there is just a single school, often focus their resources on providing support to members and acting as a social outlet. Unfortunately, too many medical schools do not have LGBPM chapters.

LGBPM provides speakers and a certain...*je ne sais quoi* at AMSA's regional and national meetings. Annually, the Task Force picks two or three large projects to develop. This year, LGBPM is conducting a medical education curriculum survey with the goal of assessing how homosexuality is incorporated in medical school curricula (eg. Are gay men discussed outside of AIDS? Are lesbians discussed at all?). Ultimately this information will be compiled and used to educate schools about what they might do better. Other projects include the ongoing CARE Network, a housing network for interviewing and visiting medical students, and the search for a new name for the Task Force (LGBPM is such a clumsy acronym!).

As a final note on AMSA and LGBPM, this year's AMSA national President is Lydia Vaias, a recent graduate of Temple University School of Medicine and an outspoken lesbian. In AMSA, at least, we are everywhere!

Residents' Column

Ubaldo Leli, M.D.

Supervision, supervision, supervision! Sometimes supervision is a problem. Worse, the problem sometimes can lie unrecognized. For a gay resident the perils can be especially insidious. I have recently experienced considerable distress concerning one of my supervisor's reports; sharing it with the readers of this column may alert them to possible similar dangers in their relationships with their supervisors.

The decision of whether or not to disclose one's sexual orientation to a psychotherapy supervisor is a hard one. If we don't, we risk jeopardizing our learning experience by not allowing the process between supervisor and supervisee (which parallels the treatment) to bloom fully; if we do, we may be unduly exposed to the consequences of anti-homosexual bias that many supervisors harbor visibly or invisibly.

I long ago made the decision to disclose my sexual orientation in my profession. From the beginning of my internship I have been openly gay. My natural assumption with my PGY-3 year-long psychotherapy supervisor was that if any problem arose regarding my sex object choice we would be able to process it. Even with a homophobic supervisor one could agree to disagree, and still be able to carry out productive work.

My supervisor impressed me from the start, being a pleasant middle-aged man of nonchalant worldliness with a facility with foreign languages, and a love of opera, literature and good food. An analyst in a famous psychoanalytic institute, trained by Margaret Mahler, he has been the president of a local psychoanalytic association and has edited a textbook of psychoanalysis. Despite his somewhat obsessive style, our work proceeded with only minor difficulties, mainly concerning his uneasiness with the diagnosis of Multiple Personality Disorder with which the patient presented. However, we were able to discuss aspects of transference, acting-out, interpretation and neutrality.

I disclosed my sexual orientation to my supervisor early in the academic year, on the occasion of an erotic transference development in my patient, when I felt my countertransference response to it was not the same as it would have been if I were heterosexual. At the termination of my supervisory experience I had no reason to suspect that anything was wrong. On the contrary, I had positive feelings of having learned a lot about therapy and having been able to work productively with a conservative analyst.

Shortly after the end of the academic year I was called by my residency director who told me that she had received a report from a supervisor that was not as positive as reports of my work normally were. She offered me a copy of the report and encouraged me to speak with the supervisor in order to have it revised. The report read as follows (excerpted):..

Dr. Leli manifested very good skills in relating to his patient and to the supportive aspects. I have discussed above his skills regarding the exploratory and interpretative aspects of psychotherapy.

The decision of whether or not to disclose one's sexual orientation to a psychotherapy supervisor is a hard one.

Continued on following page

Residents' Column
Continued from previous page

He should certainly be considered excellent in these, with one proviso which I shall mention below having to do with what appears to me to be a slightly bizarre aspect of his personality...I do not mean to suggest what the word "bizarre" often suggests to psychiatrists, which is schizophrenia. I want to make absolutely clear that I do not believe Dr. Leli to be schizophrenic or anything remotely close to it. I mean, rather, something which is difficult to express: there is something in his group of mannerisms which seem very strange and I am concerned that they may seem strange to patients he treats...I occasionally wondered if what I call his bizarre mannerisms may have elicited in his patient some kind of defensive effort which looked like a change of personality...I am concerned enough about what I am calling Dr. Leli's "bizarreness" to ask that others who observe and supervise him see if they see the same thing...if others notice the same thing we might consider moving him into a direction more appropriate for him, e.g., to make use of his very great talents in biochemical research....I want to note here that I have not been able to find a suitable way to discuss this with Dr. Leli... I also want to note that what I am noticing as "bizarre" may not actually be "bizarre" at all but, rather, a combination of his very great charm, his Italian background, and his remarkable intelligence.

It did not feel good to be called bizarre, but not schizophrenic, thank you very much! Although the whole report dripped with compliments, admiration and, possibly, some countertransference attraction of the supervisor to myself, the homophobic tone is only too familiar. When I met with this supervisor to discuss my "bizarre mannerisms" and his suggestion that I might not be suited for psychotherapeutic work, he could only spare me one minute of his time, long enough to request a copy of his report as its contents had "slipped his mind".

Apart from the personal slight and the insinuation that my gay mannerisms might induce Multiple Personality Disorder in my patients, I felt disappointed; this man whom I regarded as honest, tasteful, and dedicated to helping the troubled and the sick, was prevented by his defensive feelings regarding homosexuality from fully endorsing the work of a supervisee which he praised in every other respect.

One might consider the possibility that unresolved, unanalyzed latent homosexuality may have determined my supervisor's assessment, but that is another issue entirely. At stake here is a career, possibly jeopardized or side-tracked by my supervisor's homophobia. Gay or lesbian residents who suspect their supervisor may be biased should consult with members of AGLP on the best action to take about responding to possible homophobic discrimination or to find understanding supervisors who would not complicate their already difficult lives during residency training.

Although the whole report dripped with compliments, admiration, and possibly, some countertransference attraction of the supervisor to myself, the homophobic tone is only too familiar.

Lesbians and Gays No Longer Ill in Japan

Gene Nakajima, M.D.

Over the past year, I have been working with OCCUR, a Japanese lesbian and gay civil rights organization, to help them "depathologize" homosexuality in Japan. In particular, they had been trying to press the Japanese Society of Neurology and Psychiatry to make an official statement that homosexuality was not a disease. The APA has been very helpful in this regard. Through the APA Office of International Affairs I was able to provide OCCUR with a resolution the World Psychiatric Association passed in Rio De Janeiro in 1992 which urges member organizations including the Japanese Society to endorse and to advocate for lesbian and gay rights. This resolution was authored and brought to the WPA by the APA. In addition, I was able to send them the results of a study by the APA Office of International Affairs on the policy toward homosexuality in international psychiatric societies, including the response of the Japanese Society. Most importantly, Mel Sabshin, M.D., Medical Director of the APA, through the APA Committee of Gay, Lesbian and Bisexual Issues, wrote a letter to the Japanese Society.

Dr. Sabshin finally received a reply from the Japanese Society, stating that they recently translated ICD-10 to Japanese, and that it was recently adopted by the Society. In addition, the Society stated that they had directly translated the part of the ICD-10 that states that homosexuality is not a mental illness. OCCUR was upset that the Society never contacted them directly, but they were very happy that the Japanese Society no longer considered homosexuality a mental illness. They will be able to use this letter to press authors of Japanese psychiatric textbooks, etc. not to refer to homosexuality as a mental illness.

With the adoption of ICD-10, gay and lesbian people around the world will no longer be considered mentally ill. For example, according to a German colleague of mine, ICD-10 will be adopted next year in Germany and therefore millions of Germans will be cured overnight.

I hope that AGLP will become more involved internationally using the APA as a resource to help eliminate homophobia in the psychiatric profession worldwide. Venues for this project could include working with the International Gay and Lesbian Association and the San Francisco-based International Lesbian and Gay Human Rights Commission. Some of us will be going to Madrid next August to the World Psychiatric Association, and we hope to conduct some workshops on gay and lesbian issues (Ed's note: See announcement section of this *Newsletter*.)

Caucus President's Column

Dan Hicks, M.D.

Military Issues

I am no longer serving on the Committee on Psychiatry in the Military; in fact, it might be done away with since there is now a Military District Branch. I am still involved in trying to ensure that gays and lesbians in the military have access to appropriate medical and mental health treatment. Since it is not allowed for active duty persons to speak against military policy, I will be writing an article for their District Branch newsletter advising members to contact their ethics committee if they have questions or concerns about working with gay or lesbian patients, or with patients who are in violation of other military regulations such as adultery, etc. According to military legal experts, psychiatrists are only required to report persons who have committed major crimes (as well as child abuse and spouse abuse). This needs to be clarified and disseminated to military psychiatrists, because this is not clear from the policy. The whole issue of physician-patient confidentiality, which is crucial for civilian practice, is being advocated more strongly for military physicians also, which would again protect gay and lesbian patients.

In addition, the Committee on Military Psychiatry and the Committee on Gay, Lesbian and Bisexual Issues have submitted a proposed workshop for the Annual Meeting in New York. Drs. Stan Harris, Jim Krajieski and I will be discussing the history of the APA's response to the military policy and its effect on gay and lesbian patients. Military psychiatrists will discuss how these situations are actually handled in practice, and give examples of how military psychiatrists can work fairly with their patients in this double-bind situation. Hopefully, this session may help open a dialogue between the groups and develop some approaches to providing good care under the current restrictions.

I also try to do teaching of gay and lesbian issues in therapy for psychiatry residents here at Walter Reed. I think it is important for all of us who are involved with or near teaching programs to try and ensure that gay-affirmative curricula are included in the programs for medical schools and residencies, both civilian and military. This will ensure that future generations have a more positive, balanced view of gays and lesbians and some inkling of how to provide appropriate care.

Gay and Lesbian Meetings

There are some important gay/lesbian health care meetings scheduled for next year that AGLP members may want to plan for. Both are in Canada within one week of each other, so could be bridged into a nice vacation/meeting trip.

The American Psychological Association is having a miniconvention in association with their annual meeting, scheduled August 9-13 in Toronto, entitled "Lesbian and Gay Concerns in Psychology." Psychiatrists can also present if you are working with a psychologist member. For more information about registration or program submission, contact Clinton Anderson at the "Big APA" (202) 336-6050.

The Gay and Lesbian Medical Association (GLMA) is having their annual meeting in Montreal, August 15-18. This meeting is growing larger and more impressive every year, and is a great opportunity for meeting lesbigay docs from all over the US and Canada, and learning more about medicine in a gay-supportive environment.

I'm looking into a Northeast US/Canadian vacation next summer which could include one or both of these exciting meetings. Hope some of you can join me!

REACH AGLP ON THE INTERNET...



aglpnat@aol.com

Psychiatric Textbooks Update

Howard Rubin, M.D.

At next year's APA meeting in New York, the members of the Lesbian, Gay and Bi Issues Committee of the Southern California Psychiatric Society will be conducting a workshop on how homosexuality is presented in psychiatric textbooks.

As part of our ongoing educational activities, the Committee reads articles relevant to LGB issues. Over the summer, we read the chapters on homosexuality in the new Kaplan and Sadock *Comprehensive Textbook of Psychiatry* and in their shorter text. What we read appalled us. My copy of the article has blue marks all over it with comments like "No!!," "Oh, please. Not that old chestnut again," and "Give me a break!" What is even more shocking to me is that the editors think they are being objective and middle of the road between the radical intellectual left as represented by Dr. Dick Isay and the fundamentalist NARTH group.

The comprehensive text chapter is odious – the publisher knows it. Many of us complained at the publisher's booth at last year's APA. We need a concerted effort to let the editors know what we think of this chapter.

The workshop is an opportunity to understand what we (as a profession) are writing about homosexuality and by extension what we are teaching residents and medical students. I hope it will also provide us with an opportunity to organize a more formal response not only to Kaplan and Sadock, but to other editors of texts that misrepresent our state of knowledge on homosexuality today. Please let me know at (310) 268-7811 if you have any suggestions for the workshop or for our organizing efforts.

• • •

For Lovers Only

Douglas E. Duckett, Co-Coordinator,
Significant Others Committee,
aka "AGLP Partners"

If you are an AGLP member who is in a relationship, please hand this to your lover/partner/significant other/spouse (circle preferred term). This article is for him or her. Several years ago, some of the partners of AGLP members who came along year after year for a week's vacation at the APA decided to form a social and networking group. It started off very informally as the "significant others group," and it has evolved into a group of good friends who meet every year and organize some discussion groups and social events during the week of the APA Annual Meeting. Especially under the leadership of Drs. Sved and Scasta, AGLP has been very supportive and inclusive of our group, which we deeply

appreciate. We call ourselves the AGLP Partners, and while we are still informal, and we still try to avoid a lot of structure, "bylaws," and other ecoutrements of traditional "auxiliary-type" groups, we want to at least get out the news that we exist – and we would love for you to join us as the next APA in New York City next May.

During the week of the APA, partners are welcome to participate in the special AGLP preconvention programming that is always offered on Saturday. Then, we typically meet for the first time in a structured way on Sunday morning to confirm the plans for some of the other activities during the week while our psychiatric-halves are off being educated. Sunday night is the Opening Reception for AGLP, which is always a lot of fun. On Monday morning, we hold a discussion group for partners of psychiatrists, followed immediately by a group lunch at a local restaurant. On Tuesday, we offer a couples discussion group for those who are interested, and on Tuesday afternoon we go together for some group activity for which the psychiatrist-partners are welcome to join us. This past year we had a very enjoyable walking tour of the Art Deco historic district in Miami Beach, led by the gay director of the tres gay-friendly historic preservation league. Other years' activities have included boat trips to Sausalito and Tiberon, a walking tour of the historic district of Philadelphia led by one of our members, and an afternoon boat trip up the Mississippi. We also try to keep the group informed about our activities by mailing out a letter about a month before the APA meeting letting members know the schedule and what is planned, and by sending out an updated membership list in the summer after that year's convention. A number of us also now use e-mail to keep in touch between our annual May meeting.

Our group is diverse, as you would expect. We are both men and women, and our occupations range from full-time parents and managers of households to the full range of fields and careers, and even a physician or two. We have partners who are relatively new to the relationship, and we have partners who have been together for over twenty years. In short, whoever you are and whatever your interests, there is a place for you.

Our group is jointly led by Doug Duckett and Jini Vockel, and we both extend an invitation to you to join us in New York City. Jini and I have found this group to be a yearly gathering of dear friends, but we always welcome more. We hope to welcome you in May of 1996. If you would like more information or are not already on the mailing list but would like to be, please contact one of us at the phone number or address below:

Douglas E. Duckett	Jini Vockel
2509 Erie Avenue	970 Sudbury Road
Cincinnati, OH 45208-2032	Concord, MA 01742-4939
(513) 321-8622	(508) 369-8338
E-mail: HLP59A@prodigy.com	E-mail: jvockel@state.ma.us

• • •

AGLP Fall Meeting

September 18, 1995

American Psychiatric Association, Washington, D.C.

Introduction David Scasta, M.D., President, began by asking that members give appropriate reports as they introduce themselves, and he said this would represent the bulk of the meeting. Reports given by members in that fashion were as follows:

II. The World Wide Web Julie Schulman discussed ways that AGLP could go on-line, including setting up a "home page." She said that this might cost several hundred dollars in fees.

III. Commission on AIDS John O'Donnell, M.D. talked about the Commission's work over the previous week-end, including revising curricula and updating workshops and courses at the APA Annual Meeting. He mentioned minor cognitive motor disorder and said the Commission suggested a workshop to identify and treat it. He also said that Dr. Harold Eist, APA President-Elect, wanted an LGB issues committee within every district branch.

IV. Institute on Psychiatric Services Steve Goldfinger, M.D. said that he was director of programming for the meeting, and intended to involve more LGB issues. He also said that the preconvention would be entirely gay-themed, and that he wanted to see an added qualifications course for treating LGB patients as part of it.

V. Committee on Gay, Lesbian, and Bisexual Issues Lowell Tong, M.D. said that the Committee had decided to address the issue of same-sex marriages in two ways, by writing a statement in favor of it for potential Assembly approval and by submitting a component workshop on the issue for the Annual Meeting. In addition, the Committee was writing a position paper on reparative therapy, which would not need Assembly approval.

VI. Committee on Psychiatry and the Military Dan Hicks, M.D. said that the Committee's component workshop would be co-sponsored by the above committee, and would feature military psychiatrists discussing the ethical dilemmas involved with treating LGB patients.

VII. Roy Harker Dr. Scasta then introduced Roy Harker, our new Office Director, who said he is a 20-hour employee. Roy said the office is Apple-equipped, and said he can be reached through fax and answering machine when he's not there. He said he's been handling 2-3 calls daily.

VIII. President Dr. Scasta said he wanted to make the organization national in scope, with a national presence. He discussed how AGLP could help fight anti-gay initiatives by disseminating what Psychiatry says about homosexuality. He discussed producing 30-second TV spots, and several members said that this was properly APA's role. Steve Goldfinger, M.D. and Margery Sved, M.D. said we should approach APA with our idea, and Dr. Scasta agreed to that. He also said APA was willing to help train members to counter Christian rightist arguments about homosexuality, and that this also could be part of the Saturday Preconvention program. He said he also wanted to offer workshops on "how to find a long-term partner" for gay men. Several themes for the Preconvention were discussed, and the consensus was to leave that to the Local Arrangements Committee.

IX. Membership Committee Diana Miller, M.D. named the Membership Committee members and discussed the Committee's functions, including outreach, PR, maintaining membership, and the Annual Meeting. She said that the Committee was seeking organizations that have gay members: GLPNY, etc. Also, outreach to students, residents, and a flyer in the AGLP Newsletter that can be posted. She also suggested AGLP have a more active role at the booth and Hospitality Suite.

X. Local Arrangements Lesbian Events Laura Bernay, M.D. said that the Local Arrangements Committee was planning a lesbian dinner and a pre-Opening Reception party. She also said that women AGLP members will network with local lesbians.

XI. Committee on Early Career Psychiatrists Gene Nakajima, M.D. talked about the work of the Committee. He said that Psychiatric News is publishing a regular column on early career issues: who will write the articles? He said that Guy Glass M.D. will host an early career brunch at the Annual Meeting.

XII. The Newsletter Dr. Glass said that he's always looking for articles, and especially for photos of AGLP history.

AGLP Fall Meeting Continued from preceeding page

XIII. Treasurer's Report Larry Prater, M.D. said we were both taking in and spending more money. He said that New York will probably set new highs for spending. Dr. Prater said that income had risen to 41K due to increased membership dues. He said he moved the AGLP checking account from California to Oklahoma in order to reduce red tape and to get better rates.

XIV. Special Visitor, Clinton Anderson, Lesbian and Gay Concerns Officer of the American Psychological Association Mr. Anderson began by describing the long history of mutual assistance between LGB psychologists and psychiatrists. He said that LGB psychologists are also attempting to make their APA take a position against reparative therapy. He said that he is no longer working to open the military to gay people, but is instead focusing on ethical issues involved with the psychological treatment of gay people already in the military. Dan Hicks, M.D. said that the psychiatric Ethics Committee has shown little interest in this matter, and that, to his knowledge, no military records have been subpoenaed and no health care personnel have been called to testify. David Scasta, M.D. ended by requesting the LGB psychologists and psychiatrists continue to work closely together.

XV. Special Visitor, Dr. Herbert Sacks, Candidate for President-Elect of the APA Dr. Sacks then appeared and recounted his career, both within APA and as an academic forensic psychiatrist. He expressed his general support for the needs of LGB psychiatrists and lamented the efforts of some to repathologize homosexuality. He praised current LGB psychiatrists active in APA and said that if elected, he would make sure AGLP members will be appointed to committees and councils. Shelly Klinger, M.D. mentioned the current difficulties in recruiting new residents, and Dr. Sacks talked about need to change the way psychiatry is presented to medical undergraduates.

XVI. Local Arrangements Guy Glass, M.D. gave the local arrangements report on behalf of the Committee. He said they recommend the Warwick Hotel, across from the New York Hilton and its buses to the Convention Center. They've reserved 125 rooms, with prices from \$135 to \$155. They've also reserved the Cary Grant Suite as our Hospitality Suite: \$500/day or \$3,000 for the whole time we're there. He said the Warwick can also do the Saturday meeting for \$700/day, plus additional for the reception. With hors d'oeuvres and cash bar, the cost would be up to \$6,000 for the reception. Dr. Glass also said that Dr. Jack Drescher has been in touch with drug companies to pay for major components of the meeting. Margery Sved, M.D. suggested we ask members to pay a reasonable amount for the Opening Reception, then ask non-members to pay what it's worth. Others suggested looking into comp space at the Hotel. Dr. Glass said he would ask people in New York to run the Saturday program and get back to the Executive Committee.

XVII. Awards and Assembly Report Margery Sved, M.D. said she had not yet met with the Assembly, but had met with the Committee of Minority/Underrepresented Psychiatrists (CMURP), and the Assembly liaisons to components. She also expressed frustration that we have no idea how many LGB psychiatrists exist, in contrast to, for example, Hispanic psychiatrists. She also discussed the awards recipients for the Annual Meeting.

XVIII. Fall Meeting Dr. Sved suggested we address the issue of when to have the Fall Meeting in the future. Dr. Goldfinger said that if we meet in conjunction with the Psychiatric Services meeting, we would receive free meeting space. Some members suggested meeting in Montreal alongside the GLMA meeting in August, but the consensus of the group was to hold the next Fall Meeting in October, 1996 in Chicago as part of the Psychiatric Services Institute.

XIX. Bylaws Mark Townsend, M.D. summarized the 15 or so suggestions he received from members, and said that the two general suggestions were to either keep the present system - in which all interested members can attend a day-long Executive Committee meeting in the fall -or adopt some form of the system in the new Bylaws, with a council/board of directors as well as an executive committee. After discussion, the consensus of the group was to set up a Board of Directors, which would include all members of the Executive Committee and convene following the Executive Committee meeting. The group recommended an alternative way of specifying which committees would have a seat on the new Board. After some discussion, the consensus was to retain elected officers on the Executive Committee and move non-elected positions such as Journal Editor to the Board of Directors. Mark said he would revise the new Bylaws according to these suggestions and present them to the Executive Committee.

Meeting adjourned at 3PM.

Respectfully submitted,

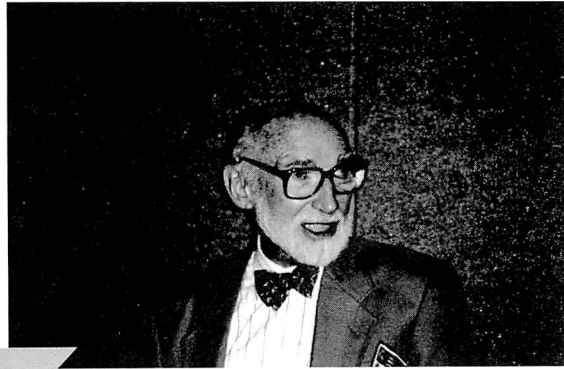
Mark Townsend, M.D.

Secretary, AGLP



Mary Jane England, M.D., APA President, with Drs. Dan Hicks and Margery Sved. Dr. England reaffirmed APA's commitment to working with AGLP

Fall Meeting, Washington, DC



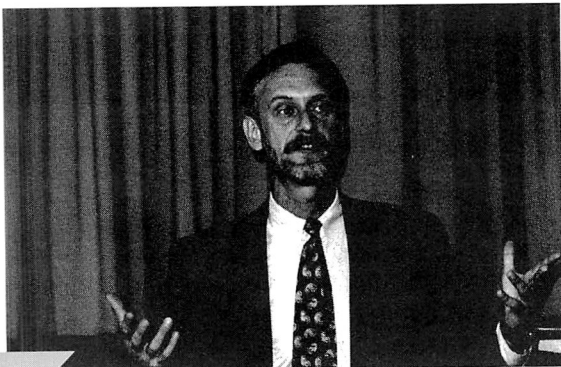
Harvey Bluestone, M.D. also addressed us, but has since withdrawn from the race for APA President-Elect.



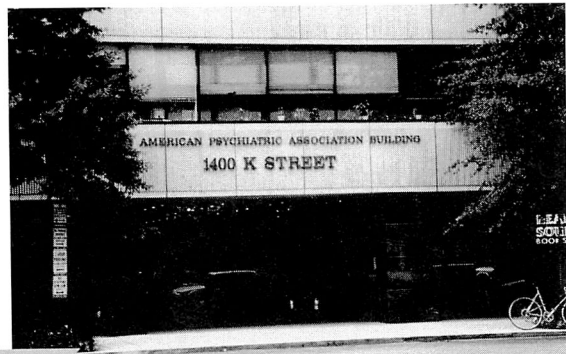
Harold Eist, M.D., APA President-Elect, with Dr. David Scasta. Eist encouraged AGLP to continue the fight against discrimination: "We need your help, we need your activism."



Posing hopefully under portraits of past APA President, Herbert Sacks, M.D., Candidate for APA President-Elect, discusses his campaign agenda



Clinton Anderson represents our counterpart organization at the American Psychological Association



APA Headquarters, site of the Fall Meeting

ANNOUNCEMENTS . . .

GLMA reports that their new address is 211 Church Street, Suite C, San Francisco, CA 94114. Phone and fax are unchanged, and are (415) 255-4547 and (415) 255-4784 respectively.

Lesbian researchers are invited to participate in a Lesbian Research Network. The Network seeks to provide access to information, technical assistance and mentoring. For more information, contact Caitlin Ryan, Basile Ryan, Inc., (202) 232-0188, email: caitlinon@aol.com or Judy Bradford, Virginia Commonwealth University, (804) 828-6033, email: jbradfor@hibbs.vcu.edu.

Gene Nakajima, M.D. reminds us that submissions should be made for the APA's Institute for Psychiatric Services, Chicago, October 18-22, 1996. Although the deadline for submissions for table topics, symposia, courses and workshops was November 15, Gene notes that the committee does not meet until early January and may accept late submissions. Call the APA at (202) 682-6314. Poster submission, media deadline is June 10, 1996.

The APA Committee of Early Career Psychiatrists is looking for people to write columns for a possible ongoing column in *Psychiatric News*. For more information, please contact Gene Nakajima, M.D. at (310) 312-0120.

Some members of AGLP are planning to submit workshops/symposia to the World Psychiatric Association meeting in Madrid August 23-28, 1996. If you are interested in presenting, please contact Guy Glass, M.D. (212) 982-0328 or Gene Nakajima, M.D. (310) 312-0120 as soon as possible (submission deadline is February 1). We have contact

with gay psychiatrists from Germany and Switzerland who may be interested in joining us in a panel. If you know of psychiatrists from other countries, please have them contact us. To receive information about the conference, contact the WPA at Tlesa, OPC; Londres, 17-28028, Madrid, Spain, telephone 34-1 355 92 08, email: tlesa@wpa.es.

The HIV Clinical Service of the William Alanson White Institute in New York City is sponsoring a day-long conference entitled "HIV and Psychoanalysis: Grappling with New Realities" on Saturday, March 23, 1996. Mathilde Krim, M.D. will be the keynote speaker. The conference will take place at the New York Marriott Marquis. Discounted admission is available for residents, medical students, graduate students and PWA's. For information and reservations, call the White Institute at (212)873-0725, extn. 12.

Editor Journal of Gay & Lesbian Psychotherapy

The Executive Board of the Association of Gay and Lesbian Psychiatrists is seeking a candidate to serve as the Senior Editor of its journal, the Journal of Gay & Lesbian Psychotherapy, published by The Haworth Press, Inc. of New York. The position is a volunteer position and reports directly to the Executive Board of the Association of Gay and Lesbian Psychiatrists.

The qualified candidate shall have proven skills in research applications with a knowledge of experimental and statistical design. She or he shall have a fundamental knowledge of the background and research issues affecting gay and lesbian peoples and be committed to furthering this research in a rigorously scientific and professional manner.

The qualified candidate shall have excellent writing skills, a detailed knowledge of grammar and writing style, and the ability to add clarity and lucidity to the professional writing of others.

The qualified candidate shall have superior communication skills and be capable of selecting and managing a large, multidisciplinary Editorial Board to advise and aid the Senior Editor in the process of selecting works for publication.

The qualified candidate shall be well organized and capable of setting and maintaining demanding production schedules for an internationally distributed journal.

The qualified candidate shall be a full member of the Association of Gay & Lesbian Psychiatrists.

The Senior Editor shall be responsible for drafting four journal issues per year containing studies, expertise and observations related to the equitable and affirming treatment of gay, lesbian and bisexual peoples for the psychological and psychiatric issues they face. The Senior Editor shall annually submit for approval to the Executive Board a list of up to 50 Association members, psychologists, social workers and other mental health professionals and scientists who agree to serve on the Editorial Board and review submitted articles as directed by the Senior Editor. Editorial Board members serve at the pleasure of the Senior Editor and may be removed (or replaced with the consent of the Executive Board) at any time by the Senior Editor.

The Senior Editor shall be appointed or reappointed for each new volume (four issues) of the Journal of Gay & Lesbian Psychotherapy by the Executive Board of the Association of Gay and Lesbian Psychiatrists. Removal from the editorship within a volume shall be only for cause.

Interested candidates should send a curriculum vita to:



Executive Board
Association of Gay & Lesbians Psychiatrists
209 N. 4th St.
Philadelphia, PA 19106
(215) 925-5008, fax-(215)925-9309, e-mail: AGLPNAT@aol.com

Psychiatric Institutes Questionnaire

Marshall Forstein, M.D.

I have been asked to direct a course in psychotherapy with lesbians and gay men for the 1996 Psychiatric Institutes meeting in Chicago, and am soliciting help from the membership of AGLP in the design of such a course. Please take a little time and answer the questionnaire which follows. In working with both the Scientific Program Committee of the Psychiatric Institutes and with the Director of Education and Training (Dr. J. Scully) of the APA, we are looking towards using this course in the development of a certification program for clinicians who want to specialize in the treatment of lesbians and gay men. I will keep AGLP informed about this process, and thank you in advance for your contributions in the development of such a course and certification program. Some of the questions will help in designing a one- or two-day institute, others will help in the longer-range planning of a certification program. Please fill out the questionnaire which follows, and fax, mail or email it to me:

Marshall Forstein, M.D. 24, Olmstead Street, Jamaica Plain, MA 02130-2910
 fax (617) 524-4049 email mforstein@aol.com.

1. Name: _____ Gender: _____ Age: _____
2. Address: _____
3. Telephone: _____ Email: _____
4. resident I do predominantly:
 fellow outpatient work
 private practice (>50%) inpatient work
 academic practice C/L work
 hospital-based practice psychotherapy
 group/HMO/clinic psychopharm
 research (>50%) neuropsych
5. I consider myself to:
 - a. specialize in gay and lesbian psychotherapy
 - b. specialize in other than gay and lesbian psychotherapy
6. I would describe my predominant psychotherapeutic orientation as (choose one):
 - a. psychoanalytical b. psychodynamic c. behavioral d. cognitive
 - e. interpersonal f. existential g. other (please describe) _____
7. Psychiatrists I think of as specialists in gay and lesbian psychotherapy are:

8. Please list the ten most important issues which ought to be part of an overall course on working with lesbians and gay men in psychotherapy (list in order of importance from your point of view):

a. _____	f. _____
b. _____	g. _____
c. _____	h. _____
d. _____	i. _____
e. _____	j. _____
9. Please list the journal articles, books, essays, etc. which you believe to be essential reading for some one who might be certified as specializing in gay and lesbian psychotherapy. (Please include written material from the professional and lay press; give complete reference if available)

Please circle three references from the above list which you believe should be included as the required reading for a one- or two-day course.

AGLP Membership Application Form

Name: _____

Degree: _____

Preferred first (nick) name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Membership Status: _____

(Full Member - \$100.00, Associate Member - \$100.00, Resident - \$25.00, Medical Student - \$5.00, Newsletter only - \$20.00)

Date membership status changes: _____

Are you a member of the American Psychiatric Association?
 Yes No

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

Do you want your name and address listed in a NON-CONFIDENTIAL directory of AGLP members?
 Yes (Initial) _____ No

Do you want to be a NON-CONFIDENTIALLY LISTED referral source?
 Yes (Initial) _____ No

If yes, fill in office address and phone number and list specialty information below.

OPTIONAL

Age: _____ Gender: _____ Ethnicity: _____

Home Phone: _____ Office Phone: _____

fax: _____ e-mail address: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Office Address: _____

City: _____

State: _____ Zip: _____

Make check out to "AGLP" and mail to:
 Roy Harker, 209 N. 4th St., D-5, Philadelphia, PA 19106

Speciality: _____

APPLICATION FORM

Caucus of Lesbian, Gay & Bisexual Psychiatrists

American Psychiatric Association

(CLGBP is the official APA minority caucus for lesbian, gay and bisexual 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 Lesbian, Gay & Bisexual Psychiatrists.

Signed: _____ Date: _____

Send this form to: Office of Membership
 American Psychiatric Association
 1400 K Street, NW
 Washington, DC 20005

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

1996 AGLP Directory

Your *AGLP Directory* listing for 1996 (should you have chosen to be listed) is included along with this copy of the Newsletter. Please take a minute to check that the information to be printed is accurate and up-to-date. Please please mail, fax, or e-mail any corrections or additions to the National Office **before January 1, 1996**. If you chose not to be listed in either the AGLP Directory or the AGLP Referral Guide, the enclosed information sheet will read simply "Inclusion declined".

A new entry for e-mail numbers will be included in the upcoming issue. If you wish to have your e-mail address included, please notify the office.

If you also received a dues notice with this *Newsletter*, please take this last opportunity to bring your membership dues up-to-date. Any member who has not paid dues for 1995 by December 31, 1995 will be dropped from active membership.